CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES				* <u>.</u>	F	NTED: 10/19/2016 FORM APPROVED 3 NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSYRUCTIO		(X3)	DATE SURVEY COMPLETED
		345258	9, WING					C 10/06/2015
NAME OF BI	ROVIDER OR SUPPLIER			ST	REETADDRES	S. CITY, STATE. ZIP CODE		14.00/2010
TDANSITI	IONAL HEALTH SERVICE	TO OF MANIMAROLIA		181	10 CONCORD	LAKE ROAD		
TOMOGRA	UNAL REALITY SERVICE	S UF KANNAPOLIS			NNAPOLI9,	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATIONI .	ID PREFI TAG		(EAC	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD S-REFERENCED TO THE APPROPE DEFICIENCY)	ÐE	(XS) COMPLETION OATE
					This pion o	f Correction daes not constitute	e on	
	483.10(b)(11) NOTIF		F	157		or agreement by the provider o		
SS=D	(INJURY/DECLINE/R	.OOM, ETC)				e facts alleged or conclusions se		
		•				s statement of deficiencies. Thi		
	A facility must immed	lately inform the resident;				on is prepared solely because it		
	known, notify the resid	ent's physician; and if dent's legal representative				y State and Federal law.		
	or an interested family accident involving the	y member when there is an eresident which results in			F157-notif	ication of changes		
	injury and has the pot intervention: a signific physical, mental, or produced deterioration in health status in either life thructinical complications) significantly (i.e., a ne existing form of treatm consequences, or to cons	tential for requiring physician cant change in the resident's sychosocial status (i.e., a n. mantal, or psychosocial reatening conditions or it a need to alter treatment and the discontinue and the ment due to adverse commence a new form of it is in to transfer or discharge facility as specified in promptly notify the resident ident's legal representative tember when there is a commate assignment as e)(2): or a change in Federal or State lew or ed in paragraph (b)(1) of			2.	Practitioner did not choose order the X-ray, at that time, new orders were received as it to the lab results.  Residents residing at the facil potentially at risk for the adelicient practice.  The Director of Nursing Service Nurse Managers completed a of all residents' record determine if there were any lab results and/or x-ray result were not called to the physical 10/30/15. The Director of Services called and reporter missed labs and/or x-rays physician by 10/30/15.	ter on twere at was wound th was Nurse to re- and no elated at y are alleged es and review s to other ts that tian by Clinical d any to the	
	the address and phon legal representative o	rd and periodically update ne number of the resident's or interested family member.			3.	Services/Nurse Manager will abnormal lab and x-ray reporthe morning meeting for rev assure the physician is notil	orts to iew to ied of	
_	by: Based on record revi	practitioner interview the				abnormal results and documented in the medical in Nurse Manager/Licensed Nur review consult reports an notify the primary physici obtain orders for any recomm	se will d will an to	

Any deficiency statement among with an estatisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

UPPLIER REPRESENTATIVE'S SIGNATURE

FORMICMS-2867/02-991 Previous Versions Obsolete

Event ID: 24Y311

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/19/2015 FORMAPPROVED OMB NO, 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
		345258	0. WING		C 10/06/2015
NAME OF P	ROVIDER OR SUPPLIER		STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 10/10/2013
			1810	CONCORD LAKE ROAD	
TRANSIII	ONAL HEALTH SERVICE	S OF KANNAPOLIS	1	NAPOLIS, NC 28083	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUSY BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 157	requiring medication of wound infection, failed practitioner of urinally further orders and fail physician an XRay to not obtained for one of (Resident #7)  The findings included Resident #7 was admitted with diagnosis of dyspatian and the more of the Minimum Data Str/31/16 assessed the with no wound infection Resident #7 required bed mobility, transfers hygiene. Resident #7 memory impairment.  The care plan clated 8 for potential for an information of the pressure ulcer. The sesident would not desacral wound. The githe infection to resolve antibiotic therapy, and decreased symptoms included treatment as ordered and report to the care plan dated 8.	results for a wound culture changes for treatment of a d to notify the nurse sis results that required ed to notify the wound rule out osteomyelitis was of one sampled residents  inited to facility on 6/13/14 chagia, dementia, hage and diabetes type 2.  et (MDS) a quarterly dated pressure wound as necrotic on. The MDS indicated extensive assistance with standard and presonal had short and long term  8/7/15 indicated a problem ection related to coccyx stated goal included the velop infection secondary to pal was updated 9/9/15 for e by completion of the d she would experience of infection. Approaches ordered, lab work as physician.	F 157	labs or diagnostic tests, applicable. The Director of Clir Services (OCS) re-educated Ni Managers/Licensed Nurses by 30-15 to review lab and diagnostic testing, and to notify the prin physician/nurse practitioner of abnormal labs and/or diagnostic results for further interventions. Licensed Nurses, not receiving training, will have the training to working their next schedishift.  4. The Director of Clir Services/Nurse Manager complete Quality Assura Monitoring 5 times per week I weeks, then 3 times per week I weeks, then 2 times per week I weeks, and then 1 time monthly 2 months, using a sample size residents. The monitoring will documented on a Quality Assurand Performance Improven Monitor Form.	urse 10- postic nary any test this prior uled nical will price or 4 or 4 or 4 or 5 l be price nent nical port the
	an indwelling cathete	r due to a pressure ulcer on oaches included lab work as			

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CENTER	S FOR MEDICARE 8	MEDICAID SERVICES			AO	AB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	- I	3) DATE SURVEY COMPLETED
		345258	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, SYATE, ZI 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	P CÓDE	10/08/2015
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICI	CTION SHOULD BE O THE APPROPRIATE	(X5) CÓMPLETION OATE
F 157	Review of the wound dated 9/9/15 reveale worsening of a chron coccyx. The wound (cm) length (L) by 5 depth (D), There was 1.5 cm. The wound on necrosis, Treatment debridement, Dakins intravenous line) for weeks. "Wound ha amount of necrotic thigh suspicion for os vancomycin (antibio XRay. Recommend count) place PICC I every 12 hours for 6 XRay of the sacrum, the wound was asset ulcer.  Review of the telephonuse practitioner has be obtained when the telephone order date with C&S (culture arout urinary tract inference could be considered and the country tract inference country	d physician progress note and Resident #7 had a nic pressure wound on the measured 5 centimeters cm width (W) by 2.8 cm as undermining at 9 oclock of was assessed as 80% at included use surgical as solution, and PICC (central antibiotic administration for 6 as accumulated a large saue over the past week, attemptible. Will start tic) and order blood work and attemptible. CBC (complete blood ine, Vancomycin 1 gram IV weeks for osteomyalitis "After surgical debridement assed as a stage 4 pressure one order dated 9/9/15 the add ordered a wound culture to be wound vac was changed. A add 9/9/15 for UA (urinalysis) and sensitivity) to r/o UTI (rule	F	157		
	information that indi- obtained, received o	al record revealed no cated the lab work was r reported to the nurse edical record did not indicate		·		

Upon request, a copy of the lab results for the

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CENTERS FOR MEDICARE & MEDICAID SERVICES		MEDICAID SERVICES				OMB NO, 0938-0391		
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		247040	,				С	
	*****	345258	B. WING	<del></del>		1	0/06/2015	
NAME OF P	ROVIOER OR SUPPLIER			STREETA	ODRESS, CITY, STATE, ZIP CODE			
TRANSITI	ONAL HEALTH SERVICE	CES OF KANNAPOLIS			NCORD LAKE ROAD			
				KANNAF	POL(9, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX.	PROVIDER'S PLAN OF CORRECTING ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	.0 BÉ	(XS) GOMPLETION DATE	
F 157	Continued From pag	1e 3	·	157				
	•	btained by the unit manager	•	107				
	from the lab. The re	esults indicated 3+ Gram						
		, 3+ Gram positive rods and						
	3+ Gram negative re	ods. The sensitivity report						
	(details what antibio	tics would be effective against						
	the organism) indica							
	could be used to tra							
	Trimeth-Sulfa, Piper							
	Tetracycline. The a							
	Resident #7, Clindamycin, was not listed on the							
	culture sensitivity re	port,						
	The urinalysis repor	t dated 9/8/15 indicated the						
	culture grew " mixe	d bacterial flora, probable						
	contamination, "							
		at 1:00 PM with the nurse					1.	
		I she could not be sure if the						
		orted to har. She explained					:	
		as to sign the lab result report						
		out the rasults. She						
		e no results in the chart and a						
		of been written regarding the						
	noted the organism	viewing the lab report she that grew and the drug			•			
	sensitive and circled						•	
		o at 1:15 PM with the nurse						
		Resident #7 required					•	
		lacement and treatment with						
		tic) that was sensitive to the						
		ound culture report. She					:	
	would have expecte	d the nurse to report the lab						
	results to her.							
		5 with Nurse #1 at 9:15 AM					•	
		ults are faxed to the facility						
		from the lab. The fax machine would be checked						
	•	n each shift for possible lab						
	THRUNG THE NUTCE !	rocalving the lab regulte would						

notify the physician. There was also a physician '

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CENTER	S FOR MEDICARE 8	MEDICAID SERVICES	POR OMAD N					
	OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	Alienalianos	OMB NO. 0938-0391			
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			7201.2011.2					
		345258	B. WING		C			
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	10/06/2015			
			1	•				
TRANSITI	ONAL HEALTH SERVIC	ES OF KANNAPOLIS		IO CONCORD LAKE ROAD				
47.45 ED	CINA AA DU A	TITCLICATION		NNAPOLI9, NC 28083				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		lo Prefix	PROVIDER'S PLAN OF CORRECTION	(/**)			
TAG			TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE				
				DEFICIENCY				
_			1					
F 157	Continued From pag		F 157	•				
	s notebook lab results were filed for							
	physician/nurse prac	titioner review						
	Interview with the int	terim DON on 10/6/15 at 1:44						
	PM revealed the pro	cess for obtaining lab work						
	included pulting lab	orders into the computer and						
	the lab book with the	date the order we be done.						
	The night nurse che	cks for routine labs in the lab	•					
book. That nurse would get those labs (i.e. urine)		ould get those labs (i.e. urine)						
	or have the lab servi	ce get them. The facility had						
	a lab service that car	ma to the bullding on a						
	scheduled basis (or )	blood draws. Lab slips would						
	be put back in the la	b book and flagged for the						
	panding results. The	nurses would be alerted to						
	the lab slip being but	led up that a lab had been						
	manager unit teati	were pending. The nurse						
	manager, unit coord	inator or nurse on the unit						
	to be done on that d	k at the book for labs/exams	•					
	to be done on that of	ay. When a lab was done, ort to next shift. Each shift	•					
	racelized report and	would expect the results.						
	The lab results were	sent to the facility via a fax.						
	There were certain to	mes the faxes come thru for						
	the lab results. Each	shift would be expected to						
	check the fax machin	ne for lab results. No						
	explanation was prov	vided as to what happened to		,				
	the lab results for Re	esident #7 's wound culture.						
	Interview with the int	erim DON on 10/6/15 at 1:46						
		uld expect the nurse to report						
	results of lab work to	the physician or nurse						
	practitioner. Lab res	ults are reported in the						
	following manner: 1,	. If abnormal labs return, the						
	physicians have give	n parameters for notification.						
	i.e. if way high/low ca	all the physician the results.						
	<ol><li>If the nurse practit</li></ol>	ioner was coming into the			:			
	facility, the lab result	s were put in physician 's			•			
	book for review. And	3. If after hours, and						
	abnormal the nurse v	would call the physician. The						
	interior DON was not aware the security but and				i			

been reported to the nurse practitioner or

		ND HUMAN SERVICES			PRIN F	NTED: 10/19/2015 ORM APPROVED
		MEDICAID SERVICES				NO. 0938-0391
	of Deficiencies If Correction	IX N PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) (	DATE SURVEY COMPLETED
		345250	В. УИИБ			C 10/06/2015
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	)E	10/00/2010
TRANSITI	IONAL HEALTH SERVICE	ES OF KANNAPOLIS		1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO LEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	COMPLETION DATE
F 157	Continued From page physician.	<b>&gt;</b> 5	F 157	,		
	2:05 PM revealed she staff to implement the note. If there were an orders, she would exprommunicate that as the nurses had to hav review orders and agrind not been informe obtained.		· F314			
	PREVENT/HEAL PRE		• =	f314 -pressure ulcers		i
	resident, the facility m who enters the facility does not develop pres individual's clinical co- liney were unavoidable pressure sores receiv services to promote h prevent new sores fro	thensive assessment of a pust ensure that a resident without pressure sores sure sores unless the ndition demonstrates that e; and a resident having res necessary treatment and realing, prevent infection and own developing.	-	1. The Director of Ci reviewed the medical Resident #7 to assign pertaining to the journal were properly and transcribed on 10 Director of Clindiscussed the X-ray, by the wound physical nurse practitioner, a practitioner did not order the x-ray, at the 2. The Director of Clinical Resident Properties of Clinical Resid	cal record of ure all orders pressure ulcer d completely 1/7/15. The ical Services recommended Iclan, with the and, the nurse choose to restime.	
	by: Based on record revi- interviews the facility I treatment, obtain XRa the physician as order	ew, staff and physician falled to provide wound ay and report lab results to red for one of three sampled re ulcers. Resident #7.	·	Nurse Mangers compose fourrent residents' 30-15 to assure treand diagnostic testine transcribed and exprescribed, along when the physician consults for diagnostic testing a corders. The Direct Services notified	pleted a review records by 10-catment orders were completed as the a review of recommended and treatment or of Clinical	
	Resident #7 was adm with diagnosis of dysp	nitted to facility on 6/13/14 Dhagia, dementia,		physician of the issumed or the issume orders were limplemented on 10/3	optained and nes found and	

		ND HUMAN SERVICES MEDICAID SERVICES				PRINTED: 10/19/2015 FORM APPROVED OMB NO. 0938-0391
STATEMENT (	of deficiencies F correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILDI	TIPLE CONSTRUC	TION	(X3) DATE SURVEY COMPLETED
		345258	B. WING	=		C 10/06/2015
MANE OF PI	RÖVIDER OR SUPPLIER			STREET ADDR	RESS. CITY, STATE, ZIP CODE	1 TUNUIAU 13
YD A MOITI	CANAL TIETT YELOGOUAL		!	i .	RO LAKE ROAD	
TRANSII	IONAL HEALTH SERVICE			1	JS, NC 28083	٠
(X4) IO PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIPYING INFORMATION)	IO PREFI TAG		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD IOSS:REFERENCEO TO THE APPROPE DEFICIENCY)	85 COMPLEYION
F 314	Continued From page		F	314	i. The DCS re-educated Managers/Licensed Nurses	Nurse by 10
		hage and diabetes type 2.			30-15 to review consult repo	nts and
	The Minimum Data Set (MDS) a quarterly dated 7/31/15 assessed the pressure wound as necrotic with no wound infection. The MDS indicated Resident #7 required extensive assistance with bed mobility, transfers, eating and personal hyglene. Resident #7 had short and long term memory impairment.  The care plan dated 8/1/15 indicated a problem for potential for an infection related to coccyx pressure ulcer. The stated goal included the resident would not develop infection secondary to sacral wound. The goal was updated 9/9/15 for the infection to resolve by completion of the antibiotic therapy, and she would experience decreased symptoms of infection. Approaches included treatment as ordered.				recommendations made be resident's consulting physic obtain any orders/interventions.  Managers/Licensed Nurses also re-educated to report ablab and/or diagnostic results primary physician for orders/interventions. The D of Clinical Services re-educed Nurses regarding that properly address lab and reports, as it pertains to treatment, and to transcribe treatment orders completely	ay the clan to further Nurse were normal to the further Director lucated e need i x-ray wound wound lucated censed ainlos.
	dated 9/9/15 revealed worsening of a chronic coccyx. The wound m (cm) length (L) by 5 cd depth (D). There was 1.5 cm. The wound wanecrosis. Treatment is debridement, Dakins sintravenous line) for all weeks. "Wound has amount of necrotic tiss high suspicion for oste vancomycin (antibiotic XRay. Recommendat count) place PICC line	ic pressure wound on the neasured 5 centimeters in width (W) by 2.8 cm is undermining at 9 oclock of eas assessed as 80% included use surgical solution, and PICC (central entibiotic administration for 6 is accumulated a large sue over the past week,		4.	The Director of Clinical Services/Nurse Manager will complete Quality Improvemen monitoring to assure treatmen orders and diagnostic testing a transcribed and implemented, well as to assure that recommendations from consul physicians are communicated to primary physician for orders. Q improvement monitoring will b conducted 5 times per week i	nt ore os the Quality De

XRay of the sacrum." After surgical debridement the wound was assessed as a stage 4 pressure

PRINTED: 10/19/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391 STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER:CLIA (X2) MULTIPLE CONSTRUCTION IX31 DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING \_ C 34525A B. WING 10/06/2015 NAME OF PROVIDER OR SUPPLIER STREET AODRESS, CITY, STATE, ZIP COCE 1810 CONCORD LAKE ROAD TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS KANNAPOLIS, NC 28083 SUMMARY STATEMENT OF DEFICIENCIES IX41 ID PROVIDER'S PLANIOF CORRECTION. (X5) COMPLETION FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX JEACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION! DAYE YAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 314 Continued From page 7 weeks, then 2 times per week for 4 F 314 weeks, and then 1 time per month ulcer, for 2 months, using a sample size of 5 residents. The monitoring will be Record review revealed the recommendations documented on a Quality Assurance were written as physician orders and followed and Performance Improvement excapt for the XRay of the sacrum. The medical Monitar Form. record did not have the XRay results and the nurse's notes did not address if the XRay was The Director of Clinical obtained. Services/Nurse Manager will report the results of the monitors to the Review of a subsequent wound physician Quality Assurance and Improvement progress note dated 9/20/15 indicated there was Committee monthly or until the "No Change " in the wound progress. Surgical committee determines the facility debridement had been provided with removal of " has reached substantial compliance. muscle along with necrotic tissue. " The telephone order dated 9/9/15 indicated "picc please send coccyx wound for C&S when change wound VAC. " Review of the wound physician progress note dated 9/30/15 indicated the wound

please send coccyx wound for C&S when change wound VAC. "Review of the wound physician progress note dated 9/30/15 indicated the wound size was 6.0 cm L by 6.6 cm W by 3.0 CM D. There was undermining of 2.5 cm at 12 o 'clock. Drainage was moderate with 40% necrotic tissue. Wound progress was assessed as "no change." The "Assessment & Plan" included "continue: Dakins Solution - once daily, Santyl - once daily, Dry Protective Dressing - once daily. Add: Calcium Alginate - once daily. Recommendation: Cleanse with dakins."

Review of the medical record revealed no orders had been transcribed to include the use of the Calcium Alginata. Review of the Treatment Administration Record revealed the Calcium Alginate was not being used in the treatment of the wound. Record review revealed no culture results and no physician documentation regarding the culture results.

Interview with Nurse #1 on 10/6/15 at 9:30 AM

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391		
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F 314	revealed he had alre change for Resident treatment as written Administration Recordinterview with Nurse revealed the progres physician would be continued in the continued of the progres.	ady completed the dressing #7. He had provided the on the Treatment rd. #2 on 10/6/15 at 9:42 AM s note by the wound onsidered an order for	F 31	4				
	treatment of the wound. Continued interview with Nurse #2 revealed the culture report was not focated and she would request the lab results for the wound culture.  Interview with Nurse #3 on 10/6/15 at 10:46 AM							
	made rounds with the explained she made 9/30/15. In reviewing wound physician on she would add the ca	nager or treatment nurse e wound physician. Nurse #3 rounds with the physician on g the progress note by the 9/30/15 nurse #3 explained alcium alginate to the new						
	included to discontin- new order and update explained she was of and made rounds will the building on 9/30/	Atterview revealed the process ue the old order and write the e the TAR. Nurse #3 n a medication cart on a hall th the wound physician for 16. After making wound						
	rounds she went bac medications. The su reviewed the progress written the orders an record. Nurse #3 exp access to the compu- and would have writt		:					
	PM revealed her exp the wound physician	erim DON on 10/6/15 at 1:20 ectations for follow up after made rounds included y physician of the orders the						

wound physician ordered. The physician of

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	ON THE CHILD OF MAIOES			<u>OMB NO. 09</u> 38-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDENSUPPLIERICUA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
345258 8. WING				C 10/06/2015	
	SERVICES OF KANNAPOLIS	18	REET ADDRESS. CITY. STATE. 21P CODE 10 CONCORO LAKE ROAD ANNAPOL19, NC 28083		
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### F 314 Continued From page 9

record (primary physician) for that resident had the final say. During the interview the interim DON explained she would ask the unit manager who was doing the orders.

Interview with the unit manager (Nurse #2) and the interim DON on 10/6/15 at 1:44 PM revealed she had not made rounds with the wound physician on 9/30/15. Nurse #2 explained her process included writing telephone orders as the wound physician made rounds. The wound physician would sign the orders at that time. Further explanation indicated the primary physician would sign any orders not signed by the wound physician. Nurse #2 indicated she was not aware she was supposed to print off of wound notes and review them. She did not have access to the computer and had not reviewed the 9/30/16 notes for orders.

Interview with the interim DON on 10/6/15 at 1:46 PM revealed the treatment nurse or unit managers were to make rounds with the wound physician. It would be the next day before the wound physician 's note were in the computer. The unit manager would print the notes and review them the day after the visit. The Interim DON explained she was not aware the unit manager did not have access to the computer to review the notes. The interim DON explained the XRay was not obtained due to it was not considered an order, but a recommendation, Further interview revealed she did not know if the primary had been contacted regarding the recommendation.

Interview with the wound physician on 10/6/16 at 2:05 PM revealed she would expect the nursing staff to implement the recommendations on her

F 314

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F 315	orders, she would excommunicate that as the nurses had to ha review orders and ag further explained she Alginate had not bee 9/30/15. That had not her. The purpose of absorb the drainage maceration of the wo 483,26(d) NO CATHE	ny problems with the wound pect the nursing staff to well. She was not aware if we the primary physician tree with the orders. She was not aware the Calcium nused since her visit on by been communicated to the Calcium Alginate was to from the wound to prevent und,		314		
Q=22	RESTORE BLADDE	R	•		and a source of the source of	
				Bladder I	: catheter to prevent UTI/Restore Function	;
	Based on the resider				***************************************	
	resident who enters to indwelling catheter is resident's clinical concatheterization was now to is incontinent of treatment and service infections and to rest function as possible.	not catheterized unless the adjition demonstrates that accessary; and a resident bladder receives appropriate as to prevent urinary tract ore as much normal bladder		1 <b>.</b> 2.	catheters have the potential to affected. The Director of Clink Services and Unit Managers	6/15 sults o new e, as ic, ty with o be
	by: Based on observationurse practitioner into obtain a repeat urina urinary tract infection with an indwelling ca The findings included Resident #7 was admitted.	I is not met as evidenced ons, record review, staff and erview the facility failed to lysis to rule out a possible for one of three residents theter. Resident #7  It initted to facility on 6/13/14 phagia, and Dementia.		3,	reviewed the records of curre residents with catheters to as orders for care and services w implemented as prescribed or 10/27/15 and any corrections implemented.  The Director of Clinical Service educated licensed nurses curre emplayed by 10/30/15 conce the need to review all lab rest and to notify the physician if specimen is contaminated to the test or if the there were abnormal results. The Direct	sure  es re- rently rning ults any repeat

	MENT OF HEALTH	F	NTED: 10/19/2015 FORM APPROVED B NO. 0938-0391				
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<u>.                                    </u>		345258	B. WANG				
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083				
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F 315	315 Continued From page 11		F 315 bring abno		es/Nurse Manager wil ral lab results Including I specimen results to		
	The Minimum Dat	a Set (MDS) a quarterly dated		the morning t	meeting for review to		

The Minimum Data Set (MDS) a quarterly dated 7/34/15 indicated Resident #7 required extensive assistance with bed mobility, transfers, eating and personal hygiene. Resident #7 had short and long term memory impairment. Resident #7 was incontinent of bowel and bladder.

A telephone order dated 8/2/16 for an indwelling catheter due to a coccyx pressure wound.

The care plan dated 8/7/15 indicated a problem of an indwelling catheter due to an unstageable pressure ulcer on the coccyx. The approaches included lab work as ordered and report to physician.

Raview of a nurse 's note dated 9/6/15 the urine in the catheter drainage tubing was "cloudy."

A telephone order dated 9/9/15 for UA (urinalysis) with C&S (culture and sensitivity) to r/o UTI (rule out urinary tract infection).

Telephone order dated 9/9/15 for Cipro (antibiotic) 400 mg (milligram) intravenous every 12 hours for 7 days for UTI.

Observations on 10/5/15 at 7:00 AM revealed Resident #7 had an indwelling catheter to straight drainage with the bag on the badframe. The urine was yellow in color.

Lab results were not present in the medical record for raview. Upon request, the lab results for the urinalysis were obtained from the facility's lab.

The urinalysis report dated 9/8/15 indicated the

assure the physician is notified of a contaminated specimen to obtain orders to repeat the test. The Oirector of Clinical Services/Nurse Manager will conduct Quality Improvement monitoring of residents to assure catheter orders, to include lab testing, are transcribed and implemented appropriately and results are addressed. Quality improvement monitoring will be conducted 5 times per week for 4 weeks, then 3 times per week for 4 weeks, then 2 times per week for 4 weeks, then 1 time per week for 4 weeks, and then I time monthly for 2 months using a sample size of 5 residents. The monitoring will be documented on a Quality Assurance and Performance improvement

The Director of Clinical Services/Nurse Manager will report the results of the monitors to the Quality Assurance and Improvement Committee monthly or until the committee determines the facility has reached substantial compliance.

Monitor Form.

		ID HUMAN SERVICES						PRINTED: 10/19/2015 FORMAPPROVED
		MEDICAID SERVICES						OMB NO. 0938-0391
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F 315	Continued From page	a 12	r	040	•		,	
			r	315				
	contamination. "	bacterial flora, probable						
	practitioner revealed the urinalysis report in contaminated. She we report the results to h	at 1:15 PM with the nurse she had not been informed ndicated it was rould expect the nurse to er. She would expect the ed another specimen for						
	dated 10/5/15 for a U Interview with the inter PM revealed she wou a contaminated urina practitioner and obtai	Il record revealed an order A with C&S to r/t UTI. erim DON on 10/6/15 at 1:44 Ild expect the nurse to report lysis to the physician/nurse ned another specimen. IPTLY NOTIFY PHYSICIAN	F	505	FSOS			
	The facility must promptly notify the attending physician of the findings.					1.	The Director of Clinical Services notified the Nurse Practitioner 10/7/15 of the missed lab resul	on ts far
	by: Based on record rev physician and nurse p facility failed to notify practitioner of the lab requiring medication for or (Resident #7) The findings included	oractitioner interview the the physician/nurse results for a wound culture changes for treatment of a ne of one sampled residents	ſ			2.	Resident #7. The resident rece an appropriate course of antibl for the wound infection which completed on 10/22/15. The Director of Clinical Services/Nurse Manager comp a review of current resident reby 10-30-15, to assure that the physician was notified of abnormal/missed lab or diagnotest results. The Director of Cli Services/Nurse Manager notifi physician of missed/abnormal and/or diagnostic tests by 10/3	otic was leted cords sistic nical ed the labs
	Resident #7 was adn	hitted to facility on 6/13/14				3.	The Director of Clinical Service	s or

with diagnosis of dysphagia, dementia,

Nurse Managers will bring abnormal

#### PRINTED: 10/19/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ Ć 345258 B. WING 10/06/2015 NALIE OF PROVIDER OR SUPPLIER SYREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORO LAKE ROAD TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS KANNAPOLIS, NC 28083 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (35) COMPLETION DATE PREFIX IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (ÉACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) lab and diagnostic test reports to F 505 Continued From page 13 F 505 the morning meeting for review to subarachnoid hemorrhage and diabetes type 2. assure the physician is notified, and it is documented in the medical The Minimum Data Set (MOS) a quarterly dated record. Nurse Managers/Ucensed 7/31/15 assessed the pressure wound as necrotic Nurses will review consult reports and will notify the primary physician with no wound infection. The MDS indicated to obtain orders for any Resident #7 required extensive assistance with recommended testing. Nurse bed mobility, transfers, eating and personal Managers/Licensed Nurses were rehygiene. Resident #7 had short and long term educated to report abnormal lab memory impairment. and/or diagnostic results to the primary physician for further The care plan dated 8/7/15 indicated a problem orders/interventions. Licensed for potential for an infection related to coccyx Nurses not receiving this training be pressure ulcer. The stated goal included the trained prior to working their next scheduled shift, resident would not develop infection secondary to The Director of Clinical sacral wound. The goal was updated 9/9/15 for Services/Nurse Manager will the infection to resolve by completion of the complete Quality Improvement antibiotic therapy, and she would experience monitoring to assure that all decreased symptoms of infection. Approaches abnormal lab results are called to included treatment as ordered, labwork as the resident's physician. Quality ordered and report to physician. Improvement monitoring will be conducted 5 times per week for 4 Review of the wound physician progress note weeks, then 3 times per week 4 dated 9/9/15 revealed Resident #7 had a weeks, then 2 times per week for 4 weeks, then 1 time per week for 4 worsening of a chronic pressure wound on the weeks, and then 1 time monthly for coccyx. The wound measured 5 centimeters 2 months, using a sample size of 5 (cm) length (L) by 5 cm width (W) by 2.8 cm residents. The monitoring will be depth (D). There was undermining at 9 oclock of documented on a Quality Assurance 1.5 cm. The wound was assessed as 80% and Performance Improvement necrosis. Treatment included use surgical Monitor form. debridement, Dakins solution, and PICC (central intravanous line) for antibiotic administration for 6 The Director of Clinical weeks. "Wound has accumulated a large Services/Nurse Manager will report amount of necrotic tissue over the past week, the results of the monitors to the high suspicion for osteomyelitis. Will start

vancomycin (antibiotic) and order blood work and

XRay. Recommendation: CBC,(complete blood

count) place PICC line. Vencomycin 1 gram IV every 12 hours for 6 weeks for osteomyelitis XRay of the sacrum. " After surgical debridement Quality Assurance and Improvement

Committee monthly or until the

committee determines the facility has reached substantial compliance.

DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				PRINTED: 10/19/2015
		MEDICAID SERVICES				FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSYRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED
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NAME OF PR	OVIDER OR SUPPLIER		1	STREE	T ADDRESS, CITY, STATE, ZIP CODE	10/06/2015
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F 505	Continued From page	14	E 1	505		
			1	505		
	Review of the telephone order dated 9/9/15 the nurse practioner had ordered a wound culture to be obtained when the wound vac was changed. Review of the medical record revealed no information that indicated the lab work was obtained, received or reported to the nurse practioner.  Upon request, a copy of the lab results for the wound culture was obtained by the unit manager from the lab. The results indicated 3+ Gram Positive Cocci pairs, 3+ Gram positive rods and 3+ Gram negative rods. The sensitivity report (details what antibiotics would be effective against the organism) Indicated the following antibiotics could be used to treat the infection: Gentamycin, Trimeth-Sulfa, Piperacillin/Tazobactam and Tetracyclina. The antibiotic used to treat Resident #7, Clindamycin, was not listed on the culture sensitivity report. Interview on 10/5/15 at 1:00 PM with the nurse practioner revealed she could not be sure if the lab results were reported to her. She explained her usual process was to sign the lab result report and make a note about the results. She confirmed there were no results in the chart and a progress note had not been written regarding the culture report. In reviewing the lab report she noted the organism that grew and the drug sensitive and circled Gentamycin. Interview on 10/5/15 at 1:15 PM with the nurse practitioner revealed Resident #7 required another PICC line placement end treatment with Gentamycin (antibiotic) that was sensitive to the organisms in the wound culture report. She would have expected the nurse to report the lab					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

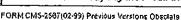
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	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY F ULATORY OR USC IDENTIFYING INFORMAT	ULL PREFIX	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD ( CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETION	
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## F 505 Continued From page 15

Interview on 10/6/15 with Nurse #1 at 9:15 AM revealed the lab results are faxed to the facility from the lab. The fax machine would be checked by the floor nurse on each shift for possible lab results. The nurse receiving the lab results would notify the physician. There was also a physician ' s notebook tab results were filed for physician/nurse practioner review Interview with the interim DON on 10/6/15 at 1:44 PM revealed the process for obtaining lab work included putting lab orders into the computer and the lab book with the date the order we be done. The night nurse checks for routine labs in the lab book. That nurse would get those labs (i.e. urine) or have the lab service get them. The facility had a lab service that came to the building on a scheduled basis for blood draws. Lab slips would be put back in the lab book and flagged for the pending results. The nurses would be alerted to the lab slip being pulled up that a lab had been obtained and results were pending. The nurse manager, unit coordinator or nurse on the unit was supposed to look at the book for labs/exams to be done on that day. When a lab was done, the nurse would report to next shift. Each shift received report and would expect the results. The lab results were sent to the facility via a fax. There were certain times the faxes come thru for the lab results. Each shift would be expected to check the fax machine for leb results. No explanation was provided as to what happened to the lab results for Resident #71's wound culture. Interview with the interim DON on 10/6/15 at 1:46 PM revealed she would expect the nurse to report results of lab work to the physician or nurse practioner. Lab results are reported in the following manner: 1, if abnormal labs return, the physicians have given parameters for notification. i.e. if way high/low call the physician the results.

F 505



EventiD: 24Y311

Facility ID. 923080



CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES					PRINTED: 10/19/2015 FORM APPROVED DMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED
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F 505	Continued From page	a 16	E (	, :0E			
		ner was coming into the	F 505				
	facility, the lab results	were put in physician 's					
	book for review. And	3. If after hours, and					
	abnormal the nurse would call the physician. The interim DON was not aware the results had not						
	been reported to the	nurse practioner or					•
	physician.						
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