STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345478	A. BUILDING _____ B. WING _____	C 01/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARNETT WOODS NURSING AND REHABILITATION CENTER	604 LUCAS ROAD DUNN, NC 28334

(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 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. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to properly complete incontinent for 1 of 2 residents observed receiving incontinent care (Resident # 2). Findings included: Resident # 2 was admitted on 11/21/14 with diagnoses that included urinary tract infection (UTI). Review of the 11/28/14 Admission Minimum Data Set (MDS) indicated Resident # 2 was cognitively intact. The MDS also indicated the resident required extensive assistance with personal hygiene and toileting. The care plan for Resident # 2, last reviewed on 12/4/14, identified the resident as being at risk for an UTI based on a history of recurrent UTI ' s. Interventions to prevent or minimize the development of a UTI included appropriate hygiene techniques, and providing appropriate perineal care.. On 01/06/15 at 9:35 AM, an observation was made of Resident # 2 receiving her morning care.	F 312	RESPONSE PREFACE Harnett Woods Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and propose this plan of correction to the extend that the summary of findings is factual correct and in order to maintain compliance with applicable rules and provisions of quality care of the residents. The plan of correction is submitted as a written allegation of compliance. Harnett Woods Nursing and Rehabilitation response to the State of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute admission that any deficiencies is accurate. Further Harnett Woods reserves the right to submit any documentation to refute any of the stated deficiencies on this Statement of Deficiencies through the informal dispute resolution formal appeal procedure and/or any other administrative legal proceeding. F312 Resident #2 was reviewed and observed on January 8, 2015 by the	1/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/16/2015

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F 312	Continued From page 1 The resident ' s upper body was washed. Nursing Assistant (NA) # 1 then washed the resident ' s perineum. After completing the perineal area, the NA washed the resident ' s lower abdomen and then repeated washing the perineal area without changing the water or the washcloth. The resident was turned on her left side where the NA washed her back and rectal area without changing the water or the washcloth. An interview was held with NA # 1 on 1/6/15 at 2:05 PM. She stated she had been taught in school to only change the bath water if the resident had a bowel movement. She stated she had received education on perineal care from the facility during orientation, but did not remember what had been taught. The NA acknowledged she had cleansed the resident ' s perineal area, then her lower abdomen and back to the perineal area without changing the bath water or the washcloth. She added that using the same cloth and water and used for the rest of the body could increase the risk of an infection. The facility staff facilitator was interviewed on 1/6/14 at 3:41 PM. The staff facilitator stated staff were taught to leave the perineal area for last when providing care. She added when the NA cleansed the perineal area, then went to other body areas and back to the perineal area, it increased Resident # 2 ' s risk of an urinary infection. The Director of Nursing (DON) was interviewed on 1/6/14 at 4:00 PM. She stated she expected nursing assistants to change the water prior to washing the perineal area. The DON stated going from the perineal area to the abdomen and back to the perineal area could increase the risk	F 312	Assistant Director of Nursing for the proper delivery of incontinence care with no issues identified. The Director of Nursing in-serviced Nursing Assistant #1 on January 7, 2015 on the correct technique for incontinent care and proper bathing procedures. The Assistant Director observed Nursing Assistant #1 with a return demonstration of a bath which included incontinent care on January 8, 2015 with retraining provided for any identified issues. The Staff Facilitator began in-services on the correct technique for incontinent care and proper bath procedures on January 7, 2015. The Staff Facilitator will complete in-services with 100% Nursing Assistants and Nurses by January 16, 2015. Newly hired Nursing Assistants and Nurses will be trained on correct incontinent care with return demonstration by the Staff Facilitator during orientation. The Director of Nursing, Assistant Director of Nursing, Staff Facilitator, MDS Nurses, Treatment Nurse and RN Supervisor will have observed 100% of the Nurses and Nursing Assistants with return demonstration of proper and complete incontinent care by January 20, 2015. Nursing Assistants and Nurses will not work until they receive these in-services and perform return demonstration. The Staff Facilitator, MDS Nurses, Treatment Nurse, and RN Supervisor began audits of facility nursing staff utilizing the Resident Care audit Tool	

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F 312	Continued From page 2 of an infection.	F 312	regarding proper bathing procedures which includes incontinent care starting January 7, 2015. The Resident Care Audit Tool will be completed weekly x 4 weeks and then monthly x 3 months on 15 nursing staff members. The Director of Nursing and/or the Assistant Director of Nursing will review the results of the Resident Care audit tools weekly x 4 weeks and monthly x 3 months to ensure proper techniques are being followed to include resident #2. The Director of Nursing/Assistant Director of Nursing will follow up immediately on any concerns identified. The results of the audit tool will be shared monthly with the Executive Quality Assurance Committee x 4 months. Additional action will occur if deemed necessary and to determine the need of and/or frequency for continued monitoring.	