| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345412 | A. BUILDING _____ B. WING _____ | 03/21/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BRANTWOOD NH & RETIREMENT CENT | 1038 COLLEGE STREET OXFORD, NC 27565 |

| (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 |
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| F 558 SS=D | Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)<br><br>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, observation, resident interview and staff interview, the facility failed to place a call light (Resident #12) within reach to allow for the resident to request staff assistance if needed for one of one resident reviewed for accommodation of needs.<br><br>The findings included:<br><br>Resident #12 was admitted to the facility on 6/15/17 and re-admitted on 11/16/17 with diagnoses including Hemiplegia and left sided weakness.<br><br>Review of the most recent quarterly Minimum Data Set Assessment dated 12/23/17 assessed Resident #12 as moderately cognitively impaired with a Brief Interview for Mental Status score of 9. He had no behaviors and did not reject care. His hearing was adequate, speech clear and he understood others and was understood by others. He required extensive one person physical assistance with bed mobility, required limited one person assistance with transferring, toilet use and hygiene. Walking did not occur. He was continent of bowel and bladder.<br><br>Review of the Care Area Assessment dated 6/22/17 triggered related to the resident requiring | F 558 | 1. The call bell was placed within reach for resident #12 on 3/21/18 by the Director of Nursing.<br>2. A 100 % audit of all residents, to include resident #12, was conducted by the facility patient care coordinator, director of activities and facility business office manager to ensure residents□ individual needs and personal preferences were by ensuring the residents□ call bells were within reach to allow the residents to call for assistance as needed. All call bells were placed in reach during the time of the audit for any identified areas of concern by the auditor.<br>3. 100% of all staff to include licensed nursing staff, certified nursing assistants to include NA #12 are to be in-serviced by the clinical nurse manager and/or facility Director of Nursing regarding ensuring that residents□ call bells are within reach. In-service initiated on 3/21/17 to be completed by 4/6/18.<br>4. The Clinical Nurse Manager, MDS Coordinator, and Treatment Nurse will conduct resident rounds and room observations to include resident #12 to ensure call bells are within resident□s reach utilizing a Catheter/Call Bell Audit | 4/18/18 |

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

Electronically Signed | 03/30/2018

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| F 558 | Continued From page 1<br>extensive assistance with bed mobility and supervision for transferring.<br><br>Review of the care plan for resident has a focus area of having an Activities of Daily Living (ADL) self-care performance deficit related to Hemiplegia and stroke with left sided weakness. Interventions included: call light within reach with a goal of improving the current level of function through the review date.<br><br>During an observation on 3/20/18 at 3:24 PM the call light was under the bed on the floor.<br><br>During an interview with Resident #12 on 3/20/18 at 3:25 PM he stated he could use his call bell but if it was not in reach he would holler for the nurse.<br><br>During an observation on 3/21/18 at 10:09 AM the call light was under the bed on the floor.<br><br>During an interview with Nursing Assistant #2 on 3/21/18 at 10:10 AM she stated the call bell should be in reach of the resident.<br><br>During an interview with the Director of Nursing on 3/21/18 at 11:16 AM she stated it was expected the call bell would be in reach and not on the floor.<br><br>During an interview with the Administrator on 3/21/18 at 11:44 AM she stated the call bell should not be on the floor but in reach. | F 558 | Tool 5 x week, to include weekends, x 4 weeks, weekly x 4 weeks then monthly x 2 months to ensure staff are providing bathing assistance to ensure that their catheter is covered and placed in a way that promotes dignity and infection control for the resident. Any concerns will be immediately addressed by the Clinical Nursing Manager, Nursing Educator, MDS Coordinator, and Treatment Nurse with re-education of staff during the time of the audit. The DON will review and initial the audit tool weekly x 8 weeks then monthly x 2 months to ensure compliance. The DON will compile the results of the Resident Bathing Audit Tool and present to the Executive Quality Improvement Committee monthly x 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring. | |
| F 623 SS=B | Notice Requirements Before Transfer/Discharge<br>CFR(s): 483.15(c)(3)-(6)(8)<br><br>§483.15(c)(3) Notice before transfer.<br>Before a facility transfers or discharges a | F 623 | | 4/18/18 |

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| F 623 | Continued From page 2 | F 623 | | |

resident, the facility must-
(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
(iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.
(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

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| F 623 | Continued From page 3<br>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:<br>(i) The reason for transfer or discharge;<br>(ii) The effective date of transfer or discharge;<br>(iii) The location to which the resident is transferred or discharged;<br>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;<br>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;<br>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and<br>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.<br><br>§483.15(c)(6) Changes to the notice.<br>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon | F 623 | | |

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| F 623 | Continued From page 4<br>as practicable once the updated information becomes available.<br><br>§483.15(c)(8) Notice in advance of facility closure<br>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and family and staff interviews, the facility failed to provide the resident and resident representative a written notification for the reason for transfer to the hospital for 4 of 4 residents reviewed for hospitalization. (Resident #5, Resident #38, Resident #68 and Resident #34)<br><br>The findings included:<br><br>Example 1.<br><br>Resident #5 was admitted to the facility on 7/25/14 and re-admitted on 2/7/18 and 3/15/18 with diagnoses including Heart Failure and Neoplasm of the liver.<br><br>Review of Resident #5's most recent minimum data set assessment dated 9/16/17 identified Resident #5 as moderately cognitively impaired.<br>Review of Resident #5's chart revealed on 1/30/18 she was transferred to the hospital for a surgical consult and admitted for surgery. No written notice of transfer was documented to have | F 623 | 1. The Nursing Home Notice of Transfer/Discharge form been provided for use by the Patient Care Coordinator, or back-up personnel, following resident transfers to the acute care setting.<br><br>2. The facility Patient Care Coordinator and Director of Activities were in-serviced on 3/21/2018 regarding the expectation of preparing Nursing Home Notice of Transfer/Discharge form to be mailed to all Resident Representatives following transfer to an acute care setting with a copy provided to facility Administrator. A 100% in-service was initiated by the facility clinical nurse manager on 3/21/2018, to be completed by 4/6/2018 with no staff working beyond this date who have not yet received the education, for all licensed nurses regarding the expectation that the Transfer Resident Summary Form is completed for all resident transfers with the attached Bed Hold Policy provided in the resident□s transfer packet. | |

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| F 623 | Continued From page 5<br>been provided to the resident or resident representative.<br><br>Further review of Resident #5's chart revealed on 3/6/18 she was transferred to the hospital for a change in condition related to bleeding. No written notice of transfer was documented to have been provided to the resident or resident representative.<br><br>During an interview with the Social Worker on 3/20/18 10:02 AM she stated she was not aware that a notice needed to be given to the resident or resident representative when transferring to the hospital.<br><br>During an interview with the Administrator on 3/20/18 at 10:30 AM she stated the facility had not been sending notices to the resident or resident representative when the resident transferred to the hospital but this would be corrected immediately.<br><br>During a family interview on 3/20/18 at 11:00 AM the family member stated that she had not received any type of notice when Resident #5 was transferred to the hospital on 1/30/18 and 3/6/18.<br><br>Example 2.<br><br>Resident #38 was admitted to the facility on 7/28/17 and re-admitted on 1/9/18, 1/14/18, 2/3/18 and 3/7/18 with diagnoses including chronic gastrointestinal bleeding.<br><br>Review of Resident #38's most recent minimum data set assessment dated 11/19/17 as | F 623 | 3. The Facility Administrator will conduct audits via the Notification Audit tool of 100% of residents transferred from the facility to ensure that this system is effective weekly x 8 weeks, bi-weekly x 4 weeks, then monthly x 2 months. Any concerns will be immediately addressed by the medical record manager, Patient Care Coordinator and Director of Activities with re-education of the pertinent staff during the time of the audit. The Administrator will compile the results of the Notification Audit Tool and present to the Executive Quality Improvement Committee monthly x 5 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring. | |

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| F 623 | Continued From page 6 | F 623 | | |

cognitively intact.

Review of Resident #38's chart revealed on 12/26/17 she was transferred to the hospital for a critical lab result which resulted in an admission to the hospital. On 1/3/18 Resident #38 was again transferred to the hospital for evaluation and admitted. On 1/11/18 Resident #38's chart revealed she was transferred to the hospital for shortness of breath. On 1/26/18 Resident #38 was transferred to the hospital for active bleeding. On 3/20/18 Resident #38 was again transferred to the hospital for a change in condition. There were no written notices of transfer documented to have been provided to the resident or resident representative.

During an interview with the family member on 3/19/18 at 9:07 AM he stated he visited daily and Resident #38 had had multiple hospital admission since January 2018 for gastrointestinal bleeding. He stated he had not received any paperwork related to her hospital transfers.

During an interview with the Social Worker on 3/20/18 10:02 AM she stated she was not aware that a notice needed to be given to the resident or resident representative when transferring to the hospital.

During an interview with the Administrator on 3/20/18 at 10:30 AM she stated the facility had not been sending notices to the resident or resident representative when the resident transferred to the hospital but this would be corrected immediately.

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| F 623 | Continued From page 7<br><br>Example #3.<br><br>Resident #68 was admitted to the facility on 11/21/17 and re-admitted on 12/19/17 and 1/11/18 with diagnoses including Dementia, Urinary tract infection and femur fracture.<br><br>Review of the admission minimum data set assessment dated 11/28/17 identified Resident #68 as having long and short term memory problems and severely cognitively impaired.<br><br>Review of Resident #68's chart revealed she was transferred to the hospital on 12/25/17 for Bradycardia and transferred to the hospital on 1/8/18 for Bronchitis. There were no written notices of transfer documented to have been provided to the resident or resident representative.<br><br>During an interview with the Social Worker on 3/20/18 10:02 AM she stated she was not aware that a notice needed to be given to the resident or resident representative when transferring to the hospital.<br><br>During an interview with the Administrator on 3/20/18 at 10:30 AM she stated the facility had not been sending notices to the resident or resident representative when the resident transferred to the hospital but this would be corrected immediately. | F 623 | | |

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| F 623 | Continued From page 8 | F 623 | | |

Example 4.

Resident # 34 was admitted to the facility on 12/14/15 and re-admitted on 1/4/18 and re-admitted on 1/18/18 with diagnoses including Heart Failure, Hypertension, Cerebral Vascular Accident, Dementia and Chronic Obstructive Pulmonary Disease.

Review of Resident # 34' s most recent Minimum Data Set (MDS) 10/24/17 identified Resident # 34 as moderately cognitively impaired.

Review of Resident # 34 ' s chart revealed on 1/4/18 he was transferred to the hospital due to a critical lab value. No written notice of transfer was documented to have been provided to the resident or representative.

Further review of Resident # 34 ' s chart revealed on 1/18/18 he was transferred to the hospital for a change in condition related to a condition of blood clots. No written notice of transfer was documented to have been provided to the resident or resident representative.

During an interview with the Social Worker on 3/20/18 at 10:02 AM she stated she was not aware that a notice needed to be given to the resident or resident representative when transferring to the hospital.

During an interview with the Administrator on 3/20/18 at 11:00 AM she stated the facility had not been sending notices to the resident or resident representative when the resident transferred to the hospital but this would be corrected immediately.

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| F 623 | Continued From page 9<br>A phone interview was attempted with Resident # 34 ' s resident representative on 3/21/18 at 10:35 AM with a message left to return the call. The resident ' s representative did not return the call. | F 623 | | |
| F 625 SS=B | Notice of Bed Hold Policy Before/Upon Trnsfr<br>CFR(s): 483.15(d)(1)(2)<br><br>§483.15(d) Notice of bed-hold policy and return-<br><br>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-<br>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;<br>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;<br>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and<br>(iv) The information specified in paragraph (e)(1) of this section.<br><br>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interviews, the | F 625 | 1. The facility Transfer Resident | 4/18/18 |

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| F 625 | Continued From page 10<br>facility failed to provide 4 of 4 residents with written notice of the bed hold policy upon a resident's transfer to the hospital (Resident #5, #38, #68 and #34).<br><br>The findings included:<br><br>Example 1.<br><br>Resident #5 was admitted to the facility on 7/25/14 and re-admitted on 2/7/18 and 3/15/18 with diagnosis including heart failure and neoplasm of the liver. She was transferred to the hospital on 1/30/18 and 3/6/18.<br><br>A review of Resident #5's Significant Change Minimum Data Set Assessment dated 9/6/17 identified Resident #5 as moderately cognitively impaired.<br><br>A review of Resident #5's medical record indicated Resident #5's responsible party was a family member.<br><br>During an interview with the Social Worker on 3/20/18 at 10:02 AM she stated the resident or responsible party was given a copy of the Bed Hold policy on admission. She stated she was unaware that a Bed Hold notice needed to be given to the resident or responsible party when the resident transferred to the hospital. She stated she usually called the family member once she was made aware the resident would be admitted to the hospital. She stated the facility had always had enough beds to re-admit a resident.<br><br>During an interview with the Administrator on 3/20/18 at 10:30 AM she stated the facility was | F 625 | Summary Form was adjusted by facility Administrator on 3/20/2018 to reflect a new criterion of providing the resident with the official Bed Hold Policy upon transfer from the facility to an acute care setting. All new clinical hard charts will be prepared by facility medical records manager with the Bed Hold Policy attached to the Transfer Resident Summary Form.<br><br>2. 100% of resident□s clinical charts will be updated with the new Transfer Summary Form with the attached bed hold policy by 3/31/2018.<br><br>3. The facility Patient Care Coordinator and Director of Activities were in-serviced on 3/21/2018 regarding the expectation of preparing Post-Transfer Notification Letters to be mailed to all Resident Representatives following transfer to an acute care setting with a copy provided to facility Administrator. A 100% in-service was initiated by the facility clinical nurse manager on 3/21/2018, to be completed by 4/6/2018 with no staff working beyond this date who have not yet received the education, for all licensed nurses regarding the expectation that the Transfer Resident Summary Form is completed for all resident transfers with the attached Bed Hold Policy provided in the resident□s transfer packet.<br><br>4. The Facility Administrator will conduct audits via the Notification Audit tool of 100% of residents transferred from the | |

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| F 625 | Continued From page 11<br>not providing a bed hold notice to residents or responsible parties when a resident transferred but this would be corrected immediately.<br><br>During a family interview on 3/20/18 at 11:00 AM the family member stated that she had not received any type of bed hold notice when Resident #5 was transferred to the hospital on 1/30/18 and 3/6/18.<br><br>Example 2.<br>Resident #38 was admitted to the facility on 7/28/17 and re-admitted on 1/9/18, 1/14/18, 2/3/18 and 3/7/18 with diagnoses including chronic gastrointestinal bleeding. Resident #38 was transferred to the hospital on 12/26/17, 1/3/18, 1/11/18 and 3/20/18.<br><br>Review of Resident #38's most recent minimum data set assessment dated 11/19/17 as cognitively intact.<br><br>Review of Resident #38's chart revealed a family member was the responsible party.<br><br>During an interview with the family member on 3/19/18 at 9:07 AM he stated he visited daily and Resident #38 had had multiple hospital admissions since January 2018 for gastrointestinal bleeding. He stated he had not received any paperwork related to her hospital transfers.<br>During an interview with the Social Worker on 3/20/18 at 10:02 AM she stated the resident or responsible party was given a copy of the Bed Hold policy on admission. She stated she was unaware that a Bed Hold notice needed to be given to the resident or responsible party when | F 625 | facility to ensure that this system is effective weekly x 8 weeks, bi-weekly x 4 weeks, then monthly x 2 months. Any concerns will be immediately addressed by the medical record manager, Patient Care Coordinator and Director of Activities with re-education of the pertinent staff during the time of the audit. The Administrator will compile the results of the Notification Audit Tool and present to the Executive Quality Improvement Committee monthly x 5 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring. | |

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| F 625 | Continued From page 12 | F 625 | | |

the resident transferred to the hospital. She stated she usually called the family member once she was made aware the resident would be admitted to the hospital. She stated the facility had always had enough beds to re-admit a resident.

During an interview with the Administrator on 3/20/18 at 10:30 AM she stated the facility was not providing a bed hold notice to resident's or responsible parties when a resident transferred but this would be corrected immediately.

Example 3.

Resident #68 was admitted to the facility on 11/21/17 and re-admitted on 12/19/17 and 1/11/18 with diagnoses including Dementia, Urinary tract infection and femur fracture. She was transferred to the hospital on 12/25/17 and 1/8/18.

Review of the admission minimum data set assessment dated 11/28/17 identified Resident #68 as having long and short term memory problems and severely cognitively impaired.

During an interview with the Social Worker on 3/20/18 at 10:02 AM she stated the resident or responsible party was given a copy of the Bed Hold policy on admission. She stated she was unaware that a Bed Hold notice needed to be given to the resident or responsible party when the resident transferred to the hospital. She stated she usually called the family member once she was made aware the resident would be admitted to the hospital. She stated the facility had always had enough beds to re-admit a

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resident.

During an interview with the Administrator on 3/20/18 at 10:30 AM she stated the facility was not providing a bed hold notice to residents or responsible parties when a resident transferred but this would be corrected immediately.

Example 4.
Resident # 34 was admitted to the facility on 12/14/15 and re-admitted on 1/4/18 and re-admitted on 1/18/18 with diagnoses including Heart Failure, Hypertension, Cerebral Vascular Accident, Dementia and Chronic Obstructive Pulmonary Disease. He was transferred to the hospital on 1/4/18 and 1/18/18.

Review of Resident # 34's most recent Minimum Data Set (MDS) 10/24/17 identified Resident # 34 as moderately cognitively impaired.

A review of Resident # 34's medical record indicated Resident # 34's responsible party was a friend.

During an interview with the Social Worker on 3/20/18 at 10:02 AM she stated the resident or responsible party was given a copy of the Bed Hold policy on admission. She stated she was unaware that a Bed Hold notice needed to be given to the resident or responsible party when the resident transferred to the hospital. She stated she usually called the family member once she was made aware the resident would be

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| F 625 | Continued From page 14<br>admitted to the hospital. She stated the facility had always had enough beds to re-admit a resident.<br><br>During an interview with the Administrator on 3/20/18 at 10:30 AM she stated the facility was not providing a bed hold notice to residents or responsible parties when a resident transferred but this would be corrected immediately.<br><br>A phone interview was attempted with Resident # 34's responsible party on 3/21/18 at 10:35 AM with a message left to return the call. The resident's representative did not return the call. | F 625 | | |
| F 677 SS=D | ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)<br><br>§483.24(a)(2) 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;<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation and interview the facility failed to provide a bed bath for 1 of 8 (Resident #116) residents requiring extensive to total assistance with Activity of Daily Living (ADL) care.<br><br>Findings included,<br><br>Resident # 116 was admitted to the facility on 2/2/18 with diagnoses of cellulitis, chronic obstructive pulmonary disease, osteoporosis and was on hospice.<br><br>A review of her most recent admission Minimum Data Set (MDS) dated 2/15/18 revealed she was | F 677 | 1. Resident #116 was bathed on 03/19/2018 and will continue to be bathed per her preference by facility staff and placed on facility beauty shop schedule for 3/26/2018. The current system for bathing residents involves a schedule of resident baths by shift. It was identified that this schedule was not adhered to, which placed the nurse aide behind schedule causing her to provide bathing assistance to a resident later than preferred. The schedule will be adjusted using identified resident preferences and NA #1 was addressed appropriately regarding the deficient practice. | 4/18/18 |

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| F 677 | Continued From page 15<br>cognitively intact and had no behaviors. Resident # 116 required extensive assistance with dressing, toileting, personal hygiene and was totally dependent on staff for bathing.<br><br>A review of the resident's care plan updated on 2/21/18 revealed she had an ADL self-care deficit. Staff were to familiarize self with resident ' s treatments.<br><br>A review of the care area assessment (CAA) dated 2/8/18 revealed that Resident #116 required assistance with all ADL's.<br><br>On 3/19/18 at 2:07 PM the resident was observed with her hair uncombed and in a hospital gown. The resident stated that she had been waiting for her bed bath and that that her hair was dirty and wished her hair was cleaned.<br><br>On 3/19/18 at 02:28 PM, the resident's nursing assistant (NA#1) stated that she had 17 residents assigned to her and had not gotten to Resident #117 yet. NA #1 stated that she did not know when the resident's hair was last washed.<br><br>During an interview with the Administrator and NA#1, on 3/20/18 at 03:10 PM, NA#1 stated that she had 17 residents on the 200 hall and that Resident #116 was supposed to receive a bed bath on first shift but she just had too many residents and could not get to her. The Administrator stated that NA#1 had someone to help her and she could have asked for help. The Administrator further stated that NA#1 had only 10 residents to give baths on 1st shift and should have bathed Resident #116 earlier. | F 677 | 2.The facility patient care coordinator, director of activities and facility business office manager will conducted 100% interviews with all alert and oriented residents within the facility to determine their shift bathing preferences to include resident #116 to ensure that their bathing assistance occurs at a time that meet the needs for the residents. All residents preferences were utilized to update the shift assignment sheets reflecting residents preferences.<br>3. A 100% in-service was initiated by the facility clinical nurse manager on 3/21/2018 for all certified nursing assistants, including NA#1 regarding residents ADL needs to include bathing residents requiring extensive assistance with the expectation of notifying the clinical manager of all bathing assistance preferences that contradict the established bathing schedule per the shift assignment sheets. The in-service is to be completed by 4/6/2018 with no staff working beyond this date who have not yet received the education. All new certified nursing assistants will be educated during orientation regarding resident ADL assistance to include ensuring that their bathing assistance occurs per the bathing schedule that meets the resident s ADL assistance needs and preferences.<br>4. When providing bathing assistance to a resident, to include residents #116 the certified nursing assistant will ensure that their bathing assistance occurs per the bathing schedule that meets the resident s ADL assistance needs and | |

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| F 677 | Continued From page 16 | F 677 | preferences. The patient care coordinator, director of activities and facility business office manager will conduct bathing audits on 10% of all dependent residents, to include resident #116, utilizing a Resident Bathing Audit Tool 5 x week x 4 weeks, weekly x 4 weeks then monthly x 2 months to ensure staff are providing bathing assistance per the bathing schedule that meets the resident□s ADL assistance needs and preferences. Any concerns will be immediately addressed by the Clinical Nursing Manager, Nursing Educator, MDS Coordinator, and Treatment Nurse with reeducation of staff during the time of the audit. The DON will review and initial the audit tool weekly x 8 weeks then monthly x 2 months to ensure compliance. The DON will compile the results of the Resident Bathing Audit Tool and present to the Executive Quality Improvement Committee monthly x 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring. | |
| F 690 SS=D | Bowel/Bladder Incontinence, Catheter, UTI<br>CFR(s): 483.25(e)(1)-(3)<br><br>§483.25(e) Incontinence.<br>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.<br><br>§483.25(e)(2)For a resident with urinary | F 690 | | 4/18/18 |

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| F 690 | Continued From page 17<br>incontinence, based on the resident's comprehensive assessment, the facility must ensure that-<br>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;<br>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and<br>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.<br><br>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation and interview the facility failed to ensure a resident urinary catheter bag was secured in a manner to keep it from lying on the floor and promoting a possibility of disease and infection for one of 2 residents observed with urinary indwelling catheters (Resident #29).<br><br>Findings included<br><br>Resident #29 was admitted to the facility on 3/5/15 and readmitted on 1/13/18 with diagnoses | F 690 | 1. Resident #29□s Foley catheter was observed lying on the floor. This resident□s catheter was removed from the floor and concealed via a Foley catheter covering immediately upon identification to ensure that the catheter was in the appropriate placement, not lying on the floor and promoting the possibility of disease and infection for the resident.<br>2. This resident is 1 of 2 residents within the facility with a catheter, therefore the | |

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| F 690 | Continued From page 18<br>of Dementia, Congestive Heart Failure and a stage 4 pressure ulcer.<br><br>A review of the care plan dated 1/3/18 revealed that the resident had an indwelling catheter due to a stage 4 pressure ulcer, staff were to check tubing for kinks each shift and as needed.<br><br>A review of the most recent annual Minimum Data Set (MDS) dated 1/24/18 revealed that Resident #29 was cognitively impaired. She required extensive assistance with personal hygiene and had an indwelling catheter due to a stage 4 pressure ulcer. The resident was coded as having an urinary tract infection in the last 30 days.<br><br>A review of the resident's Care Area Assessment (CAA) revealed the resident had a stage 4 pressure ulcer and was incontinent of bowel and wore briefs. Resident #29 required staff assistance to address toileting needs.<br><br>On 3/20/18 at 8:47 AM, Resident #29 ' s catheter bag and tubing were observed hanging on the right side of the resident's bed on the floor.<br><br>On 3/20/18 at 8:47 AM, NA #1 stated that the catheter should not be on the floor and she did not know who placed it there.<br><br>On 3/20/18 at 8:55 AM, the Clinical Nurse Educator stated that catheter bags should not be on the floor, "it was a contaminant."<br><br>On 3/20/18 at 2:59 PM the Administrator stated that the catheter should not be on the floor. | F 690 | other resident□s catheter was assessed by the facility Administrator on 3/20/2018 to ensure that the catheter was in the appropriate placement, not lying on the floor and promoting the possibility of disease and infection for the resident with no issues identified at that time.<br>3. A 100% in-service was initiated by the facility clinical nurse manager on 3/21/2018 for all certified nursing assistants and licensed nurses, including NA#1 regarding resident dignity and infection control practice to include ensuring that the catheter is covered and in the appropriate placement, not lying on the floor and promoting the possibility of disease and infection for the resident with no issues identified at that time. The in-service is to be completed by 4/6/2018, with no staff working beyond this date who have not yet received the education. All new certified nursing assistants and nurses will be educated during orientation regarding resident infection control practices to include ensuring that their catheter is covered and in the appropriate placement, not lying on the floor and promoting the possibility of disease and infection for the resident with no issues identified at that time.<br>4. The Clinical Nursing Manager, Nursing Educator, MDS Coordinator, and Treatment Nurse will conduct catheter observations on 100% of residents with catheters within the facility, to include residents NH and FC, utilizing a Catheter/Call Bell Audit Tool 5 x week, to include weekends, x 4 weeks, weekly x 4 weeks then monthly x 2 months to ensure | |

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| F 690 | Continued From page 19 | F 690 | staff are providing bathing assistance to ensure that their catheter is covered and placed in a way that promotes dignity and infection control for the resident. Any concerns will be immediately addressed by the Clinical Nursing Manager, Nursing Educator, MDS Coordinator, and Treatment Nurse with re-education of staff during the time of the audit. The DON will review and initial the audit tool weekly x 8 weeks then monthly x 2 months to ensure compliance. The DON will compile the results of the Resident Bathing Audit Tool and present to the Executive Quality Improvement Committee monthly x 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring. | |
| F 725 SS=D | Sufficient Nursing Staff<br>CFR(s): 483.35(a)(1)(2)<br><br>§483.35(a) Sufficient Staff.<br>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and 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 and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).<br><br>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide | F 725 | | 4/18/18 |

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| F 725 | Continued From page 20<br>nursing care to all residents in accordance with resident care plans:<br>(i) Except when waived under paragraph (e) of this section, licensed nurses; and<br>(ii) Other nursing personnel, including but not limited to nurse aides.<br><br>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, record review and staff interviews the facility failed to provide sufficient staffing to provide a bed bath for 1 of 8 residents (Resident # 116) requiring total assistance with activities of daily living.<br><br>The findings included:<br><br>This tag is cross referenced to F-677.<br><br>Based on observations, record review and staff interviews the facility failed to provide sufficient staffing to provide a bed bath for 1 of 8 residents (Resident # 116) requiring total assistance with activities of daily living.<br><br>A review of the resident's care plan updated on 2/21/18 revealed she had an ADL self-care deficit.<br><br>A review of the care area assessment (CAA) dated 2/8/18 revealed that Resident #116 required assistance with all ADL's.<br><br>On 3/19/18 at 2:07 PM the resident was observed with her hair uncombed and in a hospital gown. The resident stated that she had been waiting for | F 725 | 1. Resident #116□s ADL needs were addressed on 3/19/2018 by NA #1. In order to address the competency and skill set deficit, this staff member was encouraged to ask for assistance as needed and in-serviced on the expectation that all staff are to adhere to their daily bathing schedule, unless otherwise requested by the resident, in order to promote productivity during a given shift.<br>2. 100% of all staff to include licensed nursing staff, certified nursing assistants to include NA #1 are to be in-serviced by the clinical nurse manager and/or facility Director of Nursing regarding the expectation of adhering to the established bathing schedule designated via the assignment sheets per shift in order to improve productivity to ensure that the staff meet the residents□ needs.<br>In-service initiated on 3/30/18 to be completed by 4/6/18. All newly hired staff will be educated regarding this system upon hire, before working with the resident population within the facility. | |

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| F 725 | Continued From page 21<br>her bed bath and that that her hair was dirty and wished her hair was cleaned.<br><br>On 3/19/18 at 02:28 PM, the resident's nursing assistant (NA#1) stated that she had 17 residents assigned to her and had not gotten to Resident #116 yet. NA #1 stated that she did not know when the resident's hair was last washed.<br><br>During an interview with the Administrator and NA#1, on 3/20/18 at 03:10 PM, NA#1 stated that she had 17 residents on the 200 hall and that Resident #116 was supposed to receive a bed bath on first shift but she just had too many residents and could not get to her. The Administrator stated that NA#1 had someone to help her and she could have asked for help. The Administrator further stated that NA#1 had only 10 residents to give baths on 1st shift and should have bathed Resident #116 earlier. | F 725 | 3. The patient care coordinator, director of activities and facility business office manager will conduct bathing audits on 10% of all dependent residents, to include resident #116, utilizing a Resident Bathing Audit Tool 5 x week x 4 weeks, weekly x 4 weeks then monthly x 2 months to ensure staff are providing bathing assistance per the bathing schedule that meets the resident□s ADL assistance needs and preferences. Any concerns will be immediately addressed by the Clinical Nursing Manager, Nursing Educator, MDS Coordinator, and Treatment Nurse with re-education of staff during the time of the audit to ensure that the staff are following the established system for providing residents with assistance for ADLs. The DON will review and initial the audit tool weekly x 8 weeks then monthly x 2 months to ensure compliance. The DON will compile the results of the Resident Bathing Audit Tool and present to the Executive Quality Improvement Committee monthly x 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring. | |