

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

PRINTED: 04/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/24/2014
NAME OF PROVIDER OR SUPPLIER RICH SQUARE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 320 NORTH MAIN STREET RICH SQUARE, NC 27869		
(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 162 SS=B	<p>483.10(c)(8) LIMITATION ON CHARGES TO PERSONAL FUNDS</p> <p>The facility may not impose a charge against the personal funds of a resident for any item or services for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with §489.32 of this chapter.</p> <p>(This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See §447.15, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.)</p> <p>During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services: Nursing services as required at §483.30 of this subpart. Dietary services as required at §483.35 of this subpart. An activities program as required at §483.15(f) of this subpart. Room/bed maintenance services. Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton</p>	F 162		2/14/14	

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

TITLE

(X6) DATE
02/14/2014

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 162	<p>Continued From page 1</p> <p>swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing, and basic personal laundry. Medically-related social services as required at §483.15(g) of this subpart.</p> <p>Listed below are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:</p> <p>Telephone. Television/radio for personal use. Personal comfort items, including smoking materials, notions and novelties, and confections. Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare. Personal clothing. Personal reading matter. Gifts purchased on behalf of a resident. Flowers and plants. Social events and entertainment offered outside the scope of the activities program, provided under §483.15(f) of this subpart. Noncovered special care services such as privately hired nurses or aides. Private room, except when therapeutically required (for example, isolation for infection control). Specially prepared or alternative food requested instead of the food generally prepared by the facility, as required by §483.35 of this subpart.</p> <p>The facility must not charge a resident (or his or</p>	F 162			

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F 162	<p>Continued From page 2</p> <p>her representative) for any item or service not requested by the resident. The facility must not require a resident (or his or her representative) to request any item or services as a condition of admission or continued stay. The facility must inform the resident (or his or her representative) requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.</p> <p>This REQUIREMENT is not met as evidenced by: Based on records reviews and resident and staff interviews, the facility failed to provide to 3 of 3 sample residents (#32, #54, #65) free haircuts and or shampoos services entitled to Medicaid recipients.</p> <p>Findings included:</p> <p>A review of the facility notice dated November 29th 2013, revealed effective January 1st 2014 a change in beautician services. The notice revealed all services offered by the beautician would be at a cost. The resident would be charged before the service was rendered and it would be deducted from the resident 's personal account. If the resident did not have the funds in their account, the service would not be rendered until the funds were available.</p> <p>1. Resident #32 was readmitted on 1/28/2008. The Quarterly Minimum Data Set (MDS) assessment dated 12/04/13 revealed Resident #32 was cognitively intact. Resident #32 was a Medicaid recipient.</p> <p>In an interview conducted on 1/22/14 at 3:00 PM,</p>	F 162	<p>Preparation and/or execution of the plan of correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provision of the Federal and State laws.</p> <p>Tag 0162-483.10(c)(8) Limitation on charges to personal funds (long term care facilities)</p> <p>1. Resident #32, #54, and #65 were informed by the Administrator shampoo and hair cuts were available to them monthly at no cost.</p> <p>2. Residents were informed in writing on January 23, 2014 by Administrator. A review of center's resident accounts from January 2014 and forward was done by the Business Office Manager on February 10, 2014. Those Medicaid residents who were charged for shampoo and haircut</p>		

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F 162	<p>Continued From page 3</p> <p>Resident #32 stated he was concerned that he was being charged for his haircuts. He revealed he used to receive one free hair cut each month.</p> <p>A review of the facility ' s medical records revealed Resident #32 was a Medicaid recipient.</p> <p>A review of the facility ' s Resident Council Minutes revealed in the meeting on 12/11/13, the residents were informed they would no longer receive free hair cuts.</p> <p>In an interview conducted on 1/23/14 at 12:00 PM, the Social Service Admission Director stated she attended the Resident Council Meetings. She reported the residents attending the December meeting were very upset about the new changes. She stated the Administrator announced the new policy change in the December council meeting.</p> <p>An interview was conducted on 1/23/14 at 12:29 PM with the Business Officer. He reported the residents who were Medicaid recipients had been receiving free hairs prior to the change on January 1st 2014. The Medicaid recipients were now charged for all haircuts and any other services rendered by the beauticians.</p> <p>A review of the facility ' s Beautician Service Log revealed Residents #32, who was listed as Medicaid recipients was charged for haircuts and or shampoos since January 1st 2014.</p> <p>An interview was conducted on 1/23/14 at 2:28 PM with the Administrator. The Administrator acknowledged Medicaid recipients had been charged for haircuts and shampoos in error, and</p>	F 162	<p>were reimbursed back into their accounts by the Business Office Manager on February 10, 2014. A letter was sent to the center's residents, families and responsible parties by the Administrator on January 23, 2014 stating that each Medicaid resident has access to a free shampoo and haircut by the beautician each month.</p> <p>3. A copy of the Beautician Services Letter will be given out with each new admission by the Admissions Coordinator. It states on the letter the type of services offered as well as notification of the free shampoo and hair cut per month.</p> <p>4. A Resident Satisfaction Survey will be done quarterly. Survey will be done by the resident's Guardian Angel. The Guadian Angel is a member from management who is consistently assigned residents whom they meet with weekly on services provided by the center. Hair servcies will be addressed in the Activities section of the survey with a focus on; if services were used and if there were any issues. If there were issues, The Guardian Angel will document how the issue was handled and by whom. The Administrator will review the results of the survey and meet one on one with residents with less than satisfied scoring. The Administrator provides a summary report of the results of the survey and the report will be shared Quarterly with the Quality Assessment Process Improvement Committee for 6 months.</p>		

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F 162	Continued From page 4 now expected the beauticians to charge the facility for haircuts and shampoos rendered to Medicaid recipients. 2. Resident #54 was admitted to the facility on 1/14/13. Resident #54 was a Medicaid recipient. A review of the facility ' s Beautician Service Log revealed Resident #54, who was listed as a Medicaid recipient was charged for haircuts and or shampoos since January 1st 2014. An interview was conducted on 1/23/14 at 2:28 PM with the Administrator. The Administrator acknowledged Medicaid recipients had been charged for haircuts and shampoos in error, and now expected the beauticians to charge the facility for haircuts and shampoos rendered to Medicaid recipients. 3. Resident #65 was admitted to the facility on 1/14/13. Resident #65 was a Medicaid recipient. A review of the facility ' s Beautician Service log revealed Resident #65 who was listed as a Medicaid recipient was charged for haircuts and or shampoos since January 1st 2014. An interview was conducted on 1/23/14 at 2:28 PM with the Administrator. The Administrator acknowledged Medicaid recipients had been charged for haircuts and shampoos in error, and now expected the beauticians to charge the facility for haircuts and shampoos rendered to Medicaid recipients.	F 162			
F 242 SS=E	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES	F 242		2/14/14	

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F 242	<p>Continued From page 5</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, resident and staff interviews, the facility failed to provide activities of choice for 7 of 7 sampled residents (#58, #9, #54, #6, #12, #27, and #31).</p> <p>Findings included:</p> <p>1). Resident #58 was readmitted to the facility on 5/14/12. Resident #58 's Quarterly Minimum Data Set (MDS) dated 10/25/13, identified her as cognitively intact and able to make good decisions. The MDS also revealed #58 's activity interests included: bingo, bible study and devotion.</p> <p>In an interview conducted on 1/23/14 at 3:00 PM, Resident # 58 reported that bingo was the one activity she enjoyed playing daily and the Administrator had made a decision to stop providing bingo on a daily basis. She revealed she felt the Administrator just made a decision about their activity choices, and did not care what the residents ' choices were for their activities.</p> <p>In an interview conducted on 1/23/14 at 8:30 AM, the Activity Director revealed the residents were very upset about their bingo event time being changed. She revealed most of her residents</p>	F 242	<p>Tag 0242-483.15(b) Self-Determination-Right to make choices(long term care facilities)</p> <p>1. A Satisfaction Survey was done with residents in the center and completed on Feb 11, 2014. Scoring on the survey was 1-5, 1 being least satisfied, 3 as satisfied and 5 being most satisfied. Residents with a score less than 3 were interviewed one on one by the Administrator. Residents #58, #9, #54, #6, #12, #27, and #31 were interviewed. Based on the satisfaction survey, it was determined residents will be provided with additional bingo weekly.</p> <p>2. From the Satisfaction Survey there were 31 interviewable residents and 84% of those residents rated activities at 3 or greater. On the February activity calendar an additional weekly bingo was added. Residents who want additional bingo games can access bingo independently at any time in the activity room as a table is set up for additional bingo games for residents. On the March Activity calendar, there will be an addition bingo, an Evening</p>		

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F 242	<p>Continued From page 6</p> <p>loved to play bingo everyday and they were unhappy about the decision made by the Administrator to schedule their bingo activity to only once a week.</p> <p>Review of the facility Activity Attendance Reports revealed the game of bingo had an average of 28 residents in attendance.</p> <p>An interview was conducted on 1/24/14 at 12:28 PM with the Administrator. The Administrator revealed in the October 2013 Resident Council Meeting the issue of bingo had been discussed. She revealed many of the residents were upset and wanted to play bingo daily, but a few of the residents were opposed to playing bingo daily. She was trying to introduce newer activities that would involve a mixture of residents. The Administrator stated she had not talked individually with the residents, and was not aware so many residents were unhappy with the decision to play bingo once a week.</p> <p>2). Resident #9 was readmitted to the facility on 5/22/13. Resident #9 's Quarterly MDS dated 10/23/13, identified her as cognitively intact and able to make good decisions. The MDS revealed Resident #9 felt the activity bingo was very important to her.</p> <p>In an interview conducted on 1/23/14 at 10:07 AM, Resident #9 stated the activities did not meet her interest. The residents were not allowed to do the activities of their choice, which was playing bingo. She was very upset about the activity of playing bingo being scheduled for only once a week. She stated, " They told us this was our home, but I feel like my opinion does not matter in my own home. "</p>	F 242	<p>Bingo Extravaganza. The Evening Bingo Extravaganza will be held in addition to the weekly added Bingo games. Refreshments will be served along with the ability to win coupons for free snacks from the activity store. The Administrator met with Resident Council on February 12, 2014 and went over the results of the survey, the increase in bingo on the activity calendar and residents access to bingo in the activity room. Residents attending the council meeting were pleased with the increase in Bingo. The Administrator will be meeting with the Resident Council in March to assess with the residents their satisfaction with new the calendar and bingo.</p> <p>3. The Guardian Angels were educated by the Administrator on February 3, 2014 on the Satisfaction Survey, how to address any concerns that arise during the survey and to place those concerns on a grievance form per our grievance procedure. The Guardian Angel is to specifically address bingo, their attendance and satisfaction with the additional bingos.</p> <p>4. Of the 31 interviewable residents from the initial satisfaction survey,the Adminstrator established a calendar for the Guardian Angels to meet with 3 interviewable residents, twice weekly for 12 weeks regarding the activiity calendar and their satisfaction with the calendar and additional bingo. All 31 residents will have been interviewed twice in the 12 week period. A Quarterly Resident</p>	

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F 242	<p>Continued From page 7</p> <p>In an interview conducted on 1/23/14 at 8:30AM, the Activity Director revealed the residents ' were very upset about their bingo event time being changed. She revealed most of her residents loved to play bingo everyday. She stated the residents ' were unhappy about the decision made by the Administrator to schedule their bingo activity to only once a week.</p> <p>Review of the facility Activity Attendance Reports revealed the game of bingo had an average of 28 residents in attendance.</p> <p>An interview was conducted on 1/24/14 at 12:28 PM with the Administrator. The Administrator revealed in the October 2013 Resident Council Meeting the issue of bingo had been discussed. She revealed many of the residents were upset and wanted to play bingo daily, but a few of the residents were opposed to playing bingo daily. She was trying to introduce newer activities that would involve a mixture of residents. The Administrator stated she had not talked individually with the residents, and was not aware so many residents were unhappy with the decision to play bingo once a week.</p> <p>3). Resident #54 was readmitted to the facility on 1/14/13. Resident #54 ' s Annual MDS dated 12/13/13, identified him as cognitively intact and able to make good decisions. The MDS also identified that being able to attend activities of his choice was very important to Resident #54.</p> <p>In an interview conducted on 1/24/14 at 9:50 AM, Resident #54 revealed he felt the facility made changes without caring what the residents felt</p>	F 242	<p>Satisfaction survey will be done through the center's Guardian Angel Program with a focus on the new activity calendar and the increase in bingo. The results of those surveys will be reviewed by the Administrator. The Administrator will meet one on one with residents who score activity as less than satisfied. The a summary report of the results of the quarterly surveys and interviews will be brought to the Quality Assurance Process Improvement committee by the Administrator for review for 6 months.</p>		

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F 242	<p>Continued From page 8</p> <p>about the changes. Resident #54 revealed during a meeting with the residents, the Administrator had said she was going to cut bingo to once a month at first. Resident #54 stated he felt a decision for playing bingo a three times a week would have been more reasonable and fair.</p> <p>In an interview was conducted on 1/23/14 at 8:30 AM the Activity Director revealed the residents ' were very upset about their bingo event time being changed. She revealed most of her residents loved to play bingo everyday. She stated the residents ' were unhappy about the decision made by the Administrator to schedule their bingo activity to only once a week.</p> <p>Review of the facility Activity Attendance Reports revealed the game of bingo had an average of 28 residents in attendance.</p> <p>An interview was conducted on 1/24/14 at 12:28 PM with the Administrator. The Administrator revealed in the October 2013 Resident Council Meeting the issue of bingo had been discussed. She revealed many of the residents were upset and wanted to play bingo daily, but a few of the residents were opposed to playing bingo daily. She was trying to introduce newer activities that would involve a mixture of residents. The Administrator stated she had not talked individually with the residents, and was not aware so many residents were unhappy with the decision to play bingo once a week.</p> <p>4). Resident #6 was readmitted to the facility on 2/08/08. Resident #6 ' s Quarterly MDS dated 10/31/13 identified her as cognitively intact and</p>	F 242			

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F 242	<p>Continued From page 9 able to make good decisions.</p> <p>In an interview conducted on 1/24/14 at 2:31 PM, Resident #6 revealed she really enjoyed playing bingo and wished it was played every day. Resident stated she did not think it was right to make a decision to change the residents ' bingo time to only one day per week.</p> <p>In an interview was conducted on 1/23/14 at 8:30 AM the Activity Director revealed the residents ' were very upset about their bingo event time being changed. She revealed most of her residents loved to play bingo everyday. She stated the residents ' were unhappy about the decision made by the Administrator to schedule their bingo activity to only once a week.</p> <p>Review of the facility Activity Attendance Reports revealed the game of bingo had an average of 28 residents in attendance.</p> <p>An interview was conducted on 1/24/14 at 12:28 PM with the Administrator. The Administrator revealed in the October 2013 Resident Council Meeting the issue of bingo had been discussed. She revealed many of the residents were upset and wanted to play bingo daily, but a few of the residents were opposed to playing bingo daily. She was trying to introduce newer activities that would involve a mixture of residents. The Administrator stated she had not talked individually with the residents, and was not aware so many residents were unhappy with the decision to play bingo once a week.</p> <p>5). Resident #12 was admitted to the facility on 1/26/12. Resident #12 ' s Quarterly MDS dated 11/08/13, identified her as cognitively intact and</p>	F 242			

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F 242	<p>Continued From page 10 able to make good decisions.</p> <p>In an interview conducted on 1/24/14 at 2:35 PM, Resident #12 revealed she missed her bingo games being played during the week. She stated she could play the game bingo every day.</p> <p>In an interview was conducted on 1/23/14 at 8:30 AM the Activity Director revealed the residents ' were very upset about their bingo event time being changed. She revealed most of her residents loved to play bingo everyday. She stated the residents ' were unhappy about the decision made by the Administrator to schedule their bingo activity to only once a week.</p> <p>Review of the facility Activity Attendance Reports revealed the game of bingo had an average of 28 residents in attendance.</p> <p>An interview was conducted on 1/24/14 at 12:28 PM with the Administrator. The Administrator revealed in the October 2013 Resident Council Meeting the issue of bingo had been discussed. She revealed many of the residents were upset and wanted to play bingo daily, but a few of the residents were opposed to playing bingo daily. She was trying to introduce newer activities that would involve a mixture of residents. The Administrator stated she had not talked individually with the residents, and was not aware so many residents were unhappy with the decision to play bingo once a week.</p> <p>6). Resident #27 was admitted to the facility on 11/18/12. Resident #27 ' s Quarterly MDS dated 11/30/13, identified her as cognitively intact and able to make good decisions.</p>	F 242	

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F 242	<p>Continued From page 11</p> <p>In an interview conducted on 1/24/14 at 2:38 PM, Resident #27 revealed she loved the game of bingo, and thought they should be able to play the game of bingo more often during the week.</p> <p>In an interview was conducted on 1/23/14 at 8:30 AM the Activity Director revealed the residents ' were very upset about their bingo event time being changed. She revealed most of her residents loved to play bingo everyday. She stated the residents ' were unhappy about the decision made by the Administrator to schedule their bingo activity to only once a week.</p> <p>Review of the facility Activity Attendance Reports revealed the game of bingo had an average of 28 residents in attendance.</p> <p>An interview was conducted on 1/24/14 at 12:28 PM with the Administrator. The Administrator revealed in the October 2013 Resident Council Meeting the issue of bingo had been discussed. She revealed many of the residents were upset and wanted to play bingo daily, but a few of the residents were opposed to playing bingo daily. She was trying to introduce newer activities that would involve a mixture of residents. The Administrator stated she had not talked individually with the residents, and was not aware so many residents were unhappy with the decision to play bingo once a week.</p> <p>7). Resident #31 was admitted to the facility on 11/16/07. Resident #31 ' s Annual MDS identified him as cognitively intact, able to make good decisions. The MDS also revealed that it was important to Resident #31 to attend his favorite activities.</p>	F 242			

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F 242	Continued From page 12 In an interview conducted on 1/24/14 at 2:40 PM, Resident #31 revealed he loved the game of bingo and missed playing it daily. In an interview conducted on 1/23/14 at 8:30 AM, the Activity Director revealed the residents ' were very upset about their bingo event time being changed. She revealed most of her residents loved to play bingo everyday and they were unhappy about the decision made by the Administrator to schedule their bingo activity to only once a week. Review of the facility Activity Attendance Reports revealed the game of bingo had an average of 28 residents in attendance. An interview was conducted on 1/24/14 at 12:28 PM with the Administrator. The Administrator revealed in the October 2013 Resident Council Meeting the issue of bingo had been discussed. She revealed many of the residents were upset and wanted to play bingo daily, but a few of the residents were opposed to playing bingo daily. She was trying to introduce newer activities that would involve a mixture of residents. The Administrator stated she had not talked individually with the residents, and was not aware so many residents were unhappy with the decision to play bingo once a week.	F 242			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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.	F 312		2/14/14	

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F 312	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and record review the facility failed to clean the fingernails of 1 of 1 sampled residents (Resident #52) who was dependent on the staff for personal hygiene and who was observed eating finger foods at meals. Findings included: Resident #52 was admitted on 11/16/07. The resident's documented diagnoses included cataracts, glaucoma, dementia, and depression. On 06/25/13 Resident #52's care plan identified "Requires total care with ADLs (activities of daily living)" as a problem. Interventions to this problem included "anticipate needs" and "provide all ADL care daily". On 09/17/13 Resident #52's care plan identified "Impaired vision" as a problem. Interventions to this problem included "assist with ADLs prn (as needed)". Resident #52's 12/10/13 Quarterly Minimum Data Set (MDS) documented the resident's cognition was moderately impaired, the resident was totally dependent on a staff member for personal hygiene and bathing, and the resident did not reject care. At 12:54 PM on 01/21/14 Resident #52 was eating lunch in the main dining room. A nursing assistant (NA) sliced the resident's roll, and placed a piece of roast beef in it. The resident ate all of this "sandwich". However, there was dark brown/black matter underneath the	F 312	Tag 0312-483.25(a)(3) ADL care provided for dependent residents(long term care facilities) 1. On 1/24/14 resident #52 nails and hands were cleaned under the direction of the Director of Nursing. Resident #52 nails are monitored prior to each meal by the Charge Nurse assigned to the dining room. The Charge Nurse will use the Nail Audit Tool to document any non-compliance and staff re-education. This tool is review daily by the Director of Nursing or Staff Development Coordinator. 2. Any dependent residents could be impacted by this practice. The Dirctor of Nursing and Staff Development Coordinator did a nail audit on dependent residents in the center on 1/24/14. On 1/27/14 washclothes in warm water was started in dining room for staff to offer to residents for face and hands cleaning before leaving the dining room. The Charge Nurse assigned to the dining room is responsible to monitor nails prior to residents eating. Any non compliance or staff education is documented on the nail audit tool.The Director of Nursing or Staff Development Coordinator review these audit tools daily. On 1/29/14 a review of all dependent residents was done in the weekly Standards of Care meeting to address the issue with nail		

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F 312	<p>Continued From page 14 resident's fingernails.</p> <p>At 12:40 PM on 01/22/14 Resident #52 was eating lunch in the main dining room. A NA sliced the resident's roll and placed pieces of chicken in it. The resident ate all of this "sandwich". However, there was dark brown/black matter underneath the resident's fingernails.</p> <p>At 8:52 AM on 01/23/14 Resident #52 was eating breakfast in the main dining room. She was holding a cinnamon roll in her hands, and ate all of it. However, there was dark brown/black matter underneath the resident's fingernails.</p> <p>At 9:50 AM on 01/24/14 Resident #52 stated the director of nursing (DON) could observe her fingernails. However, she apologized commenting she could not see well, and reported "You might find some crumbs under them." The DON stated the resident's fingernails needed to be cleaned. She reported it was the responsibility of the NAs to check fingernails daily and clean, cut, and file them as needed. Resident #52 remarked she would appreciate getting her fingernails cleaned.</p> <p>At 9:54 AM on 01/24/14 NA #1 stated Resident #52 did eat a lot of finger foods because her vision was impaired, and it was easy for the resident to eat them without staff assistance. She reported she checked resident fingernails daily, cleaning and cutting them as needed.</p> <p>At 9:58 AM on 01/24/14 Nurse #1 stated the inspection of fingernails was supposed to be part of daily AM care provided by the NA staff. However, she commented all direct care staff should be checking the condition of resident nails</p>	F 312	<p>care. The Standards fo Care Committee consist of the Administrator, Director of Nursing, Staff Development Coordinator, MDS Nurse, RN Supervisor, Dietary Manager, Activity Director, and Social Services. The SOC meets weekly to review resident services. Care Cards and Care Plans were updated by the MDS nurse. Dependent resident will have additional nail care done weekly as a one on one activity or on nail care day. The activity director or staff will document.</p> <p>3. Staff education was done by Director of Nursing and Administrator on February 7, 2014 with licensed and unlicensed nursing staff to address staff/aides cleaning of hands and nails of dependent residents prior to entering or leaving the dining room at meal times. The Staff Development Coordinator met with those staff who did not attend the February 7, 2014 meeting on cleaning of the hands and nails of dependent resident prior to entering or leaving the dining room at meal times.</p> <p>4. The Dirctor of Nursing, Staff Development Coordinator and Nursing Supervisor will be doing nail care audits 5 residents per day, 5 days per week for 4 weeks, and then 5 residents per day 3 times a week for 8 weeks. Any issues with compliance will result in staff re-education. A summary report of the results of the audits will be brought to the Monthly Quality Assurance Process Improvement commmitte by the Director of Nursing for review for 3 months. The ensure on-going compliance, the Director</p>		

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F 312	Continued From page 15 daily. She reported the monitoring of fingernails would be especially important for residents with visual and/or cognitive impairment. According to the nurse, if residents ate foods with their hands and their fingernails were dirty, there was the possibility that germs and bacteria might be transferred via the food and make residents sick.	F 312	of Nursing will initiate the nail audit tool for one week per month. Non-compliance will be corrected with staff education of nail care upon entering and leaving the dining room at meal times.		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 431		2/14/14	

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F 431	<p>Continued From page 16</p> <p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, facility policy, manufacturer specifications and staff interview, the facility failed to date insulin when opened and discard outdated insulin on 1 of 2 medication carts (100 hall) and failed to discard expired stock medications on 2 of 2 medication carts (100 and 300 carts).</p> <p>The findings included:</p> <p>Manufacturer specifications for Lantus per the package insert included, " Opened vials, whether or not refrigerated, must be used within 28 days after the first use. They must be discarded if not used within 28 days. "</p> <p>Manufacturer specifications for Novolog per the package insert included, " Vials. Keep in the refrigerator or at room temperature below 86 degrees F (Fahrenheit) for up to 28 days. "</p> <p>Manufacturer specifications for Novolin R per the package insert included, " Unopened and opened Novolin R vials must be discarded 42 days after they are first kept out of the refrigerator, even if they still contain Novolin R insulin. "</p> <p>An undated policy entitled " Medication Storage in the Facility " read in part, " Outdated, contaminated, or deteriorated medications and</p>	F 431	<p>Tag 04310483.60(b),(d),(e) Drug records,labels/store drugs & biologicals (long term care facilities).</p> <p>1.No residents were noted on this citation Any resident receiving medication could be impacted by this practice.</p> <p>2. On 1/23/14 the Director of Nursing and Staff Development Coordinator did an audit of the medication carts and medication storage room to check for expired medications and insulin opened and not dated. No additional expired or undated medications were found at this time. The Director of Nursing counseled the nurses with expired medications or undated opened insulins on their cart on 1/24/14.</p> <p>3. The Director of Nursing met with the professional nursing staff on Feb. 7, 2014 for staff education on expired medication removal and disposal and opened and undated insulin. The Director of Nursing, Staff Development Coordinator and Nurse Managers are conducting daily medication cart audits on all 3 carts and medication room 5 times a week for 4 weeks, then 3 time a week for 8 weeks to ensure compliance. Staff education will be done</p>		

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F 431	<p>Continued From page 17</p> <p>those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy if a current order exists.</p> <p>1. On 1/23/14 at 10:25 AM, the 100 hall medication cart was observed with 1 vial of Lantus opened 12/23/13, 1 vial of Novolog opened 12/18/13 and 1 vial of Novolin R opened but undated. Also on the cart were the following expired medications: enteric coated baby aspirin with a manufacturer expiration date of 5/13/13 and acidophilus capsules with a manufacturer expiration date of 12/13/13.</p> <p>During an interview on 1/23/14 at 10:25 AM, Nurse #1 stated that insulin should be dated when opened and discarded after 28 days. The nurse also indicated all expired medications should be removed from the cart at the time of expiration.</p> <p>2. On 1/23/14 at 11:12 AM, the 300 hall medication cart was observed with the following expired medications: Vitamin D 3 400 International Units (IU) with a manufacturer expiration date of 12/13, acetaminophen 500 milligrams (mg) with a manufacturer expiration date of 9/13, ibuprophen 200 mg with a manufacturer expiration date of 11/13 and Nephro Vite with a manufacturer expiration date of 12/13.</p> <p>During an interview on 1/23/14 at 11:12 AM, Nurse #2 indicated that expired meds should be removed from the cart and discarded.</p>	F 431	<p>with non-compliance issues.</p> <p>4. A summary report of the results of the audits will be brought to the monthly Quality Assurance Process Improvement Committee by the Director of Nursing for review for 3 months.</p>		

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F 441 F 441 SS=D	Continued From page 18 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441 F 441		2/14/14	

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F 441	<p>Continued From page 19</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to have 1 of 1 staff members with a bandaged hand wear gloves when handling resident food, utensils, and condiments in the main dining room. Findings included:</p> <p>From 12:38 PM until 12:50 PM on 01/21/14 an aide was observed assisting residents in the main dining room with the set up of their meals. The aide had gauze bandaging wrapped around two fingers and run between her thumb and forefinger. With her bare hands this aide touched the baked potatoes of three residents as she opened them and applied condiments on them. She also handled resident utensils and straws, opened milk cartons, and removed the lids off beverages and ice cream.</p> <p>At 12:52 PM on 01/21/14 the director of nursing (DON) asked this aide to leave the dining room and stop assisting residents with their food. She reported the aide did not have a wound, but had fractured fingers which required taping together to promote healing and prevent further damage.</p> <p>At 11:15 AM on 01/24/14 Nurse #3 (responsible for infection control) stated even if staff did not have wounds, bandages posed an infection control risk because they might be contaminated by germs and bacteria. She reported ideally staff members with bandaged hands should not handle food or eating utensils. However, Nurse #3 commented if such could not be avoided, staff should at least wear gloves which completely covered the bandaged area.</p>	F 441	<p>Tag 0441-483.65 Infection control, prevent of spread, linens (long term care facilities)</p> <ol style="list-style-type: none"> 1.No residents were named in this citation. 2. Any of the center's residents requiring assistance with meal set up could be affected by this practice. On 1/21/14 the Director of Nursing asked the activity staff person to leave the dining room related to recent injury to hand. The Director of Nursing and Activity Director met with the activity person on 1/24/14 regarding handwashing and infection control. This activity person will not help with meal set up. 3. The Director of Nursing met with the licensed and unlicensed staff on February 7, 2014 for education on handwashing and infection control during resident meal set up. Those staff not in attendance met with the Staff Development Coordinator on handwashing and infection control during meal set up. The specific incident with the bandaged hand was shared with the staff. 4. The Director of Nursing, Staff Development Coordinator or Nurse Managers at meal times will observe dining room staff for infection control practices. If staff are found not in 		

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F 441	Continued From page 20 At 2:40 PM on 01/24/14 the DON stated the staff member with the bandaged hand was an activity aide who did not usually assist residents with their meals. She reported the aide should have had gloves on when handling food and utensils because the aide could have contaminated the bandaging at home or in other environments and then passed things such as colds, flu, and infections onto the facility residents.	F 441	compliance, re-education will be done at that time. Observations will be made by the nurse assigned to the dining room at each meal, 3 times a week for 12 weeks, to assure staff compliance. An audit tool will be used for documentation of non compliance or issues. The Director of Nursing will select one week per month of dining room observation using the audit tool to monitor on going compliance. A summary report of the results of these audits will be brought by the Director of Nursing to the monthly Quality Assurance Process Improvement Committee for review for 3 months.		

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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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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type V protected construction, One storie, with a complete automatic sprinkler system.	K 000	This Plan of Correction is submitted as required under State and Federal Law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statement made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding. K Tag 018 1. The Center's Maintenance Director checked the hallway doors for proper latching on February 27, 2014. No other doors were found to be non-latching. The latch was repaired to ensure proper latching.	3/21/2014
K 018 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3	K 018		
K 038 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 02/27/2014 the door to the kitchenette failed to latch when closed. 42 CFR 4883.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1	K 038		
	This STANDARD is not met as evidenced by: A. Based on observation on 02/27/2014 there			

RECEIVED
MAR 17 2014
CONSTRUCTION SECTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Frede Uhl</i>	TITLE <i>Administrator</i>	(X6) DATE 3/27/2014
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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.

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

PRINTED: 03/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345356	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - NEW BUILDING /NEW LOCATION B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2014
NAME OF PROVIDER OR SUPPLIER RICH SQUARE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 320 NORTH MAIN STREET RICH SQUARE, NC 27869	
(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)	(X4) COMPLETION DATE
K 038	Continued From page 1 was no wiring diagram on the component location map under glass near the FACP. 42 CFR 483.70 (a)	K 038	3. The Maintenance Director will perform door checks for proper latching 3 times per week for 8 weeks. Staff were in-serviced on March 7, 2014 on K tag 018- "Doors protecting the corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Center's staff will notify the Maintenance Director of non-latching doors which will be immediately repaired.	
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 18.2.8 This STANDARD is not met as evidenced by: A. Based on observation on 02/27/2014 there were only one (1) bulb in the out side light fixtures at the exits. 42 CFR 483.70 (a)	K 045		
			4. Results of these weekly audits will be submitted to the Monthly Safety Committee for review. The Safety Committee consists of the Maintenance Director, Administrator, Director of Nursing, Dietary Manager, Activity Director, Staff Development Coordinator, Social Service Director, Rehabilitation Manager. The Safety Committee minutes	

will be reviewed in the
Monthly Quality Assurance
Performance Improvement
meeting. Tracking will be
done for trending in the QAPI
meetings. The QAPI
committee consists of the
Administrator, the Director
of Nursing, MDS Coordinator,
Rehabilitation Manager,
Medical Director, Director of
Social Services,
Environmental Services,
Director of Maintenance,
Dietary Manager and Activity
Manger.

1. The Smoke Alarm Panel diagram was removed from the glass near the FACP on March 21, 2014.
2. This tag was corrected by the Maintenance Director who placed the Wiring Diagram on the component location map under glass near the FACP on March 21, 2014
3. The citation of this tag and the correction was submitted to the Monthly Safety Committee for review. The Safety Committee consists of the Maintenance Director, Administrator, Director of Nursing, Dietary Manager, Activity Director, Staff Development Coordinator, Social Service Director, Rehabilitation Manager. The Safety Committee minutes will be reviewed in the Monthly Quality Assurance Performance Improvement meeting. The QAPI committee consists of the Administrator, the Director of Nursing, MDS Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager and Activity Manger.

3/21/14

K Tag 045

1. The Center's Maintenance Director inspected current egress illumination for compliance on February 27, 2014. 3/21/14
2. Egress lighting was audited to assure 2 bulbs are present in each fixture. This was corrected by March 18, 2014.
3. The Maintenance will do egress lighting checks 3 times per week for 8 weeks. Staff were in-serviced on March 14, 2014 on K tag 045- "Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. Center's staff will notify the maintenance director of needed bulb which will be replaced immediately.
4. Results of these weekly audits will be submitted to the Monthly Safety Committee for review. The Safety Committee consists of the Maintenance Director, Administrator, Director of Nursing, Dietary Manager,