

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

PRINTED: 05/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

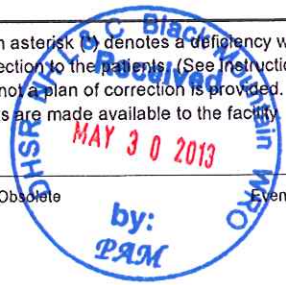
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/09/2013
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NAME OF PROVIDER OR SUPPLIER  BROOKSIDE REHABILITATION AND CARE	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 248 BURNSVILLE, NC 28714
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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
F 000  F 312 SS=D	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigations. Event ID# NMV311.</p> <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 resident and staff interviews the facility failed to provide mouth care for 1 of 3 residents observed for activities of daily living (Resident # 85).</p> <p>The findings include:</p> <p>Resident #85 was admitted to the facility with diagnoses which included a history of cerebral vascular accident, hemiplegia, hypertension and diabetes. Review of Resident #85's most recent Quarterly Minimum Data Set dated 04/12/13 revealed he had moderate cognitive impairment and needed extensive assistance with activities of daily living, particularly personal hygiene.</p> <p>Review of Resident #85's care plan updated 04/26/13 read in part, "Ensure oral care is performed each day, assist him with dental/oral care as needed."</p> <p>Observations of Resident #85 made on 05/07/13</p>	F 000  F 312	<p>Without admitting or denying the validity or existence of the alleged deficiencies, Brookside Rehabilitation and Care provides the following plan of correction.</p> <p>F312 483.25(a) (3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <ol style="list-style-type: none"> <li>1. Res # 85 were provided oral care immediately.</li> <li>2. Residents within the facility who are unable to carry out oral care will be offered oral care, provided oral care and or assisted with oral care daily and as needed.</li> <li>3. The Director of Nursing/ Unit Supervisors/ Shift Supervisors and Staff Development, provided immediate education to RN, LPN and certified nursing assistants on providing oral care to residents. Licensed or certified staff will be in serviced. Education will be provided during orientation to all new clinical or certified staff.</li> </ol>	5-27-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>MM AH</i>	TITLE ADMINISTRATOR	(X6) DATE 5-27-13
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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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NAME OF PROVIDER OR SUPPLIER  <b>BROOKSIDE REHABILITATION AND CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 248</b> <b>BURNSVILLE, NC 28714</b>	
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F 312	<p>Continued From page 1</p> <p>revealed his teeth were in poor repair. Resident #85 had debris in his front lower teeth and his gums on his lower teeth were receding.</p> <p>An interview was conducted on 05/07/13 at 9:18 AM with Resident #85. Resident #85 stated he needed help brushing his teeth. He also stated staff did not assist him to brush his teeth that morning. Resident #85 further indicated that staff usually did not assist him with mouth care.</p> <p>An interview on 05/08/13 at 8:25 AM with Resident #85 revealed he had a shower that morning. He stated staff did not brush his teeth.</p> <p>An interview was conducted on 05/08/13 at 2:50 PM with Nurse Aide (NA) #1. NA #1 stated she had been working with Resident #85 that day and had not provided mouth care for Resident #85. She stated, "sometimes it just gets too hectic." NA #1 attempted to find Resident #85's toothbrush but was unsuccessful.</p> <p>An interview was conducted on 05/08/13 at 2:54 PM with NA #2 who was also working with Resident #85 that day. She stated she worked with Resident #85 most days on 1st shift (7:00 AM to 3:00 PM). She stated she had not provided mouth care for Resident #85 and was unaware he did not have a toothbrush. She stated "there are just too many [residents] and it (mouth care) gets missed."</p> <p>During an interview on 05/08/13 at 3:01 PM with Nurse #1 she stated it was her expectation for mouth care to be provided during morning care and before residents go to bed. She further stated that mouth care should also be provided between</p>	F 312	<p>4. The Director of Nursing/ Unit Supervisors/ Shift Supervisors and d Staff Development will audit ADL and oral care to ensure compliance is met. The ADL care provided for dependent residents as well as those of independent status will include a random audit three times a week for one month then once a week for three months then twice a month for two months to ensure compliance standards are met</p> <p>The audits will be monitored and results reported in weekly meeting and in the monthly QA meeting then quarterly till resolved.</p> <p>Date of compliance: 5/27/2013</p>	



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F 312	Continued From page 2 meals if it is needed.  An interview was conducted on 05/08/13 at 4:49 PM with the Director of Nursing (DON). The DON stated it was her expectation for mouth care to be provided every morning before breakfast.	F 312			