

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

PRINTED: 08/15/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345457</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/31/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELAIRE HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2065 LYON STREET</b> <b>GASTONIA, NC 28052</b>
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F 000	INITIAL COMMENTS  A Complaint Investigation survey was conducted on 07/31/19. One of the 8 allegations was substantiated. Event ID# QJO311.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §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- (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 resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or	F 580		8/16/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>08/14/2019</b>
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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>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 family member interview, staff interviews and record review, the facility failed to notify the resident representative of a deep tissue injury for 1 of 3 sampled residents reviewed for risk of developing pressure ulcers (Resident #2).</p> <p>Findings included:</p> <p>Resident #1 was admitted 5/6/19 with diagnoses including recent hip fracture, diabetes and gout. The most recent MDS (Minimum Data Set) assessment dated 5/22/19 revealed Resident #2 required assistance with activities of daily living and was occasionally confused. Review of Resident #2's face sheet revealed a resident representative was listed with contact information provided. Resident #2 was discharged 6/2/19.</p> <p>Review of a skin assessment dated 5/6/19 revealed skin was intact. Review of a Braden scale dated 5/6/19 revealed a score of 20 which</p>	F 580	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F580 How the corrective action will be accomplished for the resident(s) affected. Resident #1 was no longer in the facility at the time of survey.</p>		

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F 580	<p>Continued From page 2</p> <p>indicated Resident #2 was not at risk for skin impairment.</p> <p>Review of a physician order, dated 5/18/19 and entered by Nurse #1, revealed an order to apply skin prep and Allevyn (absorbent foam) dressing to the left heel every 3 days for SDTI (a deep tissue injury).</p> <p>Record review of Resident #2's progress notes revealed no documentation that Resident #2's representative was notified of the change in Resident #2's left heel.</p> <p>An interview, conducted with Resident #2's representative on 7/30/19 at 4:00 PM, revealed Resident #2 was discharged on 6/2/19 into the care of his representative. At discharge, Nurse #1 informed the representative that he would need to change the dressing on Resident #2's left heel every 3 days. Resident #2's representative stated that was the first time he was notified of the deep tissue injury to Resident #2's left heel.</p> <p>An interview, conducted with Nurse #1 on 7/31/19 at 2:45 PM, revealed Nurse #1 completed an assessment of Resident #2's left heel on 5/18/19 and it appeared purple. Nurse #1 notified the physician and received the order to apply skin prep and Allevyn dressing to the left heel every 3 days for a deep tissue injury. Nurse #1 stated he thought he called the resident representative because that is what he always did and would have documented the notification in the progress notes.</p> <p>An interview, conducted with the facility's Regional Nurse Consultant and the Administrator on 7/31/19 at 4:00 PM, revealed there was no</p>	F 580	<p>How corrective action will be accomplished for those residents with the potential to be affected by the same practice. Residents requiring notification of Responsible Parties for change in condition have the potential to be affected. An Audit of current Skin Assessments completed by the Unit Managers, DON or designee to ensure that any notifications that needed to be made.</p> <p>Measures in place to ensure practices will not occur. Licensed nurses will be in-serviced on Nursing Policy 603 and 2002 by Unit Managers, DON or RN Designee for notification of physicians and families related to change in condition, specific to significant change in a resident's physical, mental, and psychosocial well being, or any other condition that may warrant a request for treatments to change. This education will be completed by August 16, 2019 for current nurses, any nurse not receiving the education will be removed from the schedule until education is received. New hires will receive the education during General Nursing Orientation. The DON or UM will randomly audit 5 medical records of residents with Wounds which require physician/RP notification for documentation of notification each week for 4 weeks, monthly x 2 months then quarterly x 3.</p> <p>How the facility plans to monitor and ensure correction is achieved and sustained. Trending will be completed by the DON and reported to the QA &amp; A</p>		

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F 580	Continued From page 3 documentation that the resident representative was notified of the deep tissue injury. Both the Nurse Consultant and the Administrator stated the resident representative should have been notified of the deep tissue injury since that was a change in Resident #2's status.	F 580	Committee quarterly x 4 for continued compliance/revision of the plan.	