STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345061	A. BUILDING _____ B. WING _____	C 04/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-DURHAM	3100 ERWIN ROAD DURHAM, NC 27705

(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 328 SS=D	483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments (f) Colostomy, ureterostomy, or ileostomy care. The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. (g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to … prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. (h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. (i) Respiratory care, including tracheostomy care	F 328		5/5/17

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

Electronically Signed | 05/05/2017

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F 328	Continued From page 1 and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. (j) Prostheses. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interview the facility failed to trim the toenails and seek podiatry services for 1 (Resident #4) of 5 sampled residents. Findings included: Resident #4 was admitted to the facility on 2/15/17 and discharged on 3/30/17. Resident #4 was readmitted on 4/3/17 after a hospital stay. An admission minimum data set assessment dated 2/28/17 coded Resident #4 as requiring limited assistance of two people with personal hygiene. An interim care plan, created after the 4/3/17 readmission to the facility, did not list assistance with activities of daily living as a care concern for Resident #4. A brief interview for mental status dated 3/21/17	F 328	1.Immediate corrective action taken for this alleged deficient practice includes: a. Resident #4 has a podiatry appointment scheduled on 5/3/2017 2. Resident with potential to be affected. a. All resident□s toenails have been assessed and a podiatry consult has been ordered as needed. 3. Measures put into place to assure that the alleged deficient practice does not recur include: a. On 4/22/2017 the Director of Nursing, Clinical Competency Coordinator and/or Nurse Managers began education with the Certified Nursing Assistance and Licensed Nursing regarding observation of toenails.	

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F 328	Continued From page 2 coded Resident #4 as cognitively intact. Resident #4 was interviewed on 4/22/17 at 9:10 AM. She stated she was not able to trim her toenails. An observation of the toe nails of Resident #4 was made with the unit supervisor on 4/22/17 at 9:40 AM. The toenails on both feet were very long and thick. The unit supervisor stated that the resident's toenails did need cutting and that one in particular on the left foot, which was curling under, would require a podiatrist to cut it. She further stated that trimming of toenails was the responsibility of the nurse aides after the resident had showered. The unit supervisor stated the resident would require assistance to trim her toenails. The nurse aide #1, assigned to Resident #4, was interviewed on 4/22/17 at 9:55 AM. Nurse aide #1 stated the resident dressed herself and took care of her own personal hygiene except for set up of the needed supplies. Nurse aide #1 did not know what the toe nails of Resident #4 looked like. An interview was conducted with the facility social worker on 4/22/17 at 9:45 AM. She said the facility had a podiatrist that came to the facility at least monthly. She said the podiatrist was last in the facility on 4/18/17 but Resident #4 was not on the list to be seen on that day. An additional interview with the unit supervisor was conducted on 4/22/17 at 10:05 AM. She stated nursing completed skin assessments and body audits every Wednesday on Resident #4. She stated skin assessments and body audits should have been completed on 4/3/17, 4/5/17, and 4/12/17 but could not be located. A body audit completed on 4/19/17 documented the	F 328	Licensed Nurses and Certified Nursing Assistants not educated by 5/4/2017 will be removed from the schedule until their education is complete. b. Toe Nail care and services has been added to the new partner orientation for nursing staff. c. The Certified Nursing Assistants are visualizing the residents toenails daily and reporting to the Licensed Nurse any long, thick or jagged nails. The Licensed Nurse notified the Social Worker to place resident on the podiatrist schedule as needed. d.The Nurse Managers are randomly reviewing 10 residents toenails daily for 7 days, then weekly for 3 weeks then monthly thereafter for need of podiatry care. 4.Monitoring put in place to assure the alleged deficient practice does not recur includes: a.The Director of Health Services will present the toenail review to the quality improvement and performance improvement committee for review and revision monthly until 3 months of continued compliance sustained.	

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F 328	Continued From page 3 toenails of Resident #4 as dry and thick. The Director of Nursing was interviewed on 4/22/17 at 10:15 AM. She stated the needs of the residents should be acknowledged and addressed during skin assessments.	F 328		