

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

PRINTED: 03/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/23/2017
NAME OF PROVIDER OR SUPPLIER HARNETT WOODS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS ROAD DUNN, NC 28334		
(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the Complaint Investigation, Event LUWS11, 2/23/2017.	F 000			
F 279 SS=D	483.20(d);483.21(b)(1) DEVELOP COMPREHENSIVE CARE PLANS 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. 483.21 (b) Comprehensive Care Plans (1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) 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 §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 279		3/15/17	

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

TITLE

(X6) DATE

Electronically Signed

03/15/2017

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 279	<p>Continued From page 1 treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative (s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to develop a care plan for a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. (Resident #7)</p> <p>Findings included:</p> <p>Record review revealed Resident #7 was originally admitted to the facility on 5/6/2009. Resident #7 was admitted to the hospital on 1/7/2017 and readmitted to the facility on</p>	F 279	<p>Harnett Woods Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p>		

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F 279	<p>Continued From page 2</p> <p>1/14/2017 with diagnoses which included Chronic Kidney Failure and Hypertension.</p> <p>The most recent Minimum Data Set (MDS) dated 12/22/2106 indicated Resident #7 was cognitively intact. There was a reentry MDS dated 1/14/2017.</p> <p>Record review revealed a nursing admission assessment dated 1/14/2017 which indicated Resident #7 was admitted to the facility from the hospital with an unstageable coccyx pressure ulcer. The measurements were 12.2 cm X 7.0 cm. The assessment note reported the facility Physician was notified and treatment was initiated.</p> <p>Review of Resident #7's Care Plan with revision date of 12/22/16 revealed a focus of at risk for development of pressure ulcer due to immobility with interventions to complete weekly skin assessments and report any changes to nurse.</p> <p>An interview was conducted with the wound care nurse on 2/22/2107 at 9:00 AM. The wound nurse stated Resident #7 was readmitted from the hospital on 1/14/2017 with an unstageable coccyx pressure wound. The wound care nurse stated the resident did not have a wound prior to the hospitalization. The wound care nurse stated the wound was assessed on the day of readmission and treatment initiated on that day. The wound nurse further reported a wound meeting is held weekly and the Director of Nursing (DON) and the MDS nurse attend. The wound nurse stated all wounds are reviewed in the weekly meeting as well as treatments and wound progression.</p> <p>An interview was conducted with the MDS nurse on 2/22/2017 at 9:37 AM. The MDS nurse stated</p>	F 279	<p>Harnett Woods Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Harnett Woods Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F279</p> <p>Resident #7 care plan was reviewed and revised on 2/22/17 to reflect the resident to include pressure ulcers by facility MDS nurse.</p> <p>A 100% audit of all care plans was conducted by the Director of Nursing, Staff Development Coordinator, Activity Director, and Facility Social Workers, including care plan for residents #7 and residents with pressure ulcers to ensure that all areas of the care plan reflect the resident's individual needs; the audit was conducted from 3/7/2017 to 3/14/2017. Any deficient care plans were updated to reflect the resident from 3/7/17-3/14/17 by facility MDS nurse.</p> <p>The interdisciplinary care plan team members (Dietary manager, MDS Coordinator, Social Services Director, Admissions Coordinator, Treatment Nurse</p>		

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F 279	<p>Continued From page 3</p> <p>she was responsible for updating the care plans. The MDS nurse reported she was aware of Resident #7's wound. The MDS nurse stated all wounds are reviewed weekly in the wound meeting and the Care Plans are usually updated at that time. The MDS nurse reviewed the Care Plan for Resident #7 and stated the Care Plan should have been revised to include the pressure ulcer and was unsure why it was not updated. The MDS nurse stated it was somehow omitted.</p> <p>An interview was conducted with the DON 2/22/2107 at 10:10 AM. The DON stated the wound meetings are held weekly to review all the wounds in the facility. The DON presented documentation of the weekly meetings with signatures of those in attendance. Documentation of a meeting held on 1/19/2017 with signatures which included the MDS nurse was reviewed. Resident #7 was listed on the report as a newly admitted wound. The form included a column which listed "care plan current" at the top of the column. No documentation was noted in the column for Resident #7. The DON stated the meetings are held to assure communication of wound status is effective. The DON further stated it was the expectation for all Care Plans to be updated with new wounds and as condition changes occur.</p>	F 279	<p>and Activities Director) have been re-educated on the requirements for completing a comprehensive care plan for each resident, and to review and revise the care plan for each resident change as needed by facility Director of Nursing on 3/10/2017.</p> <p>An audit will be completed of 10% of all resident's care plans to include care plans for resident #7 and residents with pressure ulcers weekly x 8 weeks then monthly x 1 month by the Director of Nursing, Assistant Director of Nursing, RN supervisor, Quality Improvement Nurse, or Staff Development Coordinator to ensure that the care plans accurately reflects the resident utilizing the QI Care Plan Audit Tool. The interdisciplinary care plan team members will be retrained by the Director of Nursing or Assistant Director of Nursing and the care plan will be revised immediately by the facility MDS nurse or Director of Nursing for any identified areas of concern. The Administrator will review and initial the QI Care Plan Audit Tool weekly x 8 weeks then monthly x 1 month for compliance and to ensure all areas of concern have been addressed.</p> <p>The Executive QI committee will meet monthly and review the QI Care Plan Audit Tools and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring x 3 months.</p>		