STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345236	A. BUILDING _____ B. WING _____	C 08/06/2016

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WILMINGTON HEALTH AND REHABILITATION CENTER	820 WELLINGTON AVENUE WILMINGTON, NC 28401

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F 000	INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 8/6/2016. Event ID NW6K11.	F 000		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility provided an inaccurate description of interventions required for a dialysis access site by listing interventions for a dialysis fistula (a surgical intervention connecting a vein and artery in the arm) on the Care Plan of a resident who received dialysis treatment through	F 279	F-279, Care Plans " Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice o On 8-6-2016, the care plan for Resident #34 was corrected to reflect	8/31/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/26/2016

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F 279	Continued From page 1 a central venous catheter (a catheter placed in a large vein) in the upper chest for one of one residents reviewed for dialysis (Resident #34). Findings included: Resident #34 was admitted to the facility on 8/7/2010 with diagnoses to include ESRD (end-stage renal disease) with hemodialysis, Anemia, and Diabetes. The Annual Minimum Data Set (MDS) dated 5/25/2016 indicated Resident #34 was cognitively intact and required hemodialysis for End Stage Renal Disease (ESRD). A Care Area Assessment associated with the annual MDS indicated nursing would proceed with a Care Plan related to dialysis. A review of the clinical medical record revealed a History and Physical (H&P) dated 8/9/2010 which indicated Resident #34 was admitted with a left upper chest dialysis access site. The H&P further indicated Resident #34 did not have a functioning A/V (arterial/venous) dialysis fistula. A review of the Care Plan dated 6/01/2016 indicated Resident #34 required dialysis due to renal failure. The goal was Resident #34 would have immediate intervention should any signs or symptoms of complications from dialysis occur. The interventions included after dialysis, check resident ' s dialysis site for thrill (a vibration felt on the dialysis fistula in the arm) and bruit (a sound heard by a stethoscope on the dialysis fistula in the arm) twice per shift on the day resident returned and then daily. An interview was conducted with Resident #34 on 8/4/2016 at 11:00 AM. Resident #34 was observed sitting in a motorized wheelchair in the main dining room. Resident #34 was alert and oriented. Resident #34 was observed wearing a thin white collared shirt and a dialysis catheter	F 279	accurate interventions related to his dialysis access site. " Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice o As of 8-6-2016, the Director of Nursing reviewed the care plans of current residents identified as dialysis patients, and confirmed the care plans were appropriate. " Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur o By 8-19-2016, the Director of Nursing or designee re-educated facility licensed nurses on appropriateness and accuracy of care plan interventions for facility dialysis patients. " Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assure system of the facility. o The Director of Nursing or designee will audit dialysis patient care plans weekly times four weeks, and then monthly times three months. o The Director of Nursing will report findings to the Quality Assurance Committee during its monthly meeting.	

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F 279	Continued From page 2 with a dressing intact was visible on his left upper chest. Resident #34 indicated the dialysis shunt site in his left lower arm had not been functional since prior to facility admission in 2010. Resident #34 reported dialysis was completed through a dialysis catheter in his left upper chest which contained two ports. An interview with MDS Coordinator was conducted on 8/5/2016 at 11:25 AM and revealed most of the information for the assessments was collected from the information in the computer. The MDS nurse indicated she was unaware Resident #34 did not have a dialysis fistula and was unaware Resident #34 received dialysis treatments through a dialysis catheter. The MDS Coordinator reported Resident #34 ' s Care Plan definitely needed to be accurate to ensure the appropriate care information is provided for staff. The MDS Coordinator indicated the Care Plan would be changed to reflect Resident #34 ' s dialysis site needs. An interview with the Administrator on 8/5/2016 at 2:45 PM revealed expectations were for resident ' s Care Plan information to be accurate. An interview with the Interim Director of Nursing (DON) was conducted on 8/5/2016 at 3:00 PM. The DON reported her expectation was for the Care Plans to have accurate information so individual resident care could be provided.	F 279	o If the Quality Assurance Committee determines there are continued problems after three months regarding dialysis patient care plans, it will continue to receive Director of Nursing reports and to review them monthly until the problem is resolved.	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309		8/31/16

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F 309	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to assess a dialysis port site for bleeding, signs and symptoms of infection or an intact dressing after dialysis treatments per the Physicians order and Care Plan for 1 of 1 residents reviewed for dialysis (Resident #34). Findings included: Resident #34 was admitted to the facility on 8/7/2010 with diagnoses which included End Stage Renal Disease (ESRD) with Hemodialysis 3 times a week, Anemia and Diabetes. The Annual Minimum Data Set (MDS) dated 5/25/2016 indicated Resident #34 was cognitively intact and required hemodialysis for End Stage Renal Disease (ESRD). A Care Area Assessment associated with the annual MDS indicated nursing would proceed with a Care Plan related to dialysis. A review of the clinical medical record revealed a History and Physical (H&P) dated 8/9/2010 which indicated Resident #34 was admitted with a left upper chest dialysis access site. The H&P further indicated Resident #34 did not have a functioning A/V (arterial/venous) dialysis fistula. A review of the Care Plan dated 6/01/2016 indicated Resident #34 required dialysis due to renal failure. The goal was Resident #34 would have immediate intervention should any signs or symptoms of complications from dialysis occur. The interventions included after dialysis, check resident ' s dialysis site for thrill (a vibration felt on the dialysis fistula in the arm) and bruit (a sound heard by a stethoscope on the dialysis fistula in the arm) twice per shift on the day resident	F 309	F-309, Assessments " Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice o Beginning 8-5-2016, nurses checked the dialysis site for Resident #34 upon his return from dialysis for signs and symptoms of bleeding, infection, and intact dressing. " Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice o On 8-6-2016, the Director of Nursing reviewed medical records of other dialysis patients, and confirmed that the nurses are properly checking any dialysis sites upon return from dialysis treatment. " Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur o By 8-19-2016, the Director of Nursing or designee re-educated facility licensed nurses on checking dialysis sites post-dialysis for bleeding, signs and symptoms of infection, and intact dressing. " Indicate how the facility plans to monitor its performance to make sure that	

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F 309	Continued From page 4 returned and then daily. A review of signed monthly Physician ' s orders dated August 1 through August 31 2016 revealed an order to check the dialysis site every Monday, Wednesday and Friday post dialysis or bleeding, signs and symptoms of infection, surrounding tissue and intact dressing. An interview was conducted with Resident #34 on 8/4/2016 at 11:00 AM. Resident #34 was observed sitting in a motorized wheelchair in the main dining room. Resident #34 was alert and oriented. Resident #34 was observed wearing a thin white collared shirt and a dialysis catheter with a dressing intact was visible on his left upper chest. Resident #34 indicated the dialysis shunt site in his left lower arm had not been functional since prior to facility admission in 2010. Resident #34 reported dialysis was completed through a dialysis catheter in his left upper chest which contained two ports. Resident #34 reported the dialysis nurses cleaned the dialysis catheter site on his left upper chest and put a clean dressing on it after every dialysis treatment. Resident #34 stated the facility nursing staff did not assess the site when he returned from dialysis and indicated the nursing staff had never asked to see the site when he returned from dialysis. An interview was conducted with nurse #2 (Resident #34 ' s primary nurse) on 8/5/2016 at 8:30 AM. Nurse #2 indicated the dialysis site for Resident #34 was checked every day. Nurse # 2 reported it was on the Electronic Medication Administration Record (EMAR) to check the site. Nurse # 2 reviewed the EMAR and the Treatment Administration Record (TAR) and did not locate the order to check the site. Nurse #2 reported since it was not on the EMAR, the assessment of the site was not documented, as she did not document the assessment in the clinical nursing	F 309	solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assure system of the facility. o The Director of Nursing or designee will audit dialysis patient medical records weekly times four weeks, and then monthly times three months. o The Director of Nursing will report findings to the Quality Assurance Committee during its monthly meeting. o If the Quality Assurance Committee determines there are continued problems after three months regarding dialysis patient care plans, it will continue to receive Director of Nursing reports and to review them monthly until the problem is resolved.	

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F 309	Continued From page 5	F 309		

notes. Nurse #2 reported the assessments may be missed at times and would depend on how busy the day had been. Nurse #2 stated Resident #34 was alert and oriented and should be able to report any issues with the dialysis site.
An interview was conducted with MA #1 on 8/5/2016 at 10:10 AM. MA #1 reported she administered the medications to Resident #34 daily. MA #1 indicated the nursing staff was responsible for assessments of the residents because assessments were not within her scope of practice. MA #1 indicated Resident #34 usually returned from dialysis treatments by 12:30 PM and went straight to the dining room for lunch. MA #1 reported after lunch Resident #34 usually returned to his room to rest for a while and she would administer his medications at that time. MA #1 reported she had not witnessed a nurse assess Resident #34 ' s dialysis site.
Another interview was conducted with Resident #34 on 8/5/2016 at 2:00PM. Resident #34 was in his room resting in bed. Resident #34 indicated he returned from dialysis earlier and went straight to the dining room for lunch. Resident #34 stated after lunch he went to his room to rest and MA#1 brought his medications. Resident #34 reported Nurse #2 entered his room after the administration of medications and requested to assess his dialysis site. Resident #34 reported Nurse #2 stated the nursing staff would be checking the dialysis site every day.
An interview was conducted with the facility Administrator on 8/5/2016 at 2:50 PM. The Administrator reported his expectation was for Physician ' s orders to be followed and resident assessments to be completed.
An interview was conducted with the facility Interim Director of Nursing (DON) on 8/5/2016 at 3:10 PM. The DON indicated her expectation was

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F 309	Continued From page 6 for nursing staff to assess dialysis resident ' s access sites daily but especially on the days of dialysis treatments due to the complications which could occur.	F 309		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview and record review, the facility failed to provide nail care for one of 40 residents reviewed for Activities of Daily Living (ADL) care (Resident #96). Findings included: Resident #96 was admitted with diagnoses of brain cancer, edema, encephalopathy, kidney failure and history of colon cancer. The admission 5 day Minimum Data Set (MDS) dated 6/299/2016 noted Resident #96 to be cognitively intact and needed extensive assistance for all Activities of Daily Living (ADLs), with the physical assistance of one to two persons. Resident #96 could feed himself with supervision after his meal tray was set up, and Resident #96 was totally dependent for bathing with assistance of one person. The MDS noted Resident #96 did not reject care. The Care Area Assessment (CAA) noted a care area of ADL	F 312	F-312, ADL - nail care " Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice o On 8-6-2016, a registered nurse provided nail care for Resident #96 to include trimming and cleaning fingernails. " Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice o By 8-8-2016, nursing staff checked facility residents and confirmed that proper nail care has been given. " Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur o By 8-19-2016, the Director of Nursing	8/31/16

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F 312	Continued From page 7 function and this area went to care plan. The care plan dated 6/30/2016 noted a focus of Resident #96 had a deficit in self-care performance of his ADLs related to limited mobility. The goal was Resident #96 will improve current level of function. Interventions included: Encourage active participation in tasks. Ensure effective pain management prior to ADL activities. Provide cueing with tasks as needed. Bathing /showering interventions included check nail length and trim and clean on bath day and as necessary. Report any changes to nurse. Provide sponge bath when a full bath or shower cannot be tolerated. Assist the resident to choose simple comfortable clothing that enhances the resident ' s ability to dress self. 8/3/2016 at 9:00 AM, Resident #96 was observed with long nails on each hand and all nails except two were broken. There was dark brown matter observed underneath all nails on both hands. On 8/4/2016 at 10:00 AM an observation of ADL care was made. Nursing Assistant #1 gave Resident #96 a bed bath, changed his brief and repositioned him. NA #1 provided privacy and covered his exposed body when she washed him. NA #1 also explained what she was doing as she washed him. Resident #96 was cooperative. NA #1 stated Resident #96 would have a shower that PM. NA #1 did not clean Resident #96 ' s nails. Resident #96 nails were observed to be broken, long and had brown matter underneath all nails. On 8/5/2016 at 8:30 AM, Resident #96 was observed sitting up in bed. Resident #96 stated he did not remember if he had a shower the	F 312	or designee re-educated facility direct care staff on proper nail care. " Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assure system of the facility. o The Director of Nursing or designee will perform random audits to ensure residents receive proper nail care weekly times four weeks, and then monthly times three months. o The Director of Nursing will report findings to the Quality Assurance Committee during its monthly meeting. o If the Quality Assurance Committee determines there are continued problems after three months regarding nail care, it will continue to receive Director of Nursing reports and to review them monthly until the problem is resolved.	

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F 312	Continued From page 8 previous evening, but that he had a bath that morning. The nails on Resident #96 hands remained long, eight of them were broken and there was light brown matter underneath all nails. NA #1 stated she did not know if Resident #96 had a shower the previous evening. NA #1 stated she does do nail care on Resident #96. On 8/6/2016 at 1:30 PM Resident #96 was observed to have light brown matter under all fingernails on both hands. The Director of Nursing (DON) was present and stated she believed the matter underneath the nails was peanut butter. The DON noted the nails were broken and some were long. The DON stated her expectation was the nails would be cleaned and trimmed.	F 312		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in	F 431		9/3/16

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F 431	Continued From page 9 locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to remove expired medications from 2 of 5 of medication carts (500/600 nurses medication cart and 600 hall medication aide cart). Findings included: 1) On 08/06/2016 at 11:00 AM an observation was made of the 500/600 hall medication cart. The cart was located beside the nurse's station. In a medication drawer located on the top left side of the cart was an opened bottle of Loratadine 10mg (a medication used to treat allergies) with an expiration date of 07/2016. Nurse #1 observed the medication and reported the medication should have been discarded. 2) On 08/06/2016 at 11:00 AM an observation was made of the 500/600 hall medication cart. The cart was located beside the nurse's station.	F 431	F-431, expired meds " Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice o On 8-6-2015, expired medications were removed from the med carts " Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice o On 8-6-2016, the Director of Nursing or her designee checked facility med carts and confirmed there were no expired medications " Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur	

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F 431	Continued From page 10 In a medication drawer located on the top right side of the cart were two 15 milliliter bottles of Seracult Developer Solution (used to detect fecal blood) with expiration dates of 03/2016. Nurse #1 indicated she did not know why the solution was on the cart and the solution should have been discarded due to the expiration date. 3) On 08/06/2016 at 11:15 AM an observation was made of the 600 hall medication aide's cart. The cart was located at the end of the 600 hall. In a medication drawer located on the bottom left side of the cart was an opened bottle of Acetaminophen 500 mg tablets with a current resident's name hand written on the bottle. The expiration date on the bottle was 10/2015. Medication Aide #1 (MA #1) was administering medications on the 600 hall on 8/6/2016 and observed the medication. MA #1 reported he did not know why the medication was in the drawer and the medication should have been discarded. The Director of Nursing (DON) was present at the 500/600 nursing station while the carts were observed. The medication bottles and the bottles of solution were given to the DON and the DON indicated they would be discarded. The DON stated the carts were checked daily for expired medications by nursing staff and was unsure why the medications and bottles of solution were not discovered during the checks. During an interview with the DON on 08/06/2016 at 11:30 AM the DON reported the expectation was for all medication storage areas and medication carts to be checked daily for expired medications and for expired medications to be removed and discarded.	F 431	o By 8-19-2016, the Director of Nursing or designee re-educated facility licensed nurses and Medication Aids to check for and remove from med rooms and carts any expired medications. " Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assure system of the facility. o The Director of Nursing or designee will perform inspections of med rooms and med carts weekly times four weeks, and then monthly times three months to ensure compliance. o The Director of Nursing will report findings to the Quality Assurance Committee during its monthly meeting. o If the Quality Assurance Committee determines after three months that there are continued problems with expired medications, it will continue to receive Director of Nursing reports and to review them monthly until the problem is resolved.	