

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

9/6/13

PRINTED: 08/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2013
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NAME OF PROVIDER OR SUPPLIER GRANTSBROOK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 290 KEEL RD GRANTSBORO, NC 28529
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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 000 INITIAL COMMENTS

No deficiencies were cited as a result of the complaint investigation conducted ending 8/16/13. Event ID # XO9Z11. Intakes NC00090821 and NC00087402.

F 166 483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES
SS=D

A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

This REQUIREMENT is not met as evidenced by:

Based on observation, family and staff interviews, and record review, the facility failed to resolve a grievance regarding missing property for one of fifteen residents sampled (Resident # 80).

Findings include:

Resident #80 was admitted on 4/15/13 with diagnoses of pneumonia, dysphagia, syncope, mental disorder, diabetes, difficulty walking, muscle weakness, anxiety, urinary incontinence, and hallucinations.

The 14 day Minimum Data Set (MDS), dated 5/2/13 noted that Resident #80 was severely impaired for cognition and needed extensive assistance from one person physically for all Activities of Daily Living (ADLs).

In an interview with Resident #80's Responsible Party (RP), on 8/12/13 at 4:00 PM, the RP revealed that the resident had a blue jacket that

F 000 Grantsbrook Nursing and 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 in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as a written allegation of compliance.

F 166

Grantsbrook Nursing and Rehabilitation Center's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute and admission that any stated deficiencies is accurate.

Grantsbrook Nursing and Rehabilitation Center reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Janet R. Tennant</i>	Administrator	09/04/2013

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.

*JRW
DU
PK
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F 166 Continued From page 1

was missing. The RP stated that the jacket was too dark to put the resident's name inside. The RP stated that she thought that Resident #80 had been in the facility about one month when the jacket disappeared. The RP stated that she told Resident #80's Nurse Aide (NA) about it and that the NA told her that she would look for it. The RP stated that she never heard anything else about it, and that she bought the resident another jacket.

In an interview on 8/14/13 at 2:50 PM, Nurse #1 stated that if a family member told an NA that an item was missing, the NA should look for it, and tell the nurse. The nurse would get in touch with the laundry, and the laundry would initiate a search.

In an interview on 8/14/13 at 3:15 PM, the Director of Nursing (DON) stated that the NA should tell their nurse, who would notify the laundry, and the nurse would also get the Social Worker (SW) involved.

In an interview with NA #1 on 8/15/13 at 11:05 AM, the NA stated that she did look for the jacket when the RP told her it was missing and that she went to the laundry but did not find it. NA #1 stated that it had been so long that she did not remember if she told the nurse or not.

In an interview with the SW on 8/15/13 at 11:15 AM, the SW stated that she only found out about the missing item the day before, and she filed a grievance, which was reviewed. She stated that her expectation was that the NA would tell the nurse, who would tell the SW, who would then file a grievance. She stated that the maintenance director would go to resident's rooms and look

F 166

F166 Resident #80's concerns were resolved during the survey process.

100% audit/interview of all current nursing home resident/families were conducted to insure all and any concerns had been received and/or addressed/resolved by the SW, completed on 9/6/13 using a QI tool.

100% staff was in-serviced on the Resident concern/grievance reporting process and timely completion thereof by the DON/MDS nurse and/or designee, completed on 9/6/13. Weekly review of concerns/grievances received for correct procedure and timely completion by the SW, weekly X4, and then monthly X3 using a QI tool. The SW will monitor for ongoing continued compliance.

The Executive QI committee will meet monthly X3 to review for trends and/or issues and to determine the continued need and frequency of monitoring.

09-06-13.

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F 166 Continued From page 2 for the missing item.

F 166

F 240 483.15 CARE AND ENVIRONMENT PROMOTES SS=D QUALITY OF LIFE

F 240

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

F240 Resident #40 is being seated at a table with other residents while in Restorative dining.

This REQUIREMENT is not met as evidenced by:

Based on observations, record review and staff interviews, the facility failed to seat 1 of 11 residents (Resident #40) at tables with other residents during a meal in the restorative dining room.

Nursing staff will be in-serviced 100% on encouraging socialization among our resident by the DON/MDS nurse, completed on 9/6/13.

Findings included:

Review of the clinical record of resident #40 indicated the resident was admitted into the facility on 4/11/2008. The resident's cumulative diagnoses included Vascular Dementia, Cognitive Deficits due to Cerebrovascular Disease,

Restorative dining residents will be seated in a manner that does not isolate anyone from the rest of the group and will be monitored daily by the MDS nurse/designee using a QI tool 3X per week.

Review of a Minimum Data Set (MDS) dated 3/1/2013 indicated resident #40 had severe cognitive impairment. The MDS further indicated the resident had no negative behaviors. The MDS also indicated the resident required supervision while eating.

The Executive QI committee will meet monthly X3 to review for trends and/or issues and to determine the continued need and frequency of monitoring.

Review of the resident's care plan dated 6/10/2013 indicated under the focus area "Wandering related to cognitive impairment: the intervention "Encourage socialization with other

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F 240	Continued From page 3 residents as appropriate."	F 240		
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On 8/12/2013 at 12:30 PM, 10 residents were observed in the restorative dining room. Resident #40 was observed in the restorative dining room seated in a scoot chair approximately 6-8 feet from the dining tables. Nursing Assistant (NA) #2 placed the resident's lunch tray on the laptop table on the resident's chair. The staff member uncovered and opened all food items on the resident's tray. The staff member then walked away from Resident #40 and over to other residents at a dining table and assisted them with their meal. Resident #40 was observed continuously from 12:30 PM to 12:50 pm. The resident made no attempts to eat or drink her lunch, nor did she speak to anyone during the continuous observation. No staff, visitors or residents addressed the resident during the observation.

On 8/12/2013 at 12:55 PM, the resident appeared to be asleep in her chair.

On 8/12/2013 at 1:00 PM, the resident opened her eyes, picked up the utensil from her bowl, and sat it back in the bowl. The resident ate or drank nothing for the 30 minute observation. Most of the residents in the room completed their meals, and staff escorted them out of the dining room. No staff member or any other person addressed the resident in any way during the 30 minute observation.

On 8/12/2013 at 1:07 PM, NA#2 approached the resident and asked her if she was going to eat anymore. The resident said no, and the staff member walked away and assisted another resident.

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F 240 Continued From page 4

F 240

On 8/13/2013 at 3:00 PM, the resident was observed in the hallway in her scoot chair. On approach, she appeared pleasant. The resident did not give appropriate responses to simple questions, so an interview with the resident was not done.

On 8/14/2013 at 12:10 PM, Resident #40 was observed seated in her scoot chair in the restorative dining room. A tray was observed connected to her chair. The resident's chair was observed very low to the floor approximately 6 to 8 feet away from the closest dining table. 11 other residents were observed seated at dining tables around the room. At 12:20 PM, NA#2 placed the resident's lunch tray on top of the table on the resident's chair. The staff member cut up the resident's food, opened a carton of milk and one cup of juice, placed a straw in the opened cup of juice and encouraged her to eat. The NA then proceeded to assist the residents seated at the tables. From 12:20 PM to 12:30 PM, the resident took several bites of various foods on her tray and drank some of her juice. The 2 NAs who were assisting residents in the meal did not speak to resident #40 during the 10 minute period. At 12:35 PM, the resident was observed taking occasional bites of food from her tray and sipping juice from the juice cup with the straw in it. From 12:20 PM through 12:35 PM, no staff member nor anyone else spoke to the resident or approached her. At 12:45 PM, Resident #40 was observed taking an occasional bite of food from her tray and eating it. From 12:20 PM through 12:50 PM, neither of the 2 NAs assisting in the dining room spoke to Resident #40. At 12:51 PM, NA#2 walked over to the resident and

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F 240	Continued From page 5 asked "Are you going to eat?" The resident did not respond. The NA placed a straw in the opened carton of milk and set it in front of the resident and walked over to assist other residents in the room. At 12:55 PM, the resident was no longer eating or drinking. At 12:56 PM, NA#3 sat down beside the resident and tried to get her to eat more of her meal, but the resident did not eat anything else.	F 240
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On 8/14/2013 at 1:42 PM, NA#2 was interviewed regarding the restorative dining plan for resident #40. The NA was asked why the resident was seated away from all the other residents. The NA stated she was not really sure and further reported "That is where they put her when they bring her in."

On 8/14/2013 at 1:50 PM, NA#3 was interviewed regarding the restorative dining plan for resident #40. The NA was asked why the resident was seated away from the other residents and responded "The tray on her chair got in the way when she was seated at the tables."

In an interview with the Director of Nursing (DON) on 8/14/2013 at 2:15 PM, the DON stated the expectation was staff should seat residents in the dining room with other residents unless there is a documented reason not to do so.

F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	F 312
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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.

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F 312 Continued From page 6

This REQUIREMENT is not met as evidenced by:

Based on observations, record review and staff interviews, the facility failed to provide encouragement and cueing during a meal in restorative dining for 1 of 11 residents (Resident #40) who required encouragement and cueing during meals.

Findings included:

Review of the clinical record of resident #40 indicated the resident was admitted into the facility on 4/11/2008. The resident's cumulative diagnoses included Vascular Dementia, Cognitive Deficits due to Cerebrovascular Disease,

Review of a Minimum Data Set (MDS) dated 3/1/2013 indicated resident #40 had severe cognitive impairment. The MDS further indicated the resident had no negative behaviors. The MDS also indicated the resident required supervision while eating.

Review of a dietary assessment on 5/31/2013 indicated "resident attends restorative dining for lunch daily. She is able to feed herself but requires monitoring and cuing during meals."

Review of the resident's care plan dated 6/10/2013 indicated interventions under the focus area Requires assistance with adls: " Staff to set up tray for resident each meal, praise resident for eating and encourage resident to drink fluids often during meals." In the focus area State of nourishment, weight is trending downward, she leaves 25% of meals, she feeds self but gets lost

F 312

F312 Resident #40 is being encouraged and cued during meals.

Nursing staff will be in-serviced 100% restorative dining procedures including cueing and encouraging residents to eat by the DON/MDS nurse, completed on 9/6/13.

Residents in Restorative dining will be monitored daily on staff cueing and encouraging eating during mealtime by the MDS nurse/designee using a QI tool 3X per week.

The Executive QI committee will meet monthly X3 to review for trends and/or issues and to determine the continued need and frequency of monitoring.

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F 312 Continued From page 7

in what she is doing, she receives a mechanically altered diet but will chew and spit out in cup: "Set up tray, encourage consumption of meal and assist as needed."

On 8/12/2013 at 12:30 PM, 10 residents were observed in the restorative dining room. Resident #40 was observed in the restorative dining room seated in a scoot chair away from the dining tables. At 12:30 PM, Nursing Assistant (NA) #2 placed the lunch tray of Resident #40 on the laptop table on the resident's chair. The NA uncovered and opened all food items on the resident's tray. The milk carton was opened by the NA and placed on the tray. The NA placed a straw in a juice cup on the tray. The NA placed a utensil in a bowl of green vegetables on the tray. The NA then walked away from Resident #40 and over to another resident at a dining table and began feeding other residents. Resident #40 was observed continuously from 12:30 PM to 12:45 PM, and the resident made no attempts to eat or drink anything on her tray. The resident did not speak during that time. The resident looked about the room while other residents were eating during the 15 minute observation. NA#2 and NA#3 were observed feeding other residents during the 15 minute observation.

On 8/12/2013 at 1250PM, Resident #40 was observed still seated in her scoot chair. The resident made no attempts in the 20 minutes observation to eat or drink anything on her tray, nor did anyone speak to the resident during the 20 minute observation.

On 8/12/2013 at 12:55 PM, the resident appeared to be asleep in her chair. She ate none of her food or drank any fluids from her tray for 25

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F 312	<p>Continued From page 8</p> <p>minutes, nor did any staff member address the resident in any way during the 25 minute observation.</p> <p>On 8/12/2013 at 1:00 PM, the resident opened her eyes, picked up the utensil from her bowl, and sat it back in the bowl. The resident ate or drank nothing for the 30 minute observation. Most of the residents in the room completed their meals, and staff escorted them out of the dining room. No staff member addressed the resident in any way during the 30 minute observation.</p> <p>On 8/12/2013 at 1:05 PM, Resident #40 was observed still seated in her chair, and the status of her meal remained the same. She drank nothing and ate nothing from her tray for 35 minutes.</p> <p>On 8/12/2013 at 1:07 PM, NA#2 approached Resident #4 and asked her if she was going to eat anymore. The resident said no, and the NA returned to a table and assisted another resident..</p> <p>On 8/12/2013 at 1:10 PM, NA#2 asked the resident if she was through eating, and the resident picked up her juice cup and drank some of it. The NA showed the resident sweet potatoes on her plate, and the resident responded, "I love sweet potatoes." The staff member assisted the resident with a few bites of the sweet potatoes on her tray.</p> <p>On 8/13/2013 at 3:00 PM, the resident was observed in the hallway in her scoot chair. On approach, she appeared pleasant. The resident did not give appropriate responses to simple questions, so an interview with the resident was not done.</p>	F 312		
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F 312 Continued From page 9

F 312

On 8/14/2013 at 1:42 PM, NA#2 was interviewed regarding the restorative dining plan for resident #40. The NA was asked what the plan was for resident #40 during restorative dining and responded " We are supposed to encourage and cue her during the meal. If I look over and she is not eating, I encourage her to eat. "

On 8/14/2013 at 1:50 PM, NA#3 was interviewed regarding the restorative dining plan for resident #40. The NA was asked what the plan was for resident #40 during restorative dining and responded "We have to coax her to eat and drink from the beginning of the meal to the end. If we don't keep coming back to her, she won't eat."

In an interview with the Director of Nursing (DON) on 8/14/2013 at 2:15 PM, the DON stated the expectation was staff should follow the plan for individual residents for restorative dining. The DON further indicated if the resident ' s plan includes cueing and monitoring during meals, it should be done.

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K 000	INITIAL COMMENTS This Life safety Code(LSC) survey was conducted as per The Federal Register, using the Existing Health Care section of the LSC and its referenced publications. This building is type V(111) construction, one story with a complete automatic sprinkler system.	K 000	Grantsbrook Nursing and 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 in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as a written allegation of compliance.	
K 012	NFPA 101 LIFE SAFETY CODE STANDARD SS=F Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation on Thursday 9/5/13 at approximately 8:30 AM onward the following was noted: 1) The ceiling in the living room the texture application on the ceiling was peeling and was not maintained in good condition. 2) On the 200 hall the seam between two sheets of drywall is separating and not maintained in good condition. 3) The ceiling in the Kitchen Dietary storage room is not secured to the trusses and beginning to crack and not maintained in good condition.	K 012	Grantsbrook Nursing and Rehabilitation Center's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute and admission that any stated deficiencies is accurate. Grantsbrook Nursing and Rehabilitation Center reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceeding or any administrative or legal proceedings.	
K 069	42 CFR 482.41(a) NFPA 101 LIFE SAFETY CODE STANDARD SS=D Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96	K 069	The ceilings in the living room and dietary storage have been repaired and new texture applied to eliminate the peeling condition. The seam between two sheets of drywall on the 200 hall has also been repaired to correct the separating condition. Maintenance has inspected other areas of the building to insure that these conditions do not exist with the ceilings. Maintenance or designee will inspect monthly x3 months to insure these conditions do not return and get repaired if they do. QA/PJ will monitor x6 months for continued compliance.	09-13-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

James C. Tennard Administrator 9/20/13

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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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2013
NAME OF PROVIDER OR SUPPLIER GRANTSBROOK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 280 KEEL RD GRANTSBORO, NC 28528	
(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
K 069	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation on Thursday 9/5/13 at approximately 8:30 AM onward the following was noted: 1) Based upon observation at the time of the survey the kitchen was experiencing a sever negative pressure. (Pulling door open from dinning room) NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 1998 Edition) Section 5-3* Replacement Air. - " Replacement air quantity shall be adequate to prevent negative pressures in the commercial cooking area(s) from exceeding 0.02 in. water column (4.98 kPa). "	K 069		
K 144	42 CFR 482.41(a) NFPA 101 LIFE SAFETY CODE STANDARD SS=F Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation on Thursday 9/5/13 at approximately 8:30 AM onward the following was noted: 1) The generator annunciator panel located at the	K 144	K069 A professional hood venting repair company has installed adjustable switching to allow for additional make-up air in the cooking area when the exhaust hood is on, thereby insuring that replacement air quality is adequate to prevent negative pressures in the cooking area. Dietary Supervisor or designee will monitor daily and advise if adjustments are needed. Maintenance or designee will monitor x3 months to insure negative pressure conditions do not return. QA/PI will monitor x6 months for continued compliance. K144 The generator annunciator panel has been repaired to correct faulty lights to indicate line power when connected to utility and to indicate generator is supplying power when transferred from normal to Emergency power. Maintenance or designee will monitor with the weekly generator test and correct any future lighting issues. QA/PI will monitor x6 months for continued compliance.	10-18-13 09-06-13

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2013
NAME OF PROVIDER OR SUPPLIER GRANTSBROOK NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 290 KEEL RD GRANTSBORO, NC 28529	
(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
K 144	Continued From page 2 Nurse station did not show line power when connect to utility and did not show generator supplying power when transferred from normal to emergency power at the transfer switch. 42 CFR 483.70(a)	K 144	