STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345279	A. BUILDING _____ B. WING _____	C 10/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER HILLS NURSING AND REHABILITATION CENTER	7369 HUNTER HILL ROAD ROCKY MOUNT, NC 27804

(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 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §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; This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review, the facility failed to provide shaving assistance to 1 of 3 sampled residents (Resident #5) dependent on staff for grooming and hygiene. The findings included: Resident #5 was admitted on 8/25/16 with diagnoses that included Parkinson's Disease as well as cognitive and communication deficits. The most recent quarterly Minimum Data Set (MDS) dated 9/27/18 indicated he was severely cognitively impaired and required total assistance from staff for activities of daily living including eating, grooming and personal hygiene. Both the Care Plan (most recently updated 7/31/18) and the Nursing Assistant Care Guide revealed Resident #5 received total assistance for bathing and dressing and was at risk for bruising easily related to an antiplatelet medication. Resident #5 was observed on 10/17/18 at 9:43 AM in his room. He was fully dressed, lying on his bed and was unshaven. The amount of facial hair seemed to be at approximately three days growth. Another observation was made on 10/17/18 at	F 677	Hunter Hills Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as a written allegation of compliance. Hunter Hills Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Hunter Hills Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. The process that led to this deficiency was the facility failed to shave 1 of 3 residents reviewed for activities of daily living (resident # 5) On 10/18/2018 Resident # 5 was shaved by the assigned hall nurse.	11/12/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/02/2018

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F 677	Continued From page 1 4:35 PM. Resident #5 was sitting in chair in his room and he was still unshaven. On 10/18/18 at 9:37 AM, Resident# 5 was sitting in a chair in his room with a family member. Resident #5 was still unshaven. The family member stated that she and another family member visited daily and she felt the staff took good care of him, especially when he had been sick recently. She stated when Resident #5 was living at home he shaved himself every day, even on weekends. After moving to the facility the resident's wife used to come and shave the resident regularly. Since the resident's wife died, the family member said he was not shaved regularly by staff. The family member said she repeatedly would ask staff to shave him, adding that she would put notes on the mirror asking them to shave him. She stated, "I think that must be 3-4 days growth. I don't think he has been shaved at all this week." She also stated that she or the other family member would brush his teeth every day "because I don't think it would be done if we didn't do it ..." Nursing Assistant (NA) #1, who was assigned on the first shifts on 10/17/18 and 10/18/18 to care for Resident #5, was interviewed on 10/18/18 at 11:16 AM. When asked how often Resident #5 should be shaved, NA #1 stated she didn't know because she usually worked a different hall. The new Director of Nursing, who had just started in her position on 10/14/18, was interviewed on 10/18/18 at 2:02 PM. She agreed the resident needed to be shaved when she saw him in the morning and said, "My plan is to have a preference sheet for the residents. When you come again you will see a difference. If it is his	F 677	On 11/1/2018 a 100% audit of residents who require shaving was completed by the Treatment Nurses to ensure all residents to include resident # 5 had been shaved per resident preference. All areas of concern were immediately addressed by the Director of Nursing (DON). There were 3 areas of concern corrected. On 11/1/2018 a 100% questionnaire utilizing the Resident Preference Interview Tool was initiated by the Social Workers (SW) with all alert and oriented residents and/ or Resident Representative (RR) to include resident # 5, RR in regards to resident preferences to include: 1. Do you have preferences regarding bath times, wake up times, bed times, grooming, activities, plan of care, schedules, etc.? 2. If yes please list preferences below and forward a copy to Minimum Data Set (MDS) to update resident care guide, care plan, and bath schedule if needed. All areas of concern or changes in resident preference was immediately addressed by the DON and resident care plan/care guide updated by Minimum Data Set (MDS) nurses. To be completed by 11/9/2018 On 10/19/2018 an 100% in-service was initiated by the Staff Facilitator (SF) with all licensed nurses, nursing assistants (NA), Director of Nursing, Assistant Director of Nursing (ADON), Nurse	

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F 677	Continued From page 2 preference to be shaved daily then it should be done daily."	F 677	Supervisors, Treatment nurses and MDS nurses in regards to Assisting residents with ADL□s to include: The most critical care that CNAs provide is to help our residents with activities of daily living that they cannot currently do for themselves without assistance. Some of the things that you will help with include: ¿ Bathing resident per preference. Provide bed bath and or shower daily. ¿ Brushing or Combing hair, shaving, providing nail care, and providing oral care. ¿ Dressing resident according to the season and per resident preference. ¿ Toileting may include to provide total assistance or partial assistance. Residents should be checked for toileting needs no less than every two hours. ¿ Turn, transfer and reposition your residents every 2 hours or as needed. ¿ Assist residents with meal setup or total assistance per resident care guide. ¿ All care provided must be documented in POC take credit for what you do! ¿ If care cannot be performed for any reason, the nurse must be notified and refusal must be documented in POC. ¿ Check resident care guide before providing care as changes may occur daily. No licensed nurses, nursing assistants (NA), Director of Nursing, Assistant Director of Nursing (ADON), Staff Facilitator, Nurse Supervisor, Treatment	

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F 677	Continued From page 3	F 677	nurse, MDS nurse, will be allowed to work until in-service on Assisting residents with ADL□s is completed. In-service will be completed by 11/9/2018. All newly hired all licensed nurses, nursing assistants (NA), Director of Nursing, Assistant Director of Nursing (ADON), Staff Facilitator, Quality Assurance nurse (QA), Nurse Supervisor, treatment nurse and MDS nurse will be in-serviced during orientation in regards to Assisting residents with ADL□s to include: The most critical care that CNAs provide is to help our residents with activities of daily living that they cannot currently do for themselves without assistance. Some of the things that you will help with include: ¿ Bathing resident per preference. Provide bed bath and or shower daily. ¿ Brushing or Combing hair, shaving, providing nail care, and providing oral care. ¿ Dressing resident according to the season and per resident preference. ¿ Toileting may include to provide total assistance or partial assistance. Residents should be checked for toileting needs no less than every two hours. ¿ Turn, transfer and reposition your residents every 2 hours or as needed. ¿ Assist residents with meal setup or total assistance per resident care guide. ¿ All care provided must be documented in POC take credit for what you do!	

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F 677	Continued From page 4	F 677	¿ If care cannot be performed for any reason, the nurse must be notified and refusal must be documented in POC. ¿ Check resident care guide before providing care as changes may occur daily 10% of resident requiring shaving will be reviewed 3 times a week x 4 weeks, weekly for 4 weeks, then monthly for one month by the Nurse Supervisors, ADON, treatment Nurse to ensure all residents to include resident # 5 are offered/shaved per resident preference and/or facility protocol, utilizing the Resident Care Audit Tool. Any areas of identified concern will be immediately addressed by the Nurse Supervisors during the audit to include providing resident care per preference, updating care plan/care guide of resident preference, notification of the resident representative of care refusals and/or additional staff training. The DON will initial the Resident Care Audit Tool weekly for 8 weeks, then monthly for one month to ensure completion and that all areas of concern were addressed. The Administrator will forward the results of the Resident Care Audit Tool to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months and review the Resident Care Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or	

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F 677	Continued From page 5	F 677	frequency of monitoring.	
F 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of	F 732		11/12/18

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F 732	Continued From page 6 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to ensure the Posted Staffing and Census sheets reflected the actual care hours worked by licensed and non-licensed nursing staff for 12 of 20 days reviewed for accuracy. The findings included: A review of the facility's daily posts for nurse staffing information was conducted on 10/18/18 for the dates of September 27 through October 16, 2018. Comparison of the Daily Assignment Schedule and the Staffing and Census sheets revealed an inaccurate total number of hours worked by Registered Nurses, Licensed Nurses and/or Nursing Assistants on 9/27, 9/29, 9/30, 10/1, 10/3, 10/5, 10/7, 10/11, 10/12, 10/13, 10/14, and 10/16. The staffing information was not updated each shift and so did not reflect staff absences or call-outs. An interview was conducted with the Scheduler on 10/18/18 at 3:10 PM. The Scheduler stated it had just become her responsibility to update the Staffing and Census sheets. She said prior to this week it had been the previous Director of Nursing's responsibility to update the postings. The Scheduler was not aware of anyone designated to update the staffing sheets for the second and third shifts each day to show actual care hours if someone call out or there was a substitution in staff. The current Director of Nursing was interviewed on 10/18/18 at 3:39 PM. At the time of the interview, the Director of Nursing said she had	F 732	Hunter Hills Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as a written allegation of compliance. Hunter Hills Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Hunter Hills Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. The process that lead to the deficiency was the facility failed to update the posted staffing and census sheet to reflect actual hours worked by licensed and non-licensed staff. The Scheduler immediately corrected and reposted the Daily Nursing Staff Sheet on 10-18-2018 in the hallway near the nursing station with complete nursing staff information including the resident census prior to the beginning of the shift.	

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F 732	Continued From page 7 been in her position for just 4 days, but it was her expectation that the Staffing and Census sheets posted for the public, should be updated every shift. She indicated that moving forward, a person would be designated to ensure accuracy.	F 732	100% audit was completed by The Administrator and The Director of Nursing of all Daily Nursing Staff Sheets to ensure all sheets present and complete for a period of 3 months on 11/2/2018. The Facility Consultant initiated an in-service on 11/2/2018 with the Administrator and nursing staff to include: The Administrator, Director of Nursing (DON), Unit Managers (UM), Staff Facilitator (SF), Scheduler, 400 hall nurse(s) and Weekend charge nurse(s) on the daily posting of the Daily Nursing Staff Sheet with complete information to include the census and actual hours worked by licensed and non-licensed staff, making corrections during the shift to include census or actual hours worked by licensed and non-licensed nursing staff and retaining the daily staffing sheets for 18 months on 11/12/2018. The Scheduler will post the Daily Nursing Staffing sheets daily Monday- Friday for all shifts with complete information including the census and actual hours worked by licensed and non-licensed staff. The 400 hall nurse and or Weekend Charge nurse will post the Daily Nursing Staffing sheets on Saturday-Sunday for all shifts with complete information including the census and actual hours worked by licensed and non-licensed staff. The Scheduler, Unit Managers, 400 hall Nurse and Weekend Charge nurse will make any corrections need on assigned shifts to include census and actual hours worked	

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F 732	Continued From page 8	F 732	for licensed or non-licensed staff. The Scheduler will ensure the daily nursing staff sheets are placed in a notebook and kept for 18 months. The Director of Nursing will audit the posting on the wall for complete information and note book retention of the Daily Nursing Staff sheets weekly x eight weeks and monthly x 1 month to ensure daily posting includes complete information prior to the beginning of the shift, changes are made during the shift and are copy is retained in a notebook utilizing the Daily Staffing Sheet QI Audit Tool. Retraining will be immediately conducted by the Director of Nursing for any identified areas of concern. The Administrator will review and initial the Daily Staffing Sheet QI Audit Tool weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed. The Administrator will forward the results of the Daily Staffing Sheet QI Audit Tool to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months and review the Daily Staffing Sheet QI Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring	