

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

PRINTED: 07/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/03/2012
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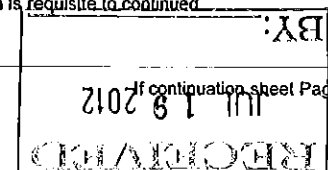
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28665
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 observations, resident and staff interviews, and medical record review the facility failed to provide showers for one (1) of four (4) sampled residents requiring assistance with activities of daily living (ADLs). (Residents #3).</p> <p>Findings include: Resident #3 was admitted to the facility with diagnoses including hemiplegia and convulsions. A quarterly Minimum Data Set (MDS) dated 04/06/12 indicated Resident #3 was cognitively intact and required extensive assistance for personal hygiene and bathing. A review of the Care Plan noted the resident required assistance with bathing. Review of the facility Point of Care (POC) legend report for bathing revealed nursing assistants (NAs) caring for Resident #3 documented that no showers were given from 06/01/12 - 06/30/12.</p> <p>An observation on 07/02/12 at 2:38 PM revealed Resident #3 lying on a bed, with the head of the bed elevated, the resident was dressed, hair appeared oily and laid flat against the resident's head.</p> <p>An interview on 07/02/12 at 2:38pm with Resident</p>	F 312	<p>Magnolia Lane Nursing & Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan Of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Magnolia Lane's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Magnolia Lane Nursing & Rehabilitation Center reserves the right to</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Cheer A Carter RN LNA TITLE
Administrator (X6) DATE
7-18-12

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	<p>Continued From page 1</p> <p>#3 revealed he had not received a shower in two (2) to three (3) weeks. The resident stated that he hoped to be showered at least once per week as he was scheduled to be showered on Mondays and Thursdays. The resident stated that when he would ask an NA about a shower, the staff responded that they didn't have time. Resident #3 stated that he didn't want to bother staff.</p> <p>An interview on 07/02/12 at 2:45 PM with NA #1, revealed that he did not give showers to any of his assigned residents today (07/02/12) and Resident #3 was scheduled for a shower based on his bed assignment.</p> <p>An observation on 07/03/12 at 8:55 AM revealed Resident #3 was sitting in a wheelchair, hair appeared oily and unwashed.</p> <p>An interview with NA #2 on 07/03/12 at 10:10 AM revealed that showers were not completed as assigned. NA #2 stated that she brought this issue to the attention of the Director of Nursing (DON) on 06/28/12.</p> <p>An interview with Licensed Nurse (LN) #1 on 07/03/12 at 2:10 PM revealed that showers were not completed on a regular basis. LN #1 stated that NAs had reported to her that they were unable to complete the assigned showers during their shift and that administration was informed.</p> <p>An interview on 07/03/12 at 3:07 PM with the DON revealed that she expected that showers were given as scheduled and that residents are scheduled for two showers per week. A nurse should be notified by the NA if showers were not</p>	F 312	<p>refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Resident #3 received a shower on pm of 7-3-12 and is receiving a shower twice weekly and prn. All residents were assessed for showers and given showers 2x/ wk. A shower team has been assigned to both units. The team gives showers on Monday and Tuesday with make up day on Wednesday, then Thursday and Friday with make up day on Saturday. Showers are being checked daily by QI & DON. Showers will continue to be checked every day by assigned nurse and / or QI.</p>	
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F 312	Continued From page 2 completed during the shift. The DON was not aware that showers were not completed as scheduled. The DON stated that Resident #3 did not receive showers as scheduled.	F 312	Audits by QI will be done daily x 3 wks. Then weekly x 4 wks. Then monthly x 3, then quarterly. Results of the Audits will be forwarded to the Executive QI Committee monthly x 3 then quarterly for review, identification and trending of potential concerns with follow up action taken as deemed appropriate and to determine the frequency and/or need for continued monitoring.	7-18-12	