STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345391	A. BUILDING _____ B. WING _____	C 01/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H	1131 NORTH CHURCH STREET GREENSBORO, NC 27401

(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 166 SS=D	RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES CFR(s): 483.10(f)(2) A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with residents and staff, the facility failed to address and resolve grievances for 2 of 2 residents (Resident #10 and #11). Findings included: The Filing Grievances/Complaints Policy dated 12/20/06 stated, " Upon receipt of a grievance and/or complaint, the Department Manager will investigate the allegations and submit a written report of such findings to the administrator within 7 working days. The administrator will review the findings with the person investigating the complaint to determine what corrective actions, if any, need to be taken. The resident will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. " The Grievance/Complaint Log dated 12/20/06 stated, " The disposition of all resident grievances and/or complaints will be recorded on our facility ' s Resident Grievance/Complaint Log. 1.The Resident/Complaint Form dated 11/21/14, and completed by the Activities Director, indicated Resident #10 stated during the Resident Council meeting that nurse aides " come in [and] turn call light off [without] seeing what she needs. She states [nurse aides do not] treat resident [with] dignity. She also states she hears [nurse aides]	F 166	The facility will make prompt efforts to resolve grievances the resident may have. For residents affected: Facility staff (administrator, director of nursing or assistant director of nursing) will visit with resident #10 and #11 and take action to address any unresolved or new grievances. The grievance form will be used to document the nature of the grievance, the actions taken to resolve the grievance and whether or not the grievance was resolved to the resident's satisfaction. For all residents Facility will review facility grievances submitted to November 2014, December 2014, and January 2015. For residents who still reside in the facility, Facility social worker or designee or designee will contact persons who filed grievances during this period to verify the grievance has been resolved and the family member or resident has received follow-up	2/4/15

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

Electronically Signed | 01/29/2015

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F 166	Continued From page 1 in hall talking about other residents. " The grievance form indicated nurse aides were in-serviced by the Assistant Director of Nursing (ADON) on 11/22/14 on how to answer resident call lights and treating residents with dignity. During an interview on 1/6/15 at 12:00 pm Resident #10 stated, " Sometimes I have to wait so long for [staff] to answer the call bell that I have to wet myself. It doesn ' t seem to make a lot of difference [what shift or day it is], mostly just who is working. Sometimes they never come in. Sometimes it is 30 minutes to an hour. I will say it is worse at night. I go to the resident council meetings and have said something about it in the meetings. " An observation of the resident ' s room on 1/6/15 at 12:00 pm revealed a digital clock, which indicated the correct time, was sitting on top of a bookcase in the resident ' s room. The clock was within view of the bed and the resident indicated that is how she knew the length of time that passes when she rings the call bell. During an interview on 1/7/15 at 2:54 pm Resident #10 stated, " My call light not being answered and needing help but not getting it is my biggest complaint. I remember filing the grievance in November, but no one came back to see if it was getting better. I think the reason there was a grievance form was because we were having a [resident] council meeting and these things came out at the meeting. The night crew are the worst about getting help. They might as well not be here. Even if they come in to turn off the light, they don ' t come back and change you. The staff is loud and yells out at each other a lot. I don ' t know any specific people because the loud talk is mostly outside in the hall. I have felt that [staff] just didn ' t like me. I have Parkinson ' s and just can ' t do for myself. When	F 166	regarding their complaint. Any grievance determined to be unresolved will be documented on a new facility grievance form. Facility staff (all departments) will be educated on the facility grievance policy with an emphasis on documentation of grievances and reporting (to resident/ family)corrective actions that have been taken to resolve problems. System Changes Facility administrative staff will interview residents/ and or family members 3 times per week as to whether they have any outstanding grievances that have not been resolved and/ or followed up by a designated staff member. A QI tool will be utilized. Any new grievance or any concern regarding and unresolved grievance will be recorded on a grievance form. Monitors The disposition of all grievances will be recorded on our facility's Resident Grievance/ Complaint log. The Quality Management Committee will Review the grievance log monthly. The Quality improvement committee will identify trends and develop plans of action as indicated. Progress of action plans will be reviewed and updated ongoing in the monthly quality committee.	

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F 166	Continued From page 2	F 166		

I push my call bell because I have to go to the bathroom, I just can ' t wait an hour and not wet myself. I get so frustrated with it. The call bell situation has not gotten better in the least, at all, since I filed the grievance. I feel myself having to go to the bathroom and call. If they would come to help me in a timely manner, I would not have to wet myself. I can hold it a little while, but not that long. Just within the past few weeks, [several nurse aides] came and stood at the door to my room, talking about their boyfriends. I had my call light on because I needed to go to the bathroom. One came in, turned it off, and quickly left. She didn ' t ask what I needed and the [group of nurse aides] stood outside in the hall, talking about boyfriends for over 10 more minutes. [Staff] ignores you even when you are just in the hall. If you say ' Hi ' , [staff] won ' t even acknowledge you. They just keep looking straight ahead. It makes you feel bad, like you are not important. "
The resident further indicated that on occasions when staff turned off her call light without providing care she was hesitant to push the call bell again. She indicated this was because she felt that staff would get upset and delay the care she needed even more.
During an interview with the ADON on 1/7/14 at 3:40 pm, regarding follow-up and resolution of Resident #10 ' s grievance, she stated, " When I got the grievance about the call bell I went to her and talked to her about it. I did an inservice and went back to her in a week. She said things were better. " The ADON indicated she had not spoken to the resident again in follow-up and assumed the problem was resolved.
2.The Disciplinary Action Notice dated 11/25/14, and completed by the Director of Nursing, indicated [Resident #11] reported that [Nurse Aide #1] " fussed at her and even told her that she

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F 166	Continued From page 3 was not here to clean up [feces] today. " Record review of the Grievance Log for November 2014 indicated there were no grievances filed by or on behalf of Resident #11. During an interview with the Administrator on 1/6/14 at 4:45 pm she stated, " It is our practice to do a grievance in this type of situation. " She further indicated she was aware that Nurse Aide #1 ' s behavior was being monitored. During an interview with the Director of Nursing (DON) on 1/7/15 at 12:52 pm, regarding the interaction between Nurse Aide#1 and Resident #11, she stated, " [Resident #11] said that the aide was ' fussy. ' I probably should have done a grievance but I wanted to go follow up with the aide. I did not do one. It should go in the grievance process. I was at the nurses ' station and [Secretary #1] said [Resident #11] wanted to talk with me. I probably should have gone back to speak with the resident within the next few days. " The DON indicated she had not spoken to the resident again about this concern and assumed the issue was taken care of. During an interview with Secretary #1 on 1/7/15 at 1:02 pm, she stated, " I did not know any specifics of when [Resident #11] asked to speak to the DON. The DON was walking down the hall and I just let her know [Resident #11] wanted to talk to her. " During an interview on 1/7/14 at 4:52 pm, Resident #11, calling Nurse Aide#1 by her first name, indicated she remembered Nurse Aide #1 fussing at her and stating that she was not there to clean up [feces]. Resident #11 indicated she was not aware of a grievance being completed and no staff member spoke to her about the situation after that day.	F 166		
F 241	DIGNITY AND RESPECT OF INDIVIDUALITY	F 241		2/4/15

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F 241 SS=E	Continued From page 4 CFR(s): 483.15(a) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with residents and staff, the facility failed to answer resident call bells in a timely manner for residents needing toileting, or other assistance, to maintain dignity for 2 of 8 residents (Residents #10 and #2) reviewed for dignity. Findings included: 1. Resident #10 was admitted 10/25/13. Her diagnoses included arthritis, osteoporosis, and Parkinson ' s disease. The Minimum Data Set (MDS) dated 11/1/13 indicated she was cognitively intact, had adequate hearing and vision, clear speech, was able to be understood and understands others, and was always incontinent of bladder and occasionally incontinent of bowel. There were no behaviors exhibited and no rejection of care. She required extensive assistance of two people for toilet use, was not steady moving on and off the toilet, and had impairment in both upper extremities. A grievance filed by the resident and dated 11/21/14 stated, "Resident states [nurse aides] come in and turn call light off without seeing what she needs. She also states when [nurse aides] come in to bathe her they leave out so quickly before she can ask them to brush her teeth. She states [aides] don't treat [residents] with dignity. She also states she hears [nurse aides] in hall	F 241	The facility will promote care for residents in a manner and in and environment that promotes each resident's dignity. The facility will answer call bells in a timely manner. For residents affected Residents #2 and #10 were interviewed regarding call light response time. Based on interview results, resident #2's plan of care was reviewed with his first second and third shift CNA's. Based on interview results resident #10's plan of care was reviewed with her first, second, and third shift CNA's. Resident #10 stated staff is doing a good job answering her call light. Facility staff (all shifts) will be inserviced on the topic of dignity, to include timely response to resident call lights, as well as addressing the resident's needs at the time the call light is answered.	

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F 241	Continued From page 5 talking about other residents." The grievance indicated that nurse aides were in-serviced on how to answer resident call lights and treating residents with dignity. The in-service date was 11/23/14. The monthly summary nursing note dated 11/23/14 stated, "Able to make needs known. Continues to need minimal to moderate assistance in meeting [activities of daily living (ADLs)] and hygienic needs. Remains continent to bowel and bladder." During an interview on 1/6/15 at 12:00 pm Resident #10 stated, "Sometimes I have to wait so long for [staff] to answer the call bell that I have to wet myself. It doesn't seem to make a lot of difference [what shift or day it is], mostly just who is working. Sometimes they never come in. Sometimes it is 30 minutes to an hour. I will say it is worse at night. I go to the resident council meetings and have said something about it in the meetings." An observation of the resident's room on 1/6/15 at 12:00 pm revealed a digital clock, which indicated the correct time, was sitting on top of a bookcase in the resident's room. The clock was within view of the bed and the resident indicated that is how she knew the length of time that passes when she rings the call bell. During an interview on 1/7/15 at 2:54 pm Resident #10 stated, "My call light not being answered and needing help but not getting it is my biggest complaint. I remember filing the grievance in November, but no one came back to see if it was getting better. I think the reason there was a grievance form was because we were having a [resident] council meeting and these things came out at the meeting. The night crew are the worst about getting help. They might as well not be here. Even if they come in to turn	F 241	Administrative staff member will interview resident's #2 and #10 weekly regarding call light response time and update staff to resident's plan of care ongoing as needed. Any complaints regarding call light response time will be documented on a facility grievance form. For all residents Facility will conduct call light interviews for all residents noted by social worker to be alert and oriented. Based on resident interviews appropriate staff will be updated on individual resident plans of care. Any complaints regarding call light response time will be documented on a facility grievance form. Facility staff (all shifts) will be inserviced on the topic of dignity, to include timely response to resident call lights, and addressing the residents needs at the time the call light is answered. System Changes Facility will conduct CNA focus group to gather input on improving call light response times. Based on information gathered from focus group,the CNA assignment sheet will be revised to include specific assignments for covering resident call lights and residents care when primary CNA's are off	

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F 241	Continued From page 6 off the light, they don't come back and change you. The staff is loud and yells out at each other a lot. I don't know any specific people because the loud talk is mostly outside in the hall. I have felt that [staff] just didn't like me. I have Parkinson's and just can't do for myself. When I push my call bell because I have to go to the bathroom, I just can't wait an hour and not wet myself. I get so frustrated with it. The call bell situation has not gotten better in the least, at all, since I filed the grievance. I feel myself having to go to the bathroom and call. If they would come to help me in a timely manner, I would not have to wet myself. I can hold it a little while, but not that long. Just within the past few weeks, [several nurse aides] came and stood at the door to my room, talking about their boyfriends. I had my call light on because I needed to go to the bathroom. One came in, turned it off, and quickly left. She didn't ask what I needed and the [group of nurse aides] stood outside in the hall, talking about boyfriends for over 10 more minutes. [Staff] ignores you even when you are just in the hall. If you say 'Hi' , [staff] won't even acknowledge you. They just keep looking straight ahead. It makes you feel bad, like you are not important. " The resident further indicated that on occasions when staff turned off her call light without providing care she was hesitant to push the call bell again. She indicated this was because she felt that staff would get upset and delay the care she needed even more. 2. Resident #2 was admitted on 11/2/12 and readmitted on 10/14/14 with diagnoses that included muscle weakness, stroke, and hemiplegia. His MDS dated 11/11/14 indicated he was moderately cognitively impaired, did not reject care, had adequate hearing and vision, clear	F 241	the unit for meal breaks and dining room duties. Monitors Administrative staff will interview five residents weekly using the call light interview form. Any concerns regarding call light response will be documented on a facility grievance form. The quality assurance committee will review call light interviews and grievance log in the monthly quality committee meeting. Based on the results of interviews and grievance logs the facility will revise the plan of action ongoing as indicated.	

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F 241	Continued From page 7 speech, and was able to be understood and understands others. He needed extensive assistance of one person with toilet use. His balance was not steady moving from a seated to standing position, not steady walking, and not steady moving on and off the toilet. He was frequently incontinent of bowel and bladder. During an interview on 1/6/14 at 3:08 pm, when asked about staff response to his call bell, Resident #2 stated, "They don't come quickly. They come when they get ready. Sometimes I have to wait maybe an hour. Sometimes they go and don't come back. They say 'I'll be back' but they don't come back. They just turn the call light off. I can't go the bathroom by myself. I can't get up out of the chair by myself. Sometimes I have to wet myself because I have to wait so long. It makes me feel bad and like I want to leave here." Resident #2 indicated the delay in call bell response and turning off call bells without returning to provide care, leading to episodes of incontinence and a feeling of loss of dignity, have been on-going "for months" and occur several times a week with multiple staff members. An observation of the resident's room on 1/6/15 at 3:08 pm revealed a working clock on the wall, which indicated the correct time. The clock was within view of the bed and the resident indicated that is how he knew the length of time that passes when he rings the call bell.	F 241		
F 280 SS=D	RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP CFR(s): 483.20(d)(3), 483.10(k)(2) The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or	F 280		2/4/15

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F 280	Continued From page 8 changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to care plan a urinary catheter for 1 of 2 sampled residents with a urinary catheter (Resident #3). The findings included: Resident #3 was admitted to the facility on 9/24/13 and had diagnoses that included Urinary Tract Infection, Sepsis and Alzheimer ' s Dementia The Care Area Assessment dated 10/2/14 for Urinary Incontinence revealed the resident was unaware of toileting needs. Review of the nurse ' s notes revealed an entry dated 11/13/14 at 3:03 PM that an indwelling urinary catheter was placed. A Quarterly MDS dated 11/19/14 revealed the	F 280	The facility will care plan for catheters for all residents with a urinary catheter. For Resident affected. Resident #3's care plan was updated to include the use of a urinary catheter For all residents. The facility MDS nurses will review all residents who use a urinary catheter and update residents care plans as indicated. System Changes The facility will maintain an ongoing list of all residents with urinary catheters. MDS nurses will be inserviced on	

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F 280	Continued From page 9 resident had short and long term memory loss and had moderately impaired cognition. The MDS revealed the resident was incontinent of bowel and had an indwelling urinary catheter. Review of the resident ' s current Care Plan dated 10/14/14 included a problem that the resident was at risk for urinary tract infection due to incontinence of bowel and bladder. The Care Plan did not contain information regarding the care of the urinary catheter. An interview was conducted with MDS Nurse #1 on 1/7/15 at 3:25 PM. The MDS Nurse stated she usually included catheter care under the wound care plan because this was the reason for the catheter. The MDS Nurse was observed to review the resident ' s care plan and stated the urinary catheter was not included in the care plan. The MDS Nurse stated the urinary catheter should have been care planned. The Director of Nursing (DON) stated in an interview on 1/7/15 at 3:43 PM that she would expect the urinary catheter to be on the care plan. The DON stated it was noted on the nursing assistant ' s Kardex that the resident had a urinary catheter but did not include specific information regarding catheter care.	F 280	updating of care plans to include urinary catheters. Monitors Facility MDS nurse will audit residents with catheters weekly for four weeks and monthly ongoing to ensure residents with catheters have a care plan for the catheter. A QI tool will be utilized. Results of the audits will be reported to the monthly quality committee.	
F 315 SS=D	NO CATHETER, PREVENT UTI, RESTORE BLADDER CFR(s): 483.25(d) Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that	F 315		2/4/15

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F 315	Continued From page 10 catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to provide catheter care with the provision of incontinence care for 1 of 2 sampled residents with a urinary catheter (Resident #3). The findings included: Resident #3 was admitted to the facility on 9/24/13 and had diagnoses that included Urinary Tract Infection, Sepsis and Alzheimer ' s Dementia. The Care Area Assessment for Urinary Incontinence dated 10/2/14 revealed the resident was unaware of toileting needs. The resident ' s current Care Plan dated 10/14/14 did not contain information regarding the resident ' s urinary catheter. A Quarterly Minimum Data Set (MDS) Assessment dated 11/19/14 revealed the resident had short and long term memory loss and had moderately impaired cognition. The MDS revealed the resident had an indwelling urinary catheter and was incontinent of bowel. Record review revealed a urine culture report that showed a urine collection on 11/30/14. The results revealed the resident had a urinary tract infection with E-Coli greater than 100,000	F 315	The facility will ensure residents receive appropriate catheter care during baths, after incontinent episodes and when visibly soiled. For resident affected Resident #3 will receive catheter are during baths after incontinent episodes and when visibly soiled. Resident #3 will be provided catheter care in a manner that minimizes the risk of infection. For all residents CNA staff will be educated on procedure for providing catheter care to include when catheter care is to be provided and technique for proper catheter care. System Changes Administrative nursing staff will perform care observations for CNA staff who provide catheter care. Monitors Administrative nursing staff will conduct care observations of catheter care three	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345391	A. BUILDING _____ B. WING _____	C 01/07/2015

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F 315	Continued From page 11 colonies per milliliter. E-Coli is a bacteria that lives in the intestines and if the bacteria gets in the urinary tract can cause a urinary tract infection. On 1/7/15 at 11:15 AM, NA (Nursing Assistant) #1 and NA #2 were observed to provide incontinence care for Resident #3. The resident was observed to have an indwelling urinary catheter. The NAs untaped the resident ' s incontinent brief and rolled the resident onto her right side. The resident was observed to have heavy stool smear around the peri-rectal area. NA #1 was observed to use pre-moistened wipes to clean from front to back and removed all visible stool from the peri-rectal area. NA #1 placed the package of wipes on a table at the foot of the resident ' s bed and put a clean incontinent brief under the resident. The NAs turned the resident onto her back and proceeded to apply the clean incontinent brief. The NAs were asked when catheter care was provided for the resident. Without answering the question, NA #1 picked up the package of wipes and the NAs pulled back the incontinent brief. NA #1 used a pre-moistened wipe and cleaned from the visible end of the catheter closest to the resident and down approximately 4 inches of the catheter tubing. There was a brown stain on the wipe. The NA used another wipe and again cleaned from the visible end of the catheter closest to the resident and down approximately 4 inches of the catheter tubing. There was a light brown stain on the wipe after cleansing the urinary catheter for the second time. The NAs then replaced the incontinent brief and repositioned the resident in bed. NA #1 did not attempt to spread the labia to clean inside the labia or around the urinary meatus. At the completion of care the NAs were asked when the	F 315	times weekly for four weeks. A QI tool will be utilized. Results of care observations will be reported to the facility quality committee for review. The quality committee will make changes to the plan of correction as indicated.	

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F 315	Continued From page 12 resident was supposed to receive catheter care. NA #1 stated they were supposed to do catheter care each time they changed the resident. When asked why she did not provide catheter care for the resident initially, the NA stated: " Forgot; was being watched and was nervous. " The NA was asked what the brown stain was on the wipes after cleansing the catheter and the NA stated: " I assume it was stool. " The Director of Nursing (DON) stated in an interview on 1/7/15 at 3:53 PM that the NAs were supposed to do catheter care with the morning bath and with each incontinent care when the resident had a bowel movement.	F 315		