

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


PRINTED: 06/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/05/2012
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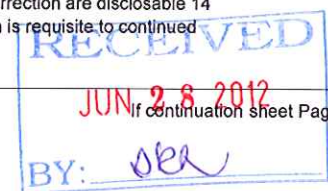
NAME OF PROVIDER OR SUPPLIER HUNTERSVILLE OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 12019 VERHOEFF DRIVE HUNTERSVILLE, NC 28078
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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, record review and staff interview, the facility failed to provide timely incontinent care for one (1) of three (3) sampled residents. (Resident #3)</p> <p>The findings are:</p> <p>Resident #3 was admitted to the facility with diagnoses including Cerebrovascular Accident (CVA). Annual Minimum Data Set (MDS) dated 03/12/12 assessed the resident with moderately impaired cognition, requiring extensive to total assistance with activities of daily living (adls) and incontinent of bowel and bladder.</p> <p>Review of the care plan dated 03/19/12 revealed Resident #3 required total assistance with all adls due to physical limitations. The care plan goal was for Resident #3 to have all needs anticipated and met. Care plan approaches included to provide daily personal hygiene care.</p> <p>On 06/04/12 at 5:46 PM Resident #3 was observed in bed preparing to eat his dinner meal. The resident was assisted with positioning by the unit Charge Nurse and another licensed staff member. The Charge Nurse pulled back Resident</p>	F 312	<p>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 this 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.</p> <p>F 312</p> <ol style="list-style-type: none"> 1. Incontinence care was provided to Resident #3. In addition, clinical staff conducted a bladder diary to determine resident's pattern and updated the Plan of Care accordingly. 2. Because all residents identified with incontinence have the potential to be affected by the cited deficiency, these medical records will be reviewed to ensure appropriate assessment and intervention is in place and addressed in the Plan of Care. The clinical staff will perform bowel & bladder screenings for each resident on admission and with new onset of incontinence. 3. Clinical staff will be re-educated regarding the expectation of the every 2 hour rounding protocol, with particular emphasis on incontinence care. 4. The Nurse Mentors/Nurse Leaders will, on a weekly basis, conduct random observations to ensure that appropriate assessment and intervention have occurred in accordance with the Plan of Care. 	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Exec Director, NHA</i>	(X6) DATE <i>6/26/12</i>
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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	<p>Continued From page 1</p> <p>#3's bed linen at the request of the surveyor and was observed with a wet area to the right backside of his sweat pants. The Charge Nurse repositioned Resident #3's bed linen and the Resident proceeded to eat his dinner meal with no incontinent care provided.</p> <p>On 06/04/12 at 6:15 PM Resident #3 completed his meal and the Charge Nurse removed the dinner tray from his room.</p> <p>On 06/04/12 at 6:17 PM an interview was conducted with Nurse Aide (NA) #1 who worked the 3 PM-11 PM shift and was assigned to Resident #3. NA #1 stated her normal procedure would be to make rounds at the beginning of her shift to check residents and provide incontinent care as needed. NA #1 stated she had not conducted rounds at the beginning of her shift and was not aware Resident #3 required incontinent care. NA #1 stated she arrived to work later than normal and began other assigned duties for her shift.</p> <p>On 06/04/12 at 6:20 PM the Charge Nurse and NA #1 provided incontinent care for Resident #3. The resident was observed with a dry brief in place with a wet area to the right back side of his sweat pants. NA #1 identified the wet spot as urine. No redness or skin breakdown was identified. Perineal care was provided with a clean brief applied. The wet sweat pants were removed and taken to the laundry room on the hall to be laundered.</p> <p>On 06/04/12 at 6:45 PM an interview was conducted with the Charge Nurse. The Charge Nurse stated she assisted with positioning</p>	F 312	<p>5. Results of this monitoring will be shared with the Director of Nursing and Administrator weekly and with the Quality Assurance and Performance Improvement Committee monthly. Monitoring will continue for a minimum of ninety days at which time the Quality Assurance and Performance Improvement Committee will determine whether the deficiency has been resolved. If it is determined that the deficiency has been resolved, monitoring will continue on a quarterly basis.</p>	7/3/2012

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F 312	<p>Continued From page 2</p> <p>Resident #3 in bed for his dinner meal but did not observe that his pants were wet and was not aware that the resident required incontinent care. The Charge Nurse stated the nurse aides were expected to check and change residents at the beginning of their shift and then every two hours or more often as needed. The Charge Nurse stated she was not aware NA #1 required assistance with resident care.</p> <p>On 06/05/12 at 8:30 AM an interview was conducted with NA #2 who worked the 7 AM-3 PM shift and was assigned to Resident #3 on 06/04/12. NA #2 stated he made his final rounds to check and change Resident #3 at 2:30 PM. NA #2 stated he reported off to NA #1 at approximately 3:15 PM.</p> <p>On 06/05/12 at 4:46 PM an interview was conducted with the unit Nurse Mentor (supervisory position). The Nurse Mentor stated that direct care staff were expected to make rounds at the beginning of their shift to provide toileting or incontinent care before beginning other assigned duties. The Nurse Mentor reported that nursing and direct care staff were inserviced in April 2012 on routine rounding to ensure residents received timely incontinent care.</p> <p>On 06/05/12 at 5:13 PM an interview was conducted with the Administrator. The Administrator stated he expected staff to conduct routine rounds to monitor residents and provide timely incontinent care.</p>	F 312		