Department of Veterans Affairs Community Living Center Survey Report

This document or report and the information contained herein, which resulted from the Community Living Center Unannounced Survey, has been de-identified to remove individually identifiable health information (also known as protected health information) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and other federal and state laws. De-Identification was completed in accordance with guidance published by the Office for Civil Rights to protect the privacy of the Community Living Center's residents.

General Information:

CLC: Fayetteville VA Medical Center (Fayetteville, NC)

Dates of Survey: 11/19/2018 to 11/21/2018

Total Available Beds: 52

Census on First Day of Survey: 36

F-Tag	Findings
F314 483.25(c) *Pressure Sores. Based on the comprehensive Assessment of a resident, the facility must ensure that (1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and (2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.* **Level of Harm** - Actual harm that is not immediate jeopardy **Residents Affected** - Few	Based on observation, interview and record review, the CLC did not ensure that a resident with a pressure ulcer received the necessary treatment and services to promote healing, prevent infection and prevent new pressure ulcers from developing. Findings include: On 11/19/18 at 10:00 a.m., the associate chief nurse for the CLC provided the Department of Veterans Affairs Medical Center Fayetteville, North Carolina Memorandum No.11-56 titled, "Skin Integrity Management," and dated February 24, 2016. Information in the policy stated, "If a pressure ulcer does occur, a treatment plan will be initiated to include monitoring and documentation of pressure ulcer status and response to treatment during the course of care when that care is provided by the Veterans Health Administration (VHA)." The policy also included, "Pressure ulcer prevention, early intervention, and treatment among vulnerable Veterans are essential strategies to decreasing the prevalence of pressure ulcers. Effective skin care programs decrease incidence of pressure ulcers and ultimately prevent the physical, psychological and financial consequences endured by patients with pressure ulcers." Resident #101, [LOCATION] • Resident #101 was admitted to the CLC with multiple medical conditions including history of a stroke with left-sided weakness, chronic pain and diabetes. The resident's admission history and physical (H&P) dated [DATE] stated the resident had a "healed pressure ulcer, Stage IV;" the H&P did not indicate the location of the healed pressure ulcer. • Resident #101's most recent quarterly Minimum Data Set (MDS) dated 10/20/18 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 12 suggesting moderately impaired cognition. The MDS indicated the resident experienced verbal behavioral symptoms directed toward others; rejected care; and needed total assistance of two to three staff members with all activities of daily living (ADLs) including bed mobility, transfers, and toilet use. The MDS indicated the resident was unable to walk and used a wheelchair for locomotion. According to the MDS, the resident had a Stage 2 pressure ulcer that was present during the previous quarterly MDS assessment dated 07/17/18. No skin or ulcer treatments were coded on the 10/20/18 MDS. The MDS indicated the resident had an indwelling urinary catheter and was always incontinent of bowel. The quarterly MDS dated 07/17/18 indicated the resident had a Stage 2 pressure ulcer that was present on admission; no skin and ulcer treatments were coded on the MDS. • Review of the resident's wound care notes indicated the resident developed a Stage 3 pressure ulcer located over the sacrum that was identified on 04/12/18; documentation dated 04/12/18 stated, "Pressure Ulcer 3.0 cm [centimeters] x [by] 1 cm x 0.5 cm." Documentation of wound assessments and wound treatment was completed on a weekly basis. • The resident's record included information about a recent acute care stay and readmission to the CLC on [DATE]. The wound assessment dated 08/29/18 and prior to the resident's acute care stay indicated the resident's pressure ulcer was 0.6 cm x 0.5 cm x 0 cm. The wound assessment after the resident returned to the CLC on [DATE] was dated 10/03/18 and indicated the pressure ulcer measured 1.0 cm x 0.5

cm x 0.5 cm.

- A medical provider's note dated [DATE] following the resident's acute care stay stated, "[Resident #101] has been in another [acute care] facility for several weeks and we will resume following his wounds as before. Sacrum 0.5 cm x 1.0 cm pink healing. Right buttock-excoriation."
- The nursing assessment dated 10/16/18 indicated the resident had a Braden Scale score of 11 suggesting a high risk for skin breakdown based on sensory impairment, being chairfast, limited mobility, moisture, poor nutritional intake and friction and shearing.
- The resident's plan of care with a revision date of 10/25/18 addressed pressure ulcers and stated, "I have developed a pressure ulcer, 1.2 cm x 0.3 cm. Intervention: I need to be repositioned frequently. I will keep clean and dry. Linens free of wrinkles. Foley catheter is to keep skin dry. Dietary will monitor my diet and fluid intake to promote healing." During the survey, the resident's linens were free of wrinkles and the resident was repositioned "frequently" including while in the wheelchair.
- The resident's most recent wound care note dated 11/14/18 stated, "Type of wound: HAPU [hospital acquired pressure ulcer] Stage II sacrum 3.7 cm x 1.0 cm x 0.2 cm deep. 100% granulation. New excoriation around the original wound. There are new shear injuries to the right ischial, left sacral areas that are clean and granulating. Small amount of serosanguineous drainage."
- During an interview with Resident #101 on 11/19/18 at 12:30 p.m., the resident was sitting in bed with the head of the bed elevated more than 30 degrees; the resident stated his "bottom hurt" and the pain was relieved with pain medication. The resident stated staff changed the dressing over the pressure ulcer routinely.
- Observation of the resident's tilt-back wheelchair during the interview on 11/19/18 at 12:30 p.m. revealed there was no pressure redistribution cushion in the chair as confirmed by the nurse manager. The wheelchair cushion was attached to and part of the wheelchair; the cushion was less than an inch thick and rigid.
- On 11/20/18 at 10:00 a.m., the resident was sitting in the tilt-back wheelchair; there was no pressure redistribution cushion in the chair as confirmed by the nurse manager. The nurse manager stated, "The resident's dressing change had been completed earlier that morning so the resident could be up in the wheelchair for Thanksgiving dinner to be served in the dining room between 11:00 a.m. and 11:30 a.m."
- On 11/20/18 at 1:00 p.m., the resident was observed in his room sitting in the tilt-back wheelchair. The resident stated, "I'm uncomfortable. Get me back to bed;" there was no pressure redistribution cushion in the chair. Staff were in the room with the resident, preparing to transfer the resident to bed.
- The nurse manager (NM) familiar with Resident #101 was asked for the most recent assessment of the resident's tilt-back wheelchair cushion on 11/20/18 at 3:45 p.m. On 11/21/18 at 8:30 a.m., the NM stated there was no documentation to indicate there had been an assessment of the wheelchair and seat cushion but that a consult had been requested on 11/20/18 at 4:43 p.m. (following discussions with the surveyor).
- In summary, Resident #101 was observed sitting in a tilt-back wheelchair without a pressure redistribution cushion in the chair. The resident was admitted to the CLC with a history of a healed sacral pressure ulcer. The resident developed a sacral pressure ulcer on 04/12/18. The CLC did not assess the resident's tilt-back wheelchair seat to determine the most appropriate seating (e.g., cushion) to provide pressure redistribution.