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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/09/2018 |
| NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314 | |
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| F 557 SS=D | <p>Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)</p> <p>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and resident and staff interviews, the facility failed to treat a resident with dignity and respect for 1 of 3 residents reviewed (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 05/20/16 with diagnoses which included hemiplegia (paralysis affecting one side of the body), osteoarthritis, pain, history of urinary tract infection and congestive heart failure.</p> <p>A review of Resident #2's quarterly MDS, dated 10/15/18, revealed Resident was cognitively intact. The MDS indicated Resident #2 required extensive assistance of 2 staff for bed mobility and toileting and required extensive assistance of 1 staff for personal hygiene.</p> <p>A review of Resident #2's Care Plan revealed Resident #2 had been at risk for self-care deficit related to diagnoses which included, in part, right-sided hemiparesis. A review of the interventions for this care area focus included:</p> <ol style="list-style-type: none"> 1. Assist with incontinence care with each | F 557 | <p>This plan of correction will serve as the facility's allegation of compliance with requirements of 42 CFR, Part 483, Subpart-E for long term care facilities. Preparation and submission of this plan of correction is in response to DHHS 2567 for November 7- November 9, 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 requirements of 42 CFR, Part 483, Subpart-E 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 December 7, 2018.</p> | 12/7/18 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/07/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 557 | <p>Continued From page 1</p> <p>patient care round and as needed (PRN)</p> <p>2. Assist with turn and reposition with each patient care round and PRN</p> <p>3. Bathing/hygiene with 1 person assist</p> <p>4. Dressing/grooming with 1 person assist - resident with right-sided hemiplegia</p> <p>During an observation of incontinent care on 11/07/18 at 12:34 p.m., Resident #2 was lying on her back in her bed at a 45 degree angle. NA #1 obtained a clean adult brief and laid it on the bed next to Resident #2. NA #1 unsuccessfully attempted to roll Resident #2 onto her left side, pushing against her right side several times. Resident #2 remained on her back and NA #1 attempted to pull the urine-soiled adult brief out from under her which caused pieces of the adult brief to rip off and left pieces of the urine-soiled brief underneath Resident #2. Without cleansing Resident #2's skin, NA #1 then placed a clean adult brief at Resident #2's right side and attempted to roll Resident #2 on her left side. After several unsuccessful attempts to get Resident #2 onto her left side, Resident #2 yelled "you are going to push me off the bed". NA #1 continued his efforts and was eventually assisted by another NA to complete the incontinent care.</p> <p>During an interview with NA #1 on 11/07/18 at 2:56 p.m., NA #1 stated he was new to the facility and he had never taken care of Resident #2 before. NA #1 stated his preceptor had been able to care for Resident #2 on her own and he thought he could care for Resident #2 by himself as well. NA #1 stated he had not been aware of whether or not Resident #2 had been a 1-person or a 2-person assist. When asked why he removed Resident #2's soiled brief the way he did, NA #1 responded "I could not get her to roll</p> | F 557 | <p>THE PROCESS THAT LEAD TO THE DEFICIENCY CITED:</p> <p>Failure to treat resident #2 with dignity and respect.</p> <p>PROCEDURE FOR IMPLEMENTATION FOR PLAN OF CORRECTION:</p> <p>Resident #2 is a 1-2 person assist for bed mobility and incontinent care.</p> <p>Nursing Assistant #1 is no longer employed by facility.</p> <p>DON and/or designee will audit all resident's requiring assistance with incontinent care and update the kardex if needed</p> <p>DON and/or designee will re-educate all clinical staff on dignity and respect while providing incontinent care.</p> <p>All nursing assistants will be checked off on incontinent care by the DON and/or designee.</p> <p>THE MONITORING PROCEDURE TO ENSURE PALN OF CORRECTION IS EFFECTIVE:</p> <p>DON and/or designee will audit and observe certified nursing assistants in</p> | | |

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

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| F 557 | Continued From page 2 over and stay". During an interview with Resident #2 on 11/07/18 at 3:15 p.m., Resident #2 stated she felt scared when NA #1 was trying to push her onto her left side and stated she felt like she was going to be pushed off the bed onto the floor. During an interview with the Director of Nursing (DON) on 11/09/18 at 2:02 p.m., the DON stated it was her expectation nursing staff treat residents with dignity and respect. | F 557 | providing incontinent care with dignity and respect 5 X PER WEEK X 4 WEEKS; 3 X WEEK X 4 WEEKS; THEN WEEKLY X 4 WEEKS. Administrator and/or designee will present all audits for review during monthly QAPI committee X 3 MONTHS and any continued areas identified will be discussed with further action plan as indicated. Administrator will be responsible for implementing acceptable plan of correction. Date of Completion 12/7/2018 | | |