

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

PRINTED: 02/16/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345463</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/07/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF HENDERSONV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 THOMPSON STREET HENDERSONVILLE, NC 28792</b>		
(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 278 SS=E	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately assess 5 of 22 sampled residents utilizing the Minimum Data Set (MDS) in the area of pressure sores (Resident #110), activities of daily living (Resident #33), restorative nursing services (Residents #33, #4),</p>	F 278	<p>A. Residents found to be affected by alleged deficient practice: 1. Resident #110 was coded incorrectly under section M/Skin conditions. Nurse #1 immediately reviewed assessment for accuracy, made appropriate corrections</p>	2/5/16	

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

TITLE

(X6) DATE

Electronically Signed

02/04/2016

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 278	<p>Continued From page 1 nutrition (Resident #19), and psychological therapy (Resident #26).</p> <p>The findings included:</p> <p>1. Quarterly MDS dated 11/22/15 indicated Resident #110 was admitted to the facility on 08/22/15. Resident #110 was coded under section M/skin conditions as having 2 stage III pressure sores and one of the pressure sores was present on admission. Subsequent quarterly MDS dated 12/21/15 indicated under section M/skin conditions that Resident #110 did not have any unhealed pressure sores stage I or higher and did not have any pressure sores on previous MDS assessment.</p> <p>On 01/07/16 at 9:15 AM an interview was conducted with Nurse #1 who completed the 11/22/15 and 12/21/15 MDS for Resident #110. Nurse #1 stated she miscoded the MDS dated 12/21/15 for Resident #110 and neglected to code Resident #110 had stage II, stage III, and unstageable pressure sores. Nurse #1 stated she did not know why she coded under section M/skin conditions that Resident #110 did not have any pressure sores because Resident #110 actually had pressure sores. Nurse #1 stated the 12/21/15 MDS should have been coded to reflect Resident #110 had pressure sores. Nurse #1 stated she would correct the miscoded MDS under section M/skin conditions immediately.</p> <p>On 01/07/16 at 9:15 AM an interview was conducted with Nurse #2 who stated the corporate Utilization Specialist checked the MDS quarterly and miscoding of Resident #110's MDS was not identified.</p>	F 278	<p>and re-submitted modified assessment.</p> <p>2. Resident #33 was coded incorrectly under section G/functional status/activities of daily living. Nurse #1 immediately reviewed assessment for accuracy, made appropriate corrections and re-submitted modified assessment.</p> <p>2b. Resident #33 was to receive restorative nursing services for ambulation with rolling walker and transfer training 6 times weekly for 12 weeks. Resident was coded as not receiving restorative nursing. Nurse #1 immediately reviewed assessment for accuracy, made appropriate corrections and re-submitted modified assessment.</p> <p>3. Resident #19 was inappropriately assessed for correct height. MDS quarterly assessment documented height incorrectly. Nurse #3 measured Resident #19 with a measuring tape and the height was correctly immediately.</p> <p>4. Resident #4 was noted as not participating in restorative therapy "in the past 7 days". Nurse #1 completed special treatments, procedures and programs section of the MDS as Resident #4 not receiving therapy services. It was documented that Resident #4 did receive some services during this time and Nurse #1 immediately reviewed assessment for accuracy, made appropriate corrections and re-submitted modified assessment.</p> <p>5. Resident #26 had an annual MDS Assessment on 10/19/15 and the assessment revealed she did not have psychological therapy by any licensed Mental Health Professional in the last 7 day period. Review of the medical record</p>		

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F 278	<p>Continued From page 2</p> <p>An interview with the Director of Nursing (DON) was conducted on 01/07/16 at 9:58 AM who stated her expectation was that Nurse #1 would have coded Resident #110's MDS dated 12/21/15 correctly. The DON stated her expectation was that Nurse #1 would perform an assessment on Resident #110 immediately and would correct the miscoded MDS. The DON stated her expectation was that Nurse #2 would have been overseeing Nurse #1's MDS coding for Resident #110 to assure accuracy of coding and that Nurse #1 would audit her own coding of MDS for accuracy.</p> <p>2 a. Quarterly MDS dated 7/28/15 indicated Resident #33 was admitted to the facility on 10/24/14. Resident #33 was coded under section G/functional status/activities of daily living that Resident #33 required limited assistance for locomotion on and off the unit. An annual assessment MDS dated 10/28/15 indicated under section G/functional status/activities of daily living that Resident #33 required extensive assistance for locomotion on and off the unit.</p> <p>On 01/06/16 at 3:43 PM an interview was conducted with Nurse #1 who completed the quarterly MDS dated 7/28/15. Nurse #1 stated her look back period for coding section G/functional status/ activities daily living for the quarterly MDS dated 7/28/15 for Resident #33 was from 7/22/15 to 7/28/15. Nurse #1 stated she did not accurately interpret the nurse aide documentation regarding Resident #33's locomotion status on and off the unit during the look back period and miscoded Resident #33's MDS. Nurse #1 stated Resident #33 should have been coded as requiring extensive assistance with locomotion on and off the unit. Nurse #1 stated she would immediately correct the miscoded MDS to reflect Resident</p>	F 278	<p>noted resident was seen by the licensed Clinical Social Worker individually on 10/16/15 and in group therapy on 10/18/15. Nurse #1 stated she did not code the MDS because there was a delay in the progress note being placed in the medical record. Life Care's Director of Social Services educated the Mental Health Professional Team by 1/15/16 that the progress notes need to be submitted to the facility in a timely manner. The Director of Social Services receives a copy of the licensed Mental Health Professionals' progress notes and verifies the notes are in the medical record on the following day after each treatment.</p> <p>B. Residents that have the potential to be affected: All residents that require MDS assessment. An Audit of 100% of residents' MDS assessments was completed with all necessary corrections made and assessment modifications were re-submitted by 1/25/16.</p> <p>C. Re-education of Nurse #1 was completed through her attendance at the Clinical Reimbursement Nurse Certification 3 day course provided by Life Care Centers of America's Corporate Reimbursement Department. All OMRA and OBRA assessments will be audited weekly by the MDS Nurses for accuracy of sections G, M, and O. MDS Nurse #1 will review assessments completed by MDS Nurse #2 and MDS Nurse #2 will review assessments by MDS Nurse #1 for accuracy. The Audit will be reviewed by the DON and/or her designee for accuracy and completion for 3 months.</p> <p>D. All findings will be reported to the</p>		

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F 278	<p>Continued From page 3</p> <p>#33 required extensive assistance with locomotion on and off the unit.</p> <p>On 01/06/16 at 2:41 PM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that quarterly MDS dated 07/28/15 would have been coded correctly for Resident #33 to reflect Resident #33 required extensive assistance with locomotion on and off the unit. The DON stated her expectation was Nurse #1 should have communicated during daily morning meeting with the interdisciplinary team that Resident #33 had a change in locomotion status from limited assistance to extensive assistance. The DON stated in her opinion Resident #33 had always required extensive assistance with locomotion. The DON further stated if Nurse #1 had communicated with the interdisciplinary team of Resident #33's locomotion status then the team could have inquired of Nurse #1 as to the cause of Resident #33's change in locomotion status and the miscoded MDS for Resident #33 could have been avoided.</p> <p>2 b. Physician order dated 6/24/15 indicated Resident #33 was to receive restorative nursing services for ambulation with rolling walker 80-100 feet, bed exercises, and transfer training 6 times a week for 12 weeks.</p> <p>Quarterly MDS dated 7/28/15 indicated Resident #33 was admitted to the facility on 10/24/14. Resident #33 was coded under section O/special treatments, procedures, and programs/restorative nursing program as not receiving restorative nursing program services.</p> <p>On 01/07/15 at 8:51 AM an interview was</p>	F 278	<p>Quality Assurance Performance Improvement Committee for compliance times 3 months and on an on-going basis thereafter. Next scheduled QAPI meeting is 2/19/16.</p>		

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F 278	<p>Continued From page 4</p> <p>conducted with Nurse #1 who completed the quarterly MDS dated 7/28/15. Nurse #1 stated her look back period for coding section O/special treatments, procedures, and programs/restorative nursing program for the quarterly MDS dated 7/28/15 for Resident #33 was from 7/22/15 to 7/28/15. Nurse #1 stated Resident #33 had received a 15 minute restorative nursing session on 07/22/15 and she should have coded the MDS to reflect Resident #33 had received restorative nursing services. Nurse #1 stated she would immediately correct the quarterly MDS dated 7/28/15 to reflect Resident #33 had received restorative nursing services.</p> <p>On 01/07/15 at 8:51 AM an interview was conducted with Nurse #2 who stated the quarterly MDS dated 7/28/15 for Resident #33 should have been coded to reflect Resident #33 had received restorative nursing services.</p> <p>On 01/07/15 at 10:08 AM an interview was conducted with the Director of Nursing who stated her expectation was for Nurse #1 to have accurately coded the quarterly MDS dated 7/28/15 to indicate Resident #33 received restorative nursing services.</p> <p>3. Resident #19 was admitted on 08/24/14 to the facility with chronic ischemic heart disease,</p>	F 278			

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F 278	<p>Continued From page 5</p> <p>vitamin deficiency, and anemia.</p> <p>Resident #19 was cognitively intact per Minimum Data Set (MDS) dated 12/1/15. Regular NAS (No Added Salt) diet ordered. MDS Care Area Assessment (CAA) stated resident was being monitored for weight.</p> <p>An interview on 01/06/16 at 10:15:04 AM with the Resident #19 revealed she stated, "I gained weight a pound or 2 every time they weighed me. I weigh 137 now". She reported that she was able to make choices and prefers to eat in her room.</p> <p>On 01/06/16 at 2:34:19 PM The MDS nurse was interviewed and provided the following information: Height &amp; weight are recorded by the Restorative Aides (RA) and Dietary. The Registered Dietician (RD) was responsible for MDS section. She also confirmed that the star in the Soft Care indicates that these questions affect the quality indicator. The Dietary Manager (DM) explained she puts the height &amp; weight on the MDS. The DM admitted to error and incorrectly coding the MDS, and this error would have created an inaccurate IBW. She admitted that it was in error because Resident #19 is a short little lady. The RA stated height is recorded by the Certified Nursing Assistant (CNA) who admits them. The RA did recall getting her height and stated she was "probably 4'10 or something like that."</p> <p>On the annual MDS dated 8/25/15 height was 66 inches. The quarterly MDS dated 11/25/15 had a height of 66. She was 56 inches which is 4'8 in. The MDS quarterly dated 05/20/15 revealed a weight of 132. The MDS quarterly dated 02/26/15 revealed a height of 56 inches and a weight of 123. BMI calculator based on weight of 138 with</p>	F 278			

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F 278	<p>Continued From page 6</p> <p>66 inches would calculate an incorrect BMI.</p> <p>On 01/06/2016 at 3:14:15 PM an interview with the Director of Nursing (DON) revealed the nurse on the unit was responsible for the start of the assessment. The nurse was ultimately responsible, but the CNA obtains the weight. The Assistant Director of Nursing (ADON) is responsible for the next day or 24 hours and ensures accuracy. The height as a part of the assessment was very important. The DON had identified the inaccurate information on the MDS. As a result of the inaccurate height, Resident #19 had been inappropriately assessed for weight loss, and therefore caused the facility staff to care plan for weight loss and put interventions into place, which resulted in unnecessary weight gain, as evidenced by a care plan dated 8/26/14 which showed the Resident #19 was at nutrition risk.</p> <p>A progress note dated 10/19/15 explained Resident #19 was referred to the RD for gradual weight gain. Resident #19 was consuming 71 percent of regular no added salt diet with fortified mash potatoes at lunch &amp; snack three times a day between meals. Resident #19 was receiving 1764 kcal and 70g ( gram) pro plus snacks and she recommended to discontinue this diet. Resident #19 did not require increased calorie intake based on the DM documentation</p> <p>On 01/06/16 at 4:35:24 PM Nurse # 3 measured Resident #19 as 57 inches per her measurement with a measuring tape.</p>	F 278			

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F 278	Continued From page 7  4. Resident #4 was admitted to the facility 03/27/09 with diagnoses which included osteoporosis and chronic pain. A quarterly Minimum Data Set (MDS) assessment dated 07/20/15 noted Resident #4 did not participate in restorative therapy services in the "last 7 calendar days".  Review of physician orders in the medical record of Resident #4 noted an order on 06/29/15 for: Restorative Nursing to include active range of motion to both upper and lower extremities 6 times a week X 12 weeks and ambulation with a rolling walker from chair to toilet 6 times a week X 12 weeks.  Review of the Restorative Record log book for July 2015 noted the restorative program for Resident #4 included active range of motion to both upper and lower extremities 6 times a week X 12 weeks as well as ambulation with the rolling walker from the chair to the toilet 6 times a week for 12 weeks. The log book noted Resident #4 participated in restorative therapy services on 07/15/15 and 07/17/15.  On 01/07/16 at 3:00 PM Nurse #1 stated she completed the Special Treatments, Procedures and Programs section of the MDS which included Restorative services on the 07/20/15 MDS for Resident #4. Nurse #1 stated she normally looked at the restorative log book to determine if a resident had restorative services prior to completing the MDS and must have missed the 07/15/15 and 07/17/15 restorative services when the MDS was completed.	F 278			

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F 278	Continued From page 8  On 01/07/16 at 4:00 PM the Director of Nursing stated she expected each residents MDS to be accurately coded, including restorative therapy services.  5. Resident #26 was admitted to the facility 10/16/13 with diagnosis which included anxiety and depression. An annual Minimum Data Set (MDS) assessment 10/19/15 noted Resident #26 did not have psychological therapy (by any licensed mental health professional) in the last 7 day period.  Review of the medical record of Resident #26 noted a licensed clinical social worker had provided an individual psychotherapy session on 10/16/15 and group psychotherapy session on 10/18/15.  On 01/07/16 at 10:45 AM Nurse #1 stated she completed the Special Treatments, Procedures and Programs section of the 10/19/15 MDS for Resident #26 which reflected if psychological therapy had been provided. Nurse #1 stated she did not code psychotherapy sessions on the MDS because of the delay in progress notes from the licensed clinical social worker which made it difficult to know if services had been provided in the look back time frame.  On 01/07/16 at 4:00 PM the Director of Nursing stated she wasn't aware psychotherapy sessions were not being coded on the MDS and would have expected the MDS to be accurately coded to reflect individual and group sessions.	F 278			
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS	F 311		2/5/16	

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F 311	<p>Continued From page 9</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to provide restorative therapy services as ordered for 2 of 2 sampled residents. (Residents #4 and #33)</p> <p>The findings included:</p> <p>1. Resident #4 was admitted to the facility 03/27/09 with diagnoses which included glaucoma, osteoporosis, chronic pain and anxiety. The last care plan meeting held 11/03/15 included a note from a family member of Resident #4 with a request for Resident #4 to be walked daily as had been done in past months.</p> <p>Review of physician orders in the medical record of Resident #4 noted orders for restorative therapy services which included: 06/29/15-Active range of motion to both upper extremities and lower extremities for 6 times a week X 12 weeks as well as ambulation with a rolling walker from chair to toilet 6 x week X 12 weeks. 10/20/15-Active assistive range of motion to both lower extremities 6 times a week X 12 weeks as well as 100' ambulation with a rolling walker using contact guard assistance 6 times a week for 12 weeks.</p> <p>Review of Restorative Record log books noted</p>	F 311	<p>A. Residents found to be affected by alleged deficient practice: Residents #4 and #33 were immediately screened on 1/8/16 and new orders for restorative therapy services were written by Physical Therapy.</p> <p>B. Residents having the potential to be affected: All residents have the potential to be affected.</p> <p>C. Systemic changes to assure alleged deficient practices will not occur: All residents on restorative caseload were re-screened by Therapy for restorative nursing needs. Education to Restorative Aides on the restorative nursing process by the Director of Nursing was completed by 2/5/16. The Restorative Nursing process consists of the following: 1. A Restorative Nursing meeting is conducted weekly with the DON and/or designee, representative from the Therapy Department and the Restorative Aides. The Restorative Meeting Agenda Attendance form is to be signed by all participants. 2. A Therapy Referral Form is to be utilized when referring a resident to Restorative Nursing Services. 3. A Resident Skills Inventory Form is completed by Therapy and given to Restorative Nursing. The form includes treatment recommendations and the</p>		

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F 311	<p>Continued From page 10</p> <p>restorative services were provided the following dates: July 2015-07/15/15, 07/17/15, 07/21/15, 07/22/15, 07/23/15, 07/31/15 August 2015-08/08/15 September 2015-09/15/15, 09/18/15 October 2015-10/02/15, 10/03/15, 10/07/15, 10/10/15 November 2015-11/20/15 December 2015-12/11/15</p> <p>Review of progress notes in the medical record of Resident #4 noted a Restorative Summary note dated 09/04/15 which read, "Resident is currently able to ambulate with rolling walker from chair to toilet approximately 30 feet, with minimal assist. No complaints of pain with ambulation. Resident has not had decline in functional range of motion to both lower extremities or both upper extremities. Continues to do assistive range of motion to both lower extremities and both upper extremities. Will continue to monitor."</p> <p>On 01/06/16 at 4:30 PM the Assistant Director of Nursing (ADON) stated one of her duties was to oversee the restorative therapy program. After review of the Restorative Record log books for Resident #4 the ADON stated due to staffing issues services had not consistently been provided by the restorative aides because they were pulled from their restorative therapy duties to work as a nursing assistant. The ADON stated because of that, all residents (including Resident #4) were discontinued from the restorative therapy program on 12/14/15 and that facility staff were in the process of getting a restorative therapy program back in place. The ADON stated the physical therapists were in the process of re-screening residents that had been on the</p>	F 311	<p>order. This form is reviewed with the Restorative Aides and signed by the Therapist, Restorative Aides and the DON and/or designee. 4. The Restorative Aides are to complete the Restorative Record when a treatment is given to each resident. The completed form is kept in the Restorative Notebook and a copy is filed in the medical record for each resident under the Restorative tab. 4. Orders are written by the DON and/or designee. A copy of the order and the Skills Inventory form are placed in the Restorative Notebook. 5. The DON and/or designee will meet weekly with the Director of Therapy Services to discuss any issues. An Audit of Restorative Nursing Services will be completed weekly by the DON and/or her designee times 3 months.</p> <p>D. Monitoring Process: All findings will be reported to the Quality Assurance Performance Improvement Committee for compliance times 3 months and on an on-going basis thereafter. Next QAPI meeting is scheduled for 2/19/16.</p>		

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F 311	<p>Continued From page 11 restorative therapy case load to determine continued need for services.</p> <p>The ADON provided the facility plan for restorative services with an action plan which included: Residents re-screened by therapy for new recommendations. New restorative orders to be written.</p> <p>Review of physical therapy notes in the medical record of Resident #4 noted the last screen by a physical therapist was 01/20/15.</p> <p>On 01/07/16 at 11:05 AM the rehab director stated the physical therapist had been working with the facility and the restorative program for about a year. The rehab director stated a list of residents that had been on the restorative case load had been provided by the ADON approximately a month ago to re-screen to determine any continued needs of restorative services. The rehab director stated she did not realize Resident #4 had not been re-screened to determine restorative therapy needs.</p> <p>On 01/07/16 at 1:45 PM Restorative Aide #1 stated he had worked as a restorative aide for approximately a year. Restorative Aide #1 stated when restorative services were ordered the ADON let him know who was on the case load. Restorative Aide #1 stated he and Restorative Aide #2 divided the work load to attempt to provide restorative services to residents. Restorative Aide #1 stated no services were provided to residents on Mondays or Tuesdays because weights were done on all residents every Monday and Tuesday. Restorative Aide stated the Restorative Record log book accurately</p>	F 311			

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F 311	<p>Continued From page 12</p> <p>documented when restorative services had been provided to each individual resident. Restorative Aide #1 reviewed the Restorative Record log records from July 2015-December 2015 for Resident #4 and stated it accurately reflected the times Resident #4 had been seen because they were often pulled from their duties to work as a nursing assistant. Restorative Aide #1 stated when pulled to work as a nursing assistant residents were not seen for therapy. Restorative Aide #1 stated Resident #4 was cooperative with restorative therapy services and always liked to do her exercises.</p> <p>On 01/07/16 at 3:05 PM the physical therapist stated when restorative therapy was ordered the expectation was for the resident to be seen as much as possible. The physical therapist stated he was aware there were times restorative therapy was not being provided to residents but was not aware of the extent of missed treatments until brought to his attention on 01/07/16.</p> <p>On 01/07/16 at 4:00 PM the Director of Nursing (DON) stated she expected restorative therapy to be provided as ordered. The DON stated she was aware some restorative therapy was not done as ordered because of staffing issues. The DON stated she was not aware all physical therapy screens for residents that had been on the restorative case load prior to 12/14/15 had not been completed.</p> <p>2. Annual Minimum Data Set (MDS) dated 10/28/15 revealed Resident #33 was admitted to the facility on 10/24/2014. Resident #33 was coded as cognitively impaired with diagnoses of anemia, thyroid disorder, Alzheimer ' s disease,</p>	F 311			

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F 311	<p>Continued From page 13</p> <p>seizure disorder, anxiety disorder, and depression. Resident #33 was coded as normally using a walker or wheelchair for mobility and required extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene.</p> <p>A record review of a physical therapy recommendation form dated 06/02/15 and was signed by the restorative nurse and physical therapist included recommendations that Resident #33 was to receive restorative nursing for ambulation with rolling walker using gait belt with minimal assist for 80-100 feet, bed exercises to include elevated ankle pumps, knee extension with bolster, ball rolls, and side lying clam shells, and transfer training from bed to wheelchair and wheelchair to toilet with minimal assistance for 6 times a week for 12 weeks.</p> <p>Physician's order dated 06/29/15 indicated Resident #33 was to receive restorative nursing for ambulation with rolling walker 80-100 feet, bed exercises, and transfer training 6 times a week for 12 weeks.</p> <p>A record review of the restorative aide documentation of restorative nursing provided for Resident #33 indicated services began on 07/01/15. Resident #33 per restorative aide documentation received 6 of 27 opportunities for restorative nursing services for the month of July 2015, 1 of 27 opportunities for restorative nursing in the month of August 2015, and zero restorative nursing services were provided for Resident #33 in the month of September 2015.</p> <p>Nurse's note dated 09/21/15 indicated Resident #33 was discontinued from restorative nursing on</p>	F 311			

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F 311	<p>Continued From page 14</p> <p>09/21/15 related to Resident #33 refused restorative nursing.</p> <p>Physician's order dated 09/21/15 indicated Resident #33 was discharged from restorative nursing.</p> <p>On 01/06/16 at 11:32 AM an interview was conducted with the Assistant Director of Nursing (ADON) who was responsible for the restorative nursing program. The ADON stated she documented in the medical record on 9/21/15 that Resident #33 had been discharged from restorative nursing related to refusal of services because of the information she had received from the restorative aides who provided restorative nursing for Resident #33. The ADON stated after further review of restorative aide documentation of services provided for Resident #33 and communication with the restorative aides she discovered restorative aides had been pulled to perform other duties in the facility rather than Resident #33 refusal of restorative nursing in July, August, and September 2015. The ADON stated after she discovered the restorative aides were pulled to perform other duties in the facility a performance improvement plan was initiated that indicated restorative aides would not be pulled to perform other duties in the facility and would strictly perform duties of restorative nursing. The ADON stated Resident #33 had not been receiving restorative nursing since discharge from restorative nursing on 09/21/15. The ADON stated Resident #33 received 6 restorative nursing sessions in July 2015, one session in August 2015, and no sessions in September 2015.</p> <p>On 01/06/2016 at 2:41 PM an interview was</p>	F 311			

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F 311	<p>Continued From page 15</p> <p>conducted with the Director of Nursing (DON) who stated her expectation was that Resident #33 would have received restorative nursing as per physician order. The DON stated she should have been informed by the ADON that Resident #33 had not been receiving restorative nursing as ordered by the physician due to staffing issues that pulled restorative aides to perform other duties in the facility. The DON stated nursing would immediately send a nursing referral form for therapy to screen Resident #33 and nursing would implement therapy screening recommendations for Resident #33.</p> <p>On 01/07/16 at 11:31 AM an interview was conducted with the Physical Therapist who stated he was informed by the restorative aides that they were pulled to the floor intermittently to perform other duties. The Physical Therapist stated he was unsure of the time frame when the restorative aides were pulled to the floor and were not performing restorative nursing services. The Physical Therapist stated residents had to be reassessed by therapy because restorative nursing frequency had decreased related to restorative aides were pulled from restorative nursing to perform other duties in the facility.</p> <p>On 01/07/16 at 1:40 PM an interview was conducted with Restorative Aide #1 who stated if restorative nursing services were not documented by restorative aide on the restorative record then restorative nursing services were not performed for the resident because restorative aide was either pulled to perform other duties in the facility or was not working. Restorative Aide #1 stated the facility had only 2 restorative aides who worked in the facility. Restorative Aide #1 stated about 4-5 months ago staffing was short and he</p>	F 311			

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F 311	<p>Continued From page 16</p> <p>was pulled from restorative nursing to perform other duties in the facility. Restorative Aide #1 stated the ADON and Physical Therapist were aware that the restorative aides were pulled away from restorative nursing to perform other duties in the facility. Restorative Aide #1 stated he was informed by Physical Therapist who was involved with the restorative nursing program that if a resident refused restorative nursing 3 times in a row than Physical Therapist was to be notified and resident would possibly be discharged from restorative nursing. Restorative Aide #1 who was assigned to perform restorative nursing for Resident #33 reviewed documentation on the restorative record and stated he provided 6 restorative services for Resident #33 in July 2015, 1 restorative nursing service in August 2015, and no restorative nursing services in September 2015 because he was pulled to perform other duties in the facility or was not working. Restorative Aide #1 further revealed that the lack of documentation for the other dates on the restorative record for July, August, and September 2015 indicated Resident #33 had not received restorative nursing. Restorative Aide #1 stated Resident #33 had not refused restorative nursing services 3 times in a row and family wanted Resident #33 to have restorative nursing because resident preferred to stay in bed and required motivation to get out of bed.</p> <p>On 01/07/16 at 2:33 PM an interview was conducted with Restorative Aide #2 who stated he had not provided restorative nursing services for Resident #33 but was aware that resident's family wanted restorative nursing to get Resident #33 out of bed and ambulated. Restorative Aide #2 stated Resident #33 liked to stay in bed and was not motivated to get out of bed and liked to sleep</p>	F 311			

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F 311	Continued From page 17 a lot.	F 311			
F 312 SS=D	<p>On 01/07/16 at 4:26 PM an interview was conducted with the Administrator who stated his expectation was Resident #33 should have received restorative nursing as ordered by the physician and with Resident #33's cooperation.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record reviews, resident, and staff interviews the facility failed to provide nail care for 1 of 2 residents reviewed for activities of daily living (Resident #63). The findings included: Resident #63 was admitted to the facility on 9/27/15 with diagnoses including atrial fibrillation, heart failure, non-Alzheimer's dementia, and anemia. An annual Minimum Data Set (MDS) dated 10/03/15 indicated Resident #63 had impairment and was coded for extensive assistance with her ADLs. The plan of care dated 09/27/15 indicated the resident needed extensive assistance with ADLs related to decreased strength.</p> <p>On 1/6/16 at 10:00 AM and 1:00 PM Resident #63 was observed with black/brown crusted matter under right hand fingernails. On 1/7/16 at</p>	F 312	<p>A. Residents found to affected by alleged deficient practice: On 01/07/16, resident #63 was identified and nails were cleaned and trimmed by the ADON.</p> <p>B. Residents having the potential to be affected: All residents have the potential to be affected. An Audit of 100% of all residents' nails for cleanliness and good repair was conducted by 02/02/16 by the Director of Nursing and/or designee.</p> <p>C. Systematic changes to assure alleged deficient will not occur: Education to all clinical staff on nail care process to be completed by 02/05/16 by the DON/SDC and/or designee. The nail care process includes the DON or designee providing a list of diabetic and anticoagulant residents in the CNA notebook so they will be aware that the</p>	2/5/16	

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F 312	<p>Continued From page 18</p> <p>8:00 AM and again at 9:30 AM she was observed with black/brown crusted matter under right hand fingernails prior to an activity in the day room. Resident #63 flagged surveyor from the main dining hall and spoke with this surveyor and offered a hand shake. During the observation on 01/07/16 at 8:00 AM, Resident #63 finished eating breakfast with right hand, which continued to have black/brown colored matter under her finger nails on the right hand.</p> <p>An interview with Resident #63 on 01/06/16 at 1:00 PM revealed she did not receive assistance with nail care, and she explained that when you asked someone, they just looked at you and stated, "you are on your own around here. " When asked who provides your nail care? The resident indicated that she did not receive any assistance with ADL's.</p> <p>On 01/07/16 at 10:20:52 AM an interview with Nurse #1 revealed the Certified Nursing Assistant (CNA) provided shower on the second shift last evening. She also confirmed that Resident #63 had exhibited no mood or behaviors, and was cooperative with care. The 300 hall nurse denied ever having any behaviors and she was one who would tell you she needed to go to the bathroom. She was to be toileted before and after meals. She was a falls risk and started on a toileting program, which was a care directive for washing the resident's hands before and after meals and toileting.</p> <p>On 01/07/16 at 11:00:20 AM Nurse #1 discussed that Resident #63 was on 15 minute visual checks, feeds herself, and no behavior problems were noted. Nurse #1 denied Resident #63 ever having any behaviors, and she was one who</p>	F 312	<p>licensed nurses only will complete those residents' nail care. Nails are cleaned and then trimmed according to resident preference. When showers are provided, CNAs will have the nurse assess resident and sign off on shower sheet that nail care has been provided.</p> <p>Nail care observations to ensure nails are clean and in good repair will be conducted Monday thru Friday during Compliance Rounds by Department Managers and will be initiated by 02/04/16. Rooms are divided between Department Managers and if they are not available on any given day, their back-up will conduct the audit. An Audit of nail care observations will be completed Monday thru Friday by the ED/DON times 3 months.</p> <p>D. Monitoring Process: All findings will be reported to the Quality Assurance Performance Improvement Committee for compliance times 3 months and on an on-going basis thereafter. Next QAPI meeting is scheduled for 02/19/16.</p>		

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F 312	<p>Continued From page 19</p> <p>would tell you she needed to go to the bathroom.</p> <p>On 01/07/16 an interview and discussion with the Assistant Director of Nursing (ADON) revealed that Resident #63 received a shower on 1/2/16 and 1/06/16 on the second shift.</p> <p>On 01/07/16 at 11:19:18 AM Resident #63 finished up in a singing activity and had black/brown crusted matter under her right hand.</p> <p>On 01/07/16 at 12:02:42 PM The Director of Nursing (DON) was shown dirty hand and took Resident #63 out of the dining room, to be cleaned up.</p> <p>On 01/07/16 at 11:06:37 AM an interview with the DON revealed she expected her staff to visibly change the clothes, and need to look like they have had a shower. The CNA's are responsible for the nail care unless on an anticoagulant or diabetic. Resient #63 is on coumadin, and it is unclear of who is responsible for the nail care task, as the system does not have a list for each resident, and/or sign off sheet showing who is responsible. The care sheet hanging in Resident # 63's closet specifically states. "Wash hands after meals and tolieting." The plan of care does not address nail care.</p> <p>On 01/07/16 at 11:32:55 AM an interview with the 300 hall nurse revealed the facility system is on shower days the nails are clipped by the CNA's and nurses clip on the diabetics. No list for nail care.</p> <p>On 01/07/16 at 3:18:35 PM an interview DON revealed staff did not meet the expectation of the residents to have their nails cleaned. They did not</p>	F 312			

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F 312	Continued From page 20 meet her expectations, and she assigned someone two weeks ago to trim & clean nails.	F 312			
F 353 SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to provide sufficient nursing staff to meet the needs of 65 residents present in the facility with a bed capacity of 80 residents in the area of restorative nursing (Residents # 4 and # 33).  Findings included:	F 353	A. Residents found to be affected by the alleged deficient practice: On 01/08/16, residents #4 and #33 were immediately screened and new orders written by Physical Therapy to treat as indicated. B. Residents having the potential to be affected:	2/5/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345463</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/07/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF HENDERSONV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 THOMPSON STREET HENDERSONVILLE, NC 28792</b>		
(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 353	<p>Continued From page 21</p> <p>This tag is cross referenced to:</p> <p>1. F-311 Based on medical record review and staff interviews the facility failed to provide restorative therapy services as ordered for 2 of 2 sampled residents (Residents # 4 and # 33).</p> <p>A review of the daily staffing sheet for the month of June, July, August, September, October, November, and December, 2015 revealed:</p> <ul style="list-style-type: none"> <li>· June - no restorative aid had been scheduled for 18 days</li> <li>· July - 1 restorative aid had been scheduled for 16 days</li> <li>· August - 1 restorative aid had been scheduled for 17 days</li> <li>· September - no restorative aid had been scheduled for 10 days</li> <li>· October - no restorative aid had been scheduled for 20 days</li> <li>· November - no restorative aid had been scheduled for 26 days</li> <li>· December - no restorative aid had been scheduled for 23 days</li> </ul> <p>An interview on 01/07/16 at 1:55 PM with Restorative Aid # 2 revealed he and Restorative Aid # 1 were currently the only staff assigned to restorative nursing. He stated the facility had been short staffed and they had been pulled from restorative duties to work on a hall providing resident care. He stated he had worked the floor approximately 3/4 of the time due to short staffing since June, 2015.</p> <p>An interview with the staffing scheduler on 01/07/16 at 2:15 PM revealed sometimes she had to schedule the restorative aids on the hall to help</p>	F 353	<p>All residents have the potential to be affected.</p> <p>C. Systematic changes to assure alleged deficient practices will not occur: The scheduler of Nursing Assistants has been in-serviced on not pulling Restorative Aides to the floor for staffing needs. The scheduler is to utilize the CNA call down list to fulfill staffing needs. The scheduler will complete the monthly schedule for the following month by the 20th of the current month. Scheduler will attempt to fill any staffing needs on the schedule by asking staff if they can help out on those days. When schedule is complete no later than the 25th of the month, she will give the schedule to the DON for her approval. The DON/designee will review the schedule and approve by placing signature on the approved schedule. Education completed on 01/08/16. Staffing pattern will be audited daily to ensure sufficient nursing hours per patient day.</p> <p>D. Monitoring Process: ED/DON/Designee will complete a Daily Staffing Analysis sheet 7 days weekly for appropriate staffing for compliance times 3 months and on an on-going basis thereafter.</p> <p>All findings will be reported to the Quality Assurance Performance Improvement Committee for 3 months. Next QAPI meeting is scheduled for 02/19/16.</p>		

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

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F 353	Continued From page 22 with resident care due to staffing issues. She stated they started losing nursing assistants in June, 2015 and it seemed to be a cycle where they would quit, and then they hired new staff, and more would quit. She stated the cycle lasted from June, 2015 to the end of September, 2015. She stated the staffing process included pulling restorative aids to work on a hall, as a last resort, after they had exhausted all efforts to find enough staff to meet resident care needs. She stated she always asked the Assistant Director of Nursing (ADON) or the Director of Nursing (DON) if she could pull the restorative aids to work on a hall.	F 353			