

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345439	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2018
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NAME OF PROVIDER OR SUPPLIER BROOKSHIRE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 MEADOWLAND DRIVE HILLSBOROUGH, NC 27278
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F 552 SS=D	<p>Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5)</p> <p>§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on record review, family, physician assistant, and staff interviews, the facility failed to inform a resident's responsible party of abnormal laboratory results for one out of four sampled residents (Resident #10) reviewed for laboratory results. Findings include: Resident #10 was admitted to the facility on 4/26/18 with diagnoses that included Urinary Tract Infection, Urine Retention requiring Catherization, Cystitis without Hematuria, Dementia, and Sepsis. A review of Resident #10's most recent MDS (Minimum Data Set) was coded as an admission assessment and was dated 5/1/18. The resident was coded as cognitively impaired and needed</p>	F 552	<p>This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan of correction does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <p>1. Corrective action for the resident</p>	11/7/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/26/2018
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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 552	<p>Continued From page 1</p> <p>extensive one-person assistance with ADLs (Activities of Daily Living).</p> <p>A review of Resident #10's medical record revealed a physician's order dated 5/23/18 for an abdominal ultrasound and a CMP (comprehensive metabolic panel) to be obtained. A review of Resident #10's medical record revealed the results of the abdominal ultrasound and the CMP were sent to the facility on 5/24/18. The CMP revealed Resident's BUN (Blood Urea Nitrogen) was elevated at 38 (normal range: 8-27) and her Creatinine was 5.37 (normal range: 0.57-1).</p> <p>A review of Resident #10's medical record revealed a note from the PA (Physician Assistant) dated 5/25/18 that read in part: "Patient seen in evaluation after it was noted that on lab work that was ordered on Wednesday after she had vomited revealed a Creatinine of 5.37 which was considerably up from her previous labs two weeks ago with a Creatinine of 1.32. Of note her family has decided to take the patient home."</p> <p>A review of Resident #10's discharge summary from the facility dated 5/26/18 did not reveal any abnormal lab results.</p> <p>A review of Resident #10's medical record revealed a note from the PA dated 5/29/18 that reported on 5/29/18, the PA called and notified Resident #10's family member of her elevated Creatinine of 5.37 which had increased from 2 weeks prior. The PA informed the family member he needed to get the resident seen by her primary care physician as soon as possible. She documented Resident #10's family member verbalized understanding.</p> <p>An interview was conducted with Resident #10's family member on 10/8/18. He reported that he was not notified of the critical Creatinine result until 5/29/18 when the facility called him and told</p>	F 552	<p>affected by the alleged deficient practice: Res. #10 has been discharged from facility. On 05/29/2018 the Physician Assistant notified Res 10 family via phone of abnormal lab results. The Nurse who completed the discharge summary is no longer employed at the facility.</p> <p>2. Corrective action taken for those residents having the potential to be affected by the alleged deficient practice: Residents that require laboratory testing have the potential to be affected. Residents ordered laboratory testing had their results reviewed, physician notification completed, and Resident/Responsible party notified of abnormal results. This will be completed by the date of compliance by DON. Laboratory results reviewed also included discharged residents.</p> <p>3. Measures/Systemic changes put in place to assure alleged deficient practice does not re occur: Licensed nursing to be in serviced by Staff Development Coordinator on policy and procedure for notifying resident/responsible party of abnormal lab results and the policy and procedure for completing discharge summaries to include abnormal lab values. All active licensed nurses will have completed education by the date of compliance. Orientation of new nurses will include procedure for notification and completion of discharge paperwork.</p> <p>5. Corrective actions will be monitored to ensure the alleged deficient practice will not re occur: Unit managers will audit lab tracking to include notification of abnormal</p>		

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

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F 552	Continued From page 2 him that the resident needed to be seen at urgent care due to Creatinine being elevated. An attempt to contact the Physician Assistant was unsuccessful. An interview was conducted on 10/10/18 with the Administrator and DON (Director of Nursing) at 3:15pm. The Administrator reported it was his expectation that residents or their responsible parties be notified of critical laboratory results after being reviewed by the provider. He reported it was his expectation that any resident being discharged, or his/her responsible party, be informed of abnormal laboratory results prior to discharge.	F 552	labs, and discharge summaries 5 times a week in clinical meeting. DON will audit 2 times a week X 4 weeks. Audits then will continue 1 time a week X 3 months, and then DON will spot audit 10 lab results, notification, and discharge summaries quarterly as needed to ensure 100% compliance is maintained. Audit results will be reported monthly in QAPI for further review and recommendations.	