STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345244	A. BUILDING _____ B. WING _____	C 10/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORVIEW HEALTH CARE CENTER	812 SHEPARD STREET MOREHEAD CITY, NC 28557

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of complaint investigation conducted on 10/26/2017. Event ID #WQXQ11.	F 000		
F 279 SS=D	DEVELOP COMPREHENSIVE CARE PLANS CFR(s): 483.20(d);483.21(b)(1) 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. 483.21 (b) Comprehensive Care Plans (1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 279		11/22/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/22/2017

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F 279	Continued From page 1 treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative (s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on the medical record reviews, staff interviews, and resident observation, the facility failed to develop a comprehensive care plan of 1 of 1 sampled resident with contracture. Findings include: Resident #63 was admitted to the facility on 01/05/2017 with diagnosis of Alzheimer's, dysphagia, major depressive disorder, muscle weakness, and contracture to left hand.	F 279	• F279 483.21(b) 1) On 10/26/17 a contracture assessment was completed for resident #63 by a facility Registered Nurse. In addition, a referral was made for occupational therapy and evaluation was completed 10/31/2017. Physician Orders were obtained for a use of handroll for Resident #63 on 10/31/2017 by the facility's medical director. The facility's care plan coordinator	

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F 279	Continued From page 2 A review of the quarterly Minimum Data Set (MDS) dated 07/07/2017 coded impairment on one side for both upper and lower extremity. A review of care plan stated onset problem dated 07/07/2107 of left sided weakness, left hand/wrist contracture and moderately impaired cognition. Goal was to continue to feed self after tray set up by staff. Approaches include if decline in function noted, refer to therapy for evaluation. A review of assessment of contracture risk form and instructions dated 04/27/2017 stated immobile, scored over 80. No use of lower extremities with score of 7. Instructions state the higher the score, the greater the potential to develop contractures. Residents with scores above seven (7) should be considered at risk and should be on a regular positioning schedule for both bed and chair and facility contracture protocol should be implemented. Review of provider note dated 04/28/2017 stated resident has flexion contracture of his left hand and wrist. Review of physician orders revealed diagnosis of contracture, left hand Review of Occupational Therapy (OT) plan of care dated 01/06/2017 stated skilled OT to provide management of hand contracture. OT to assess need for splinting and/or positioning. Will instruct nursing staff in on-going needs and positing to maximize hand function. Review of OT discharge summary dated 01/19/2017 stated severe tone in left hand with	F 279	updated the care plan on 10/31/2017 to reflect the intervention of the handroll and to evaluate the effectiveness of the intervention. Facility RNs, LPNs, NAs, and Administrative nursing staff have been in-serviced on contracture management for resident #63 and the use of the handroll to assist in the prevention of contracture development. Staff failing to ensure compliance with facility contracture management protocols will be subject to further training and/or subject to the facility's progressive disciplinary policies up to and including termination of employment. 2) All facility residents have had a new contracture assessment completed to identify residents who may require potential interventions for the prevention of contractures. Residents identified as requiring interventions will be discussed by the facility inter-disciplinary care plan team (IDCPT), interventions will be implemented per individualized assessment, and care plans updated as necessary. Residents that are newly admitted will be assessed by facility's admitting nurse and interventions, if necessary, will be implemented by the IDCPT for these residents. Facility RNs, LPNs, NAs, therapy, and Administrative nursing staff have been in-serviced on contracture management for residents, identifying contractures, referral's to therapy, and use of assistive devices to prevent contractures.	

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F 279	Continued From page 3 resultant contractures prohibits functional use for activities of daily living. Summary of note stated Passive Range of Motion (PROM) to left hand, training in use of hand roll to prevent further contraction and to maintain gains realized in range of motion from treatment. Nursing staff education provided in use of hand roll. Review of chart 10/25/2017 revealed no orders for hand roll to left hand. Observation of named resident 10/24/2017 at 2:45PM, left hand/wrist contracture noted with no hand roll in place. Observation of named resident 10/25/2017 at 2:15 PM, no hand roll in place. Interview with CNA #3 10/25/2017 at 1:45 PM stated that when assists resident with getting dressed, attempts to do range of motion with left arm and hand. Stated that resident does not use hand roll to left hand. Interview with CNA #4 10/25/2017 at 3:20 PM stated that is not aware of resident getting any range of motion exercises or using a hand roll. Interview with owner of facility and Director of Nursing (DON) 10/25/2017 at 3:30 PM stated that named resident did not have a hand roll and that all residents would be evaluated, policy reviewed, and meet with therapy services to review plan of hand off. Stated that expectation would be for any resident with contracture to be evaluated and referred to therapy as needed. Observation of named resident's left hand 10/26/2017 with treatment nurse noted hand roll	F 279	3) It has been determined that this cited deficiency occurred in relation to a recent transition from paper documentation and assessment monitoring to an electronic medical record system and therefore a systemic change is not necessary. It is believed that processes were omitted, unintentionally, during this transition and that the correction will require a modification of paper documentation and assessment in conjunction with EMR documentation. The facility has a system of checks and balances to ensure orders are followed through. The facility has completed contracture assessments on all residents and quality assurance efforts of current system should be sufficient to sustain compliance. 4) The facility's Director of Nursing will conduct direct observation quality assurance rounds to identify compliance with contracture management preventative measures identified by the facility IDCPT. The direct observations will be completed weekly for four weeks and monthly thereafter to ensure compliance. Data will be evaluated by the facility's Quality Assurance Performance Improvement Committee (QAPI) and corrected actions taken if identified. These actions may include further education or re-evaluation of systems with the scope to be determined by the data provided through observations. Quarterly contracture audits will be completed by the IDCPT to review	

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F 279	Continued From page 4 in place, nails trimmed, and no noted breaks in skin of palm. Interview with Nurse #1 10/26/2017 at 10:10 AM regarding how she would be aware of any therapy recommendations stated that therapy writes orders for plan and nursing carries out. Interview with Minimum Data Nurse (MDS) 10/26/2017 at 10:15 AM stated that she gets copies of all new orders every morning for review of any changes that need to made to the care plan. Stated that hand roll was not on care plan as there had not been an order written. Interview with DON 10/26/2017 at 10:25 AM stated her expectation for follow up recommendations after therapy services have been discontinued would be for therapy to write the order for nursing to carry out. Stated that morning meetings are attended by therapy also to inform staff of plans. Interview with owner/stand in Administrator at 10/26/2017 at 10:35 AM regarding her expectation of therapy to make nursing aware of recommendations for follow up care after their services have been discontinued stated that policy and procedure is for therapy to train staff on follow up care and to obtain order as necessary with instructions and inform the charge nurse of new order for nurse to follow up with.	F 279	contracture management protocols and to ensure effectiveness. Interventions will be reviewed and care plans update as necessary to ensure compliance. Results of audits will be discussed in facility QAPI and corrective actions taken to ensure compliance. 5) Date of Compliance: December 01, 2017	
F 318 SS=D	INCREASE/PREVENT DECREASE IN RANGE OF MOTION CFR(s): 483.25(c)(2)(3) (c) Mobility.	F 318		11/22/17

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F 318	Continued From page 5 (2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. (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 the medical record reviews, staff interviews, and resident observation, the facility failed to prevent decrease in range of motion of 1of 1 sampled resident with contracture.(Resident #63) Findings include: Resident #63 was admitted to the facility on 01/05/2017 with diagnosis of Alzheimer's, dysphagia, major depressive disorder, muscle weakness, and contracture to left hand. A review of the quarterly Minimum Data Set (MDS) dated 07/07/2017 coded impairment on one side for both upper and lower extremity. A review of care plan stated onset problem dated 07/07/2107 of left sided weakness, left hand/wrist contracture and moderately impaired cognition. Goal was to continue to feed self after tray set up by staff. Approaches include if decline in function noted, refer to therapy for evaluation. A review of assessment of contracture risk form and instructions dated 04/27/2017 stated immobile, scored over 8. No use of lower	F 318	• F318 483.25(C)(2)(3) 1) On 10/26/17 a contracture assessment was completed for resident #63 by a facility Registered Nurse. In addition, a referral was made for occupational therapy and evaluation was completed 10/31/2017. Physician Orders were obtained for a use of handroll for Resident #63 on 10/31/2017 by the facility's medical director. The facility's care plan coordinator updated the care plan on 10/31/2017 to reflect the intervention of the handroll and to evaluate the effectiveness of the intervention. Facility RNs, LPNs, NAs, and Administrative nursing staff have been in-serviced on contracture management for resident #63 and the use of the handroll to assist in the prevention of contracture development. Staff failing to ensure compliance with facility contracture management protocols will be subject to further training and/or subject to the facility's progressive disciplinary policies up to and including	

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F 318	Continued From page 6 extremities with score of 7. Instructions state the higher the score, the greater the potential to develop contractures. Residents with scores above seven (7) should be considered at risk and should be on a regular positioning schedule for both bed and chair and facility contracture protocol should be implemented. Review of provider note dated 04/28/2017 stated resident has flexion contracture of his left hand and wrist. Review of physician orders revealed diagnosis of contracture, left hand. Review of Occupational Therapy (OT) plan of care dated 01/06/2017 stated skilled OT to provide management of hand contracture. OT to assess need for splinting and/or positioning. Will instruct nursing staff in on-going needs and positing to maximize hand function. Review of OT discharge summary dated 01/19/2017 stated severe tone in left hand with resultant contractures prohibits functional use for activities of daily living. Summary of note stated Passive Range of Motion (PROM) to left hand, training in use of hand roll to prevent further contraction and to maintain gains realized in range of motion from treatment. Nursing staff education provided in use of hand roll. Review of chart 10/25/2017 revealed no orders for hand roll to left hand. Observation of named resident 10/24/2017 at 2:45PM, left hand/wrist contracture noted with no hand roll in place.	F 318	termination of employment. 2) All facility residents have had a new contracture assessment completed to identify residents who may require potential interventions for the prevention of contractures. Residents identified as requiring interventions will be discussed by the facility inter-disciplinary care plan team (IDCPT), interventions will be implemented per individualized assessment, and care plans updated as necessary. Residents that are newly admitted will be assessed by facility's admitting nurse and interventions, if necessary, will be implemented by the IDCPT for these residents. Facility RNs, LPNs, NAs, therapy, and Administrative nursing staff have been in-serviced on contracture management for residents, identifying contractures, referral's to therapy, and use of assistive devices to prevent contractures. 3) It has been determined that this cited deficiency occurred in relation to a recent transition from paper documentation and assessment monitoring to an electronic medical record system and therefore a systemic change is not necessary. It is believed that processes were omitted, unintentionally, during this transition and that the correction will require a modification of paper documentation and assessment in conjunction with EMR documentation. The facility has a system of checks and balances to ensure orders are followed	

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F 318	Continued From page 7 Observation of named resident 10/25/2017 at 2:15 PM, no hand roll in place. Interview with nursing assistant (NA) #3 10/25/2017 at 1:45 PM stated that when assists resident with getting dressed, attempts to do range of motion with left arm and hand. Stated that resident does not use hand roll to left hand. Interview with NA #4 10/25/2017 at 3:20 PM stated that is not aware of resident getting any range of motion exercises or using a hand roll. Interview with owner of facility and Director of Nursing (DON) 10/25/2017 at 3:30 PM stated that named resident did not have a hand roll and that all residents would be evaluated, policy reviewed, and meet with therapy services to review plan of hand off. Stated that expectation would be for any resident with contracture to be evaluated and referred to therapy as needed. Observation of named resident's left hand 10/26/2017 with treatment nurse noted hand roll in place, nails trimmed, and no noted breaks in skin of palm. Interview with Nurse #1 10/26/2017 at 10:10 AM regarding how she would be aware of any therapy recommendations stated that therapy writes orders for plan and nursing carries out. Interview with Minimum Data Nurse (MDS) 10/26/2017 at 10:15 AM stated that she gets copies of all new orders every morning for review of any changes that need to made to the care plan. Interview with DON 10/26/2017 at 10:25 AM	F 318	through. The facility has completed contracture assessments on all residents and quality assurance efforts of current system should be sufficient to sustain compliance. 4) The facility's Director of Nursing will conduct direct observation quality assurance rounds to identify compliance with contracture management preventative measures identified by the facility IDCPT. The direct observations will be completed weekly for four weeks and monthly thereafter to ensure compliance. Data will be evaluated by the facility's Quality Assurance Performance Improvement Committee (QAPI) and corrected actions taken if identified. These actions may include further education or re-evaluation of systems with the scope to be determined by the data provided through observations. Quarterly contracture audits will be completed by the IDCPT to review contracture management protocols and to ensure effectiveness. Interventions and care plans update as necessary to ensure compliance. Results of audits will be discussed in facility QAPI and corrective actions taken to ensure compliance. 5) Date of Compliance: December 01, 2017	

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F 318	Continued From page 8 stated her expectation for follow up recommendations after therapy services have been discontinued would be for therapy to write the order for nursing to carry out. Stated that morning meetings are attended by therapy also to inform staff of plans. Interview with owner/stand in Administrator at 10/26/2017 at 10:35 AM regarding expectation of therapy to make nursing aware of recommendations for follow up care after their services have been discontinued stated that policy and procedure is for therapy to train staff on follow up care and to obtain order as necessary with instructions and inform the charge nurse of new order for nurse to follow up with.	F 318		