

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

PRINTED: 04/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/10/2025
NAME OF PROVIDER OR SUPPLIER LIBERTY HC SVCS OF GOLDEN YEARS NSG CTR, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7348 NORTH WEST STREET FALCON, NC 28342		
(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
F 000	INITIAL COMMENTS A complaint investigation survey was conducted on 3/10/25. Event ID# XRH711 The following intake was investigated NC00227936. 1 of the 8 complaint allegations resulted in deficiency.	F 000			
F 677 SS=D	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 record review, observations, and interviews of staff and residents, the facility failed to provide nail care for dependent residents (Resident #s 2, 3, 4, 6, and 7). This deficient practice affected 5 of 6 residents reviewed for activity of daily living. Findings included: 1. Resident #2 was admitted to the facility on 10/27/22 with the diagnosis of chronic obstructive pulmonary disease. Resident #2's care plan dated 2/3/25 documented the resident had an activity of living self-care performance deficit. The intervention was to check nail length and trim as necessary. There was no refusal of care in the plan. The quarterly Minimum Data Set dated 2/9/25 for Resident #2 documented he had a severely impaired cognition. The resident was dependent	F 677	1. Corrective action for resident(s) affected by the alleged deficient practice: For resident 2, 3, 4, 6 and 7 on 03/10/2025 nail care was provided and documented by the hall nurse. 2. Corrective action for residents with the potential to be affected by the alleged deficient practice. Beginning on 03/10/2025, the nurse manager began auditing all current residents for the need of nail care. This audit was completed on 03/10/2025. Nail care was provided to those residents identified in need of nail care. For current residents, the Certified Nursing Assistants' were educated by the nurse manager on 03/10/2025 that nail care is to be provided during daily activities of daily living care and whenever necessary and documented when completed. The nurse is to be notified if the resident refuses. This will be completed		3/15/25

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

TITLE

(X6) DATE

Electronically Signed

03/31/2025

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 on staff for personal hygiene.</p> <p>On 3/10/25 at 11:10 am an observation was done of Resident #2. He was sitting in his wheelchair in the dining room. The resident was clean and dressed. His nails were long, jagged, and clean. The nail length was approximately 1/4 of an inch. An interview was attempted with the resident which revealed he was aware of the situation and could make his needs known. The resident was able to state "yes" he would like his nails cut.</p> <p>On 3/10/25 at 12:05 pm an interview was conducted with Nursing Assistant (NA) #1. NA #1 stated she provided a resident's nail care during the bed bath or shower. NA #1 stated if the resident was a diabetic she would inform the nurse to cut the resident's nails. NA #1 stated she was assigned to Resident #2 and knew him well and was not aware his nails needed care.</p> <p>On 3/10/25 at 12:10 pm an interview was conducted with Nurse #1. She stated the NAs were responsible to cut the resident's nails and inform the nurse if unable to provide nail care.</p> <p>2. Resident #3 was admitted to the facility on 11/17/14 with the diagnosis of diabetes.</p> <p>Resident #3's care plan dated 1/2/25 documented the resident had an activity of living self-care performance deficit. The intervention was for staff to assist with personal hygiene. There was no refusal of care in the plan.</p> <p>The quarterly Minimum Data Set dated 1/8/25 for Resident #3 documented he had moderately impaired cognition. The resident required substantial/maximal assistance from staff for</p>	F 677	<p>by 03/11/2025.</p> <p>3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: On 03/10/25 the Director of Nurses/RN Manager began education to all full time, part time, and PRN Nurses and CNA's on the following:</p> <ul style="list-style-type: none"> · Nail care should be performed daily with baths/showers and as needed · Refusal of any care by the resident is to be documented and the nurse notified. · Care Plan is to be updated with the resident's preference. <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. The facility specific in-service will be provided to all agency Nurses and CNA's who give residents care in the facility. As of 03/15/2025 by nursing staff who does not receive scheduled in-service training will not be allowed to work until training has been completed.</p> <p>4. 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 designee will monitor compliance utilizing the F677 Quality Assurance Tool weekly for 2 weeks then monthly x 3 months or until resolved. The Director of Nursing will nail care compliance. Reports will be</p>		

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F 677	<p>Continued From page 2 personal hygiene.</p> <p>On 3/10/25 at 11:15 am an observation was done of Resident #3. He was sitting in his wheelchair in the dining room. The resident was clean and dressed. His nails were long, jagged, and clean. His right hand first and second fingers were longer than the rest. The length of the nails were approximately 1/4 to 1/2 of an inch. The resident was interviewed and stated he would like his nails cut. He also commented that nails were cut on shower days but he had not received care.</p> <p>On 3/10/25 at 12:05 pm an interview was conducted with NA #1. NA #1 stated she provided resident's nail care during the bed bath or shower. NA #1 stated if the resident was a diabetic she would inform the nurse to cut the resident's nails. NA #1 stated she was not aware Resident #3's nails were long and that he wanted his nails cut. NA #1 stated she was assigned to the resident today and would inform the nurse if he was a diabetic.</p> <p>On 3/10/25 at 12:10 pm an interview was conducted with Nurse #1. She stated the NAs were responsible to cut the resident's nails and inform the nurse if unable to provide nail care.</p> <p>3. Resident #4 was admitted to the facility on 10/16/24 with the diagnosis of Parkinson's disease.</p> <p>The quarterly Minimum Data Set dated 2/20/25 for Resident #4 documented he had an intact cognition. The resident required maximal assistance from staff for personal hygiene.</p> <p>Resident #4's care plan dated 2/20/25</p>	F 677	<p>presented to the weekly Quality Assurance committee by the 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 or until deemed not necessary for compliance with ADL Care. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager.</p> <p>Date of Compliance: 03/15/2025</p>		

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F 677	<p>Continued From page 3</p> <p>documented the resident had an activity of living self-care performance deficit. The intervention was to check nail length and trim and clean as necessary. There was no refusal of care in the plan.</p> <p>On 3/10/25 at 12:00 pm an observation was done of Resident #4. He was sitting on his bed in a gown. The resident was clean. His nails were long and jagged with minimal brown matter underneath. The length was approximately 1/4 to 1/2 of an inch. An interview with the resident revealed he would like his nails cut. The resident stated he was not offered nail care and had not asked the staff.</p> <p>On 3/10/25 at 12:05 pm an interview was conducted with NA #1. NA #1 stated she provided resident's nail care during the bed bath or shower. NA #1 observed Resident #4's nails and confirmed that they were long. NA #1 stated if the resident was a diabetic she would inform the nurse to cut the resident's nails. Nurse #1 was present in the resident's room and informed NA #1 that Resident #4 was not diabetic. NA #1 stated she was assigned and would cut the resident's nails. NA #1 had no further comments about resident's nail care and commented that she was usually assigned to this hall and resident on day shift.</p> <p>On 3/10/25 at 12:10 pm an interview was conducted with Nurse #1. She stated the NAs were responsible to cut the resident's nails and inform the nurse if unable to provide nail care. Nurse #1 stated Resident #4's nails were long and required care.</p> <p>4. Resident #6 was admitted to the facility on</p>	F 677			

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F 677	<p>Continued From page 4 5/2/19 with the diagnosis of diabetes.</p> <p>Resident #6's care plan dated 2/7/25 documented the resident had an activity of living self-care performance deficit. The intervention was the resident required staff assistance for grooming and personal hygiene. There was no refusal of care included in the plan.</p> <p>The quarterly Minimum Data Set dated 2/13/25 for Resident #6 documented he had an intact cognition. The resident was dependent on staff for personal hygiene.</p> <p>On 3/10/25 at 12:25 pm an observation was done of Resident #6. He was lying in his bed with family at the bedside. The resident was clean and dressed. His nails were long and jagged. The left hand was contracted, and the nails were pressing into the palm. There was no injury or redness noted. The family member commented "the nails had been like this for a while." The length was approximately 1/4 to 1/2 of an inch. The resident was sleeping and a limited interview with the resident revealed he was aware of the situation and could make his needs known. The resident was not able to state he wanted his nails cut at this time. The family member requested the resident's nails be trimmed to prevent injury to his palm.</p> <p>On 3/10/25 at 12:30 pm an interview was conducted with Nurse #2. Nurse #2 stated the NAs were required to provide the residents nail care as needed unless the resident was a diabetic, were unable to, or the resident refused. Nurse #2 was not aware of Resident #6's long nails on the left contracted hand that was pressing on the palm. Nurse #2 stated she would</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>address the need for nail care. The resident was a diabetic and would require a nurse to provide nail care because he had the diagnosis of diabetes.</p> <p>5. Resident #7 was admitted to the facility on 5/2/19 with the diagnosis of diabetes.</p> <p>The annual Minimum Data Set dated 1/2/25 for Resident #7 documented he had an intact cognition. The resident was dependent on staff for personal hygiene.</p> <p>Resident #7's care plan dated 3/7/25 documented the resident had an activity of living self-care performance deficit. The intervention was the resident required staff assistance for grooming and personal hygiene. There was no refusal of care in the plan.</p> <p>On 3/10/25 at 12:25 pm an observation was done of Resident #7. The resident was clean and dressed and was lying in his bed. His nails were long and jagged and approximately ¼ inch long. An interview with the resident revealed he received his shower yesterday (3/9/25) but was not offered nail care. The resident stated he was unable to cut his own nails and had not asked staff to cut them.</p> <p>On 3/10/25 at 12:30 pm an interview was conducted with Nurse #2. Nurse #2 stated the NAs were required to provide the residents nail care as needed unless the resident had the diagnosis of diabetes, or the resident refused. Nurse #2 stated she would address the need for nail care since the resident had the diagnosis of diabetes. She had not received a report from the NA the resident required nail care.</p>			F 677			

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F 677	Continued From page 6 On 3/10/24 an interview was conducted with the Corporate Nurse. She stated the Director of Nursing position was open and corporate staff was covering. The Corporate Nurse was not aware of the residents that needed nail care and would follow up. The NAs were expected to provide nail care if not contraindicated (i.e. diabetic) on shower days or report to the nurse.	F 677			