STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345569	A. BUILDING _____ B. WING _____	C 10/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGBROOK NURSING & REHABILITATION CENTER	195 SPRINGBROOK AVENUE CLAYTON, NC 27520

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F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the	F 550		11/15/19

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

Electronically Signed | 11/08/2019

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F 550	Continued From page 1 exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and resident and staff interviews, the facility failed to ensure resident was able to use bedside commode without urine spilling onto the floor causing embarassment for 2 of 2 residents (Resident #3 and Resident #7). Findings include: 1. Resident #3 was admitted on 8/29/2019 with multiple diagnoses. Her initial Minimum Data Set (MDS) coded her with intact cognition. A review of the grievance log indicated no grievances had been submitted by Resident #3 during her stay. During a telephone interview with Resident #3 on 10/17/19 at 10:45 AM, she stated that during her stay, she had to endure uncomfortable unsanitary personal elimination. She noted the experience was "horrific". Resident #3 she stated that she had asked a Nursing Assistant (NA) to get a bedside commode that worked but it never happened. She stated this caused embarrassment and anger that she had to live like that. The NA suggested that she put a sheet down under the commode to keep urine off the floor. In an interview with NA #1, she stated that Resident #3 was there for less than a month, the bucket spilled urine a couple times on her shift because it would not stay attached to the commode. The contents were cleaned up immediately when spilled. The NA put a sheet under the bedside commode to help contain any future spills. She stated she offered to take the	F 550	Springbrook 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 Correction is submitted as a written allegation of compliance. Springbrook 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, Springbrook 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. F550 Resident Rights/Exercise of Rights Resident # 3 no longer resides in the facility. On 10/25/19, 100% audit of all bedside commodes to include bedside commode for resident #7 was inspected to ensure the bucket was the correct bucket for the commode and that the bucket was	

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F 550	Continued From page 2 resident to the bathroom whenever possible. An interview on 10/18/19 at 10:38 AM with the acting Director of Nursing (DON) and Corporate Nurse Consultant, they had no knowledge of issues with the bedside commode during the stay of Resident #3. On 10/18/19 at 11:02 AM, the Corporate Nurse Consultant demonstrated how the bucket should fit on the bedside commode. The bucket required being inserted and turned to a specific location in the brackets to ensure it was securely attached to the bottom of the bedside commode chair. If not placed correctly, the bucket was not secure and could fall from the bottom of the commode. She indicated a training would be implemented to correct this issue. 2. Resident #7 was admitted on 6/27/2017 with multiple diagnoses including lymphedema, retention of urine, and essential hypertension. Her quarterly MDS dated coded her with 12 (moderately impaired cognition). During tour of rooms with bedside commodes on 10/17/19 at 9:52 AM, Resident #7 was observed to have a sheet folded under the bedside commode. She was interviewed at that time and stated that the sheet was folded under the bedside commode because sometimes the bucket spills and causes urine to fall on her and the floor. She tearfully stated that it was embarrassing that her room was not clean and she could do nothing about it. When urine spilled, she stated that the staff clean it up. She stated she did not like it but could not get to the bathroom because of her conditions so it was her only choice. During an interview with NA #2 on 10/17/19 at	F 550	correctly placed and secured to prevent spillage. There was no noted concerns identified during the audit. On 11/6/19, the Social Worker completed resident questionnaires with all alert and oriented residents who utilize a bedside commode to include resident #7. The questionnaires were in regards to dignity with toileting on the bedside commode to include: (1) Do staff assist with toileting on the bedside commode? (2) Have you ever had incidents where the bucket to the BSC did not fit properly and spilled? and (3) Did staff respond to clean spill timely? The Unit Managers and/or the assign hall nurse will address any concerns identified during the audit. There were no concerns identified during the audit. On 11/4/19, the Staff Facilitator initiated questionnaires with nurses and nursing assistants in regards to bedside commodes with emphasis on (1) Are you aware of any bucket that does not fit or secure properly on the bedside commode? (2) What do you do when a bucket does not fit or secure properly to the bedside commode? (3) When is it appropriate to place a towel/sheet on the floor to collect urine spillage? The Unit Manager and/or Staff Facilitator will address all areas of concern identified during questionnaires to include education of staff and replacement of bedside commode. Staff questionnaires will be completed by 11/15/19. On 10/31/19, in-service was completed	

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F 550	Continued From page 3 2:15 PM, she stated that Resident #7 had complained to her that the bedside commode had spilled but she had never witnessed it happening. She stated the resident usually used it without assistance and would let her know when it needed to be cleaned or emptied. An interview on 10/18/19 at 10:38 AM with the acting Director of Nursing (DON) and Corporate Nurse Consultant, they had no knowledge of issues with the bedside commode during the stay of Resident #7. On 10/18/19 at 11:02 AM, the Corporate Nurse Consultant demonstrated how the bucket should fit on the bedside commode. The bucket required being inserted and turned to a specific location in the brackets to ensure it was securely attached to the bottom of the bedside commode chair. If not placed correctly, the bucket was not secure and could fall from the bottom of the commode. She indicated a training would be implemented to correct this issue.	F 550	with nurses and nursing assistants in regards to Bedside Commodes (BSC) to promote toileting with dignity with emphasis on correct placement of bucket to prevent spillage. On 11/4/19, the in-service on Bedside Commodes was amended to include replacement of any bucket or bedside commode that is not functioning properly, cleaning of any urine spillage immediately and not utilizing towel/sheet under BSC unless resident preference and the proper placement of towel under BSC if resident requested. In-service will be completed by 11/15/19. All newly hired nurses and nursing assistants will be in-serviced by the Staff Facilitator during orientation in regards to Bedside Commodes to promote toileting with dignity. 10% audit of all residents utilizing a bedside commodes to include resident #7 will be completed weekly x 4 weeks then monthly x 1 month by the Unit Managers and/or designee utilizing a Bedside Commode Audit Tool to ensure all bedside commodes are functioning properly to include but not limited to correct bucket placement. The Unit Managers will address all areas of concern identified during the audit to include staff re-training and/or replacement of the bedside commode. 10% resident questionnaires will be completed by the Social Worker and/or designee with all alert and oriented residents who toilet with bedside commode to include resident #7 weekly x	

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F 550	Continued From page 4	F 550	4 weeks then monthly x 1 month utilizing Toileting with Dignity Questionnaire to identify any concerns related to toileting with bedside commodes. The Unit Manager and/or assigned hall nurse will address any concerns identified during the audit. 10% staff questionnaires will be completed by the Staff Facilitator and/or designee with nurses and nursing assistants (NA) to include NA #1 and NA #2 weekly x 4 weeks then monthly x 1 month utilizing Bedside Commode Questionnaire to identify any concerns related to toileting with bedside commodes. The Unit Manager and/or assigned hall nurse will address any concerns identified during the audit. The Director of Nursing (DON) and/or Administrator will review and initial the Bedside Commode Audit Tool, Toileting with Dignity Questionnaire and the Bedside Commode Questionnaire weekly x 4 weeks then monthly x 1 month to ensure all areas of concern have been addressed. The Administrator will forward the Bedside Commode Audit Tools, Toileting with Dignity Questionnaires and the Bedside Commode Questionnaires to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 2 months. The QAPI Committee will meet monthly x 2 months and review the Bedside Commode Audit Tool, Toileting with Dignity Questionnaire and the	

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F 550	Continued From page 5	F 550	Bedside Commode Questionnaire 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.	
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 observations, resident and staff interviews, the facility failed to secure a bedside commode bucket to the commode seat to prevent urine spillage for 2 of 2 sampled residents who used a bedside commode (Resident #3 and Resident #7). Findings include: 1. Resident #3 was admitted on 8/29/2019 with diagnoses including weakness and difficulty walking. Her initial Minimum Data Set (MDS) coded her with intact cognition. During a telephone interview on 10/17/19 at 10:45 AM, Resident #3 she stated that the room smelled due to the bedside commode spilling urine. She stated that no one had been able to keep the bedside commode from spilling. She said it happened multiple times during her stay. The NA suggested to the resident that she (NA) would put a sheet down under the commode.	F 558	F558 Reasonable Accommodations Resident # 3 no longer resides in the facility. On 10/25/19, 100% audit of all bedside commodes to include bedside commode for resident #7 was inspected to ensure the bucket was the correct bucket for the commode and that the bucket was correctly placed and secured to prevent spillage. There was no noted concerns identified during the audit. On 11/6/19, the Social Worker completed resident questionnaires with all alert and oriented residents who utilize a bedside commode to include resident #7. The questionnaires were in regards to dignity with toileting on the bedside commode to include: (1) Do staff assist with toileting on the bedside commode? (2) Have you ever	11/15/19

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F 558	Continued From page 6 In an interview with NA #1, she stated that Resident #3 was there for less than a month, the bucket spilled urine a couple times on her shift because it would not stay attached to the commode. The contents were cleaned up immediately when spilled. The NA put a sheet under the bedside commode to help contain any future spills. An interview on 10/18/19 at 10:38 AM with the acting Director of Nursing (DON) and Corporate Nurse Consultant, they had no knowledge of issues with the bedside commode during the stay of Resident #3. During an observation on 10/18/19 at 11:02 AM, the Corporate Nurse Consultant demonstrated how the bucket should fit on the bedside commode. The bucket required being inserted and turned to a specific location in the brackets to ensure it was securely attached to the bottom of the bedside commode chair. If not placed correctly, the bucket was not secure and could fall from the bottom of the commode. She indicated a training would be implemented to correct this issue. 2. Resident #7 was admitted on 6/27/2017 with multiple diagnoses including lymphedema, retention of urine, and essential hypertension. Her quarterly Minimum Data Set (MDS) dated 8/28/19 coded her as having moderately impaired cognition. She required extensive assist for toileting. During tour of rooms with bedside commodes on 10/17/19 at 9:52 AM, Resident #7 was observed to have a sheet folded under the bedside commode. She was interviewed at that time and stated that the sheet was folded under the	F 558	had incidents where the bucket to the BSC did not fit properly and spilled? and (3) Did staff respond to clean spill timely? The Unit Managers and/or the assign hall nurse will address any concerns identified during the audit. There were no concerns identified during the audit. On 11/4/19, the Staff Facilitator initiated questionnaires with nurses and nursing assistants in regards to bedside commodes with emphasis on (1) Are you aware of any bucket that does not fit or secure properly on the bedside commode? (2) What do you do when a bucket does not fit or secure properly to the bedside commode? (3) When is it appropriate to place a towel/sheet on the floor to collect urine spillage? The Unit Manager and/or Staff Facilitator will address all areas of concern identified during questionnaires to include education of staff and replacement of bedside commode. Staff questionnaires will be completed by 11/15/19. On 10/31/19, in-service was completed with nurses and nursing assistants in regards to Bedside Commodes (BSC) to promote toileting with dignity with emphasis on correct placement of bucket to prevent spillage. On 11/4/19, the in-service on Bedside Commodes was amended to include replacement of any bucket or bedside commode that is not functioning properly, cleaning of any urine spillage immediately and not utilizing towel/sheet under BSC unless resident preference and the proper placement of	

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F 558	Continued From page 7 bedside commode because sometimes the bucket spills and causes urine to fall on her and the floor. When this happens, she stated that the staff clean it up. She stated she did not like it but could not get to the bathroom because of her conditions so it was her only choice. She stated she would not have to put up with this if she could be home. During an interview with NA #2 on 10/17/19 at 2:15 PM, she stated that Resident #7 had complained to her that the bedside commode had spilled but she had never witnessed it happening. She stated the resident usually used it without assistance and would let her know when it needed to be cleaned or emptied. An interview on 10/18/19 at 10:38 AM with the acting Director of Nursing (DON) and Corporate Nurse Consultant, they had no knowledge of issues with the bedside commode during the stay of Resident #7. On 10/18/19 at 11:02 AM, the Corporate Nurse Consultant demonstrated how the bucket should fit on the bedside commode. The bucket required being inserted and turned to a specific location in the brackets to ensure it was securely attached to the bottom of the bedside commode chair. If not placed correctly, the bucket was not secure and could fall from the bottom of the commode. She indicated a training would be implemented to correct this issue.	F 558	towel under BSC if resident requested. In-service will be completed by 11/15/19. All newly hired nurses and nursing assistants will be in-serviced by the Staff Facilitator during orientation in regards to Bedside Commodes to promote toileting with dignity. 10% audit of all residents utilizing a bedside commodes to include resident #7 will be completed weekly x 4 weeks then monthly x 1 month by the Unit Managers and/or designee utilizing a Bedside Commode Audit Tool to ensure all bedside commodes are functioning properly to include but not limited to correct bucket placement. The Unit Managers will address all areas of concern identified during the audit to include staff re-training and/or replacement of the bedside commode. 10% resident questionnaires will be completed by the Social Worker and/or designee with all alert and oriented residents who toilet with bedside commode to include resident #7 weekly x 4 weeks then monthly x 1 month utilizing Toileting with Dignity Questionnaire to identify any concerns related to toileting with bedside commodes. The Unit Manager and/or assigned hall nurse will address any concerns identified during the audit. 10% staff questionnaires will be completed by the Staff Facilitator and/or designee with nurses and nursing assistants (NA) to include NA #1 and NA	

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F 558	Continued From page 8	F 558	#2 weekly x 4 weeks then monthly x 1 month utilizing Bedside Commode Questionnaire to identify any concerns related to toileting with bedside commodes. The Unit Manager and/or assigned hall nurse will address any concerns identified during the audit. The Director of Nursing (DON) and/or Administrator will review and initial the Bedside Commode Audit Tool, Toileting with Dignity Questionnaire and the Bedside Commode Questionnaire weekly x 4 weeks then monthly x 1 month to ensure all areas of concern have been addressed. The Administrator will forward the Bedside Commode Audit Tools, Toileting with Dignity Questionnaires and the Bedside Commode Questionnaires to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 2 months. The QAPI Committee will meet monthly x 2 months and review the Bedside Commode Audit Tool, Toileting with Dignity Questionnaire and the Bedside Commode Questionnaire 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.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan,	F 658		11/15/19

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F 658	Continued From page 9 must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident interviews and staff interviews, the facility failed to follow orders to remove Velcro Lymph Wraps and wash bilateral lower extremities with soap and water every night, change understocking and replace Velcro Lymph Wraps as ordered on 6/10/19 for 1 of 3 residents reviewed with treatment orders (Resident #7). Findings included: Resident #7 was admitted on 6/27/2017 with multiple diagnoses including lymphedema, retention of urine, and essential hypertension. Her quarterly Minimum Data Set (MDS) dated coded her with 12 (moderately impaired cognition). During a resident interview on 10/17/19 at 9:52 AM, Resident #7 stated that she had Velcro Lymph Wraps applied to both legs below the knees due to lymphedema. She stated the staff are supposed to remove the Velcro Lymph Wraps daily and provide lotion on her skin. She stated at times the wraps were not removed for up to 5 days. She stated the staff do not remove the wraps when she gets a sponge bath because the Nursing Assistants (NAs) are not trained to provide treatment. A record review showed that orders for bilateral lower extremities to be cleaned with soap and water every night were written on 6/10/19 with specifics about removing and replacing the Velcro wraps. A review of the Treatment Administration Record (TAR) for the month of September,	F 658	F658 Services Provided Meet Professional Standards On 11/4/19, the treatment nurse verified the order for resident #7 Velcro compression leg wraps with clarification order obtained for assigned hall nurse and/or treatment nurse to remove Velcro compression wraps from bilateral lower extremities once daily and clean lower extremities and replace wraps. Treatment Administration Record updated with new order. An appointment was scheduled for resident #7 with the Lymphedema Clinic on 11/11/19 for evaluation and treatment recommendations. On 11/5/19, an audit of all Treatment Administration Records (TARs) to include TAR for resident #7 was completed by the Facility Consultant from 11/1/19-11/4/19 to identify any treatment orders that required clarification or had not been completed as ordered. The Unit Manager, treatment nurse, and Director of Nursing addressed all areas of concern identified during the audit to include order clarification, assessment of the resident and notification of the physician for treatments not completed per order. On 10/31/19, the staff facilitator completed an in-service with nurses in	

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F 658	Continued From page 10 revealed that treatment was documented as completed on 4 days for the month. The TAR for October showed that for October 1-17, only 6 days were coded as treatment complete. An observation of a sponge bath assisted by NA #2 occurred on 10/17/19 at 3:14 PM. The resident did most of the bathing, with the NA assisting as necessary and requested by resident. The NA washed her back and assisted with toiletries when requested. The NA made no attempt to wash legs below the resident's knees due to the Velcro wraps. When asked, she stated she was not allowed to remove the wraps because that was considered treatment. On 10/17/19 at 4:48 PM, Nurse #1 assigned to Resident #7 stated in an interview that for the treatment, the NA would remove the Velcro wraps, bathe the resident's legs and then the Nurse would complete treatment. An interview on 10/17/19 at 4:25 PM with the acting Director of Nursing and Regional Nurse Consultant revealed that a Performance Improvement Plan had been initiated for wounds/treatments. This resident was not included in the notebook. She stated they did not catch this one as a treatment.	F 658	regards to TAR Documentation with emphasis on completing treatments per physician order with documentation in electronic record. All newly hired nurses will be in-serviced by the Staff Facilitator during orientation in regards to TAR Documentation. On 11/5/19, the staff facilitator initiated in-service with nurses and nursing assistants for clarification of use of Velcro Compression Wraps for resident #7 to include nurse responsibility for removing wraps daily, cleaning and inspecting skin. In-service will be completed by 11/15/19. All newly hired nurses will be in-serviced by the Staff Facilitator during orientation in regards to Velcro Compression Wraps. An audit of 15 (fifteen) resident Treatment Administration Records to include resident #7 will be completed by the Unit Managers and/or Staff Facilitator weekly x 6 weeks then monthly x 1 month utilizing the TAR Audit Tool to identify any treatments not completed per physician order or any orders that require clarification. The Unit managers, assigned hall nurse, and/or treatment nurse will address all areas of concern during the audit to include clarification of orders, assessment of the resident, notification of physician of treatments not completed as ordered and/or re-education of staff. The Director of Nursing and/or Administrator will review and initial the TAR Audit Tool weekly x 6 weeks then monthly x 1 month to ensure all areas of concern were addressed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345569	A. BUILDING _____ B. WING _____	C 10/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 658	Continued From page 11	F 658	The Administrator will forward the TAR Audit Tool to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 3 months. The QAPI Committee will meet monthly x 3 months and review the TAR 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 The Administrator and Director of Nursing are responsible for ensuring completion of all audits, in-services and monitoring.	