

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

PRINTED: 01/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2017
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514
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(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)	(X6) COMPLETION DATE
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F 676 SS=D	<p>Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)</p> <p>§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section.</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced</p>	F 676	<ol style="list-style-type: none"> The facility failed to follow recommendations to completely rinse soap off resident's #2 skin during incontinent care per manufacturer's instructions. Licensed nurse completed a skin assessment of Resident #2 on 12/19/17 and 12/21/17 to ensure no negative outcomes. No negative findings. NA#1 received re-education by Staff Development Coordinator on when using soap, rinse with water during incontinent care per manufacturer's instructions. Residents that utilized soap requiring rinsing were assessed with no negative findings upon observation. Licensed nurses, certified nursing assistants and therapy educated by Director of Nursing, Licensed Nurses and Staff Development Coordinator on when using soap, rinse with water while providing incontinent/perineal care per manufacturer's instructions. Education completed by 1/17/18. Perineal Care Observations will be conducted on 5 Certified nursing assistants - weekly x 4 weeks, then 3 Perineal Care observations weekly x 2 months: If any improper perineal care observations immediate education will be provided and Director of Nursing will be notified immediately. All data will be summarized and presented to the facility QAPI meeting monthly x 3 months by the Director of Nursing or Staff Development Coordinator. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The Director of Nursing and Administrator is responsible for implementing and maintaining the acceptable plan of correction Corrective action completed by 1/17/18. 	1/17/2018
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] CEO 1/11/2018

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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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514	
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F 676	<p>Continued From page 1</p> <p>by: Based on observations, record reviews, staff interviews and an interview with the manufacturer's representative, the facility failed to follow the recommendation to completely rinse soap off Resident's #2's skin during incontinent care for 1 of 5 residents reviewed for activities of daily living.</p> <p>Findings included:</p> <p>Review of the manufacturer's labeled instructions revealed to squeeze liquid soap onto a wet body sponge. "Work into a lather and rinse clean."</p> <p>Resident #2 was admitted to the facility on 9/26/17 and had cumulative diagnoses which included diabetes mellitus, stroke, encephalopathy and unstagable pressure sore to the sacrum.</p> <p>Reviewed the care plan dated 10/6/17 revealed deficits with activities of daily living due to stroke. One of the goals and approaches included resident will be clean, groomed and dressed daily by staff.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 12/14/17 coded the resident as incontinent of urine and stool with impaired cognition. Resident #2's was totally dependent on staff for completion of activities of daily living.</p> <p>Observation on 12/19/17 at 10:17 AM of perineal care performed by Nursing Assistant (NA) #1 and assisted by Nurse #2 revealed Resident #2 had experienced an episode of urine incontinence. NA #1 obtained water in a basin from the</p>	F 676		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2017
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 676	<p>Continued From page 2</p> <p>bathroom sink. Resident #2 was repositioned by Nurse #2 and NA#1 and then the soiled brief was removed. Liquid Hibiscus water soap was poured onto a wet washcloth to cleansed the resident's perineal area and buttocks. The washcloth used was soapy. After cleansing the resident's perineal area and buttocks the soapy washcloth was placed into the basin of water. Then NA #1 wet the tip of a white colored towel in the soapy water and wiped Resident #2's buttocks and perineal area. There was no rinsing of the soap off the resident's perineal area and buttocks. Moisture barrier ointment was applied to the buttocks.</p> <p>Interview on 12/19/17 at 10:50 AM with NA #1 was conducted. An inquiry was made about rinsing the liquid soap off Resident #2's skin and NA #1 responded that she placed a small amount of soap in the basin of water and most on the washcloth. NA #1 then stated, "guess I should have got [gotten] clean water" to rinse the soap off.</p> <p>Interview on 12/19/17 at 11 AM with Nurse #2 was conducted. There was no comment from Nurse #2 when interviewed about soap not rinsed off Resident #2's skin.</p> <p>Interview on 12/19/17 at 4:15PM with the administrator revealed she expected staff to follow the manufactures' instructions.</p> <p>Conference interview via the phone on 12/19/17 at 5:15 PM with the administrator and nurse representative from the manufacturer was held to clarify the manufacturer's instructions for the use of their liquid soap. The nurse representative stated the soap should be worked into a lather</p>	F 676			

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL.			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27614	
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F 676 F 887 SS=D	Continued From page 3 and "rinsed off completely." QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility's Quality Assessment and Assurance Committee failed to maintain procedures and monitor the interventions that the committee put into place on March 28, 2017. This was for recited deficiency, which was originally cited in Activities of Daily Living (F312) on a Recertification and complaint survey on May 11, 2017. The deficiency was in the area of F676. This deficiency was cited again on 12/20/2017 on a complaint survey. The continued failure of the facility during three surveys showed a pattern of the facility's inability to sustain an effective Quality Assurance (QA) Program. Findings included: This tag is cross referred to: F 312 March 26, 2017 Based on record review, observation and staff and resident interviews, the facility failed to provide a shower, transfer from wheelchair to bed, and toileting assistance to 2 of 8 residents reviewed for activities of daily living (ADL) (Resident #36, Resident #97).	F 676 F 887	1. Residents in the facility have the potential to be affected by the alleged deficient practice. The facility's Quality Assessment and Assurance committee failed to maintain procedures and monitor the interventions that the committee put in place on 3/26/17, 5/11/17 and 12/20/17. The Quality Assurance Performance Improvement (QAPI) team notified Medical Director on 12/21/17 and 1/8/18 and held a discussion with the QAPI team regarding the findings of the complaint survey. Discussion was held with the QAPI team regarding the plan of correction and the involvement of the QAPI team to ensure the identified concern is corrected and maintained in compliance. 2. Residents in the facility have the potential to be affected by the alleged deficient practice.	1/17/18

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F 867	<p>Continued From page 4</p> <p>F 312 May 11, 2017 Based on observation, record review and staff interviews, the facility failed to thoroughly cleanse urine and stool off Resident's #4 skin during Incontinence care. This was evident in 1 of 4 sampled residents who were dependent on staff for activities of daily living (ADL).</p> <p>During the complaint survey the facility was cited F876, the facility failed to follow the recommendation to completely rinse soap off Resident's #2's skin during Incontinent care for 1 of 5 residents reviewed for activities of daily living.</p> <p>During an interview with the Administrator on 12/20/2017 at 2PM revealed that she had only been in the facility for three weeks, Administrator indicated that In-services had already begin with Staff on following manufactures instructions. She indicated that her expectation for the facility to continue to work on issues and monitor issues within the facility so that we would not get recited deficiencies.</p>	F 867	<p>3. The Quality Assurance Performance Improvement Committee will ensure that the Perineal Observations are conducted by Nursing Department. Education to be completed by 1/17/18.</p> <p>4. The QAPI Committee will review results of Perineal Care Observations monthly during meetings. Perineal Care Observations will be conducted on 5 certified nursing assistants weekly x 4 weeks; then 3 Perineal Care Observations weekly x 2 months; then 10 observations per quarter x 3 quarters. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The Administrator is responsible for implementing the acceptable plan of correction.</p>	