

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/28/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PETTIGREW REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1515 W PETTIGREW STREET</b> <b>DURHAM, NC 27705</b>	
(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 was conducted on 2/28/20. Event ID # 2EGR11. 2 of the 17 allegations were substantiated with deficiency and 1 of the 17 allegations was substantiated without deficiency.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, and staff interviews, the facility failed to wash a resident's feet and back for a dependent resident during a bed bath for 1 of 3 residents reviewed for activities of daily living (Resident #1).  Findings included:  Resident #1 was admitted to the facility on 10/8/19 with the diagnoses of pressure ulcers, dementia, anxiety and hypertension.  The resident #1's significant change Minimum Data Set dated 2/8/20 revealed the resident was severely cognitively impaired. No behaviors were noted. The resident required extensive assistance with bed mobility, transfers, toilet use, hygiene and eating. The resident required total dependence with locomotion and dressing. The resident required total dependence for bathing. The resident had lower extremity impairment on 1 side and used a wheelchair. The resident was always incontinent of bowel and of bladder. The	F 677	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state and federal law.  I. The feet and back of resident #1 was washed by the C.N.A on 2/25/20 once the alleged deficient practice was reported by the surveyor. The C.N.A observed by the surveyor was educated by the DON on the proper way of bathing residents on 2/25/20.  II. All residents receiving ADL care (specific to bathing) provided by the facility certified nursing assistants, are at risk for the same alleged deficient	3/27/20

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

TITLE

(X6) DATE

Electronically Signed

03/14/2020

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 677	<p>Continued From page 1</p> <p>resident had one stage 4 pressure ulcer and a pressure reducing device for the bed. Nutrition interventions were in place and the resident was getting pressure ulcer care. The resident was also getting applications other than to feet.</p> <p>The resident had a care plan updated 5/20/19 in place for skin breakdown. Interventions include turning and repositioning, protective barrier cream, supplements, and to encourage the resident to get out of bed 1-2 times a day. The resident also had care plan in place for incontinence of bowel and bladder and Activities of Daily Living (ADL care).</p> <p>Nurse #3 was interviewed on 2/24/20 at 10:45 AM. She stated the resident always had to wear boots to both of her legs except when she was getting a bath. She stated the wound to the left heel was getting a lot better. She stated the resident got a skin protectant to help the dressing stick to the resident's sacrum and protect it (the area). She added that the resident had to be turned in bed and was dependent with care. The resident would occasionally move her right leg up in the bed. She stated she never noticed a time the resident was left dirty. The resident couldn't use the call bell and was checked on every 2-3 hours for incontinence. The NA that worked with her on day shift was good and always gave the resident showers and would get her up.</p> <p>An observation of a bath was observed on 2/25/20 at 8:08 AM. Nursing Assistant (NA) #4 undressed the resident and washed Resident #1 chest, arms, legs, perineal and buttock with no rinse body wash and water. Barrier cream applied to the resident's buttock by NA #4. The resident had a dressing in place to her buttock and left</p>	F 677	<p>practice.</p> <p>Education with competency verification has been provided to the facility certified nursing assistant staff regarding performing bathing assistance on 2/27/20.</p> <p>III. Education regarding proper bathing will be included as part of the certified nursing assistant orientation.</p> <p>IV. The DON/designee will audit through direct observation 5 random residents for ADL care with a focus on bathing. These audits will occur 5 days a week for 4 weeks.</p> <p>This information will be tracked and trended by the DON and or designee and presented to the QAPI committee for continued monitoring.</p>		

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F 677	<p>Continued From page 2</p> <p>foot. The resident's face was then washed with water only. Resident #1's back and feet were not washed during the bed bath by NA #4. NA #5 then entered the resident's room to assist NA #4. The resident was dressed by NA #4 and NA #5. Resident #1 was transferred to wheelchair by NA #4 and NA #5. The resident's protective boots were applied to her feet bilaterally when in the wheelchair. Resident #1's hair was bushed, and glasses were placed on the resident by NA #4. The resident's teeth were also brushed by NA #4 and then she was wheeled out of the room.</p> <p>NA #5 was interviewed on 2/26/20 at 10:42 AM. Resident #1 was compliant (with care) and used to talk more. The resident required total assistance and didn't have any behaviors. The resident received showers on Mondays and Wednesdays. The resident received a bed bath the other days. She stated when she gave a bed bath to residents, she would wash the resident's face and then the front part of the resident. Then she would wash the back of the resident, including the legs and feet. Then would empty the water and clean the resident's perineal area last. The resident's clothes and brief would also be changed.</p> <p>NA #4 was interviewed on 2/26/20 at 10:59 AM. She stated the resident had to be turned every 2 hours and had to have "bunny boots" on her feet. The resident got up every day. The resident could stand and pivot with 2- person assistance. She stated when giving a resident a bed bath, she would knock on the door and let the resident know she was going to give them a bath. She would wash the resident's face with warm water then undress the resident. Then she would wash the top part of the resident, the resident's chest,</p>	F 677			

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

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