

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

PRINTED: 03/03/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN YEARS NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>POST OFFICE BOX 40 FALCON, NC 28342</b>		
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F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to develop a care plan for 1 of 2 residents reviewed for indwelling urinary catheters (Resident #32). The facility also failed to develop a care plan for 1 of 2 residents reviewed for significant weight loss (Resident #45). Findings included:</p> <p>1. Resident #32 was admitted into the on facility on 12/22/14. Diagnoses included Polyuria (excessive urination) and Chronic Kidney Disease. The entry Minimum Data Set completed on 12/22/14 did not indicate an indwelling urinary</p>	F 279	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p>	2/13/15	

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

TITLE

(X6) DATE

Electronically Signed

02/13/2015

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 279	<p>Continued From page 1 catheter.</p> <p>A review of the active care plan with a target date "3/4/15" did not reflect a plan of care for an indwelling urinary catheter.</p> <p>On 1/29/15 at 2:00 pm, during an observation, Resident #32 had an indwelling urinary catheter with yellow urine in the drainage bag.</p> <p>On 1/29/15 at 2:50 pm, in an interview, Nurse #1 stated she was responsible for ensuring care plans were completed for the residents. Nurse #1 further indicated when a resident is admitted into the facility the resident is discussed; however, she missed the indwelling urinary catheter and did not know the resident had an indwelling catheter since admission.</p> <p>On 1/29/15 at 2:59 pm, in an interview, the Director of Nursing indicated she expected there to be a care plan for residents with an indwelling urinary catheter.</p> <p>On 1/30/15 at 7:45 am, accompanied by NA (Nursing Assistant) #1 Resident #32's urinary catheter was observed unsecured and positioned underneath the resident right leg with tension.</p> <p>2. Resident #45 was readmitted to the facility on 12/13/12. His diagnoses included persistent vegetative state, anoxic brain injury, tracheostomy, chronic respiratory failure, gastrostomy and epilepsy. The most recent Minimum Data Set (MDS) a quarterly review dated 11/20/14 revealed Resident #45 was totally dependent for all activities of daily living (ADLS). The care plan revealed Resident #45 received</p>	F 279	<p>F279 For the residents involved, corrective action has been accomplished by:</p> <ol style="list-style-type: none"> <li>1. Resident #32: Catheter was removed.</li> <li>2. Resident #45: Actual Weight loss was added to the resident's Comprehensive Care Plan</li> </ol> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>All residents were potentially affected by this alleged deficient practice. By February 13, 2015, all resident Comprehensive Care Plans were reviewed for accuracy of Catheters and Weight Loss. Any changes indicated were made at that time.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice does not occur:</p> <p>All RNs, LPNs, Medication Aides and Certified Nursing Assistants were in-serviced on ensuring Physician orders capture a true picture of the resident and the order checking procedure for new admissions and readmissions. The MDS Coordinator was in-serviced by the</p>		

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F 279	<p>Continued From page 2</p> <p>tube feeding with a risk for complications including aspiration and infection. It was initiated on 5/5/13 and revised on 11/19/14. One of the goals listed was to maintain adequate nutritional and hydration as evidenced by stable weight. A new focus/care plan problem was initiated on 1/20/15 which revealed he required tube feeding to assist in maintaining or improving nutritional status. There was no focus related to preventing or correcting weight loss.</p> <p>A medical record review revealed Resident #45's current weight dated 1/19/15 was listed as 109 pounds (lbs.). His weight on 12/01/14 was 125 lbs. which represented a 16 lb. weight loss or a 12.8% weight loss.</p> <p>An interview was conducted with the Dietary Manager on 1/29/15 at 2:55 PM. She stated Resident #45 was discussed in the daily Quality of Life (QOL), a daily meeting during which resident concerns are discussed. She stated she emailed the Registered Dietitian (RD) and informed her of Resident #45's weight loss. The Dietary Manager stated another can of formula was added to see if it would help.</p> <p>A telephone interview was conducted with the RD on 1/29/15 at 3:05 PM. She stated she completed a nutrition assessment in September 2014 which revealed Resident #45 was getting 38 kilocalories per kilogram (kcal/kg) but needed only 30-31 kcal/kg which was equal to 1800kcal per day. The RD added that in September 2014 the feeding formula was decreased from Glucerna 1.5, 1 can every 4 hours to Glucerna 1.2 at the same rate. She stated the new formula provided 1838 kcal per day which was 31 kcal/kg. She then stated the resident had a 4.7% weight loss noticed in November 2014 so the facility started monitoring weights each week and the formula was increased back to Glucerna</p>	F 279	<p>Corporate MDS Consultant on February 13, 2015. This in-service included re-education on items to be included on Comprehensive Care Plans, potential versus actual problems and resident assessment needed to accurately complete the resident's Comprehensive Care Plan. The Daily Quality of Life Committee will review all new and readmitted residents the first business day after admission. They will physically assess that patient to ensure that all devices are accounted for through orders and that the Comprehensive Care Plan is an accurate reflection of the resident. This assessment will be recorded on the Daily Quality of Life Quality Assurance Worksheet for Admissions/Readmission.</p> <p>The facility has implemented a quality assurance monitor:</p> <p>The Care Plan Quality Assurance Monitor will be completed monthly by the Director of Nursing and reported to the Monthly Quality of Life Committee at the Monthly Quality of Life Meeting initially for three month. For any month that the monitor reveals less than 100% compliance, the monitor will be extended an additional month and corrective action will be implemented as deemed necessary by the Monthly Quality of Life Committee.</p> <p>In compliance as of February 13, 2015</p>		

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F 279	Continued From page 3 1.5. On 1/29/15 at 3:40 PM Nurse #3 stated Resident #45 received Glucerna 1.5 every 4 hours for total of 6 cans per day. On 1/30/15 at 8:35 AM, during an interview, the MDS nurse, who was also responsible for developing care plans, stated she attended the daily QOL meetings and that Resident #45 was discussed numerous times and his weight loss was discussed. She stated the weight loss was not in the care plan and that she was not aware the concern needed to be put in the care plan. On 1/30/15 at 9:37 AM the Administrated stated Resident #45's weight loss had been discussed in the QOL meeting and she expected it to be included on the resident's care plan.	F 279			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to secure indwelling urinary catheters for 2 of 2 residents reviewed for urinary catheter (Resident #32, #37). Findings included:	F 315	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.	2/13/15	

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F 315	<p>Continued From page 4</p> <p>1. Resident #32 was admitted into the facility on 12/22/14. Diagnoses included Chronic Kidney Disease and Polyuria (excessive urination). The entry Minimum Data Set completed on 12/22/14 did not indicate an indwelling urinary catheter.</p> <p>On 1/29/15 at 2:59 pm, in an interview, the Director of Nursing indicated she expected indwelling urinary catheters to be secured, unless otherwise specified on the resident's care plan.</p> <p>On 1/30/15 at 7:45 am, in an observation, accompanied by NA (Nursing Assistant) #1, Resident #32's urinary catheter was observed unsecured and positioned underneath the resident's right leg with tension. NA #1 indicated she had never seen the resident urinary catheter secured.</p> <p>On 1/30/15 at 8:24 am, in an interview, Nurse #2 stated she does not secure the resident's urinary catheter because the resident probably would not allow her to. Nurse #2 did not indicate if she had discussed this matter with the resident.</p> <p>On 1/30/15 at 8:38 am, in an interview, the Director of Nursing stated "Nurses and NAs should be checking to ensure urinary catheters are secured."</p> <p>2. Resident #37 was admitted into the facility on 8/27/14. Diagnoses included Chronic Kidney Disease and History of Urinary Tract Infection. The quarterly Minimum Data Set completed on 12/19/14 did not indicate an indwelling urinary catheter.</p> <p>A review of the care plan with a target date of</p>	F 315	<p>To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F315 For the residents involved, corrective action has been accomplished by:</p> <ol style="list-style-type: none"> <li>1. Resident #32: Catheter was removed.</li> <li>2. Resident #37: Catheter securing device was placed as patient agreed. Resident refuses catheter securing device as times was added to Comprehensive Care Plan. The resident was educated on the purpose/importance of catheter being secured at the time that the device was applied.</li> </ol> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>All residents were potentially affected by this alleged deficient practice. By February 13, 2015, residents with catheters were assessed for Catheter Securing Device compliance and correct explanation on the Comprehensive Care Plan. Any changes indicated were made at that time.</p>		

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F 315	<p>Continued From page 5</p> <p>3/11/15 directed "Leg band to secure catheter." No rejection of care was indicated.</p> <p>On 1/30/15 at 7:50 am, in an observation, accompanied by NA (Nursing Assistant) #1 Resident 37's urinary catheter was observed not secured and positioned on top of the resident's leg.</p> <p>On 1/30/15 at 8:24 am, in an interview, Nurse #2 stated she does not secure the resident's urinary catheter because the resident probably would not allow her to. Nurse #2 did not indicate if she had discussed this matter with the resident.</p> <p>On 1/30/15 at 8:38 am, in an interview, the Director of Nursing stated "Nurses and NAs should be checking to ensure urinary catheters are secured. If a resident did not want their catheter secured, I would expect the care plan to reflect rejection of care to have the catheter secured."</p>	F 315	<p>Measures put into place or systemic changes made to ensure that the deficient practice does not occur:</p> <p>All RNs, LPNs, Medication Aides and Certified Nursing Assistants were in-serviced on utilizing a catheter securing device and notifying Nurse and MDS Coordinator in the event of refusal or self-removal. The Daily Quality of Life Committee will review all new and readmitted residents the first business day after admission. They will physically assess that patient to ensure that all devices are accounted for through orders and application and that the Comprehensive Care Plan is an accurate reflection of the resident. This assessment will be recorded on the Daily Quality of Life Quality Assurance Worksheet for Admissions/Readmission.</p> <p>The facility has implemented a quality assurance monitor:</p> <p>The Quality Assurance Monitor for Securing the Catheter will be completed monthly by the MDS Coordinator and reported to the Monthly Quality of Life Committee at the Monthly Quality of Life Meeting initially for three months. For any month that the monitor reveals less than 100% compliance, the monitor will be extended an additional month and corrective action will be implemented as deemed necessary by the Monthly Quality of Life Committee.</p>		

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F 315	Continued From page 6	F 315			
F 520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the facility put in place December 2013. This was</p>	F 520	<p>In compliance as of February 13, 2015</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p>	2/13/15	

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F 520	<p>Continued From page 7</p> <p>for one federal deficiency which was originally cited on in December 2013 on a recertification survey and recited on a current recertification survey of January 30, 2015. The deficiency was recited in the area of Resident Assessment (Comprehensive Care Plans). The continued failure of the facility during a recertification survey of record show the facility's inability to sustain an effective Quality Assurance program. Findings include:</p> <p>This tag is cross referenced to:</p> <p>F 279 - D: Comprehensive Care Plans - During the recertification survey of December 2013 the facility was cited: Based on observations, record review and staff interviews, the facility failed to develop a care plan for pressure ulcers for 1 of 3 residents reviewed for pressure ulcers (Resident #28). The facility also failed to develop a care plan for 1 of 3 residents reviewed for indwelling urinary drainage devices (Resident #64). The facility on January 30, 2015 during a recertification survey was recited for F 279 for failure to develop a care plan for 1 of 2 residents reviewed for indwelling urinary catheters (Resident #32) and failure to develop a care plan for 1 of 2 residents reviewed for significant weight loss (Resident #45) - see F 279 per the CMS-2567 (statement of deficiency) for investigative details, F 279 was originally cited December 12, 2013 during a recertification survey.</p> <p>On 1/29/15 at 2:50 pm, in an interview, Nurse #1 stated she was responsible for ensuring care plans were completed for the residents. Nurse #1 further indicated when a resident is admitted into the facility the resident is discussed; however, she missed the indwelling urinary catheter for Resident #32 and did not know the resident had an indwelling catheter. On 1/29/15 at 2:59 pm, in</p>	F 520	<p>To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F520</p> <p>For the residents involved, corrective action has been accomplished by:</p> <ol style="list-style-type: none"> <li>1. Resident #32: Catheter was removed.</li> <li>2. Resident #45: Actual Weight loss was added to the resident's Comprehensive Care Plan</li> </ol> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>All residents were potentially affected by this alleged deficient practice. By February 13, 2015, all resident Comprehensive Care Plans were reviewed for accuracy of Comprehensive Care Plans regarding Weight Loss and Catheters, Catheter Securing Devices and Wounds.</p> <p>Measures put into place or systemic</p>		

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F 520	<p>Continued From page 8</p> <p>an interview, the Director of Nursing (DON) indicated she expected there to be a care plan for residents with an indwelling urinary catheter. She also added that Nurse #1 was new to her role.</p> <p>On 1/30/15 at 8:35 AM, during an interview, Nurse #1, stated she attended the Quality of Life (QOL) meeting and that Resident #45 was discussed numerous times and his weight loss was discussed. She stated the weight loss was not in the care plan and that she was not aware the concern needed to be put on the care plan.</p> <p>On 1/30/15 at 9:37 AM, in an interview, the Administrator stated Resident #45's weight loss had been discussed in the QOL meeting and she expected it to be included on the resident's care plan.</p> <p>On 1/30/15 at 10:25 am, in an interview, the administrator, accompanied by the DON; the administrator acknowledged the Quality Assurance Assessment Committee (QAAC) met monthly and further acknowledged the facility had a QAAC in place that identified issues that required quality assessment and assurance activities. No prior or current quality assurance of identified concerns related to failure to care plan indwelling urinary catheters was provided.</p>	F 520	<p>changes made to ensure that the deficient practice does not occur:</p> <p>The MDS Coordinator was in-serviced by the Corporate MDS Consultant on February 13, 2015. This in-service included re-education on items to be included on Comprehensive Care Plans, potential versus actual problems and resident assessment needed to accurately complete the resident's Comprehensive Care Plan. The Daily Quality of Life Committee will review all new and readmitted residents the first business day after admission. They will physically assess that patient to ensure that all devices are accounted for through orders and application and that the Comprehensive Care Plan is an accurate reflection of the resident. This assessment will be recorded on the Daily Quality of Life Quality Assurance Worksheet for Admissions/Readmission.</p> <p>The facility has implemented a quality assurance monitor:</p> <p>The Quality Assurance Monitor for Securing the Catheter, the Care Plan Weight Quality Assurance Monitor and the Care Plan Quality Assurance Monitor will be completed monthly by the MDS Coordinator and/or DON and reported to the Monthly Quality of Life Team at the Monthly Quality of Life Meeting initially for twelve months. These monitors will be</p>		

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F 520	Continued From page 9	F 520	<p>used to complete the Comprehensive Care Plan Quality Assurance Monitor and will be reported quarterly at the Quarterly Quality of Life Committee Meeting. The Comprehensive Care Plan Quality Assurance Monitor will be reviewed by the Quarterly Quality of Life Committee, including the Medical Director and verified by signature. For any quarter that the monitor reveals less than 100% compliance, the monitor will be extended an additional quarter and corrective action will be implemented as deemed necessary by the Quarterly Quality of Life Team.</p> <p>In compliance as of February 13, 2015</p>		