PRINTED: 07/02/2013 FORM APPROVED OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 100	PLE CONSTRUCTION  G		E SURVEY PLETED
		.28				С
		345223	B. WING _		06	/19/2013
	ROVIDER OR SUPPLIER  LIVINGCENTER - HENDE	RSONVILLE	\$	STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON ST HENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 312 SS=D	DEPENDENT RESID  A resident who is una daily living receives the maintain good nutrition and oral hygiene.		F 3	Preparation and/or execution plan of correction does not condition admission or agreement by the provider of the truth of facts the conclusions set forth in the statement of deficiencies. The correction is prepared and/or solely because it is required a provisions of federal and statement and statement and statement of the provisions of federal and statement and s	onstitute he alleged or he e plan of r executed by the	
	by: Based on observation and staff interviews, the	n, record review, resident ne facility failed to provide aning for 2 of 3 sampled on staff for ADL care.		F 312 The identified affected residents oral care immediately (June 19, This tag has the potential to afferesidents; therefore the followin interventions have been implem of June 19, 2013:	, 2013). ect g nented as	07-08-13
	03/07/13 with diagnost airway obstruction, and Type II.  Review of the Admiss (MDS) dated 03/14/13 cognitively intact and assistance of two persidally living (ADL) includes	sons for most activities of uding personal hygiene.		Nurse aide staff will be in-service 312 tag and delivering the proprior each resident. Audits of resconducted by the Director of Nu Services, the Assistant Director Services and the Director of Clin Education to identify those with or their own teeth or no teeth. Care Cards were updated with identification of each resident with dentures and those with their own teeth. Newly hired nurse aid in-serviced during orientation or procedure.	er oral care idents were irsing of Nursing nical dentures Nurse aide the proper ith wn teeth or les will be	
-	03/19/13 revealed an assistance with oral can	t 's ADL care plan dated intervention to provide are daily and as needed. ducted with Resident #1 on She stated she had eaten hour ago and she had not I. She reported she had		brocedure.	Received	nuntain Wo
ABORATORY	0111111	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE SW	ucutix Sirector.	07-	(X6) DATE
<u> WILLY</u>	W W W COM	~	X	WILLIAM BILLIAM	Ul	00

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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		345223	B. WING				C 19/2013	
	ROVIDER OR SUPPLIER LIVINGCENTER - HENDE	ERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON ST					
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F 312	her own oral hygiene toothbrush, toothpast needed staff to set up for her to be able to crevealed she had not meals for approximate stated she had asked meals and they have responded to her requasked. She revealed wanted her teeth brushe could brush her of from staff her toothbrush. Observation or revealed a film materilower teeth. She state teeth had been unpleaded to her teeth had rung assistance with cleanid (NA) #1 who worked to her teeth cleaned. Nurse supplies such as tower and mouth wash enter the She was observed to supplies on the overbreminded NA #1 she is	supplies such as e, and mouth wash but of the oral hygiene supplies lean her teeth. She had her teeth cleaned after ely two to three weeks. She staff to clean her teeth after not done it and had not uests at the times she had she had told staff she shed daily. She revealed by two teeth if she received ush, toothpaste and mouth if Resident #1's teeth fall that coated her upper and ded the build up of film on her asant.  113 at 11:15 AM revealed for bed in her room. She shed her teeth after and not since breakfast on had continued to be coated  113 at 11:30 AM revealed her call bell for staff fing her teeth. Nurse Aide	F	312	Nurse aide staff completed standardiz competencies for oral care and demonstrate said abilities. Daily ACE Rounds forms have been updated to include verification of oral care received Ace Rounds are conducted by the department heads each day at approximately 10:30 am and 2:30 pm. the department heads responsibility to ensure verification of this and similar ADLs. The Executive Director or Director of Nursing Services will spot check randomly at least 4 residents per day ensure proper oral care is given for a period of two months. Audits will be appropriately initialed/documented on QAPI - Oral Care Audit Log.  The results of this audit will be reviewed by the Executive Director or designee, then brought to the Quality Assessment Process Improvement committee mee Any issues or trends identified will be addressed by the Quality Assurance Process Improvement committee as the arise and the plan will be revised as needed to ensure continued compliance.	ed.  It is  ctor  to  a  ed  and  nt  ting.		

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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - HENDERSONVILLE		RSONVILLE		151	EET ADDRESS, CITY, STATE, ZIP CODE 110 HEBRON ST ENDERSONVILLE, NC 28739	00/	13/2013
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F 312	#1 to get her mouth w located on top of her and toothpaste out of dresser. NA #1 was resident's bedside dre reported to the reside toothbrush was found told NA #1 to look aga thoroughly NA #1 pull drawer but no toothbr revealed Resident #1 and she should have requested. The Nurse explanation why Resional care daily.  An interview was cond AM with NA #1. She supposed to be provided or get up in the morning who use the call bell at care, the care had been assigned and did not remember hygiene supplies. NA had requested oral careceived the care whe Aide offered no other #1 had not received on Noon with Nurse #1. have oral care provided wake up or get up and residents' choice. Nur Aides who have worke hall with the same residents' choice. Nur Aides who have worke hall with the same residents' choice.	vash which was observed closet and her toothbrush the drawer of her bedside observed to go to the esser, open the drawer and not no toothpaste or in the drawer. The resident ain and after looking more ted the toothpaste out of the ush was available. NA #1 had requested oral care received the care when the Aide offered no other dent #1 had not received dent #1 had not received ducted on 06/19/13 at 11:45 stated oral care was ded when residents wake uping. She revealed residents and have requested oral ten provided. NA #1 stated and regularly to Resident #1 re she had her own oral at 1 revealed Resident #1 re and she should have an requested. The Nurse explanation why Resident ral care daily.  She stated residents should add in the morning when they differ meals or per rese #1 revealed that Nurse end the	F	312			

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F 312	PM with the Director of stated it was her experience stated it was her experience their own oral hygiene provided supplies suct toothbrushes, toothpas She said staff who har residents assigned to residents have their or 2. Resident #2 was a 02/27/09 with diagnost vascular disease, hyp Mellitus, hyperkalemia vascular accident, her chronic pain and deprimate was a considerately impaired of extensive assistance of activities of daily living hygiene.  Review of the resident 08/23/12 and reviewer interventions to provide An interview was cond 06/18/13 at 9:07 AM. a couple of hours ago assistance with cleanification and no botton of the resident of the	ducted on 06/19/13 at 2:08 of Nursing (DON). She ectation that staff clean mornings during AM care en meals and at night after diffresidents do not have e supplies the facility has thas toothettes, este, mouth washes, etc. ve provided oral care to them should know which wn oral hygiene supplies.  dmitted to the facility on these including peripheral ertension, Diabetes a, hyperlipidemia, cerebral miplegia/hemiparesis, ession.  cent Minimum Data Set d assessed the resident with cognition and needing of two persons for most of (ADL) including personal  t's ADL care plan dated d 02/28/13 revealed le oral care assistance.  ducted with Resident #2 on He stated he had breakfast	F	312				

CENTEROT ON MEDIONICE OF	WEDIOAID OLIVIOLO				OIVID 14C	J. 0930-039 I
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assistance with gettin brushed and his mouth He stated a film cover had wanted his denturinsed. Observation of denture at this time recovering his denture.  Observation on 06/19 Resident #2 lying in his stated he had not had mouth rinsed yesterdares Resident #2's upper of substance covering the cup with a lid on it was bedside dresser with a mouth wash. The derived be bone dry and the in observed with dried with stated he had asked a and rinse his mouth a to his request.  An interview was concovered with Nurse #1. have oral care provided they wake up or get uneeded or per resident revealed residents who dentures soaked in a shift. The Nurse Aided depending on when reshould brush the dentures back.  An interview was concovered the dentures back.	ne position and needed g his denture soaked, th rinsed with mouth wash. rs his upper denture and he re cleaned and his mouth of Resident #2's upper vealed film substance  1/13 at 12:57 PM revealed his bed in his room. He d his denture soaked or ay or today. Observation of denture revealed a film he upper denture. A denture s observed in Resident #2's a small container of unused hture cup was observed to hiside lid of the cup was white spatters. Resident #2 staff to clean his dentures and staff have not responded  ducted on 06/19/13 at 12 She stated residents should ded in the morning, when p, and after meals as	F	312			

OLIVILIY	OT ON WEDICARE &	WEDICAID SERVICES				CIMP INC	7. 0930-0391	
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F 312	Resident #2 every da supposed to be done breakfast and after m if residents have dent supposed to soak the supposed to brush the residents mouth. NA has asked to have his thought Resident #2 h NA#2 was unaware the dentures and no teeth mouth. NA #2 stated resident's dentures or An interview was cone PM with the Director of stated it was her expeteeth in the mornings needed between mean per residents' choice. should be taken out e and soaked. She furt should brush the dent place them back in the	y. He stated oral care was in the morning before eals. The NA reported that ures, the 2nd shift was m and then the 1st shift was em and put them in the #2 revealed Resident #2 teeth brushed and he had his own natural teeth. The teeth brushed and he had his own natural teeth. The teeth brushed and he had not cleaned the rinsed his mouth in a while.  I ducted on 06/19/13 at 2:08 of Nursing (DON). She ectation that staff cleaned during AM care and as als and at night after supper She revealed dentures very night by the 2nd shift ther stated the 1st shift ures in the morning and the resident's mouth. The des should know what oral	F	312				