STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345014	A. BUILDING _____ B. WING _____	C 10/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FISHER PARK HEALTH AND REHABILITATION CENTER	1201 CAROLINA STREET GREENSBORO, NC 27401

(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 157 SS=D	NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) CFR(s): 483.10(g)(14) (g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F 157		10/30/17

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

Electronically Signed | 10/30/2017

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 157	Continued From page 1 (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on record review, staff and family interviews, the facility failed to notify the resident's responsible party after the resident was diagnosed with scabies for 1 of 3 residents reviewed for well-being (Resident #1). Findings Included: Resident #1 was readmitted to the facility on 5/28/17 with the diagnoses of chronic kidney disease, and dementia. A skin check dated 9/30/17 did not reveal any skin concerns. Physician's order dated 10/2/17 stated to apply Permethrin Cream (a medication used to treat scabies) from the resident's neck to feet at night and shower off in the morning. May repeat treatment in 14 days and apply from neck to feet topically as needed for retreatment until 10/16/17. A nursing note dated 10/2/17 revealed that resident Resident #1 had been diagnosed with scabies; Permethrin cream was applied from Resident #1 neck to her feet. The note also revealed that Resident #1 would be showered in	F 157	FISHER PARK PLAN OF CORRECTION F 157 This plan of Correction constitutes my written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Resident #1 began treatment for scabies on 10/2/17 per physician's order. The Licensed Nurse caring for Resident #1 at that time did not notify Resident #1's Responsible Party that Resident #1 was being treated for scabies. Licensed Nurse #1 did not communicate verbally, or by use of the 24 Hour Change of Condition Report to the Nurse Supervisor that Resident#1's Responsible Party was not notified. The Director of Nursing and Staff Development Coordinator did not review in the Clinical Meeting to validate notification of the Responsible Party for a	

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F 157	Continued From page 2 the morning, as well as, have clothing thoroughly washed and her room deep cleaned. Review of the Resident #1 chart revealed there was no documentation that the Resident's Responsible Party (RP) had been notified that the resident had scabies. Review of Resident #1's quarterly Minimum Data Set dated 10/3/17 revealed Resident #1 was severely cognitively impaired. The resident required extensive assistance with bed mobility, transfers, dressing, toilet use and personal hygiene. The resident used a wheelchair and was always incontinent of bowel and of bladder. The resident did not have any pressure ulcers but did have applications of ointments/medications other than to her feet. Review of the Resident's Medication Administration Record revealed that the resident had been treated for scabies with Premethrin cream on 10/2/17 and 10/4/17. Nursing Assistant #1 interviewed on 10/18/17 at 9:45 AM. The resident was on contact isolation for about 1 week for scabies. She stated the she remembered a time that the resident's family had come to visit the resident once but it was before the resident had scabies. Nursing Assistant #2 was interviewed on 10/18/17 at 9:58 AM. She stated that she was the first person to notice that the resident had scabies behind her knee. She noticed the rash and told the nurse and the unit supervisor. She stated they made a report on it and got the doctor to look at it. When she came back to the facility to work, resident #1 was on isolation precautions for	F 157	change of condition. Resident #1 was discharged from the facility on 10/14/2017. Resident #1's Responsible part was contacted via telephone on 10/19/2017 at 10:35 AM, to notify her that Resident #1 had a change in condition (scabies). Alert and oriented residents and or Responsible Parties are to be notified when residents experience changes of condition. These notifications are to be initiated by the nurse who is caring for the resident at that time. The change and notification is to be documented on the 24 Hour Change of Condition Report. The Director of Nursing and Nurse Management Team including the Staff Development Coordinator, Unit Managers, Nurse Supervisors, MDS Coordinators are to review the 24 Hour Change of Condition Report Monday – Friday in the Clinical Meeting. At that time any additional follow up is to be identified and an implementation plan developed with ongoing follow up as needed until resolution. The Staff Development Coordinator is providing in-Service training related to notification of change in condition for Licensed Nurses began on 10/20/2017 and will be completed by 10/31/2017. PRN or as needed Licensed Nurses will not be allowed to work until trained. In-Service training related to notification of change in condition for Department Heads began on 10/20/2017 and will be completed by 10/31/2017. The in-service	

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F 157	Continued From page 3 scabies. She stated she had showered the cream for scabies off the resident after the scabies cream was applied. The Wound Care Nursing Assistant was interviewed on 10/18/17 at 10:05 AM. The resident was thought to have scabies and the resident was treated by the nurse. The resident was also on isolation. She thought the resident's rash got better after the treatment. She stated that the nurse would have been the one to speak with the resident's responsible party (RP) about the scabies. Nurse #1 was interviewed on 10/18/17 at 10:14 AM. She stated that she saw the rash and reported it to the doctor then it was reported again and upper management got involved. She stated if the nurse gets a new order from the doctor, they have to call the resident's RP. She did not know if the family was notified about the scabies. She didn't notified the RP because she wasn't the one that got the specific treatment order for the scabies ointment. The SDC/infection control nurse as interviewed on 10/18/17 at 10:30 AM. She stated that the nurses were responsible to call the resident's family and doctor and do any kind of incident report form. She didn't contact the resident's RP about the resident's scabies. Any change in condition, the physician and family should be notified via the nurse or by someone. Consultant #1 was interviewed on 10/18/17 at 10:34 AM. She stated she had notified the health department about the scabies but was not involved in communication with family/RP about scabies.	F 157	education includes: Alert and oriented residents and or Responsible Parties are to be notified when residents experience changes of condition. These notifications are to be initiated by the nurse who is caring for the resident at that time. The change and notification is to be documented on the 24 Hour Change of Condition Report. The Director of Nursing and Nurse Management Team including the Staff Development Coordinator, Unit Managers, Nurse Supervisors, MDS Coordinators will review the 24 Hour Change of Condition Report Monday – Friday in the Clinical Meeting. At that time any additional follow up is identified and an implementation plan implemented with ongoing follow up as needed until resolution. Weekly for twelve weeks, then as directed by the Quality Assurance and Performance Improvement (QAPI) Committee, the Director of Nursing will perform written notifications audits for alert and oriented residents and or Responsible Parties when residents experience changes of condition to validate the notifications occurred in a timely manner. If the Director of Nursing identifies any concerns a one to one re-education will occur with the Licensed Nurse prior to the start of his / her next assigned shift. During orientation of newly hired Licensed Nurses, the Staff Development Coordinator will in-service that alert and oriented residents and or Responsible Parties are to be notified when residents experience changes of condition. These notifications are to be initiated by the nurse who is caring for the	

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F 157	Continued From page 4 Resident's #1 RP was interviewed on 10/18/17 at 11:15 AM. She stated that she was not notified by the facility that the resident had scabies. She found out that the resident had scabies when she went to see the resident at the hospital. The Director of Nursing was interviewed on 10/18/17 at 11:33 AM. Resident #1 was treated for scabies and the nurse was the one, who was responsible for notifying the RP once they got the physician's orders. The Nurse Practitioner was interviewed on 10/18/17 at 1:04 PM. She stated that the resident was treated with the creams for scabies and the areas with the rash were inflamed almost looked like cellulitis so she started the resident on antibiotics. She stated that she had observed the resident's rash and thought it was scabies. She had not talked to the resident's family/RP about the resident's scabies and the facility should notify the resident's responsible party. Nurse #2 was interviewed 10/18/17 at 1:13 PM. She stated that when she was told that the resident #1 had scabies, they told her to treat the resident and she applied the cream for scabies to the resident's whole body. The resident was placed on isolation that day. She stated that she had spoken with the resident's responsible party concerning another situation but not about the scabies. She stated that the nurse or the supervisor would be responsible for notifying them. There was a lot going on and she had another employee that she was training that day. She stated that she had treated the resident twice with the cream for scabies and had not spoken with the RP/family either time.	F 157	resident at that time. The change and notification is to be documented on the 24 Hour Change of Condition Report. The results of the written notification audits will be retained in a binder by the Director of Nursing. Monthly for a minimum of three months, the audits will be presented by the Director of Nursing to the QAPI Committee for evaluation, recommendations and need for further monitoring beyond the three months to ensure compliance is sustained ongoing. The Administrator is ultimately responsible for the plan of correction. Compliance Date: October 30, 2017 FISHER PARK PLAN OF CORRECTION F 157 This plan of Correction constitutes my written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Resident #1 began treatment for scabies on 10/2/17 per physician's order. The Licensed Nurse caring for Resident #1 at that time did not notify Resident #1's Responsible Party that Resident #1 was being treated for scabies. Licensed Nurse #1 did not communicate verbally, or by use of the 24 Hour Change of Condition Report to the Nurse Supervisor that	

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F 157	Continued From page 5 The Medical Director was interviewed on 10/18/17 at 1:31 PM. She stated that she did not contact the resident's family. She stated that she knows the RP/ family were contacted because the facility would contacted the RP if there was a change in condition. She stated that if they started or stopped a medication then the RP was notified because that was the facility's protocol. The Unit Manager #1 was interviewed again on 10/18/17 at 1:49 PM. She stated that she had spoken with the resident's family right after the resident went to the hospital. She could not recall if it was the day the resident went to the hospital or one of the 3 days after (10/11/17, 10/12/17, and 10/13/17). She stated that the resident's RP had called her and was upset because they had not been notified about the resident's scabies. She stated that the told the Director of Nursing and Administrator. The Director of Nursing (DON) was interviewed with the Administrator present on 10/18/17 at 2:13 PM. She stated that Resident #1's responsible party had come to get the resident's belonging on Monday 10/16/17. The resident's family stated that the resident didn't have a stroke at the hospital and that was the first time that she was made aware that the resident had scabies. The DON stated that the resident's family stated that the hospital told her that the resident had scabies and the facility had just told her they were sending the resident out for a possible stroke. The DON stated that she told the resident's RP it was never officially confirmed if it was there scabies or not and that everyone was treated just in case. The DON added that she filed a grievance for this incident and educated the staff	F 157	Resident#1's Responsible Party was not notified. The Director of Nursing and Staff Development Coordinator did not review in the Clinical Meeting to validate notification of the Responsible Party for a change of condition. Resident #1 was discharged from the facility on 10/14/2017. Resident #1's Responsible part was contacted via telephone on 10/19/2017 at 10:35 AM, to notify her that Resident #1 had a change in condition (scabies). Alert and oriented residents and or Responsible Parties are to be notified when residents experience changes of condition. These notifications are to be initiated by the nurse who is caring for the resident at that time. The change and notification is to be documented on the 24 Hour Change of Condition Report. The Director of Nursing and Nurse Management Team including the Staff Development Coordinator, Unit Managers, Nurse Supervisors, MDS Coordinators are to review the 24 Hour Change of Condition Report Monday – Friday in the Clinical Meeting. At that time any additional follow up is to be identified and an implementation plan developed with ongoing follow up as needed until resolution. The Staff Development Coordinator is providing in-Service training related to notification of change in condition for Licensed Nurses began on 10/20/2017 and will be completed by 10/31/2017. PRN or as needed Licensed Nurses will	

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F 157	Continued From page 6 member on the notification process. She stated the grievance was still in process. The Director of Nursing was interviewed on 10/18/17 at 2:25 PM. She stated that if there was a change in condition or a medication change that the staff, doctor and RP should be notified. A grievance filed 10/16/17 stated that resident's #1 family came in and wanted to speak with someone. As the resident's RP was gathering the resident's belongings, the family member asked why someone didn't call her about her about resident #1 having scabies. The resolution stated that the nurse was spoken with that received the order and the nurse had stated that she usually does speak with the resident's family but was overloaded that day.	F 157	not be allowed to work until trained. In-Service training related to notification of change in condition for Department Heads began on 10/20/2017 and will be completed by 10/31/2017. The in-service education includes: Alert and oriented residents and or Responsible Parties are to be notified when residents experience changes of condition. These notifications are to be initiated by the nurse who is caring for the resident at that time. The change and notification is to be documented on the 24 Hour Change of Condition Report. The Director of Nursing and Nurse Management Team including the Staff Development Coordinator, Unit Managers, Nurse Supervisors, MDS Coordinators will review the 24 Hour Change of Condition Report Monday – Friday in the Clinical Meeting. At that time any additional follow up is identified and an implementation plan implemented with ongoing follow up as needed until resolution. Weekly for twelve weeks, then as directed by the Quality Assurance and Performance Improvement (QAPI) Committee, the Director of Nursing will perform written notifications audits for alert and oriented residents and or Responsible Parties when residents experience changes of condition to validate the notifications occurred in a timely manner. If the Director of Nursing identifies any concerns a one to one re-education will occur with the Licensed Nurse prior to the start of his / her next assigned shift. During orientation of newly hired Licensed Nurses, the Staff Development Coordinator will in-service	

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F 157	Continued From page 7	F 157	that alert and oriented residents and or Responsible Parties are to be notified when residents experience changes of condition. These notifications are to be initiated by the nurse who is caring for the resident at that time. The change and notification is to be documented on the 24 Hour Change of Condition Report. The results of the written notification audits will be retained in a binder by the Director of Nursing. Monthly for a minimum of three months, the audits will be presented by the Director of Nursing to the QAPI Committee for evaluation, recommendations and need for further monitoring beyond the three months to ensure compliance is sustained ongoing. The Administrator is ultimately responsible for the plan of correction. Compliance Date: October 30, 2017	