

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345286	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 1/26/2017
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NAME OF PROVIDER OR SUPPLIER SALISBURY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 514	<p>483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>(i) Medical records.</p> <p>(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to consistently document meal intake percentages for 1 of 3 sampled residents (Resident #1). The findings included:</p> <p>Resident #1 was initially admitted to the facility on 10/9/15 and readmitted on 12/21/16 with multiple diagnoses that included dysphagia and dementia. The annual Minimum Data Set (MDS) assessment dated 11/15/16 indicated Resident #1 was cognitively intact.</p> <p>Resident #1's comprehensive plan of care included the focus area of nutritional risk related to the need for a diet consistency downgrade due to oropharyngeal dysphagia with aspiration, refusal of modified liquid consistency recommendations increasing aspiration risk, and significant weigh loss with low albumin after hospitalization. The interventions included, in part, the monitoring Resident #1's intake at all meals. This plan of care was last reviewed on 12/19/16.</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 514	<p>Continued From Page 1</p> <p>A grievance form dated 1/5/17 for Resident #1 indicated his meal intake was not documented correctly. The resolution indicated the facility was going to inservice all of their Nursing Assistants (NAs) on where to document meal intake and how to determine proper intake.</p> <p>Resident #1's meal intake percentage documentation was reviewed from 12/22/16 through 1/24/17. Throughout the 34 day time period Resident #1's meal intake percentage was documented for 43 of 102 meals. There were 59 of 102 meals with no intake percentage documented for Resident #1.</p> <p>An interview was conducted with NA #5 on 1/26/17 at 7:44 AM. She stated she documented meal intake percentages on the hard copy flow sheets located in the medical record. She indicated the meal intake percentage was to be documented for all residents for every meal.</p> <p>An interview was conducted with NA #6 on 1/26/17 at 8:55 AM. She stated she documented meal intake percentages on the hard copy flow sheets located in the medical record. She indicated the meal intake percentage was supposed to be documented for all residents for every meal. NA #6 stated she worked with Resident #1 frequently. She revealed she sometimes forgot to document Resident #1's meal intake percentage. NA #6 additionally revealed the facility's Staff Educator spoke with her earlier that week about the importance of documenting meal intake percentages for every meal.</p> <p>An interview was conducted with the Director of Nursing (DON) on 1/26/17 at 9:46 AM. She stated her expectation was for a meal intake percentage to be documented for every meal by the assigned NA for all residents. The meal intake percentage documentation for Resident #1 from 12/22/16 through 1/24/17 with no documentation for 59 of 102 meals was reviewed with the DON. The DON confirmed the facility had a problem with the completeness of meal intake percentage documentation. She revealed the facility's Registered Dietician (RD) identified this problem and the facility was in the process of re-educating all NAs on the importance of completeness and accuracy of meal intake percentage documentation. She indicated the re-education had not been fully completed at that time (1/26/17).</p> <p>An interview was conducted with the RD on 1/26/17 at 10:09 AM. She stated her expectation was for meal intake percentages to be documented for all residents for every meal. The RD revealed she had recently informed the facility administration of incomplete documentation for meal intake percentages. She stated that re-education was in process for all NA's regarding completeness and accuracy of the meal intake percentage documentation.</p>
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