AMENDED

PRINTED: 10/31/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	F '	TIPLE CONSTRUCTION	(X3) DATE S COMPLE		
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		345261	B. WING		10/	11/2012	
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F 000	•	cited as a result of the	F 00	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Alleghany Care &			
SS=E	complaint investigation. F 242 483.15(b) SELF-DETERMINATION - RIGHT TO SS=E MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced		F 24	2 Rehabilitation Center doe admit that the deficiency li this form exist, nor does the admit to any statements, fin facts, or conclusions that for basis for the alleged deficiency.	es not sted on e Center adings, orm the	:	
				Center reserves the right to in legal and/or regulatory of administrative proceedings deficiency, statements, fact	r the s, and		
:	by: Based on resident and record reviews, the factoresidents with the amounthey wanted each week residents (#112, #29, #	ility failed to provide unt of baths/showers that k for five of seven	the deficiency."		asis for	11/2/2012	
	aftercare of knee repla latest Minimum Data S assessed the resident	admitted with diagnoses of cement surgery. The et (MDS) dated 09/12/12 as cognitively intact and make herself understood.		1. Resident #112 was discharged 10-19-2012. Residents #29, #99, were interviewed by Activity Dir type and frequency of bath desire 10/30/2012 and changes were maschedules as needed.	#79 & #20 ector for ed on		
:	PM revealed each hall days per week and her Fridays. Resident #117 been asked if she want weekly and she further could have more than t	days are Tuesdays and 2 said she has not ever ed more than two showers stated she wished she		2. An Audit was completed on 10 & 10/31/2012 of current resident Activity Department to ensure re were provided choices as to type frequency of desired baths. Chan bath schedules as needed on 10/3 New residents will be offered cho	s by the sidents and ges made to 1/2012.	(X6) 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 cafeguards 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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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET	
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	Continued From page reduce odors. Interview with Director 9:00 AM revealed that	r of Nursing on 10/11/12 at	F 24	72 hours of admission and schedule.	added to bath	n
	assessed during the p during the annual asso worker as part of her s When asked how it is residents get baths, th baths and showers are two times a week, and request to have an add	readmission screen and essment by the social social services assessment, decided how often e director of nursing said automatically scheduled	-	3. Registered Nurses, Licel Nurses and Certified Nurses were re-educated by the Adand/or Director of Nursing 15-2012, 10-24-2012 & 10 providing resident choices type and frequency. 4. Activity Director, Clinic or Social Services Director random audits of at least 10	ng Assistant Staf dministrator Services on 10- -25-2012 on related to baths; al Case Manager will perform	
<u>!</u>	Interview with the social worker on 10/11/12 at 11:15 AM revealed she evaluates residents upon admission and annually as part of her social services assessment by asking them or their families about the following two preferences: if they prefer a shower for bathing, and if they prefer bathing at night. The social worker said she does not assess their choices regarding how many baths/showers they would choose per week during admission or at any other time.			to ensure residents are bein related to baths; type and fr weekly for 1 month then 1 months. Administrator will of audit, update bath scheduland report findings of audit Improvement Committee months.	g offered choices requency 2 x x weekly for 2 monitor results ules as needed to Performance	
	on 10/11/12 at 9:30 AM administrator assigns e room number so that er to have two showers pe and NA#3 get a shower they go and ask each refor their shower. NA #4 they don't want their short to come back later in	each resident showers by ach resident is scheduled er week. NA #4 said she resident if they are ready a said if the resident says ower right then, they will the day to offer that gain. NA #4 said she does				

NAME OF PROMDER OR SUPPLIER ALLEGHANY CARE AND REHABILITATION CENTER O(4) 10 SUMMARY STATEMENT OF DEPOSICION PULL RECOLLAR ON THE PRECEDES DY PULL RECOLLAR ON THE APPROPRIATE OF DEPOSICION OF THE PROGRAMMON PULL RECOLLAR ON THE APPROPRIATE OF DEPOSICION OF THE APPROPRIATE OF THE APPROPR		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROMOBER OR SUPPLIER ALLEGHANY CARE AND REHABILITATION CENTER STREET ADDRESS, CITY, SIATE, 2IP CODE 179 COMINS STREET SPARTA, NC 28675 SAMMARY STATEMENT OF DEPICIENCIES GEACH DEPICE ON MUST BE OF PROCEDED OF TULL REGULATORY OR LSC IDENTIFYING NEORMATION) F 242 Continued From page 2 regarding how many baths or showers they would like each week and they are automatically scheduled for their two showers per week. Interview with Administrator at 10/11/12 at 1:00 PM revealed that every resident is put on the shower schedule for 2 shower days per week. The administrator said the resident specifically requests an additional shower, the staff do all they can to accommodate that request. The administrator said the residents may not know they have a choice regarding how many showers they can have each week. The administrator said she expects residents' choices about frequency of showers to be routinely assessed by facility staff. 2. Resident #29 was admitted with diagnoses including diabetes, muscular wasting, and disuse alrophy. Interviews with staff (Nurse #1 and NAs #1 and #2) on 10/11/12 at 2:00 PM revealed that Resident #29 is reliable when telling you what he wants and needs. Interview with Resident #29 on 10/08/12 at 1:15 PM revealed that even though he has never been asked by facility staff how often he would like to have baths or showers, he would like to have more than 2 showers per week. Resident #29 said was told he was pre-assigned two showers per week on designated days. Resident #29 said	ANDFLANO	r correction	IDENTIFICATION NOMBER.	A, BUILDING			C		
ALLEGHANY CARE AND REHABILITATION CENTER The COMINS STREET SPARTA, NC 28675			345261	B. WING		10			
PRETIX ILACAHOFFICIENCY MUST BE PRECEDED BY FULL TAG F242 Continued From page 2 regarding how many baths or showers they would like each week and they are automatically scheduled for their two showers per week. Interview with Administrator at 10/11/12 at 1:00 PM revealed that every resident is put on the shower schedule for 2 shower days per week. The administrator said that if a resident request. The administrator said the residents may not know they have a choice regarding how many showers they can have each week. The administrator said the residents potential to the staff do all they can to accommodate that request. The administrator said the residents may not know they have a choice regarding how many showers they can have each week. The administrator said she expects residents choices about frequency of showers to be routinely assessed by facility staff. 2. Resident #29 was admitted with diagnoses including diabetes, muscular wasting, and disuse alrophy. Interview with staff (Nurse #1 and NAs #1 and #2) on 10/11/12 at 2:00 PM revealed that Resident #29 is reliable when telling you what he wants and needs. Interview with Resident #29 on 10/08/12 at 1:15 PM revealed that even though he has never been asked by facility staff how often he would like to have more than 2 showers per week. Resident #29 said was told he was pre-assigned two showers per week on designated days. Resident #29 said			LITATION CENTER	179	COMBS STREET	DDE			
regarding how many baths or showers they would like each week and they are automatically scheduled for their two showers per week. Interview with Administrator at 10/11/12 at 1:00 PM revealed that every resident is put on the shower schedule for 2 shower days per week. The administrator said that if a resident specifically requests an additional shower, the staff do all they can to accommodate that request. The administrator said the residents may not know they have a choice regarding how many showers they can have each week. The administrator said she expects residents choices about frequency of showers to be routinely assessed by facility staff. 2. Resident #29 was admitted with diagnoses including diabetes, muscular wasting, and disuse atrophy. Interviews with staff (Nurse #1 and NAs #1 and #2) on 10/11/12 at 2:00 PM revealed that Resident #29 is reliable when telling you what he wants and needs. Interview with Resident #29 on 10/08/12 at 1:15 PM revealed that even though he has never been asked by facility staff how often he would like to have baths or showers, he would like to have more than 2 showers per week. Resident #29 said was told he was pre-assigned two showers per week on designated days. Resident #29 said	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETION		
he does not like that he cannot choose when and how to shower in this facility. Interview with Director of Nursing on 10/11/12 at 9:00 AM revealed that bathing choices are		regarding how many like each week and the scheduled for their two laterview with Admini PM revealed that ever shower schedule for 2 The administrator said specifically requests a staff do all they can to request. The administrator said she choices about frequer routinely assessed by 2. Resident #29 was including diabetes, must atrophy. Interviews with staff (##2) on 10/11/12 at 2:0 Resident #29 is reliab wants and needs. Interview with Resider PM revealed that ever asked by facility staff if have baths or showers more than 2 showers paid was told he was a per week on designate he does not like that how to shower in this full interview with Director.	baths or showers they would hey are automatically to showers per week. strator at 10/11/12 at 1:00 ry resident is put on the 2 shower days per week. of that if a resident an additional shower, the of accommodate that strator said the residents are a choice regarding how an have each week. The expects residents in admitted with diagnoses uscular wasting, and disuse Nurse #1 and NAs #1 and #10 PM revealed that the when telling you what he when telling you what he hat #29 on 10/08/12 at 1:15 in though he has never been now often he would like to so, he would like to have per week. Resident #29 ore-assigned two showers and days. Resident #29 said the cannot choose when and facility. of Nursing on 10/11/12 at	F 242					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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		sessment by the social	•	i			1
	·	social services assessment.		- 1			
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		he director of nursing said	ļ				ŀ
		re automatically scheduled 2		ļ			
		a resident makes a request shower, the shower leam	ļ				•
		ible to accommodate that		!			:
	request.	ible to accommodate that					•
	Interview with the soc	ial worker on 10/11/12 at					
:	11:15 AM revealed th	at although she has no role		į			:
		residents about their bathing	Í				
		aluate them upon admission	į				
	and annually as part of			!			1
		them or their families		į			!
	_	o preferences: if they					1
	-	athing, and if they prefer	ĺ	ĺ			÷
		social worker said she does		-			
		es regarding how many	-	į			
	baths they would choo admission or any other						
į	•	team-Nurse Aide (NA) #4		ļ			
	on 10/11/12 at 9:30 A	• • •	1	1			
•		each resident showers by		!			
	-	each resident is scheduled		-			
		per week. NA #4 said she					
		er schedule each day and		ļ			į
		resident if they are ready	-				•
		44 said if the resident says	i	1			
:	they don't want their s	hower right then, they will	.	i			
,	try to come back later	in the day to offer that		İ			!
		again NA #4 said she does	1				
	not ask residents abou						
		oaths or showers they would		!			
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		histrator on 10/11/12 at 1:00	-	!			:	
		ery resident is put on the 2 shower days per week.		į			ı	
	The administrator sa			İ				
		an additional shower, the	ļ					
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	•	strator said the residents	İ	•			:	
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	-	ency of showers to be	į				:	
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	3 Resident #99 was	admitted on with diagnoses					i	
		matic hip fracture. The	į					
		29/12 assessed the resident	İ					
	as cognitively intact a	and able to understand and					·	
	make herself underst	tood.	į				;	
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	three times a week by	uld like to have a shower	:	:				
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		dnesday and Saturday.						
	-	e has never been asked if	İ	į			i	
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		t bathing choices are	1	ŀ			:	
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		sessment by the social social services assessment.					į	
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		he director of nursing said		İ				
		re automatically scheduled 2					•	
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Facility ID: 923249

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	does everything poss request. Interview with the social 11:15 AM revealed the in periodically polling choices, she does eval and annually as part of assessment by asking about the following two prefer a shower for bathing at night. The not assess their choice baths they would choose admission or any other interview with shower on 10/11/12 at 9:30 All administrator assigns room number so that extends to have two showers pand NA#3 get a shower to their shower. NA # they don't want their stry to come back later resident their shower and ask residents about	shower, the shower team lible to accommodate that lial worker on 10/11/12 at at although she has no role residents about their bathing aluate them upon admission of her social services of them or their families of preferences: if they athing, and if they prefer social worker said she does les regarding how many one per week during or time. Iteam-Nurse Aide (NA) #4 which we week the leach resident showers by each resident is scheduled her week. NA #4 said she les schedule each day and resident if they are ready les and if the resident says hower right then, they will in the day to offer that legain. NA #4 said she does at their preferences aths or showers they would be are automatically	F	242			
ļ .	PM revealed that every shower schedule for 2 The administrator said	shower days per week.	:				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MI	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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staff do all they can to ac request. The administration may not know they have many showers they can hadministrator said she exchoices about frequency routinely assessed by fact. 4. Resident #79 was administrator of hip. 0710/12 assessed the resintact and able to underst understood. Interview with Resident #PM revealed the facility more residents to have two shown assigned days (hers are would prefer to take them never been asked about he by facility staff. Interview with Director of 19.00 AM revealed that bath assessed during the annual assessment worker as part of her social when asked how it is decired to have an additional shown does everything possible to request.	tor said the residents a choice regarding how have each week. The spects residents of showers to be callity staff. Initted to the facility with care for healing. The latest MDS dated sident as cognitively and and make herself. To on 10/8/12 at 3:35 hakes the schedule for evers weekly on Wednesday and ead she does not think eak is enough and she more often but she has her shower preferences. Nursing on 10/11/12 at thing choices are draision screen and ment by the social at services assessment, ided how often rector of nursing said tomatically scheduled 2 dent makes a request ver, the shower team.	F	242	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		- 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		ial worker on 10/11/12 at	ļ	ŀ			
١.		at although she has no role		į			
		residents about their bathing aluate them upon admission		!	· '		
	and annually as part of	-		į			
		them or their families		į			
	about the following two		į				
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		social worker said she does		i			
:		es regarding how many	ĺ				
	baths they would choo		i				
	admission or any othe			Ì			!
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!	Interview with shower	team-Nurse Aide (NA) #4	1	1			
ř	on 10/11/12 at 9:30 AM	VI revealed the		ĺ			
į	administrator assigns	each resident showers by		Į			:
	room number so that e	each resident is scheduled		- 1			
	to have two showers p	er week. NA #4 said she	[ļ			!
	and NA#3 get a showe	er schedule each day and	!	-			
		resident if they are ready	•				
		4 said if the resident says		ı			:
		nower right then, they will	[
	try to come back later i			1			
		gain. NA #4 said she does					į
	not ask residents abou			Ì			
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J	nlendow with Administ	trator on 10/11/12 at 1:00		:			
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		shower days per week.	i	-			
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	5. The latest MDS 08/07/12 assessed cognitively intact at make himself under linerview with Resi AM revealed that heach resident was according to their reto have a shower eithe number of show decided and reside Wednesday and Sa one ever asked him	she expects residents ' uency of showers to be by facility staff. for Resident #20 dated the resident as being nd able to understand and	F 242			
	9:00 AM revealed the assessed during the annual all worker as part of he When asked how it residents get baths, baths and showers times a week, and it to have an additional does everything postequest. Interview with the second periodically polling in periodically polling the second in periodically polling the second in periodically polling the second in periodically polling the second in th	stor of Nursing on 10/11/12 at that bathing choices are a preadmission screen and assessment by the social or social services assessment is decided how often the director of nursing said are automatically scheduled 2 of a resident makes a request all shower, the shower team assible to accommodate that that although she has no role of residents about their bathing valuate them upon admission				

STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	about the following to prefer a shower for be bathing at night. The not assess their choice baths they would cho admission or any other linterview with shower on 10/11/12 at 9:30 A administrator assigns room number so that to have two showers and NA #3 get a show they go and ask each for their shower. NA at they don't want their stry to come back later resident their shower not ask residents abour egarding how many be like each week and the scheduled for their two linterview with Administrator in the scheduled for their two linterview with Administrators.	of her social services g them or their families ro preferences: if they eathing, and if they prefer social worker said she does was regarding how many ose per week during er time. I team-Nurse Aide (NA) #4 M revealed the each resident showers by each resident is scheduled over schedule each day and resident if they are ready #4 said if the resident says shower right then, they will in the day to offer that again. NA #4 said she does ut their preferences oaths or showers they would ey are automatically	F	242			
	The administrator said specifically requests a staff do all they can to request. The administ may not know they ha	n additional shower, the accommodate that trator said the residents we a choice regarding how in have each week. The expects residents cy of showers to be facility staff.	F 2	47			

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ŀ	ROVIDER OR SUPPLIER	ITATION CENTER		17	REET ADDRESS, CITY, STATE, ZIP CODE 79 COMBS STREET		
<u></u>			1	- S	PARTA, NC 28675		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	O BE	(X5) COMPLETION DATE
E 247	Continued From page	40	E 2	127	1. Resident #112 was discharged l	: поте ол	1.1
			"2	10/19/2012. Resident #104 & #7		9 were	11/2/2012
55=B	ROOM/ROOMMATE	CHANGE		Ì	interviewed by the Social Worker	on	1, 100 11
	A recident has the righ	nt to receive notice before		1	10/31/2012 to assure they were fa	miliar with	
	the resident's room or	roommale in the facility is			roommate and properly introduced documentation in place in both me	l with	
	changed.				records.		
	•	is not met as evidenced		i :	2. All room changes completed sin	nce 10-8-	
	by: Based on resident and	d ctaff intensions and		ļ	2012 were audited by Social Servi	ces	
		lity failed to notify three of		į	Director on 10/31/2012 to assure a	appropriate	
		w roommate (#104, #112,	į	•	documentation was in place of res	шен	
	and #79).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			notifications.		
:	The findings include:				3. Staff were re-educated on 10/1 10/24/2012 & 10/25/2012 by Adn	ninistrator	
	1. The latest Minimum	Data Set (MDS) for	İ	İ	and/or Director of Nursing Service	es relateu	
		7/12/2012 assessed the	-		to appropriate notification to resid	ents	j
	resident as cognitively		-		effected of room changes.		
	understand and make	herself understood.			4. Audits of 50% of documentation	nn .	
:	lata a da constituido O a adala a s	1 H4D4 40/0/42 -+ 2:45			notifying effected residents of roo	om changes	
		l #104 on 10/8/12 at 3:45 had returned to her room	į †	-	will be completed by the Adminis	trator	ŀ
		d a new roommate was		į	weekly x 1 month, then monthly f	for 2	
		ident #104 reported she	:	- 1	months. Findings will be submitte	ed to the	
	_	ntering the wrong room	ł	i	Performance Improvement Comm	nittee by	
		man was in the bed and no	İ	j	the Administrator monthly x 3 mg	onths with	l
•	one had told her. Resi	dent #104 also said it		1	follow up as needed.		
ı	made her feel anxious	lo not know what is		i	Totto it up to tipedes.		I
i	happening.		1	-		!	ĺ
f	Review of Resident #10	04's medical record	i	į			ļ
	evealed no notification		: :				ĺ
		al Worker on 10/11/12 at	<u> </u>	:			
		although documentation	!	:			
	of notification of room on nedical records of the r						

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345261	B. WIN			C 10/11/2012	
1	ROVIDER OR SUPPLIER		1	179 C	ADDRESS, CITY, STATE, ZIP CODE COMBS STREET RTA, NC 28675	10,11,241,2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
	roommate changes we records of residents we experiencing a change also revealed that althest attempted to notify per roommate changes, it changes occurred whe wasn't aware of the cowho completed the noduring those times. The had not notified Reside change prior to the change prior to the change for any reason notification of the upcowith the Administrator revealed the roommate was made without notified the resident #112 dated to resident as cognitively understand and make alther the property of the resident was brought into the rootice. Interview with the Social 11:15 AM revealed alther the offication of room change interview with the Social 11:15 AM revealed alther the folicitication of room change in the rootice of the room change in the rootice of the room change in the rootice of the room change in the rootice of the room change in the rootice of the rootice of the room change in the rootice of the root	enlation of notification of ere not filed in medical tho were not moving but a in roommate. Interview ough Social Worker ople of upcoming room or there were times room en she wasn 't working or thange and she didn't know tification or if anyone did ne social worker said she ent #104 of the roommate ange. Ininistrator on 10/11/12 at expected residents hange or roommate will receive advance ming change. Interview on 10/11/12 at 1.00 PM as change for Resident #104 fication of Resident #104. In Data Set (MDS) for 9/07/12 assessed the intact and able to herself understood. If #112 on 10/8/12 at 4:10 and had been living in a erself until recently when a or her room to live, without all Worker on 10/11/12 at lough documentation of langes were filed in medical	F	247			
<u> </u>	records of the resident	moving to a different	1	†		į	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
345261		B. WIN	NG_		10/	11/2012	
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE		
ALLEGHA	NY CARE AND REHABI	LITATION CENTER			179 COMBS STREET		
				SPARTA, NC 28675			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ix s	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	(X5) COMPLETION DATE	
E 247	Continued From page	. 10	_	247	,		1
Г 241	Continued From page		F	Z41			1
:		of notification of roommate					:
	-	d in medical records of ot moving but experiencing			•		1
		e. Interview also revealed	İ				
	•	Vorker attempted to notify			1		
	-	oom or roommale changes					
	when she was working	_					
	changes, there were		!				
occurred when she wasn't v		asn't working or wasn't	i		ī		
;	aware of the change a	and she didn't know who	!				i
	•	tion or if anyone did during	i				
	those changes.						
:	Interview with the Adn	ninistrator on 10/11/12 at	1				i :
	2:40 PM revealed she						:
	experiencing a room of	•					1
	change for any reasor	=	ļ				!
	notification of the upco						
	3. The latest Multiple	Data Set (MDS) for	ļ		 		:
Resident #79 dated 07 resident as cognitively understand and make							
		intact and able to					
		herself understood.					
i !							:
		it #79 on 10/11/12 at 1:15					
	PM revealed she has be		Ī		<u> </u>		,
		few months and has not	!				!
		staff about any of the 9 said when one roommate	 		! :		·.
		now until the maintenance	ļ		!		
		roommale's belongings.	1				
			i		,		
	Review of Resident #7		!		•		
		of any roommale change	1				;
	since her admission in	2011.					i !
. 1	oterview with the Socia	al Worker on 10/11/12 at			<u> </u>		
		lough documentation of					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

COMPLETED	CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-								
NAME OF PROVIDER OR SUPPLIER ALLEGHANY CARE AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY) MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE OF THE APPROPRIATE DEFICIENCY) F 247	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A BUILDING			i		
ALLEGHANY CARE AND REHABILITATION CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 247 Continued From page 13 notification of room changes were filed in medical records of the resident moving to a different room, documentation of notification of roommate changes in roommate. Interview also revealed that although Social Worker attempted to notify people of upcoming room or roommate changes when she was working and aware of the changes occurred when she wasn't working or wasn't aware of the change and she didn't know who completed the notification or if anyone did during those changes. Interview with the Administrator on 10/11/12 at 2:40 PM revealed she expected residents experiencing a room change or roommate change for any reason will receive advance		345261		8. WM	1G				
PREFIX TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 247 Continued From page 13 notification of room changes were filed in medical records of the resident moving to a different com, documentation of notification of roommate changes were not filed in medical records of residents who were not moving but experiencing a change in roommate. Interview also revealed that although Social Worker attempted to notify people of upcoming room or roommate changes when she was working and aware of the changes, there were times room changes occurred when she wasn't working or wasn't aware of the change and she didn't know who completed the notification or if anyone did during those changes. Interview with the Administrator on 10/11/12 at 2:40 PM revealed she expected residents experiencing a room change or roommate change or roommate change or roommate change for any reason will receive advance	NAME OF PROVIDER OR SUPPLIER				13	79 COMBS STREET			
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	F 247	notification of room or records of the resident room, documentation changes were not file residents who were rachange in roommal that although Social vectors and the people of upcoming rachanges, there were occurred when she was working changes, there were occurred when she was aware of the change completed the notifications changes. Interview with the Add 2:40 PM revealed she experiencing a room change for any reason	hanges were filed in medical int moving to a different of notification of roommate and in medical records of interview also revealed worker attempted to notify from or roommate changes and aware of the times room changes rasn't working or wasn't and she didn't know who attempted to notify at the expected residents change or roommate in will receive advance	F	247				