F 157 483.10(b)(11) NOTIFY OF CHANGES
(INJURY/DECLINE/ROOM, ETC)

A facility must immediately inform the resident, consult with the resident's physician, and if known, notify the resident's legal representative of any traumatic event that results in injury and has the potential for resulting in injury to the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications) or a need to alter the facility of care due to adverse consequences, or to make a new form of treatment or a decision to transfer or discharge the resident from the facility as specified in §483.12(b).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(11) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:

Based on observation, record review and staff interview, the facility failed to notify the

Resident #92 could of been affected by this deficient practice. The facility will promptly notify the designated legal representative or interested family member and physician of any open area.

All residents could of been affected by this deficient practice. The facility will promptly notify the designated legal representative or interested family member and physician of any open skin area.

(c) Robin Stirling, LPN, wound care nurse in-serviced by Caroline Horne, Administrator and Deborah Spell, RN, DON in-serviced all CNA's to promptly notify their nurse supervisor and Robin Stirling, LPN, wound care nurse of any open skin areas.

(c) Robin Stirling, LPN, wound care nurse in-serviced by Caroline Horne, Administrator to review new weekly skin assessment book daily to ensure all open skin areas are appropriate assessed, documented, treated and that the legal representative interested family member and physician (continue on next page)
F 157  Continued From page 1

designated legal representative and physician of
an opened skin area that resulted in an
untreatable pressure ulcer for 1 of 1 sampled
resident (Resident #92)

Findings included:

A review of the facility's protocol for pressure
ulcers (undated) read in part "Any area above
stage three, notify the MD."

Resident #92 was admitted into the facility on
8/8/12. Cumulative diagnoses included Pressure
Lacer, Carotid Artery Accident (Hemiplegia),
Dementia, and Failure in Thrive. The admission
minimum data set was in process of being
completed. The admission level of care screening
tool (FL2) signed on 8/8/12 indicated Resident
#92 mental status was incompetent to person,
time, place and was totally dependent with all
activities of daily living. The admission skin
assessment completed on 8/8/12 identified a
decubitus on the sacral and redness. The
admission care plan indicated "pressure sore/skin
condition" was not completed.

A review of the nurses' notes completed on
8/10/12 by Nurse #1 indicated "Small red opening
of middle opening at 3 o'clock in wound edges measuring .5
centimeters (cm) x .3 cm."

A review of the telephone orders for 8/10/12
revealed no specific order placed for the
small reddened opened skin area observed at 3
o'clock position by Nurse #1 on 8/10/12.

A review of the nurses' notes dated 8/11/12,
8/12/12, 8/13/12, and 8/14/12 revealed

has been notified promptly.

d) Robin Starling, LPN, wound care nurse 8/27/12
was in-serviced by Amy Watson, AMT
clinical specialist on the importance
of wound assessment and documentation

(e) All nurses have been in-serviced by 8/27/12
Amy Watson, AMT clinical specialist on
reporting all open areas promptly to
wound care nurse Robin Starling. LPN
wound care nurse and in-serviced the
importance of notifying the legal
representative, or interested family and
the physician.

4. (a) All nurses are to assess and
document weekly and as needed skin
assessments in new weekly skin
assessment book that is to be kept at
nurses station using new weekly skin
assessment sheets as a means of
documentation and communication of
all new open skin/pressure ulcer areas.

(b) QA nurse LaDean Hair, RN, ADON 8/21/12
will ensure that legal representative,
interested family member and
physician has been notified promptly
by using new Q.A. Pressure ulcer
Audit sheet weekly x's 30 days then
monthly on an ongoing basis.
F 157 Continued From page 2

neither the designated legal representative nor
the physician had been notified of a small
redden skin opening as documented by Nurse
#1 on 8/10/12.

On 8/15/12 at 9:20 am, Resident #92 was
observed when treatment was provided by Nurse
#1. A second unstageable pressure ulcer
(Pressure ulcer #2) was observed near the sacral
area, opened with yellow slough that was not
documented as present on admission into the
facility. Pressure ulcer #2 was located 1.5 cm
when measured by Nurse #1 from the
unstageable sacral pressure ulcer (Pressure
ulcer #1). Pressure ulcer #2 was not located
within pressure ulcer #1, but was a separate
unstageable pressure ulcer.

In an interview on 8/15/12 at 9:30 am, Nurse #1
indicated pressure ulcer #2 was the same
redden opened skin area positioned at 3
o'clock she observed on 8/10/12; that was now an
unstageable pressure ulcer.

In an interview on 8/15/12 at 3:23 pm, the
designated legal representative indicated she was
notified today by Nurse #1 of a newly developed
pressure ulcer on the sacral area.

In an interview on 8/15/12 at 5:45 pm, the
Administrator and Director of Nursing revealed
expectation was that the designated legal
representative and the physician should have
been notified on 8/10/12; after the reddened
opened skin area was observed by Nurse #1.

F 314 483.25(c) TREATMENT/SVCS TO
SS=d PREVENT/HEAL PRESSURE SORES

F 314
**F 214** Continued from page 3

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores requires necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

This REQUIREMENT is not met as evidenced by:

- Based on observation, record review and staff interviews the facility failed to conduct a thorough assessment for care of an open and a resident area that resulted in an unmanageable pressure ulcer for 1 of 2 sampled residents (Resident #92).

**Findings included:**

- A review of the facility's protocol for pressure ulcers (undated) read in part "It is our goal to keep our resident's pressure ulcers free. In the event that a pressure occurs the following things must be done: measure the area, note whether or not the area is open and measure the depth. Note appearance of the area and whether drainage is present. If drainage is present note color, odor, and the amount of drainage. Assess resident for need of pressure relieving devices.

 Resident #92 was admitted into the facility on 08/15/12. Current diagnosis included Pressure Ulcer, Cardiopulmonary Accident (Hemiplegia), Diabetes and Failure To Thrive. The admission minimum data set was in process of being completed. The admission level of care screening

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1. Resident #92 could of been affected by this deficient practice. The facility will conduct a thorough assessment for care of the pressure ulcer. Deborah Spell, RN, DON and LaDean Hair, RN, ADON will follow the protocol for pressure ulcers. Deborah Spell, RN, DON and LaDean Hair, RN, ADON will measure and note whether or not area is open and measure depth. Note appearance of the area and whether drainage is present. If drainage is present note color, odor, and amount of drainage, and assess resident for need of pressure relieving devices.

2. All residents could have been affected by this deficient practice. Deborah Spell, RN, DON and LaDean Hair, RN, ADON will conduct thorough assessments on all pressure ulcer areas on all the residents following the protocol for pressure ulcers. Deborah Spell, RN, DON and LaDean Hair, RN, ADON will measure and note whether or not area is open and measure the depth. Note appearance of the area and whether drainage is present. If drainage is present note color, odor, and amount of drainage, and assess resident for need of pressure relieving devices.
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<tr>
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3. (a) Amy Watson, AMT clinical specialist 8/27/12 in-serviced all nurses on wound assessment and documentation.

(b) All CNA's have been in-serviced 8/27/12 by Caroline Horne, Administrator and Deborah Spell, RN DON on proper notification of any new skin areas or concerns to Robin Starling, LPN, wound care nurse promptly. In-serviced on the importance of proper skin care and wound care.

(c) All nurses in-serviced how to do 8/27/12 proper skin assessments and documentation on the new weekly skin assessment forms. Instructed to leave weekly skin assessment book at nurses station at all times as a means of documentation and communication. Instructed to do weekly skin assessments on assigned rooms to be done weekly and as needed with any new skin concerns.

(d) Wound care nurse Robin Starling, 8/27/12 LPN is to check weekly skin assessment book daily. Any new open skin areas are to be assessed and documented on taken care of following facility protocol.
F 314

(continued)

(e) Wound care nurse Robin Starling, LPN 8/27/12

is properly assess and document

all new wounds/pressure ulcers using

new weekly wound progress report sheet

then weekly on an ongoing basis until

healed.

4. LaDean Hair, RN, ADON, QA is to use 8/21/12

new QA Pressure Ulcer Audit sheet to

ensure new pressure ulcer areas that

have been reported are assessed,
documented on, and receiving proper

treatment by Robin Starling, LPN,
wound care nurse. LaDean Hair, RN,
ADON, QA is to do this weekly x's 30
days the monthly on an ongoing

basis.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345212

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED 09/15/2012

NAME OF PROVIDER OR SUPPLIER
BETHESDA HEALTH CARE FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
3532 DUNN ROAD
EASTOVER, NC 28301

FORM CMS-2567(02-99) Previous Versions Obsolete  Event ID: UAIF11  Facility ID: 922968  If continuation sheet Page 7 of 7
K 000 INITIAL COMMENTS

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a), using the Existing Health Care section of the LSC and its referenced publications. These buildings (0102 and 0202) are Type I construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

K 029 NFPA 101 LIFE SAFETY CODE STANDING

35-0

One hour fire rated construction (with 90 minute fire-rated door(s)) or an approved automatic fire extinguishing system in accordance with 6.4.1 and/or 18.3.6 protects hazardous areas. Where the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:

By observation on 9/27/12 at approximately 10:00 AM the following hazardous area was non-compliant:

K 072 NFPA 101 LIFE SAFETY CODE STANDING

SS=0

Means of egress are continuously maintained free of all obstructions or impediments by full-time staff.

Administrative

Carolee Howe, Administrator

10/10/12

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 disclosed 90 days following the date of survey unless a plan of correction is presented. For nursing homes, the above findings and plans of correction are disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue participation.

OCT/10/2012/WED 12:41 PM Bethesda Healthcare P. 001
K 072 Continued from page 1

Use in the case of fire or other emergency No furnishings, decorations, or other objects obstruct exits, access to, access from, or visibility of exits. 7.1.10

The STANDARDS are not met as evidenced by:

42 CFR 483.70(e)

By observation on 9/27/12 at approximately 10:00 AM the following obstruction was observed as non-compliant, specific findings include, corridor near the small storage unit (from the FACP room) swings into the corridor without a listed closure and the door does not swing 180 degrees but leaves a projection of approximately 18" into the corridor. NFPA 2-14 and tables during the swing, any door in a means of egress that leave not less than one-half of the required width of an aisle, corridor, or landing unobstructed and shall not project more than 7 in. (17.8 cm) into the required width of an aisle, corridor, passageway, or landing, when fully open.

1. The facility could have been effected by this deficient practice. The small storage (across from the FACP room) could not swing open at 180 degrees due to a telephone hanging on the wall behind the door and a coke machine. Neil Walker, Maintenance supervisor moved the telephone and coke machine. The door is now able to swing 180 degrees, it does not project more than 7 inches into the required width of the aisle, corridor, passageway, or landing, when fully open.

2. All doors could have been effected by this deficient practice. All doors will be checked to ensure they have a listed closure or they do not project more than 7 inches into the required width of the aisle, corridor, passageway, or landing, when fully open.

3. LaDean Hair, RN, QA has checked all doors to ensure they swing open 180 degrees or 10/10/12 are self-closing with listed closures. The door projects more than 7 inches into the required width of the aisle, corridor, passageway, or landing, when fully opened.
<table>
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<th>(X1) PROVIDER/SUPPLIER/Clinic IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<td>A. BUILDING 02 - BUILDING 02</td>
<td>09/27/2012</td>
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**NAME OF PROVIDER OR SUPPLIER**

BETHESDA HEALTH CARE FACILITY

**STREET ADDRESS, CITY, STATE, ZIP CODE**

3532 DUNN ROAD
EASTOVER, NC 28301

### INITIAL COMMENTS

There were no Life Safety Code Deficiencies noted at time of survey.