

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2016
NAME OF PROVIDER OR SUPPLIER HUNTER HILLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 8495 ROCKY MOUNT, NC 27804		
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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 record review and staff interviews, the facility failed to initiate physician's orders for a bowel protocol for 1 (Resident #1) of 1 sampled resident who did not have a bowel movement in 5 days.</p> <p>The findings included:</p> <p>The physician's standing orders included orders to give Milk of Magnesia (MOM) 30ml (milliliters) by mouth daily as needed for bowel movement. Dulcalox (stool softener)10 milligrams: insert one suppository rectally as needed if no response is obtained from MOM 24 hours after administration, or as needed for bowel movement, or if the patient refuses MOM. Soap solution Enema: Use as needed if no response is obtained from Dulcolax suppository 24 hours after administration.</p> <p>1. Resident #1 was admitted to the facility on 6/17/2016 and had diagnoses that included atrial fibrillation, hypoglycemia, generalized edema, end stage renal disease, muscle weakness and chronic pulmonary edema. The resident died at the facility on 6/23/2016</p>	F 309	<p>Resident #1 no longer resides in the facility</p> <p>100 % audit was initiated on 8-23-2016 by ADON, QI Nurse, Staff Facilitator and Treatment nurses of all residents to identify residents that had no bowel movement in 3 days to ensure physician's orders were initiated per bowel protocol. All identified areas of concern were address by the hall nurses and ADON with appropriate interventions to include abdominal assessment, standing order initiated, MD notification if warranted and documentation in medical record was completed on 8-23-2016.</p> <p>100% in-servicing was initiated on 8-11-2016 and 8-24-2016 by Staff Facilitator, Facility Consultant and DON for all licensed nurses to include nurse #1 on printing the look back report to show residents not having a bowel movement in three days, following the bowel protocol to include proper bowel assessment, initiating physician's order for bowel</p>	9/5/16	

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

TITLE

(X6) DATE

Electronically Signed

08/26/2016

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 309	Continued From page 1 The current 5 days Minimum Data Set (MDS) Assessment dated 6/22/2016 revealed that the resident did not have a Brief Interview for Mental Status (BIMS) completed. The MDS revealed that the resident required extensive assistance of 2 persons for bed mobility and toileting. The resident also required total assistance of 2 persons for transfers. MDS also revealed the resident was always incontinent of bowel and bladder. The Resident's Care Plan was not completed prior to the resident's death at the facility on 6/23/2016. A review of nurse' s notes revealed that the resident had some confusion. A review of the Bowel Movement(BM) record for Resident #1 showed documentation that the resident had not had a bowel movement from 6/17/2016 through 6/21/2016. A review of the Medication Administration Record for June 2016 revealed no documentation that the bowel protocol had been initiated. The nursing progress notes for Resident #1 revealed no information regarding bowel movements until 6/22/2016 at 10:14 PM. The progress note read: "At 7:30 PM resident very restless due to constipation. Felt like he was full. Digitally check resident pulled out large amount hard stool Dulcolax suppository given slam amount of blood noted. Within 30 minutes resident had large amount formed stool with small amount of blood. Resident stated he felt	F 309	protocol and appropriate documentation and will be completed on 9-5-2016. Newly hired licensed nurses will be in-service during orientation on printing the look back report to show residents not having a bowel movement in three days, following the bowel protocol to include proper bowel assessment, initiating physician's order for bowel protocol and appropriate documentation by the Staff Facilitator. 100% in-servicing was initiated on 8-11-2016 by the Staff Facilitator and Facility Consultant for all nursing assistants to include nursing assistant #1 in regards to documenting bowel movements every shift in the electronic medical record and will be completed on 9-5-2016. Newly hired nursing assistants will be in-serviced during orientation on documenting bowel movements every shift in the electronic medical record by the Staff Facilitator. Licensed nurses to review all assigned residents daily utilizing the three day look back report in PCC to identify any resident not having a bowel movement in three days. The license nurse will initiate the bowel protocol for all identified residents to include proper bowel assessment and initiating physician's orders, MD notification if warranted and documentation in the medical record. BM monitoring QI tool to be completed by ADON\ QI Nurse 5 X a week for 4 weeks, 3X a week for 4 weeks then weekly for 4 weeks to ensure physician's orders for bowel protocol was initiated for all		

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F 309	<p>Continued From page 2 much better not as restless."</p> <p>Nurse #1 stated in an interview on 8/11/2016 at 2:45PM that the nursing assistants (NAs) were required to document in the computer system whether or not the resident had a bowel movement (BM). The Nurse stated that the system showed an alert if the resident did not have a BM in 3 days. The Nurse stated that if the resident had no BM in 3 days the nurses were to initiate the bowel protocol.</p> <p>NA (Nurse Aide) # 1 stated in an interview on 8/11/2016 at 3:20 PM that she was assigned to the resident and he (resident) did not have a bowel movement during her shift. She added they were required to document in the computer system whether the resident had a bowel movement or not.</p> <p>An interview was conducted with the Administrator and the Director of Nursing (DON) on 8/11/2016 at 3:30 PM. The DON stated that the NAs document in the computer system whether or not the resident had a BM on their shift and the computer system would show an alert on the dash board if a resident had not had a BM in 3 days.</p> <p>The Administrator stated in an interview on 8/11/2016 at 4:05 PM that the nurse who was assigned to the resident on 6/22/2016 was on vacation and could not be reached by phone after several attempts were made to speak with her. The Administrator also stated that the 3 days alert information for Resident # 1 should have been documented on the nurse ' s notes or the 24</p>	F 309	<p>residents identified with no BM in 3 days. The hall nurse will be retrained and bowel protocol to be initiated for an identified areas of concerns by ADON\ QI Nurse. DON will review and initial the BM Monitoring QI tool weekly for 8 weeks and monthly X 1 month.</p> <p>The DON will compile the results of the BM monitoring QI Tool and present to the Executive QI Committee monthly x 3 months to determine the need for and/or frequency of continued monitoring, recommendations for monitoring and continued compliance.</p>		

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

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