### Statement of Deficiencies and Plan of Correction

**(x1) Provider/Supplier/Clinic Identification Number:** 345227

**(x2) Multiple Construction**
- Building: 
- Wing: 

**(x3) Date Survey Completed:** 12/13/2012

**Name of Provider or Supplier:** Avante at Reidsville

**Street Address, City, State, Zip Code:** 643 Maple Avenue, Reidsville, NC 27320

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F312</td>
<td>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</td>
<td>F312</td>
<td>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907.</td>
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- Resident #35 was admitted 10/25/11 with diagnoses in part of macular degeneration and chronic obstructive pulmonary disease.
- Review of the "Attending Doctor’s Orders for Podiatry Services" revealed resident are seen for the following medical necessary reason(s), Fungal, onychomycosis (thick brittle discolored crumbly nails causing pain), diabetes mellitus, peripheral vascular disease, infection ulcer foot lesion, xerosis, multiple sclerosis, athletes foot dermatitis rash ingrown nails.

Review of the Procedure "Care of Fingernails/Toenails revised 10/2010, revealed in part, " Review the resident's care plan to assess for any special needs of the resident. " " Nail care includes daily cleaning and regular trimming."

- The Minimum Data Set dated 10/19/12, revealed Resident #35 was cognitively intact with long and

**Laboratory Director's or Provider/Supplier Representative's Signature:**

**Title:**

**Date:** 11/4/13

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.
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short term memory and was able to make
decisions for daily care. She required extensive
assistance with her personal hygiene and total
assistance with bathing.

Review of the care plan dated 11/1/12, revealed
in part, "provide staff assistance as needed with
activities of daily living (ADL) to complete tasks
promptly." Persons who were designated as
responsible to complete ADL tasks were the
aides and nurses.

A Review of the last weekly skin assessment
dated 12/2/12, indicated "skin warm and dry".
No assessment was documented for the toe
nails. No documentation was observed in the
medical record regarding toe nail condition or
care.

During an observation on 12/1/12 at 9:14 am,
Resident #35 toe nails were observed long, thick
extending over the toes. An interview with
Resident #35 revealed she had asked the nurse
to cut the toe nails, because they hurt. Indicating
she wished to see the podiatrist.

During an interview on 12/12/12 at 2:45 pm, aide
#1 indicated aids do not provide toe nail care.
The nurses are informed if the toe nails needed
cut or look abnormal.

During an observation on 12/12/12 at 2:54 pm,
nurse #1 indicated the nails were thick, long and
needed to be cut by a podiatrist. She indicated
during the resident's weekly skin assessment the
nurses cut the toe nails. Diabetic residents were
seen by the podiatrist. The podiatrist came every
6 months. The social worker maintained the list of

Measures to be put into place or systemic changes made to
ensure that the deficient practice will not occur:

Licensed nurses will be re-
educated by the DON and/or
ADON on the completion of
skin assessments to include
the condition of toe nails.
Licensed nurses will be re-
educated by the DON and/or
ADON on when to refer a
resident to the podiatrist. The
Director of nursing and or the
ADON will audit 5 random
residents a week for 12
weeks to insure toe nail care
is being done.

Indicate how the facility will
monitor its performance:
Results will be presented to
QA&A team for
recommendations and follow
up for 3 months.
F 312. Continued From page 2

resident's seen by the podiatrist.

Observation on 12/12/12 at 3:00 revealed an announcement for a scheduled podiatry clinic in the facility on 12/19/12. The announcements were posted on every hall.

During an interview on 12/12/12 at 3:12 pm, the social worker indicated Resident # 35 had never been put on the podiatrist list for toe nail care. Residents who are diabetic are put onto the list automatically. Resident #35 was not diabetic. It was the responsibility of the nurses to put the residents on the podiatry list. The nurses are informed a month in advance when a podiatry clinic is scheduled.

During an interview on 12/13/12 at 10:55 am, the director of nursing indicated the skin assessment should reflect the condition of the toe nails. The last skin assessment of Resident #35 did not reflect the long toe nails. The nursing should have either cut the nails or referred Resident #35 to the podiatrist for nail care.

During an observation on 12/13/12/ at 3:50 pm, nurse #2 indicated Resident #35 toe nails had been cut by a nurse and had split and broken off. Resident #35 was placed on the podiatrist list for treatment. Observation revealed the right large toe nail was splintered and jagged.
K000  INITIAL COMMENTS

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

**K067 SS=D**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)

By observation on 1/17/13 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include

A. The HVAC duct detector tubes were coated with dust and lint. C hall return, near the activity room.

B. The HVAC ceiling radiation dampers were coated with dust and lint. B hall nurses station, supply and return grills.

C. There was not an emergency shut down

K000  PROVIDER'S PLAN OF CORRECTION

Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907

K067

1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice:
The HVAC duct detector tubes on C Hall return and the HVAC ceiling radiation dampers at B Hall nursing station were cleaned on 1/30/12. An emergency shut-down will be installed in a readily observed location.

2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice:
The Maintenance Director or designee will complete an audit of all facility HVAC duct detector tubes and ceiling radiation dampers to ensure they are kept free of dust and lint. All associates will be educated as to the location and purpose of the emergency shut-down switch.

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

[Signature]

TITLE

[Title]

(X8) DATE

[Date]
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<tr>
<th>K 067</th>
<th>Continued From page 1 switch located at a readily observed station.</th>
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<td>3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: The Maintenance Director or designee will complete a monthly inspection of HVAC duct detector tubes and ceiling radiation dampers to ensure they are free of dust and lint and clean as indicated. A monthly test of emergency shut-down switch will be conducted to ensure proper functioning.</td>
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<td>4. Indicate how the facility will monitor its performance: Results will be presented to QAA team for recommendations and follow up for 3 months.</td>
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