STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

WESTERN NORTH CAROLINA BAPTIST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
213 RICHMOND HILL DRIVE
ASHEVILLE, NC 28806

03/15/2012

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)

ID PREFIX TAG
F 312 SS=D 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS

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, facility and medical record reviews, and interviews with residents and staff the facility failed to clean and trim fingernails and remove facial hair for six (6) of nine (9) sampled residents dependent on staff for assistance with personal hygiene and bathing. (Residents #7, #16, #24, #33, #42, and #56).

The findings are:

1. Resident #56 was admitted to the facility with diagnoses including Alzheimer's Disease and Dementia. On the most recent Minimum Data Set (MDS), a quarterly dated 02/10/12, Resident #56 was assessed as having long and short term memory problems, severely impaired cognition, limited range of motion in the upper extremities, and totally dependent on staff for personal hygiene and bathing.

The 02/27/12 care plan revealed Resident #56 had cognitive loss with chronic confusion related to end stage Dementia and Alzheimer's Disease. Approaches to address cognitive loss included anticipation of resident's needs which included personal hygiene and bathing.

On March 11th to March 15th, 2012 North Carolina Department of Health and Human Services Division of Health Service Regulation conducted a recertification survey at the Western North Carolina Baptist home alleging that the facility was deficient in an isolated area that constituted no actual harm. This plan of correction in no way neither agrees nor admits to a deficient practice. This plan of correction is presented as to maintain compliance to nursing home licensure.

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

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 patient. (See instructions.) Except for nursing homes, the findings stated above are disclaimable 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 disclaimable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.
### F 312

Continued From page 1

Resident #56's March 2012 personal care record, utilized by Nursing Assistant (NA) staff to document provided care, was reviewed. The area on the personal care record specifically designated for documentation of nail care revealed no NA initials during the month.

On 03/12/12 at 12:20 PM Resident #56 was observed in the activity/dining room awaiting her meal. The residents fingernails extended approximately one fourth (1/4) inch beyond the finger tips and brown debris was observed under all nails. The condition of Resident #56's nails was observed unchanged as follows:

- 03/12/12 at 4:00 PM
- 03/13/12 at 9:00 AM and 1:00 PM
- 03/14/12 at 8:40 AM, 10:40 AM, 12:30 PM, 2:25 PM, and 4:00 PM

On 03/15/12 at 9:10 AM Resident #56 was observed in the living room with her fingers in her mouth. The condition of the resident's fingernails remained unchanged, extending 1/4 inch beyond the finger tips with brown debris under all nails.

On 03/15/12 at 9:55 AM an interview was conducted with NA #1 who was assigned to Resident #56 on 03/13/12 and 03/15/12. NA #1 stated nails should be trimmed and cleaned twice weekly during showers and daily as part of personal hygiene and grooming. NA #1 observed Resident #56 and confirmed the fingernail needed to be trimmed and cleaned. NA #1 reported she had not provided nail care and gave no further explanation.

On 03/15/12 at 10:20 AM an interview was

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<table>
<thead>
<tr>
<th>F 312</th>
<th>1) Stated deficient practice was immediately corrected by listed residents having facial hair removed and finger nails cleaned. An assessment of all residents was also performed and any residents in need of nail care or facial hair removal was immediately addressed.</th>
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</thead>
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Continued From page 2

conducted with the Director of Nursing (DON). The DON revealed NA staff were responsible for providing nail care twice weekly during showers and as part of daily personal hygiene and grooming as needed. The interview further revealed Resident #55's nail care should have been provided and the personal care report initiated.

2. Resident #7 was admitted with diagnoses including Dementia and Chronic Obstructive Pulmonary Disease. A quarterly Minimum Data Set (MDS) dated 02/16/12 revealed Resident #7 was able to make herself understood, understands others, and had severely impaired cognition. The quarterly MDS further revealed Resident #7 required extensive assistance for personal hygiene and had impaired range of motion of her upper extremities. In addition, rejection of care was not exhibited.

The current care plan dated 02/27/12 indicated Resident #7 had a self care deficit for bathing and hygiene due to a functional limitation in mobility as evidenced by an inability to perform personal hygiene independently. Approaches included to assist with bathing and hygiene as needed.

Review of Resident #7's personal care record for March 2012 revealed nursing assistants initiated Shave/Dress/Groom as completed daily on all three shifts through the 11:00 PM to 7:00 AM shift on 03/14/12. Further review of the personal care record revealed Resident #7 received a shower.

2) Any resident who is unable to carry out activities of daily living will be identified by minimum data set. This will be on a minimum of a quarterly rotating schedule. The requirement to provide ADL care for dependent residents will be met by initiating a care plan specific for the dependent area.

The care area will then be communicated to the direct care staff by the care key.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<tbody>
<tr>
<td>F 312</td>
<td>Continued From page 3 on 03/14/12. An observation of Resident #7 on 03/12/12 at 3:53 PM revealed several 1/4 inch long hairs scattered across her chin. A subsequent observation on 03/15/12 at 10:15 AM revealed Resident #7 had several 1/4 inch long hairs scattered across her chin. During an interview on 03/14/12 at 3:05 PM the Director of Nursing (DON) stated she expected nursing assistants (NAs) to observe for and remove female residents' facial hairs on shower days and as needed. An interview with NA #1 on 03/15/12 at 10:30 AM revealed when NAs initiated the Shave/Groom/Dress block for their shift they confirmed the resident was assisted with activities of daily living including shaving for male residents and facial hair removal for female residents. On 03/15/12 at 11:45 AM NA #3, who frequently cared for the resident, stated Resident #7 &quot;shakes a lot&quot; and required extensive assistance with grooming and hygiene needs. During an interview on 03/15/12 at 11:55 AM Resident #7 stated she would like to have her chin hairs removed. 3. Resident #24 was admitted with diagnoses including Alzheimer's Dementia. A quarterly Minimum Data Set (MDS) dated 02/16/12 revealed Resident #24 was able to make herself understood, understands others, and had severely impaired cognition. The quarterly MDS further revealed Resident #24 had impaired range</td>
<td>F 312</td>
<td>3) A) Shift RN supervisors will verify completion of all resident nail care and removal of facial hair with a monitoring tool on the 24 hour report. B) Director of Nursing (or designee) will conduct educational sessions on removal of resident facial hair and resident nail care with all direct care staff. 4) Director of nursing (or designee) will collect 24 hour reports on a daily schedule Monday through Friday for review of nail care and facial hair removal. Any discrepancy will be brought to the Interdisciplinary Team weekly for review of resident pan of care. Discrepancies will be included in quality assurance meetings on a quarterly schedule.</td>
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<td>F 312</td>
<td>Continued From page 4 of motion of her upper extremities and did not exhibit rejection of care.</td>
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<td></td>
<td>The current care plan dated 02/13/12 indicated Resident #24 had a self care deficit for bathing and hygiene due to a functional limitation in mobility as evidenced by an inability to perform personal hygiene independently. Approaches included to assist with bathing and hygiene as needed.</td>
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<td>Review of Resident #24's personal care record for March 2012 revealed nursing assistants initiated Shave/Dress/Groom as completed daily on all three shifts through the 11:00 PM to 7:00 AM shift on 03/14/12. Further review of the personal care record revealed Resident #24 received a shower on 03/12/12.</td>
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<td>During an interview on 03/14/12 at 3:05 PM the Director of Nursing (DON) stated she expected nursing assistants (NA's) to observe for and remove female residents' facial hairs on shower days and as needed.</td>
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<td>An observation of Resident #24 on 03/15/12 at 10:15 AM revealed several 1/4 inch long hairs scattered across her chin.</td>
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<td>An interview with NA #1 on 03/15/12 at 10:30 AM revealed when NAs initiated the Shave/Groom/Dress block for their shift they confirmed the resident was assisted with activities of daily living including shaving for male residents and facial hair removal for female residents.</td>
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4. Resident #16 was admitted to the facility with the diagnoses of Alzheimer's disease, osteoporosis and hypothyroidism. Review of Resident #16's most recent Minimum Data Set, quarterly assessment, dated 01/26/12, revealed she was cognitively intact and needed extensive assistance with personal hygiene and bathing.

Resident #16's care plan dated 02/13/12 revealed she had a self care deficit for bathing and hygiene related to limited mobility as evidenced by and inability to bathe self or perform personal hygiene independently. Interventions included staff would give assistance as necessary with bathing and hygiene.

An observation was made on 03/14/12 at 1:11 PM of Resident #16 had numerous chin hairs approximately three-eighths (3/8) of an inch long. A subsequent observation on 03/15/12 at 10:10 AM revealed Resident #16 had numerous chin hairs of approximately three-eighths (3/8) of an inch long.

An interview was conducted on 03/14/12 at 1:11 PM with Resident #16 who when asked about her chin hairs stated, she wished they would take care of them. Resident #16 reported she had a shower that morning and staff had not asked her if they could take care of her chin hairs.

On 03/14/12 at 3:05 PM an interview was conducted with the Director of Nursing (DON).
**Western North Carolina Baptist Home**

**F 312** Continued From page 6

The DON stated she expected NAs to observe for and remove facial hairs on female residents as needed. She reported that this should be done on shower days as well as when staff noticed the facial hair.

An interview was conducted on 03/15/12 at 11:50 AM with Nursing Assistant #2 who worked with Resident #16. She reported facial hairs should be taken care of on shower days as well as when they are noticeable. She further reported she overlooked Resident #16's chin hairs but she should have taken care of them.

5. Resident #33 was admitted to the facility with the diagnoses of hypothyroidism, anemia and osteoporosis. Review of Resident #33's Minimum Data Set (MDS) dated 12/22/11 revealed she had moderate cognitive impairment. The MDS further revealed she needed assistance with bathing and hygiene.

Review of Resident #33’s care plan dated 12/28/12 revealed she had impaired physical mobility related to functional limitation in mobility as evidenced by need for assistance with activities of daily living.

An observation was made on 03/12/12 at 12:52 PM of Resident #33. She was observed to have numerous chin hairs of approximately three-eighths (3/8) to one-half (1/2) inch long. On 03/13/12 at 9:12 AM Resident #33 was again observed with hairs of approximately three-eighths (3/8) of an inch long.

On 03/14/12 at 3:05 PM an interview was conducted with the Director of Nursing (DON).
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLA Identification Number:** 345432

**Multiple Construction:**
- A. Building: 
- B. Wing: 

**Date Survey Completed:** 03/15/2012

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<td>An interview was conducted on 03/15/12 at 11:50 AM with NA#2. She reported she worked with Resident #33. She reported she could have overlooked Resident #33’s chin hairs but they should be shaved on shower days or when ever they are noticeable.</td>
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<td>6. Resident #42 was admitted to the facility with the diagnoses of Alzheimer’s disease, hypertension, and atrial fibrillation. Review of Resident #42’s most recent Minimum Data Set dated 03/19/12 revealed she had severe cognitive impairment and needed total care with hygiene and bathing.</td>
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<td>Review of Resident #42’s care plan updated on 02/06/12 revealed she had a self-care deficit with bathing and hygiene related to severe cognitive deficits evidenced by an inability to bathe self or perform personal hygiene independently. Interventions included staff would assist resident with grooming as needed.</td>
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<td>An observation was made on 03/11/12 at 5:50 PM revealed Resident #42 had numerous chin hairs approximately one-half (1/2) inch long. On 03/13/12 at 9:19 AM Resident #42 was again observed to have chin hairs approximately one-half (½) long.</td>
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