2/20/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345092	A. BUILDING _____ B. WING _____	C 01/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON SALEM NURSING & REHABILITATION CENTER	1900 W 1ST STREET WINSTON-SALEM, NC 27104

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F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to keep resident care areas and common area free from offensive odors that resembled urine, stool, musty and sour smells. This was evident in 1 of 4 resident care units. (Unit 500) Findings included: Observation on 1/22/13 at 6:20 PM revealed an offensive odor resembling stool permeating in the hallway near room 501. There was a resident in room 501 at this time and this resident was clean and groomed. Again at 8:10 PM on 1/22/13 there was an offensive odor of stool in the hallway of 501. No residents were in the hallway. Observation on 1/22/13 at 6:30 PM revealed a strong offensive lingering odor that resembled a musty and sour smell in the 5th floor dining room. Observation on 1/22/13 at 8:05 PM revealed 2 green colored fabric chairs and 1 recliner chair in the hallway across from the elevator on the 5th floor. These chairs had a strong offensive smell resembling urine. These chairs were unoccupied.	F 252	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Winston-Salem Nursing & Rehabilitation Center** does not admit that the deficiency listed on this form exist, nor does the Center admit 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." **F252** 1.An audit was completed on 1/24/13 by Administrator, Housekeeping Manager and Staff Development to assure there were no odors and no residents affected as part of immediate corrective action. This audit completed on all floors. Housekeeping Supervisor identified two older chairs that were discarded by facility. No residents affected.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — 2/12/13 — (X6) DATE: 2/18/13 Revised

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 252	Continued From page 1 Observation on 1/23/13 at 10:58 AM revealed 3 green print colored fabric type chairs were positioned in front of the elevator on the 5th floor. Each chair had a folded white colored towel. There was a smell resembling urine noted from these chairs. These chairs were unoccupied. Observation on 1/23/13 at 1:50 PM revealed upon exiting the elevator on the 5th floor an offensive odor that resembled urine was detected. There were 3 green print colored fabric type chairs in front of the elevator on the 5th floor. There was still strong offensive odor that resembled urine. Interview on 1/23/13 at 2 PM with (housekeeper) HK#1 assigned to the 5th floor revealed I " try to wipe down the chairs as much as we [sic I] can. I have not cleaned the chairs in the hallway for a long while (not specific about the time). " Interview on 1/23/13 at 2:05PM with the Environmental Services Director for Housekeeping (ESDH) revealed chairs that were located in the hallways and dining rooms are cleaned once a week. According to the ESDH this cleaning was last done on 1/21/13. Observation of the 3 green fabric chairs located in the hallway across from the elevator was done by the director at the time of this interview. The ESDH indicated he smelled urine in 1 of the 3 chairs. The ESDH also indicated that these green chairs had a protective coating to prevent soiling. A second interview was held on 1/23/13 at 2:45 PM with the ESDH and HK#2. The ESDH indicated that he checked with HK#1 at 2:30 p.m. and the 3 urine smelled chairs were just cleaned	F 252	2. On 1/24/13- The Administrator reviewed the cleaning schedule for chairs with Housekeeping Manager to ensure ongoing disinfecting and deodorizing. No residents found to be affected. To assure residents having any potential to be affected- Housekeeping Manager implemented plan for chairs throughout facility to be deep cleaned-chairs were cleaned with U-One Disinfectant Germicidal- Staff Development Coordinator verified deep clean with follow up audit. Chairs will continue to be cleaned weekly and as needed dependent on resident activity. 3. Staff Development Coordinator conducted an in-service with nursing & Housekeeping staff on 1/23/13 regarding monitoring and addressing odors and awareness of chairs and equipment for cleaning purposes. Staff Development Coordinator & Housekeeping Manager planned follow up in-service for Nursing & Housekeeping Staff regarding monitoring and addressing odors and awareness to be completed by 2/18/13. To further ensure compliant practice, the facilities Concierge will monitor for compliance with walking rounds on a daily basis during her usual work day to check chairs and/or any odors.	2/18/13

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F 252	Continued From page 2 and they still had a smell of urine. Observation at 1/23/13 at 3:45 p.m. revealed upon exiting the elevator on the 5th floor a urine odor was noted. Observation on 1/23/13 at 4 PM revealed upon exiting the elevator on the 5th floor a strong lingering offensive odor which resembled urine was detected that permeated through the hallways. Observation on 1/24/13 at 9:50 AM revealed a strong lingering urine odor noted in the hallway of rooms 519-531. There were two containers of overflowing soiled linens. Interview on 1/24/13 at 10:10 AM with the administrator revealed her expectations were high and expected a clean and odor free facility.	F 252	4. A daily audit for odors on floors, and chairs will be conducted by Housekeeping Manager two times daily, five days per week for four weeks. Then daily for two months and/or until 100% compliance. The results of this audit will be noted and reviewed in the monthly QAPI. The facilities QAPI is the Quality Assurance team focused on Performance Improvement. The results will be brought to the monthly QAPI by the Housekeeping Manager and reviewed with Committee. Any issues/trends identified will be addressed and actions planned to ensure continued compliance. In addition the facilities Concierge will meet with Administrator weekly and/or as needed to review any findings of noncompliance.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide a floor mat next to the bed to prevent injury for 1 resident	F 323	**F 323** 1.1/23/13 Resident #1 was resting in low bed during time surveyor was observing without incident and mat returned to bedside. Resident not affected. Nursing staff cleaned and returned mat. Unit Manager assured safety of resident by assessment of resident when mat was returned.	2/18/13

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F 323	Continued From page 3 with a history of multiple falls (Resident #1) of 4 residents in the survey sample reviewed for accidents. The findings include: Resident # 1 had cumulative diagnoses of dementia with psychosis, diabetes, and hypertension. Review of the Minimum Data Set (MDS) dated 12/10/12 revealed the resident had severe cognitive impairment. The MDS further indicated the resident had disorganized thinking, and was totally dependent on staff for transfers. Review of the incident reports from 7/1/12 through 1/23/13 revealed resident #1 had the following falls: On 7/3/12 the resident was found sitting on the floor next to the bed. There was no injury to the resident. On 8/17/12 the resident was observed on the floor next to the bed. There was no injury. On 8/29/12 the resident had a fall from the bed and sustained a large discolored area with swelling to the right breast and flank. On 9/5/12 the resident was observed on the floor next to the bed. Blood was noted on the resident ' s face and on the floor. The resident sustained a laceration. The laceration was cleansed with normal saline, an ice pack was applied and neurological checks were initiated. On 9/12/12 a NA took a chair into the resident ' s room and placed it next to the foot of the bed.	F 323	Nursing staff involved addressed by DON for immediate corrective action-with discipline/education. Resident not affected. 2. 1/23/13-Director of Nursing & Staff Development initiated an audit to assure residents with safety equipment needs, had them in place. Audit showed safety equipment in place. 1/23/13 Staff Development initiated in-service for facility staff regarding safety equipment for residents to assure compliance for residents having potential to be affected. In-service completed by 1/28/13. No residents affected. 3.Facility implemented systemic change with process to have spare mats available on unit during times mats are being disinfected so that a resident will have one available. Staff Development instructed/communicated to facility staff on systemic change 1/28/13.	

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F 323	Continued From page 4 The NA left to get help to transfer the resident to the chair. When the NA returned to the room she found the resident lying on her back next to the bed. The resident said her head hurt. There were no injuries noted on examination. On 9/28/12 the resident had a fall from the bed and sustained a hematoma to the right upper arm near her shoulder, was transferred to the emergency room (ER). An X-ray was done and no fractures were noted. The resident was returned to the facility. On 10/6/12 a nursing assistant (NA) observed the resident slide from the bed to the floor. No injuries were noted. On 10/13/12 the resident was observed on the floor next to the bed. A 1.5 inch laceration was sustained above the left eye. There was discoloration to the left side of the resident ' s face and neck and bruising on her left hand. The resident was transferred to the ER. Sutures were placed and the resident was returned to the facility. A physician 's progress note dated 10/14/12 referred to the resident ' s fall on 10/13/12 and noted that the laceration required sutures and were placed at the hospital. The resident 's prognosis was extremely guarded in that the resident did not call for help and she was probably having more delusions. On 11/11/12 an incident report revealed the resident was observed on the floor next to the bed in an upright position.	F 323	4.A daily audit of safety equipment needs for residents will be conducted by Unit Managers/Nursing Supervisors one time each shift seven days per week for two months and/or 100% compliance. The results of this audit will be brought to monthly QAPI by Director of Nursing and any issues/trends identified will be addressed and an action plan continued until 100% compliance. The facilities QAPI is the Quality Assurance team focused on Performance Improvement.	2/18/13

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F 323	Continued From page 5 Review of the care plan dated 11/2/12 indentified the resident at risk for falls with a history of fall, hypertension and, diabetes. The problem onset date was identified as 7/11/12. Interventions included keeping the bed in a low position and a mat beside the bed. Observations on 1/23/12 at 2:30 PM and again at 3:45 PM revealed resident #1 was lying in a low bed. There was no floor mat next to the bed and there were no staff members present in the resident's room. In an interview with NA #1 at 3:45 PM on 1/23/13 she stated that she did not know where the mat was and the resident was in bed when she arrived. She further stated that she did not usually work on that unit. An interview with the Director of Nursing (DON) on 1/24/13 at 9:35 AM revealed the floor mat was removed on 1/23/13 for cleaning because the Nursing Assistant (NA) noticed it was sticky. An interview with NA #2 on 1/24/13 at 10:07 AM revealed she removed the mat from the bedside on 1/23/13 for cleaning while the resident was out of bed. She stated that the second shift returned the resident to bed. In an interview with the Director of Housekeeping on 1/24/13 at 10:48 AM he stated that, if needed, maintenance could provide a replacement mat. An interview with the DON on 1/24/13 at 11:42 AM revealed her expectations were that the mat would be returned to the floor when the resident was put to bed.	F 323		

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F 323	Continued From page 6 An interview with the Unit Manager (UM) on 1/24/13 at 11:45 AM revealed the floor mat was removed from the room for cleaning on 1/23/13 between 2:00 PM and 2:30 PM. She cleaned the mat with sanitizing wipes and it was put back on the resident ' s floor between 4:00 PM and 5:00 PM. When questioned she stated that she would expect the NA to tell her if the mat was needed. An interview with NA #1 at 12:00 PM on 1/24/13 revealed that when she came on duty at 3:00 PM on 1/23/13 she noticed the floor mat was not in the resident's room. She stated that when she asked NA #2 where the mat was, she told her it was cleaned and was drying. She stated she asked the UM about the mat and it was returned to the bedside. In an interview with the administrator on 1/24/13 at 12:15 PM she stated that her expectations were that the resident's safety be ensured through staff observation until the mat was returned. The mat should have been placed on the floor immediately when the resident was returned to bed. She further revealed that resident #1 could have been kept in her chair until the mat was put back down or another mat was obtained.	F 323		