DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM	
STATEMENT C	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY	
NO HARM WI	TH ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:	
FOR SNFs AND) NFs	345306	B. WING	4/3/2019	
NAME OF PRO	WIDER OR SUPPLIER	STREET ADDRESS, O	CITY, STATE, ZIP CODE	I	
IREDELL MEMORIAL HOSPITAL INC			557 BROOKDALE DRIVE STATESVILLE, NC		
ID					
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	TIES			
F 580	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)				
	 consistent with his or her authority, the re (A) An accident involving the resident wintervention; (B) A significant change in the resident's health, mental, or psychosocial status in e (C) A need to alter treatment significantly adverse consequences, or to commence a (D) A decision to transfer or discharge th (ii) When making notification under para pertinent information specified in §483.1 (iii) The facility must also promptly notified (A) A change in room or roommate assigned (B) A change in resident rights under Feed this section. 	esident representative(s hich results in injury as physical, mental, or ps either life-threatening of γ (that is, a need to disc new form of treatmen e resident from the fac graph (g)(14)(i) of this 5(c)(2) is available and by the resident and the moment as specified in § leral or State law or res	h results in injury and has the potential for requiring physician ysical, mental, or psychosocial status (that is, a deterioration in er life-threatening conditions or clinical complications); hat is, a need to discontinue an existing form of treatment due to w form of treatment); or sident from the facility as specified in $\$483.15(c)(1)(ii)$. ph (g)(14)(i) of this section, the facility must ensure that all)(2) is available and provided upon request to the physician. he resident and the resident representative, if any, when there is-		
	 disclose in its admission agreement its ph the composite distinct part, and must spec locations under §483.15(c)(9). This REQUIREMENT is not met as evid Based on record review, family interview family of a blood glucose of 17 for 1 of 3 change. The findings included: Resident #1 was admitted to the facility of cerebrovascular accident (CVA) and chrood A review of the minimum data set (MDS). The MDS also revealed that the resident if the model of the minimum data set (MDS). 	aysical configuration, i cify the policies that ap lenced by: and staff interviews th residents (Resident #1 on 3/11/19 with diagno nic obstructive pulmor) dated 3/18/19, reveale required limited assista	ses that included diabetes, respiratory failure, hary disease (COPD). ed that the resident was cognitively intact.		

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

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I ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:	
NFS	345306	B. WING	4/3/2019	
IDER OR SUPPLIER	STREET ADDRESS, C	CITY, STATE, ZIP CODE		
		557 BROOKDALE DRIVE		
	STATESVILLE, 1	NC		
SUMMARY STATEMENT OF DEFICIEN	ICIES			
Continued From Page 1				
A review of lab results dated 3/20/19 at 7:41 AM revealed that Resident #1 had a blood glucose of 19 and at 7:47AM Resident #1 had a blood glucose of 17.				
A review of the medication administration record (MAR) dated 3/20/19 revealed that Resident #1 received 1mg Glucagon IM at 7:45 AM for blood glucose of 17.				
A review of a nursing note dated 3/20/19, at 9:45 AM revealed that a rapid response was called for Resident #1 who had a blood glucose of 17 at approximately 7:45 AM.				
During the telephone interview the familing glucose, she was not notified. Stated she other contact listed, for Resident #1 when that she was unhappy that nobody called response. Stated she came in that same which was the first she heard of it. The family member further stated that she was	ly member stated that on e was one of the contact on the resident's blood gl l her to tell her of the low day to visit and Residen family member stated, " ent to the Director of Nu	n 3/20/19 when Resident #1 had a low blood s for Resident #1 and no one called her or the lucose was low on 3/20/19. She further stated w blood glucose or that they called a rapid t #1 told her about the low blood glucose, 'I should have been called immediately". The ursing (DON) and Administrator and		
An interview was conducted on 4/2/19 at 12:45 PM with Nurse #1 and the Administrator. Nurse #1 stated she notified the physician of the residents low blood glucose, but stated she did not notify the family of Resident #1. The Administrator further stated that Resident #1's family was not called immediately.				
checked Resident #1's blood glucose on members to inform them of Resident #1	the morning of 3/20/19. 's blood glucose on the r	She stated that she did not call the family		
Resident #1 on 3/20/19 about the residen DON stated that she was informed by sta	nts low blood glucose le aff that the family memb The DON stated that fam	vel but stated that it was late afternoon. The ber wanted to speak to her about the low blood ily member was upset that she was not		
	EMORIAL HOSPITAL INC SUMMARY STATEMENT OF DEFICIEN Continued From Page 1 A review of lab results dated 3/20/19 at 7:47AM Resident #1 had a blood glucos A review of the medication administration Img Glucagon IM at 7:45 AM for blood A review of a nursing note dated 3/20/19 #1 who had a blood glucose of 17 at app A telephone interview was conducted w During the telephone interview the fami glucose, she was not notified. Stated sho other contact listed, for Resident #1 whe that she was unhappy that nobody called response. Stated she came in that same which was the first she heard of it. The family member further stated that she w expressed her concern about not being n response. An interview was conducted on 4/2/19 a she notified the physician of the resident Resident #1. The Administrator further At 10:50 AM on 4/3/2019 a telephone in checked Resident #1's blood glucose on members to inform them of Resident #1 typically call every time someone has a During interview with DON on 4/3/2019 Resident #1 on 3/20/19 about the resident DON stated	345306 IDER OR SUPPLIER STREET ADDRESS, 0 EMORIAL HOSPITAL INC STREET ADDRESS, 0 SUMMARY STATEMENT OF DEFICIENCIES Continued From Page 1 A review of lab results dated 3/20/19 at 7:41 AM revealed that I 7:47AM Resident #1 had a blood glucose of 17. A review of the medication administration record (MAR) dated 1mg Glucagon IM at 7:45 AM for blood glucose of 17. A review of a nursing note dated 3/20/19, at 9:45 AM revealed 1 #1 who had a blood glucose of 17 at approximately 7:45 AM. A telephone interview was conducted with an involved family n During the telephone interview the family member stated that of glucose, she was not notified. Stated she was one of the contact other contact listed, for Resident #1 when the resident's blood glucose. An interview was conducted on 4/2/19 at 12:45 PM with Nurse she notified the physician of the residents low blood glucose, bu Resident #1. The Administrator further stated that Resident #1's response. An interview was conducted on 4/2/19 at 12:45 PM with Nurse she notified the physician of the residents low blood glucose, bu Resident #1. The Administrator further stated that Resident #1's response. At 10:50 AM on 4/3/2019 a telephone interview was conducted checked Resident #1's blood glucose on the morning of 3/20/19. members to inform them of Resident #1's blood glucose. During interview with DON on 4/3/2019 at 11:40 AM, she state Resident #1 on 3/20/19 about the residents low blood glucose. During interview with	J45306 B. WING	

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