STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345553	A. BUILDING _____ B. WING _____	C 05/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF FAYETTEVILLE	1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314

(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
E 000	Initial Comments An unannounced Recertification survey was conducted 04/29/19-05/02/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#7Q3M11.	E 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced	F 561		5/17/19

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

Electronically Signed | 05/20/2019

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F 561	Continued From page 1 by: Based on record review and staff interview, the facility failed to provide showers as scheduled for 1 of 2 sampled resident reviewed for choices (Resident #40). Findings included: Resident #40 was admitted to the facility on 05/31/17. Cumulative diagnosis includes Osteoarthritis, Hypertension and Anemia. The quarterly Minimum Data Set (MDS) assessment dated 3/31/19 indicated that Resident #40 had moderate cognitive impairment. The assessment further indicated that Resident #40 required limited assistance with bathing and she had not displayed any behavior of rejection to care. The assessment further indicated that it was very important for her to choose between a tub, shower, bed bath or sponge bath. Resident #40's care plan dated 3/29/19 was reviewed. One of the care plan problems was the resident was self-care deficit related to decreased functional mobility. The goal was the resident's needs will be met. The approaches included to assist with activities of daily living (ADLs), assist with transfers, and promote independence. The shower book was reviewed and the shower schedule for Resident #40 was every Wednesday and Saturday. On 04/30/19 at 11:47 AM, Resident #40 was interviewed. She stated that the staff had been able to take a shower for 2 weeks. She would be forced to take a "bird bath" in cold water. She indicated that when she asked for a shower, she was told that the water would not get hot enough.	F 561	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 April 29 - May 2, 2019 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 May 17, 2019. THE PROCESS THAT LEAD TO THE DEFICENCY CITED: Failure to provide showers as scheduled to resident #40. PROCEDURE FOR IMPLEMNTATION FOR PLAN OF CORRECTION: DON and/or designee audited resident #40's shower sheets for the last two weeks to ensure resident was offered showers. Showers have been received since 5/2/19. Noted completion or refusal	

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F 561	Continued From page 2 She added that the hot water is often a problem in the facility. The March and April 2019 shower documentation for Resident #40 were reviewed. A Shower/Tub bath/Bed bath documentation sheet dated 3/23/19 indicated in the comment section, "The water wasn't getting out in the shower. Resident was not able to take a shower." The sheet is signed off by the aide and the charge nurse. On April 2, 6, 10 and 13, the Shower/Tub bath/Bed bath documentation sheets were blank, indicating that a shower was not provided to Resident #40. On 05/02/19 at 1:44 pm, the charge nurse for 03/23/19 was interviewed concerning clarification of the Shower/Tub bath/Bed bath documentation sheet dated 3/23/19. She stated that the note should have stated the water was not getting "hot: rather than not getting "out." She further stated that she was aware of this and the resident received a bed bath that night. She stated that the Shower/Tub bath/Bed bath documentation sheet is to be completed once the aide has performed her bathing task and the charge nurse signs off. If the resident refuses, it is noted on the Shower/Tub bath/Bed bath documentation sheet and documented in the nursing notes. She states that there have been inconsistencies with the water temperature on the unit. Some days it gets hot and other days not, however, the resident should be getting a shower in the main shower room or on another unit. On 05/02/19 at 3:35 pm, the Director of Nursing was interviewed and she stated that the water temperatures for the side of the building is being	F 561	of shower was documented on shower sheet and/or resident's chart with notification of Responsible Party and if bed bath or shower in the main shower room or on another unit per resident choice was noted. Resident #40 will be interviewed weekly for 12 WEEKS to ensure resident receives shower and/or be offered a shower in the main shower room or on another unit per resident choice. PROCEDURE FOR IMPLEMENTATON FOR RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: Current resident's bi-weekly shower schedules were audited by the Director of Nursing (DON) and/or designee for accuracy of residents receiving and/or offered showers bi-weekly. DON and/or designee re-educate all clinical staff on shower schedules and resident's right to choose to receive shower in resident's shower in room and/or main shower room and/or the other unit. Education will be provided to all newly hired clinical staff during general orientation regarding showers and residents right to choose and/or be given options as to where shower will be given. Ten residents will be interviewed weekly for 12 WEEKS to ensure showers are	

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F 561	Continued From page 3 worked on by maintenance. The entire building has had problems with maintaining hot water temperatures but hs met the Health Department requirements. Currently one side of the building, which required a replacement part, is now functioning properly. The maintenance department has ordered and is awaiting the replacement part for the other side of the building, which services Resident #40. It is expected to arrive next week. The DON stated that it is her expectation that if a resident is unable to take a shower in their rooms that they would be brought out to the main shower room or taken to another hall for a shower. On 05/02/19, the Administrator stated that she was aware of the water temperature inconsistencies, however, it is her expection that every resident receive a shower as scheduled and if not that it would be reported and followed up per facility policy.	F 561	being received and/or options have been offered per resident choice. Showers will be audited by DON/designee during Clinical Morning Meeting 5 X PER WEEK for 4 WEEKS then; 3 X WEEK for 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 5/17/19	
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is,	F 580		5/17/19

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F 580	Continued From page 4 a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, family interview and staff interview the facility failed to notify the residents' Responsible Party (RP) regarding a change in health condition for 1 of 1 sampled	F 580	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.	

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F 580	Continued From page 5 resident for notification of change. (Residents #50) Findings included: Resident #50 was admitted to the facility on 02/18/17 with diagnoses including Chronic Obstructive Pulmonary Disorder. A review of Nurse #1's note dated 04/27/19 read: patient up in bed coughing with clear sputum, patient's oxygen level was 91 with difficulty breathing. Lung sounds inaudible due to patient's inability to take deep breaths. This nurse called and spoke with Nurse Practitioner and received orders to increase Lasix to 40 mg by mouth two times a day (BID) for two days then back to 40 mg by mouth daily, obtain a chest x-ray as well as supplemental oxygen set at 2 liters. The facility policy dated July 2015read: The resident/Physician/family/responsible party will be notified when there has been a significant change in the resident's physical/emotional/mental condition. Documentation in the medical records that stated the RP was contacted was not found. The quarterly Minimum Data Set (MDS) dated 04/11/19 had resident #50 coded as moderately cognitively impaired, needing extensive assistance with activities of daily living. The comprehensive care plan dated July 2015 had a focus of Resident/Responsible party has chosen DNR, Self-Care Deficit - ADL Function d/t decreased functional mobility, (L) sided hemiparesis, dx of dementia.	F 580	Preparation and submission of this plan of correction is in response to DJJS 25367 for April 29 - May 2, 2019 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 May 17, 2019. THE PROCESS THAT LEAD TO THE DEFICENCY CITED: Failure to notify resident's responsible party regarding a change in health condition for resident #50. PROCEDURE FOR IMPLEMENTATION FOR PAN OF CORRECTION: Resident #50 medical record was audited for any changes in condition and responsible party notification in the last 2 weeks by DON and/or designee. PROCEDURE FOR IMPLEMENTATION FOR RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:	

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F 580	Continued From page 6 A review of the April 2019 Medication Administration Records (MAR) had new orders dated 04/27/19 for oxygen at 2 liters via nasal cannula continuously every shift for shortness of breath related to Chronic Obstructive Pulmonary Disease and after resident complete 2 days of Lasix 40mg BID, resume Lasix 40mg every morning on 4/30/19. During an interview with Resident #50's RP on 4/29/19 at 12:03 PM, the RP stated her mother became sick on the 04/27/19 and needed to have oxygen. Nurse #1 called the physician, but she was not made aware until she arrived at the facility later that day. During a telephone interview with the Nurse #1 on 05/01/19 at 02:20 PM, Nurse #1 stated she cared for the resident on 4/27/19 and she did have a change in her condition. She could not catch her breath, and there was a need for oxygen. The physician was called but she did not call the RP. The Nurse further stated she was a new nurse, and in the future, she will make sure she will call the RP of any changes in residents' conditions. During an interview with the Director of Nursing (DON) on 05/01/19 03:10 PM the DON stated her expectation is for the nursing staff to inform the RP of any medical changes involving the residents. During an interview with the Administrator on 05/02/19 12:10 PM, the Administrator stated her expectations are for her nursing staff to notify the residents responsible party as soon as the resident is stable.	F 580	100% of current residents medical records were audited by DON and/or designee for past 2 weeks to ensure that Responsible Party was notified of any changes in condition. 1:1 re-education was completed on 5/2/19 by DON with license nurse regarding notification of Responsible Party with any change in condition. All licensed nurses have been re-educated by DON and/or designee on Responsible Party notification regarding any change in condition. All newly hired licensed nurses will be educated by DON and/or designee during general orientation. Changes in condition will be reviewed in Clinical Morning Meeting by DON and/or designee to ensure Responsible Party notification were completed 5 X PER WEEK for 4 WEEKS then; 3 X WEEK for 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.	

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F 580	Continued From page 7	F 580	Date of Completion 5/17/19.	