

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/09/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARRINGTON PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 FULLWOOD LANE</b> <b>MATTHEWS, NC 28105</b>		
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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and record review, the facility failed to follow aspiration precaution instructions for 1 of 3 sampled residents who experienced a change in condition (Resident #13).</p> <p>The findings included:</p> <p>Resident #13 was admitted to the facility on 12/11/13 with diagnoses which included dementia.</p> <p>Review of Resident #13's annual Minimum Data Set (MDS) dated 09/09/14 revealed an assessment of short and long term memory loss. The MDS indicated Resident #13 required supervision and the assistance of one person with eating.</p> <p>Review of Resident #13's care plan revised 9/19/14 revealed Resident #13 " is able to feed self with no difficulty." Approaches to nutrition included direction to supervise and assist with meals.</p> <p>Review of a hospital summary dated 10/03/14</p>	F 309	<p>Carrington Place is committed to providing the highest level of care for our residents. Carrington Place's response to this report of survey does not denote agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are filing the POC because it is required by law.</p> <p>Corrective actions that will be accomplished by the facility to correct the deficient practice:</p> <p>Education of the staff completed on 10-9-2014 on aspiration precaution of resident #13-including, meal assistance requirements and HOB angle. Nursing assignment sheet and Care Plan has been updated 10-9-2014. Speech therapy referral was done on 10-9-2014 related to coughing reported.</p> <p>How the facility will identify other issues having the potential to affect resident's by the same deficient practice and the</p>	11/5/14	

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

TITLE

(X6) DATE

Electronically Signed

10/31/2014

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 309	<p>Continued From page 1</p> <p>revealed Resident #13 was admitted to the hospital on 09/27/14 for treatment of aspiration pneumonia. The hospital discharge summary discharge instructions specified: "Patient is high risk for aspiration. Keep the head of the bed elevated at 30 degree angle or higher all the time. Sit patient up near 90 degrees with all meals and for one hour postprandially (after eating). Assist patient with one to one feeding with all meals."</p> <p>Review of physician's orders dated 10/03/14 revealed Resident #13 was to receive a pureed diet with honey thick liquids.</p> <p>Review of Resident #13's nurse aide assignment sheet updated 10/07/14 revealed Resident #13 required no assistance with eating. There was no direction regarding head of the bed elevation.</p> <p>Observation on 10/09/14 at 8:46 AM revealed Resident #13 drank honey thickened coffee independently in bed with the head of the bed elevated approximately 80 degrees. Resident #13 coughed after consumption of 2 sips. No staff members were in Resident #13's room.</p> <p>Observation on 10/09/14 at 8:55 AM revealed Resident #13 with a moist cough after a sip of the honey thickened coffee. No staff members were in Resident #13's room.</p> <p>Interview with Nurse Aide (NA) #1 on 10/09/14 at 9:07 AM revealed the amount of assistance Resident #13 required with eating varied with each meal. NA #1 explained Resident #13 ate the breakfast meal independently. NA #1 reported she did not receive specific direction regarding the level of assistance Resident #13 required or the length of time for the head of the</p>	F 309	<p>corrective actions that have been or will be taken:</p> <p>Chart audit was completed to verify patients with diagnosis of aspiration pneumonia and ensured aspiration precautions are being followed completed on 10/14/14. Ensured that nursing assignment and care plans reflect risk for aspiration precautions completed on 10/31/14. Nursing staff will be educated on the importance of following aspiration precautions, meal assistance requirements and HOB angle to be completed by 11/5/14.</p> <p>Measures and/or systemic changes made or to be made to ensure the alleged deficient practice does not occur:</p> <p>All admission charts will be reviewed by the interdisciplinary team lead by DON to ensure any orders for aspiration precautions are reflected on nursing assignments and care plans timely. Nursing staff will be educated on proper head of bed angles upon orientation and at least annually. Nursing assignment sheet and care plans will be reviewed &amp; updated upon admission and as needed with any changes related to aspiration precautions by Nurse Manager and / or admitting nurse.</p> <p>How the corrective action will be monitored to ensure that its solution are achieved and sustained and how the plan will be evaluated for effectiveness:</p> <p>Nurse Managers will audit all admissions</p>		

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F 309	<p>Continued From page 2</p> <p>bed to be elevated after the meal.</p> <p>Observation on 10/09/14 at 9:10 AM revealed Resident #13 drinking honey thick milk from a straw with NA #1 and NA #2 at the bedside. Resident #13 could not access the milk through the straw. NA #1 removed the straw and stated Resident #13 had difficulty with drinking from a straw. NA #1 reported she estimated the head of the bed to be elevated approximately 80 degrees.</p> <p>Observation on 10/09/14 at 9:15 AM revealed NA #1 and NA #2 attempted to assist Resident #13 with a bed bath. NA #2 began to lower the head of the bed. Resident #13 resisted and NA #1 and NA #2 stopped. NA #1 reported Resident #13 would receive assistance later when assistance would be accepted. NA #2 raised the head of the bed to an approximately 80 degree angle.</p> <p>Observation on 10/09/14 at 9:19 AM revealed Resident #13 coughed a moist cough. Resident #13's head of the bed was approximately at an 80 degree angle.</p> <p>Interview with Nurse #1 on 10/09/14 at 10:00 AM revealed Resident #13 required assistance with eating but was not certain if supervision was required with drinking. Nurse #1 explained all residents remained upright for at least 30 minutes after meals. Nurse #1 reported NA #1 informed her of Resident #13's coughing after liquid consumption and she intended to report this to the physician. Nurse #1 reported the speech therapist usually gave direction for the degree of supervision and techniques required. Nurse #1 was not aware of the hospital discharge instructions regarding aspiration precautions and thought the straw should not be used since she</p>	F 309	with aspiration precautions within 24 hours, weekly report will be submitted to the Interdisciplinary team weekly for review. ADON will randomly audit and report compliance monthly to DON for 90 days and to QAPI quarterly x 2 to be completed by quarter 1 2015.		

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

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F 309	<p>Continued From page 3 was at risk for aspiration.</p> <p>Interview with the rehabilitation manager on 10/09/14 at 10:14 AM revealed nursing staff referred residents to speech therapy should questions occur with swallowing. The rehabilitation manager reported speech therapy did not receive a referral for Resident #13. The rehabilitation manager explained Resident #13's family member refused speech therapy in the past but the speech therapist could do a screen.</p> <p>Interview with the Minimum Data Set (MDS) nurse on 10/09/14 at 10:19 AM revealed Resident #13's discharge instructions should be communicated to staff through oral report and on the care plan. The MDS nurse reported she was not aware of the direction for one to one feeding and postprandial positioning for Resident #13.</p> <p>Interview with Nurse #2 on 10/09/14 at 10:30 AM revealed she updated the nurse aide assignment sheet. Nurse #2 explained she omitted the directions for Resident #13's assistance in eating in error.</p> <p>Interview with the Director of Nursing (DON) on 10/09/14 at 11:05 AM revealed the discharge instructions for Resident #13 should be on the nurse aide assignment sheet and updated on the care plan. The DON explained staff would also receive oral direction for Resident #13's care.</p>	F 309			