

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/22/2019
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NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560
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(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on March 20 - 22, 2019. The complaint investigation was initiated by the Craven County Department of Social Services on February 5 and 13, 2019.	D 000		
D 269	<p>10A NCAC 13F .0901(a) Personal Care and Supervision</p> <p>10A NCAC 13F .0901 Personal Care and Supervision</p> <p>(a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION.</p> <p>The Type B Violation was abated. Non-compliance continues.</p> <p>Based on observations, interviews and record reviews, the facility failed to provide personal care assistance with bathing and footcare for 1 of 3 sampled residents (#1).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 07/28/18 revealed: -Diagnoses included acute kidney injury, essential</p>	D 269		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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D 269	<p>Continued From page 1</p> <p>hypertension, cellulitis of lower limb, dyslipidemia, schizophrenia, diabetes. -He required personal care assistance with his bathing.</p> <p>Observation of Resident #1 on 03/20/19 during the initial tour of facility at 11:00 a.m. revealed: -Resident #1 was standing in the facility's smoking area. -Resident #1 was dirty and unkempt. -There were stains on his shirt. -His hair was greasy and uncombed. -He had approximately 1/4 inch beard growth on his face.</p> <p>Review of Resident #1's Care Plans dated 01/11/19 revealed: -Resident #1 required limited assistance with bathing (shower three times per week), grooming and personal hygiene (nailcare and haircare). -He required supervision with dressing.</p> <p>Interview with a personal care aide (PCA) on 03/22/19 at 11:07 a.m. revealed: -Resident #1 was scheduled to take a shower every other day. -He sometimes refused his showers. -She supervised him during his showers but had to wash and lotion his feet for him. -Foot care was done once per day for Resident #1 and all residents who were diabetic. -She did not clip Resident #1's toe nails because he was diabetic. -Resident #1's clothes were changed daily and went in the regular clothes wash so they were washed every day. -His bed linens were changed every other day on the same schedule as his shower days.</p> <p>Interview with the medication aide/assistant</p>	D 269		
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D 269	<p>Continued From page 2</p> <p>manager (MA/AM) on 03/22/19 at 12:11 a.m. revealed:</p> <ul style="list-style-type: none"> -Resident #1 needed assistance from staff with bathing and staff washed and lotioned his feet. -He was diabetic so he received foot care two times per week and during bath days. -He was scheduled for his bath three times per week. <p>Interview with the Administrator on 03/21/19 at 9:30 a.m. revealed:</p> <ul style="list-style-type: none"> -Resident #1 required assistance with showers and staff washed and lotioned his feet. -He was scheduled for showers three times per week but he sometimes refused his showers. -He received foot care 2-3 times per week. <p>Interview with home health nurse (HHN) on 03/21/19 at 2:15 p.m. revealed:</p> <ul style="list-style-type: none"> -When she visited Resident #1 on 03/14/19 to initiate wound care, he had a post-operative shoe on his left foot. -Under the post-operative shoe was a dirty stockinet which covered the dressing on his left foot. -When she removed all the dressing from the left foot, "the foot was nasty." -The wound was the cleanest part of his left foot. -His left foot looked like it had "old dried up blood, dirt or stool on his left foot." -It did not appear as if he had been assisted to bathe properly. -He was very disheveled while lying in bed and did not smell very good. -He had an all over body odor. -He had not had proper foot care for a diabetic or anyone else for that matter because his toe nails were overgrown and discolored. <p>Interview with the Administrator in Training (AIT)</p>	D 269		

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D 269	Continued From page 3 on 03/22/19 at 7:58 p.m. revealed he expected staff to provide good personal care to all residents with daily rounds and address concerns with timely follow up. The Administrator was not available for a second interviewed. Documentation of Resident #1's personal care was requested on 03/21/19 at 9:30 a.m. but was not provided by the end of the survey.	D 269		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Type B Violation Based on observations, interviews and record reviews, the facility failed to assure implementation of treatment orders for 1 of 3 sampled residents (#1) related to wound care.	D 276		

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D 276	<p>Continued From page 4</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 07/28/18 revealed diagnoses included acute kidney injury, essential hypertension, cellulitis of lower limb, dyslipidemia, schizophrenia, diabetes.</p> <p>Review of Resident #1's Physician Orders revealed:</p> <ul style="list-style-type: none"> -There was an order dated 03/08/19 to wash foot with soap and water, pat dry, apply wet to dry sterile dressing to wound on bottom of left foot every day until healed. -There was an order dated 03/11/19 for an urgent podiatry consult, home health wound care and wet to dry dressing twice each day until podiatry appointment. -There was an order dated 03/11/19 for wound care to left foot with saline wet to dry dressing 4x4 wrap with kerlex/kling morning and evening until further orders from podiatry. -There was an order dated 03/18/19 for dressing changes twice a day with betadine and to schedule surgery on Monday, 03/25/19. <p>Interview with the medication aide/assistant manager (MA/AM) on 03/22/19 at 12:11 p.m. and 8:00 p.m. revealed:</p> <ul style="list-style-type: none"> -The latest order was to do dressing change to Resident #1's left foot twice per day. -Resident #1's dressing changes were ordered two times each day on 03/11/19. -The home health nurse (HHN) showed her how to complete the dressing change to Resident #1's left foot on 03/14/19. -When the home health nurse (HHN) came to the facility on Wednesday, 03/20/19 to do Resident #1's dressing change, she asked who did the dressing change and if anyone did the dressing change yesterday, Tuesday 03/19/19. 	D 276		
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D 276	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She told the HHN that she came out to the facility on Tuesday, 03/19/19 around 7:00 p.m. and did Resident #1's dressing change to his left foot. -She did not know if the dressing change to the Resident #1's left foot was done on 03/19/19 prior to when she did it at 7:00 p.m. -She did not see any blood and the sore had a slight odor, until she washed it with Epsom Salt. -She acknowledged that the order did not say to wash with Epsom Salt and that no one told her to wash Resident #1's left foot with Epsom Salt. -She washed Resident #1's left foot with Epsom Salt because she thought it would help heal the wound on his left foot. -She did not recall if the order said to do anything to the foot such as washing before she did the wet to dry dressing. -Resident #1's dressing change to his left foot was not done on Thursday, 03/21/19. -She "forgot" to do the dressing changes to Resident #1's left foot yesterday, 03/21/19. -The dressing change to Resident #1's left foot was done on 03/22/19 by the manager. -She asked the manager to do Resident #1's left foot dressing change on 03/22/19 because she was busy. <p>Interview with home health nurse (HHN) on 03/21/19 at 2:15 p.m. revealed:</p> <ul style="list-style-type: none"> -She was told on 03/14/19 by the MA/AM that the facility would be able to provide wound care for Resident #1 on the days the HHN did not come to the facility. -The facility faxed a new order from the podiatrist visit on 03/18/19 that changed the cleansing of the wound to betadine instead of normal saline and to continue wet to dry dressing changes twice each day. -She arrived at the facility on 03/20/19 and started 	D 276		
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D 276	<p>Continued From page 6</p> <p>wound care by cleansing the wound with betadine at 1:21 p.m.</p> <ul style="list-style-type: none"> -The dressing change had not been done when she arrived in the afternoon per the MA/AM on 03/20/19 to perform Resident #1's dressing change. -The MA/AM said she had been doing Resident #1's dressing changes at the facility since the HHN last visit on 03/14/19. -She did not instruct the MA/AM on Resident #1's wound care. <p>Interview with Resident #1 on 03/22/19 at 5:47 p.m. revealed he shook his head from side to side (to indicate no) when asked if a dressing change had been done on his left foot on 03/22/19.</p> <p>Observation of Resident #1's dressing change on 03/22/19 at 6:00 p.m. revealed:</p> <ul style="list-style-type: none"> -The facility manager performed Resident #1's dressing change on his left foot. -There was a wound the size of a fifty cent piece with the full thickness of skin. -All exposed tissue of the wound appeared greyish pink in color. -There was a small amount of thick serous drainage from the wound. -The kerlex/kling wrap was documented it had been applied on 03/20/19 and initialed by the HHN. <p>Interview with the facility's manager on 03/22/19 at 7:30 p.m. revealed:</p> <ul style="list-style-type: none"> -The manager had arranged for the HHN to do dressing changes 2 times a day as ordered by Resident #1's podiatrist. -The manager did not know the Administrator had refused the order for the HHN to do dressing changes 2 times daily and agreed the HHN 	D 276		

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D 276	<p>Continued From page 7</p> <p>needed to do dressing changes 2 times per week.</p> <p>-If the manager had known that dressing changes could not be done 2 times a day by HH, she would have contacted the podiatrist for further orders.</p> <p>-The Administrator had not told the manager about the change in HH orders.</p> <p>Interview with the Administrator in Training (AIT) on 03/22/19 at 7:58 p.m. revealed:</p> <p>-He did not know about Resident #1's foot until 03/21/19, he overheard a conversation the Administrator had regarding Resident #1's foot.</p> <p>-He expected staff to follow the physician's order and do Resident #1's dressing changes twice daily.</p> <p>-He would make sure staff follow through with all diabetic needs and treatment services as ordered by Resident #1's physician.</p> <p>-He would follow up with Resident #1's home health provider regularly, daily if needed regarding the treatment plan for Resident #1.</p> <p>The Administrator was not available for interview on 03/22/19.</p> <p>_____</p> <p>The facility failed to perform dressing changes to Resident #1's wound on his left foot as ordered. The facility's failure placed Resident #1 at increased risk for infection which was detrimental to the health and welfare of the resident and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/22/19 for this violation.</p> <p>THE CORRECTION DATE FOR THIS TYPE B</p>	D 276		

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D 276	Continued From page 8 VIOLATION SHALL NOT EXCEED MAY 6, 2019	D 276		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations as related to health care.</p> <p>The findings are: Based on observations, interviews and record reviews, the facility failed to assure implementation of treatment orders for 1 of 3 sampled residents (#1) related to wound care. [Refer to Tag D276 10A NCAC 13F .0902(c)(3-4) Health Care (Type B Violation)].</p>	D912		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL025023	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/22/2019
NAME OF FACILITY GOOD SHEPHERD HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0056	Correction	ID Prefix D0067	Correction	ID Prefix D0074	Correction
Reg. # 10A NCAC 13F .0305(f) (4)	Completed	Reg. # 10A NCAC 13F .0305(h) (4)	Completed	Reg. # 10A NCAC 13F .0306(a) (1)	Completed
LSC	03/22/2019	LSC	12/31/2018	LSC	03/22/2019
ID Prefix D0077	Correction	ID Prefix D0079	Correction	ID Prefix D0131	Correction
Reg. # 10A NCAC 13F .0306(a) (4)	Completed	Reg. # 10A NCAC 13F .0306(a) (5)	Completed	Reg. # 10A NCAC 13F .0406(a)	Completed
LSC	12/31/2018	LSC	03/22/2019	LSC	03/22/2019
ID Prefix D0137	Correction	ID Prefix D0139	Correction	ID Prefix D0150	Correction
Reg. # 10A NCAC 13F .0407(a) (5)	Completed	Reg. # 10A NCAC 13F .0407(a) (7)	Completed	Reg. # 10A NCAC 13F .0501	Completed
LSC	12/31/2018	LSC	12/31/2018	LSC	03/22/2019
ID Prefix D0161	Correction	ID Prefix D0164	Correction	ID Prefix D0167	Correction
Reg. # 10A NCAC 13F .0504(a)	Completed	Reg. # 10A NCAC 13F .0505	Completed	Reg. # 10A NCAC 13F .0507	Completed
LSC	03/22/2019	LSC	03/22/2019	LSC	12/31/2018
ID Prefix D0201	Correction	ID Prefix D0299	Correction	ID Prefix D0306	Correction
Reg. # 10A NCAC 13F .0604 (e) (1)(A)(B)(C)	Completed	Reg. # 10A NCAC 13F .0904(d) (3)(A)	Completed	Reg. # 10A NCAC 13F .0904(d) (3)(H)	Completed
LSC	12/31/2018	LSC	03/22/2019	LSC	03/22/2019

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Mario A. Jones</i>	DATE 5/2/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL025023	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/22/2019
NAME OF FACILITY GOOD SHEPHERD HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>D0310</u>	Correction	ID Prefix <u>D0324</u>	Correction	ID Prefix <u>D0338</u>	Correction
Reg. # <u>10A NCAC 13F .0904(e) (4)</u>	Completed	Reg. # <u>10A NCAC 13F .0906 (d)</u>	Completed	Reg. # <u>10A NCAC 13F .0909</u>	Completed
LSC _____	03/22/2019	LSC _____	03/22/2019	LSC _____	12/16/2018
ID Prefix <u>D0358</u>	Correction	ID Prefix <u>D0367</u>	Correction	ID Prefix <u>D0378</u>	Correction
Reg. # <u>10A NCAC 13F .1004(a)</u>	Completed	Reg. # <u>10A NCAC 13F .1004(j)</u>	Completed	Reg. # <u>10a NCAC 13F .1006 (b)</u>	Completed
LSC _____	03/22/2019	LSC _____	03/22/2019	LSC _____	03/22/2019
ID Prefix <u>D911</u>	Correction	ID Prefix <u>D935</u>	Correction	ID Prefix <u>D980</u>	Correction
Reg. # <u>G.S. 131D-21(1)</u>	Completed	Reg. # <u>G.S. § 131D-4.5B(b)</u>	Completed	Reg. # <u>G.S. § 131D-25</u>	Completed
LSC _____	03/22/2019	LSC _____	03/22/2019	LSC _____	12/16/2018
ID Prefix <u>D992</u>	Correction				
Reg. # <u>G.S. § 131D-45 (a)</u>	Completed				
LSC _____	12/31/2018				

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 5/2/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/16/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		