

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/25/2019
NAME OF PROVIDER OR SUPPLIER O'BERRY NEURO-MEDICAL TREATMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 OLD SMITHFIELD ROAD GOLDSBORO, NC 27533		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the</p>	F 580		2/18/19	

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

TITLE

(X6) DATE

Electronically Signed

02/18/2019

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 580	<p>Continued From page 1</p> <p>resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff, physician and family interviews and record review, the facility failed to notify a resident's guardian of a new pressure ulcer for one of one residents reviewed for notification (Resident #1). Findings included: A review of medical records revealed Resident #1 was admitted 3/14/2017 with multiple diagnoses including seizure disorder. The Annual Minimum Data Set (MDS) dated 1/28/2018 noted Resident #1 was severely impaired for cognition and needed extensive to total assistance for all Activities of Daily Living (ADLs) with the physical assistance of two persons. The MDS indicated a risk for pressure ulcer and this area was care planned.</p>	F 580	<p>This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>(Tag F580) It is O'Berry Neuro-Medical Treatment Center's policy to notify Resident Representatives consistent with regulatory guidance found in F580 and contact with the resident representative will be made by the Medical Provider or their designee according to policy for Resident #1 with documentation in the resident Medical Record.</p> <p>Completion Date: 01/24/19</p>		

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F 580	<p>Continued From page 2</p> <p>A review of the physician progress note revealed on 1/19/2019 "Nurse noticed an open area on left foot yesterday." The note indicated the area was 1 centimeter (cm.) and circular. The note stated the open area was located over the bony prominence and was secondary pressure. On 1/25/2019 at 9:42 AM in an interview, Nurse #1 stated the physician is notified of the pressure ulcer when it is found and then of any changes. Nurse #1 stated the physician notifies the Responsible Party or Guardian.</p> <p>In an interview at 10:42 AM on 1/25/2019, the attending physician stated he did not notify the Guardian of the new pressure ulcer found on 1/19/2019, because he is acquainted with him and knows the Guardian trusts him and if the wound gets worse, the physician will initiate different treatment and notify the guardian. The Nurse Manager was interviewed on 1/25/2019 at 11:51 AM, and stated, to her knowledge, the attending physician saw the pressure ulcer on 1/19/2019. The Nurse Manager stated the physician usually notifies the Guardian. The Nurse Manager stated it could be any of the attending physicians or a Social Worker.</p> <p>On 1/25/2019 at 4:30 PM the Guardian stated in an interview that he is usually notified about changes in Resident #1's status and wants to know about any changes. The Guardian stated he did not know about the pressure ulcer. The Guardian said he felt the physician would notify him if the pressure ulcer worsened.</p> <p>The facility Administrator stated in an interview on 1/25/2019 at 4:10 PM, when residents have a change in condition, the Responsible Party or Guardian is supposed to be notified, and that is his expectation.</p>	F 580	<p>Performance Improvement Specialist and Executive Leadership Team met to identify issues and concerns related to the notification of Resident Representatives as part of the initial process of a Performance Improvement Plan regarding Resident Representative notifications as outlined in F580 and O'Berry Neuro-Medical Treatment Center's ADMIN 07-25 Event Reporting policy. The Performance Improvement Plan will provide ongoing monitoring for sustained improvement with monthly reviews for a minimum of six months.</p> <p>01/28/19 and Ongoing</p> <p>The event report will be entered per Event Reporting policy by Nursing for Resident #1 for appropriate follow-up action by Performance Improvement Specialist through the Event Reporting Database.</p> <p>Completion Date: 02/08/19 and Ongoing</p> <p>Interdisciplinary Team will meet and review plan of care for the resident and ongoing communication on a weekly basis with the Resident Representative regarding healing process or change in status for Resident #1. Notifications to the Resident Representative will occur by Medical Provider or their designee and documentation will be entered in the Medical Record.</p> <p>Completion Date: 02/11/19 and Ongoing</p> <p>To enhance currently compliant</p>		

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F 580	Continued From page 3	F 580	<p>operations and under the direction of the Director of Nursing and Medical Director, in-service training will be provided to Nursing Personnel and Medical Providers regarding state and federal requirements as well as information outlined in O'Berry Neuro-Medical Treatment Center ADMIN 07-25 Event Reporting and Follow-up policy for notifications to Resident Representatives. The training will emphasize the importance of immediate notifications as indicated in F580 and in ADMIN 07-25 Event Reporting and Follow-up policy. An in-service roster will be maintained by the Medical Director and Director of Nursing as evidence of task completion and a copy forwarded to the Director of Standards Management.</p> <p>Completion Date: 02/28/19</p> <p>All Nursing Personnel will be re-serviced by the Director of Nursing on Event Reporting processes as outlined in O'Berry Neuro-Medical Treatment Center ADMIN 07-25 Event Reporting and Follow-up. An in-service roster will be maintained by the Director of Nursing as evidence of task completion and a copy forwarded to the Director of Standards Management.</p> <p>Completion Date: 03/01/19</p> <p>Because notification could potentially affect any resident and their resident representative(s), a focus audit was initiated on February 11, 2019, by Performance Improvement Specialist as a</p>		

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F 580	Continued From page 4	F 580	<p>performance measure to determine if there are any systemic practices throughout the facility that require corrective action. Findings from this audit will be documented and forwarded to the Center Director, Medical Director, and Director of Nursing. Any issues noted will be addressed by the Medical Director and the Director of Nursing by 02/28/19.</p> <p>Completion Date: 02/28/19</p> <p>For the next six months, Performance Improvement Specialist will conduct medical record reviews of resident representative contacts per policy guidelines for pressure injuries when an event occurs and provide feedback for immediate corrective action to the Medical Provider and Medical Director. Ongoing audit reviews will occur as part of the event closure process by the Performance Improvement Specialist.</p> <p>Completion Date: 02/28/19 and Ongoing</p>		
F 686 SS=G	<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</p>	F 686		2/18/19	

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F 686	<p>Continued From page 5</p> <p>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 observation, staff and physician interviews and record review, the facility failed to assess an avoidable pressure ulcer for one of one residents reviewed for pressure ulcers (Resident # 1).</p> <p>Findings included:</p> <p>A review of medical records revealed Resident #1 was admitted 3/14/2017 with diagnoses of obstructive uropathy, seizure disorder and Cerebral Palsy.</p> <p>The Annual Minimum Data Set (MDS) dated 1/28/2018 noted Resident #1 was severely impaired for cognition and needed extensive to total assistance for all Activities of Daily Living (ADLs) with the physical assistance of two persons. The MDS indicated a risk for pressure ulcer and this area was care planned.</p> <p>A nurse progress note dated 1/19/2019 stated " New order: Bunny boots to bilateral feet while in bed. Mupirocin ointment to left ankle daily x 7 days. Cover with non-adhesive dressing x 7 days." The note was signed by Nurse #2. There was no assessment of the wound.</p> <p>A review of orders in the chart, dated 1/19/2019 revealed: apply Mupirocin ointment to left ankle daily x 7 days and cover with non-adhesive dressing. A clarification order was noted on 1/24/2019 stating cleanse area to left ankle with normal saline, apply Mupirocin ointment to area daily x 7 days, cover with non-adhesive dressing daily x 7 days.</p> <p>A review of physician progress notes dated 1/19/2019 revealed nurse noticed an open area</p>	F 686	<p>This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>(Tag F686) It is the policy of this facility to provide a comprehensive assessment of the resident for skin integrity issues including pressure injuries. Some of the many ways that this has been achieved for resident #1 is by the treatment and follow-up that occurred subsequent to the Survey and during the Survey by Nursing on 1/17/19, 1/19/19, 1/21/19, 1/23/19, 1/24/19, 1/25/19 and by the Medical Provider on 1/19/19, 1/24/19, and 1/26/19. In addition, the MDS Nurse updated the Resident #1's Care Plan on 01/22/19 with updates also occurring by the Dietitian, Occupational Therapy and Physical Therapy to address potential adverse effects associated with pressure injuries.</p> <p>In this case, after the surveyor reported their concerns, further review occurred and staging/documentation of the pressure injury was completed according to protocol by the Medical Provider and Nursing with further follow-up treatment and documentation in the Medical Record for Resident #1's pressure injury.</p> <p>Completion Date: 1/25/19 and Ongoing</p>		

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F 686	<p>Continued From page 6</p> <p>on left foot. 1 centimeter (cm) circular open wound left lateral volar surface of foot over bony prominence. Probable secondary to pressure. Plan: bunny boots, keep area off pressure, dressing with Mupirocin ointment every (q) daily x 7 days.</p> <p>The care plan dated 1/22/2019 noted a focus of Stage II breakdown of the left ankle. The goal was the breakdown on the left ankle would be free from signs/symptoms of infection through next review. Interventions included: skin assessment per protocol. Treatment and revision per physician order. Make staff aware of any treatments and provide special instructions as needed. Prompt care. Provide pressure relief, etc. Dietary evaluation to promote wound healing and adequate hydration. Physical/Occupational therapy for pressure relief devices. Pain management as needed. Keep physician updated on wound and revise plan of care as needed. Bunny Boots as ordered.</p> <p>On 1/24/2019 at 8:45 AM pressure ulcer treatment for Resident #1 was observed in the Resident's room with Nurse #1. The dressing covering the wound was removed. Nurse #1 described the pressure ulcer as dime sized with an opening the size of a pencil eraser. Nurse #1 stated when she saw the pressure ulcer before, it was red in the wound bed, but now had slough. On observation, the slough was not covering the wound bed completely. Nurse #1 indicated the nurses do their own treatments and assessments, which the supervisor and the physician review, and the physician sees the pressure ulcer at least, every other day. Nurse #1 carried out the treatment as ordered.</p> <p>An observation was made of Resident #1 on 1/24/2019 at 3:30 PM in the day room in his chair. Resident #1 was covered. The Nursing Assistant</p>	F 686	<p>Because skin integrity concerns could potentially affect any resident, a focus audit was initiated on January 25, 2019, by Performance Improvement Specialist as a performance measure regarding skin integrity and pressure injury as outlined in F686 to determine if there are any systemic practices throughout the facility that require corrective action. Findings from this audit will be documented and forwarded to the Center Director, Medical Director, and Director of Nursing. Any issues noted will be addressed by the Medical Director and the Director of Nursing by 02/28/19.</p> <p>Completion Date: 01/28/19</p> <p>Interdisciplinary Team will meet and review plan of care and make updates as needed for Resident #1 on a weekly basis until the pressure injury is healed. The Interdisciplinary Team meeting minutes found in the Medical Record will serve as documentation for these meetings.</p> <p>Completion Date: 02/11/19 and Ongoing</p> <p>Performance Improvement Specialist in conjunction with Executive Leadership Team met to identify issues and concerns regarding skin integrity as part of the initial process of a Performance Improvement Plan regarding pressure injury staging and follow-up as outlined in F686. The Performance Improvement Plan will provide ongoing monitoring for sustained improvement with monthly reviews for a minimum of six months.</p>		

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F 686	<p>Continued From page 7</p> <p>was asked to uncover his legs. Resident #1 did not have his legs crossed at the ankles. The Nursing Assistant stated he did sometimes cross his legs at the ankles. The bunny boots were in place.</p> <p>In an interview on 1/25/2019 at 9:42 AM, Nurse #1 stated she did not discover the pressure ulcer, but heard the discussion about it. Nurse #1 indicated the Pressure Ulcer Documentation Sheet is kept in the MAR, but there was not one in Resident #1's MAR. Nurse #1 stated the sheet is where the assessments are located.</p> <p>On 1/25/2019 at 10:10 AM an interview was conducted with the Infection Control Nurse who stated he tracked pressure ulcers, most of which are facility acquired. The Infection Control Nurse indicated skin assessments are completed when a resident returns from the hospital and skin and weight meetings are held monthly. The Infection Control Nurse stated physicians staged wounds, and the 24 hour shift report comes out every morning that covers things that happened in the previous 24 hours, so I can see what went on the day before. The Infection Control Nurse noted he added those things to his infection control spreadsheet and Resident #1's pressure ulcer was added on 1/17/2019. The spread sheet addition of the pressure ulcer was reviewed and documented an open wound on the ankle of Resident #1.</p> <p>In an interview with the attending physician on 1/25/2019 at 10:42 AM, the physician stated he was familiar with Resident #1's guardian and feels the guardian trusted him and if the pressure ulcer worsened, the physician would initiate a different treatment and notify the guardian.</p> <p>On 1/25/2019 at 11:51 AM the Nurse Manager was interviewed and stated her expectation for finding a new open area would be the nurse</p>	F 686	<p>Completion Date: 01/28/19 and Ongoing</p> <p>A Skin Integrity Team (at a minimum the Infection Control Nurse, Nurse Manager, Performance Improvement Specialist and/or Risk Manager) will be initiated as a defined process that includes follow-up assessment with weekly rounds by key members of the Interdisciplinary Team to monitor skin integrity and pressure injury issues. As observations occur but no less than weekly, the Skin Integrity Team will document their findings in the Resident #1's Medical Record.</p> <p>Completion Date: 02/15/19 and Ongoing</p> <p>To enhance currently compliant operations and under the direction of the Director of Nursing and Medical Director, in-service training will be provided to Nursing Personnel and Medical Providers regarding state and federal requirements as well as information outlined in O'Berry Neuro-Medical Treatment Center pressure injury staging and best practice treatment. The training will emphasize the importance of completing a comprehensive assessment consistent with professional standards of practice and treatment/services that promote healing, prevent infection, and prevent new ulcers from developing. An in-service roster will be maintained by the Medical Director and Director of Nursing as evidence of task completion and a copy forwarded to the Director of Standards Management.</p>		

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F 686	Continued From page 8 would assess the pressure ulcer and document what was observed, to follow the physician orders and if there were changes the physician would be notified. The Nurse Manager indicated measurements should be documented on the form in the MAR. The Nurse Manager stated there was no official guide, but the physician would come in to look at the pressure ulcer, and would also document an observation. The Nurse Manager noted Nurse #2 found the open area, dressed it and documented on the rounds board used by the physicians to see the residents who needed to be seen when the physician arrived. The Nurse Manager indicated she understood the physician saw the wound on 1/19/2019. The Nurse Manager stated she reeducated Nurse #2 via telephone. The Nurse Manager noted there was no documented cleansing of the wound from 1/19/2019 - 1/24/2019. In a telephone interview on 1/25/2019 at 2:29 PM, the physician stated he did see the pressure ulcer on 1/19/2019 after talking about it with Nurse #2. The physician stated the pressure ulcer was avoidable and the location of the pressure ulcer is where Resident #1 crossed his ankles when he was in bed. On 1/25/2019 at 3:01 PM, in an interview, Nurse #2 stated she had observed a scab on Resident #1's ankle and when she saw the open area, thought the scab had come off. Nurse #2 indicated she observed the area to be dime sized and white around the outside edge and pink in the wound bed with no bleeding or drainage. Nurse #2 noted she put a dressing over the open area and added it to the rounds board for the physician to see. When the physician saw it he stated it looked like a pressure ulcer starting to form and gave the order for the treatment and the bunny boots. Nurse #2 was asked if she thought about	F 686	Completion Date: 02/28/19 Unit Nurse Managers will re-educate all Nursing staff on the importance of utilizing the 24 Hour Report Book and the Medical Rounds Board daily to generate Medical follow-up in a timely manner. An in-service roster will be maintained by the Director of Nursing as evidence of task completion and a copy forwarded to the Director of Standards Management. Completion Date: 03/01/19 Nursing Staff and Nursing Assistants will be in-serviced by Unit Nurse Managers on Policy NFNUR I-38 Prevention and Care of Decubitus. An in-service roster will be maintained by the Director of Nursing as evidence of task completion and a copy forwarded to the Director of Standards Management. Completion Date: 03/06/19 As pressure injuries occur, Performance Improvement Specialist will perform the following systematic monitoring of skin integrity and pressure injury through event reporting database, through participation as a member of the Skin Integrity Team, and via random medical record reviews. Any deficiencies will be corrected immediately and the findings of the performance improvement checks will be documented and submitted to the Quality Assessment and Assurance Committee for further bi-monthly review or corrective		

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F 686	Continued From page 9 assessing and measuring she said "it did not even cross my mind." On 1/25/2019 at 4:10 PM, in an interview, the Administrator stated his expectation was the pressure ulcer would be identified and the standard of care would be followed, and preventive care would be maintained.	F 686	action. Completion Date: Ongoing Infection Control Nurse, Performance Improvement Specialist and Executive Leadership Team will monitor skin integrity and pressure injury data during bi-monthly Quality Assessment and Assurance Meetings. Completion Date: Ongoing	