STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345105	A. BUILDING _____ B. WING _____	C 05/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-HIGH POINT	3830 N MAIN STREET HIGH POINT, NC 27265

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F 280 SS=D	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care.	F 280		6/8/17

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

Electronically Signed | 05/25/2017

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F 280	Continued From page 1 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.	F 280		

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F 280	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to update the care plan to reflect weight loss, activities of daily living and a worsening pressure ulcer for 1 of 3 residents (Resident #3) sampled for wound care. Findings included: Resident #3 was admitted to the facility 6/15/15 and had diagnoses including cerebral infarct, paralytic syndrome, dementia, and coronary artery disease. Review of the clinical record revealed Resident #3 developed a Stage 2, sacral pressure ulcer on 1/1/17. On 1/30/17, the wound specialist's notes indicated the pressure ulcer had advanced to a Stage 3, and then on 2/20/17 it became unstageable due to necrotic tissue covering the wound bed. The Medication Administration Record (MAR) for March 2017 revealed the resident received Prostat 30ml (a nutritional supplement) twice a day and 120 milliliters (ml) of a standard 2.0 dietary supplement three times a day for poor intake. The clinical record revealed on 3/2/17, Resident #3 weighed 114.4 pounds. On 4/3/17, the resident's weight was 105.5 pounds. A Nurse's Note dated 4/4/17 stated the resident required total assistance for activities of daily living, and the Nurse Aide documentation from March 30 through April 6 revealed the resident required total assistance with eating. A Physician's Order dated 4/5/17 revealed the	F 280	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents. 1.Resident affected Resident # 3 was discharged from the facility on 5/1/2017. 2.Residents with potential to be affected a.All residents have the potential to be affected. b. A 100% audit for updating the care plans with focus on, weight loss, activities of daily living and worsening pressure ulcers by the Interdisciplinary team will be completed on or before June 5th, 2017. 3.Systemic Change/Interventions a.Education will be provided by the Senior Nurse Consultant to the Interdisciplinary Team to ensure all members are aware of	

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F 280	Continued From page 3 resident was started on Hydrocodone/Acetaminophen 5/325mg daily for pain related to the pressure ulcer. A quarterly Minimum Data Set (MDS) was completed 4/6/17 for Resident #3. The MDS indicated the resident had developed an unstageable pressure ulcer and a significant weight loss since the prior assessment. It also specified the resident required extensive assistance from staff for bed mobility and eating, and had scheduled pain medication and medication as needed for break-through pain. Review of the Care Plan revealed it had been updated on 4/6/17. Resident #3's care plan revealed problems that specified she was at risk for skin breakdown, at risk for weight loss, at risk for a decline in activities of daily living, and she had increased risk for pain due to deconditioning. The Care Plan did not indicate the resident had an actual unstageable pressure ulcer or required extensive to total assistance with bed mobility and eating. The Care Plan did not indicate the resident had a significant weight loss of 7.75% in the last 30 days, or that the risk for pain included treatment of the unstageable pressure ulcer. MDS Coordinator #2 was interviewed on 5/11/17 at 5:29 PM. She confirmed she had reviewed Resident #3's Care Plan after the completion of the MDS on 4/6/17. After looking at the current Care Plan, MDS Coordinator #2 indicated it should have been updated to reflect the unstageable pressure ulcer and the pain associated with wound treatment. She also stated the Care Plan should have reflected the significant weight loss within the prior 30 days, and the ADL needs for assistance. MDS	F 280	updating the care plan problems, goals and approaches requirements. b.Education will be provided to the Licensed Nurses by the Case Mix Director, Director of Nursing and/or Nurse Managers on updating care plan problem, goal and interventions with resident changes. c.Education regarding updating residents care plans has been added to the general orientation of Licensed Nurses. d.The Interdisciplinary Team will meet within twenty one days of admission, quarterly, annually and with any comprehensive assessment completed to review and update the residents care plan to reflect the resident□s needs. e.The clinical team (Director of Health Services, Nurse Managers, Skin Integrity Nurse, Social Worker and Case Mix Director) will review resident status changes each morning to ensure the care plan approaches, goals and interventions have been updated to reflect the resident□s current condition. f.The Case Mix Director will maintain a Care Plan Updating Log to ensure the residents care plans have been updated with their admission, quarterly, annual and comprehensive assessments. g.The Administrator and/ or Regional Clinical Reimbursement Consultant will validate the accuracy of the Care Plan log	

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F 280	Continued From page 4 Coordinator stated she only worked part time and had missed doing a thorough review of this care plan. During an interview on 5/15 at 11:48 AM, the Administrator stated it was her expectation that the Care Plan would be accurate about the resident's status.	F 280	completed by the Case Mix Director weekly and present any findings of noncompliance to the Quality Assurance Performance Improvement Committee. 4.Plan to Monitor a.The Administrator and/ or Regional Clinical Reimbursement Consultant will validate the accuracy of the Care Plan log completed by the Case Mix Director weekly and present any findings of noncompliance to the Quality Assurance Performance Improvement Committee monthly until 6 months of consecutive compliance is sustained.	
F 520 SS=D	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must :	F 520		6/8/17

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F 520	Continued From page 5 (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. (i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor interventions the committee put into place in January 2017. This was for a deficiency cited during the facility's recertification survey completed on 1/11/17 and recited during the current complaint survey. The deficiencies were in the area of care plan revision. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program. Findings included: This tag is cross referred to:	F 520	1.Resident affected Resident # 3 was discharged from the facility on 5/1/2017. 2.Residents with potential to be affected a. Quality Assurance and Performance Improvement Committee meets monthly to review the tracking and trending analysis of each department□s performance improvement plan. The agenda will include the developing of a retrospective effort to examine certain facility standards and determine the reasons for failure to meet any standards.	

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F 520	Continued From page 6 F280 Based on record review and staff interviews, the facility failed to update the care plan to reflect weight loss, activities of daily living and a worsening pressure ulcer for 1 of 3 residents (Resident #3) sampled for wound care. During the recertification survey of 1/11/17, the facility was cited F280 for failure to update and revise the care plan for 5 out of 17 residents for concerns related to a contracture, seizure activity, presence of a pressure ulcer, placement of a perma-catheter for hemodialysis access, and correct placement of a palm protector. The Administrator was interviewed on 5/17/17 at 11:19 AM regarding the corrective action taken for Care Plan review. The Administrator stated Resident #3's Care Plan had "fallen through the cracks." The Administrator specified her MDS nurse had left in March and although they just had a new MDS Coordinator start a few weeks ago, she was still looking for a registered nurse for the position.	F 520	3.Systemic Change/Interventions a. The QAPI team will be re-educated via watching QAPI Root Cause Analysis & PIP Development for SNF via Relias. Members who will attend are Administrator, Director of Health Services & the Case Mix Director. b. The Quality Assurance and Performance Improvement Committee will develop systemic procedures and new approaches to repair causes of failed procedures. The Administrator and Director of Nursing devised a double check system to include oversight of the care planning process. 4. Plan to Monitor a. The Regional Team Area Vice President, Clinical Reimbursement Consultant and/or Senior Nurse Consultant) will review the Quality Assurance and Performance Improvement Committee progress and make changes to the committees approach as deemed necessary.	