

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

PRINTED: 05/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/16/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - DARTMOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PROVIDENCE RD CHARLOTTE, NC 28207
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F 241 483.15(a) DIGNITY AND RESPECT OF
SS=D INDIVIDUALITY

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.

This REQUIREMENT is not met as evidenced by:

Based on observations, resident and staff interviews and medical record reviews, the facility failed to provide clothing protectors to maintain a dignified dining experience for 2 of 5 sampled residents observed during dining. (Residents #5 and #3)

The findings are:

Resident #5 was admitted to the facility in 2011. Diagnoses included Depressive disorder, cerebrovascular accident, Dementia and Schizophrenia.

A quarterly minimum data set dated 4/17/12 assessed Resident #5 with intact short and long-term memory and requiring staff supervision (oversight/encouragement) from one person during meals.

A care plan last reviewed on 5/3/12 identified that Resident #5 had self care deficits related to a stroke which required staff to set up his tray at meals and provide supervision for completing his meal. Assistance was to be provided as needed as the Resident was usually able to feed himself independently.

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Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the 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.

6-13-2012

F 241

Resident # 5 was assisted by the certified nursing assistant and the licensed nurse on 5/15/2012 in changing his soiled shirt. Restorative Aide # 1 and Nursing Assistant # 3 were immediately inserviced by the Director of Clinical Education on ensuring all residents are offered clothing protectors during meal times on 5/15/2012. The social services director assessed resident #3 and notified the responsible party of use of a towel during a meal on 5/15/2012. No negative outcomes noted.

An inventory of the facility's clothing protectors was conducted by the Housekeeping Director on 05/15/12 to ensure an adequate par level of available clothing protectors was on hand. The Housekeeping Director obtained additional clothing protectors after performing the inventory. 6-1-2012 four dozens of protectors has been ordered.



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

TITLE

(X6) DATE

[Signature]

Executive Director

6/7/12

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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Resident #5 was observed on 5/15/12 from 12:57 PM until 1:15 PM. During this observation, he was in bed wearing a white collared shirt and feeding himself lunch. Restorative aide #1 was observed to set up the lunch meal tray on the over bed table for Resident #5. A white napkin was on his lunch meal tray. Resident #5 fed himself spaghetti with meat sauce, Italian green beans, peach crisp, vegetable soup, tea and water and used the napkin to wipe his hands. A clothing protector was not offered to the Resident. He was observed to spill food including spaghetti onto his shirt as he fed himself lunch. After eating, he was observed with multiple red stains on his white shirt. When asked, Resident #5 confirmed that he was not offered a clothing protector and further stated "They do me like that everyday." He requested to have his shirt changed when staff removed his lunch meal tray. At 1:20 PM he was observed with his shirt pulled over his head and resting on his arms such that the stains were not visible while he awaited staff assistance with removing his shirt.

Interview with the Administrator on 5/15/12 at 1:45 PM revealed the paper napkin provided on the meal tray was to be used by staff for protection of resident clothing.

Resident #5 was observed on 5/15/12 at 2:30 PM wearing an orange shirt. He stated that he wanted his shirt changed because it was dirty from lunch, "I spilled a half of a plate of spaghetti on it at lunch."

On 5/15/12 at 2:35 PM restorative aide #1 was interviewed. She stated that there were not many clothing protectors available. She stated that she

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All facility staff were educated by the Director of Clinical Education regarding asking residents and providing appropriate clothing protectors to residents if requested. The Housekeeping Director was inserviced by the Executive Director on ordering and maintaining an adequate par level of clothing protectors.

The Executive Director and/or, the Director of Nursing Services, Assistant Director of Nursing Services, Director of Clinical Education, Unit Managers, Nursing Supervisors, will conduct observation audits to ensure that residents are offered clothing protectors during meal times and that clothing protectors are used during meal times for residents . This audit will be conducted twice daily during meal times five days per week for four weeks, then once daily during meal times five days per week for four weeks, then once daily during meal times three times per week for four weeks..

The results of this audit will be reviewed by and brought to the Quality Assessment and Assurance Committee Meeting by the Executive Director or the Director of Nursing Services. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to ensure continued compliance.

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decided to give clothing protectors to the residents who required the most assistance with dining; if a resident fed themselves and had a tendency to soil their clothing she would provide that resident with a clothing protector if she had one. If she did not have a clothing protector available, she would put a towel over the resident's clothes. Restorative aide #1 confirmed that she did not offer a clothing protector to Resident #5 for lunch because he was able to feed himself independently and usually ate 100% of his food. Restorative aide #1 also confirmed that Resident #5 did have a tendency to soil his clothes, but that she just did not offer him anything to protect his clothing.

Interview with the Director of Nursing (DON) on 5/16/12 at 9:40 AM revealed staff should use the paper napkins provided on the meal trays to protect residents' clothing. The DON reported she was not aware of the use of a bath towel for clothing protection.

2. Resident #3 was admitted to the facility with diagnoses which included Cerebral Vascular Accident with Right Hemiplegia. Resident #3's quarterly Minimum Data Set (MDS) dated 4/13/12 assessed Resident #3 required the extensive assistance of one person for eating.

Observation on 5/15/12 at 12:02 PM revealed Resident #3 seated in a wheelchair at a dining table. Nursing Assistant (NA) #3 placed a bath towel on Resident #3's chest which covered Resident #3 from the shoulders to the waist. A paper napkin was on the meal tray delivered to

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F 241	<p>Continued From page 3</p> <p>Resident #3. After feeding herself three spoonfuls of food, Resident #3 fell asleep.</p> <p>Observation on 5/15/12 at 12:46 PM revealed Licensed Nurse (LN) #1 awakened Resident #3 and adjusted the bath towel to cover Resident #3's chest. LN #1 assisted Resident #3 with eating. LN #1 explained the bath towel was used to protect Resident #'s clothing.</p> <p>Interview with NA #3 on 5/15/12 at 12:55 PM revealed she placed the bath towel on Resident #3's chest because there were no clothing protectors or large cloth napkins available. NA #3 explained Resident #3 required protection of her clothing from spills and she usually placed a bath towel or hospital gown on residents whose clothing required protection.</p> <p>Interview with NA #2 on 5/15/12 at 1:22 PM revealed she used "whatever I can" to protect resident's clothing during meals. NA #2 explained towels, hospital gowns or sheets were placed on residents during meals.</p> <p>Interview with the Administrator on 5/15/12 at 1:45 PM revealed the paper napkin provided on the meal tray was to be used by staff for protection of resident clothing.</p> <p>Interview with the Director of Nursing (DON) on 5/16/12 at 9:40 AM revealed staff should use the paper napkins provided on the meal trays to protect residents' clothing. The DON reported she was not aware of the use of a bath towel for clothing protection.</p>	F 241		
F 312	483.25(a)(3) ADL CARE PROVIDED FOR SS=D DEPENDENT RESIDENTS	F 312		

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F 312 Continued From page 4

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 observation, staff interview and record review, the facility failed to provide assistance with eating for one (1) of six (6) sampled residents who required assistance with eating (Resident #3).

The findings are:

Resident #3 was admitted to the facility with diagnoses which included Cerebral Vascular Accident with Right Hemiplegia. Resident #3's quarterly Minimum Data Set (MDS) dated 4/13/12 assessed Resident #3 required the extensive assistance of one person for eating.

Observation on 5/15/12 at 12:02 PM revealed Resident #3 was served pureed spaghetti and meatballs, pureed green beans, pureed garlic bread and pureed peach crisp in addition to nectar thick water and nectar thick tea. A nursing assistant placed a spoon into Resident #4's left hand. Resident #3 fed herself three spoonfuls of the pureed spaghetti and fell asleep.

Observation on 5/15/12 from 12:04 PM to 12:45 PM revealed Resident #3 slept, seated in a wheelchair, at the dining table with the lunch meal uncovered.

F 312

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Licensed Nurse # 1 was inserviced by the Director of Clinical Education on 5/15/2012 regarding reheating resident's food. The Resident food tray was heated and resident assisted with feeding.

The Registered Dietician and Unit Mangers developed a log of all residents that require assistance with meals. All residents on feeder log will be assigned a care giver to ensure that all residents requiring assistance received that assistance at meal times. No other residents were found to be affected during this audit.

The Director of Clinical Education and Dietary Manger conducted inservices for all facility staff on; (1) ensuring residents needing assistance during meals are assisted. (2) any cold trays Staff will notify dietary for a replacement tray.

The Executive Director and/or, the Director of Nursing Services, Assistant Director of Nursing Services, Director of Clinical Education, Unit Managers, Nursing Supervisors, will conduct observation audits to ensure that residents requiring assistance during meals are assisted. This audit will be conducted twice daily during meal times five days per week for four weeks, then once daily during meal times five days per week for four weeks, then once daily during meal times three times per week for four weeks.

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F 312	Continued From page 5 Observation on 5/15/12 at 12:46 PM revealed Licensed Nurse (LN) #1 awakened Resident #3 and began feeding her. After Resident #3 received four spoonfuls of the meal, the surveyor interrupted the meal. Interview with LN #1 on 5/15/12 at 12:47 PM revealed she should reheat the meal before she began assisting Resident #3 and did not realize the meal delivery was 41 minutes earlier. Interview with the Director of Nursing on 5/16/12 at 9:37 AM revealed if a resident's meal was interrupted, she would expect nursing staff to provide assistance with eating upon receipt of the meal and also reheat the meal prior to provision of assistance.	F 312	The results of this audit will be reviewed by and brought to the Quality Assessment and Assurance Committee Meeting by the Executive Director, the Director of Nursing Services or Dietary Manager. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to ensure continued compliance.
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews and record review, the facility failed to provide thickened liquids between meals for one (1) of three (3) sampled residents with physician ordered thickened liquids (Resident #4). The findings are: Resident #4 was admitted to the facility with diagnoses which included Renal Failure, Urinary	F 327	F 327 The dietary list for thickened liquids was updated to include Resident # 4 on 5/16/2012 by the Registered Dietician to ensure thickened liquids were delivered for resident #4 during the facility designated snack and hydration delivery times, during meal delivery times, and on request. The facility nursing assistant communication tool for resident #4 was updated by the Unit Manager on 5/16/2012 to reflect an order for nectar thickened liquids. 6-13-2012

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F 327	<p>Continued From page 6</p> <p>Retention and Dementia. The annual Minimum Data Set (MDS) dated 3/19/12 assessed Resident #4 with short and long term memory problems and an indwelling urinary catheter. The MDS assessed Resident #4 required the physical assistance of one person with eating.</p> <p>Review of the Registered Dietician annual nutrition data form dated 3/19/12 revealed Resident #4's estimated fluid needs were 2070 milliliters (mls.).</p> <p>Review of emergency room discharge instructions dated 5/7/12 revealed Resident #4's treatment for a urinary tract infection (UTI) included the direction to "drink lots of fluid (at least 6 to 8 glasses a day)" in addition to antibiotic therapy.</p> <p>Review of Resident #4's care plan updated on 5/10/12 revealed recurrent urinary tract infections added as a focus with the interventions of encouragement of fluids, monitoring for signs and symptoms of UTIs, provision of supra-pubic catheter care and incontinent care as needed. A second focus area of potential for alteration in hydration related to UTI and Dementia was also added on 5/10/12 and listed the following interventions: check for vital signs, encourage rest periods as needed, notify physician of signs and symptoms of fluid excess/fluid deficit and observe for mental status, mood and behavior changes.</p> <p>Review of a physician's order dated 5/10/12 revealed Resident #4 was to receive nectar thick liquid with a pureed diet.</p>	F 327	<p>The Registered Dietician and Unit Managers developed a log on 5/16/2012 that identifies all residents in the facility who have a current order for thickened liquids. This log was utilized to ensure all residents who have orders for thickened liquids have that information conveyed on the nursing assistant communication tool and that they receive those thickened liquids at facility designated snack and hydration delivery times, during meal delivery, and on request. No other residents were found not to be affected on this list.</p> <p>The Registered Dietician/Director of Education will inservice all dietary department staff on ensuring the communication of altered consistency liquids are updated upon request and that those liquids are available for nursing staff during facility designated snack and hydration delivery times, meal delivery times, and on request. The Director of Clinical Education will inservice all nursing staff on (1) updating the nursing assistant communication tool with updates to diet and liquid consistencies, (2) communicating new orders and changes of diet and liquid consistencies to the dietary department.</p>	

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F 327	<p>Continued From page 7</p> <p>Observation on 5/15/12 at 10:00 AM revealed thickened liquids labeled with resident names were delivered to the third floor nursing unit. There were no cups labeled with Resident #4's name. Observation of the nourishment kitchen revealed there were no nectar thick liquids available to be served. Observation of the coolers on both medication carts revealed nectar thick water was available.</p> <p>Observation on 5/15/12 from 10:00 AM to the lunch meal delivery at 12:14 PM revealed Resident #4 was not offered thickened liquid. Resident #4's catheter contained clear and yellow urine.</p> <p>Observation of the lunch meal on 5/15/12 from 12:14 PM to 12:45 PM revealed Resident #4 received and consumed 6 ounces (180 ml) of nectar thick water and 6 ounces (180 ml) of nectar thick sweet tea (total of 360 ml). Review of the dietary slip on Resident #4's tray revealed he was to receive 8 ounces (240 ml) of nectar thick milk in addition to the thickened water and tea.</p> <p>Interview with Nursing Assistant (NA) #1 on 5/15/12 at 12:22 PM revealed she did not know why Resident #4 did not receive the nectar thick milk listed on the dietary slip. NA #1 explained Resident #4 received thickened liquids between meals when the kitchen delivered the nourishments.</p> <p>Observation on 5/15/12 from 12:55 PM to 1:30 PM and from 1:50 PM to 3:00 PM revealed Resident #4 was not offered thickened liquids. At 2:15 PM, the nourishments delivered to the</p>	F 327	<p>An observation audit to ensure that all residents who have been identified that required altered liquid consistencies receive those liquids will be conducted by the Registered Dietician, Director of Nursing, Assistant Director of Nursing, and/or the Nursing Supervisors. Results of audit will be discussed in the (Morning and evening ED meetings) five days per week for four weeks, then once daily five days per week for four weeks, then once daily three times per week for four weeks.</p> <p>The results of this audit will be reviewed by and brought to the Quality Assessment and Assurance Committee Meeting by the Registered Dietician or Director of Nursing Services. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to ensure continued compliance.</p>	

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nursing unit did not contain thickened liquids for Resident #4.

Interview with Licensed Nurse (LN) #1 on 5/15/12 at 2:20 PM revealed Resident #4 received approximately a total of 360 ml of thickened liquids with his medications scheduled at 9:00 AM, 5:00 PM and 9:00 PM from the cooler on the medication cart. LN #1 explained nursing staff gave Resident #4 nectar thick liquids between meals when the kitchen delivered the nourishments.

Observation of the breakfast meal on 5/16/12 at 8:40 AM revealed Resident #4 received and consumed 4 ounces (120 ml) of nectar thick apple juice and 8 ounces (240 ml) of nectar thick milk (total of 360 ml) with the assistance of NA #2. Review of the dietary slip on Resident #4's tray revealed he was also to receive 8 ounces (240 ml) of nectar thick coffee and 6 ounces (180 ml) of nectar thick water (total of 420 ml).

Interview on 5/16/12 at 8:42 AM with NA#2 revealed she did not know why Resident #4 did not receive the nectar thick coffee and nectar thick water listed on the dietary slip. NA #2 explained Resident #4 received thickened liquids between meals at 10:00 AM and 2:00 PM when the kitchen delivered nourishments.

Observation on 5/16/12 at 10:00 AM revealed the nourishments delivered to the nursing unit did not contain a nectar thick liquid for Resident #4.

Interview with LN #1 on 5/16/12 at 10:45 AM revealed Resident #4 was to receive nectar thick liquids between meals. The thickened liquid

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F 327	<p>Continued From page 9</p> <p>should be delivered to the nursing unit at 10:00 AM, 2:00 PM and with the bedtime snacks. LN #1 reported she was not aware the 10:00 AM and 2:00 PM nourishments on 5/15/12 and the 10:00 AM nourishments on 5/16/12 did not contain thickened liquids for Resident #4.</p> <p>Interview with the Registered Dietician (RD) on 5/16/12 at 11:05 AM revealed Resident #4 was not on the dietary list to receive nectar thick liquids with the 10:00 AM, 2:00 PM and bedtime nourishments. The RD reported nursing would notify her if a resident required thickened liquids to be delivered between meals. The RD explained Resident #4 should have received thickened coffee and thickened water on the breakfast tray. She reported milk was only to be served with the breakfast and supper meals.</p> <p>Interview with the Director of Nursing (DON) on 5/16/12 at 11:25 AM revealed the dietary department delivered thickened liquids with the 10:00 AM, 2:00 PM and bedtime nourishments to all residents who received thickened liquids. The DON explained the nursing staff notified the dietary department of diet changes and the thickened liquids would be added to the nourishments.</p>	F 327		
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