STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:
		345421	B. WING	6/16/2014
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE LAURELS OF CHATHAM		72 CHATHAM BUSINESS PARK PITTSBORO, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 514	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE			
	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.			
	This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to maintain complete medical records to reflect care provided to a burned resident for 1 of 3 sampled residents (Resident#1) Findings included:			
	Resident #1 was admitted to the facility on 08/12/13 with cumulative diagnoses of cerebral vascular accident, diabetes mellitus, chronic obstructive pulmonary disease and anxiety.			
	Record review of accidents and incidents revealed on 02/23/14 the resident spilled coffee on himself during the breakfast meal and sustained injury to his left arm and left side of chest. The incident report, signed by Nurse #1, read " dressing to Left arm."			
	Review of the nurses ' notes for the 7AM-3PM shift on 02/23/14 did not reflect the incident.			
	Review of the nurses 'notes for 3PM-11PM shift on 02/23/14 did not reflect the incident.			
	In an interview with the 7AM-3PM shift nurse on 06/16/14 at 3 PM, she stated that the nursing assistant (NA) told her Resident #1 had spilled coffee on himself. The nurse went to the room and could see blisters forming. She applied first aid with ice and cool compresses. She called the attending physician and he told her to apply Neosporin Ointment (antibiotic ointment), cover with 4x4s (dressing material) and wrap with Kerlix. These orders are not reflected in the nurses ' notes, the Medication Administration Record (MAR) or the telephone orders.			
	Review of the resident 's medical records revealed the burns were healed on 03/18/14.			

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

The above isolated deficiencies pose no actual harm to the residents

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