

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2017
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405		
(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 281 SS=D	<p>483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews the facility failed to provide a nutritional supplement as ordered for 1 of 2 residents (Resident #3). Findings included:</p> <p>Review of the Significant Change Minimum Data Set (MDS) dated 01/25/17 revealed Resident #3 was admitted to the facility on 10/30/13 with diagnoses of anemia, arthritis, and non-Alzheimer's dementia. Resident #3 needed the supervision of one person for eating. Resident #3 was moderately cognitively impaired.</p> <p>Review of the Physician's Orders dated 03/15/17 revealed an order to add Boost (a nutritional supplement) twice each day to Resident #3's meals.</p> <p>In an observation on 05/17/17 at 5:35 PM Resident #3 was up in the dining room. There was no Boost on the meal tray. Review of the meal card provided on the meal tray revealed no listing for Boost.</p> <p>In an interview on 05/17/17 at 5:45 PM the Dietary Manager (DM) stated if a resident was supposed to receive Boost on their meal tray, the Boost would be provided by the kitchen staff.</p>	F 281	<p>Resident #3 was provided the Boost supplement as ordered by the Dietary Manager on 5/18/17 with documentation in the electronic medical record.</p> <p>100% audit was completed by the Dietary Manager, Director of Nursing, and the MDS Nurse by 6/9/17 of all residents to include resident #3 for any orders related to nutritional supplements with comparison to the residents' tray card, current documentation of nutritional supplements in the electronic medical records, and observation of residents' meal tray to ensure all residents are receiving supplements as ordered utilizing the Dietary Nutritional Supplement Audit Tool. Any necessary modifications will be immediately addressed to ensure supplements are provided as order by the Dietary Manager.</p> <p>In-servicing was initiated on 6/9/17 by the Staff Facilitator with 100% of licensed nurses regarding the process for following through with orders for nutritional supplements to include completion of the diet slip for any new or changes to diet</p>	6/15/17	

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

TITLE

(X6) DATE

Electronically Signed

06/09/2017

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 281	<p>Continued From page 1</p> <p>After reviewing the diet change orders for Resident #3, she indicated she had never received an order to provide Boost twice each day with meals. The DM stated since she never received the order, the meal card was never updated, and the kitchen staff would not have known they needed to provide Boost on the meal trays.</p> <p>In an interview on 05/18/17 at 1:47 PM Nursing Assistant (NA) #1 stated she was Resident #3's usual NA and she had never seen Boost on Resident #3's meal trays.</p> <p>In an interview on 05/18/17 at 2:10 PM the Director of Nursing (DON) indicated it was her expectation that orders for supplements be sent to the kitchen so the supplements could be provided as ordered.</p>	F 281	<p>orders and/or nutritional supplements, forwarding the diet slip to the dietary department, and ensuring the resident receives the nutritional supplement as ordered. All newly hired and agency licensed nurses will be inserviced regarding the process for following through with orders for nutritional supplements to include completion of the diet slip for any new or changes to diet orders or nutritional supplements, forwarding the diet slip to the dietary department, and ensuring the resident receives the nutritional supplement as ordered in orientation by the Staff Facilitator. An inservice was completed with the Dietary Manager on 6/7/17 by the Administrator regarding updating the resident tray card immediately upon receipt of diet slips regarding new or changes to diet orders and/or nutritional supplements. An in-service was initiated on 6/7/17 by Staff Facilitator with all Nursing Assistants to include NA #1, dietary staff, and license nurses regarding ensuring residents are provided nutritional supplements per physicians order and the resident tray card. All newly hired Nursing Assistants, dietary staff, and license nurses will be inserviced regarding ensuring residents are provided nutritional supplements per physicians order and the resident tray card by the staff facilitator during orientation.</p> <p>10% of residents receiving nutritional supplements to include resident #3, meal trays and tray card will be observed during breakfast, lunch, and dinner by the Dietary</p>		

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F 281	Continued From page 2	F 281	<p>Manager or Assistant Dietary Manager weekly x 8 weeks then monthly x 1 month to ensure residents are provided the nutritional supplement as ordered utilizing a Dietary Nutritional Supplement Audit Tool. Any necessary corrective action will be immediately addressed by the Staff Facilitator or designee to include retraining of dietary staff, license nurse and/or nursing assistant as appropriate.</p> <p>The Administrator or Director of Nursing (DON) will review and initial the results of the Dietary Nutritional Supplement Audit tool weekly x 12 weeks for completion and to ensure all areas of concern were addressed. The results of the Dietary Nutritional Supplement Tool will be presented to the Executive Committee by the Administrator or Director of Nursing (DON) monthly x 3 months for review and identification of trends, development of action plan as indicated to determine the need and/or frequency of continued monitoring.</p>		
F 309 SS=D	<p>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care.</p>	F 309		6/15/17	

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F 309	<p>Continued From page 3</p> <p>483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:</p> <p>(k) Pain Management.</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to monitor vital signs as ordered for 1 of 3 residents (Resident #1) whose well-being was reviewed. Findings included:</p> <p>Review of the Admission Minimum Data Set (MDS) dated 02/13/17 revealed Resident #1 was admitted to the facility on 10/15/16 with diagnoses of anemia, diabetes, and pneumonia. Resident #1 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.</p>	F 309	<p>Resident #1 vital signs were obtained by first shift Nurse on 5/21/17 per physician order with oversight from the Director of Nursing (DON).</p> <p>100% of all residents to include resident #1 orders to include orders for vital signs were reviewed from 4/1/17 to 6/1/17 with comparison to the Medication Administration Record (MAR) to ensure orders have been transcribed and followed per physician order by the DON, unit manager, MDS nurses, and staff</p>		

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F 309	<p>Continued From page 4</p> <p>Review of the 04/25/17 Nurse Practitioner (NP) Progress Notes revealed Resident #1 had new onset of a fever. Resident #1's vital signs at the time of the examination were: Temperature 98.3 F (Fahrenheit), heart rate 104, respirations 20 and blood pressure 110/68. Under Diagnosis, Assessment and Plan the NP revealed Resident #1 had a low grade fever times one time and was now afebrile (no fever). The NP requested vitals to be monitored every shift times 48 hours.</p> <p>Review of the Physician's Orders dated 04/25/17 revealed an order to monitor vitals Q (every) shift.</p> <p>Review of the April 2017 Medication Administration Record (MAR) revealed no order for vital sign monitoring beginning 04/25/17.</p> <p>Review of the Nursing Progress Notes dated 04/25/17 through 04/27/17 revealed no vital sign results.</p> <p>In an interview on 05/17/17 at 12:40 PM the Director of Nursing (DON) stated she was unable to find any record of vital signs for Resident #1 that were ordered on 04/25/17.</p> <p>In an interview on 05/17/17 at 2:06 PM Nurse #1 stated when an order was received the nurse who took the order needed to transcribe it to the MAR. She indicated that an order for vital signs every shift should have been placed on the MAR otherwise the nurses would not know they needed to be taken.</p> <p>In an interview on 05/17/17 at 2:50 PM Nurse #2, who received the 04/25/17 order to monitor Resident #1's vital signs, stated she transcribed the order onto the MAR. After reviewing the MAR</p>	F 309	<p>facilitator by 6/9/17. The physician will be notified, clarification order obtained, and the Medication Administration Record will be updated as necessary for any identified areas of concerns during the audit by the DON unit manager, MDS nurses, and staff facilitator.</p> <p>100% in-servicing was initiated on 5/19/17 with all licensed nurses to include agency nurses regarding processing Physician orders to include transcribing the order onto the MAR, properly following the order to include monitoring vital signs and documenting on the MAR. All newly hired and agency licensed nurses will be in-serviced in orientation by the Staff Facilitator or RN supervisor processing Physician orders to include transcribing the order onto the MAR, properly following the order to include monitoring vital signs and documenting on the MAR.</p> <p>10% of residents to include resident #1 Physicians Orders to include orders for vital signs will be audited by the Unit manager, MDS nurses, and Staff Facilitator using the Physician Order/Vital Sign Audit Tool weekly x 12 weeks to ensure all physician's orders to include orders for vital signs have been properly processed to include transcribed onto the MAR, followed, and documented. Any concerns noted will be addressed immediately by the Staff facilitator with retraining to the license nurse, physician notification, clarification of order, and correction to the Medication</p>		

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F 309	<p>Continued From page 5</p> <p>and noting the order was not listed, she indicated there must be a missing sheet.</p> <p>In an interview on 05/17/17 at 3:10 PM the DON stated medical records had been searched and no other April 2017 MAR's could be located for Resident #1. She indicated Nurse #2 could have written the order on a blank MAR and that it could have been misplaced before it was put in the MAR binder. The DON indicated if this had happened, the other nurses would not have been aware they should have been monitoring Resident #1's vital signs every shift.</p> <p>In an interview on 05/17/17 at 3:20 PM Nurse #3, who cared for Resident #1 on 04/26/17, stated orders for vital signs should be transcribed onto the MAR. She indicated if the order had been on the MAR she would have carried out the order and documented the results.</p> <p>In a telephone interview on 05/18/17 at 6:47 AM Nurse #4, who also worked with Resident #1 on 04/26/17, indicated he did not remember seeing an order for vital signs on Resident #1's MAR.</p> <p>In an interview on 05/18/17 at 7:45 AM the DON stated it was her expectation that orders for vital sign monitoring be transcribed to the MAR and carried out. She indicated she expected the results of the monitoring to be recorded.</p>	F 309	<p>Administration Record as necessary. The Director of Nursing (DON) will review and initial the Physician Order/Vital Sign Audit Tool for completion and to ensure all areas of concern have been addressed weekly x 12 weeks. Any areas of concern will be immediately addressed by the Administrator or DON to include retraining.</p> <p>The Results of the Vital Sign Audit Tool will be presented by the DON to the Executive Committee monthly for 3 months for review and the identification of trends, development of action plans as indicated to determine the need and/or frequency of continued monitoring.</p>		