DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/10/2011 FORM APPROVED OMB NO. 0938-0391

1		MEDICAID SERVICES	10.	<u> </u>	OMB	NO. 0938-039
AND PLAN OF CORRECTION IDENTIFICATION NO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 14	(X2) MULTIPLE CONSTRUCTION A BUILDING		SURVEY LETED
		345420	B. WING		0.	C 7/27/2011
NAME OF P	ROVIDER OR SUPPLIER		971	REET ADDRÉSS, CITY, STATE, ZIP CO		112112011
ALAMAN	CE HEALTH CARE CENT	ER	1	987 HILTON STREET BURLINGTON, NC 27217	JUE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
SS=D	A resident who is una daily living receives the maintain good nutrition and oral hygiene. This REQUIREMENT by: Based on observation interviews the facility for care according to their Residents (Resident # Resident # 8 was adm 10/19/10 with multiple diabetes and dementia Minimum Data Set (MI Resident # 8 had short impairment and was sedecisions for activities 8 required extensive as for his nursing care. Record review of Resident impairment due to right buttock and impair bladder incontinence. "care plan indicated the Resident's skin will be	ble to carry out activities of enecessary services to in, grooming, and personal is not met as evidenced is, record review and staff ailed to provide perineal policy for 1 of 5 sampled 8). Findings include: itted to the facility on diagnoses including in The last quarterly DS) dated 6/14/11 revealed and long term memory everely impaired for making of daily living. Resident # sistance from nursing staff dent # 8 's care plan dated blem was "Potential for a previous open area to red mobility and bowel and Further reading of the measurable goal was "free from skin breakdown election of any skin issues a taken) through next in was "Provide		The	uded are not o not it with the herein. on is impliance of ulations as in federal and center has e actions set g plan of owing plan ates the foreign and the dates on will be chart affected by emersing 07/27/2011 ok for ing	018/20/11

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

Rhandle Den RN/DON for Lisa WYRICK LNHA

08-19-2011

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

FORM CMS-2567(02-99) Pravious Versions Obsofete

Event #0: JLV #11 Facility ID

932930

TITLE

If continuation sheet Page 1 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JETIPLE CONSTRUCTION DING	(X3) DATE S COMPL		
	345420	B. WING	B. WNG		C 07/27/2011	
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZI 1987 HILTON STREET BURLINGTON, NC 27217			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFI) TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION EACTION SHOULD BE TO THE APPROPRIATE DIENCY)	(X5) COMPLETION DATE	
Male Perineal Care, "following in part: "3. Retract the fores uncircumcised 4. Grasp the penis 5. Clean the tip. Ust the meatus of the urett Repeat as needed. Use washcloth each time. 6. Rinse the area wite washcloth each time. 7. Rinse the area wite 8. Return the foreski During observations of care was provided on #1. The NA removed urine soaked diaper. Narea, and did not pull be clean Resident #8's a proceeded to clean recessoapy washcloth. The motion from the perine observations revealed been incontinent of sto clean, thin edge of the brown matter and process's buttocks with the second or 1/26/11 at 5:50 am revealed she was taugled an uncircumcised main orientation. She reversed.	acility policy titled "Giving undated, revealed the skin if the person is a a circular motion. Start at thra, and work outward, se a clean part of the sth another part of the sth another washcloth, in to its natural position." If of bathing, incontinent 7/26/11 at 5:07 am by NA the resident 's moderately A # 1 washed perineal pack foreskin to thoroughly uncircumcised penis. She stal area with the same NA wiped in an upward um over the rectum and there the resident had ol. She proceeded to flip a soapy wash cloth over the eeded to clean Resident # soapy, soiled wash cloth. an interview with NA # 1 int to pull back the foreskin ale resident while she was haled she "did not think to in lifted up his stuff. Kinda She further stated " if	F3	Nursing Assistant observed with de was re-in-service 08/04/2011 and return demonstrated. How corrective accomplished for residents having to be affected by deficient practice were conducted from Scheduled Nursin 7/27/2011 through on perineal care wobtained from Me for Long Term C. Assistants. All perceiving this inegiven a copy of the instructions for me females. Any Nursing the service designated from the service designated from the service designated from the service designated from the service.	on 08/12/2011 with ation. action will be or those of the potential of the same of the potential of the		

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CLNILI	O FOR MEDICARE &	MICDIONID SCHVICES				OIVID	NO. 0938-039 I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345420 B. WNG			0	C 07/27/2011	
NAME OF PI	ROVIDER OR SUPPLIER			етп	REET ADDRESS, CITY, STATE, ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	A= 11= 11 = 11 = 1				987 HILTON STREET		
ALAMAN	CE HEALTH CARE CENT	ER		ļ B	BURLINGTON, NC 27217		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	ш.	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	IX	(EACH CORRECTIVE ACTION SECRET OF THE API CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	COMPLETION DATE
F 312	Continued From page	÷ 2		312			
	, -	or rinsed it or got wipes " as		312		T	
	she was instructed in		1		Measures to be put in p		
					systemic changes made		
	While conducting an interview with Nurse # 1 on				ensure practice will not		1
		6/11 at 7:25 am she revealed her expectation			re-occur – A Registered	Nurse	
	was for NAs to " retract (pull back) the foreskin, during bathing or incontinent care and wipe until he is clean." She stated when cleaning the rectum if stool was noted on the washcloth the NA should obtain a new wash cloth before cleansing any other part of a resident's body.				will train and validate tra	aining of	
					each newly hired Nursin	g	
				. [Assistant on perineal care for		
				i	male and female resident		
					Nursing Assistants will b		
	An interview with Nurs	se # 2 on 7/26/11 at 10:55					1
	am revealed she expected NAs to pull back the				audited no loss them 1		
	foreskin and clean the		1		audited no less than year	ly with	!
		ated a wash cloth soiled		-	return demonstration for		
i		scarded before any other	Ì	į	providing perineal care.		ì
:	part of the body is clear	ansed.	1	į	will be completed utilizing		
į	An interview was conducted with NA # 2 on			ļ	Mosby's textbook for Lo	ng	
1	7/26/11 at 11:25 am.				Term Care Nursing Assis	stants.	
		shes around the penis. She			Unit Managers will audit	:	
	revealed while cleaning the rectum if the washcloth became soiled she would discard a soiled wash cloth in a plastic bag and obtain a				perineal care through retu		1
					demonstration three time	A111	
		•		1			İ
	clean wash cloth before cleaning any area on the resident 's body.			1	week for two weeks, that	i once a	ļ
<u> </u> 	•			į	week for two weeks, than		
		#3 on 7/26/11 at 11:31 am	-		monthly for two months.	Audits	
!	revealed when she was performing incontinent care on a male, she would pull the foreskin back and wash under the skin. She further stated, "If			ŀ	will be reviewed at week	ly risk	
				i	meetings and at Monthly		
:			1	1	Quality Assurance Comn	nittee	1
,	stool was obtained while washing the rectum she would use a new wash cloth. "			1	meeting for three months		;
			:		Quality Assurance Comm		•
4	On 7/27/11 at 9:50 am an interview with the			;	consists of the Administra		f
	Nurse Consultant revealed he expected NAs " to			:	Condidia of the Auministra	mor,	
4	pull back the foreskin a	and clean under foreskin. "	,				MINALEN

Event ID: JLV411

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CEATCHENE		T TO SERVICES				ON	<u> 1B NO. 0938-039</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DA	(X3) DATE SURVEY COMPLETED	
		B. WNG			C			
ł	AMANCE HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217				07/27/2011			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN O PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN		ON SHOULD BE COMPLETION IE APPROPRIATE DATE		
F 312	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)				Director of Nursing, Assist Director, Dietary Manager, Director of Housekeeping/Laundry and Managers. How facility will monitor corrective action(s) to ensure deficient practice will not occur. Unit Managers will perineal care through return demonstration three times a week for two weeks, than on week for two weeks, than monthly for two months. A will be reviewed at weekly a meetings and at Monthly Quality Assurance Committed meeting for three months. To Quality Assurance Committed consists of the Administrator Director of Nursing, Assistant Director, Dietary Manager, Director of Housekeeping/Laundry and Managers.	d Unit ure re- audit nce a udits risk ee che ee r, nt		
4				11:00			- 18/20/11	