

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/05/2015
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC 28205		
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and record review, the facility failed to implement measures for pain prevention during a dressing change and cease removal of a dressing when pain occurred for 1 of 3 sampled residents who required dressing changes (Resident #6).</p> <p>The findings included:</p> <p>Resident #6 was readmitted to the facility on 11/25/14 with diagnoses which included end stage renal disease and recent right above the knee amputation. The surgeon ordered the surgical site to be cleaned with normal saline and covered with a dry dressing.</p> <p>Review of readmission physician's orders revealed pain medications included application of a fentanyl patch 25 micrograms/hour every 72 hours and Oxycodone-acetaminophen 5-325 milligrams every 4 hours as needed for pain. The physician directed to "please hold Hydrocodone 4 to 6 hours before dialysis treatment."</p> <p>Review of Resident #6's significant change</p>	F 309	<p>Filing this plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed in evidence of the facilities desire to comply with the requirements and to continue to provide high quality care.</p> <p>Corrective action for the alleged deficient practice has been accomplished for Resident #6. Resident # 6 was assessed for pain during the treatment. The treatment was stopped due to non-verbal indicators of pain and efforts were made to reduce any discomfort. Resident #6 was offered a change in treatment times to enable her to receive pain medication prior to the wound treatment on dialysis days. Resident #6 declined. The resident continued to be assessed for pain prior to, during and post treatment. The plan of care was reviewed. The resident's medication regime was reviewed with the resident's physician with no additional changes. One to one education was</p>	3/16/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/27/2015

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 correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>Minimum Data Set (MDS) dated 12/02/14 revealed an assessment of moderately impaired cognition. The MDS indicated Resident #6 experienced occasional pain and could understand and be understood by others.</p> <p>Review of the surgeon's orders dated 12/02/15 revealed direction to clean the surgical wound with wound cleanser, apply gauze, and ace wrap daily.</p> <p>Review of Resident #6's care plan dated 12/03/14 revealed the right stump surgical wound identified as a "problem." Approaches included: "Administer analgesics generously. Evaluate/record/report effectiveness/adverse side effects" and perform dressing change per physician order.</p> <p>Review of the surgeon's orders dated 01/16/15 revealed direction for a wet to dry dressing and wrap daily.</p> <p>Observation on 02/04/15 at 9:01 AM revealed the wound nurse asked Resident #6 if pain was present. Resident #6 reported no pain. The wound nurse began to remove the wrap. The wound nurse poured a small amount of clear liquid on the dressing and began to remove it. During the removal, Resident #6 moaned and clenched her left hand. When Resident #6 moaned the second time, the surveyor asked Resident #6 if pain occurred. Resident #6 reported the removal hurt. The wound nurse stopped removal of the dressing and requested Nurse Aide (NA) #1 to obtain more normal saline. NA #1 returned with the normal saline and the wound nurse saturated the dressing and removed it.</p>	F 309	<p>provided to both treatment nurses on 2/4/15 regarding pain management during treatments. Resident #6 was discharged from the facility on 2/20/15.</p> <p>Residents with open wounds receiving treatments have the potential to be affected by the alleged deficient practice. For residents identified with the potential: Residents who currently receive treatments for open wounds, pressure ulcers, vascular ulcers, etc, have been interviewed i.e.: asked if they had pain during the treatment process. Residents who verbalized concerns regarding pain during treatments have been evaluated by the physician. Resident care plans were reviewed and updated as needed. Newly admitted residents with open wounds and residents who develop wounds will be assessed for pain prior to, during and after treatments. Interventions will be implemented based on residents' identified needs and plan of care will be reviewed updated as needed.</p> <p>Measures put into place to ensure that the alleged deficient practice does not recur include: Physician's orders have been revised for residents with wound treatments to include assessing the resident for pain prior to, during and after treatment as an additional prompt for staff to ensure pain is addressed adequately during treatments. Mandatory education for licensed nurses, C.N.A II and ancillary nursing staff regarding pain management including but</p>		

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F 309	Continued From page 2 Interview with Resident #6 at on 02/04/15 at 9:09 AM revealed the level of pain varied with each dressing change. Interview with the wound nurse on 02/04/15 at 9:10 AM revealed Resident #6 could not receive pain medication on Monday, Wednesday and Friday when dialysis occurred. The wound nurse explained removal of the wet to dry dressing caused pain since the dressing dried between daily changes. The wound nurse explained she typically soaked the dressing thoroughly to minimize pain. A second interview with the wound nurse on 02/04/15 at 10:22 AM revealed Resident #6 experienced pain with dressing changes since the order changed to a wet to dry dressing. Interview with the Director of Nursing (DON) on 02/04/15 at 2:04 PM revealed Resident #6 should not experience pain during the dressing change. The DON reported she expected staff to stop the dressing removal and investigate the cause of the pain. A second interview with Resident #6 on 02/05/15 at 8:28 AM revealed she did not want staff to change her dressing after she returned from dialysis. Resident #6 explained she did not experience pain when staff soaked off the dressing. A second interview with the DON on 02/05/15 at 9:49 AM revealed staff received direction to thoroughly soak the dressing prior to removal in order to eliminate or minimize Resident #6's pain.	F 309	not limited to assessing for pain during treatments and stopping treatment if pain is observed or verbalized and revised Physician's orders. In-service education was started on 2/26/15 and will continue until completed. Random observations during treatments will be conducted by administrative nursing staff on 10% of the residents with wounds to ensure pain is controlled for those residents. Random observations will be conducted at least 3 times a week for the next 4 weeks beginning 2/28/15. Additional/on-going interviews will be conducted with residents as needed based on the results of the random observations. Ongoing observations will be determined by the results of the above observation results. The Director of Nursing (DON) or the Assistant Director of Nursing (ADON) will review the results of the random treatment observations, identifying patterns or trends weekly for 4 weeks. The DON / ADON will report in the Quality Assurance Performance Improvement (QAPI) meeting, adjusting the above plan based on the outcomes identified.		