

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

PRINTED: 05/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011
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NAME OF PROVIDER OR SUPPLIER LENOIR HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 322 NUWAY CIRCLE LENOIR, NC 28645
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(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
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and medical record review, the facility failed to provide one (1) of four (4) sampled residents with non-disposable dishware and a cloth table napkin during meals. (Resident #14).</p> <p>The findings are:</p> <p>Resident #14 was readmitted to the facility on 02/10/11 with diagnoses of heart failure, gastroesophageal reflux disease, and dysphagia. The Most recent Minimum Data Set dated 02/23/11 revealed the resident had modified independence with cognition and required set up help for eating.</p> <p>A review of Resident #14's care plan dated 02/01/10 revealed a problem of nutritional deficit related to anemia, gastroesophageal reflux disease, diabetes and dysphagia. An approach dated 04/20/11 for this problem revealed using disposable dishware for meals related to nausea and vomiting and spitting. It was not determined what caused or how long the vomiting had been a problem.</p> <p>The resident was observed at the following times 05/09/11 at 12:45 p.m., 05/10/11 at 1:10 p.m.,</p>	F 241	<p><i>This plan of correction is the facility's credible allegation of compliance.</i></p> <ul style="list-style-type: none"> Resident # 14 is being served on regular Dinner ware and cloth napkin. No other residents are being served On Styrofoam or not getting cloth napkins. Dietary Manager and Director of Nursing was in-serviced by Administrator not to serve on Styrofoam or use paper napkins. <ul style="list-style-type: none"> Dietary Manager is to monitor all tray cards to assure no residents are being served on Styrofoam. This will be done two times weekly times four weeks, then monthly times two. The Dietary Manager will prepare a summary of monitoring for presentation during the monthly QA Committee where the success of the plan will be reported and decisions to change it when necessary will be discussed times three months. <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of state and federal law.</i></p>	6/1/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ✓ Nancy Greene	TITLE ✓ LNHA ✓	(X6) DATE 6/1/11
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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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JUN 6 2011
BY: DJN

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F 241	<p>Continued From page 1</p> <p>and 05/11/11 at 12:51 p.m. in her room eating lunch. She was sitting up in her wheelchair and she had a Styrofoam plate and cup, thin paper napkin and silverware. She had been using the Styrofoam since the care plan was updated on 04/20/11.</p> <p>An interview was conducted with the resident on 05/09/11 at 12:45 p.m. She stated she did not know why she had disposable dishware. She took hold of the thin paper napkin and said she wanted a clothing protector because the napkin gets wet and goes through on her clothes.</p> <p>Interview on 05/09/11 at 12:45 p.m. with the licensed nurse, responsible for the resident's care, revealed she does not know why Resident #14 had Styrofoam containers at meals.</p> <p>An interview was conducted on 05/12/11 at 2:20 p.m. with the nursing assistant, responsible for the care of Resident #14. She revealed she did not know why the resident had Styrofoam plates and cups. She said about a month ago the resident had regular plates and a cloth napkin.</p> <p>An interview was conducted with the speech therapist on 05/12/11 at 2:34 p.m. She revealed Resident #14 was evaluated on 05/09/11 because the resident wanted an upgrade from soft meat to regular meat. The therapist reported the resident had Styrofoam containers because she had been vomiting. The therapist said the resident had told her she wished she could have a cloth napkin to cover her clothes because the paper napkin leaked through on her clothes.</p>	F 241		

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F 241	Continued From page 2 An interview with the Director of Nursing (DON) and Dietary Supervisor was conducted on 05/12/11 at 2:58 p.m. The DON stated the resident was changed on 04/20/11 from regular dishware to disposable Styrofoam dishes and cups because of episodes of copious vomiting onto her plate and cloth napkin. The DON said the resident has been better now and vomits or spits only occasionally. The DON stated the nursing assistants take the cloth napkins off the trays on the hall and put them in a bag. The dietary supervisor reported they did not want Resident #14's napkin to be washed together with other napkins on the hall. The DON revealed they had changed the resident to Styrofoam as a expedient and had not intended for the resident to remain on the disposable dishware this long.	F 241	<i>This plan of correction is the facility's credible allegation of compliance.</i>	6/1/11
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to trim ear hairs, trim head hair, and shave two (2) of three (3) residents (Residents # 57 and 92). The findings are: 1. Resident # 57 was readmitted to the facility on	F 312	<ul style="list-style-type: none"> ● Resident # 57 and # 92 where shaved and ear hair was trimmed. ● All residents were checked for need of shaving and excessive ear hair by the Director of Nursing. No other residents identified as having excessive ear hair. ● Staff was in-serviced by the Director of Nursing on assuring resident's are clear of facial hair and excessive ear hair. ● Department Managers will make rounds two times weekly to check for shaving and excessive ear hair to assure compliance and report to the DON two times weekly for four weeks, then monthly times two. ● The Director of Nursing will prepare a summary of monitoring for presentation during the monthly QA Committee where the success of the plan will be reported and decisions to change it when necessary will be discussed times three months. <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of state and federal law.</i></p>	

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F 312	<p>Continued From page 3</p> <p>02/04/11 with diagnoses of Alzheimer's Disease and difficulty walking, among others. The most recent Minimum Data Set (MDS) dated 02/11/11 revealed the resident had short and long term memory problems and was severely impaired in cognitive skills for daily decision making. The MDS also revealed the resident required extensive assistance for most activities of daily living including personal hygiene. A review of the care plan for Resident # 57, revised 04/01/11, also revealed the resident required assistance with personal hygiene.</p> <p>On 05/09/11 at 1:47 p.m. Resident # 57 was observed in his wheelchair in the hallway. He appeared to have several days growth of beard and ear hairs in both ears approximately ½ inch long.</p> <p>On 05/10/11 at 8:56 a.m. the resident was again observed in his wheelchair in the hallway still unshaven and with ear hairs in both ears approximately ½ inch long.</p> <p>On 05/11/11 at 8:30 a.m. Resident # 57 appeared to be freshly shaven, but his ear hairs remained untrimmed.</p> <p>On 05/12/11 at 11:18 a.m. the Director of Nursing (DON) was interviewed. She stated she expected male residents to be shaved at least twice a week on their shower days, but that if they had a heavy stubble, she expected them to be shaved more frequently. She stated she expected nursing assistants to check all aspects of grooming on shower days, including length of ear hairs, and to trim them if needed. But the DON stated the facility does not currently have a</p>	F 312		

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F 312	<p>Continued From page 4</p> <p>trimmer to use on ear hairs. The DON went to observe Resident # 57 and noted that the resident's ear hairs needed trimming. She stated she would obtain a tool for nursing assistants to use on ear hair. She also stated Resident # 57 had not been shaved today and she could tell from the length and thickness of the beard stubble that he needed to be shaved more frequently than twice a week on shower days.</p> <p>2. Resident # 92 was admitted to the facility on 11/29/10 with diagnoses of dementia, hemiplegia, and muscle weakness, among others. The most recent Minimum Data Set (MDS) dated 03/02/11 revealed the resident had short and long term memory problems and was severely impaired in cognitive skills for daily decision making. The MDS also revealed the resident was totally dependent for most activities of daily living including personal hygiene. A review of the care plan for Resident # 92, revised 03/08/11, also revealed the resident was totally dependent on staff for personal hygiene.</p> <p>On 05/09/11 at 3:11 p.m. and on 05/10/11 at 9:23 a.m., Resident # 92 was observed in bed with ear hairs in both ears approximately 1/2 inch long and head hair approximately an inch over the resident's ears.</p> <p>On 05/12/11 at 11:18 a.m. the Director of Nursing (DON) was interviewed. She stated she expected nursing assistants to check all aspects of grooming on shower days, including length of ear hairs, and to trim them if needed. But the DON stated the facility does not currently have a trimmer to use on ear hairs. She also stated she expected staff to inform the social worker when a</p>	F 312		

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F 312	Continued From page 5 resident needed a haircut so the family could be notified to pay for the haircut by the facility beautician. The DON went to observe Resident # 92 and noted that the resident's ear hairs needed trimming. She stated she would obtain a tool for nursing assistants to use on ear hair. She also stated the resident needed a haircut and she would have the social worker contact the family to arrange a haircut with the facility beautician.	F 312			