

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

PRINTED: 10/31/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/19/2011
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NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE OF NC LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD RUTHERFORDTON, NC 28139
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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)	(X6) COMPLETION DATE
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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, medical record review, and resident and staff interviews the facility failed to provide timely incontinence care for one (1) resident and remove chin hairs for three (3) of four (4) sampled female residents. Resident #1, #3 and #4.

The findings are:
1. Resident #1 was admitted to the facility with the diagnoses chronic obstructive pulmonary disease and diabetes mellitus. Resident #1's most recent Minimum Data Set (MDS) assessed her as having moderate cognitive impairment. The MDS further assessed Resident #1 as usually incontinent and needing extensive assistance with activities of daily living.

An observation was made on 10/18/11 at 11:30 AM of Resident #1 in her wheel chair in the hall. Resident #1's pants were obviously wet. Staff came to provide incontinence care. When Resident #1 was transferred to her bed for care her pants were wet down to her knee area and the pad in her wheel chair showed obvious signs of wetness. Resident #1's skin in her groin area was red and excoriated.

F 312

This Plan of Correction is the center's credible allegation of compliance.

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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

F- 312
1.) How corrective action will be accomplished for the resident affected:

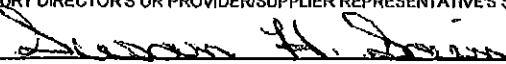
Resident #1 was provided proper incontinence care and experiences no adverse signs or symptoms of UTI. NA #1 was re-educated on providing proper incontinence care by the Director of Nursing. Nursing Assistants working during the survey were provided additional incontinence care education verbally by Nurse Management and according to the facilities expectations for providing incontinence care.

Resident's #1, #2 and #4 were offered by staff to have their facial hair removed. All are alert and oriented and make their needs known to staff. Staff members were instructed by the Director of Nursing that they are to offer to remove facial hair during showers.

Special electric razors were provided to these residents designed specifically for the removal of female facial hair.

2.) How corrective action will be accomplished for those residents having

11/14/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X8) DATE 11/8/11
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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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F 312	Continued From page 1 An interview was conducted on 10/18/11 at 1:10 PM with NA#1. She reported that she had checked Resident #1's incontinence brief for wetness at 7:15 AM that morning and she was dry. She reported that she was supposed to check and change residents every two (2) hours. She further reported when it is busy there is not always time to do this. An interview was conducted on 10/18/11 at 9:35 AM with the Director of Nursing (DON). She reported that the nursing assistants are to perform rounds every two (2) hours and change residents if they are wet. She further reported that it is her expectation that a resident showing obvious signs of wetness should not happen. 2. Resident #2 was admitted to the facility with the diagnosis with dementia, diabetes and peripheral vascular disease. Review of her Minimum Data Set (MDS) dated 7/27/11 revealed she had severe cognitive impairment. It further revealed that she needed extensive assistance with activities of daily living. Observation was made 10/18/11 at 10:25 AM of Resident #2 returning from the shower. Resident was observed to have two patches of chin hairs approximately one half inch long. An interview was conducted 10/18/11 at 10:35 AM with Nursing assistant #2 she reported resident showers are done twice a week. She reported care that is provided during showers for Resident #2 would be nail care and denture care. When asked about removal of Resident #2's facial hair she reported that this would normally	F 312	the potential to be affected: The facility acknowledges that all Incontinent and female residents could be affected by this alleged deficient practice. All Nursing Assistants in facility were provided education on the facilities expectations for providing Incontinence Care. They were also instructed that female residents should be offered removal of the hair during showers. This education will be provided in orientation and annually. This education was completed on November 8, 2011. 3.) What measures will be put in place or systemic changes made to ensure correction: Nurse's, Nurse managers and the Administrator will conduct at least one daily round to ensure that residents are being changed and facial hair removed for three weeks and then twice weekly for two weeks and then once per month for four months. An audit tool was developed by the facility to record the results and identify any/all ongoing concerns. The Director of Nursing will review all Quality Assurance audits for discrepancies and direct appropriate corrective actions.	

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F 312	Continued From page 2 be done during her shower but she did not have time this morning. An interview was conducted on 10/18/11 at 2:50 PM with Resident #2. When asked about her chin hairs she reported when she lived at home she shaved them. She further stated "they need to be gone, but I did not bring my razor here." An interview was conducted on 10/19/11 at 9:35 AM with the Director of Nursing. She reported it was her expectation the female residents should have facial hair taken care of, residents should be asked during their showers if they would like it removed. 3. Resident #4 was admitted to the facility with the diagnoses dementia, hypertension, depression and atrial fibrillation. Review of her Minimum Data Set revealed that she was cognitively intact and that she was dependent for care for activities of daily living. An observation was made on 10/18/11 at 9:30 AM of Resident #4 in her room. Resident #4 had a full chin of one quarter (1/4) inch long hairs as well a hair on her upper lip. An interview was conducted on 10/18/11 at 1:00 PM with Resident #4. She reports they shave her occasionally if they are not rushed. She then stated "it is very noticeable." An interview was conducted on 10/19/11 at 9:35 AM with the Director of Nursing. She reported it was her expectation the female residents should have facial hair taken care of, residents should be asked during their showers if they would like it	F 312	4.) How the facility plans to monitor its performance to make sure that solutions are ensured: The Director of Nursing or designee will compile audit results and present to the Quality Assurance Committee Meeting quarterly. Subsequent plans of action developed as indicated by the Committee. The Director of Nursing will be primarily responsible for overall compliance.		

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F 312	Continued From page 3 removed.	F 312		
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4. Resident #1 was admitted to the facility with the diagnoses chronic obstructive pulmonary disease and diabetes mellitus. Resident #1's most recent Minimum Data Set (MDS) assessed her as having moderate cognitive impairment. The MDS further assessed Resident #1 as needing extensive assistance with activities of daily living.

An observation was made on 10/18/11 at 9:55 AM resident sitting in wheel chair in her room. Resident is observed to have numerous one half (1/2) inch long hairs on her chin. Resident is other wise neatly groomed.

An interview was conducted on 10/19/11 at 9:35 AM with the Director of Nursing. She reported it was her expectation the female residents should have facial hair taken care of, residents should be asked during their showers if they would like it removed.