<table>
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<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)</th>
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<tbody>
<tr>
<td>F 241</td>
<td>SS=0</td>
<td>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</td>
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The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based on observation, resident and staff interviews, and record reviews, the facility failed to provide a dignified meal experience for 1 (Resident #2) of 2 sampled residents served a meal tray when the resident was incontinent.

Findings included:

- Resident #2 was re-admitted to the facility on 4/28/13. Diagnoses included Congestive Heart Failure, Atrial fibrillation, and chest pain.

- Review of the resident's most recent Minimum Data Set (MDS), a 30-day assessment, revealed the resident was mildly cognitively impaired, required extensive assistance of two or more person physical assistance for bed mobility, transfer, and toileting. The resident was assessed as having required the total care of one person physical assistance for personal hygiene; was occasionally incontinent of bowel and bladder; and was not on a toilet training program.

- An observation was made of Resident #2 on 5/3/13 at 12:45 PM. The resident was picking at her lunch with her fork and stated she was "wet." The resident reported she told the Nursing Assistant (NA) she was wet when the NA.

Northampton Nursing acknowledges receipt of the Statement of Deficiencies and proposes this plan of corrections to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality care of the residents. The plan of correction is submitted as a written allegation of compliance.

Northampton Nursing's response to the Statement of Deficiencies and the Plan of Correction does not constitute an admission that any deficiency is accurate. Further, Northampton Nursing reserves the right to submit documentation to refute any of the deficiencies through the Informal Dispute Resolution, formal appeal procedures, and/or legal proceedings.

Resident #2 continues to receive a dignified meal experience and is not served a meal tray when she is incontinent. NA #1 has been in-serviced on 5/3/13 by the DON that residents should be checked for incontinence prior to meals being served and if during meals or meal set-up, if a resident becomes wet or soiled, you should cover the tray and remove tray from area of care then provide incontinent care and then provide the meal.

All residents to include resident #2 were observed on 5/4/13 by nursing administration or designee to ensure they were checked for incontinence prior to meals and not served a meal while incontinent.
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delivered her lunch tray, but the NA did not stop
to clean her and change her brief. Resident #2
stated it didn't make her feel very good to be wet
and try to eat her lunch.

During an interview with NA #1 on 5/3/13 at 12:50
PM, the NA stated the resident reported to her
that she was wet when she delivered the resident
's meal tray for lunch. The NA stated she didn't
change her at that time because she was taught
that once meal trays were on the hall, they were
not to do any incontinent care because it would
be cross contamination. The NA stated she had
not checked the resident before the meal since
therapy was treating the resident in her room
around 11 AM and thought they would have
provided incontinent care.

An observation was made of incontinent care for
Resident #2 on 5/3/13 at 1 PM. NA #1 removed
the resident's pants. The back left hip area of the
pants was wet in a circle 6 inches in diameter.
The resident reported her bed linen was wet as
well. The NA removed the resident's pull up brief
and reported the brief was somewhat heavy.

F 241 All nursing assistants will be in-serviced by
the DON or designee to provide incontinent
care prior to meals being served and if
during meals or meal set-ups, if a resident
becomes wet or soiled, you should cover
tray and remove tray from area of care then
provide incontinent care and then provide
the meal. This in-service will be completed
by 5/24/13. This information will be
provided during orientation for newly hired
nursing assistants by the Staff Development
Facilitator or designee.

Nursing administration or designees to
include the DON, MDS Nurse, Treatment
Nurse, Charge Nurse, Staff Development
Facilitator, and Medication Nurses will
perform random checks for incontinent
episodes on all residents prior to each meal,
breakfast, lunch and supper; to prevent
residents from being fed wet or soiled.
Observation of nursing assistants to include
NA #1 will occur daily for 4 weeks then
weekly for 4 weeks then monthly utilizing a
Resident Rounds QI tool.

The Resident Rounds QI tool will be
evaluated by the Administrator monthly
during our monthly QI meetings.