STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345562	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAR CREEK NURSING & REHABILITATION CENTER	**10506 CLEAR CREEK COMMERCE DRIVE MINT HILL, NC 28227**

(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 000	INITIAL COMMENTS A complaint investigation survey was completed on 09/18/19 through 09/19/19. There were 24 allegations investigated and one was substantiated and cited. Event ID: GWWV11.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §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- (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- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		10/17/19

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

Electronically Signed | 10/11/2019

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F 580	Continued From page 1 (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). §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 and staff interviews, the facility failed to notify the responsible party/legal guardian of a change in condition and the treatment ordered by the nurse practitioner for a resident experiencing a new skin condition (Resident #3). The findings included: Resident #3 was admitted to the facility 7/7/18 with medical diagnoses inclusive of dementia, cognitive communication deficit and type 2 diabetes mellitus. Resident #3's annual minimum data set (MDS) dated 7/12/19 identified her as severely cognitively impaired. Resident #3's care plan updated with her annual	F 580	Clear Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Clear Creek Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Clear Creek Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of	

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F 580	Continued From page 2 MDS identified she was at risk for skin breakdown. A review of Resident #3's electronic medical record revealed a skin referral form dated 8/2/19. The form identified skin issues as a blister for skin referral. The form was signed by Nurse #1 on 8/2/19. Nurse #1 commented on the form blisters present, resident non-compliant with dressings. Nurse Practitioner (NP) was placing resident on low dose steroid. Geriatric sleeves placed. A review of Resident #3's electronic medical record revealed a progress note by the nurse practitioner dated 8/2/19. The NP noted staff had requested the her to evaluate Resident #3 related to a rash on her right arm with blisters. Contact dermatitis with no thermal blistering. Treat with Prednisone. An interview with the wound nurse on 9/17/19 at 2:47pm, Nurse #1 reported that she was informed by the floor nurse of a new skin condition for Resident #3. Nurse #1 stated she assessed the area on Resident #3's right arm, then informed the NP of her assessment. Nurse #1 stated she failed to notify the responsible party/legal guardian at the time of the assessment and prior to Resident #3 starting treatment for the skin condition. An interview with the Director of Nursing (DON) was conducted on 9/17/19 at 3:01 pm. The DON stated her expectation was that Nurse #1 and all nurses used the notification section of the flowsheet of non-ulcer skin condition to identify the date and time the responsible party/legal guardian was notified. The DON also stated that	F 580	Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F580 Resident #3□s responsible party has been notified of the assessment and the treatment for the skin condition. Resident with new orders/changes have the potential to be affected. Residents who have had any order changes for the past 30 days have been audited to ascertain appropriate notification was completed. The audit was completed on 9/23/19. Nursing staff are being educated regarding the F580 notification regulation and process of notification with any change in treatment. Education to be completed by 10/25/19. All new nursing staff will be trained on the aforementioned process during their on-boarding process, and all nursing staff will be trained annually on the policy. New orders will be reviewed M-F during the Cardinal IDT meeting to ensure the responsible party has been notified. The nursing supervisor will review new orders on the weekends. Nursing management will complete random audits, starting 9/30/19, of orders and collaborate with responsible party to	

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F 580	Continued From page 3 notification of changes in the resident's condition can be documented in the progress notes or any comment section on forms. The DON stated Resident #3's responsible party/legal guardian should have been notified of the change in her skin condition, especially prior to treatment.	F 580	ascertain notification 5x/week times 4 weeks, then weekly times 4 weeks. Results of the audits will be presented at QAPI meetings x 2 months or until time determined by the QAPI members. The Director of Nursing is responsible for implementation of the Plan of Correction and the Executive Director is responsible for sustained compliance.	