

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

PRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2017
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 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 514 SS=D	<p>483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>(i) Medical records. (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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to document assessment of the</p>	F 514	This plan of correction constitutes a written allegation of compliance.	8/28/17	

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

TITLE

(X6) DATE

Electronically Signed

08/22/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2017
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 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 514	<p>Continued From page 1</p> <p>dialysis access port for one of two residents receiving dialysis (Resident #6).</p> <p>Findings included:</p> <p>Resident #6 was admitted 03/21/17. Diagnoses included Type 2 diabetes mellitus, end-stage renal disease, hypertension and cognitive communication deficit. The quarterly Minimum Data Set dated 07/15/17 indicated that the resident was cognitively intact and was totally dependent or required extensive assistance for activities of daily living.</p> <p>A physician order for Resident #6 to receive dialysis three times a week was dated 03/22/17. A second order on 03/22/17 instructed staff to "monitor site before and after dialysis, check bruit and thrill before and after dialysis." The dialysis access port was to be checked on each of the three shifts with times listed on the Medication Administration Record (MAR).</p> <p>Resident #6 ' s plan of care updated 07/07/17 listed measures related to renal dialysis, including the checking of bruit and thrill before and after dialysis.</p> <p>The order to monitor the site before and after dialysis was not listed on the July MAR for Resident #6. No documentation of monitoring was present for the month. Monitoring for bruit and thrill was recorded in one nursing progress note dated 07/28/17.</p> <p>Resident #6 was not in the facility at the time of the survey and was not available for observation or interview. She had been transported on the morning of 08/01/17 to the dialysis center for her</p>	F 514	<p>Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>Resident affected:</p> <p>Resident #6 returned to the facility on 8/4/2017 and, continues to receive dialysis three times a week as ordered by the physician. The dialysis access site is checked on every shift as ordered by the physician with times documented on the MAR and signed off by the nurses.</p> <p>Residents with potential to be affected:</p> <p>100% audit was conducted on 8/1/2017 by the Director of Health Services (DHS) and Nurse Managers for all residents on dialysis to ensure physician orders to monitor site every shift and before and after dialysis and, check the bruit and thrill every shift and before and after dialysis were being followed and documented as required. The DHS immediately addressed identified areas of concern from the audit.</p> <p>Systemic changes:</p> <p>Education for all nurses on documentation to include documenting assessment for dialysis access site every shift and before</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2017
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 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 514	<p>Continued From page 2 scheduled procedure.</p> <p>In an interview on 08/01/17 at 1:30 p.m., the Administrator and Director of Nursing indicated that the resident had not received dialysis that morning and instead had been referred to the emergency room of a local hospital by the dialysis center.</p> <p>In a phone interview on 08/01/17 at 1:45 p.m., dialysis center Nurse #1 stated that, when preparing Resident #6 for dialysis that morning, there was blood and green exudate present at the access site underneath the gauze dressing. She identified it as an "infection" and indicated that she notified the dialysis center physician.</p> <p>Resident #6 was seen in the emergency department (ED) on 08/01/17 at 11:07 a.m. The following observations were noted in the ED record: "fistula site ...currently with brown drainage ...and oozing cloudy blood, pulsatile but no thrill." The assessment was consistent with "fistula site infection, bacteremia, fistula occlusion." Resident #6 was admitted to the hospital for a course of antibiotics.</p> <p>The nurse on third shift who made transportation arrangements for Resident #6 on the morning of 08/01/17 was not available for an interview. In an interview on 08/01/17 at 3:42 p.m., Nurse #5 listed the measures she took for dialysis residents on return from the procedure: she obtained vital signs, checked the access site for bleeding and swelling, assessed for bruit and thrill, documented findings in a progress note, entered the vital signs on the MAR and notified the physician of any concerns.</p>	F 514	<p>and after dialysis was initiated on 8/1/2017 by the Director of Health Services and Nurse Managers. 100% education will be completed by 8/25/2017. Licensed nurses who have not completed the education will not be allowed to work until they are educated. All newly hired licensed nurse will be educated on documentation to include documenting assessment for dialysis access site every shift and before and after dialysis during new hire orientation by the DHS and/or ADHS</p> <p>The MARs for all residents on dialysis will be reviewed by the Nurse Managers and/or DHS daily for 1 week, then 3X a week for 3 weeks, then 1X a week for 1 month and, the monthly for 1 month to ensure compliance is maintained. Any findings of concern will be brought to attention of the DHS for correction.</p> <p>Monitoring:</p> <p>The Nurse Managers and/or supervisors will present to the DHS any findings on non-compliance from the MARs review. The DHS will immediately address any areas of non-compliance. The DHS or the ADHS will present the results of any findings from the MARs review to the Quality Assurance and Performance Improvement committee monthly for 3 months for further recommendations as needed. Subsequent plans of actions will be developed by the committee as needed to ensure compliance is maintained.</p>		

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

PRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2017
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 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 514	<p>Continued From page 3</p> <p>The dialysis notebook that accompanied Resident #6 to the dialysis center was retrieved and reviewed. There was one "Dialysis Center Communication Form" dated 07/28/17 with information entered by the dialysis center but no form was present for 08/01/17. There were no records in the notebook that the access site had been assessed prior to or after any dialysis appointment.</p> <p>In an interview 08/01/17 at 5:35 p.m., the DON acknowledged the lack of documentation for monitoring Resident #6 's dialysis access site on the MAR, the nursing notes and on the Dialysis Center Communication Forms. She confirmed that the physician order to monitor the site was not present on the MAR for the month of July and there was no location on the MAR to document the check for patency of the site. She shared her expectation that nurses examine the access sites for residents receiving dialysis both before and after the procedure and document it on the MAR and/or in nursing progress notes.</p>	F 514			