

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

PRINTED: 03/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/21/2012
NAME OF PROVIDER OR SUPPLIER LINCOLN NURSING CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1410 EAST GASTON ST LINCOLNTON, NC 28092		
(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 312} SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and record review, the facility staff failed to use proper technique while performing incontinence care one (1) of three (3) sampled residents. (Resident #2)</p> <p>The findings are:</p> <p>Resident #2 was admitted to the facility on 02/10/12 with the diagnoses of respiratory insufficiency and diabetes. Review of Resident #2's Minimum Data Set (MDS) dated 02/10/12 revealed she was cognitively intact. Further review of the MDS indicated the resident needed extensive assistance with all activities of daily living including personal hygiene. Review of Resident #2's care plan dated 02/10/12 revealed she had self-care deficit in the area of activities of daily living and needed assistance with toileting and personal hygiene due to weakness.</p> <p>An observation was made on 03/21/12 at 1:50 PM of incontinence care performed for Resident #2. The care was performed by Nursing Assistant (NA) #1 and NA #2. NA #1 cleaned Resident #2's peri-area wiping front to back. The NAs then turned the resident on her left side and NA #1 cleaned her buttocks and anal area wiping one</p>	{F 312}	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <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 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.</i></p> <p>I. Body audit completed on Resident # 2 No redness or breakdown identified with variance in incontinence care.</p> <p>Medical Record Review of Resident #2, No infection identified in the variance of incontinence care.</p> <p>On 3/21/2012 when notification of variance in practice of incontinence care was verbalized, DNS instructed Charge Nurse to assign an additional CNA to perform incontinence care to prevent potential for infection.</p> <p>CNA's #1 and #2 were re-in-serviced by the Staff Development Coordinator on 3/21/2012.</p> <p>The Director of Nursing Services performed an in-service and skills checklist with CNA's #1 on 3/23/2012 and #2 on 3/26/2012 to validate skills required for incontinence care.</p> <p>II. Re-In-service and performance skills checklist performed by the Director of Nursing Services of each CNA, completed on 03/26/2012.</p>	3/30/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Alle A. Phillips

TITLE

Executive Director

(X6) DATE

3/27/12

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 (1) time from the top of the gluteal fold down. NA #1 then cleaned the gluteal fold nine (9) more times wiping front to back using a different wipe each time. The NAs then positioned Resident #2 on her right side. NA #2 cleaned the gluteal fold wiping from the top of the buttocks toward the peri-area seven (7) times using a different wipe each time. An interview was conducted on 03/21/12 at 2:30 PM with NA#2. She reported she did not realize she was wiping the wrong way while cleaning Resident #2 buttocks and anal area. She reported she was trained to clean resident from front to back. An interview was conducted on 03/21/12 with NA #1. She reported she realized she wiped the wrong way when she wiped the resident the first time but then corrected herself and cleaned her wiping front to back. An interview was conducted on 03/21/12 at 4:30 PM with the Director of Nursing (DON). The DON stated it was her expectation that nursing assistants clean female residents by wiping front to back during incontinence care.	{F 312}	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <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 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.</i> CNA's who have not been in-serviced and observed for validation of skills will not be allowed to work with Residents until completion. III. Additional Directed In-service training and validation of skills for geriatric incontinence care will be completed on or before 04/15/2012. New nursing employees will be in-serviced upon hire during orientation on the expectation of compliance with the following Policies and Procedures as well as provide return skill demonstration prior to being assigned to Resident care for incontinence/Perineal Care. IV. Incontinence care observation will be monitored by a Licensed nurse for compliance on 4 CNA's 3x/week for 4 weeks, then 4 CNA 2x/week for 4 weeks, 2 CNA 1x/week for 4 weeks or until compliance deemed met. Validation of new employee training and return skill demonstration will be submitted weekly by the Staff Development Coordinator. The Director of Nursing is responsible for overall compliance.	3/30/12	

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{F 312}	Continued From page 2	{F 312}	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <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 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.</i></p> <hr/> <p>Monitoring Audits of incontinence care, and the validation of new employee training and return skill demonstration will be submitted and reviewed by the Performance Improvement Committee monthly for 6 months or until compliance is deemed met.</p>	3/30/12	