

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

PRINTED: 10/28/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALEMTOWNE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5101 INDIANA AVENUE WINSTON SALEM, NC 27106</b>	
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E 000	Initial Comments  An unannounced recertification survey was conducted on 9/16/19 through 9/19/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #ICYJ11.	E 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)  §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. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews and record reviews the facility failed to provide needed equipment for a resident with physical limitations to the lower extremities to receive alternatives for bed baths for one (Resident #38) of two residents sampled for accommodation of needs.  Findings included:  Resident #38 was admitted to the facility on 8/5/19 with diagnoses of paraplegia (paralysis of the lower body), muscle spasm, C-difficile (bacteria infection of the bowel) and spinal stenosis (compression of the spine and nerves).  The Admission Minimum Data Set (MDS) assessment dated 8/12/19 revealed Resident #38 was cognitively intact, dependent on staff for bathing and as having impairments on both sides of upper and lower extremities.	F 558	On 9/16/19, a state surveyor interviewed resident #38. During the interview, the resident stated to the surveyor that he had requested to get out of bed for showers but was told that he could not get in the spa for bathing nor that showers had been offered to him. The surveyors asked if we had equipment that would provide a reasonable accommodation for showers and we informed them that we have spa bath and a reclining shower chair that he could use. On 10/10/19, the clinical lead in charge of the neighborhood interviewed resident #38 regarding his bathing preferences. During this interview, resident #38 stated again that the resident prefers a bed bath which aligns with the information we gathered upon admission. We have numerous documented incidences where the resident has refused transfers	10/16/19

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

TITLE

(X6) DATE

Electronically Signed

10/11/2019

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 558	<p>Continued From page 1</p> <p>The comprehensive plan of care dated 8/14/19 revealed Resident #38 was to have bathing, hygiene, dressing, and grooming provided per resident preference.</p> <p>Record review of the bathing assignment sheet revealed that Resident #38 was scheduled for showers/baths on Wednesdays and Saturdays.</p> <p>During an observation on 9/16/19 at 11:38AM revealed Resident #38 lying in bed on his back with his knees bent to the side at a 90-degree angle. He was able to exhibit slight movement of his right foot.</p> <p>During an interview with Resident #38 on 9/16/19 at 11:38 AM, Resident #38 stated he has only received bed baths since his admission. He further stated he had requested to get out of bed for showers but had been told he could not get in the spa for bathing nor had showers been offered to him. He stated he would be in the bed the rest of his life and it made him feel disgusted and disappointed that staff did not get him out of bed, and it made him feel like he is just "existing" and has no "quality of life." He reported he was unable to transfer independently, he could not walk, and relied on staff for all transfers and bathing.</p> <p>An interview with Nurse Aide #1 (NA) on 9/19/19 at 9:03AM revealed shower schedules were in a notebook in the nurses' station. NA #1 explained that the sheets are signed when baths/showers are completed. She stated the baths/showers are scheduled based on resident room number. She reported she had only provided bed baths to Resident #38.</p>	F 558	<p>therefore rather than a spa bath or a reclining shower chair being used, a bed bath was given. Because we did not own a shower stretcher, we were told that a reasonable accommodation was not provided. To date, resident #38 continues to receive bed baths. As a result of this incident, we are now aware that it would be beneficial to own a shower stretcher and a shower stretcher was purchased on 10/1/19.</p> <ul style="list-style-type: none"> <li>· In order to identify other residents that may also be similarly impacted, all residents that were in the facility on 10/10/19 were interviewed by the charge nurse or clinical leads in order to confirm or modify if needed their bathing preferences.</li> <li>· Upon admission, quarterly, and when notified by either the resident or resident 's responsible party, the bathing preferences of each resident will be obtained or updated in the care plan.</li> <li>· To ensure compliance, the Director of Nursing or her designee will monitor the bathing charting daily (Monday through Friday) for two weeks to ensure that residents are getting the bath/shower they desire in the frequency in which they desire. If there are not any concerns, the auditing will be reduced to weekly for two weeks. After two weeks, if concerns are still not found, the auditing will change to monthly for two months. All results of the audits will be presented at the QAPI meetings for three months to ensure</li> </ul>		

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F 558	<p>Continued From page 2</p> <p>An interview was conducted with NA #2 on 9/19/19 at 9:30AM. During this interview she revealed she provided Resident #38 a bed bath on 9/18/19 (a scheduled shower day) on first shift. She further explained that she had always given him a bed bath due to him being contracted in his lower extremities and he was unable to use the spa tub safely. She provided a tour of the spa room for observation during this interview and stated she was unaware of any alternative equipment available to allow residents with physical impairments to shower.</p> <p>During an interview with Nurse #1 on 9/19/19 at 9:48AM she revealed she was Resident# 38's day shift nurse. She further stated Resident #38 had only received bed baths since he was admitted because he was initially on contact precautions for C-Difficile and his paralysis. She revealed he was unable to get in the spa tub for bathing due to his contractures of his lower extremities. She further stated the facility did not have any other alternative equipment available for offering showers to residents with physical impairments.</p> <p>Interview with the Director of Nursing (DON) at 10:06AM on 9/19/19 revealed she was aware Resident #38 had received only bed baths since admission due to paralysis and inability to be placed in the spa tub bath. She further revealed she was unaware of any alternative equipment available that would allow Resident #38 to receive a shower as he has requested. When specifically asked the DON stated the facility did not have a shower stretcher to bath Resident #38. She further stated that the contact precautions for Resident #38 were discontinued on 8/27/2019.</p>	F 558	organizational compliance.		

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F 558	Continued From page 3 Interview with the Administrator at 5:42PM on 9/19/19 revealed he was unaware that Resident #38 had not been offered alternatives to bed baths. He further revealed he was unaware of any grievances or concerns that had been filed by Resident #38. He indicated that he would order a shower stretcher immediately.	F 558			
F 561 SS=E	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.	F 561		10/16/19	

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F 561	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and record reviews, the facility failed to honor a resident's preference for showers for 1 of 2 residents reviewed for choices. (Resident #38)</p> <p>Findings included:</p> <p>Resident #38 was admitted to the facility on 8/5/19 with diagnoses of paraplegia (paralysis of the lower body), muscle spasm, C-Difficile (bacterial infection of the bowel), and spinal stenosis (compression of the spine and nerves).</p> <p>The Admission Minimum Data Set (MDS) assessment dated 8/12/19 revealed Resident #38 was cognitively intact, dependent on staff for bathing, and as having impairments of both his upper and lower extremities. His daily preferences for his customary routine was assessed as being significantly important to him in choosing between a tub bath, shower, bed bath, or sponge bath.</p> <p>The comprehensive plan of care dated 8/14/19 revealed Resident #38 was to have bathing, hygiene, dressing, and grooming provided per resident preference.</p> <p>Record review of the bathing assignment sheet revealed that Resident #38 was scheduled to receive showers/baths twice a week on Wednesday and Saturday.</p> <p>The physical therapy discharge summary indicated Resident's #38's has the ability to be safely transferred to a wheelchair to improve</p>	F 561	<ul style="list-style-type: none"> <li>· On 9/16/19, a state surveyor interviewed Resident #38. During the interview, the resident stated to the surveyor that he had requested to get out of bed for showers but was told that he could not get in the spa for bathing nor that showers had been offered to him. On 10/10/19, the clinical lead in charge of the neighborhood interviewed resident #38 regarding his bathing preferences. During this interview, resident #38 stated again that the resident prefers a bed bath which aligns with the information we gathered upon admission. We have numerous documented incidences where the resident has refused transfers therefore rather than a spa bath or a reclining shower chair being used, a bed bath was given. To date, resident #38 has received bed baths almost daily and we will continue to offer alternative means of bathing.</li> <li>· In order to identify other residents that may also be similarly impacted, all residents that were in the facility on 10/10/19 were interviewed by the charge nurse or clinical leads in order to confirm or modify if needed their bathing preferences.</li> <li>· Upon admission, quarterly, and when notified by either the resident or resident ' s responsible party, the bathing preferences of each resident will be obtained or updated in the care plan.</li> </ul>		

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F 561	<p>Continued From page 5</p> <p>functional mobility and to allow for decrease physical dependence.</p> <p>During an observation on 9/16/19 at 11:38AM, Resident #38 was lying in bed on his back with his knees bent to the side at a 90-degree angle. He was able to exhibit slight movement of his right foot.</p> <p>During an interview with Resident #38 on 9/16/19 at 11:38 AM, Resident #38 stated he has only received sponge baths since his admission. He stated he had made repeated request since admission to get out of bed for showers; however, a shower had not been provided to him. He explained he lived alone and was independent with activities of daily living (ADL's) prior to his hospitalization earlier this year. He stated he would be in the bed the rest of his life and it made him feel disgusted and disappointed that staff did not get him out of bed, and it made him feel like he is just "existing" and has no "quality of life." He reported he was unable to transfer independently, he could not walk, and relied on staff for all transfers and bathing.</p> <p>An interview with Nurse Aide #1 (NA) on 9/19/19 at 9:03AM revealed that she has only ever given Resident #38 a bed bath and has never offered him a shower.</p> <p>An interview was conducted with NA #2 on 9/19/19 at 9:30AM. During the interview she revealed she provided Resident #38 a bed bath on 9/18/19, which was a scheduled shower day. She further explained that she had always given him a bed bath and had never offered him a shower.</p>	F 561	<p>To ensure compliance, the Director of Nursing or her designee will monitor the bathing charting daily (Monday through Friday) for two weeks to ensure that residents are getting the bath/shower they desire in the frequency in which they desire. If there are not any concerns, the auditing will be reduced to weekly for two weeks. After two weeks, if concerns are still not found, the auditing will change to monthly for two months. All results of the audits will be presented at the QAPI meetings for three months to ensure organizational compliance.</p>		

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F 561	Continued From page 6 An interview with nurse #1 on 9/19/19 at 9:48AM, she revealed she was Resident #38's day shift nurse. She stated Resident #38 had only received bed baths since he was admitted because he was initially on contact precautions for C-Difficile and his paralysis. She further stated the facility did not have any other alternative equipment available for offering showers to residents with physical impairments. She stated he would need equipment that would allow him to shower without having to straighten his lower extremities and the facility did not have a shower bed or reclining shower chair that she was aware. She also revealed that he has become more dependent on staff for all his ADL's since admission due to not getting out of bed.  Interview with the Director of Nursing (DON) on 9/19/19 at 10:06AM revealed she was aware Resident #38 had received only bed baths since admission. She further stated that the contact precautions for Resident #38 were discontinued on 8/27/19. Additionally, the DON indicated that all residents in the facility should be offered a tub bath or shower at a minimum of twice a week. She further explained that she was aware that Resident #38 was more dependent on staff because he was not getting out of bed.  Interview with the Administrator on 9/19/19 at 5:42PM revealed he was unaware that Resident #38 had not been offered alternatives to bed baths. He further revealed he was unaware of any concerns that had been filed by Resident #38. He explained that Resident #38 would be offered alternatives to bed baths on his scheduled days with resident specific equipment to fit his needs.	F 561			
F 679	Activities Meet Interest/Needs Each Resident	F 679		10/16/19	

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F 679 SS=E	Continued From page 7 CFR(s): 483.24(c)(1)  §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record reviews, the facility failed to provide activities based on individual interest to include 1:1 activities and group activities for 1 of 1 sampled resident reviewed for activities. (Resident #38)  Findings included:  Resident #38 was admitted to the facility on 8/5/19 with diagnoses of paraplegia (paralysis of the lower body), muscle spasm, C-Difficile (bacterial infection of the bowel), and spinal stenosis (compression of the spine and nerves).  The Admission Minimum Data Set (MDS) assessment dated 8/12/19 revealed Resident #38 was cognitively intact and primarily dependent on staff for ADL's due to having impairments of both his upper and lower extremities. His daily preferences for his customary routine included significant importance of having a bathing preference, having reading material available, listening to music, participating in group activity,	F 679	<ul style="list-style-type: none"> <li>Resident #38 admitted to the facility as a short-term rehabilitation patient. Upon exhaustion of insurance coverage, the resident became a long-term resident. When the resident transitioned from being a short-term patient to a long-term resident, the absence of a systemic process within the activities department led to the resident not having a formal activity care plan. On 10/11/19 a household coordinator interviewed Resident #38 and created a plan of care for activities on 10/11/19 using the original Admission MDS information gathered on 8/12/19 as well as the new information obtained from the resident during this interview. The plan of care for activities includes the resident ' s activities of preference so that 1:1 activities can be had with the resident if the resident declines to join group activities.</li> <li>The facility ran a report on 10/9/19 to ensure that all residents have a care plan</li> </ul>		



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F 679	<p>Continued From page 8</p> <p>the ability to choose his favorite activity, go outside, and participate in religious services.</p> <p>The comprehensive plan of care revealed Resident #38 did not included a plan of care for activities.</p> <p>The activity interaction notes revealed Resident #38 was scheduled to have 25 activity interactions during the month of August; however, there was no documentation related to the resident receiving any activity interactions. The activity interaction note for the month of September was not completed for review.</p> <p>A review of the social services notes revealed Resident #38 had no indicators of behaviors or refusals of care since admission. The documentation further revealed the social work interactions with Resident #38 were isolated to discharge planning.</p> <p>The physical therapy discharge summary revealed ability to be transferred safely to a wheelchair to improve Resident #38's functional mobility.</p> <p>During an observation on 9/16/19 at 11:38AM, Resident #38 was alone in his room lying in bed on his back with his knees bent to the side at a 90-degree angle. He was able to exhibit slight movement of his right foot.</p> <p>During an interview with Resident #38 on 9/16/19 at 11:38 AM, Resident #38 stated he has been in the bed since admission despite making request to get out of bed. He explained that he has not been allowed to interact with other members of this community in the facility. He explained he</p>	F 679	<p>for activities. Other long-term care residents that were found not to have activity care plans had one created. This will be completed by 10/16/19.</p> <ul style="list-style-type: none"> <li>In order to ensure that this deficient practice will not recur, each of the households will have an updated resident roster daily. On 10/11/19, the Administrator, Director of Nursing, and Life Enrichment Director met with each of the household coordinators notifying them that they will be responsible for this task. This will ensure that residents that move from one neighborhood to another or residents/patients that admit to households for short-term rehab are care planned for appropriately.</li> <li>In order to monitor our performance and to ensure that the systemic changes are sustained, the Life Enrichment Director or her designee will review the activity records (resident roster and attendance sheets) daily, Monday through Friday for 2 weeks beginning on 10/14 to ensure that all residents (regardless of if they are short term rehab or long term residents) are accounted for and that an attempt was made to reach each resident. If concerns are not found, the Life Enrichment Director or her designee will review the activity records weekly for 4 weeks. If concerns are still not found, the Life Enrichment Director or her designee will continue to review the activity records monthly for three months. In addition to these audits, the Life Enrichment Director or her designee will run a report monthly</li> </ul>		

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F 679	<p>Continued From page 9</p> <p>was a professor with a graduate degree and enjoyed interacting with people and writing. He revealed he had made request to get out of bed on multiple occasions but had been denied. He stated he would be in the bed the rest of his life and it made him feel disgusted and disappointed that staff did not get him out of bed, and it made him feel like he is just "existing" and has no "quality of life." He stated he felt very depressed because he was in bed all the time and had limited visitors. He reported he was unable to transfer independently, he could not walk, and relied on staff for all activities of daily living. (ADL's)</p> <p>A second observation of Resident #38 on 9/17/19 at 5:03PM, revealed the resident alone in his room lying in bed.</p> <p>An interview with Nurse Aide #1 (NA) on 9/19/19 at 9:03AM revealed she was not aware if Resident #38 had been out of bed or attended activities since admission. She indicated she had never provided him with any activities.</p> <p>An interview was conducted with NA #2 on 9/19/19 at 9:30AM. During the interview she revealed she had never invited Resident #38 to activities or gotten him out of bed to attend any scheduled activities since admission.</p> <p>Interview with the Director of Nursing (DON) on 9/19/19 at 10:06AM revealed she was aware Resident #38 had not been out of bed since admission due to paralysis. She further stated that he was admitted with contact precautions, but they were discontinued on 8/27/19. She explained that all residents are to be offered activities and gotten out of bed to attend preferred</p>	F 679	<p>to ensure that all long-term care residents have an activity care plan at least quarterly. The findings of these audits will be presented to the monthly QAPI meeting for 5 months to ensure that that systemic changes are sustained.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALEMTOWNE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5101 INDIANA AVENUE WINSTON SALEM, NC 27106</b>		
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F 679	<p>Continued From page 10</p> <p>activities. She was not aware of any activities Resident #38 had attended since admission. She further explained that she was aware that Resident #38 was more dependent on staff because he was not getting out of bed.</p> <p>During an interview with Social Worker #1 on 9/19/19 at 11:51 AM, she revealed she had met with Resident #38 in his room regarding discharge planning on several occasions. She further explained she was not aware any activities Resident #38 had attended.</p> <p>On 9/19/19, an interview was attempted with the Activity Aide for Resident #38's unit during the survey, but attempts were unsuccessful as the Aide was not working and unavailable.</p> <p>Telephone interview with the Life Enrichment Director on 9/19/19 at 3:20PM revealed she was the campus Activity Director. She stated she does not come to the skilled building and does not provide any activities for the skilled portion of the campus because they are assigned to the individual activity aide. She continued to explain the activity aide designated to Resident #38's skilled unit had been out on Family Medical Leave Act (FMLA) for the majority of September. She stated that the activity aide must provide her with a cumulative count sheet for activity interactions monthly. She stated these are to be broken down into the following individual or group categories: Personal, Social, Spiritual, and Intellectual interactions. She stated she was unable to provide any detail information of the activities provided or attended by Resident #38 as he was admitted in to the facility for short term rehabilitation care and his interactions were not listed on the August monthly interaction report</p>	F 679			

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F 679	<p>Continued From page 11</p> <p>she was provided. She further stated that the units direct care staff should be providing activities to Resident #38.</p> <p>During interview with nurse #1 on 9/19/19 at 4:35PM, she revealed she was Resident #38's day shift nurse. She further stated Resident #38 had not attended any activities since he was admitted because he was initially on contact precautions for C-Difficile and his paralysis. She further stated nursing and nurse aides do not provide any activities for Resident #38 due to him not getting out of bed or coming out of his room.</p> <p>Interview with the Administrator on 9/19/19 at 5:42PM revealed he was unaware of any in-room or group activities that Resident #38 had been offered or attended. He further revealed he would like for all residents to have enough engagement to attain or maintain a high quality of life and going forward he would formulate a resident specific plan for Resident #38's activities and ensure compliance with the regulation.</p>	F 679			