

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345472	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2024
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD NURSING AND RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 180 SOUTHWOOD DRIVE CLINTON, NC 28328	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation was conducted on 01/02/2024 through 01/4/2024. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # UF8T11. INITIAL COMMENTS	F 000		
F 677 SS=D	A recertification and complaint investigation survey was conducted from 01/02/2024 through 01/04/2024. Event ID# UF8T11. The following intakes were investigated: NC00207366, NC00207037, NC00206847, NC00206537, NC00205717, NC00205241, NC00205017, NC00205033, NC00201626, NC00200417, NC00196589, NC00195688, NC00195597. 10 of the 43 complaint allegations resulted in deficiency. ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, staff, and resident interviews the facility failed to provide a dependent resident with nail care and facial shaving for 1 of 3 residents (Resident #9) reviewed for Activities of Daily Living (ADL) care. The findings included: Resident #9 was admitted into the facility on 10/21/22 with diagnoses of type 2 diabetes	F 677	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged	1/10/24

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

TITLE

(X6) DATE

Electronically Signed

01/21/2024

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 677	<p>Continued From page 1</p> <p>mellitus with diabetic neuropathy, hypertensive heart disease with heart failure, chronic pain, and spinal stenosis.</p> <p>A review of Resident #9's care plan dated 10/25/22 with a revision on 8-17-23 included a problem of ADL Self Care Performance Deficit status post history of left hip fracture and surgical left hip fixation nailing with a goal of will receive staff assistance with all aspects of daily care to ensure that all needs are met over the next 90 days. The interventions in part included: required staff assistance with grooming and personal hygiene.</p> <p>A review of Resident #9's quarterly Minimum Data Set dated 12/20/23 indicated Resident #9 was severely cognitively impaired, had no behaviors or refusal of care and was dependent on staff for her personal hygiene.</p> <p>An observation and interview conducted on 1/2/24 at 10:30 AM with Resident #9. A dark substance was observed under each nail of both hands and white facial hair approximately 1/2 inches long was observed on her chin. Resident #9 stated her nails "need to be cleaned but I can't do it myself".</p> <p>An observation on 1/2/24 at 2:30 PM revealed that Resident #9's nails and facial hair remained unchanged.</p> <p>Observations conducted on 1/3/24 at 11:00 AM and 3:30 PM revealed that Resident #9's nails and facial hair remained unchanged.</p> <p>An observation on 1/4/24 at 9:00 AM revealed that Resident #9's nails and facial hair remained</p>	F 677	<p>deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F 677</p> <p>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited:</p> <p>The facility failed to provide a dependent resident with nail care and facial shaving for 1 of 3 residents Resident #9 reviewed for Activities of Daily Living care</p> <p>Corrective action for resident(s) affected by the alleged deficient practice:</p> <p>On 1/4/2024 resident #9 presented with facial hair on her chin and a dark substance underneath resident nails. Facial hair was shaved with no hair remaining once shaven and nail care was provided leaving no substances underneath nails that evening by Nurse. Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>All dependent residents requiring Activity of Daily living assistance have the potential to be affected by the alleged deficient practice.</p> <p>The Director of Nurses and nursing supervisors initiated an audit of 100% of all dependent residents for adequate receipt of necessary services to maintain adequate grooming of facial hair and nail hygiene and cleaning. This will be completed by 1/8/2024.</p> <p>The Director of Nursing, Support Nurse or designee completed corrective actions for the above residents including removal of undesired facial hair and cleaning of nails.</p>		

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F 677	<p>Continued From page 2 unchanged.</p> <p>An interview with Nurse #1 conducted on 1/4/24 at 11:10 AM indicated that fingernails should be cleaned at least once a week and facial hair from female residents removed when it was noticed. She further indicated that any nursing assistant or nurse was able to clean a resident's fingernails and shave a resident, however it was usually the nursing assistants assigned to the resident who performed the task. She also indicated that she had not noticed Resident #9's nail or facial hair when passing medications.</p> <p>An interview with Nurse #2 conducted on 1/4/24 at 11:15 AM revealed that fingernails and facial hair should be noticed by the nurse on that hall during skin checks and on shower days by the nursing assistant giving the shower. At any time, facial hair or dirty fingernails were noticed removal of facial hair or cleaning the fingernails should be performed by the staff member who noticed it, or the nursing assistant informed so she could take care of the issue.</p> <p>An interview with Nursing Assistant #1 assigned to Resident #9 was conducted on 1/4/24 at 11:20 AM indicated that she checked her assigned residents' fingernails and facial hair daily and if needed she the cleaned the fingernails and removed the facial hair that day. She further indicated that she usually checked the residents assigned to her in the afternoons. She stated that this was the first day she had been assigned to Resident #9 in over a week.</p> <p>An observation on 1/4/24 at 12:15 PM revealed that the dark substance from Resident #9's nails had been removed but the facial hair remained.</p>	F 677	<p>On 1/8/2024 all residents were in compliance.</p> <p>Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: On 1/8/2024 the Director of Nurses began education of all full time, part time, as needed, nurses and nurse aides to include agency nurses and agency aides and on the following topics:</p> <ul style="list-style-type: none"> Ensuring residents that are unable to carry out activities of daily living receives the necessary services to maintain adequate grooming, personal and oral hygiene, nail care, and good nutrition. The Director of Nursing will ensure that any of the above identified staff who does not complete the in-service training by 1/10/2024 will not be allowed to work until the training is completed. This in-service will be incorporated into the new employee facility orientation. <p>Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>The Director of Nurses or Support Nurse will monitor compliance utilizing the F580 Quality Assurance Tool by completing an audit weekly x 2 then monthly x 3 months or until resolved. The audit will include monitoring 5 residents weekly to ensure adequate grooming of facial hair and nail hygiene and care. Reports will be presented to the Quality Assurance Committee by the Administrator or</p>		

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F 677	Continued From page 3 An interview with the Director of Nursing and Administrator conducted on 1/4/24 at 11:30 AM indicated that fingernails and facial hair should be taken care of each day by either the nurse or nursing assistant assigned to the hall. The Director of Nursing further indicated that she tried to monitor residents' personal hygiene weekly and unfortunately Resident #9 was simply missed by everyone. The Director of Nursing and Administrator both revealed that there had been no issues regarding facial hair or nails that they could remember.	F 677	Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly Quality Assurance Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Therapy Manager, Health Information Manager, Support Nurse and the Dietary Manager. Date of Compliance: 1/10/2024		