

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Farmville		STREET ADDRESS, CITY, STATE, ZIP CODE 4351 South Main Street Farmville, NC 27828	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48230</p> <p>Based on observations, staff interviews, and record review the facility failed to attempt alternatives prior to installing siderails (also known as bedrails), complete siderail assessments, assess entrapment risk, review the risks and benefits of siderails with the resident /resident representative and obtain informed consent prior to siderail use for 2 of 2 residents (Resident #24, Resident #37) reviewed for siderails.</p> <p>Findings included:</p> <p>1. Resident #24 was admitted to the facility on [DATE] with a diagnosis of hemiplegia (complete paralysis) and hemiparesis (partial muscle weakness) following cerebral infarction (stroke) affecting left non-dominant side.</p> <p>A review of Resident #24's electronic chart revealed no siderail screening. A screening titled Restraint and Adaptive equipment observation dated 5/30/24 was reviewed. The screening indicated Resident #24 did not use adaptive equipment. The observation was completed by the Assistant Director of Nursing (ADON).</p> <p>A Significant Change Minimum Data Set (MDS) dated [DATE] revealed Resident #24 was cognitively intact. The MDS indicated Resident #24 required total assistance with bed mobility, transfers, and was non-ambulatory. The MDS revealed Resident #24 had an impairment of both upper and lower extremities. The MDS indicated Resident #24's siderails were not used as a restraint.</p> <p>A care plan with the latest review date of 8/5/24 revealed a problem of using 1/4 siderails to aid/promote independent bed mobility. The goal was Resident #24 would not sustain any injuries related to the use of siderails through next review. Interventions included ensuring siderails were installed properly, do not promote entrapment and Restraint/Adaptive Equipment observation was completed quarterly and as needed.</p> <p>An observation on 8/5/2024 at 2:27 PM revealed Resident #24 resting in bed with bilateral one-quarter length siderails in the up position on the bed.</p> <p>An observation 8/6/2024 at 10:00 am revealed Resident #24 awake in bed with bilateral one-quarter length siderails in the up position on the bed.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Nurse #1 on 8/7/24 at 12:28 PM revealed the Nurses filled out the restraint and adaptive equipment screening on admission and quarterly. Nurse #1 stated this form was what they used for siderail screening. She further stated she always answered no to the question is adaptive equipment in use as she did not see siderails as adaptive equipment. Nurse #1 revealed there was no specific siderail assessment available. Nurse #1 indicated that siderails were on the beds on admission and stayed on the beds even when there was no resident admitted to that bed. She further indicated Nursing did not try alternatives to siderails before they were used. She was not aware of who was responsible for reviewing the risks and benefits with the resident or their representative, assessing entrapment risk, and obtaining the resident or the residents responsible party's consent for siderail use.</p> <p>A telephone interview with the ADON on 8/7/24 at 12:09 PM revealed she completed the restraint and adaptive equipment observation for Resident #24 on 5/30/24 and she marked no to the question if adaptive equipment was in use. She stated she did not see siderails as adaptive equipment. The ADON further stated there was not a specific siderail assessment form for them to complete.</p> <p>In a follow-up telephone interview with the ADON on 8/8/24 at 11:25 AM she stated siderails were on the bed at admission. She further stated they did not attempt interventions before implementation of siderails. The ADON revealed she was unaware of who was responsible for assessment of entrapment risk prior to installation, who discussed risks and benefits of siderail use, or who obtained informed consent from the resident or the resident's responsible party.</p> <p>In a telephone interview with the Director of Nursing (DON) on 8/8/24 at 11:55 AM she stated Nursing completed the restraint and adaptive equipment observation for use of siderails and she was unaware the Nurses had not understood that siderails were considered adaptive equipment until it was brought to her attention during this recertification survey. She further stated the Nurses should have answered yes to the question if adaptive equipment was in use. The DON revealed there was no assessment regarding entrapment risk, discussion of risks and benefits with the resident or their responsible party, or informed consent on the form. She further revealed she thought that the discussion of risks and benefits and informed consent was received on admission although she did not know where that was documented. The DON indicated there was no other siderail assessment available for Nursing to complete.</p> <p>An email from the Administrator on 8/8/24 revealed the facility did not have a form for informed consent for the use of siderails.</p> <p>In a telephone interview with the Administrator on 8/8/24 at 2:50 PM she indicated she thought the restraint and adaptive equipment observation form was meant to include siderails. She was unaware alternatives to siderails needed to be tried and documented before siderails were approved. The Administrator further stated the restraint and adaptive equipment observation form did not address entrapment risk, discussion of risk and benefits regarding siderail use with the resident or their responsible party, informed consent for the use of siderails or alternatives tried beforehand. She indicated Nursing should have had that discussion with the Resident or their responsible party before using siderails. The Administrator revealed she chose the forms the staff completed from options given by the corporate office, and she had been using the restraint and adaptive equipment observation form. She stated she has looked through the options since the issue was brought to her attention during this recertification survey and she had found one specifically for siderails.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #37 was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD), encephalopathy (brain dysfunction) and general muscle weakness.</p> <p>A review of Resident #37's electronic chart revealed no siderail screening. A screening titled Restraint and Adaptive Equipment observation dated 5/17/24 was reviewed. The screening indicated Resident #37 did not use adaptive equipment. It was completed by Nurse #1.</p> <p>A 5 day Minimum Data Set (MDS) dated [DATE] revealed Resident #37 was cognitively intact and had no impairment of upper or lower extremities. The Resident was independent with rolling in bed, sitting to lying and lying to sitting in bed. The MDS indicated Resident #37's siderails were not used as a restraint.</p> <p>A care plan with the latest review date of 8/5/24 revealed a problem of using 1/4 siderails to aid/promote independent bed mobility. The goal was Resident #37 would not sustain any injuries related to the use of siderails through next review. Interventions included ensuring siderails were installed properly, do not promote entrapment and Restraint/Adaptive Equipment observation was completed quarterly and as needed.</p> <p>An observation on 8/5/2024 at 8:38 AM revealed Resident #37's bed with the one-quarter length siderails in the raised position. Resident #37 was not in bed.</p> <p>An observation 8/6/2024 at 10:15 am revealed Resident #37's bed with bilateral one-quarter length siderails in the up position on the bed. Resident #37 was not in the bed.</p> <p>The interview with Nurse #1 on 8/7/24 at 12:28 PM revealed she filled out the restraint and adaptive equipment screening for Resident #37 on 5/17/24. Nurse #1 stated this form was what they used for siderail screening. She further stated she always answered no to the question is adaptive equipment in use as she did not see siderails as adaptive equipment. Nurse #1 revealed there was no specific siderail assessment available. Nurse #1 indicated that siderails were on the beds on admission and stayed on the beds even when there was no resident admitted to that bed. She further indicated Nursing did not try alternatives to siderails before they were used. She was not aware of who was responsible for reviewing the risks and benefits, assessing entrapment risk, and obtaining the resident or resident representatives consent for siderail use.</p> <p>A telephone interview with the Assistant Director of Nursing (ADON) on 8/7/24 at 12:09 PM revealed Nursing used the restraint and adaptive equipment observation assessment for siderail assessment. She stated she marked no to the question if adaptive equipment was in use as she did not see siderails as adaptive equipment. The ADON further stated there was not a specific siderail assessment form for them to complete.</p> <p>In a follow-up telephone interview with the ADON on 8/8/24 at 11:25 AM she stated siderails were on the bed at admission. She further stated they did not attempt interventions before implementation of siderails. The ADON revealed she was unaware of who was responsible for assessment of entrapment risk prior to installation, who discussed risks and benefits of siderail use, or who obtained informed consent from the resident or the resident's responsible party.</p> <p>(continued on next page)</p>		

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