

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345306	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 4/3/2019
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NAME OF PROVIDER OR SUPPLIER IREDELL MEMORIAL HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 557 BROOKDALE DRIVE STATESVILLE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 580	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(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-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(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);</p> <p>(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</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(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.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, family interview and staff interviews the facility failed to immediately notify the family of a blood glucose of 17 for 1 of 3 residents (Resident #1) reviewed for notification of significant change.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 3/11/19 with diagnoses that included diabetes, respiratory failure, cerebrovascular accident (CVA) and chronic obstructive pulmonary disease (COPD).</p> <p>A review of the minimum data set (MDS) dated 3/18/19, revealed that the resident was cognitively intact. The MDS also revealed that the resident required limited assistance with most activities of daily living (ADL's) except for toileting, which she required extensive assistance. Resident #1 was also coded as having a diagnosis of Diabetes.</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 580	<p>Continued From Page 1</p> <p>A review of lab results dated 3/20/19 at 7:41 AM revealed that Resident #1 had a blood glucose of 19 and at 7:47AM Resident #1 had a blood glucose of 17.</p> <p>A review of the medication administration record (MAR) dated 3/20/19 revealed that Resident #1 received 1mg Glucagon IM at 7:45 AM for blood glucose of 17.</p> <p>A review of a nursing note dated 3/20/19, at 9:45 AM revealed that a rapid response was called for Resident #1 who had a blood glucose of 17 at approximately 7:45 AM.</p> <p>A telephone interview was conducted with an involved family member of Resident #1 on 4/2/19 at 11:42 AM. During the telephone interview the family member stated that on 3/20/19 when Resident #1 had a low blood glucose, she was not notified. Stated she was one of the contacts for Resident #1 and no one called her or the other contact listed, for Resident #1 when the resident's blood glucose was low on 3/20/19. She further stated that she was unhappy that nobody called her to tell her of the low blood glucose or that they called a rapid response. Stated she came in that same day to visit and Resident #1 told her about the low blood glucose, which was the first she heard of it. The family member stated, "I should have been called immediately". The family member further stated that she went to the Director of Nursing (DON) and Administrator and expressed her concern about not being notified of Resident #1's low blood glucose and the call for a rapid response.</p> <p>An interview was conducted on 4/2/19 at 12:45 PM with Nurse #1 and the Administrator. Nurse #1 stated she notified the physician of the residents low blood glucose, but stated she did not notify the family of Resident #1. The Administrator further stated that Resident #1's family was not called immediately.</p> <p>At 10:50 AM on 4/3/2019 a telephone interview was conducted with Nurse #2. Nurse #2 was the nurse who checked Resident #1's blood glucose on the morning of 3/20/19. She stated that she did not call the family members to inform them of Resident #1's blood glucose on the morning of 3/20/19 because they do not typically call every time someone has a low blood glucose.</p> <p>During interview with DON on 4/3/2019 at 11:40 AM, she stated that she spoke with a family member of Resident #1 on 3/20/19 about the residents low blood glucose level but stated that it was late afternoon. The DON stated that she was informed by staff that the family member wanted to speak to her about the low blood glucose and she went to talk with her. The DON stated that family member was upset that she was not immediately notified of the event the morning of 3/20/19. The DON stated that in hindsight she would have notified the family of Resident #1's low blood glucose.</p>
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