STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345371	A. BUILDING _____ B. WING _____	C 02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-TRENT	836 HOSPITAL DRIVE NEW BERN, NC 28560

(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 conducted from 02/02/21 through 02/04/21. Event ID# BTN911. 1 of the 3 complaint allegations was substantiated resulting in deficiency.	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		2/25/21

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

Electronically Signed | 02/25/2021

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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 reviews and staff, Nurse Practitioner (NP), and family interviews, the facility failed to notify the responsible party (RP) of an antibiotic treatment for pneumonia and an appetite stimulant (Resident #1) and an order for antibiotic eye drops, problems chewing/swallowing, diet change, and weight loss (Resident #5) for 2 of 4 residents reviewed for notification of change. Findings included: Resident #1 was admitted to the facility on 11/23/20 with the diagnoses of dementia, chronic obstructive pulmonary disease, congestive heart failure, and anxiety. The admission Minimum Data Set (MDS) dated 11/30/20 revealed Resident #1 was moderately cognitively impaired. Resident #1 required oxygen	F 580	This plan of Correction constitutes the facilities written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that deficiencies exist or that one was cited correctly. This plan of correction is submitted to meet requirements established by federal and state law. Resident # 1 discharged from the facility January 1, 2021 and expired in the hospital. A 100% audit was conducted reviewing new orders and documentation of RP notification on 2-5-2021 by Director of Nurses and Unit Managers. Nursing staff were in-serviced on 2-8-2021 by the Nurse Educator regarding RP notification	

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F 580	Continued From page 2 therapy. In a nursing note dated 12/24/20, Nurse #10 reports resident "sounded slightly congested" with no indication of how this was assessed. No follow up documentation to notify MD, Nurse Practitioner. No x-ray obtained. Record Review of physician's orders revealed: --12/26/20: Levofloxacin (antibiotic) one 500 milligram tablet once daily for 7 days (no indication given) --12/26/20: Ceftriaxone (antibiotic) 1 gram a one-time injection (no indication given) --12/29/20: Levofloxacin (antibiotic) 500 mg tab once daily for 4 days for pneumonia --12/29/20: Mirtazapine (antidepressant/appetite stimulant) 15 mg once daily for "not eating" Record review of nursing progress notes from 12/26/20 through 12/29/20 revealed no notification of the RP for the new orders for antibiotic or the appetite stimulant. In a progress note on 12/29/20 Nurse #9 reported resident had poor appetite but did not indicate new order or family notification. Review of Social Worker's progress notes revealed on 12/29/2020 a care conference was conducted with the RP in which Resident #1's appetite, activities, code status, and discharge planning was discussed. There was no documentation that pneumonia was discussed or the orders for the antibiotic or appetite stimulant.	F 580	and documentation to include addition of supplements, change in condition, new orders, falls/injuries, antibiotics, and refusal of care to include meds. Facility reports to include progress notes and orders will be audited to ensure Responsible Party is notified of any changes and that notifications are documented. These audits will be conducted and documented by the Director of Nurses and/or Unit Managers daily x 1-week, weekly x 4 week, Bi-weekly x 1 month and monthly x 4 months. Any identified areas of concern will be corrected. These audits will be reviewed during weekly QA meetings any identified areas of concern will be corrected to ensure systems remain in compliance. These areas will be reviewed during Quarterly Executive QA meetings to review systems and update as needed to ensure areas remain compliant.- Date of Compliance Feb. 25, 2021	

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In a 12/30/20 progress note, Nurse #10 reported Resident #1 was on antibiotic treatment for pneumonia.

During an interview on 2/2/21 at 3:00 pm, the Social Worker indicated Resident #1's overall decline was discussed in the Care Conference but not pneumonia diagnosis or antibiotic use specifically.

During an interview on 2/3/21 at 12:40 PM, Nurse #1 indicated the nurse was responsible for calling the family when treatment orders were changed and for documenting the type of interaction, the person contacted, or voicemail left in the progress notes section of the medical record.

During an interview on 2/3/21 at 1:15 PM, Nurse #2 indicated the nurse was responsible for calling the family about changes to treatment orders or change in condition. If the RP does not answer, the nurse would call the second representative and document the interaction in the progress notes section of the medical record.

Attempts were made to interview the nurse who wrote Resident #1's medication orders but were not successful. Additional attempts were made to interview Nurse # 9 and #10 were unsuccessful.

During an interview on 2/3/21 at 1:30 PM Resident #1's Responsible Party (RP) indicated she was not called by the facility about the pneumonia or new antibiotic nor the appetite stimulant. She also stated that during the telephone Care Conference on 12/29/20, pneumonia, antibiotic use, or appetite stimulant was not discussed. The RP further stated, on 1/1/21 the facility called the RP to notify her of

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Resident #1's transfer to emergency department for respiratory failure. The RP stated she did not know Resident #1 was diagnosed with pneumonia until Resident #1 was transferred to the hospital.

During an interview on 2/3/21 at 3:55 PM the NP stated she does not call family when a new order was placed. The NP stated when she placed or changed an order, the nurse received an alert in the medical record to notify the responsible party.

During an interview on 2/3/21 at 4:30 PM, the DON stated that the nurse taking the order was responsible for calling family with change in condition and new orders. DON stated herself and the nurse managers for the floors were notified via medical record when new orders are placed as well.

During an interview at 2/3/21 at 4:30 PM, the Administrator stated she gets a printed report of new orders which she reviews and follows up with staff "from time to time" to ensure family was notified of changes.

2. Resident #5 was admitted on 9/20/20 with the diagnoses of weakness, dehydration, stroke, left sided weakness, and memory loss.

Review of the quarterly Minimum Data Set (MDS) dated 1/11/21 revealed Resident #5 was severely cognitively impaired. She required supervision for meals. MDS further noted Resident #5 was holding food in mouth.

Record review of physician's orders revealed:

--9/20/20: Regular, Low Sodium diet,

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discontinued on 1/06/21

--1/06/21: Regular, Low Sodium, Ground diet

--2/2/21: Moxifloxicin 0.5% (eye drops) one drop right eye at 8 AM, 2 PM, 8 PM for nine days for conjunctivitis (pink eye)

a. A nutrition quarterly assessment dated 1/05/21 by Certified Dietary Manager (CDM) revealed Resident #5 was holding food in her mouth after eating and had lost weight over 3 months. Resident #5 was receiving a supplement drink twice a day and eating 50-75% of meals at that time.

Record review of physician's orders dated 1/06/21 revealed Resident #5's diet texture was changed to Ground and speech therapy order was obtained.

Review of therapy notes indicates speech therapist visited resident on 1/06/21, 1/07/21, and 1/08/21. Speech therapy was discontinued on 1/08/21 due to lack of participation by Resident #5.

CDM's nutrition note dated 1/16/21 to follow up on weight loss and a new order for high-calorie/high protein frozen dietary supplement. Nutrition note stated CDM "will notify" responsible party of recent weight loss

Record review of nutrition notes from 1/16/21 through 2/4/21 found no follow up documentation by CDM nor dietitian reporting a call to family.

b. Record review of nursing progress notes from 2/1/21 through 2/4/21 revealed no notification to

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the RP of new order for eye drops or conjunctivitis. Review of nursing progress notes from these dates found no report of observation of pink eye.

During an interview on 2/3/21 at 10:15 AM Resident #5's RP revealed she was not notified of weight loss or of diet change. The RP indicated she was not aware of issues with chewing and swallowing and did not know why diet was changed. The RP stated Resident #5 told her about pink eye but was not aware eye drops had been ordered.

During an interview on 2/3/21 at 4:00 PM, the CDM indicated when a diet order was changed it was the nurse's responsibility to notify the family. She stated when a resident lost weight the dietitian or CDM was responsible for notifying family. CDM further stated she provides weekly weight list to restorative aids for the floor, weights are obtained and CDM enters into medical record. Any weight changes are documented by CDM, reported in morning meeting, and reported to RD for follow up.

During an interview on 2/3/21 at 4:30 PM, the DON stated that when a diet order was changed, the CDM or dietitian notified the family. The nurse was responsible for calling family with change in condition and new orders. DON stated herself and the nurse managers for the floors were notified via medical record when new orders are placed as well.

During an interview at 2/3/21 at 4:30 PM, the Administrator stated she gets a printed report of new orders which she reviews and follows up with staff "from time to time" to ensure family was

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F 580	Continued From page 7 notified of changes.	F 580		