STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:
345167

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. VANS

(X3) DATE SURVEY
COMPLETED
C
10/19/2011

NAME OF PROVIDER OR SUPPLIER
WILLOW RIDGE OF NC LLC

(F4) ID
PREFIX
TAG
F 312
483 25(a)(3) ADL CARE PROVIDED FOR
DEPENDENT RESIDENTS

STREET ADDRESS, CITY, STATE, ZIP CODE
237 TRYON ROAD
RUTHERFORDTON, NC 28139

(F4) ID
PREFIX
TAG
F 312

This Plan of Correction is the center's credible
allegation of compliance.

Preparation and/or execution of this plan of correction
does not constitute admission or agreement by
the provider of the truth of the facts alleged or
conclusions set forth in the statement of deficiencies. The plan of
correction is prepared and/or executed solely because
it is required by the provisions of federal and state law.

F 312

1. How corrective action will be
accomplished for the resident affected:

Resident #1 was provided proper
incontinence care and experiences no
adverse signs or symptoms of UTI. NA #1
was re-educated on providing proper
incontinence care by the Director of
Nursing. Nursing Assistants working
during the survey were provided
additional incontinence care education
verbally by Nurse Management and
according to the facilities expectations for
providing incontinence care.

Resident's #1, #2 and #4 were offered by
staff to have their facial hair removed. All
are alert and oriented and make their
needs known to staff. Staff members were
instructed by the Director of Nursing that
they are to offer to remove facial hair
during showers.

Special electric razors were provided to
these residents designed specifically for
the removal of female facial hair.

2. How corrective action will be
accomplished for those residents having

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

Any deficiency statement coding 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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An interview was conducted on 10/18/11 at 1:10 PM with NA#1. She reported that she had checked Resident #1's incontinence brief for dryness at 7:15 AM that morning and she was dry. She reported that she was supposed to check and change residents every two (2) hours. She further reported when it is busy there is not always time to do this.

An interview was conducted on 10/18/11 at 9:35 AM with the Director of Nursing (DON). She reported that the nursing assistants are to perform rounds every two (2) hours and change residents if they are wet. She further reported that it is her expectation that a resident showing obvious signs of wetness should not happen.

2. Resident #2 was admitted to the facility with the diagnosis of dementia, diabetes and peripheral vascular disease. Review of her Minimum Data Set (MDS) dated 7/27/11 revealed she had severe cognitive impairment. It further revealed that she needed extensive assistance with activities of daily living.

Observation was made 10/18/11 at 10:25 AM of Resident #2 returning from the shower. Resident was observed to have two patches of chin hairs approximately one half inch long.

An interview was conducted 10/18/11 at 10:35 AM with Nursing assistant #2 who reported resident showers are done twice a week. She reported care that is provided during showers for Resident #2 would be nail care and denture care. When asked about removal of Resident #2's facial hair she reported that this would normally

the potential to be affected:

The facility acknowledges that all incontinent and female residents could be affected by this alleged deficient practice.

All Nursing Assistants in facility were provided education on the facilities expectations for providing Incontinence Care. They were also instructed that female residents should be offered removal of the hair during showers. This education will be provided in orientation and annually. This education was completed on November 8, 2011.

3.) What measures will be put in place or systemic changes made to ensure correction:

Nurse’s, Nurse managers and the Administrator will conduct at least one daily round to ensure that residents are being changed and facial hair removed for three weeks and then twice weekly for two weeks and then once per month for four months. An audit tool was developed by the facility to record the results and identify any/all ongoing concerns. The Director of Nursing will review all Quality Assurance audits for discrepancies and direct appropriate corrective actions.
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be done during her shower but she did not have
time this morning.

An interview was conducted on 10/18/11 at 2:50
PM with Resident #2. When asked about her chin
hairs she reported when she lived at home she
shaved them. She further stated "they need to be
gone, but I did not bring my razor here."

An interview was conducted on 10/19/11 at 9:35
AM with the Director of Nursing. She reported it
was her expectation the female resident should
have facial hair taken care of, residents should be
asked during their showers if they would like it
removed.

3. Resident #4 was admitted to the facility with
the diagnosis of dementia, hypertension,
depression and atrial fibrillation. Review of her
Minimum Data Set revealed that she was
cognitively intact and that she was dependent for
care for activities of daily living.

An observation was made on 10/18/11 at 9:30
AM of Resident #4 in her room. Resident #4 had
a full chin of one quarter (1/4) inch long hairs as
well as hair on her upper lip.

An interview was conducted on 10/18/11 at 1:00
PM with Resident #4. She reports they shave her
occasionally if they are not rushed. She then
stated "it is very noticeable."

An interview was conducted on 10/19/11 at 9:35
AM with the Director of Nursing. She reported it
was her expectation the female resident should
have facial hair taken care of, residents should be
asked during their showers if they would like it

4.) How the facility plans to monitor its
performance to make sure that solutions
are ensured:

The Director of Nursing or designee will
compile audit results and present to the
Quality Assurance Committee Meeting
quarterly. Subsequent plans of action
developed as indicated by the Committee.
The Director of Nursing will be primarily
responsible for overall compliance.
4. Resident #1 was admitted to the facility with the diagnoses chronic obstructive pulmonary disease and diabetes mellitus. Resident #1's most recent Minimum Data Set (MDS) assessed her as having moderate cognitive impairment. The MDS further assessed Resident #1 as needing extensive assistance with activities of daily living.

An observation was made on 10/18/11 at 9:55 AM resident sitting in wheel chair in her room. Resident is observed to have numerous one half (1/2) inch long hairs on her chin. Resident is otherwise neatly groomed.

An interview was conducted on 10/19/11 at 9:35 AM with the Director of Nursing. She reported it was her expectation the female residents should have facial hair taken care of, residents should be asked during their showers if they would like it removed.