

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345330	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 3/14/2013
NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT	STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 282	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to follow the care plan for one of four sampled residents with falls. (Resident # 3)</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on with diagnoses including</p> <p>Review of the Minimum Data Set dated 1/3/13 revealed she required no assistance with walking had steady balance with walking, turning, moving on and off the toilet and surface to surface transfers. This resident was continent of bowel and bladder.</p> <p>Review of the care plan dated 8/2/12 revealed the resident was at risk for falls. The approaches for this problem included a toileting program upon rising before and after meals, and at night.</p> <p>Interview on 3/14/13 at 9:50 AM with Resident #3 revealed she had fallen but was not sure when the fall had occurred. Further interview revealed she had requested assistance to the bathroom but no one came to help her.</p> <p>Interview with the aide on day shift caring for Resident #3 revealed she was not aware Resident #3 had a toileting program that consisted of taking her to the toilet upon rising before and after each meal. Continued interview revealed she had a toileting program, but she checked her during the shift to see if there was evidence of incontinence. Further interview revealed Resident #3 had become more confused lately, and would use her call light when she had to go to the bathroom</p> <p>Interview with the aide on evening shift caring for Resident #3 revealed she was not aware Resident #3 had a toileting program that consisted of taking her to the toilet before and after each meal and at night. Continued interview revealed she checked on Resident #3 almost every hour. When asked if Resident #3 would allow staff to take her to the toilet at scheduled times, she responded " yes, she would probably like that. "</p> <p>Interview on 3/14/13 at 4:00 PM with an administrative nurse revealed the aides should know what is on the care plan. They have a book with information on each resident that would include a toileting program</p>		

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

The above isolated deficiencies pose no actual harm to the residents