

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345004	<input checked="" type="checkbox"/> ALL <input type="checkbox"/> CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2015
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NAME OF PROVIDER OR SUPPLIER PERSON MEMORIAL HOSPITAL	STREET ADDRESS-CITY-STATE-ZIP CODE 615 RIDGE ROAD ROXBORO, NC 27573
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(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 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview and record review, the facility failed to promptly answer call bells to assist residents with care needs to maintain dignity and respect for 2 of 7 sampled residents (Residents #1 and #5). The findings included:</p> <p>1. Resident #1 was admitted on 4/23/2015 with a diagnosis of Quadriplegia.</p> <p>Resident #1 was coded on his most recent Quarterly Minimum Data Set (MDS) assessment dated 8/4/2015 as totally dependent on staff for his care needs. The resident's Brief Interview for Mental Status (BIMS) score on the MDS was 11, indicating moderately impaired cognitive status.</p> <p>An observation made on 8/29/2015 beginning at 9:50 AM revealed Resident #1 turned on a call bell triggering a light outside the door and a soft bell that made a repetitive sound. At 10:05 AM the charge nurse came to the nurse's station across the hall from Resident #1 but left without checking on his needs. Immediately after the charge nurse left the hallway the medication nurse wheeled her medication cart past the room of Resident #1 without stopping to see what he needed. The medication nurse positioned her cart outside another resident's room directly next to</p>	F 241	<p>F241</p> <p>How the corrective action will be accomplished for those residents found to have been affected or have the potential to be affected by the deficient practice:</p> <p>All residents have the potential to be affected by this deficient practice. The facility will implement a policy that requires all staff, including non-nursing staff to respond to a call light. The responding staff member will identify the need of the resident and fulfill that need if possible. In the event that the responding staff member cannot meet the needs of the resident at that particular time, the staff member will find a person who can assist the resident. All nursing staff will be expected to assist in meeting the needs of the residents regardless of their assignments. All staff will be educated of this expectation.</p> <p>The DON or designee will conduct a random call light survey of 20% of the rooms weekly for 2 weeks and 10% weekly for the following two weeks. During this survey, the response times of staff will be monitored. The Activities coordinator or designee will interview 20% of the residents to determine satisfaction with call light response weekly for two weeks, 10% weekly for the following two weeks, and 10% monthly for 3 months.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/15/15
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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 241	<p>Continued From page 1</p> <p>the room of Resident #1. She began to prepare medications and entered the room next to Resident #1. When the medication nurse came back out the in hallway she was interviewed to determine if she noticed the call bell for Resident #1. The medication nurse stated "He drifts in and out. He rings his call bell and goes to sleep. I'll be there in a second." At 10:15 AM the charge nurse returned to the hallway and went into the room of Resident #1 to see what he needed. At 10:20 AM the charge nurse was interviewed and stated Resident #1 "wanted to be turned to the window."</p> <p>Resident #1 was interviewed on 8/29/2015 at 2:00 PM with regard to the observation from 9:50 AM to 10:15 AM. The resident stated that often his call light will blink and blink and still nobody comes. The resident stated that it takes the staff an hour or more to come to his room. The resident stated "It just makes me feel bad to be treated this way."</p> <p>The Interim Administrator was interviewed on 8/29/2015 at 5:45 PM and did not have an explanation for why Resident #1's call light was not answered by the staff members that went by his room.</p> <p>2. Resident #5 was admitted on 1/21/2015 with diagnoses which included; chronic kidney disease personal history of urinary tract infection and muscle weakness.</p> <p>The resident's most recent Quarterly Minimum Data Set (MDS) assessment dated 7/23/2015 documented her Brief Interview for Mental Status (BIMS) score as 14 indicating she was cognitively intact. The resident's MDS assessment coded her as occasionally</p>	F 241	<p>F241 Continued</p> <p>Residents will be asked monthly for 3 months during resident council about their satisfaction with call light response. Any deficient practices will be brought to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for review with recommendations made as necessary.</p>	10/7/15

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F 241	<p>Continued From page 2</p> <p>incontinent of urine but continent of bowel and requiring extensive assistance from 1 person w/1th transfers toileting and personal hygiene.</p> <p>Resident #5 was interviewed on 8/29/2015 at 12:00 PM. The resident stated: "It is usually 10 to 15 minutes before anyone answers my call light. I don't know what they are doing but they just don't come. It sometimes takes a long time before they can help me. I have to have help because I tip over backwards and my legs are not very good. I use a bed side commode. I can't use the bathroom I have here. I am not supposed to but I sometimes have to transfer myself to the bedside commode because nobody comes to help me. Sometimes I have had accidents and wet myself because I can only hold it for so long. I am not used to doing that." The resident stated that it made her feel frustrated. The resident stated that it is a frequent occurrence that getting help on the first shift is a problem.</p> <p>A first shift nursing assistant who provided care for Resident #5 was interviewed on 8/29/2015 at 3:00 PM. She stated "It is just hard right now to get to everybody."</p> <p>The Interim Administrator was interviewed on 8/29/2015 at 5:45 PM and stated that she would look into the concerns of Resident #5.</p>	F 241		
F 279 SS=D	<p>483.20(d); 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care</p>	F 279		

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F 279	<p>Continued From page 3</p> <p>plan for each resident that includes measurable objectives and timetables to meet a resident's medical nursing and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical mental and psychosocial well-being as required under §483.2 5; and any services that would otherwise be required under §483.2 5 but are not provided due to the resident's exercise of rights under §483.10 including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation staff interview and record review the facility failed to create accurate measurable goals and interventions in the comprehensive care plan for 2 (Residents #1 and #5) of 7 sampled residents. Findings included:</p> <p>1. Resident #1 was admitted to the facility on 4/23/2015 with multiple diagnoses some of which included Quadriplegia and Quadriparesis.</p> <p>His most recent Quarterly Minimum Data Set (MDS) assessment was completed on 8/4/2015. He was coded as totally dependent on staff for dressing bathing eating transfers and bed mobility. It could not be determined when the care plan for Resident #1 was last reviewed. The care plan appeared to have been last reviewed on 5/27/2015.</p> <p>The care plan for Resident #1 had 10 focus areas</p>	F 279	<p>F279</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The care plan for resident #1 was reviewed and revised on 9/2/15. The care plan for resident #5 will be reviewed and revised by 9/15/15.</p> <p>How the corrective action will be accomplished for those residents with the potential to be affected:</p> <p>All residents have the potential to be affected. The interdisciplinary team (IDT) will be educated on the requirement and process of developing, reviewing and revising care plans for each resident upon admission and at least quarterly thereafter. Upon assessment each member of the IDT will create, review or revise as appropriate the resident's care plan to ensure that it reflects the current status and needs of each resident. The IDT team will be provided with a list of residents that have care plans due.</p> <p>The DON or designee will audit 20% of the residents care plans weekly for 4 weeks and monthly for 3 months to ensure that they are developed, reviewed and revised as appropriate and reflect the current needs of each resident sampled. The results of the audit will be submitted to the QAPI committee for review and action as appropriate.</p>	10/7/15

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F 279	<p>Continued From page 4 for which 3 had no goals and 8 had no interventions.</p> <p>The interim MDS coordinator stated in an interview on 8/29/2015 at 3: 50 PM that the MDS assessment for Resident #1 was completed but his care plan was not updated yet.</p> <p>2. Resident # 5 was admitted to the facility on 1/21/2015 with multiple diagnoses some of which included chronic kidney disease abnormality of gait and muscle weakness.</p> <p>Her most recent Quarterly Minimum Data Set (MDS) assessment was dated 7/23/2015. This assessment did not have the section for preferences for customary routine and activities completed for Resident #5. The resident was coded on the MDS as being cognitively intact.</p> <p>Resident #5 had a focus area on her care plan that stated: "The resident has little or no activity involvement r/t (relative to) physical limitations." On 8/29/2015 at 12:15 PM Resident #5 was observed to wheel herself the entire length of the hall in her wheel chair down to the dining room where she was headed to have lunch with several other residents.</p>	F 279		
F 280 SS=E	<p>483.20(d)(3) 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed</p>	F 280		

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F 280	<p>Continued From page 5 within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team that includes the attending physician a registered nurse with responsibility for the resident and other appropriate staff in disciplines as determined by the resident's needs and to the extent practicable the participation of the resident the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to review and revise care plans by a team of qualified persons in a timely manner for 4 (Residents # 1 #4 #5 and #6) of 7 sampled residents. F1nd1ngs 1included:</p> <p>1. Resident #1 was admitted to the facility on 4/23/2015 with multiple diagnoses some of which included Quadriplegia and Quadriparesis.</p> <p>Resident #1 had an Admission Minimum Data Set (MDS) assessment completed on 5/4/2015. The computerized care plan for Resident #1 documented that various members of the interdisciplinary team had last opened the care plan on the date of 5/27/2015.</p> <p>His most recent Quarterly MDS assessment was completed on 8/4/2015 and coded him as totally dependent on staff for dressing bathing eating transfers and bed mobility. Record review revealed no evidence that the care plan was</p>	F 280	<p>F280 How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The care plan for Resident #1 was reviewed and revised on 9/2/15. The resident will be invited to attend a conference where he will be an active participant in further review and revision of the care plan. The care plans for residents #4, #5 and #6 will be reviewed and revised by 9/15/15. The residents will be invited to participate in a care plan conference where the plan of care will be reviewed and revised as necessary based on the input of the resident and/or his responsible party.</p> <p>How the corrective action will be accomplished for those residents with the potential to be affected:</p> <p>All residents have the potential to be affected. The IDT will be provided with a list of residents that have care plans due. Each member of the IDT will then review the portions of the care plan that are in line with their particular discipline. The MDS coordinator will ensure that all members of the IDT complete the revision/review of their care plans by the required date. The resident and/or his RP will be invited to a care plan conference where the care plan will be discussed.</p>	

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F 280	<p>Continued From page 6 reviewed after the MDS assessment on 8/4/2015. Record review did not reveal a nursing note documenting the care plan meetings.</p> <p>The interim MDS coordinator stated in an interview on 8/29/2015 at 3: 50 PM that the MDS assessment for Resident #1 was completed but his care plan was not updated yet.</p> <p>2. Resident #4 was readmitted to the facility on 1/20/2015 with multiple diagnoses some of which included Failure to thrive Dysphagia lack of coordination and Dementia.</p> <p>A Significant Change Minimum Data Set (MDS) assessment was completed for Resident #4 on 1/27/2015. A Quarterly MDS assessments were completed on 4/21/2015 and 7/22/2015. There was no evidence the care plan was reviewed or revised after any of these assessments.</p> <p>Her most recent Quarterly MDS assessment was dated 7/22/2015. It could not be determined when the care plan for Resident #4 was last reviewed. The computerized care plan documented that various members of the interdisciplinary team had last opened the care plan on the date of 12/12/2014. Record review did not reveal a nursing note documenting the care plan meetings.</p> <p>In an interview with the interim MDS coordinator conducted on 8/29/2015 at 4:00 PM confirmed it could not be determined when the team last met to review the care plan of Resident #4.</p> <p>3. Resident #5 was admitted to the facility on 1/21/2015 with multiple diagnoses some of which included chronic kidney disease abnormality of</p>	F 280	<p>F280 continued</p> <p>Any changes requested by the resident/RP will be discussed and included as necessary. The participation of the IDT and the resident/RP will be documented in the medical record. The IDT will be educated on this process.</p> <p>The DON or designee will audit 20% of the residents care plans weekly for 4 weeks and monthly for 3 months to ensure that comprehensive, interdisciplinary care plans are developed within 7 days after the completion of the MDS and that the resident/RP has been afforded the right to participate in the care planning process. The results of the audit will be submitted to the QAPI committee for review and action as appropriate.</p>	10/7/15

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F 280	<p>Continued From page 7 gait and muscle weakness.</p> <p>An Admission Minimum Data Set (MDS) assessment was completed on 1/28/2015. There was no evidence the facility reviewed or revised the care plan after this assessment.</p> <p>Her most recent Quarterly MDS assessment was dated 7/23/2015. It could not be determined when the care plan was last reviewed. The computerized care plan documented that various members of the interdisciplinary team had last opened the care plan on the date of 1/23/2015. Record review did not reveal a nursing note documenting the care plan meetings.</p> <p>An interview was conducted with the interim MDS coordinator on 8/29/2015 at 4:10 PM. She confirmed that it could not be determined when the care plan for Resident #5 was last reviewed.</p> <p>4. Resident #6 was readmitted to the facility on 5/21/2013 with multiple diagnoses some of which included Congestive Heart Failure Glaucoma Chronic kidney disease Hypertension and difficulty in walking.</p> <p>An Annual Minimum Data Set (MDS) assessment was completed on 3/4/2015 for Resident #6. There was no evidence the resident ' s care plan was reviewed on revised after this assessment.</p> <p>The most recent Quarterly MDS assessment for Resident #6 was completed on 6/4/2015. It could not be determined when the care plan for Resident #6 was last reviewed. The computerized care plan documented that various members of the interdisciplinary team had last opened the care plan on the date of 8/18/2014. Record</p>	F 280		

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F 280	<p>Continued From page 8 review did not reveal a nursing note documenting the care plan meetings.</p> <p>An interview was conducted with the interim MDS coordinator on 8/29/2015 at 4:15 PM. She stated that she started working at the facility on 8/10/2015 and when she started over 100 assessments needed to be completed. She said the care plans of residents with special needs were addressed first.</p> <p>The interim Administrator was interviewed on 8/29/2015 at 5:45 PM with regard to concerns about care plans being reviewed and revised by a team of professionals. The Interim Administrator acknowledged the care plans have not all been reviewed in a timely manner but that the facility was working to fix the issue.</p>	F 280		