STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFS  NAME OF PROVIDER OR SUPPLIER  ALAMANCE HEALTH CARE CENTER  ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIE			A. BUILDING:	COMPLETE:			
		345420	B. WING	7/17/2014			
		STREET ADDRESS, CITY, STATE, ZIP CODE  1987 HILTON STREET  BURLINGTON, NC					
PREFIX	SUMMARY STATEMENT OF DEFICIEN	CIES					
F 387	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT						
	The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.						
	A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.						
	This REQUIREMENT is not met as evidenced by: Based on record review observation and staff interview the facility failed to provide a routine physician evaluation, or a physician assistant or nurse practitioner face to face in the required time allowance for 1 of 1 resident (Resident #3) with a decline in cognition and nutritional status in the quarterly Minimum Data Set (MDS).						
	Findings Included:						
	Resident #3 's most recent admission to the facility was on 2/3/2014.						
	A record review of dietary note dated 2/7/2014 revealed Resident #3 reported she had a very good appetite and stated she was not use to eating three full meals a day. A reduced concentrated sweets (RCS) diet remains appropriate with diabetes. Resident #3 fed self without difficulty. Resident #3 's weight changes were discussed related to weight fluctuation prior to the 2/3/2014 admission.						
	The admission MDS dated 2/10/2014 revealed Resident #3 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15. Section K for nutritional status revealed Resident #3 's nutritional approach was a therapeutic diet and her admission weight was 165 pounds.						
	The most recent physician progress noted Disease, Spinal Stenosis, Degenerative is current medications were listed as Cla. Hydrochlorothiazide. Notations include and admitted to the facility for ongoing	Disk Disease, gait ritin, Neurontin, Lo d Resident #3 was	disability, Diabetes, and chronic pain. oppressor, Metformin, Oxycodone, and	Resident #3 '			
	A record review of a nurse note dated 4/29/2014 revealed Resident #3 had been increasingly confused.						
	A record review of dietary note dated 4/29/2014 revealed Resident #3 's diet was down graded to a mechanical soft due to missing dentures and difficulty chewing.						
	A record review of dietary note dated 5/2/2014 revealed a significant weight loss of 6.5% over the past month. Resident #3 had become more confused over the past week or so requiring more cueing. Diet was RCS mechanical soft food and the diet was downgraded (not indicated) and whole milk added to each meal.						

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

Event ID: ZWBL11 If continuation sheet 1 of 3

	FOR MEDICARE & MEDICAID SERVICES			"A" FO			
	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
	TTH ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:			
OR SNFs AN	.D NFS	345420	B. WING	7/17/2014			
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDRESS	CITY, STATE, ZIP CODE	L.			
			1987 HILTON STREET				
LAMAN	CE HEALTH CARE CENTER	BURLINGTON, NC					
D PREFIX							
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F 387	Continued From Page 1						
	A nurse note dated 5/5/2014 revealed	a concern regarding	Resident #3 's appetite.				
	The quarterly MDS dated 5/23/2014 a	evealed Resident #3	was severely cognitively impaired wit	h a BIMS			
		score of 4 out of 15. Section K for nutritional status revealed Resident #3's nutritional approach was a					
	mechanically altered therapeutic diet. Her weight was logged at 157 pounds and coded as a weight loss of 5%						
	or more.						
	A record review of dietary note dated 6/10/2014 revealed Resident #3 's diet was pureed with whole milk						
	three times a day. Resident #3 's weight stabilized with the diet change to puree. Noted a liberalized diet was						
	more appropriate with a declining nutritional status.						
	A record review of dietary note dated 6/12/2014 revealed Resident #3 's confusion was not improving and						
	she was now requiring total assistance with her oral intake. Her diet remained pureed and a nutritional						
	supplement was added three times a day. A 50% intake of meals was reported.						
	A						
	A nurse note dated 7/1/2014 revealed resident #3 was too confused to keep up with her dentures.						
	Dining observations were made of Resident #3 on 7/17/2014 for breakfast and lunch. During both meals						
	Resident #3 required total staff assistance and cueing with her oral intake. The meals served were pureed and						
	the nutritional supplements were present.						
	An interview on 7/17/2014 at 12:15 P	M with the facility d	ietician revealed Resident #3 became o	confused			
	An interview on 7/17/2014 at 12:15 PM with the facility dietician revealed Resident #3 became confused almost over night. Resident #3 use to eat in the dining room but she became confused and was forgetting to						
	eat and forgetting how to pick up her utensils. In addition Resident #3 didn't want to wear her dentures. The						
	facility tried a mechanical soft diet and then a puréed diet and Resident #3 was eating much better on a pureed						
	diet. Resident #3 's weight loss was related to her "dementia" [a diagnosis used by the dietician but not						
	documented] and forgetting to chew.						
	An interview on 7/17/2014 at 12:20 PM with the facility rehab manager and the regional consultant revealed						
	a speech evaluation for Resident #3 was completed on 6/13/2014 and she received services with meal trails						
	for 3 weeks. Resident #3 was on a pureed diet and we attempted to re upgrade her to a mechanical soft diet.						
	Resident #3 was discharged from services on 6/30/2014. Resident #3 's cognitive function was more of a concern than the lack of denture use.						
	concern than the lack of defiture use.						
	An interview on 7/17/2014 at 12:41 P	M with Resident #3	's primary nurse revealed Resident #3	required			
	assistance from staff with eating.						
	An interview on 7/17/2014 at 12:42 B	M with the writ was	oger revealed Perident #2 was were	nfusad			
	All interview on 7/17/2014 at 12:42 P	ivi with the unit man	ager revealed Resident #3 was very co	museu.			

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	On 7/17/2014 at 1:15 PM a request was made of the director of nursing to locate additional physician progress notes for Resident #3. The lasted note in the chart was dated 4/5/2014.					
	On 7/17/2014 the attending physician completed a physician progress note 103 days from the last physician progress note. The physician progress note included Resident #3 had progressive confusion and disorientation and Resident #3 's condition had changed over the last 90 days. The physician observation was Resident #3 was disoriented to space, time and place. His assessment included Organic Brain Syndrome v/s Alzheimer 's and his plan was un-invasive care.					
	I					