

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345553</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF FAYETTEVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1401 71ST SCHOOL ROAD</b> <b>FAYETTEVILLE, NC 28314</b>
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F 700 SS=E	<p><b>Bedrails</b> CFR(s): 483.25(n)(1)-(4)</p> <p>§483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record review, the facility failed to assess the use of bedrails for 3 of 3 sample residents reviewed for bedrails (Resident #7, Resident #5, and Resident #6).</p> <p>The findings included:</p> <p>1) Resident #7 was admitted to the facility on 12/9/16 with diagnoses that included non-Alzheimer ' s dementia and hemiplegia.</p> <p>A review of the resident ' s most recent quarterly</p>	F 700	<p>This plan of correction will serve as the facility's allegation of compliance with requirements of 42 CFR, Part 483, Subpart-N for long term care facilities. Preparation and submission of this plan of correction is in response to DHHS 2567 for July 6, 2018 survey and does not constitute an agreement or admission of Autumn Care of Fayetteville of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. this plan of correction is prepared and submitted because of the</p>	7/27/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/27/2018
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 700	<p>Continued From page 1</p> <p>Minimum Data Set (MDS) assessment dated 5/2/18 revealed Resident #7 had severely impaired cognitive skills for daily decision making. Section G of the MDS indicated Resident #7 was totally dependent on staff for all of her Activities of Daily Living (ADLs), with the exception of requiring extensive assistance with bed mobility. Section P of the MDS assessment revealed bedrails were not coded as a restraint.</p> <p>A review of Resident #7 ' s medical record revealed no bedrail assessment had been completed for this resident.</p> <p>An observation was conducted on 7/6/18 at 8:48 AM. Resident #7 was observed to be lying in bed awake with one - ¼ bedrail raised on each side of the bed. The resident was not interviewable.</p> <p>An interview was conducted on 7/6/18 at 1:35 PM with MDS Coordinator #1. During the interview, the MDS Coordinator was asked if a bedrail assessment was completed for Resident #7. She reported that unless the bedrails were coded as a restraint on the MDS, an assessment would not have been done.</p> <p>An interview was conducted on 7/6/18 at 1:45 PM with the Director of the Rehabilitation Department. During the interview, the Director was asked if the Rehab Department staff completed bedrail assessments for residents. The Director stated they did not. However, he reported the Rehab staff did make recommendations to the interdisciplinary team if a resident required a ¼ bedrail for positioning.</p> <p>An interview was conducted on 7/6/18 at 1:49 PM with the facility ' s Director of Nursing (DON).</p>	F 700	<p>requirements of 42 CFR, Part 483, Subpart N throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, however, submits this plan of correction to address the statement of deficiencies and to serve as its allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction as fully completed as of July 27, 2018.</p> <p>THE PROCESS THAT LEAD TO THE DEFICIENCY CITED:</p> <p>Failure to access bed rails for residents who utilize them.</p> <p>PROCEDURE FOR IMPLEMENTATION FOR PLAN OF CORRECTION:</p> <p>All licensed nurses educated by Staff Development Coordinator(SDC)as of 7/27/18 on completion of bed rail assessment.</p> <p>All current residents with bed rails have been assessed as of 7/25/18 for appropriate use by licensed nurse.</p> <p>Any new admissions will be assessed for appropriate use of bed rails as indicated by licensed nurse upon admission.</p> <p>For residents who continue to utilize bed rails will be assessed by licensed nurse at least quarterly.</p>		

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F 700	<p>Continued From page 2</p> <p>During the interview, the DON was asked how a resident was assessed in regards to the risk/benefits for the use of bedrails.</p> <p>The DON reported the need for assessing each resident ' s use of bedrails was brought up in a conference call about a week ago and she was made aware there was a bedrail assessment form available for use. However, the DON indicated this form had not yet been implemented. Upon inquiry, the DON stated her expectation was, "Everybody is going to have an assessment on the side rails and it will be a part of the admission process for new residents going forward."</p> <p>2) Resident #5 was admitted to the facility on 1/11/17 with diagnoses that included non-Alzheimer ' s dementia and Parkinson ' s disease.</p> <p>A review of the resident ' s most recent quarterly Minimum Data Set (MDS) assessment dated 5/25/18 revealed Resident #5 had moderately impaired cognitive skills for daily decision making. Section G of the MDS indicated Resident #5 was totally dependent on staff for transfers, locomotion, and dressing. She required extensive assistance with bed mobility, eating, toileting, and personal hygiene. Section P of the MDS assessment revealed bedrails were not coded as a restraint.</p> <p>A review of Resident #5 ' s medical record revealed no bedrail assessment had been completed for this resident.</p> <p>An observation conducted on 7/5/18 at 12:53 PM revealed Resident #5 was lying in bed awake with</p>	F 700	<p>THE MONITORING PROCEDURE TO ENSURE PLAN OF CORRECTION IS EFFECTIVE:</p> <p>All new admissions will be reviewed the following day during morning At Risk meeting for bed rail assessment completion by the DON/ADON/DESIGNEE.</p> <p>All new admissions will be reviewed WEEKLY X 3 WEEKS and then MONTHLY X 3 MONTHS by DON/ADON/DESIGNEE for bed rail assessment completion and accuracy.</p> <p>Five MDS assessments will be reviewed WEEKLY X 3 WEEKS and then MONTHLY X 3 MONTHS by DON/ADON/DESIGNEE to reflect use of bed rails.</p> <p>Administrator will present all audits for review during monthly QAPI and any continued areas identified will be discussed with further action plan as indicated.</p> <p>Administrator will be responsible for implementing acceptable plan of correction.</p> <p>Date of Completion 7/27/18</p>		

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F 700	<p>Continued From page 3</p> <p>one - ¼ bedrail raised on each side of the bed. The resident was observed to have tremors in her upper body. Resident #5 appeared to be somewhat confused and declined an interview at that time.</p> <p>A second observation of Resident #5 was conducted on 7/6/18 at 7:06 AM. The resident was observed to be lying in bed with one - ¼ bedrail raised on each side of the bed.</p> <p>Another observation conducted on 7/6/18 at 8:35 AM revealed Resident #5 was awake and lying in bed with one - ¼ bedrail raised on each side of the bed. The resident was awake and alert. Upon inquiry, the resident stated she liked having the bed rails raised on her bed.</p> <p>An interview was conducted on 7/6/18 at 1:35 PM with MDS Coordinator #1. During the interview, the MDS Coordinator was asked if a bedrail assessment was completed for Resident #5. She reported that unless the bedrails were coded as a restraint on the MDS, an assessment would not have been done.</p> <p>An interview was conducted on 7/6/18 at 1:45 PM with the Director of the Rehabilitation Department. During the interview, the Director was asked if the Rehab Department staff completed bedrail assessments for residents. The Director stated they did not. However, he reported the Rehab staff did make recommendations to the interdisciplinary team if a resident required a ¼ bedrail for positioning.</p> <p>An interview was conducted on 7/6/18 at 1:49 PM with the facility 's Director of Nursing (DON). During the interview, the DON was asked how a</p>	F 700			

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F 700	<p>Continued From page 4</p> <p>resident was assessed in regards to the risk/benefits for the use of bedrails.</p> <p>The DON reported the need for assessing each resident ' s use of bedrails was brought up in a conference call about a week ago and she was made aware there was a bedrail assessment form available for use. However, the DON indicated this form had not yet been implemented. Upon inquiry, the DON stated her expectation was, "Everybody is going to have an assessment on the side rails and it will be a part of the admission process for new residents going forward."</p> <p>3) Resident #6 was admitted to the facility on 8/7/17 with diagnoses that included non-Alzheimer ' s dementia.</p> <p>A review of the resident ' s most recent quarterly Minimum Data Set (MDS) assessment completed on 4/4/18 revealed Resident #6 had moderately impaired cognitive skills for daily decision making. Section G of the MDS indicated Resident #6 required limited assistance from staff for all of her Activities of Daily Living (ADLs), with the exception of being independent for eating. Section P of the MDS assessment revealed bedrails were not coded as a restraint.</p> <p>A review of Resident #6 ' s medical record revealed no bedrail assessment had been completed for this resident.</p> <p>An observation was conducted on 7/6/18 at 7:10 AM revealed Resident #6 was lying in bed asleep with one - ¼ bedrail raised on each side of the bed.</p>	F 700			

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

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F 700	<p>Continued From page 5</p> <p>An interview was conducted on 7/6/18 at 1:35 PM with MDS Coordinator #1. During the interview, the MDS Coordinator was asked if a bedrail assessment was completed for Resident #6. She reported that unless the bedrails were coded as a restraint on the MDS, an assessment would not have been done.</p> <p>An interview was conducted on 7/6/18 at 1:45 PM with the Director of the Rehabilitation Department. During the interview, the Director was asked if the Rehab Department staff completed bedrail assessments for residents. The Director stated they did not. However, he reported the Rehab staff did make recommendations to the interdisciplinary team if a resident required a ¼ bedrail for positioning.</p> <p>An interview was conducted on 7/6/18 at 1:49 PM with the facility 's Director of Nursing (DON). During the interview, the DON was asked how a resident was assessed in regards to the risk/benefits for the use of bedrails.</p> <p>The DON reported the need for assessing each resident ' s use of bedrails was brought up in a conference call about a week ago and she was made aware there was a bedrail assessment form available for use. However, the DON indicated this form had not yet been implemented. Upon inquiry, the DON stated her expectation was, "Everybody is going to have an assessment on the side rails and it will be a part of the admission process for new residents going forward."</p>	F 700			