PRINTED: 11/30/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345000	B. WING			C	
		343000	B. WING _			11/	02/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
ALITIIMN	CARE OF BISCOE			401 LAMBERT ROAD			
AUTUMIN	CARE OF BISCOE			BISCOE, NC 27209			
(X4) ID	I .	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		_	(X5) COMPLETION
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	((EACH CORRECTIVE ACC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIA		DATE
F 000	INITIAL COMMENTS	5	F	000			
		ation was conducted on site ued remotely until 11/2/20.					
	1 of the 13 complain substantiated but did	t allegations was I not result in a deficiency.					
	3 of the 13 complain substantiated resulting						
F 636 SS=D	Comprehensive Assection CFR(s): 483.20(b)(1)	•	F 6	536			11/24/20
	a comprehensive, ac	ssessment duct initially and periodically ccurate, standardized ment of each resident's					
	§483.20(b)(1) Resid A facility must make assessment of a resignals, life history and resident assessment by CMS. The asses the following: (i) Identification and (ii) Customary routine (iii) Cognitive pattern (iv) Communication. (v) Vision. (vi) Mood and behav (vii) Psychological we (viii) Physical functio (ix) Continence. (x) Disease diagnosi (xi) Dental and nutrit	ident's needs, strengths, d preferences, using the t instrument (RAI) specified sment must include at least demographic information e. is. ior patterns. ell-being. ning and structural problems. s and health conditions.		TITLE			(X6) DATE

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

11/16/2020

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.

Electronically Signed

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345000	B. WING		C 11/02/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209	11102/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE COMPLÉTION
F 636	regarding the addition on the care areas trighthe Minimum Data S (xviii) Documentation assessment. The assinclude direct observe with the resident, as licensed and nonlice members on all shifts §483.20(b)(2) When timeframes prescribed chapter, a facility meassessment of a restimeframes specified through (iii) of this seprescribed in §413.3 apply to CAHs. (i) Within 14 calendal excluding readmission in mental condition. (For "readmission" means following a temporar or therapeutic leave. (iii) Not less than one This REQUIREMENT by: Based on record revenue.	nts and procedures. ning. of summary information nal assessment performed ggered by the completion of et (MDS). n of participation in seessment process must ration and communication well as communication with nsed direct care staff s. required. Subject to the ed in §413.343(b) of this st conduct a comprehensive dent in accordance with the in paragraphs (b)(2)(i) rection. The timeframes 43(b) of this chapter do not or days after admission, ons in which there is no the resident's physical or or purposes of this section, as a return to the facility by absence for hospitalization ce every 12 months. T is not met as evidenced	F 63	Preparation and submission of this	l l
	facility failed to compresident in the areas	orehensively assess a of cognition and mood for 1 ents reviewed. (Resident #3).		of Correction is required by state and federal law. This Plan of Correction on to constitute an admission for purport of general liability, professional	d does

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING						
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NAME OF PI	ROVIDER OR SUPPLIER						
AUTUMN	CARE OF BISCOE				11 LAMBERT ROAD		
				В	ISCOE, NC 27209		
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F 636	Continued From page	÷ 2	F 6	36			
	The findings included	:			malpractice or any other court proceed	ing	
	Resident #3 was orig on 11/29/17 with diag dementia and adjustr depressed mood.				A new assessment will be completed for Resident #3 by the Minimum Data Set Coordinator and the assessment will be submitted by 11/23/2020.		
	had clear speech, wa understood and usua Section C (cognition) Resident #3 was intel Interview for Mental S (sections C0200-C05 Section D (mood) ind	4/20 indicated Resident #3 s able to make self lly understood others. was coded to indicate reviewable but the Brief Status (BIMS) questions 00) were not conducted. icated Resident #3 was stions D0200 through ucted. PM a phone interview			An audit of MDS assessments complet in the last 30 days was conducted by the Administrator on 11/17/2020 to determine the completeness of sections C0200-C0500 and D0200-D0300. One assessment was determined to be inaccurate and a modification to the MI will be completed by 11/23/2020. The nurses responsible for completing MDS assessments have been educate on 11/2/2020 by the Regional Reimbursement Specialist as to the expectation of ensuring completion of a	ne ine OS the d	
F 641	normally the Social Wand D on the MDS as had completed these MDS dated 9/4/20. The she was trying to get before it was late and Resident #3 the questing She admitted she she assessed Resident #3 submitting the assess. A phone interview occand Director of Nursing They both stated it was	Vorker completed sections C seessments however she sections for Resident #3's the MDS nurse further stated the assessment submitted didn't have time to ask tions on Sections C and D. and have comprehensively in section C and D prior to sment. Sourced with the Administrator and on 11/2/20 at 10:06 AM. as their expectation for the one completed correctly and sections C and D.	F 6	341	assessments prior to submission of any MDS. The MDS nurse will print 5 completed/accepted assessments that include all sections of a full MDS each week. These will be given to the Administrator to review for completion all sections. This process will be documented weekly for 12 weeks. The Administrator will report the results the monitoring to the monthly QA committee for review and recommendations for the time frame of the monitoring period.	y of s of	11/24/20
F 641 SS=D	Accuracy of Assessm	ents		941			11/24/20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONST AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONST A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 641	resident's status. This REQUIREMENT by: Based on record rev staff interviews, the f. Minimum Data Set (N in the area of Activitie 1 of 13 sampled resid #11). The findings included Resident #11 was or on 1/25/19 with a rea The diagnoses include pulmonary disease (0 impairment, osteoart failure (CHF). A review of a monthly indicated Resident # assistance with ADL' A review of the daily Daily Living (ADL's) fi	of Assessments. st accurately reflect the is not met as evidenced iew, resident interview and acility failed to code the MDS) assessment accurately es of Daily Living (ADL's) for dents reviewed. (Resident d: ginally admitted to the facility admission date of 2/5/20. ded chronic obstructive COPD), mild cognitive hritis and congestive heart y nursing note dated 8/5/20 11 required extensive to total	F 64	Resident #11 has reported no ill effect from the inaccurate coding issue. A ne assessment will be completed to includinterviews of the resident and staff to ensure the assessment is accurate. The will be submitted by 11/23/2020 The MDS assessments completed in the last 30 days will be audited by a nurse who did not complete the assessment identify residents who have had bathing coded with activity did not occur. Any bathing section coded with activity did occur will have a new assessment completed to include interviews of the resident and staff to ensure the assessment is accurate. Any new assessments will be completed by 11/23/2020. The nurses completing the MDS assessments will be reeducated by the Regional Reimbursement Specialist by	ew le nis ne to g not
	assessment and date Resident #11 with mo impairment. He was supervision with mea of one staff member dressing, toileting an	oderate cognitive		11/20/2020 concerning the expectation that interviews of staff and residents ar required if there is documentation that bathing did not occur. A reconciliation note can be documented if the documentation fails accurately capture activity. The MDS will print 2 completed/accept	e the

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION	, ,	TE SURVEY MPLETED
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>-</u>	
AUTUMN	CARE OF BISCOE			401 LAMBERT ROAD		
				BISCOE, NC 27209		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 641	Continued From page	e 4	F 64	11		
F 641	An interview occurred 10/28/20 at 9:10 AM, wash his face and po but became easily tire staff would help with provided. Resident # sponge bath every m his wheelchair. On 10/28/20 at 10:00 who worked first shift familiar with Resident provided his care, a selection became easily fath. A phone interview was Nurse on 10/30/20 at bathing portion of the 8/12/20 was marked activity did not occur) the ADL portion of the ADL charting detail or bathing and should hinterviewed the reside	I with Resident #11 on and stated he was able to rtions of the front of his body ed and out of breath, so the completing his baths when it stated he received a brining before getting up to a brining before getting up	F 64	assessments that include all s full MDS each week. These w to the Administrator to review completion of all sections. The will be documented weekly for The Administrator will report the monitoring to the monthly committee for review and recommendations for the time the monitoring period.	vill be given for is process 12 weeks. ne results of QA	
	Nursing. They both in	ninistrator and Director of dicated it was their DS to coded accurately. (ADLs)/Mntn Abilities	F 67	76		11/24/20

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F 676	Continued From pag	ue 5	F 67	6		
	assessment of a res resident's needs and provide the necessal ensure that a resided daily living do not dir of the individual's clit that such diminution includes the facility of \$483.24(a)(1) A resident reatment and service or her ability to carry living, including those of this section §483.24(b) Activities The facility must produce accordance with paractivities of daily living \$483.24(b)(1) Hygiet grooming, and oral of \$483.24(b)(2) Mobilitincluding walking, §483.24(b)(3) Eliming \$483.24(b)(4) Dining snacks, §483.24(b)(5) Communication (i) Speech, (ii) Language, (iii) Other functional	dent is given the appropriate less to maintain or improve his rout the activities of daily e specified in paragraph (b) of daily living. vide care and services in agraph (a) for the following ng: ne -bathing, dressing, eare, ty-transfer and ambulation, ation-toileting, g-eating, including meals and				

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NAME OF B	20,4252.02.01221.52	345000	B. WING_			<u> </u>	11/02/2020
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN	CARE OF BISCOE				01 LAMBERT ROAD		
7.0.0				В	SISCOE, NC 27209		
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F 676	Continued From pag	ge 6	F	676			
		eviews, resident and staff	. ` `		Residents #6, #8, and #9 were evalua	atod	
		ty failed to provide restorative			on 11/16/2020 by therapy to identify if		
		maintain the activity of daily			function has been lost. Any identified		
	living (ADL) progres	ss made in therapy by 3 of 3 who were reviewed for			will be addressed by therapy.	1000	
	1	(Residents #6, #8 and #9)			Residents #11 and #12 have had their	r	
		e assistance with showers for			skin assessed on 11/19/2020 by the h		
		iewed for activity of daily living.			nurse for areas of breakdown with no		
	(Residents #11 and	#12).			issues identified.		
	The findings include	ed:			Residents on a restorative program wi		
					have chart reviews performed by the N		
		originally admitted to the			Coordinator to identify any coding of n	ı/a in	
		vith a readmission date of			their chart by 11/20/2020. If there are		
	_	ses included cerebrovascular			issues identified, those residents will be	е	
	insufficiency.	scle weakness and venous			evaluated by therapy.		
					Any new resident added to the restora	ative	
		note dated 8/19/20 indicated			program will be discussed in the next		
	1	positive for COVID-19 and on			clinical meeting to be placed on the au		
		continued from restorative			to monitor for completeness of progra	m	
	ambulation due to reservices.	eceiving Physical Therapy			and documentation.		
					Current residents' preferences for bed	i	
	The quarterly Minim	num Data Set (MDS)			bath has been assessed by Social		
	assessment dated 9	9/11/20 indicated Resident #6			Worker/Activities Director. The care pl	an	
	was cognitively inta	ct. She required limited			and any pertinent documentation was		
		king in the room and corridor			updated to address any resident who		
		stance with bed mobility, on on and off the unit,			prefers a bed bath on 11/20/2020.		
		personal hygiene and bathing.			Current Certified Nursing Assistant sta	aff	
		ations in range of motion, and			were educated on the expectation that		
		days of Physical Therapy (PT)			they are to carry out the restorative		
	during the 7 day loo				program as directed by the plan of car	·e	
		•			and is to be documented as it is		
	The review of the ca	are plan dated 9/15/20			completed. They may not document r	ı/a	
		#6 had focus areas for			without clearing with the nurse. The		
	_	with ADL's related to			nurses will be educated by the Directo		
	decreased mobility	and a history of CVA with right			Nursing concerning the expectation th	at a	

Facility ID: 922949

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		345000	B. WING _				02/2020
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ALITURAN	CARE OF BISCOF			40	1 LAMBERT ROAD		
AUTUMN	CARE OF BISCOE			В	SCOE, NC 27209		
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F 676	risk for pain related to in her musculoskelet hemiplegia and hemi affected her right dor interventions include needed and assistant ADL's. A Restorative Ambulation 10/21/20 indicated P to Restorative Nursin ambulation therapy. A able to walk in the coand contact guard as steady balance. The Resident #6 would be with one assist, 300 for 1/1/2021. The interversione, use walker, ambulation therapy one, use walker, ambulation therapy one, use walker, ambulation therapy of the compact of the steady balance. The Resident #6's Care of indicated she was to of walking in the hall walker, gait belt and assistance up to 7 day as tolerated. The review of the Ocsurvey Report for nu services were to beg for 10/23/20, 10/26/2 with NA- Not Applicated documented refusals.	eakness or paralysis), was at o arthritis and had alteration al status related to paresis following a CVA that minant side. The d: therapy screens as ice of one staff member with ation Program Referral dated T had referred Resident #6 ag for continuation of At that time Resident #6 was pridor with a rolling walker issist 200 feet and had a goals and objectives stated a able to walk in the corridor feet with a steady balance by entions included: assist of bulate 200 to 300 feet and ompletion. Guide dated 10/29/20, receive restorative therapy up to 200 feet using a rolling one person contact guard ays a week for 15 minutes a stober 2020 Documentation ring restorative indicated in on 10/23/20. The entries 0 and 10/28/20 were marked ble. There were no a for services.	F	376	clarification note must be written explaining why n/a was coded. This education will be concluded by 11/20/2020. No nursing staff will be permitted to work after that date until education is received. Current CNA staff will be educated by Director of Nursing or designee concerning expectation that the showe will be completed as scheduled. Any shower that cannot be completed for a reason will be discussed with assigned nurse and either rescheduled or documented as a refusal. The nurses be educated by the DON or designee concerning the expectation that a clarification note must be written explaining why the shower was not completed as scheduled. this education will be concluded by 11/20/2020. No nursing staff will be permitted to work uneducation is provided. POC documentation for the restorative tasks will be reviewed and reported due the clinical morning meeting. Anything coded as n/a will have the clarification note for reeducation or disciplinary action. POC documentation for showers will be reviewed and reported during the clinical morning meeting. Anything coded n/a have the clarification note reviewed. Follow up with the nurse if there is not clarification note for reeducation or	ny will n intil on. e al will	
	conducted with the R	O AM an interview was Rehab Director. She of therapy services. if a			disciplinary action. This monitoring will be documented in		

Facility ID: 922949

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F 676	resident required rest maintain their function complete a restorative the nursing staff on he return demonstration restorative nursing mastorative nursing mastorative nursing mastorative services were participating, he participated, if there were participated, if there were participated, if there were needed to reassess. An interview occurred Nurse on 10/28/20 at the the the the the the the the the th	corative nursing services to in, the therapist would be referral form and educate ow to perform the tasks with received. A weekly eeting was held with the here the residents receiving were reviewed on how they ow many days they were refusals and if therapy of the their maximum potential must help their maximum potential must be resolved to the error solely dedicated to the error solely dedicated to the error would complete the sk and were expected to etion. The task would documentation for them to for the end of their shift. Restorative Nursing and so the resident wouldn't for progress which had been at with Resident #6 on the nursing staff, but the erring daily. Resident #6 do not walked in the hallway to be a staff, but the pring daily. Resident #6 do not walked in the hallway to be a staff was only the progress with the pring daily. Progress would was only to be a staff was only to be a staff with the mursing staff, but the pring daily. Resident #6 do not walked in the hallway to be a staff was only the progress with the pring daily. Progress was only the progress with the progress with the progress was only the progress with the progress with the progress was only the progress with the progress with the progress was only the progress with	F6	676	each clinical morning meeting for 4 weeks, weekly for 4 weeks, and month for 2 months. The DON will report the results of the monitoring to the monthly QA committe for review and recommendations for th for the time frame of monitoring period.	ee e	

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F 676	occurred with Nurse marked Not Applicate restorative nursing to stated normally the accompleting the restorative nursing the stated normally the accompleting the restoration appeared on their doday. NA #2 confirmed nursing staff how to for the resident with required. NA #2 furth ambulating Resident or bed her ambulation nursing program. Shapplicable indicated A phone interview of MDS/Restorative Nursing program. Shapplicable indicated A phone interview of MDS/Restorative nursing program at the nurse went to expect the electronic medic she could and added list. A weekly meeting the could and added list. A weekly meeting director, MDS Coord Director of Nursing at attend. In the meetir were reviewed for he participated, if there therapy should reason	PM a phone interview Aide (NA) #2 who had ble for Resident #6's ask dated 10/28/20. She aides were responsible for rative nursing task, which becumentation to do for the dd therapy would show the perform the restorative task a return demonstration her stated she considered to #6 to and from the bathroom on task for the restorative he explained the choice of Not the task was not completed. Cocurred with the her on 10/30/20 at 3:54 PM her on the perform since January 2020. Axplain when she received the hom therapy, she would enter ment into the aide tasks (in hal record system) as soon as dd the names to the restorative fig was held with the rehab linator and sometimes the hand Administrator would higs, the restorative residents how much time they her was her stated she was	F 6			
	this had been broug in the past but was u ago, what correction	olicable entries and stated ht to management's attention unable to explain how long s had been made or explain Applicable entries had not				

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F 676	held with the Admin Nursing. They both restorative nursing sprovided as recomm signed off as Not Apexpectation for the serecommended and nurse aide staff. 2. Resident #8 was facility on 7/25/19 wincluded muscle we neuropathy. A Restorative Rangdated 6/2020 indica (OT) was referring Foursing for continua of motion (ROM). The Resident #8 would repetitions with each included: skills practagy. The review of the carevealed Resident #ability to raise her a shoulder 10 repetitions for 3 sechest (horizonal additional sets. The interventional additional sets. The interventional sets. The interventional sets. The interventional sets as week, skill promplete 15 to 30 recommendations.	AM a phone interview was istrator and Director of stated they were unaware the services were not being hended by therapy or being oplicable. It was their services to be provided as signed off correctly by the originally admitted to the ith multiple diagnoses which akness and diabetic e of Motion Program Referral ted Occupational Therapy Resident #8 to restorative tion of upper extremity range he goals and objectives stated continue to perform 15 to 30 in session. The interventions tice of active ROM once a lare plan dated 8/11/20 is had a focus area for the rms straight out from the lons for 3 sets, bicep curls of sets and reach across the duction) for 5 repetitions for 3 ons included: skill practice 7 ractice 15 minutes a day, epetitions to each elbow and to physical therapy and	F 67		

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		345000	B. WING _	····	,	C 11/02/2020
	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 676	had moderately impa extensive assistance dressing and was depersonal hygiene and in her range of motion. The review of the Ser Documentation Surversetorative services in were marked as NA- no refusals documen. Resident #8's Care of indicated she was to of active ROM of rais from the shoulders for bicep curls for 10 repreach across the che 3 sets up to 7 days a as tolerated. The review of the Oct	Im Data Set (MDS) 26/20 indicated Resident #8 ired cognition. She required with bed mobility and pendent on staff for toileting, d bathing with no limitations n. ptember 2020 ey Report for nursing evealed 16 out of 30 days Not Applicable. There were ted.	F6	<u> </u>		
	revealed 21 out of 28 Not Applicable. Ther documented. On 10/28/20 at 10:10 conducted with the R explained at the end resident required resimaintain their functio complete a restorativ the nursing staff on h return demonstration restorative nursing m	days were marked as NA- e were no refusals AM an interview was ehab Director. She of therapy services, if a torative nursing services to n, the therapist would e referral form and educate ow to perform the tasks with				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345000	B. WING		C 11/02/2020	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209	11102/2020	
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F 676	were participating, he participated, if there needed to reassess. An interview occurred Nurse on 10/28/20 at therapists designed when residents had which could be contrestorative nursing was not a staff mem Restorative Nursing extra aide for the datassigned to the resi restorative nursing the document the compappear on their daily complete and sign of the nurse added the Program was imported to he his or her qualification made with therapy. On 10/30/20 at 3:15 occurred with Nurse marked the majority Resident #8's restor September 2020 an normally the aides would appear on the electronic medical monitoric monitoric medical monitoric medical monitoric m	were reviewed on how they now many days they were refusals and if therapy. The were refusals and if therapy were restorative nursing plans and their maximum potential sinued through the provision of services. She explained there aber solely dedicated to the program unless they had an ay. Normally the aides dent would complete the task and were expected to detion. The task would y documentation for them to off by the end of their shift. The Restorative Nursing tant so the resident wouldn't try or progress which had been were a Aide (NA) #3 who had to f Not Applicable for retive nursing task in di October 2020. She stated	F 67			
	#3 further stated shall ROM exercises condressing and person	e considered Resident #8's appleted during the bed bath, all care tasks. She explained applicable indicated the task				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209		11/02/2020
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F 676	and stated she had been overseeing program since Janua explain when she red from therapy, she we treatment into the aid as soon as she could the restorative list. A with the rehab direct sometimes the Direct Administrator would restorative residents time they participated and if therapy should was aware of the No stated it had been brattention in the past how long ago, what or explain why the rehad not been address. On 11/2/20 at 10:06 held with the Administ Nursing. They both serestorative nursing seprovided as recomm signed off as Not Applexpectation for the serecommended and sonurse aide staff.	curred with the rese on 10/30/20 at 3:54 PM If the restorative nursing any 2020. The nurse went to be every deferred and enter the prescribed are tasks in the EMR system, and added the names to weekly meeting was held for, MDS Coordinator and tor of Nursing and eattend. In the meetings, the were reviewed for how much do, if there were any refusals a reassess. She stated she to Applicable entries and cought to management's put was unable to explain corrections had been made cent Not Applicable entries sed. AM a phone interview was estrator and Director of tated they were unaware the ervices were not being ended by therapy or being	F 6	76		
	facility on 7/28/18 with	th multiple diagnoses which ifficiency, osteoarthritis and				

AND DUAN OF CORRECTION INDESTRUCTION NUMBERS		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209	11/02/2020	
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F 676	8/2020 indicated Phreferred Resident #9 continuation of amb Resident #9 was ab contact guard assist walker. The interver 6 to 7 days per wee ambulate 100 feet a completion. A review of the Sept Survey Report for mrevealed 24 out of 3 Not Applicable. The documented. The annual Minimur assessment dated 1 was cognitively intaction one person for ambilicomotion on and completion on and completion on and completion on the sident #9 receives mobility, transfers, pextensive assistance limitations in his randinations in his randinations in his randinations in the review of the correvealed Resident #8/11/20 for the ability contact guard assist The interventions in days a week, skill puskills practice one times assisted the sident #8/11/20 for the ability contact guard assist the interventions in days a week, skill puskills practice one times as a sident #8/11/20 for the ability contact guard assist the interventions in days a week, skill puskills practice one times as a sident #8/11/20 for the ability contact guard assist the interventions in days a week, skill puskills practice one times as a sident #8/11/20 for the ability contact guard assist the interventions in days a week, skill puskills practice one times as a sident #8/11/20 for the ability contact guard assist the interventions in days a week, skill puskills practice one times as a sident #8/11/20 for the ability contact guard assist the interventions in days a week, skill puskills practice one times as a sident #8/11/20 for the ability contact guard assist the formal for t	lation Program Referral dated ysical Therapy (PT) had to restorative nursing for ulation therapy. At that time le to ambulate 100 feet with cance and the use of a rolling ations included: skills practice k, assist of one, use walker, and document program tember 2020 Documentation ursing restorative services of days were marked as NA-tere were no refusals and Data Set (MDS) and O/2/20 indicated Resident #9 but the required supervision of ulation in the room, off the unit and dressing. all limited assistance with bed personal hygiene, toileting and the for bathing. There were no ge of motion. are plan dated 10/9/20 and a focus area initiated by to ambulate 100 feet with cance using a rolling walker. Cluded: skill practice up to 7 fractice 15 minutes a day, me a day, document program of to physical therapy and	F 67	6		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 676	ambulation with rollin		F	576			
	The review of the Oc Survey Report for nu revealed 22 out of 28 Not Applicable. Ther refusals noted.	tober 2020 Documentation rsing restorative services days were marked as NA- e were no documented					
	conducted with the R explained at the end resident required resimaintain their functio complete a restorativ the nursing staff on h return demonstration restorative nursing m Restorative Nurse, w restorative services were participating, ho	of therapy services, if a storative nursing services to in, the therapist would e referral form and educate ow to perform the tasks with received. A weekly eeting was held with the here the residents receiving were reviewed on how they					
	Nurse on 10/28/20 at therapists designed r when residents had r which could be contir restorative nursing se was not a staff memb Restorative Nursing I extra aide for the day assigned to the resid restorative nursing ta	d with the MDS/Restorative 10:25 AM. The nurse stated estorative nursing plans net their maximum potential nued through the provision of ervices. She explained there per solely dedicated to the Program unless they had an Normally the aides ent would complete the sk and were expected to etion. The task would					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 401 LAMBERT ROAD BISCOE, NC 27209	ODE	11/02/2020
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F 676	appear on their daily complete and sign of The nurse added the Program was importationally in the program was importationally in the walker and aides and bathroom but did a phone call was plating and bathroom but did a phone call was plating and bathroom but did a phone call was plating and bathroom but did a phone call was plating and bathroom but did a phone call was plating and bathroom but did a phone call was plating and bathroom but did a phone call was plating and bathroom but did a phone call was plating and bathroom but did a perform call that was survey. On 10/30/20 at 3:25 PM. majority of days with 2020 and October 20 a return call that was survey. On 10/30/20 at 3:27 occurred with NA #5 Applicable for Reside task on 9/22/20, 9/26 10/20/20 and 10/22/2 aides were responsible restorative nursing the their daily documentate medical records systimated the perform the restoration requires considered Resident fulfilled when she as bed as well as to and	documentation for them to if by the end of their shift. Restorative Nursing ant so the resident wouldn't or progress which had been it with the progress which had been it walk much in the hallway. In the stated he walked with the go to and from the bed dn't walk much in the hallway. In the stated he walked with the gold to have a had marked the short and received during the interview who had marked Not ent #9's restorative nursing interview who had marked Not ent #9's restorative nursing interview which would appear on a lation in the electronic em (EMR). NA #5 confirmed how the nursing staff how to we task with a return ed. NA #5 further stated she #9's ambulation tasks is sisted him to and from the lation the bathroom. She of Not Applicable indicated inpleted.	Fé	576		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION IG	, , ,	(X3) DATE SURVEY COMPLETED	
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F 676	restorative nursing The nurse went to restorative referral the prescribed trea soon as she could the names to the re meeting was held of Coordinator and so Nursing and Admir meetings, the resto for how much time any refusals and if stated she was aw entries and stated management's atte unable to explain h had been made or Applicable entries On 11/2/20 at 10:0 held with the Admir Nursing. They both restorative nursing provided as recom signed off as Not A expectation for the recommended and nurse aide staff. 4. Resident #11 w facility on 1/25/19 of chronic obstructive mild cognitive impa failure (CHF).	deen overseeing the program since January 2020. explain when she received the from therapy, she would enter timent into the aide tasks as in the EMR system and added estorative list. A weekly with the rehab director, MDS ometimes the Director of distrator would attend. In the participated, if there were therapy should reassess. She are of the Not Applicable in thad been brought to ention in the past but was now long ago, what corrections explain why the recent Not had not been addressed. 6 AM a phone interview was distrator and Director of a stated they were unaware the services were not being mended by therapy or being pplicable. It was their services to be provided as signed off correctly by the as originally admitted to the with diagnoses that included pulmonary disease (COPD), airment and congestive heart	F6	576			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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F 676	assistance with ADL' refusing bathing assistance with ADL' refusing bathing assistance with equart (MDS) assessment of Resident #11 to have cognition, was able to understood others. Hassistance with dress hygiene. Resident #11's care pare focus area of self-cointerventions included daily living (ADL's) as Record review of the assistant (NA) bathin 8/1/2020 through 8/3 #11 had received no bed baths. During the days marked as Not was to be provided. Record review of the documentation, from revealed Resident #1 and 1 bed bath. Duri were 8 days marked shower was scheduled Review of the nursing September 2020 did of shower refusals. Review of the shower Director of Nursing or Resident #11 was science.	erly Minimum Data Set lated 8/12/20 revealed moderately impaired make self understood and le required extensive sing, toileting and personal moderated. The data assist with activities of selections needed. evening shift nursing gournentation, from 1/2020, revealed Resident showers, sponge baths or is time frame there were 8 Applicable when a shower evening shift NA bathing 9/1/2020 through 9/30/2020, and had received no showers ing this time frame there as Not Applicable when a led to be provided. g progress notes from not reveal any occurrences of standard set and course of stan	F 6	76		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE			STREET ADDRESS, CITY, STATE, ZIP CO 401 LAMBERT ROAD BISCOE, NC 27209	ODE	11/02/2020	
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documentation, from 10/29/2020, revealed 1 shower, 2 bed bath time frame there were Applicable when a signovided. Review of the nursing 10/1/2020 through 1 occurrences of refuse An interview occurred 10/28/20 at 9:10 AM shower "maybe once to assist with washing body but became ear breath. Resident #1 receive showers in the bed. He went onto signovide a sponge bath up to the wheelchair. On 10/30/20 at 11:30 occurred with nurse worked at the facility and was familiar with marked Not Applicated dated 8/14/20. She can applicable was mark record it indicated the provided. The NA with would normally acceed when she provided hexplain why Not Application was provided in the provided of the explain why Not Application was provided in the provided of the explain why Not Application was provided in the provided of the explain why Not Application was provided in the provided of the explain why Not Application was provided in the provided of the explain why Not Application was provided in the provided of the explain why Not Application was provided in the provided	e evening shift NA bathing a 10/1/2020 through de Resident #11 had received as and 3 refusals. During this re 3 days marked as Not shower was scheduled to be g progress notes from 0/30/20 did not reveal any ing bathing assistance. If with Resident #11 on who stated he received a sea week if that" and was able as his face and some of his sily fatigued and short of 1 was able to state he should the evening before going to any the day shift aide would the before he got dressed and for breakfast. If AM a phone interview aide #7 (NA). She had a until the end of August 2020 and Resident #11. NA #7 had be for a scheduled shower explained when Not each on the resident's bathing the shower/bath was not tent onto say Resident #11 pt assistance with showers his care. She was unable to	F	676			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3	COMPLETED			
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F 676	10/30/20 at 12:03 Pr familiar with Resider Applicable for schee 9/29/20, 10/6/20 and assigned shower da Record system (EM Applicable would be would have gotten the NA #8 denied Reside assistance but if he on the bathing log a On 10/30/20 at 3:40 occurred with NA #6 She had marked Redocumentation with 8/21/20, 9/8/20, 9/22 The NA stated the besystem was not the so if Not Applicable shower was not give She further stated if a bed bath or spong then the documentatype of bath provide A phone interview of and Director of Nurs 3:44 PM. They both stated the NA's show whether the shower of bath was provided the resident and not The DON added if a on a different day the documented, and economic completed collection of the policy to being completed collections.	M, who is a second shift aide at #11. NA #8 had marked Not luled showers on 9/15/20, d 10/9/20. She stated the ys in the Electronic Medical R) was incorrect so Not marked since the resident's heir shower on a different day. ent #11 refused shower had, refusal would be marked and reported to the nurse. AM, a phone interview who was a second shift aide. sident #11's bathing Not Applicable on 8/18/20, 2/20, 9/25/20 and 10/22/20. athing record in the EMR right day as the shower sheet was marked it meant the en as it was the incorrect day. a resident refused a shower, e bath should be offered and tion would be marked with the d or if the resident refused. Cocurred with the Administrator sing (DON) on 10/30/20 at reviewed the documents and alld have been documenting was provided, if another form d or if the task was refused by documenting Not Applicable. bath/shower was provided	F	576		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 676	Continued From pages scheduled.	ge 21	F 67	76		
	facility on 3/23/18 w bilateral lower extre heart failure (CHF): Record review of th (NA) bathing docum through 8/31/2020, received no shower time frame there we Applicable, 3 days r left blank when a shough the spetember 2020 inchospitalized 9/23/20 reveal any occurrent Record review of the high specific process.	as originally admitted to the with diagnoses that included mity amputations, congestive and osteoarthritis. e day shift nursing assistant mentation, from 8/1/2020 revealed Resident #12 had as or bed baths. During this are 3 days marked as Not marked with refusal and 1 day mower was to be provided. In a progress notes for dicated Resident #12 was 0 through 9/28/20 and did not notes of bathing refusals. e day shift NA bathing m 9/1/2020 through 9/30/2020,				
	revealed Resident # During this time fram as Not Applicable w to be provided. A review of the qual (MDS) assessment Resident #12 was of limited assistance of personal hygiene. Resident #12's care	the there were 3 days marked then a shower was scheduled reterly Minimum Data Set dated 10/4/20 revealed to one person for bathing and e plan dated 10/5/20 revealed				
	a focus area of self-					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 676	Continued From page for bathing/hygiene, r	e 22 resident preferred bed baths	F 6	376			
	-	promote independence and procement for all activities					
	Director of Nursing or Resident #12 was sc	r schedule provided by the n 10/28/20 indicated heduled to have showers on urdays during on the day shift					
	2 bed baths. During t	10/1/2020 through Resident #12 had received his time frame there were 4 sed when a shower/bed bath					
	10/1/2020 through 10	g progress notes from //30/20 did not reveal any ent #12 refusing bathing					
	10/30/20 indicated he	12's Care Guide dated e required assistance of one and hygiene and preferred to ad of showers.					
	10/28/20 at 9:20 AM, have bed baths instection confirmed the aide as	ssisted with sponging him off ne morning to his wheelchair					
	occurred with Nurse a	PM a phone interview Aide #2 (NA) who worked bathing refused on 8/5/20, 7/20, 10/21/20, 10/28/20 and					

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F 676	Not Applicable on 9/2 would offer Resident scheduled which was always accept a full b preference. She was and Not Applicable windicate he didn't recent A phone interview occand Director of Nursin 3:44 PM. They both restated the NA's shoul whether the shower wof bath was provided the resident and not of the DON added education and completed corresponding completed corresponding to the shower scheduled. A phone call was placed 3:50 PM as she had rewith Not Applicable for	/20. She explained she #12 a shower when often refused but he would ed bath as that was his unable to state why Refused ere marked as that would eive a bath at all. curred with the Administrator ng (DON) on 10/30/20 at eviewed the documents and d have been documenting vas provided, if another form or if the task was refused by documenting Not Applicable. cation was needed with the sure bathing logs were ectly. Both parties agreed it is had not been provided as ced to NA #9 on 10/30/20 at marked the bathing record or 8/19/20, 8/22/20, 8/26/20, return call was not received	F	576			