

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


PRINTED: 03/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/29/2016
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NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613
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F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and family interviews and record review the facility failed to notify the family when the physician referred a resident to a specialist for</p>	F 157	<p>F157</p> <ol style="list-style-type: none"> 1. The family of Resident #3 was informed of the 10/29/2015 order for dermatology consult on 11/8/2015. The family of Resident #3 was informed of the facility's concerns with scheduling the outside appointment, communication with the physician, and efforts to have the procedure completed in-house due to resident's psychiatric diagnoses on 11/9/2015. 2. All other resident consult orders were reviewed for the last 30 days for evidence of family notification of consults and no other issues were identified. The delay in notification for Resident #3 was determined to be an isolated issue attributed to the facility attempting to seek alternative solution for resident with history of extreme anxiety when having to leave facility grounds combined with the facility's practice of notifying families <i>after</i> appointments were actually scheduled. 	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER'S SIGNATURE 	TITLE LMHA	(X6) DATE 3/8/16
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Any deficiency statement ending with an asterisk (*) 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.

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F 157	<p>Continued From page 1 treatment of skin cancer for 1 of 3 sampled residents (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 06/19/09 with diagnoses that included mental disorder, major depressive disorder with severe psychiatric symptoms, bipolar disorder, anxiety, Alzheimer's disease and others. A care plan created on 06/04/12 for Resident #3 specified the resident became agitated when his schedule was disrupted such as leaving the facility. Resident #3's care plan specified his schedule was to be kept consistent.</p> <p>The most recent Minimum Data Set (MDS) dated 10/05/15 specified the resident's cognition was intact and his skin was not impaired.</p> <p>Review of Resident #3's medical record revealed a physician's progress note dated 10/29/15 that specified the resident was reviewed for a skin lesion on his hand. The physician documented, "neoplasm (abnormal growth of tissue) of uncertain behavior of skin. Referral to dermatology for biopsy. Possibility of this being a cancerous lesion."</p> <p>A physician's order was written 10/29/15 for a dermatology appointment for lesion removal for a suspicious neoplasm. The order was noted by Nurse #1.</p> <p>The nurses' notes were reviewed and did not specify Resident #3's family was notified of the new order to refer Resident #3 to dermatology for the skin lesion.</p>	F 157	<p>3. Medical Records system for notification of family members was changed so that when an order for consult is made; even if there are questions requiring clarification with the physician, medical records schedules the appointment, notifies the family, then will cancel the appointment and re-notify should those plans change</p> <p>4. Director of Nursing or designee will randomly select two consults each week to ensure family notification occurred timely for three consecutive months. Results will be reported to Quality Assurance Committee.</p>	March 1, 2016	

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F 157	<p>Continued From page 2</p> <p>Nurse #1 was no longer employed at the facility and unable to be interviewed.</p> <p>The Director of Nursing (DON) was not present during the investigation.</p> <p>On 02/29/16 at 11:55 AM the Staff Development Coordinator (SDC) was interviewed and explained that it was customary for a nurse to notify families of changes in a resident's condition when the change was "major and required immediate treatment." She gave an example such as nitroglycerin for chest pain or a fall with injury. She stated that in the case of an order written for a new referral to a specialist the nurse would not notify the family. The SDC added that the medical record staff person was responsible for receiving the order for referrals, making the appointment and then would contact the family to notify them of the new appointment. The SDC stated that in the case of Resident #3 she was not aware if the family had been notified on 10/29/15 of the new referral to the dermatologist because the facility was trying to arrange to have the in-house physician biopsy the skin lesion to keep the resident from having to leave the facility due to psychiatric diagnoses.</p> <p>On 02/29/16 at 12:10 PM the medical record staff person was interviewed and explained that when she received orders for appointments it was her responsibility to make the appointment and contact the family to notify them of the appointment. She stated that she did not contact Resident #3 's family to notify them of the new dermatology referral because she did not make the appointment. She explained that when she received the order she alerted the SDC that Resident #3 did not handle leaving the facility well</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>and asked the SDC if the biopsy could be performed in-house. The medical record staff person stated that the SDC told her she would discuss with the physician and let her know what the physician decided.</p> <p>On 02/29/16 at 1:38 PM a family member for Resident #3 was interviewed on the telephone she stated that the family visited the Resident on 11/08/15 and observed the resident's hand and had concerns about the lesion. She stated the family asked to review the medical record and learned that a referral had been made on 10/29/15. She stated that the facility had not notified the family of the referral.</p> <p>On 02/29/16 at 2:15 PM the physician was interviewed on the telephone and explained that she was asked to examine Resident #3 for a skin lesion. She added that normally she was able to remove skin lesions but because she felt this needed a biopsy the resident would require going out to a dermatologist. The physician stated that she saw skin tumors on the elderly all the time and that it was not "acute" and not an emergency but certainly needed to be addressed. She added that it usually took months to get a new dermatology appointment and waiting a few days to get the appointment did not have an impact on the resident.</p>	F 157			