

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

PRINTED: 11/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2016
NAME OF PROVIDER OR SUPPLIER HUNTERSVILLE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 12019 VERHOEFF DRIVE HUNTERSVILLE, NC 28078		
(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 observations, record review, family and staff interviews the facility failed to follow a physician order to change a peripherally inserted central catheter (PICC) line dressing weekly for 1 of 1 sampled resident (Resident #286).</p> <p>The findings included:</p> <p>Resident #286 was admitted to the facility on 09/01/16 with diagnoses that included lactobacillus native mitral value endocarditis, bacteremia, and urinary tract infection. Review of the most recent comprehensive Minimum Data Set (MDS) dated 09/08/16 indicated that Resident #286 was moderately cognitively impaired for daily decision making and had no behaviors. The MDS also indicated that Resident #286 required extensive to total assistance with all aspects of activities of daily living (ADL). The MDS further indicated that Resident #286 was receiving intravenous (IV) medications.</p> <p>Review of physician admission orders dated 09/01/16 read change biopatch and dressing every 7 days and as needed if dressing becomes compromised.</p>	F 309	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>F 309</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; --Resident #286 was not identified until the facility received the form CMS-2567 after the conclusion of the survey. The facility received the 2567 on 10/19/16 and the patient discharged from the facility on 10/16/16. --The 3 nurses identified during the survey as not completing the dressing change received a one-on-one in-service or will receive one prior to working a shift by the</p>	11/3/16	

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

TITLE

(X6) DATE

Electronically Signed

10/28/2016

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 309	Continued From page 1 Review of Medication Administration Record (MAR) dated 09/01/16 through 09/30/16 read change biopatch every 7 days and as needed if dressing becomes compromised. It was blocked off to be completed on 2nd shift weekly on 09/07/16, 09/14/16, 09/21/16, and 09/28/16. There are initials indicating the dressing changed was completed on 09/07/16 and 09/28/16 but none for 09/14/16 or 09/21/16. Review of MAR dated 10/01/16 through 10/31/16 read change biopatch and dressing every 7 days and as needed if dressing becomes compromised. It was blocked off to be completed on 10/05/16, 10/12/16, 10/19/16, and 10/26/16. No indication that the dressing was completed on second shift on 10/05/16 was evident on the MAR. Review of consultation record dated 09/23/16 from Resident #286's infectious disease doctor read in part that Resident #286 was doing well with normal white blood count. The plan read continue Ampicillin 2 grams IV every 4 hours until 10/15/16, change PICC line dressing weekly, remove PICC and discontinue Ampicillin on 10/15/16, and follow up as needed. During an observation and interview with Resident #286 and her family on 10/05/16 at 10:21 AM revealed that they took care of Resident #286 at home and she was only at the facility to receive IV medications that they could not do at home. The family reported that as soon as the IV medications were complete they would be returning home with Resident #286. Resident #286 was observed lying in bed in a short sleeve shirt and her PICC line was observed in the right	F 309	Clinical Nurse Educator or RN designee on completing PICC line dressing changes per MD orders, dating and initialing the dressing, and signing the MAR upon completion. --Completion 11/3/16 Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice; --All patients and residents with PICC line dressing orders were identified. An audit was completed by the Clinical supervisors to determine whether the physician order was being followed to change the dressing for these patients and residents. (Completion 10/27/16) --PICC line dressing changes will be completed per MD orders to include the dressings being dated for the date they were changed with the initials of the nurse completing the dressing change. Additionally, the nurse will initial on the Medication Administration Record (MAR) that he or she completed the dressing change per MD order. Clinical Nurse Educator or RN designee will in-service all nurses regarding these practices. (completion 11/3/16) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur; --An in-service will be completed for all licensed nurses by the Clinical Nurse Educator or RN designee to include following MD orders for PICC line		

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F 309	<p>Continued From page 2</p> <p>upper arm and was covered with a transparent dressing and contained no date as to when it had been changed. Resident #286's family stated they stay with the resident around the clock and the staff was not changing the PICC line dressing weekly like the doctor ordered. The family further stated they had just seen Resident #286's infectious disease doctor and she stated that the resident was doing well and the PICC line should be discontinued on 10/15/16 after completing the IV medication.</p> <p>During an observation and interview with Resident #286 and her family on 10/06/16 at 9:21 AM revealed that Resident #286 was lying in bed dressed in a short sleeve shirt and her PICC line was visible in the right arm with what appeared to be the same transparent dressing in place that contained no date as to when it had been changed. Resident #286 family stated that no one had changed her dressing yesterday on 2nd shift like they were supposed to.</p> <p>Interview with Nurse #1 on 10/06/16 at 4:49 PM revealed that she had worked 2nd shift with Resident #286 on 10/05/16 and confirmed that she had not changed her PICC line dressing and could not remember if it was scheduled to be changed on 10/05/16 or not. Nurse #1 provided no reason why she did not change the PICC line dressing on 2nd shift on 10/05/16 as ordered.</p> <p>Attempts to interview Nurse #2 who was working on 09/14/16 on 2nd shift and was responsible for changing Resident #286's PICC line dressing was out of the country and unavailable per the Director of Nursing (DON).</p> <p>Attempts to interview Nurse #3 who was working</p>	F 309	<p>dressing changes (to include frequency), date/initialing of all PICC line dressings, and signing the MAR once a dressing change is completed. Any nurse who is unable to attend the mandatory in-service by 11/3/16 will not be allowed to work a shift until he or she completes the mandated training.</p> <p>--PICC line dressing will be checked daily by licensed nurse to ensure that dressing remains intact and is changed per MD orders.</p> <p>--Weekly PICC line dressing changes will be done on 1st shift in order for a supervising RN or designee to validate completion.</p> <p>--Clinical supervisor or designee will report any new PICC lines in morning stand up meeting daily along with the MD orders to change the dressing.</p> <p>--Any issues identified will be corrected immediately and will also be taken to weekly risk meeting and QAPI.</p> <p>--Completion 11/3/16</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility.</p> <p>--Clinical supervisors or designee will audit 100% of residents with orders for peripherally inserted central catheter (PICC) line, to ensure compliance. Any identified issues will be corrected at that</p>		

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F 309	Continued From page 3 on 09/21/16 on 2nd shift who was responsible for changing Resident #286's PICC line dressing were unsuccessful. Interview with the DON on 10/06/16 at 4:22 PM revealed that she expected the staff to change PICC line dressings as ordered by the physician and document it in the medical record. The DON is unaware of any reason why the staff would not change the PICC line dressing and if it is not documented on the MAR or in the nurses notes then she assumes it was not completed as ordered.	F 309	time. Results of the monitoring will be shared with the Administrator and/or Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.		