| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345438 | A. BUILDING _____ B. WING _____ | C 01/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE LAURELS OF SUMMIT RIDGE | 100 RICEVILLE ROAD ASHEVILLE, NC 28805 |

| (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 |
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| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, staff, and resident interview the facility failed to provide nail care for 1 of 1 resident reviewed for Activities of Daily Living. (Resident # 37).<br><br>Findings included:<br><br>Review of the Admission Identification Summary dated 10/06/15 revealed Resident #37 was admitted to the facility on 07/26/10 with diagnoses of hypertension, cerebrovascular accident/transient ischemic attack or stroke, non-Alzheimer's dementia, dementia with behavioral disturbance, edema, and dermatitis.<br><br>Review of the Minimum Data Set (MDS) annual review dated 12/18/15 revealed Resident #37 had been identified as cognitively intact with a functional status of one person assist for bathing. She had further been identified as not exhibiting behavior regarding rejection of care.<br><br>Review of a care plan dated 01/21/16 revealed a problem identified for Resident #37 of requires assistance with activities of daily living (ADL's). Interventions included: Anticipate and meet as needed, and assess ability to carry out ADL ' s on a regular basis. | F 312 | Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.<br><br>Resident #37 had her fingernails cleaned and trimmed during the survey on 1/29/16.<br>All residents have been checked to assure proper nail care has been completed.<br>Licensed nurses and CNAs have been in serviced on proper nail care and documentation on shower sheets 2 times per week by DON/SDC.<br>A monitoring tool will be used by Unit Managers/DON/SDC weekly for 3 months to ensure nail care has been completed.<br>Results of nail care rounds will be reviewed by the DON and QA committee monthly for 3 months and thereafter by the QA committee. | 2/12/16 |

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

Electronically Signed | 02/08/2016

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Review of a care conference minute sheet dated 10/07/15 revealed Resident #37's daughter had concerns that her fingernails were long and had been scratching a lesion on her nose breaking it open. Further review revealed: Nursing to trim nails as soon as meeting done.

Review of the shower/skin observation sheets for Resident #37 revealed the last documented date Resident #37 had her fingernails trimmed was 12/31/15. Further review revealed Resident #37 had refused a bath on 01/07/16, and according to the shower/skin observation sheet Resident #37 had received a bath on the following dates: 01/15/16, 01/21/16, and 01/25/16 with documentation indicating Resident #37's fingernails had not been trimmed.

An observation of Resident #37 on 01/26/16 at 11:44 AM in the dining room revealed Resident #37's fingernails were very long. One nail was broken off, several nails were jagged, and one nail was split horizontally. Resident #37 stated she wanted her fingernails trimmed, but did not know who to ask.

An observation of Resident #37 on 01/26/16 at 3:45 PM revealed she was in the front living area, sitting by the window. Her fingernails were observed to be long, and several were jagged. One nail was observed to be broke off, and one nail was split horizontally.

An observation of Resident #37 on 01/27/16 at 8:55 AM revealed she was awake and alert, sitting at the side of the bed eating breakfast. An observation of her fingernails revealed they were long, one nail was broken off, one nail was split

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horizontally, and several were jagged. Her fingernails were observed to be yellowish in color, and there was a brownish substance under one.

An observation on 01/27/16 at 1:15 PM revealed Resident #37 was sitting up in a wheelchair in her room. She had looked at her nails and stated she needed to get her nails done.

An observation of Resident #37 on 01/29/16 at 9:56 AM revealed she was awake and alert. She was lying in her bed. Her fingernails on both hands were long, some were jagged, one was broken off, and one was split by the cuticle. Resident #37's fingernails were yellowish in color, and one nail had a brownish substance underneath it.

An observation of Resident #37 on 01/29/16 at 10:08 AM was made. The Director of Nursing (DON) was present during the observation. Resident #37's fingernails remained long, with one broken, one split horizontally, and several jagged. One fingernail had a brownish substance underneath it. During the observation Resident #37 stated she needed to have them cut. The DON had a staff member cut Resident #37's nails immediately after the observation.

An interview with the DON on 01/29/16 at 10:05 AM revealed Resident #37 receives her bath on the 3-11 shift, on Mondays and Thursdays. She stated Resident #37 did refuse cares at times. She stated it was the responsibility of the Nursing Assistant to trim Resident #37's fingernails when she was bathed. The DON verified Resident #37's fingernails were long, one was broken, one was split horizontally, several were jagged, and there was some brown matter under one of the

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| F 312 | Continued From page 3<br>fingernails. She stated it is her expectation of staff to document any refusal of nail care and to notify the nurse. | F 312 | | |