

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

PRINTED: 04/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/23/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF KINSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 907 CUNNINGHAM ROAD KINSTON, NC 28501	
(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 000	INITIAL COMMENTS No deficiencies cited as a result of the complaint investigation survey on 4/23/2015 Event 560Y11 Intake 105402.	F 000		
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 observation, record review and staff and resident interviews, the facility failed to provide nail care for one of thirty five residents sampled (Res. #63). Findings included: Resident #63 was admitted on 6/12/2014. The admission Minimum Data Set (MDS) dated 6/13/14 noted Resident #63 to be intact for cognition and needed extensive to total assistance for all Activities of Daily Living (ADLs), with the physical assistance of one person. The care plan dated 6/13/2014 noted a focus of ADL self-care performance deficit with a goal the resident will improve their current level of functioning from extensive / total to limited / extensive through the next review. The interventions included: Bathing: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.	F 312	1. Nail care was immediately provided to the affected resident. (#63) Care plan for Resident #63 was reviewed and updated. 2. A facility wide audit was conducted on all the residents in the building to ensure there were no other affected residents. 3. Staff Development Coordinator will provide education on the policy and procedure for providing nail care by 5/8/2015. 4. The Staff Development Coordinator, Unit Manager and Assistant Director of Nursing will audit 5 residents requiring assistance with nail care to ensure nail care is completed based on the residents individual needs weekly times 4 weeks, and then monthly times 4 months. The results of the audits will be reported monthly times 4 months. The results of the audits will be reported monthly times 3 during the Performance Improvement Committee for adjustments as needed.	

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

K Spell

TITLE

Administrator

(X6) DATE

5/8/15

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 312	<p>Continued From page 1</p> <p>On 4/21/15 at 9:48 AM, Resident #63 stated he had his bath that morning. The resident's fingernails were all long with light brown matter underneath. Resident #63 stated he did not like his nails so long, but he had trouble clipping his nails.</p> <p>On 4/22/15 at 10:30 AM Resident #63 was observed in his wheel chair, with clean clothes on. Resident #63 stated he had received his bath. Resident #63 's nails were long and had light brown matter underneath.</p> <p>On 4/23/15 at 10:00 AM Resident #63 was observed in bed. Resident #63 had long fingernails with light brown matter underneath. Resident #63 stated he hoped someone would clip his nails, but no one had.</p> <p>At 10:10 AM on 4/23/15, in an interview, Nurse Aide (NA) #1 stated that ADL care consisted of a bath or shower, hair care, nail care, oral care and dressing. NA #1 stated she could trim res nails if they were not diabetic, in which case, the nurse must trim the nails.</p> <p>At 10:20 AM on 4/23/15, in an interview, the Director of Nursing (DON) stated her expectation was ADL care would be a bath or shower, shave, hair care, nail care, oral care and dressing, and the resident would be treated with respect.</p> <p>At 10:40 AM on 4/23/15, in an interview, NA#2 stated ADL care was a bath or shower, nail care, oral care, hair care, along with dressing.</p> <p>04/23/2015 at 11:26:50 AM, in an interview, the administrator stated his expectation was all</p>	F 312			

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F 312	Continued From page 2 residents would receive proper ADL care, including a bath, grooming, hair care, oral care and nail care.	F 312			