

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

11/19/12  
109 1 .. 2012

PRINTED: 11/01/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/18/2012
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NAME OF PROVIDER OR SUPPLIER  TRIAD CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262
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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, medical record review and staff interviews, the facility failed to provide incontinence care for one (1) of four (4) sampled residents dependent on staff for toileting. Resident #5.</p> <p>The findings were:</p> <p>Resident #5 was admitted to the facility on 3/23/12 with diagnoses including contractures of both upper and lower extremities, abnormal posture, and lack of coordination.</p> <p>Review of the most recent Minimum Data Set, a quarterly, dated 7/30/12 revealed Resident #5 required total assistance of one staff member for toileting and personal hygiene. Resident #5 was incontinent of bowel and bladder.</p> <p>Review of the revised care plan dated 10/15/12 revealed a problem of self care deficit. The approaches for staff to use for this problem included providing incontinence care, personal hygiene after each incontinent episode.</p> <p>Continuous observations beginning 10/17/12 at 11:50 AM until 2:10 PM revealed Resident # 5</p>	F 312	<p>"This Plan of Correction is prepared submitted as required by law. By submitting this Plan of Correction, Triad Care &amp; Rehabilitation Center does not admit that the deficiency listed on this for exist, nor does the Center to any statements, findings, facts or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</p> <p>F 312</p> <p>Resident #5 received incontinence care on 10/17/12 @1:45 in the afternoon, by Certified Nursing Assistant and the Staff Development Coordinator.</p> <p>Residents that required assistance with continence care were checked for incontinence and given incontinence care as needed on 10/17/12.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Alice Hopping* TITLE *Administrator* (X6) DATE *11-14-12*

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>had wetness at the crotch of his sweatpants that extended down the inner side of both pant legs.</p> <p>Observations on 10/17/12 from 11:50 AM until 1:00 PM revealed the following:</p> <ul style="list-style-type: none"> <li>- at 11:50 AM, Resident #5 was positioned in his wheelchair, parallel to the dining room table. His lap and legs were visible during this observation. Continued observations revealed staff (aide #1 and activity aide #1) walked up to the resident, offered a clothing protector, applied the clothing protector and walked away.</li> <li>- at 12:35 PM, Resident #5 was served his tray at and ate lunch with visible wetness on his sweatpants.</li> <li>- At 1:00 PM Aide #1 removed Resident #5 from the dining room and took him to his room. Resident #5 remained in his room, in the wet sweatpants until 1:50 PM.</li> <li>- at 1:45PM, Activity Aide #1 entered the room and put a flat " pancake " call bell in the lap of Resident #5.</li> <li>- At 1:50 PM Aide #2 arrived to provide incontinence care.</li> </ul> <p>Observations of incontinence care for Resident #5, on 10/17/12 at 1:58 PM, revealed Resident #5 had wetness on the back of the sweatpants from the hips down to the back of the knees. A folded top sheet remained in the resident ' s wheelchair. The top sheet had a large circle of wetness with dried brown rings at the edges of the circle. Observations during the provision of care revealed Resident #5 had moderate amount of stool on his hips, groin and up his lower back. The disposable brief was soggy, saturated with urine.</p>	F 312	<p>Licensed Nurses and Certified Nursing Assistants will be re-educated by Staff Development Coordinator and Nursing Management on monitoring residents who are dependent on toileting. All residents deemed incontinent will be checked prior to meal time, prn, and changed as necessary if an incontinence episode has occurred.</p> <p>Resident Care Cards were audited on 11-14-12 by the Director of Nursing and the Regional Director of Clinical Operations to ensure incontinence instructions for staff was on the Resident Care Cards.</p> <p>An audit was completed <i>by the Medical Record Assistant</i>, to ensure the Resident Care Cards were put in each Closet, on 11-7-12.</p>	

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F 312	<p>Continued From page 2</p> <p>Interview on 10/17/12 at 1:22 PM with Aide #2 revealed Resident #5 required total care to be provided. The care that was provided that morning included a bath, dressed in his clothing, and put him in his wheelchair. Further interview revealed the last time incontinence care had been provided was at 10:00 AM, when she got him up to his chair. She had not checked him for incontinence since 10:00 AM. When she was asked when the next incontinence care would be provided, she answered " after the trays (lunch trays) were up. There were a couple of residents she had to take to the toilet, and Resident #5 would be next.</p> <p>Interview on 10/17/12 at 1:55 PM with Activity Aide #1 revealed she had not noticed the wetness on the front of Resident #5 ' s sweatpants when he was in the dining room. Further interview, revealed she did not notice the wetness when the call bell was placed in his lap.</p> <p>Interview with Aide #2 on 10/17/12 at 2:10 PM revealed the folded sheet in the wheelchair was a clean sheet she had put in the wheelchair that morning. When asked what was on the sheet, she replied " urine. " When asked how much urine, she replied " quite a bit. He is a heavy wetter after lunch. " This staff member was asked who took Resident #5 into the dining room. Her reply was the Restorative Aide.</p> <p>Interview on 10/18/12 at 11:45 AM with Aide #1 revealed she had not noticed Resident #5 had wet pants while in the dining room on 10/17/12. Upon returning him to his room, she did notice the wetness and reported it to his aide. The</p>	F 312	<p>Nursing Management will complete an audit of residents deemed incontinent to ensure they are clean and dry, daily for 2 weeks: twice a week for a month and then monthly x 2 months to ensure quality of incontinent care. Audits will be reviewed by the Director of Nursing Services (DNS) for any follow up needed. Results of the audits and follow up will be taken to the facility Performance Improvement (PI) meeting monthly x 90 days.</p> <p>Compliance date: 11/15/12</p>	
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F 312	Continued From page 3 reason Resident #5 did not receive care sooner was due to his aide being with another resident.  Attempts to interview the Restorative Aide were made on 10/18/12 at 11:50 AM, and again on 10/19/12 via telephone. This staff member was not available for interview.	F 312			