

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

PRINTED: 08/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/19/2016
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS HOME - FAYETTEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 214 COCHRAN AVENUE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, for one (Resident # 5) of three sampled residents with gastrostomy tubes, the facility failed to clean the site and change the dressing daily per the physician order and care plan. The findings included: Record review revealed Resident # 5 was admitted to the facility on 6/14/12. The resident had multiple diagnoses. Two of these included end stage dementia and dysphagia. Record review revealed the resident received all his nutrition via a gastrostomy tube. Review of the resident ' s care plan, last reviewed</p>	F 322	<p>Step 1</p> <p>1. The gastric tube dressing for Resident #5 was changed on 7/19/2016. Medical Director assessed Resident #5 and the gastric tube with no adverse effects noted.</p> <p>2. A complete audit was done on 7/19/2016 of all resident's with orders for gastric tube dressing changes. All residents were also evaluated and all dressings were changed as ordered.</p> <p>Step 2</p> <p>1. Potential to affect all residents will</p>	8/4/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/04/2016

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 322	Continued From page 1 on 6/28/16, revealed the staff were to provide gastrostomy tube site care " daily or as ordered. " Review of the resident ' s current July 2016 cumulative monthly physician orders revealed the staff were to daily clean the gastrostomy site with normal saline and apply a dressing. Review of the July 2016 medication administration records and July 2016 treatment administration record revealed this order appeared on both of these records. During the record review conducted on 7/19/16, it was found that the last time the resident was documented as having the site cleaned and dressed was on 7/14/16. There was no documentation in the resident ' s record the site had been cleaned and dressed on 7/15/16, 7/16/16, 7/17/16, or 7/18/16. A nurse was observed on 7/19/16 at 10:35 AM as she prepared to change the resident ' s gastrostomy tube dressing. It was observed that the resident ' s dressing, she was preparing to remove, had the date of 7/14/16. The nurse and two administrative staff nurses also validated that the date on the old dressing was 7/14/16. The nurse, who was changing the dressing, stated she did not routinely work with the resident on a regular schedule and she did not know why the dressing had not been changed. An administrative staff nurse was interviewed on 7/19/16 at 3:20 PM and this interview revealed the following information. There had been multiple nurses who had cared for the resident and had been accountable for the dressing changes between the dates of 7/14/16 and 7/19/16. The administrative nurse had tried to call all of them. As of the time of the interview, the administrative nurse had not been able to clarify why the nurses had not been changing the resident ' s dressing and caring for his site. The administrative nurse validated the dressing	F 322	gastrostomy tubes. Step 3 1. All RN's and LPN's were educated on the policy for gastrostomy tubes, which includes treatment to the site, and will be educated upon hire and as needed by the Clinical Competency Coordinator (RN). A skills checklist was done for all RN's and LPN's at this time and will be completed upon hire as well. 2. A Gastrostomy Tube audit tool was implemented by the Director of Nursing (RN) and Clinical Competency Coordinator (RN), and is completed as follows by the Director of Nursing (RN), Unit Managers (RN), Clinical Competency Coordinator (RN), and/or Designee : 5 times per week for 4 weeks then, 2 times per week for 4 weeks with, an then audit done monthly for 3 months. Step 4 Monitoring will be done by the Director of Nursing (RN) or Designee to ensure gastrostomy tube dressings are changed per the physician's order. Continued monitoring will then occur 5 times per week for 4 weeks, then 2 times per week for 4 weeks, and then monthly for 3 months. Results of the monitoring, with tracking and trending, will be reported by Director of Nursing (RN) monthly to the Quality Assurance Performance Improvement committee for recommendations and suggestions for improvements and changes.		

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F 322	Continued From page 2 changes should have been done per the order and care plan.	F 322			