

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER MERIDIAN CENTER		STREET ADDRESS, CITY, STATE, ZIP 707 NORTH ELM STREET HIGH POINT, NC 27262	
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)		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, staff interview and resident interview, the facility failed to maintain an accurate medical record regarding a resident's [MEDICAL CONDITION] treatment for 1 of 3 sampled residents (Resident #4) reviewed for wound care. Findings included Resident #4 was admitted to the facility on [DATE] with multiple [DIAGNOSES REDACTED]. A physician order [REDACTED]. #4 was cognitively intact and rejected care 1-3 days. Resident #4's care plan dated 8-25-20 revealed goals and interventions for activities of daily living that included staff monitor the resident for [MEDICAL CONDITION] in his bilateral lower extremities. Resident #4's Treatment Administration Record (TAR) was reviewed and revealed from 9-1-20 to 9-9-20 the resident had refused to have the TED hose placed on his bilateral lower extremities in the morning. The TAR also revealed Resident #4's TED hose was being removed at bedtime. Resident #4 was interviewed on 9-10-20 at 12:05pm. The resident stated, I used to wear them, but I have not had them on for a while. He also said he did not believe he needed to have the TED hose on as he stated he did not have any swelling in his legs. An observation of Resident #4 occurred on 9-10-20 at 12:05pm. The observation revealed Resident #4 did not have any swelling in his legs or feet. Nurse #1 was interviewed on 9-10-20 at 2:43pm. The nurse stated she had attempted to place the residents TED hose on him, but the resident refused. She also commented the resident often refused his TED hose and that she had not seen any [MEDICAL CONDITION] present in Resident #4's bilateral extremities. During an interview with Nurse #2 on 9-14-20 at 9:54am by telephone, the nurse confirmed she was assigned Resident #4 on the evening shift several times from 9-1-20 to 9-9-20. She also confirmed she had documented the removal of Resident #4's TED hose at bedtime. Nurse #2 stated the nursing assistants removed TED hose from the residents and she had just assumed the nursing assistants had removed them from Resident #4. She also said she was not aware Resident #4 did not have his TED hose on when she performed her initial assessment of the resident at the start of her shift. The Director of Nursing (DON) was interviewed on 9-16-20 at 1:30pm. The DON discussed the facility having processes in place to monitor treatments and medication administration, so she was not sure how Resident #4's treatment documentation was missed.		
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.