

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/12/2016
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF STATESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 VANHAVEN DRIVE STATESVILLE, NC 28625	
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F 311 SS=D	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide restorative nursing services to 1 of 4 residents referred by therapy for a maintenance program (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 03/10/15 with diagnoses including dementia.</p> <p>Review of a significant change Minimum Data Set (MDS) dated 03/09/16 revealed Resident #2 had severely impaired cognition.</p> <p>Review of a care plan dated 03/16/16 revealed Resident #2 was identified as having functional or voluntary limitations of her neck and shoulders. The goal was for Resident #2 to have no complaints of pain during range of motion (ROM) through the next review. Interventions included: gentle movement of neck during ROM, passive ROM per the resident's needs, report complaints of pain to the nurse, and support neck during ROM.</p> <p>Review of a Occupational Therapy (OT) progress note and discharge summary dated 03/09/16 revealed Resident #2 was on the OT caseload from 01/06/16 through 03/09/16 due to pain in her posterior neck and generalized muscle</p>	F 311	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F311</p> <p>Corrective Action for Resident Affected:</p> <p>Resident #2(Resident received corrective action for what is stated as "the requirement not met" in the 2567) received a Physician's order for Occupational Therapy to evaluate on 04-25-2016 in reference to neck pain with range of motion. Resident #2 will then be evaluated and treated as Occupational Therapy deems necessary up to and including returning her back to the Restorative Maintenance Program with</p>	4/28/16

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

TITLE

(X6) DATE

Electronically Signed

04/28/2016

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 311	<p>Continued From page 1</p> <p>weakness. The services included therapeutic exercises, therapeutic activities for strengthening and ROM, neurological re-education, and wheelchair management for positioning. The discharge plan and instructions noted Resident #2 was referred to nursing restorative care for continued passive ROM and strengthening to posterior neck and upper back to prevent further contractures and maintain best positioning while up in wheelchair.</p> <p>Review of a document titled "Restorative-Functional Maintenance Program" revealed on 03/09/16 Resident #2 was referred to restorative nursing program with instructions to provide gentle passive ROM for neck lateral flexion and rotation and passive ROM to bilateral shoulders for flexion and abduction. The restorative services were scheduled to start on 03/10/16 and be provided 5 times a week. The form was signed by Restorative Aide (RA) #1 and RA #2 on 03/09/16.</p> <p>Review of documentation for restorative services for 03/16/16 through 04/12/16 revealed Resident #2 was to receive gentle passive ROM for neck, lateral flexion and rotation and passive ROM to bilateral shoulders for flexion and abduction for 15 minutes daily. Further review of the computerized documentation revealed passive ROM was provided on 03/17/16, 03/31/16, 04/05/16, and 04/06/16. It was documented Resident #2 refused passive ROM on 03/19/16, 03/22/16, and 03/24/16.</p> <p>During an interview on 04/12/16 at 2:34 PM RA #1 stated the facility had 2 RA's and they covered 7 days a week from 10:00 AM to 6:00 PM. RA #1 stated she was pulled to the hall to take a</p>	F 311	<p>emphasis placed on an individualized plan of care.</p> <p>Corrective Action for Residents Potentially Affected:</p> <p>All residents that were currently on the Restorative Maintenance Program were evaluated by the MDS Coordinators as well as the Therapy Department to ensure that the resident's goals were beneficial as well as realistic and to ensure that any additional treatments and or disciplines were added if applicable. This audit began on 04-12-2016 and concluded on 04-22-2016.</p> <p>Systemic Changes:</p> <p>MDS Coordinators educated the Restorative Aides on consistent and appropriate documentation ensuring that they knew how to access and input their documentation in PCC as evidenced by return demonstration for the residents receiving Restorative Maintenance services on 04-22-2016. MDS Coordinators along with a Therapy representative will review all residents receiving Restorative Services weekly in the Medicare Meeting, in order to ensure residents that are currently receiving Restorative, and any residents who may potentially need Restorative Services, have received appropriate treatment and</p>		

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F 311	<p>Continued From page 2</p> <p>resident assignment today at 12:30 PM and would resume restorative services at 3:00 PM until 6:00 PM. RA#1 further stated she and the other RA split the week and were frequently pulled to the hall to take a resident assignment and were not able to provide restorative services consistently. RA #1 noted restorative services were documented in the electronic charting system. RA #1 explained when they were pulled to the hall the nurse aide (NA) assigned to the resident was supposed to provide the restorative services and document in the electronic charting system. RA #2 was not available for interview the day of the investigation.</p> <p>An interview with Nurse Aide (NA) #1 revealed she was assigned to Resident #2 and stated she provided passive ROM to her arms and legs while providing care. NA #1 indicated she did not think she had access to the restorative services in the electronic charting system. NA #1 further stated Resident #2 had a neck injury and wore a brace for a while and she did not provide passive ROM to her neck.</p> <p>An interview with a Physical Therapist (PT) on 04/12/16 at 5:13 PM revealed once a resident had reached their goals in therapy the therapist decided if a resident would benefit from restorative services. The PT explained the therapist developed the restorative program and trained the restorative aides. The PT reviewed Resident #2's "Restorative-Functional Maintenance Program" during the interview and confirmed RA #1 and RA #2 were trained by the Occupational Therapist on 03/09/16.</p> <p>An interview was conducted with the Former Director of Nursing (DON) on 04/12/16 at 6:14</p>	F 311	<p>documentation has been provided accurately.</p> <p>MDS Coordinators will review weekly with the Restorative aides to discuss current Restorative caseload to assess progress or declination of the residents. In each event the resident's program will be individualized according to their needs. The completion date for the above referenced meetings will be ongoing in order to maintain compliance and the Administrator will be responsible for overall compliance.</p> <p>Quality Assurance:</p> <p>The MDS Coordinators will bring minutes from each weekly meeting to the QAPI meeting monthly to discuss any noncompliance detected. This systemic change will not have an end date as there will have to be continual oversight and monitoring by the MDS Coordinators to ensure proper Restorative Services are delivered and proper documentation provided. The Administrator will be responsible for overall compliance.</p>		

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F 311	Continued From page 3 PM who explained her last day as the DON was 04/11/16. The Former DON stated the therapists developed the restorative programs, made the referral to restorative services, and trained the RA's. The therapists brought the referral form to the Minimum Data Set (MDS) Nurse who entered the program under tasks in the electronic charting system. The interview further revealed all NA's had access to the restorative tab in the electronic charting system and they were expected to provide and document restorative services when the RA's were not able. The Former DON stated there may be some days residents did not receive restorative services due to staffing but also thought the NAs were having difficulty with consistent documentation. During an interview on 04/12/16 at 6:36 PM the Interim DON stated she was the Assistant DON for the facility prior to accepting the Interim DON position effective 04/11/16. The Interim DON stated recently the RAs had been pulled to the hall for a resident assignment approximately 2 to 3 times a week and this had affected restorative services. Resident #2's restorative documentation was reviewed during the interview and the Interim DON stated she thought the RA's and NA's were providing the restorative services more frequently than documented but they did not have time to document.	F 311			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate	F 329		4/28/16	

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F 329	<p>Continued From page 4</p> <p>indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to ensure residents were free from unnecessary medications as evidenced by the administration of azithromycin (antibiotic) for a longer duration than was ordered for 1 of 3 residents (Resident #1). The findings included: Resident #1 was admitted to the facility on 01/12/16 with diagnoses that included dysphagia, pneumonia, and weakness. Review of the most recent comprehensive Minimum Data Set (MDS) dated 01/19/16 revealed that Resident #1 was cognitively intact and required limited assistance of one staff member for activities of daily living. Emergency room (ER) discharge instructions dated 03/09/16 read, in part, that Resident #1 had</p>	F 329	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p>		

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F 329	<p>Continued From page 5</p> <p>been seen in the ER for a cough that had been present for 3 days. Chest x-ray revealed questionable right base infiltrate and Resident #1 was started on azithromycin. The physician wrote, "I feel the patient may be treated with antibiotic at the nursing home." Prescriptions included azithromycin 250 milligram (mg) by mouth daily for 4 days. Resident #1 was then returned to the facility.</p> <p>Review of the medication administration record (MAR) dated 03/01/16 through 03/31/16 revealed the following order for azithromycin 250 mg by mouth for 4 days. It was initialed daily from 03/09/16 to 03/16/16.</p> <p>Review of a progress note dated 04/01/16 by Resident #1's attending physician indicated Resident #1 was feeling better, denied cough, and denied any shortness of breath. Exam of Resident #1's chest revealed that it was clear to auscultation bilaterally and no new therapeutic changes were needed.</p> <p>On 04/12/16 at 5:56 PM Nurse #1 stated that she had went into the electronic medical record and discontinued the azithromycin when she worked on 03/16/16 because she noted that Resident #1 had already completed the ordered doses plus some. Nurse #1 stated that she did not report this to the Director of Nursing (DON).</p> <p>Interview on 04/12/16 at 6:03 PM with Nurse #2 revealed that on the MAR the initials indicated that Resident #1 received the azithromycin 250 mg daily from 03/09/16 through 03/16/16. Nurse #2 stated that when the nurse entered the order from the ER she/he did not put a stop date to indicate the medication should have been stopped on 03/12/16.</p> <p>Interview on 04/12/16 at 6:12 PM with the interim DON indicated that the facility transitioned to a new electronic medical record on 03/01/16 and it</p>	F 329	<p>F329</p> <p>Corrective Action for Resident Affected:</p> <p>Resident #1(Resident received corrective action for what is stated as "the requirement not met" in the 2567)was assessed by the DON on 04-12-2016, a medication error report was filled out by the prior DON on 04-12-2016 at 1800, Medical Director, was notified of the medication error on 04-12-2016 and spoke to a surveyor in reference to the medication error, and the family was notified of the error on 04-12-2016 at 2019. The physician reviewed the resident's orders and medication regimen and no changes were made. Resident #1's physician's orders were audited on 04-12-2016 by the DON and the pharmacy consultant to ensure all orders were correct and transcribed/entered correctly into Point Click Care, the EHR software that the facility utilizes, with emphasis placed on any medications with a stop date. No other errors were discovered with the resident's medication regimen.</p> <p>Corrective Action for Residents potentially affected:</p> <p>All residents in the facility that take medications have the potential to be affected.</p>		

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F 329	Continued From page 6 has been a struggle for all the nurses to get used to. The interim DON stated she expected the nurses to administer the medications as ordered and the nurse should have entered a stop date when she/he entered the order into the electronic medical record. The DON confirmed that she had not been made aware of the medication error by the nurse that discovered the error. Interview on 04/12/16 at 7:41 PM with the Medical Director stated that he had just been made aware of the error and that he did not expect any negative outcome to Resident #1, that typically azithromycin is ordered for 5 to 10 days and would not expect any issues to arise from this error. The medical director further stated he expected the staff to administer the medication as ordered from the ER doctor.	F 329	All nurses were inserviced, by the DON, in the Magnolia room on 04-13-2016 at 1515 with Subjects Covered being reviewing the policy and procedure on Medication Order Entry with emphasis placed on start/stop dates on orders, Policy and Procedure on reporting medication errors and notifications. The DON also inserviced the licensed nursing staff on the findings of the surveyors that would be possible citations in regards to unnecessary medications and restorative services. Licensed personnel that were not present for the mandatory inservice will not be allowed to work until inserviced by the DON. A medication order audit was conducted on all residents in the facility by the DON that began on 04-13-2016 and concluded on 04-15-2016. The DON conducted this audit by comparing all the resident's medication administration records against the physician orders in order to ensure all orders had been transcribed/entered correctly into PCC. Any and all discrepancies that were discovered during the audit, were handled following the policies and procedures regarding Medication Administration and Medication Errors. Systemic Changes: The facility will continue to follow the Medication Administration and Medication Error policies and procedures that are		

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F 329	Continued From page 7	F 329	<p>currently in place.</p> <p>All new physician orders will be taken off and transcribed/entered into Point Click Care by the licensed personnel per policy and procedure, a second licensed personnel will check the order against the medication administration record to ensure accuracy, the third and final check will be conducted by the DON.</p> <p>The DON/Designee will retrieve all new physician orders daily and will conduct the third check to ensure accuracy by comparing the physician order against the medication administration record.</p> <p>The DON will also utilize the Point Click Care software, in conjunction with the pharmacy consultant, to print off and review all orders that have been entered by the licensed personnel. This aspect of the third check will also ensure that no order entries are carried out without a physician's order.</p> <p>Point Click Care software has been set up, for all new admissions, where new physician orders that have been entered will not show up on the Medication Administration Record until all checks have been signed off on by the aforementioned Licensed personnel. This will inhibit any transcription/entry errors from actually reaching the residents.</p> <p>The DON, or her designee, will ensure that all new Licensed Personnel will return demonstration on how to enter orders into Point Click Care, with emphasis placed on 'dummy' orders with stop dates during orientation. New hires will have to prove proficiency with this task before being allowed to accept an assignment.</p>		

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F 329	Continued From page 8	F 329	<p>Quality Assurance:</p> <p>The DON or her designee will report in the monthly QAPI meeting any deficient practice that is noted and what actions were taken to rectify the deficiency. This data will be reviewed in the monthly QAPI meeting to ascertain if a different systematic approach is warranted. The overall compliance will be the responsibility of the Administrator.</p>	