

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

PRINTED: 02/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2018
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABILITATION/STATESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 520 VALLEY STREET STATESVILLE, NC 28677		
(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 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and resident and staff interviews the facility failed to follow physician orders for treatment of a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 05/05/17 with diagnoses of anemia, high blood pressure, diabetes, and pressure ulcer.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 11/04/17 revealed Resident #1 was cognitively intact and required extensive assistance with most activities of daily living. The MDS further revealed Resident #1 had a stage 4 pressure ulcer.</p> <p>Review of the care plan dated 01/15/18 revealed Resident #1 had a pressure ulcer to her coccyx</p>	F 686	<p>1) Corrective action for the resident found to be affected by the alleged deficient practice. Resident #1 had wound treatment orders clarified and changed by the facility wound physician on 01/30/18. The wound nurse verified that the order was entered into PCC and placed on the ETAR on 01/30/18. The Agency Nurse that failed to transcribe the order to the TAR no longer works at the facility. There were no negative outcomes noted from the Alleged deficient practice.</p> <p>2) Corrective action taken for those residents having the potential to be affected by the same alleged deficient practice. Residents that have pressure ulcers have been audited by nursing administration and the wound/ treatment nurse. No other resident has been identified by nursing where an order was</p>	2/22/18	

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

TITLE

(X6) DATE

Electronically Signed

02/23/2018

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 686	<p>Continued From page 1</p> <p>that had been present since admission. Resident #1 did not like to be repositioned in bed which had affected the healing of her wound. The goal was for Resident #1 to show signs of healing pressure ulcer by the review date. The interventions included: administer treatments as ordered and observe for effectiveness. Assess/record/observe wound healing weekly. Measure length, width and depth where possible. Assess and document status of wound perimeter, wound bed and healing progress. Report improvements and declines to physician. Encourage resident to turn/reposition frequently to encourage wound healing. Observe nutritional status. Pressure reducing cushion to wheelchair and pressure reducing mattress to bed. Provide incontinence care after each incontinence episode.</p> <p>Review of the hospital discharge instructions for Resident #1 dated 12/23/17 revealed Dakin's solution, a solution used to kill germs and prevent germ growth in wounds, was to be applied topically three times a day.</p> <p>Review of the facility Treatment Administration Record (TAR) for 12/2017 for Resident #1 revealed the following orders:</p> <ol style="list-style-type: none"> 12/23/17 at 4:48 PM Stage 3 to coccyx - Clean site with wound cleaner, pat dry with gauze, apply Dakin's wet to dry to wound bed, cover with bordered gauze every day shift for wound care. 12/23/17 at 7:01 PM Dakin's Solution, apply to sacrum topically three times a day for pressure of sacrum. <p>Review of the Wound Care Specialist Evaluation completed on 12/29/17 at the facility for Resident</p>	F 686	<p>not clarified and transcribed correctly to the TAR. No negative outcomes were noted from the alleged deficient practice.</p> <p>3)Measures/systematic changes have been put into place to ensure the alleged deficient practice does not re-occur. Licensed nurses have been in serviced prior to the date of compliance by the DON/designee on the procedure of receiving and transcribing wound orders. New wound orders will be brought to clinical rounds 5 days per week for review and verification by the clinical team. Any order requiring clarification will be addressed at that time.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice will not reoccur. The DON/Designee will audit the treatment administration records to ensure documentation of new orders are transcribed and followed. New orders will be reviewed 5 days per week to endure transcription and clarificatiton is obtained as needed. Audits will be completed 3 days per week for 4 weeks than 4 times monthly for 3 months. Any negative outcome will be reviewed and presented to QAPI monthly for review.</p>		

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F 686	<p>Continued From page 2</p> <p>#1 revealed new orders for silver alginate, ointment used for wound healing, to be applied once daily and as needed, then covered with a dry protective dressing.</p> <p>Review of the TAR for 01/2018 for Resident #1 revealed the following treatment orders:</p> <ol style="list-style-type: none"> 01/01/18 at 4:58 PM Stage 3 to coccyx - Clean site with wound cleaner, pat dry with gauze, apply Dakin's wet to dry to wound bed, cover with bordered gauze every day shift for wound care. 01/12/18 AT 11:50 AM Stage 4 to coccyx - clean site with wound cleaner, pat dry with gauze, apply silver alginate, and cover with bordered gauze every day shift for wound care. <p>An interview was conducted on 01/30/18 at 11:18 AM with Resident #1 revealed when she returned from the hospital the order was to have her wound dressing changed three times a day but was told by the facility they could only change it once a day. She stated she saw the Wound Physician the week after she returned from the hospital and he changed her dressing change to once a day. Resident #1 stated her dressing was never changed three times a day at the facility.</p> <p>An interview conducted on 01/30/18 at 3:39 PM with the facility Wound Physician revealed he had been seeing Resident #1 every week since May 2017 for wound care. He stated her wound was in a terrible place, under the coccyx, to try and keep clean and heal. He stated when she was readmitted from the hospital the orders were for her wound to be cleaned with Dakin's solution three times a day and that just wasn't possible in a facility. He further stated Dakin's solution was not the recommended treatment for her wound</p>	F 686			

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F 686	<p>Continued From page 3</p> <p>and he changed the treatment back to silver alginate when he saw her after being re-admitted from the hospital. The Wound Physician stated he was not aware the order for silver alginate given on 12/29/17 was not started until 01/12/18 and it was his expectation for orders to be changed and followed when they were written.</p> <p>An interview conducted on 01/30/18 at 4:01 PM with the Unit Coordinator revealed the weekend nurse transcribed the orders from the hospital to the TAR when Resident #1 was readmitted to the facility on 12/23/17. She stated the order for Dakin's solution to be applied topically three times a day was not clearly written and should have been clarified by the nurse before being transcribed to the TAR. She stated if an order was written for dressing change and wound care three times a day it should have been done three times a day.</p> <p>A phone interview was attempted on 01/30/17 at 4:15 PM with the Nurse, who no longer worked at the facility, that transcribed the wound orders to the TAR on 12/23/17 for Resident #1. A message was left but he did not return the phone call.</p> <p>An interview conducted on 01/30/18 at 4:36 PM with the Treatment Nurse revealed she was aware the Wound Physician had changed Resident #1's treatment to silver alginate on 12/29/17 and she thought she had changed it on the TAR. She stated the order should have been changed from Dakin's solution three times a day to clean site with wound cleaner, pat dry with gauze, apply silver alginate, and cover with bordered gauze every day shift for wound car on 12/29/17.</p>	F 686			

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F 686	Continued From page 4 An interview conducted on 01/30/17 at 5:15 PM with the Director of Nursing revealed it was her expectation for physician orders to be followed as written and clarified when needed. She stated the discharge orders received for Resident #1 on 12/23/17 for wound care should have been clarified and the order's received on 12/29/17 from the Wound Physician should have been transcribed to the TAR and followed.	F 686		