

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345496	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/14/2016
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R ALAMANCE			STREET ADDRESS, CITY, STATE, ZIP CODE 791 BOONE STATION DRIVE BURLINGTON, NC 27215		
(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 312 SS=D	<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 staff and resident interviews, observations and record review the facility failed to provide nail care for 1 of 3 sampled residents (Resident #5). Findings included: Resident #5 was admitted on 2/13/13 with diagnoses in part, multiple sclerosis and quadriplegia. Her most recent Minimum Data Set dated 5/6/16 revealed she had no memory problems and was able to make decisions of her care. Her extremities were completely impaired and she was totally dependent on the staff to provide all of her bathing, hygiene, toileting and feeding. Review of the aide Kardex not dated, revealed nail care on Wednesday and as needed. The facility provided an email dated 4/29/16 at 3:36pm, from the podiatry provider which indicated the physician would not provide fingernail care. Review of the most recent podiatry consult dated 5/20/16, revealed chief complaint, dystrophic nails with pain. Toe nail care provided. Review of the most recent care plan dated 5/21/16, revealed extensive and total assistance with activities of daily living (ADL) due to quadriplegia with interventions in part, check nail length and trim and clean as necessary. Report</p>	F 312	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. 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 date or dates indicated.</p> <p>Corrective Action: Resident #5 was provided nail care on 6/22/16 by a RN. Nails were soaked, cleaned, and trimmed. Resident #5 was seen by the Nurse Practitioner on 6/24/16 and her nails were assessed. New order was received to soak nails weekly and to provide weekly nail care.</p> <p>Identification of other residents who may be involved with this practice: All residents have the potential to be affected by the alleged practice. All resident's nails (fingers and toes) were assessed by a Registered Nurse by June</p>	6/26/16	

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

TITLE

(X6) DATE

Electronically Signed

06/24/2016

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 312	<p>Continued From page 1</p> <p>any changes to the nurse.</p> <p>Review of the most recent nurse practitioners note dated 5/13/16 revealed, " Onychomycosis noted to the fingernails and the toe nails bilaterally. "</p> <p>On 6/12/16 at 7:20pm, during an observation and interview, Resident #5 was lying in bed and her right hand had well-trimmed finger nails but the left hand was observed with long and curled yellow finger nails. She indicated that she was unable to move her hands and she preferred to have her left hand finger nails to be trimmed the same way as her right hand. She asked to have them trimmed and was told nobody could do it.</p> <p>On 6/13/16 at 2:03pm, Resident #5 indicated she had not had her nails trimmed on her left hand, " in a while. " Observation revealed thick nails that curved over the end of the fingers. She indicated there had been an aide who had kept her nails trimmed. She indicated " a woman " told her to soak them overnight and they would do them the next day and they didn ' t do them. She denied she told staff she didn ' t want her nails trimmed and indicated they were painful.</p> <p>On 6/14/16 at 8:30 am, during a telephone interview the nurse practitioner indicated Resident #5 was bed bound and all of her care was completed while in bed. She was aware Resident #5 had onychomycosis and her nails were treated by the podiatrist.</p> <p>On 06/14/16 at 8:57am, Nurse #3 indicated Resident #5 was bed bound and her left hand and her toenails were thick and yellow. She revealed there had been an aide who trimmed Resident #5 finger nails. The nails on the left hand were hard and difficult to file. The podiatrist came and filed toenails in her room. During an observation and interview at 9:42am, Nurse #3</p>	F 312	<p>24th for cleanliness to provide comfort, to meet their physical and mental needs, to prevent spread of infection, to provide cleanliness and to prevent skin problems. All long and dirty finger nails were trimmed and cleaned.</p> <p>Systemic Changes: Director of Nursing and /or Designee in serviced all nursing staff (RNs, LPNs, Medication Aides, CNAs full time, part time, and PRN) that a resident who is unable to carry out activities of daily living must receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Nail care of fingers and toes has to be provided to residents to provide comfort , to meet their physical and mental needs, to prevent spread of infection, to provide cleanliness and to prevent skin problems. This in services were completed on 6/24/2016. Any nursing staff member (RNs, LPNs, Medication Aides, CNAs full time, part time, and PRN) who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all nursing employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Monitoring: To ensure compliance, Director of Nursing or designee will monitor this issue using the QA survey tool. Facility will monitor</p>		

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F 312	<p>Continued From page 2</p> <p>acknowledged the nails on the left hand needed to be trimmed. Resident #5 had never declined nail care.</p> <p>On 6/14/16 at 1012am, Aide #8 indicated that she had worked with Resident #5 for 3 years and she trimmed the nails on the right hand only and reported the long nails to the director of nursing. She revealed there had been an aid in the past that trimmed Resident #5 nails with a " special tool. " Nail care was not done during this observation.</p> <p>On 06/14/16 at 10:54am, Director of Nursing indicated she tried to trim Resident #5 ' s fingernails. She found that the nail bled when clipped because of the overgrowth of skin underneath the nail. She indicated the nails need to be soaked and then trimmed. She indicated she had trimmed the nails last week and had not documented the nail care. She indicated she had not reported the nails to the nurse practitioner and had not requested podiatry to do the nails.</p> <p>On 6/14/16 at n 11:30am, Social Worker indicated the podiatry was here on 5/20/16 and indicated he would not trim residents #5, finger nails and produced an email from the consulting podiatry provider that confirmed her interview.</p> <p>On 6/14/16 at 2:50pm, Director of Nursing indicated it was the nurse ' s responsibility to cut the nails, or to report there was a problem with getting the nails trimmed. The DON indicated the nails required extensive soaking to be trimmed. The administrator indicated the podiatrist was asked to trim the nails and declined, and indicated a dermatology consult had not be requested because it was difficult to find a dermatologist to come to the facility.</p>	F 312	<p>compliance by observing 5 residents requiring assistance with ADLs. This will be done on weekly basis for 4 weeks then monthly for 3 months by the Support Nurse, Unit Manager, or designee. Reports will be presented to the weekly QA Committee by the Administrator or designee to assure corrective action initiated as appropriate. Any immediate concerns will be brought to the Director of Nursing or Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting.</p>		