

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

PRINTED: 11/05/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G048		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/18/2022	
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2				STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138			
(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
W 000	INITIAL COMMENTS			W 000			
W 331	<p>A complaint survey was completed on October 18, 2022 for intake NC00192975. Deficiencies were cited.</p> <p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview and record verification, the facility failed to provide nursing services in accordance to a significance change in medical status for client #2. The finding is:</p> <p>During a complaint investigation completed on 10/18/22, review of client #2's record revealed an incident report dated 9/6/22. Continued review of the 9/6/22 incident revealed at 1:00 PM client #2 was on the bathroom toilet, and when he tried to get up, his legs collapsed, and he fell to the floor on his bottom. Further review revealed the facility nurse was notified and follow up was documented to be continued. Additional review revealed recommendations were to continue to monitor for swelling.</p> <p>Review of medical record for client #2 revealed a nursing note dated 7/26/22. Continued review of the 7/26/22 note revealed staff contacted the nurse stating the client seemed to be in pain and is walking with a limp. No swelling at the time, the nurse instructed staff to elevate legs and apply ice and administer Tylenol according to standing orders for pain and continue to monitor.</p> <p>Further review of nursing note and prescription dated 7/27/22 revealed after further assessment</p>			W 331			

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

TITLE

(X6) DATE

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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W 331	<p>Continued From page 1</p> <p>of client's condition, nursing contacted the on-call physician because of his limping and appearing to be in pain. Additional review of the 7/27/22 prescription revealed client #2 was prescribed meloxicam 7.5 mg tab to be taken daily and Tylenol 325 mg three times a day for seven days.</p> <p>Review of medical consult dated 7/29/22 client #2 was seen at Trident Care Imaging where 4 views of x-rays were completed with no fracture, unremarkable right knee as confirmed by medical consult report. No further notes were available to review from 7/30/22 through 9/5/22 to determine client's status prior to being admitted to the hospital.</p> <p>Interview with the facility nurse on 10/18/22 revealed the facility staff had been reporting to nursing that client #2 continued to walk with a limb and required additional assistance with transitioning, completing personal care and standing. Continued interview revealed the client had been having challenges since 7/26/22 with knee pain, flare ups and had several medication changes relative to his osteoporosis diagnosis to lessen the pain. Further interview revealed following the conversation with staff on 9/6/22, the facility nurse requested that the client is seen at the ER for further assessment. Subsequent interview revealed client #2 was taken to the hospital via EMS for leg pain and altered mindset. The nurse further revealed the client was transferred to a rehabilitation center on 9/20/22 for further treatment.</p> <p>Additional interview confirmed nursing notes from 7/30/22 through 9/5/22 were unavailable because she assumed the client's status was stable. Continued interview revealed following the 9/2/22</p>	W 331			

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W 331	Continued From page 2 incident, the facility nurse completed an assessment, however there were no assessments, bodychecks or nursing notes relative to the progress or regress prior to hospitalization to review.			W 331			