

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

PRINTED: 05/22/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345383	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/06/2017
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352		
(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 278 SS=D	<p>483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>(h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>(i) Certification (1) A registered nurse must sign and certify that the assessment is completed.</p> <p>(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>(j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to accurately complete the</p>	F 278		4/26/17	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electronically Signed					04/26/2017

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 278	<p>Continued From page 1</p> <p>Restorative Therapy section of the Minimum Data Sheet (MDS) assessment for 1 of 19 residents (#139).</p> <p>Findings included:</p> <p>In an interview conducted with Nurse #5 on 04/06/17 at 1:56 PM she stated that the MDS department was not responsible for completing the therapy section of the MDS assessment. She said that the Therapy department was responsible for recording the information on the MDS assessment.</p> <p>In an interview conducted with the Director of Therapy on 04/06/17 at 2:02 PM she revealed that Restorative Therapy minutes were recorded in the American Health Tech application which therapy does not access. She stated that the MDS department was responsible for recording Restorative Therapy minutes in the MDS assessment.</p> <p>In an interview with the MDS Coordinator on 04/06/17 at 3:30 PM she revealed that she had called the facility corporate headquarters for clarification as to which department was to record Restorative Therapy minutes on MDS assessments. She stated that the MDS department was to record the Restorative Therapy minutes on the MDS assessments.</p> <p>Record review revealed that resident #139 had diagnoses of Hemiplegia of Left Side, Muscle Weakness and Contracture of Left Hand.</p> <p>Review of Restorative Therapy orders during the assessment period included: passive range of motion to left hand of flexion and extension prior</p>	F 278	<p>Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents.</p> <p>1) Minimum Data Sheet (MDS) for resident #139 dated 10/13/16 was corrected for accuracy and resubmitted to include appropriate days of splinting and days of passive range of motion received during the assessment look back period.</p> <p>2) On 4/26/17, facility MDS Coordinator reviewed all residents currently receiving restorative nursing services and audited residents' most recent MDS for accuracy to ensure restorative therapy minutes were coded correctly on resident MDS assessment. On 4/6/17, all appropriate MDS were resubmitted by MDS Coordinator to include accurate restorative therapy minutes.</p> <p>3) On 4/6/17, and ongoing, MDS Coordinator, Care Plan Nurse or designee will run individual "Restorative Care-Minutes Per Day" report prior to transmitting any MDS to ensure any resident receiving restorative therapy minutes are counted and coded appropriately on the residents' MDS.</p> <p>4) On 4/18/2017, Director Clinical Reimbursement Services and Regional Therapy Consultant conducted annual training "Restorative Nursing Partnering with Therapy." Attendees included, facility MDS Coordinator, Care Plan Nurse,</p>		

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F 278	Continued From page 2 to apply splint, hand washing/drying of left hand if hygiene is needed, skin check of left hand prior to application and document condition, passive range of hand and digits prior to application, hand hygiene if needed, apply left resting hand splint with straps secure but not too tight, apply left arm sling after splint is in place, and 10 hour wearing schedule. Orders were dated 09/20/16 for a duration of 12 weeks, 6 to 7 days per week. Review of the Annual MDS dated 10/13/16 for Restorative Therapy showed the number of days resident #139 received passive range of motion as zero, and the number of days resident #139 received splint application as zero. Review of the Restorative Care per Day Roster revealed that resident #139 had received five days of passive range of motion and five days of splinting on October 7, 10, 11, 12, and 13, 2016, during the assessment look back period.	F 278	Therapy Program Manager and all facility treating Restorative C.N.A.s. Training content included: review of restorative manual, restorative process, referral to charge nurse and reporting changes to nurse over restorative or designee. Training attendees also completed "restorative competency checklist." 5) On 4/7/17 and ongoing, any new restorative C.N.A.s who are hired will be required to complete a "restorative competency checklist" prior to treating restorative residents. 6) Results of compliance with plan will be discussed and minutes recorded x 4 months during the facility's monthly QA meeting, with adjustments to plan made as needed, followed by: 7) Results of audits and compliance with plan will be discussed and minutes recorded quarterly x 3 quarters during the facility's quarterly QA committee meeting, with adjustments to plan made as needed followed by: 8) Should revisions be necessary, appropriate staff will be re-in-serviced by Administrator, Director of Nursing Services or appropriate designee. 9) Any revisions to plan will require monitoring steps to begin again at step 6.		
F 318 SS=D	483.25(c)(2)(3) INCREASE/PREVENT DECREASE IN RANGE OF MOTION (c) Mobility. (2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further	F 318		4/26/17	

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F 318	<p>Continued From page 3 decrease in range of motion.</p> <p>(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review the facility failed to provide range of motion and splinting for 1 of 3 residents (# 139).</p> <p>Findings included:</p> <p>Record review revealed that resident #139 had diagnoses of Hemiplegia of Left Side, Muscle Weakness and Contracture of the Left Hand.</p> <p>Review of the most recent annual comprehensive Minimum Data Set (MDS) assessment revealed that resident #139 had intact cognition. It showed that she needed extensive assistance with bed mobility, transfers, and toilet use. The MDS also showed that she was dependent for dressing and personal hygiene. The diagnoses section documented a Cerebrovascular Accident and Hemiplegia with limited impairment on one side for both upper and lower extremities. No therapy days were recorded for restorative therapy.</p> <p>Review of the most recent care plan stated that the resident required assistance with many activities of daily living related to left sided hemiparesis including mobility, toileting, dressing, and personal hygiene.</p> <p>Resident #139 was originally admitted to the facility on 11/07/14. In August of 2016 she was</p>	F 318	<p>F318</p> <p>Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents.</p> <p>1) On 4/12/2017, Therapy Area Director and Therapy Program Manager conducted one on one re-in-service training with C.N.A. #2. One on one re-in-service training included appropriate communication with therapy department and/or nursing when resident refuses restorative nursing to apply splints and/or range of motion exercises.</p> <p>2) On 4/18/2017, Director Clinical Reimbursement Services and Regional Therapy Consultant conducted annual training "Restorative Nursing Partnering with Therapy." Attendees included, facility MDS Coordinator, Care Plan Nurse, Therapy Program Manager and all facility treating Restorative C.N.A.s. Training content included: review of restorative manual, restorative process, referral to</p>		

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F 318	<p>Continued From page 4</p> <p>reassessed by therapy and started Occupational Therapy with goals to be able to independently apply and remove her left resting hand splint and monitor her skin condition for effective contracture prevention and joint integrity. The second goal was to need minimal assistance with basic self-care in order to return home with family assistance safely or to remain in long term care at this facility. Therapy began on 08/04/16 and ended on 09/16/16 at which time Restorative Therapy was trained on the application of the left resting hand splint and range of motion. The number of missed treatments documented was zero.</p> <p>Review of the Restorative Therapy orders that started on 09/20/16 and were discontinued by the restorative aide on 12/01/16 included: passive range of motion to left hand of flexion and extension prior to apply splint, hand washing/drying of left hand if hygiene is needed, skin check of left hand prior to application and document condition, passive range of hand and digits prior to application, hand hygiene if needed, apply left resting hand splint with straps secure but not too tight, apply left arm sling after splint is in place, and 10 hour wearing schedule. Orders were dated 09/20/16 for a duration of 12 weeks, 6 to 7 days per week.</p> <p>In an interview conducted with CNA #2 on 04/06/17 at 10:30 AM she revealed that she discontinued the therapy for resident #139 on 12/01/16. She stated that because resident #139 had refused therapy on occasion she decided not to train the staff on the unit to continue the range of motion or splinting for this resident. She said that normally when restorative therapy was finished she would fill out a form to teach the</p>	F 318	<p>charge nurse and reporting changes to nurse over restorative or designee. Training attendees also completed "restorative competency checklist."</p> <p>3) On 4/7/17 and ongoing, any new restorative C.N.A.s who are hired will be required to complete a "restorative competency checklist" prior to treating restorative residents.</p> <p>4) On 4/10/17 and ongoing, Therapy Program Manager updated weekly therapy department meeting minutes to include discussion of current residents receiving restorative therapy. During this meeting, restorative nursing will discuss any residents who have refused restorative therapy treatment on occasion or repeated occurrence of refusal and therapy will act appropriately.</p> <p>5) On 4/10/17 and ongoing, Therapy Program Manager updated weekly therapy department meeting minutes to include discussion of residents reaching the end of their prescription period and restorative aides' plan for education of floor nursing staff.</p> <p>6) On 4/10/17 and ongoing, restorative nursing will notify Therapy Program Manager or appropriate designee once nursing training complete with floor nursing staff and Therapy Program Manager or appropriate designee will decide upon restorative discharge date of services. Therapy Program Manager will then notify facility MDS Coordinator, Care Plan Nursing or designee appropriately.</p> <p>7) Results of compliance with plan will be discussed and minutes recorded x 4 months during the facility's monthly QA</p>		

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F 318	<p>Continued From page 5</p> <p>CNA's on the unit to continue the therapy but that she had not followed through this time. She revealed that she had not informed therapy that she had stopped the treatment therefore no follow up assessment was conducted by therapy.</p> <p>In an interview with Nurse #3 on 04/06/17 at 12:05 PM he stated that the CNA's should have been trained by Restorative Therapy to continue with the range of motion and splinting for resident #139 when Restorative Therapy ended. He said that the range of motion and splinting should have been discontinued by a licensed staff member if it was to be stopped not by the Restorative Aide.</p> <p>In an interview conducted with resident #139 on 04/06/17 at 12:10 PM she stated that she wanted the therapy to continue and have the splint applied to her hand. She said that she had asked several times for the splint to be put on but that the staff had told her they didn't know how to do it.</p> <p>On 04/06/17 at 12:10 PM an observation was made of Nurse #3 assessing the left hand of resident #139. The hand was contracted and swollen. There was no skin breakdown observed. The resident was also observed on 04/03/16, 04/04/16, 04/05/16 and 04/06/16 not to be wearing a splint on her left hand.</p> <p>In an interview with the Director of Nursing on 04/06/17 at 12:16 PM she stated that when Restorative Therapy ended the CNA's on the units were to be trained to apply splints and do range of motion exercises for the residents. She stated that the CNA's should have been trained to apply the splint for this resident and do the range</p>	F 318	<p>meeting, with adjustments to plan made as needed, followed by:</p> <p>8) Results of audits and compliance with plan will be discussed and minutes recorded quarterly x 3 quarters during the facility's quarterly QA committee meeting, with adjustments to plan made as needed followed by:</p> <p>9) Should revisions be necessary, appropriate staff will be re-in-serviced by Administrator, Director of Nursing Services or appropriate designee.</p> <p>10) Any revisions to plan will require monitoring steps to begin again at step 7.</p>		

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F 318	Continued From page 6 of motion exercises. In an interview conducted with the Director of Therapy on 04/06/17 at 1:05 PM she revealed that it was the expectation that when Restorative Therapy ended the direct care staff on the units be trained to carry on the range of motion and splinting for residents. The Administrator was present in the interview and agreed that this was the expectation. In an interview conducted with Nurse #6 on 04/06/17 at 2:19 PM she revealed that she had not been trained to continue range of motion or splinting for resident #139. She stated that normally she was trained to continue therapy once Restorative Therapy ended. She said that she had been working on the unit for the last four years and that resident #139 had been living there for the past two years. In an interview conducted with CNA #1 on 04/06/17 at 2:28 PM she stated that she had been working on the unit with resident #139 for about a year. She revealed that she had not been trained to do range of motion exercises or apply a splint for this resident. In an interview with Nurse #3 on 04/06/17 at 12:05 PM he stated that the CNA's should have been trained by Restorative Therapy to continue with the range of motion and splinting for resident #139 when Restorative Therapy ended.	F 318			
F 441 SS=D	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention	F 441		4/26/17	

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F 441	<p>Continued From page 7</p> <p>and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p>	F 441			

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F 441	Continued From page 8 (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and policy review the facility failed to prevent cross contamination by not removing contaminated gloves prior to handling clean surfaces in the resident's room for 1 of 3 sampled residents (Resident #234) reviewed for wound care. The findings included: The facility's policy on general infection control practices titled "Standard Precautions - Gloves.", revised December, 2009, (e.) - "Change gloves, as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a "dirty" site to a "clean" one). (g.) - "Remove gloves promptly	F 441	F 441 Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. 1) On 4/5/2017, facility Director of Housekeeping wiped down with disinfectant resident #234's dresser before resident or other parties had an opportunity to touch dresser.		

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F 441	<p>Continued From page 9</p> <p>after use, before touching non-contaminated items and environmental services, and before going to another resident and wash hands immediately to avoid transfer of micro-organisms to other residents or environments".</p> <p>Resident #234 was admitted to the facility on 03/28/17 with cumulative diagnoses including: cerebral vascular accident (CVA), left side hemiplegic from stroke, diabetes (DM), sepsis from Escherichia coli bacteria (e-coli), urinary tract infection (UTI), and stage 3 sacral pressure ulcer.</p> <p>Nurse #1 was observed performing a dressing change for Resident #234 on 04/5/17 at 9:45 AM. Nurse #1 washed hands in Resident #234's bathroom and donned gloves before beginning to physically palpate Resident #234 ' s perineal fungal/rash area, and before re-dressing the sacral pressure ulcer. Nurse #1 started the dressing change by touching all fungal rash areas around the sacral dressing and perineal area, which was partially covered with Lotrisone cream. Nurse #1 realized she needed wipes to remove the Lotrisone cream before the sacral wound dressing could be removed. While wearing contaminated gloves, Nurse #1 opened all 4 of Resident #234's cabinet drawers before finding wipes. Nurse #1 then used the wipes to remove the Lotrisone cream around the sacral dressing. Nurse #1 then removed contaminated gloves, put on clean gloves and resumed re-dressing the sacral dressing. Nurse #1 did not remove gloves after touching Resident #234's fungal rash on her sacral and perineum area, and touched clean environmental surfaces with contaminated gloves, and before donning clean gloves.</p>	F 441	<p>2) On 4/5/2017, facility Director of Nursing Services and facility Administrator provided one-on-one counseling with Nurse #1 on the importance of maintaining a distinction between clean and dirty areas and the need to change gloves.</p> <p>3) On 4/26/2017, all nursing personnel was re-in-serviced on the importance of infection control with regards to changing gloves/handwashing.</p> <p>4) On 4/5/2017, and ongoing, random audits will be conducted on 10% of staff weekly times 4 weeks for proper handwashing and appropriate gloving.</p> <p>5) Should non-compliance be noted within the 4 week period and audits will be expanded to 20% of the staff weekly for an additional four weeks.</p> <p>6) Compliance with plan will be discussed weekly during morning administrative meetings and any non-compliance addressed immediately by the Director of Nursing Services, Assistant Director or designee.</p> <p>7) Results of the audits will be presented at the facility monthly Quality Assurance and Performance Improvement meeting. Any discussion, revisions to plan, or need for additional in servicing will be included in the Quality Assurance and Performance Improvement committee meeting minutes.</p>		

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NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352		
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F 441	<p>Continued From page 10</p> <p>An interview was conducted with Nurse #1 and Nurse #2 on 04/5/17 at 10:00 AM immediately after the observation regarding policy and procedure for hand hygiene and gloving. Nurse #2 stated, "Yes, Nurse #1 should have removed her contaminated gloves before she touched cabinet knobs." Nurse #1 stated, "Yes, I should have removed my contaminated gloves before I opened the 4 cabinet drawers looking for wipes. I was nervous, and forgot to remove my gloves."</p> <p>An interview was conducted with the Director of Nursing (DON) on 04/5/17 at 10:45 AM. She stated, "It was her expectation that Nurse #1 should have first removed her contaminated gloves, washed hands, found the wipes, re-washed hands, re-gloved, and resumed the dressing change, and did not."</p>	F 441			