STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345575	A. BUILDING _____ B. WING _____	C 08/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK HEALTH & REHAB CENTER	9600 NO 5 SCHOOL ROAD ASH, NC 28420

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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 08/17/23 through 08/21/23. Event ID# GKRK11. The following intake was investigated NC00205867. 1 of the 4 complaint allegations resulted in deficiency.	F 000		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff and Nurse Practitioner interviews the facility failed to follow wound treatment orders for a Stage III pressure ulcer to the sacrum as prescribed by the physician for 1 of 3 residents (Resident #2) reviewed for wound care. Findings included. Resident #2 was admitted to the facility on	F 686	Preparation and submission of this plan of correction does not constitute an admission, an/or agreement with. It is required by State and Federal law. It is executed and implemented as a means to continuously improve the quality of care to comply with State and Federal requirements.	9/8/23

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

Electronically Signed | 09/01/2023

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F 686	Continued From page 1 03/09/22 with diagnosis including in part; diabetes, protein calorie malnutrition, and Alzheimer's. A care plan revised 03/16/23 revealed Resident #2 had a pressure area to the sacrum. Interventions included to assess and document the status of the area, and administer wound treatments as ordered. The Minimum Data Set (MDS) quarterly assessment dated 06/16/23 revealed Resident #2 had severely impaired cognition. She required extensive two-person assistance with bed mobility, transfers and activities of daily living. She had a Stage III pressure ulcer at the time of the assessment and received pressure ulcer care. A physicians order for Resident #2 dated 08/02/23 revealed an order to clean the Stage III sacral wound, apply calcium alginate to the wound bed, cover with a silicone foam border dressing daily, and apply zinc oxide to the periwound daily. Review of the Treatment Administration Record (TAR) for Resident #2 dated August 2023 revealed the wound treatments to the Stage III pressure wound were being administered every other day instead of daily from 08/02/23 through 08/17/23. This resulted in 7 missed wound treatments. The weekly wound assessment for Resident #2 dated 08/02/23 revealed the Stage III pressure ulcer measured 0.8 centimeters (cm) x 0.3 cm x 0.2 cm. Calcium alginate was applied to the wound bed, and zinc oxide to the peri wound with	F 686	1. Based on review of records the facility failed to follow wound treatment orders for a Stage 3 pressure ulcer to the sacrum as prescribed by the physician for one of three residents sampled. Resident #2's treatment orders were corrected on 8/18/2023 to reflect current treatment ordered by the Nurse Practitioner(NP). 2. Other residents with wound treatment orders have the potential to be affected by the alleged deficient practice. The Director of Nursing (DON) and/ or designee(s) will audit current wound treatment orders by 9/1/2023 to ensure they reflect orders received by MD/NP. 3. To prevent reoccurrence the DON and/ or designee(s) will educate licensed nurses by 9/6/2023 to ensure orders are transcribed as ordered by MD/NP. The DON and/or designee(s) will monitor and maintain ongoing compliance through weekly audits. Wound provider notes and orders will be audited weekly for 12 weeks to ensure orders and transcribed correctly in the EMAR. 4. The DON and/or designee(s) will report findings to QAPI for 12 weeks for review and revision as needed.	

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F 686	Continued From page 2	F 686		

silicone foam border dressing.

The weekly wound assessment for Resident #2 dated 08/07/23 revealed the Stage III pressure ulcer measured 0.8 cm x 0.2 cm x 0.2 cm. Calcium alginate was applied to the wound bed, and zinc oxide to the peri wound with silicone foam border dressing.

The weekly wound assessment for Resident #2 dated 08/10/23 revealed the Stage III pressure ulcer measured 0.8 cm x 0.2 cm x 0.2 cm. Collagen was applied to the wound bed, zinc oxide to the peri wound, with island dressing.

Review of the Interdisciplinary Team (IDT) progress note dated 08/10/23 revealed Resident #2 continued with a Stage III pressure wound on the sacrum which was discovered on 03/15/23. The wound had not decreased in size since last week. The wound bed was clean with no signs of infection, the peri wound continued with maceration. Nurse Practitioner #1 provided sharp mechanical debridement of the wound. Resident #2 tolerated the procedure well.

An observation was conducted on 08/18/23 at 1:00 PM of Resident #2's Stage III sacral wound. Resident #2 was oriented to self only. The wound bed was clean, with no signs of infection. The wound was cleaned with wound cleaner, calcium alginate was applied to the wound bed then covered with a silicone foam dressing following clean technique. Resident #2 tolerated the procedure with no complaints of pain or discomfort. There were no concerns identified.

During an interview on 08/18/23 at 1:30 PM Nurse#1 stated she was the assigned nurse for

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Resident #2 today and stated the TAR did not show that the wound treatment was scheduled to be done today. She stated she was not always assigned to Resident #2 but stated the treatments had been scheduled for every other day. She stated she was not aware of the daily treatment order from 08/02/23.

During an interview on 08/18/23 at 3:30 PM the Wound Treatment Nurse stated Resident #2's treatment order changed to every other day on 07/26/23 according to the order written by Nurse Practitioner #1. She stated the drainage had increased on the next wound evaluation on 08/02/23 and the treatment order was changed back to daily treatments on 08/02/23. She stated that the TAR was not updated to reflect the new order for daily dressing changes. She stated she realized the discrepancy earlier today and made the changes on the TAR for daily treatments. She stated per Nurse Practitioner #1's most recent evaluation on 08/16/23 the wound was improving. She stated she or the residents assigned nurse entered treatment orders and unfortunately the new order on 08/02/23 was missed. She stated the discrepancy was done in error.

During an interview on 08/18/23 at 4:00 PM the Director of Nursing (DON) stated the wound treatment nurse, or the assigned nurse could enter the treatment orders. She indicated according to Nurse Practitioner #1's evaluation earlier this week the wound had not worsened. She stated the new order received on 08/02/23 should have been entered into the electronic medical record and daily wound treatments administered according to the physicians order.

During a phone interview on 08/18/23 at 5:00 PM

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F 686	Continued From page 4 Nurse Practitioner #1 stated Resident #2's treatment order was changed on 08/02/23 to daily dressing changes. She stated the order was changed to daily treatments because it had not improved as well during the assessment on 08/02/23. She stated the dressing should have been changed daily since 08/02/23 but stated the wound had not worsened as a result of the missed treatments.	F 686		