

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

PRINTED: 01/12/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHCHASE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3015 ENTERPRISE DRIVE</b> <b>WILMINGTON, NC 28405</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted onsite 12/15/20 - 12/16/20 and remotely through 12/17/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# YNSQ11.	F 000			
F 689 SS=G	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and Complaint Investigation was conducted onsite 12/15/20 - 12/16/20 and remotely through 12/17/20. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. One of four complaint allegations was substantiated with deficiency. Event ID # YNSQ11.  Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff interviews and the Family Nurse Practitioner (FNP) and Physician interviews, the staff failed to transfer a resident using the required mechanical	F 689	Past noncompliance: no plan of correction required.	1/12/21	

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

TITLE

(X6) DATE

Electronically Signed

01/12/2021

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 689	<p>Continued From page 1</p> <p>lift as listed on the Resident Care Guide for 1 of 3 residents (Resident #1) reviewed for accidents. Staff manually transferred Resident #1 using stand and pivot from his wheelchair to his bed which led to his right ankle becoming twisted underneath the bed. As a result, Resident #1 experienced right ankle pain and swelling. An x-ray showed that Resident #1 had a closed fracture of his right distal fibula.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 06/04/16 with diagnoses to include; history of cerebral vascular accident (CVA), peg tube placement, hemiplegia, and aphasia (inability to speak).</p> <p>The Minimum Data Set (MDS) annual assessment dated 04/17/20 indicated Resident #1 had severely impaired daily cognition skills. He was nonverbal but could understand others. He had adequate vision and hearing. He exhibited no behaviors and no rejection of care. He required two-person extensive assistance with bed mobility, transfers, and activities of daily living. He had impaired range of motion on one side of his upper and lower extremities and used a wheelchair for mobility.</p> <p>A review of the care plan revised 04/19/20 revealed Resident #1 required assistance with activities of daily living related to a decline in functional mobility due to his history of CVA with left side hemiplegia (paralysis on one side of body) and the presence of contractures to his left upper extremities. The goal of care was to provide care with staff support to maintain or achieve the highest practical level of functioning</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>through the next review. The interventions included in part; to transfer Resident #1 using total mechanical lift with two-person assistance and using a large sling.</p> <p>A nursing progress note dated 07/27/20 at 4:54 PM documented Resident #1 had complaints of right lower extremity pain. The right ankle was observed with swelling and warm to the touch. No swelling noted on right foot, pedal pulses were palpable. The posterior ankle and malleolus were tender to the touch and was able to move toes without difficulty. The Nurse Practitioner was notified and assessed the resident; an x-ray was ordered. Mobile x-ray was notified, and the residents RP (Responsible Party) was notified.</p> <p>A physician progress note dated 07/28/20 documented Resident #1's x-rays demonstrated acute right fibula fracture that was nondisplaced.</p> <p>A review of the facility's investigation revealed an investigation was conducted beginning 07/27/20 through 7/29/20 regarding Resident #1's right fibula fracture (occurring 07/26/20) due to improper transferring. The facility investigation summary included review of clinical records, ADL (activities of daily living) documentation, the Medication Administration Record (MAR), the Treatment Administration Record (TAR), the progress notes, history and physical, physician progress notes, labs and orders.</p> <p>The facility's investigation revealed the following: at approximately 6:30 PM on 07/26/20 Nurse Aide (NA) #3 and NA #4 manually transferred Resident #1 via total assistance stand and pivot transfer. NA #3 assisted resident on the left side and NA #4 assisted the right side. Resident #1 was</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>assisted to a standing position with total support for NA #3 and NA #4. In the process of turning, the resident's right foot was in plantar flexion position (extension or flexion of the foot at the ankle) under the bed. The position of the foot was observed when Resident #1 was seated on the side of the bed. NA #4 moved the right foot from the plantar flexion position to a non-plantar flexion position. Resident #1 had no complaints of pain or facial grimacing while repositioning the right foot. Resident #1 was provided incontinent care with no complaints of pain. At approximately 7:00 PM, Nurse #2's shift began. At approximately 8:00 PM NA #3 observed Resident #1 pointing to his head. The nurse was notified, and incontinent care was performed. There were no signs or symptoms of pain. At approximately 9:00 PM, Nurse #2 administered medications to Resident #1 without difficulty and no complaints of pain. At 9:30 PM incontinent care was provided with no complaints of pain. At 10:30 PM incontinent care was provided with no complaints of pain. At 11:00 PM NA #5's shift began and at 11:30 PM NA #5 observed Resident #1 lying in bed with eyes closed.</p> <p>On 07/27/20 the investigation summary revealed: at approximately 12:00 AM, 2:00 AM, and 4:00 AM, incontinent care was provided with no complaints of pain. At 4:05 AM the nurse administered pain medication for complaints of headache. At 4:45 AM Resident #1 communicated to the nurse that the pain medication was effective. At 6:00 AM incontinent care was provided with no complaints of pain. At 8:00 AM Resident #1 was resting in bed with eyes closed. At approximately 10:30 AM on 07/27/20, NA #6 was providing incontinent care and a bed bath. Resident #1 pointed to his right ankle</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>indicating pain. The nurse was notified. At 10:30 AM the nurse assessed Resident #1 and noted pain and swelling to his right ankle. Pedal pulses were present and increased pain was noted when (the right) foot was flexed. The nurse administered scheduled pain medication. At 10:40 AM the Nurse notified the FNP in the facility. The FNP assessed Resident #1 and ordered an x-ray of the right ankle. No additional pain medications were ordered Resident #1 received Norco 5/325mg (milligrams) three times a day for chronic pain and Norco 5/325 mg every six hours as needed for pain. At 11:00 AM (07/27/20) mobile x-ray was called. At 11:30 AM the facility notified Resident #1's Responsible Party (RP) of the new orders for an x-ray. At 5:00 PM on 07/27/20 the x-ray was completed. At 5:45 PM the RP was notified of the completed x-ray.</p> <p>On 7/28/20 the investigation summary revealed; at 7:05 AM the facility received the x-ray report stating acute nondisplaced fracture of the distal fibula with no focal bone lesions. The alignment was anatomic. There was no soft tissue swelling or foreign body identified. At 7:11 AM the nurse notified the on-call physician. New orders were received for an orthopedic consult. At 7:15 AM the RP was notified of the x-ray result and orthopedic consult. At 12:00 PM the FNP assessed Resident #1 to follow up on the fracture. Resident #1 reported pain on palpation. A new order was received for an immobilizer boot and to continue pain medications. At 3:15 PM the facility notified Resident #1's RP of the x-ray results and new orders.</p> <p>A review of the witness statement obtained by the facility with Nurse Aide #3 documented; "On 7/26/20 at approximately 6:30 PM I was assisting</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>Nurse aide #4 an agency NA to complete a transfer. I had never seen this resident out of bed before tonight. I was unsure of his transfer status. I did not know how to access the care guide. I was not oriented on the IPAD when I started at the facility. Resident (#1) was in the Geri chair prior to transfer. NA #4 and I went to transfer the resident. I was on the right side and NA #4 was on the left. We placed our arms under the resident's arms and grabbed the back of his pants to stand and pivot transfer. Once the transfer began the resident was pivoted to the right towards the bed. The resident was seated on the side of the bed. NA #4 noticed the resident's right foot was in a vertical position plantar flexion towards the floor position. I bent down and moved the right foot to its normal position. The resident had no facial grimacing when I moved his foot. I asked the resident if he had pain and he nodded no. I did not report this to the nurse as it did not appear noteworthy. This resident was not my assigned patient. That was the last time I saw Resident #1 during my shift."</p> <p>A follow up witness statement obtained by the facility with NA #3 documented; "I helped NA #4 put Resident #1 in bed. We could not find a lift or sling. We assisted him to bed. I took one side he took the other side. He did not fall. His foot got stuck under the bed a little and we pulled it out. We asked if he was hurting and he said (nodded) no. It was his right foot. I did not let the nurse know because he acted like it didn't hurt and I didn't see bruising or lumps. We assisted him to bed between 6:00-7:00 PM."</p> <p>A review of the witness statement obtained by the facility with Nurse Aide #4 documented; I worked with Resident #1 on 7/26/20 on the 3:00-11:00</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>PM shift. When I came to work, I began my rounds at approximately 3:00 PM. Resident #1 was in the wheelchair at the time. At approximately 5:00 PM Resident #1 remained in the wheelchair and wished to stay there a little while longer. At approximately 6:00 PM I was delivering meal trays and stopped in resident #1's room. Between 6:00 -7:00 PM I transferred him back to his bed with NA #3. We placed the wheelchair facing the middle of the bed. I had the left side and NA #3 had the right side under his arms. When we stood him up and were in the process of turning him his right foot went underneath the bed getting stuck underneath the horizontal bar. We got his foot unstuck and continued to transfer him to the bed. I asked him if he was okay and he nodded yes. He was given incontinent care around 7:00 PM, and during that time showed no signs or symptoms of pain. At 8:00 PM I rounded on Resident #1 again and provided incontinent care, Resident #1 then pointed to his head. I notified the nurse and the nurse said that meant he had a headache. Around 9:30 PM I completed incontinent care on Resident #1 with no signs or symptoms of pain. Around 10:30 PM, I completed my final round and completed incontinent care with no signs or symptoms of pain. My shift ended at 11:00 PM.</p> <p>An interview was conducted with Nurse Aide #4 on 12/16/20 at 2:50 PM. He stated he was an agency nurse aide and worked at the facility for four months. He recalled the incident with Resident #1. He stated when he transferred Resident #1 on 7/26/20 it was the first day he had ever worked at the facility. He reported that Resident #1 was sitting in his chair and he asked Nurse Aide #3 to help him transfer Resident #1, and stated he wasn't sure about how they</p>	F 689			

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F 689	<p>Continued From page 7</p> <p>transferred him. He stated Nurse Aide #3 was an agency aide and she no longer worked at the facility. He reported he looked for a lift and didn't see one. He indicated he worked that night from 3:00 PM - 11:00 PM and was on the 600 hall and all lifts were on the 100 hall at that time. He stated he pivoted Resident #1 and his ankle was caught under the bed. He reported Resident #1 had no complaints of pain at that time and he thought he was okay. He stated he kept going in his room throughout the shift and he seemed normal all night but did have complaints of a headache during the night, and he reported that to the nurse. He stated he didn't report the transfer to the nurse because he didn't think it was anything reportable and stated it was nothing dramatic and thought Resident #1 was not injured. He acknowledged that the Resident Care Guide indicated Resident #1 required the mechanical lift with two-person assistance for transfers.</p> <p>An interview was conducted on 12/15/20 at 3:40 PM with Nurse #1 who was the assigned nurse when Resident #1 began exhibiting swelling and pain of the right ankle on 07/27/20. She stated Resident #1 was complaining of ankle pain one morning. She assessed his ankle and noted pain and swelling and immediately had the facility Nurse Practitioner assess him. She reported an x-ray was ordered which showed the fracture and Resident #1's RP was notified.</p> <p>An interview was conducted on 12/15/20 at 4:00 PM with the facility Nurse Practitioner. She stated Resident #1 had sudden complaints of ankle pain, and she ordered an x-ray. She reported Resident #1 was referred to orthopedics, and an immobilizer boot was placed. She reported he</p>	F 689			



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F 689	<p>Continued From page 8</p> <p>received ongoing follow up evaluations due to continued complaints of pain.</p> <p>A follow up phone interview was conducted on 12/16/20 at 4:40 PM with the facility Nurse Practitioner. She indicated the fracture sustained by Resident #1 resulted from being transferred without using the mechanical lift.</p> <p>In a phone interview with the facility Medical Director on 12/17/20 at 10:04 AM, he stated he was made aware of Residents #1's fracture that occurred on 7/26/20 and reported the facility Nurse Practitioner assessed him at the time he began exhibiting signs and symptoms and continued to evaluate Resident #1 in the days immediately following the incident. He stated he evaluated residents routinely every 10-12 weeks and evaluated Resident #1 in August 2020 without any acute concerns. The physician stated the x-ray report dated 7/27/20 revealed an acute nondisplaced fracture of distal fibula. He acknowledged that Resident #1 had no diagnoses of osteoporosis or osteopenia and indicated there was no pathologic etiology for the fracture.</p> <p>During an interview on 12/16/20 at 3:11 PM with the Director of Nursing she reported she was not working at the facility during the incident regarding Resident #1's fracture and had no knowledge of the specific details although she was aware that he had sustained a fracture. She indicated that Resident #1 required a mechanical lift for transfers and the nurse aides were expected to review the Resident Care Guide to determine how a resident was to be transferred. She reported that NA #3 was an agency NA and no longer worked at the facility.</p>	F 689			

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F 689	Continued From page 9  During an interview on 12/16/20 at 10:00 AM the Administrator reported he was aware that Resident #1 sustained a fibula fracture, but he was not working at the facility during the time of the incident or during the time the corrective action plan was implemented.  During a phone interview on 12/17/20 at 5:30 PM with the Corporate Nurse Consultant she reported she assisted the DON with implementing the corrective action plan including conducting some of the in-service training. She confirmed the completion date was 07/30/20.  The corrective action for noncompliance with a completion date of 07/30/20 was as follows:  A thorough investigation was initiated on 07/29/20 to determine the root cause regarding Resident #1 sustaining a fracture of the distal fibula. The facility investigation included; record review and obtaining witness statements. On 07/29/20, 100% resident questionnaires were completed by the Social Worker and the unit manager with all alert and oriented residents regarding any concerns with transfers or injuries with transfers that were not reported or addressed. There were no concerns during the interviews. On 07/29/20 100% of all residents were assessed by the unit manager to ensure no residents had a fracture that had not been addressed. An audit was completed on 07/30/20 with no identified concerns. On 07/29/20 a 100% audit was conducted by the DON and QA (Quality Assurance) nurse to locate all mechanical lifts in the facility. Nine mechanical lifts were in the facility during the audit. On 07/29/20 a 100% audit of all incident reports and progress notes was	F 689			

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F 689	<p>Continued From page 10</p> <p>completed by the DON from 06/29/20 -07/29/20 to include Resident #1 to identify any injuries related to improper transfer techniques. There were no additional injuries related to improper transfers.</p> <p>The DON and the Corporate Nurse Consultant provided statements from staff that were working on 07/26/20 through 07/28/20. The DON and Nurse Consultant completed in services beginning 07/28/20 and provided education to the nursing staff and nurse aides regarding signs and symptoms of fractures, including causes, nurse responsibilities, and prevention. Inservice's on 07/28/20 were conducted on transferring residents and accessing the Resident Care Guide, and reporting any incident occurring during transfers immediately to the nurse. Staff not in attendance were mailed via certified mail the in-service material, this was verified by signatures on the certified mail receipt.</p> <p>Monitoring was conducted by the Nurse Consultant and DON weekly for 8 weeks through return demonstrations of locating resident care guides, and transfers using the appropriate equipment.</p> <p>The DON would bring outcomes of compliance to the facility monthly Quality Assurance (QA) meeting for three months beginning August 2020.</p> <p>The facility alleged full compliance with the plan of correction effective date 07/30/20.</p> <p>As part of the validation process on 12/17/20 the plan of correction was reviewed which included dates and content of the in-services that were conducted, and interviews with the nurses and</p>	F 689			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHCHASE NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3015 ENTERPRISE DRIVE</b> <b>WILMINGTON, NC 28405</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 689	Continued From page 11 nurse aides to ensure their understanding and knowledge of transfers using the required mechanical lift and accessing the resident care guides. During the investigation direct care staff were interviewed regarding training that was conducted and knowledge of accessing the resident care guide and using the mechanical lifts for transfers. Observations were conducted of resident transfers during the investigation. All nurses and nurse aides interviewed were able to verbalize how to access the resident care guide. The facility's alleged compliance date of 07/30/20 was validated.	F 689		