STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345547	A. BUILDING _____ B. WING _____	10/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMDEN PLACE HEALTH AND REHAB, LLC	1 MARITHE COURT GREENSBORO, NC 27407

(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	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 record review, observation and staff interview the facility failed to provide a dependent resident with morning care and incontinent care for a period of 5 hours and failed to provide repositioning for a period of at least 3 hours for 1 of 3 residents (Resident #38) reviewed for activities of daily living care. The findings included: Resident #38 was admitted 5/2/16 with diagnoses including dementia, malnutrition and heart failure. The Quarterly Minimum Data Set (MDS) dated 8/4/16 revealed Resident #38 was cognitively impaired and was totally dependent for bed mobility, eating, toileting and personal hygiene. Resident #38 was also frequently incontinent of bladder and always incontinent of bowel. The care plan updated 8/4/16 revealed a plan of care for alteration in skin integrity with interventions including provide prompt incontinent care. There was also a care plan for the resident needing limited to total assistance for activities of daily living (ADL) care with interventions including assist with ADL ' s to completion and assist with turning and repositioning when in bed/chair.	F 312	F312SS=D Submission of the response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed, that they were cited correctly, or that any correction is required. The corrective actions accomplished for the resident found to be affected and for those residents having the potential to be affected by the same deficient practice by the deficient practice as follows: An audit of residents and incontinent care, morning care and oral care ADL documentation and skin assessment documentation will be completed and compared to the shower schedules. This was completed by the QA Nurse on 10 14 2016 to ensure residents received the necessary services to maintain good nutrition, grooming, and personal, oral hygiene, appropriate turning and positioning based on the care plan. In-servicing and education will be completed by 11 11 2016 by the Staff	11/11/16

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

Electronically Signed | 11/07/2016

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F 312	Continued From page 1 On 10/14/16 at 8:45 AM Resident #38 was observed in bed with the head of the bed up approximately 75 degrees. Resident #38 was lying on her back and slightly turned to her left side. She was also wearing a neck pillow around the back of her neck. Her unopened and uneaten breakfast tray was on the over bed table which was beside the right side of her bed. The resident was in the far bed within the room, near the window with the privacy curtain between the two beds pulled. On 10/14/16 at 9:16 AM a staff member was observed entering Resident #38 ' s room and at 9:18 AM the staff member (Rehabilitation Staff #1) was interviewed and indicated she was providing Rehabilitation Services to the resident ' s roommate. Resident #38 was again observed and remained in the same position she was in at 8:45 AM. On 10/14/16 at 9:20 AM Nursing Assistant #1 (NA #1) was observed entering Resident #38 ' s room. She exited the room at 9:30 AM with Resident #38 ' s breakfast tray. Observation of the breakfast tray revealed Resident #38 had eaten some of her breakfast including eggs, some oatmeal and orange juice. NA #1 stated that she had fed Resident #38 her breakfast but that she was not the resident ' s NA that day. She added that she had come down the hall to help the other NA clear breakfast trays and fed Resident #38 because they had a lot of residents to feed on that hall. NA #1 then carried on clearing the trays of other resident ' s. Observation of Resident #38 at this time revealed her positioning was unchanged since 8:45 AM. Continuous observation from 9:30 AM - 10:30 AM	F 312	Development Coordinator (or designee). Education to include all CNAs, LPNs, RNs and Supervisors. The in-service will include morning care/incontinent care/turning and repositioning/and oral care. Nursing Supervisors (or designee) will review the ADL documentation in conjunction with the shower schedule for the dependent resident three (3) times weekly x ninety (90) days to ensure the personal and oral hygiene needs of the dependent resident are being met. The Clinical Nurse Supervisor will conduct random interviews of three (3) residents and or resident□s responsible parties three (3) three times a week for ninety (90) days to identify any hygiene or oral care issues or for turning and positioning issues. Any concerns identified will be logged in the facility resident grievance log with the appropriate action and follow up as indicated. The Clinical Nurse Supervisor will share any identified concerns regarding hygiene or oral care or turning and positioning daily with the Director of Nursing (or designee). The Director of Nursing or Clinical Supervisor (and/or designee) will follow up with each resident or responsible party to ensure their concerns have been resolved. The findings will be taken to QA Committee monthly x three (3) months. The QA Committee will determine the need for further audits and the plan will be updated as indicated. The QA/Clinical Nurse Supervisor audited	

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F 312	Continued From page 2 revealed no other staff members entered Resident #38 ' s room. On 10/14/16 at 12:00 PM Resident #38 was observed in bed. The head of her bed was still at 75 degrees and Resident #38 ' s still wore the neck pillow around the back of her neck. Her position was unchanged other than she was slumped over to the left so that her head rested on the left assist rail (this rail was approximately 4 inches higher than the mattress). Resident #38 was interviewed at this time and stated that she hurt. She could not elaborate further. On 10/14/16 at 12:02 PM NA #2 was located heading to Resident #38 ' s room. Before entering she was interviewed and indicated that she had not been in to provide care to Resident #38 at all during her shift (beginning at 7:00 AM). She stated that she was aware that the resident ' s roommate received morning care with the assistance of a Rehabilitation staff member. NA #2 added that she was fairly new to the facility and said that she had 10 residents on her assignment and had been giving care to residents on the other end of the hall that morning. On 10/14/16 at 12:04 AM NA #2 straightened Resident #38 in bed to get her head away from the top of the left side rail. She also lowered the head of Resident #38 ' s bed and the resident moaned while being repositioned. On 10/14/16 at 12:06 AM Nurse #1 was asked to enter the room and observed the resident after being repositioned. She stated that Resident #38 should have received morning care and should have been repositioned after breakfast.	F 312	all dependent patients for altered skin integrity or complaints of pain as it relates to positioning. The corrective actions accomplished for the resident found to be affected and for those residents having the potential to be affected by the same deficient practice by the deficient practice as follows: The Charge Nurses(or designee) will ensure turning and repositioning for the dependent resident in conjunction with the care guide and care plan throughout their shift to ensure it is occurring as per care guide and care plan to avoid altered skin integrity or complaints of pain. The Nursing Supervisor(or designee) will monitor the positioning of five(5)random dependent patients five(5)times weekly x ninety (90) days to ensure there is no altered skin integrity or complaints of pain as it relates to position. The Clinical Nurse Supervisor will share any identified concerns regarding turning and positioning daily with the Director of Nursing (or designee). The Director of Nursing or Clinical Supervisor (and/or designee) will follow up with each resident or responsible party to ensure their concerns have been resolved. The findings will be taken to QA Committee monthly x three (3) months. The QA Committee will determine the need for further audits and the plan will be updated as indicated.	

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F 312	Continued From page 3 On 10/14/16 at 12:08 AM NA #2 started to change the resident ' s brief. It was observed to be saturated with urine. On 10/14/16 at 12:30 AM the Director of Nursing was interviewed and stated that it was her expectation that dependent residents be checked for and receive need incontinent care and be repositioned at least every two hours.	F 312		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview the facility failed to provide a meal supplement as ordered for 1 of 1 sampled residents (Resident #38). The findings included: Resident #38 was admitted 5/2/16 with diagnoses including dementia, malnutrition and heart failure. The Quarterly Minimum Data Set (MDS) dated 8/4/16 revealed Resident #38 was cognitively impaired and was totally dependent for eating.	F 325	F325SS=D Submission of the response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed, that they were cited correctly, or that any correction is required. An audit was completed for all residents on supplements with meals on	11/11/16

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F 325	Continued From page 4 Resident #38 was also on a mechanically altered diet. The care plan updated 8/4/16 revealed a plan of care for altered nutritional status. Interventions included mighty shakes for weight loss of 5.86% over 38 days (increased from twice a day to three times a day on 10/10/16).. Review of the Physician Orders dated 10/10/16 revealed an order for discontinue twice a day Mighty Shakes and start Mighty Shakes three times a day with meals for nutritional support. On 10/14/16 at 8:45 AM Resident #38 was observed in bed with the head of the bed up approximately 75 degrees. Her unopened and uneaten breakfast tray was on the over bed table which was beside the right side of her bed. There was no Mighty Shake on the resident ' s meal tray. On 10/14/16 at 9:20 AM Nursing Assistant #1 (NA #1) was observed entering Resident #38 ' s room. She exited the room at 9:30 AM with Resident #38 ' s breakfast tray. Observation of the breakfast tray revealed Resident #38 had eaten some of her breakfast including eggs, some oatmeal and orange juice. NA #1 acknowledged there was not any Mighty Shake supplement on the resident ' s meal tray or meal ticket. On 10/14/16 at 12:20 PM the Dietary Manager (DM) was interviewed. She stated that she had entered the new order for Mighty Shake in the dietary computer system on 10/10/16 but had not saved the change. She stated that as a result the Might Shake did not get put on Resident #38 ' s meal ticket and so the resident would not have	F 325	10/14/2016. The Notepad program was updated for all residents with supplements at meal time to ensure that supplement orders print as ordered on meal ticket. A copy of all supplement orders is to be provided to the Dietary Manager (or designee) in order to enter all supplement orders into Meal Tracker program so that a label/sticker can be printed for each supplement ordered. The label/sticker is to include: resident's name, room number, date and scheduled time. Orders for supplements (Mighty Shakes and Magic Cups) were changed from the meals to be with med pass on 11/01/2016 and percentage consumed is to be charted. Dietary to provide Nursing with labeled/stickered snack as scheduled. Nursing (or designee) to distribute labeled supplements as ordered for resident and chart percentage consumed. Dietary Manager (or designee) to complete and audit weekly x four(4) weeks and monthly x three(3) months of new supplement orders as part of QA process to ensure that labels/stickers for ordered supplements are entered into Meal Tracker and correctly printed for residents as ordered. Dietary Manager (or designee) to check random meal trays weekly x four(4) weeks and monthly x three(3) months for accuracy as part of QA process.	

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F 325	Continued From page 5 received the ordered Mighty Shake on her breakfast tray on 10/11/16, 10/12/16, 10/13/16 and 10/14/16. She saved the order at that time and it appeared on the resident ' s meal ticket for breakfast. The DM acknowledged that she had not been aware Resident #38 was not receiving the breakfast Mighty Shake until it was brought to her attention.	F 325		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse	F 356		11/11/16

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F 356	Continued From page 6 staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to post updated nurse staffing information for 123 of 135 (the facility ' s capacity) residents in 5 of 5 common areas for 1 of 4 days of the survey. Findings included: An observation was made on 10/12/16 at 9:55 AM of the nursing station for Azalea Village. The posted nursing staff was dated 10/11/16. An observation was made on 10/12/16 at 10:20 AM of the nursing station for Dogwood Village. The posted nursing staff was dated 10/11/16. An observation was made on 10/12/16 at 10:40 AM of the nursing station for Southern Rose Village. The posted nursing staff was dated 10/11/16. An observation was made on 10/12/16 at 10:45 AM of the nursing station for Magnolia Village. The posted nursing staff was dated 10/11/16. An observation was made on 10/12/16 at 10:50 AM of Minimum Data Set Nursing Office. The posted nursing staff was dated 10/11/16. An interview was conducted on 10/12/16 at 11:00 AM with Nurse #1. She stated, "It is the night shift supervisor's responsibility to change and update the posted staffing sheets. It is the last thing he/she does before leaving in the morning. It is usually completed between 6:30AM and 7:00AM. I don ' t know why it isn ' t right today." An interview was conducted on 10/12/16 at 11:20	F 356	F356SS=C Submission of the response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed, that they were cited correctly, or that any correction is required. An audit was completed at each location where Staffing is posted on 10 12 2016. The corrected staffing was posted on Dogwood, Azalea, Magnolia and Southern Rose Villages. The Night Shift Supervisor (or Designee) will review daily staffing sheets to ensure enough staffing is scheduled, documented and posted in the correct locations to meet the expectations per State Guidelines. The Clinical Nurse Supervisor (or designee) will observe and ensure the Daily Staffing Sheets are posted daily on the 7a-3p and/or 7a-7p shifts and will include facility name, the current date, and the total number of actual hours worked by the following categories of licensed and unlicensed staff directly responsible for resident care per shift. It will be posted in a visible area on each nursing village. The Director or Nursing(or designee) will ensure compliance by doing random audits three(3) times a week x four(4)	

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F 356	Continued From page 7 AM with the Director of Nursing revealed her expectation was for the staffing sheet to be updated accurately on a daily basis and posted by the night shift supervisor before the completion of her shift.	F 356	weeks then monthly x three(3) to ensure the posting is accurate and posted in the assigned location. The Director of Nursing will bring any incorrect or omitted information to the QA committee for review and to determine if further monitoring should occur.	