	-	ID HUMAN SERVICES					MAPPROVED
		MEDICAID SERVICES					<u>0. 0938-0391</u>
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
345096		B. WING	B. WING			C 10/06/2016	
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE		
					12019 VERHOEFF DRIVE		
HUNTERS					HUNTERSVILLE, NC 28078		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES				PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREF TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETION DATE
1/10					DEFICIENCY)		
F 309 SS=D				30	19		
	This REQUIREMENT is not met as evidenced by: Based on observations, record review, family and staff interviews the facility failed to follow a physician order to change a peripherally inserted central catheter (PICC) line dressing weekly for 1 of 1 sampled resident (Resident #286). The findings included: Resident #286 was admitted to the facility on 09/01/16 with diagnoses that included lactobacillus native mitral value endocarditis, bacteremia, and urinary tract infection. Review of the most recent comprehensive Minimum Data Set (MDS) dated 09/08/16 indicated that Resident #286 was moderately cognitively impaired for						
	daily decision making MDS also indicated th extensive to total assi activities of daily living indicated that Resider intravenous (IV) medi Review of physician a 09/01/16 read change every 7 days and as r compromised.	and had no behaviors. The nat Resident #286 required istance with all aspects of g (ADL). The MDS further nt #286 was receiving			TITLE		(X6) DATE

(X6) DATE

PRINTED: 10/27/2016

Electronically Signed

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.

DEPARTMENT OF HEALTH AND CENTERS FOR MEDICARE & M					FORM	D: 10/27/2016 MAPPROVED D. 0938-0391
	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
	345096	B. WING				C 06/2016
NAME OF PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
			1	12019 VERHOEFF DRIVE		
HUNTERSVILLE OAKS			ŀ	HUNTERSVILLE, NC 28078		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 309 Continued From page 7	Continued From page 1		309			
dressing becomes com off to be completed on 09/07/16, 09/14/16, 09/ There are initials indica was completed on 09/0 none for 09/14/16 or 09 Review of MAR dated read change biopatch a and as needed if dress compromised. It was bl on 10/05/16, 10/12/16, No indication that the d second shift on 10/05/1 MAR. Review of consultation from Resident #286's ir read in part that Reside with normal white blood continue Ampicillin 2 gr 10/15/16, change PICC remove PICC and disca 10/15/16, and follow up During an observation a Resident #286 and her 10:21 AM revealed that Resident #286 at home facility to receive IV me not do at home. The fai as the IV medications v be returning home with #286 was observed lyir	through 09/30/16 read 7 days and as needed if ppromised. It was blocked 2nd shift weekly on /21/16, and 09/28/16. ting the dressing changed 07/16 and 09/28/16 but 0/21/16. 10/01/16 through 10/31/16 and dressing every 7 days ing becomes locked off to be completed 10/19/16, and 10/26/16. Itressing was completed on 16 was evident on the record dated 09/23/16 infectious disease doctor ent #286 was doing well d count. The plan read rams IV every 4 hours until C line dressing weekly, ontinue Ampicillin on o as needed. and interview with family on 10/05/16 at					

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Facility ID: 923277

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE		-	ID HUMAN SERVICES					FORM): 10/27/2016 // APPROVED	
345096 B. WING 10/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12019 VERHOEFF DRIVE HUNTERSVILLE OAKS 12019 VERHOEFF DRIVE HUNTERSVILLE, NC 28078 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLE DAT (X5 COMPLE COMPLE DAT	STATEMENT OF DEFICIENCIES (X1) PRO		(X1) PROVIDER/SUPPLIER/CLIA	· /				(X3) DATE SURVEY COMPLETED		
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HUNTERSVILLE OAKS HUNTERSVILLE, NC 28078 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAT	NAME OF PRO	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STA	TE, ZIP CODE	-		
Image: Number of the second						12019 VERHOEFF DRIVE				
PREFIX TAG(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATECOMPLE DAT						HUNTERSVILLE, NC 280	078			
	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			IX	(EACH CORREC CROSS-REFEREN	TIVE ACTION SHOULD B		(X5) COMPLETION DATE	
F 309 Continued From page 2 F 309 upper arm and was covered with a transparent dressing and contained no date as to when it had been changed. Resident #280% family stated they stay with the resident around the clock and the staff was not changing the PICC line dressing weekly like the doctor ordered. The family further stated they had just seen Resident #280% infectious disease doctor and she stated that the resident was doing well and the PICC line should be discontinues on 10/15/16 after completing the IV medication. During an observation and interview with Resident #280 and her family on 10/06/16 at 9:21 AM revealed that Resident #286 was lying in bed dressed in a short sleeve shift and her PICC line was visible in the right arm with what appeared to be the same transparent dressing in place that contained no date as to when it had been changed. Resident #286 family stated that no one had changed her floces lon. Interview with Nurse #1 on 10/06/16 at 4:49 PM revealed that she had worked 2nd shift with Resident #286 on 10/05/16 on at Confirmed that she fad not changed her PICC line dressing and could not remember if it was scheduled to be changed on 10/05/16 on at Confirmed that she had not change the PICC line dressing and could not remember if uses scheduled to be changing Resident #286 sc PICC line dressing was out of the country and unavailable per the Director of Nursing (DON). Attempts to interview Nurse #3 who was working on 03/14/16 on 21 shift and was responsible for changing Resident #286 sc PICC line dressing was out of the country and unavailable per the Director of Nursing (DON).		upper arm and was c dressing and contained been changed. Resid stay with the resident staff was not changin weekly like the doctor stated they had just s infectious disease do resident was doing w be discontinues on 10 IV medication. During an observation Resident #286 and he AM revealed that Resident #286 and he AM revealed that Resident # one had changed her shift like they were su Interview with Nurse a revealed that she had Resident #286 on 10/ she had not changed could not remember i changed on 10/05/16 no reason why she di dressing on 2nd shift Attempts to interview on 09/14/16 on 2nd s changing Resident #2 out of the country and Director of Nursing (D	overed with a transparent ed no date as to when it had ent #286's family stated they around the clock and the g the PICC line dressing ordered. The family further een Resident #286's ctor and she stated that the ell and the PICC line should D/15/16 after completing the n and interview with er family on 10/06/16 at 9:21 sident #286 was lying in bed weve shirt and her PICC line t arm with what appeared to ent dressing in place that to when it had been 286 family stated that no dressing yesterday on 2nd upposed to. #1 on 10/06/16 at 4:49 PM d worked 2nd shift with 05/16 and confirmed that her PICC line dressing and f it was scheduled to be or not. Nurse #1 provided d not change the PICC line on 10/05/16 as ordered. Nurse #2 who was working hift and was responsible for 286's PICC line dressing was d unavailable per the DON).	F	30					

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 10/27/2016 APPROVED D: 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
345096		B. WING			C 10/06/2016			
NAME OF PROVIDER OR SUPPLIER				;	STREET ADDRESS, CITY, STATE, ZIP COD	-		
HUNTERSVILLE OAKS					12019 VERHOEFF DRIVE HUNTERSVILLE, NC 28078			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	=IX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD B		(X5) COMPLETION DATE
F 309	on 09/21/16 on 2nd s changing Resident #2 were unsuccessful. Interview with the DO revealed that she exp PICC line dressings a and document it in the is unaware of any rea change the PICC line	hift who was responsible for 286's PICC line dressing IN on 10/06/16 at 4:22 PM bected the staff to change as ordered by the physician e medical record. The DON ison why the staff would not dressing and if it is not IAR or in the nurses notes	F	309				

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