

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2015
NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		
(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 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and resident interview, observation and record review the facility failed to provide the resident with adaptive equipment that could potential reduce the resident ' s level of dependence while toileting for 1 of 3 sampled residents (Resident #6). The findings included: Resident # 6 was admitted on 10/23/13 with cumulative diagnoses including diabetes, cerebral infarction, hemiplegia and contracture of hand joint. The Quarterly Minimum Data Set (MDS) assessment dated 1/1/15 revealed Resident # 6 was cognitively impaired required extensive assistance of one person for toileting and was always continent of bowel and bladder. The Quarterly MDS assessment dated 4/1/15 revealed Resident # 6 was cognitively impaired required extensive assistance of one person for toileting and was always continent of bladder but always incontinent of bowel. The Care Plan initiated 4/18/14 and revised 4/15/15 revealed a plan of care for " self-care deficit related to: decreased mobility, contracture of left hand, hemiparesis. " Interventions included: " ensure and assist with ADL (activities of daily living) and grooming needs daily, therapy</p>	F 246	<p>1. Resident #6 was referred to therapy services and was evaluated by Occupational Therapy (OT) on 04/24/15. Resident #6 was referred to OT caseload due to decreased toileting ability and difficulty toileting and performing commode transfers.</p> <p>2. Residents and staff were interviewed regarding any resident needs including assistive devices or adaptive equipment by Social Work Director/Assistant on 05/04/15. Nine residents were identified that could possibly benefit from assistive/adaptive devices. ¿Hey Therapy¿ cards were completed by the Administrator on 05/13/15 on the residents that were identified. Therapy screens will be completed on those residents that were identified by the rehab. department by 05/21/15 and evaluations and treatments ordered as indicated from therapy screenings.</p> <p>3. Nurse Practice Educator will re-educate licensed nursing staff and nursing</p>	5/21/15	

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

TITLE

(X6) DATE

Electronically Signed

05/15/2015

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 246	Continued From page 1 to evaluate and treat as needed. " On 4/22/15 at 11:25 AM Resident #6 was interviewed and stated that he required a grab bar in the bathroom that he could use with his right arm. He demonstrated by holding his right arm up as if to reach up and hold a grab bar that he could then pull himself up with. Resident #6 said that he currently required assistance of two staff to use the toilet but he believed that if he had the grab bar he needed he thought he would only need the assistance of one staff member. Resident #6 stated that he had let several staff members know that he needed a grab bar but nothing had ever been done about it. On 4/23/15 at 3:01 PM Nursing Assistant (NA) # 1 and #2 both indicated that Resident #6 had told them that he needed a new grab bar on several occasions. NA #1 stated that Resident #6 needed a higher toilet seat as the current toilet in his bathroom was too low for him. She said that she had reported it to another staff member but nothing had happened yet. It was unclear if she was referring to housekeeping, nursing or rehabilitation staff. On 4/23/15 at 3:05 PM the Rehabilitation Manager was interviewed. She stated that she had not heard that Resident #6 believed he needed a new grab bar in the bathroom for enhanced independence with toileting. She said she was not aware of any referrals for Resident #6 in a long time and that she had none for either a grab bar or toilet height adaptive equipment for Resident #6. The Rehabilitation Manager stated that staff should have referred these things to Rehabilitation so the resident could be assessed.	F 246	assistants, including weekend and prn licensed nurses and nursing assistants on completing "Hey Therapy" forms when needs or concerns are identified by 05/21/15. Social Work Director/Assistant will interview ten residents and five staff members regarding any resident needs including assistive devices or adaptive equipment monthly times three months. 4. Therapy screens will be completed on all new admissions, with quarterly, annual and change of condition assessments. The results of the therapy screens will be presented by the Therapy Program Manager at the monthly PI meeting times three months. Results of the interviews of residents and staff will be reported during the monthly PI meeting by the Social Work Director times three months.		
F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT	F 252		5/21/15	

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F 252	<p>Continued From page 2</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and resident interview, observation and record review, the facility failed to provide a homelike environment by failing to repair a wall, headboard unsecured toilet in a resident room for 1 of 3 sampled residents (Resident #6), failing to clean ceiling tiles in a resident 's room for 1 of 3 sampled residents (Resident #3) and failing to replace a worn out, torn and peeling mattress for 1 of 1 sampled residents (Resident # 7). The findings included: 1a. Resident # 6 was admitted on 10/23/13 with cumulative diagnoses including diabetes, cerebral infarction, hemiplegia and contracture of hand joint. The Quarterly Minimum Data Set (MDS) assessment dated 4/1/15 revealed Resident # 6 was cognitively impaired. On 4/22/15 at 11:25 AM Resident #6 was observed in his room (405 A). Resident #6 was in bed at the time. His bed was positioned with the foot of the bed facing the window (the wall opposite the room entrance), the head of the bed at the wall opposite the window and the left side of the bed was against the left (when facing the window) wall of the room. The left wall of the room that his bed was observed to have multiple chips and gouges (at least 20) in the sheetrock of various sizes, some were approximately 1-2 inches in diameter. There was also a tear in the sheetrock of approximately 4 inches where the</p>	F 252	<p>1. Room 405 was completely remodeled between 4/28/15 & 05/01/15 including patching all walls and painting by Maintenance Director/Assistant. The toilet was reset and secured appropriately on 04/27/15 by the Maintenance Director. Maintenance Director replaced the mounting brackets on the headboard and mounted appropriately on 04/24/15. On 04/22/15, the Maintenance Director and Environmental Services Director cleaned and painted the soiled ceiling tile identified in room 207. The identified mattress in room 210 was replaced by Environmental Services Director on 04/23/15.</p> <p>2. Maintenance Director/Assistant completed a toilet audit on 04/23/15 to identify any toilets in need of repair. Mattress/Headboard audit was completed on 04/30/15 by the Central Supply Clerk, any mattress or headboards that were identified were replaced and/or repaired at that time by Maintenance Director and Environmental Services Director. Wall Audit was completed on 04/30/15 by Administrator and Maintenance Director and center continues to repair walls as needed. Maintenance Director completed ceiling tile audit on 05/11/15. Areas that</p>		

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F 252	<p>Continued From page 3</p> <p>sheetrock was hanging off the wall approximately 12 inches above the top of the resident ' s bed. The resident was interviewed at this time and indicated he had noticed the poor condition of the wall beside his bed and said that it had been like that for some time.</p> <p>On 4/23/15 at 10:19 AM interview with the Maintenance Manager revealed he did not have any outstanding work orders for room #405 and was not aware of any issues in that room.</p> <p>On 4/23/15 at 10:30 PM room 405 was observed with the Maintenance Manager. During interview with the Maintenance Manager at this time he acknowledged the wall was in need of repair.</p> <p>On 4/23/15 at 3:01 PM Nursing Assistant #1 stated that she had been aware of the poor condition of the wall in Resident #6 ' s room for some time. She also said that she was aware that it needed to be reported to Maintenance by filling out a work order but said that she had not completed a work order.</p> <p>On 4/23/15 at 3:40 PM with the Assistant Director of Nursing (ADON) revealed that she expected staff to fill out a work order for Maintenance when they first noticed something in a state of disrepair. She also acknowledged that the wall in Resident #6 ' s room did not appear homelike.</p> <p>1b. Resident # 6 was admitted on 10/23/13 with cumulative diagnoses including diabetes, cerebral infarction, hemiplegia and contracture of hand joint.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 4/1/15 revealed Resident # 6 was cognitively impaired.</p> <p>On 4/22/15 at 11:25 AM Resident #6 was observed in his room (405 A). Resident #6 was in bed at the time. The head of his bed was against the wall opposite the window, with the window wall opposite the room entrance. The</p>	F 252	<p>were identified were cleaned, repaired or replaced.</p> <p>3. Nurse Practice Educator (NPE) will re-educated licensed nurses, nursing assistants (including weekend and prn licensed nurses and nursing assistants), dietary, housekeeping and department heads by 05/21/15, concerning completing maintenance work order forms when needs or concerns are identified. Re-educated Maintenance Director and Maintenance Assistant on 04/24/15 by the Administrator concerning ensuring all work orders are completed timely and prioritized appropriately. Maintenance Director, Maintenance Assistant, Environmental Services Director and/or Central Supply Clerk will conduct mattress, headboard, toilet, ceiling tile and wall audits weekly times one month then monthly times three months.</p> <p>4. Maintenance Director will report the findings of audits to the PI meeting monthly times 3 months to ensure compliance and consistency. Administrator, Maintenance Director and Environmental Services Director will complete weekly environmental rounds times three months.</p>		

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F 252	<p>Continued From page 4</p> <p>head of the bed was a few inches away from the wall and the headboard was observed to be attached with a bracket on only the right side of the headboard. The left side of the headboard appeared to be missing a bracket and so the headboard was angled down with the left side of the headboard touching the floor. The resident was interviewed at this time and was unaware that the headboard was in disrepair.</p> <p>On 4/23/15 at 10:19 AM interview with the Maintenance Manager revealed he did not have any outstanding work orders for room #405 and was not aware of any issues in that room.</p> <p>On 4/23/15 at 10:30 PM room 405 was observed with the Maintenance Manager. The head of the bed was flush against the wall this observation and the headboard was to longer touching the floor. The headboard still only had one bracket ant the left side was still missing a bracket and was loose and unsecure but it was sitting on top of the bedframe since the bed was pushed flush against the wall. During interview with the Maintenance Manager at this time he acknowledged the bracket was missing and the headboard needed to be repaired.</p> <p>On 4/23/15 at 3:01 PM Nursing Assistant #1 stated that she had been aware of the headboard on Resident #6 ' s bed being loose or broken. She also said that she was aware that it needed to be reported to Maintenance by filling out a work order but said that she had not completed a work order.</p> <p>On 4/23/15 at 3:40 PM with the Assistant Director of Nursing (ADON) revealed that she expected staff to fill out a work order for Maintenance when they first noticed something in a state of disrepair. She also acknowledged that loose and broken headboards and be a potential safety hazard.</p> <p>1c. Resident # 6 was admitted on 10/23/13 with</p>	F 252			

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F 252	<p>Continued From page 5</p> <p>cumulative diagnoses including diabetes, cerebral infarction, hemiplegia and contracture of hand joint.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 4/1/15 revealed Resident # 6 was cognitively impaired.</p> <p>On 4/22/15 at 11:25 AM the toilet in Resident # 6 ' s room (405) was observed to move 1-2 inches from side to side and backwards with minimal force applied. Interview with the resident revealed that he did use that toilet and it had been shaky while he used it for some time.</p> <p>On 4/23/15 at 10:19 AM interview with the Maintenance Manager revealed he did not have any outstanding work orders for room #405 and was not aware of any issues in that room. Completed work orders since 1/1/15 were reviewed with the Maintenance Manager present. There was one work order for room 405. The work/repair needed was " 405 toilet not flushing completely/properly. Under remarks the work order had the following written note " will have to pull toilet up to repair. " The work order was signed of as completed by the Maintenance Manager on 3/17/15. During interview at this time the Maintenance Manager stated he did not specifically recall doing that repair of if there were any unresolved issues with the repair.</p> <p>On 4/23/15 at 10:30 PM room 405 was observed with the Maintenance Manager. With minimal force applied he observed the toilet shaking and acknowledged that it was not correctly secured and needed to be repaired.</p> <p>On 4/23/15 at 3:01 PM Nursing Assistant #1 stated that she had been aware of the toilet in Resident #6 ' s bathroom was loose and would move side to side when used. She also said that she was aware that it needed to be reported to Maintenance by filling out a work order but said</p>	F 252			

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F 252	<p>Continued From page 6</p> <p>that she had not completed a work order.</p> <p>On 4/23/15 at 3:03 PM Nursing Assistant #2 stated that she was also aware the toilet in Resident #6 ' s bathroom was loose and would move side to side when used. She added that the resident only used that toilet every few days and she would forget to complete the work order at the end of the day until the next time he used it.</p> <p>On 4/23/15 at 3:40 PM with the Assistant Director of Nursing (ADON) revealed that she expected staff to fill out a work order for Maintenance when they first noticed something in a state of disrepair.</p> <p>2. Resident #3 was admitted on 1/15/15 with cumulative diagnoses including cerebral artery infarction, hemiplegia, hypertension and muscle weakness.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 4/16/15 indicated Resident # 3 was moderately cognitively impaired.</p> <p>On 4/22/15 at 3:15 PM Resident #3 ' s room (207 A) was observed. Nursing Assistant #3 (NA #3) and Unit Supervisor #1 (US #1) were present.</p> <p>During this time several dried dark brown stains were noted on one of the ceiling tiles near the resident ' s bet as well as dry brown matter that appeared thicker which was on the supports for the ceiling tiles. There were approximately 10 of these areas of brown stains brown matter noted ranging from approximately 1/2 inch to 2 inches in diameter. Both NA #3 and US #1 stated they had not noted the marks before. The resident was interviewed at this time and stated that the marks had been there for some time and were from " when they killed the cockroach. " US #3 stated that she had seen something similar in other rooms before but it had been from drinks like tea, coffee or soda (cola) getting sprayed on the ceiling by being accidentally flicked off the flexi straw used in the soda can or cup.</p>	F 252			

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F 252	<p>Continued From page 7</p> <p>On 4/23/15 at 10:19 AM the Maintenance Director stated that the matter on the ceiling tile supports and ceiling tile had been washed off and painted over. He stated that it was food that he had to do similar cleaning and touch ups for the same reason on rare occasions in the past.</p> <p>On 4/23/15 at 3:40 PM with the Assistant Director of Nursing (ADON) revealed that she expected staff to fill out a work order for Maintenance when they first noticed something in a state of disrepair.</p> <p>3. On 12/15/14 Resident #7 was admitted with cumulative diagnoses including cerebral vascular disease, diabetes and dysphasia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 4/8/15 indicated Resident #7 was moderately cognitively impaired.</p> <p>On 4/22/15 at 11:15AM Resident #7 ' s room was observed (210 A). Resident #7 was not in his room at this time and his bed had been stripped. The bare mattress was visible and was observed to have a large area of worn, peeling, cracked and thinning material at the center of the mattress that extended approximately 2 feet wide x 3 feet long. There were also numerous crumb debris scattered in this area.</p> <p>On 4/23/15 at 10:00 AM Resident #7 ' s mattress was observed to be covered with a clean sheet.</p> <p>On 4/23/15 at 10:30 AM interview with the Housekeeping Manager revealed he did not have any outstanding work orders or requests for a new mattress and was not aware of any concerns in room 210. He added that Housekeeping was responsible for changing out mattresses that were in disrepair but that they also relied on Nursing Staff to report when mattresses were torn or in poor condition, since they saw the mattresses more frequently. After referring to the schedule he said that the mattresses in room 210 would have been deep cleaned last on 4/6/14.</p>	F 252			

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F 252	<p>Continued From page 8</p> <p>The Housekeeping Manager said he always had a couple of extra mattresses on hand so replacements could occur as needed.</p> <p>On 4/23/15 at 10:40 AM Resident #7 ' s mattress was observed with the Housekeeping Manager, Resident #7 was also present in the room at this time. The Housekeeping Manager removed the sheet and acknowledged that the mattress had a large area of worn material in very poor condition and that the mattress needed to be replaced immediately. Numerous crumb debris were also present. The Housekeeping Manager also identified a 4 inch tear along the right side of the mattress near the axis of the ¼ rail on the right hand side of the bed. Resident #7 indicated at this time that he thought that the mattress should be replaced.</p> <p>On 4/23/15 at 10:45 Housekeeping Aide #1 was interviewed. She stated that she last deep cleaned the mattresses in room 210 on 4/10/15. She said there was not a checklist or anything she needed to complete in regards to rooms that were deep cleaned or the condition of the mattresses or room. She stated that when she deep cleaned the mattress for room 210A there had been crumbs on it but other than that she didn ' t see anything wrong with the mattress on 4/10/15.</p> <p>On 4/23/15 at 10:55 AM Nursing Assistant #4 was interviewed. Resident #7 ' s mattress had not yet been replaced and was observed with NA #4 at this time. He stated that he had been the NA that stripped the bed yesterday and he reported the crumbs to housekeeping for them to clean off. He also stated that all he did was put the sheet back on. NA#4 said that the large worn, peeling and cracking areas on the mattress had been present for quite some time but he had not completed a work order because it was</p>	F 252			

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F 252	Continued From page 9 housekeeping that was responsible for changing out the mattresses. NA #4 added that since housekeeping was responsible, he thought that they would know when the mattress needed to be replaced when they saw it and then they would replace it; so he was unaware that he needed to complete a work order for a mattresses in disrepair. On 4/23/15 at 3:40 PM with the Assistant Director of Nursing (ADON) revealed that she expected staff to fill out a work order for Maintenance when they first noticed something in a state of disrepair.	F 252			
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 observation, record review and staff interview the facility failed to provide hygienic and thorough incontinent care for 1 of 3 sampled residents (Resident #3). The findings included: Resident #3 was admitted on 1/15/15 with cumulative diagnoses including cerebral artery infarction, hemiplegia, hypertension and muscle weakness. The Quarterly Minimum Data Set (MDS)	F 315	1. Residents #3 was identified as being incontinent, requiring perineal care/incontinence care as needed. NA#3 was educated by the centers Nurse Practice Educator (NPE) and completed return demonstration regarding perineal care/incontinence care on 04/23/15. 2. Director of Nursing and Assistant	5/21/15	

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NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		
(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 315	Continued From page 10 assessment dated 4/16/15 indicated Resident # 3 was moderately cognitively impaired. The Care Plan initiated on 1/28/15 and updated on 4/16/15 revealed a plan of care for " resident is at risk for skin breakdown as evidenced by limited mobility, incontinence " . Interventions included: " provide peri (perineal) care/incontinence care as needed. " On 4/22/15 at 3:15 PM Nursing Assistant #3 (NA #3) was observed while giving incontinent care to Resident #3. Unit Supervisor #1 was present during this observation. Resident #3 was on his bed and NA #3 assisted him to pull his pants to his knees. NA #3 had 2 washcloths that she had wet with water from the sink that she used to wipe the resident ' s front perineal area including lower abdomen front top of thigh top of scrotum and penis. The resident ' s legs appeared to be constrained by his pants at his knees and she did not attempt to cleanse under the resident ' s scrotum or his inner thigh creases. She did not use any soap with water or skin cleanser and did not rinse or dry the area. NA #3 then assist the resident to turn onto his side. Stool was present on the resident ' s buttocks which she wiped away using clean areas of additional wet washcloths and some skin cleanse solution. Once the stool was removed NA #2 did not use soap and water or the skin cleanse solution on the resident ' s skin to cleanse the resident ' s buttocks, and did not rinse or dry the area. NA #3 then assisted the resident onto his back and began to apply a clean brief. She was asked to check the resident ' s inner thigh creases and under his scrotum and found additional stool which she removed using toilet paper with some skin cleanse solution sprayed onto the toilet paper. NA #3 then applied the resident ' s brief. On 4/22/14 at 3:15 PM during interview with NA	F 315	Director of Nursing will identify incontinent residents by reviewing the MDS, observation of residents and interviewing the nursing assistants, by 05/21/15. 3. Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator and RN Supervisors will re-educate certified nursing assistants, including weekend and prn nursing assistants on the incontinence care process and procedure and will review steps of peri-care. Nursing Assistants, including weekend and prn nursing assistants will complete a return demonstration on peri-care on male and female residents. Return demonstrations will be completed and observed by Nurse Practice Educator and RN Supervisors by 05/21/15. Nurse Practice Educator and RN Supervisors will complete observations of peri-care with four random CNA's including all three shifts and weekends every week times four weeks then every month times three months. 4. Nurse Practice Educator will report the results of the observations during the monthly PI meeting times three months.		

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

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FORM APPROVED
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F 315	Continued From page 11 #3 she stated she did not use the skin cleanse solution when she first started providing the incontinent care because she could not find it. She added that after the Unit Supervisor located it for her she used it only to help wet the stool so she could wipe it away easier but that not much was coming out of the bottle because it was almost empty. She acknowledged that she did not use the skin cleanser to cleanse the resident ' s skin and that she did not rinse or dry the area. NA # 3 stated she was aware that when giving incontinent care she was supposed to cleanse, rinse and dry the skin to help protect against skin breakdown. NA #3 also said that she had missed the additional stool at the resident ' s inner thigh creases because it was difficult to see with the way the resident was positioned and because she was bending over to see since she had not raised the bed prior to providing incontinent care. On 4/23/15 at 8:57 AM the Administrator stated that it was her expectation that staff would provide incontinent care according to the facility policy and procedure and that a resident ' s skin and would be cleansed after a bowel movement. She also indicated that she expected staff to position residents in a way that would allow them to clean crevice areas and skin folds when providing incontinent care. On 4/23/15 at 3:40 PM the Assistant Director of Nursing stated that she expected staff to use skin cleanser to wash a resident ' s skin thoroughly when giving incontinent care and to rinse and dry the areas as well.	F 315			