

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2014
NAME OF PROVIDER OR SUPPLIER WILKES SENIOR VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659		
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F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff and resident interviews the facility failed to clean a resident's perineal area during incontinence care and failed to use soap and water or use peri wash to clean a resident during incontinence care for 2 of 4 resident's observed during incontinence care (Resident #120 and #111).</p> <p>The findings included:</p> <p>1. Resident #120 was re-admitted to the facility on 10/06/14 with diagnoses which included traumatic brain hemorrhage, difficulty swallowing, high blood pressure and thyroid disease.</p> <p>A review of the most recent significant change Minimum Data Set (MDS) dated 11/18/14 revealed Resident #120 had short term and long term memory problems and was severely impaired in cognition for daily decision making. The MDS also revealed Resident #120 required extensive assistance with toileting and hygiene and was frequently incontinent of urine and was always incontinent of bowel.</p> <p>A review of a care plan titled Impaired Urinary Incontinence that was not dated since re-admission indicated Resident #120 was</p>	F 312	<p>F483.25</p> <p>1. The facility corrected the impact of the deficient practice upon residents #120 and #111 by completing the following actions. Correction occurred on 12/19/2014. The Director of Nursing and Staff Development RN immediately corrected this issue with the termination of aide (#1) involved in rendering the care to these residents. The reason for the termination weighed heavily upon evidence that this aide had been recently educated regarding proper peri-care technique and made an informed choice to provide care outside of the facility <input type="checkbox"/>s training, education, and policies. Additionally, the aide was reportedly dishonest to the state surveyor regarding the incontinent care she provided to resident #111. Aide (#2) was re-educated. Of note, this aide failed to return to work after education was provided. Completion Date 12/19/2014</p> <p>2. There is potential for all residents receiving assistance with peri-care to be impacted by this deficient practice. In</p>	1/16/15	

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

TITLE

(X6) DATE

Electronically Signed

01/05/2015

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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F 312	<p>Continued From page 1</p> <p>frequently incontinent of urine related to cognition, weakness and loss of muscle tone. The goals indicated in part Resident #120 would not experience any infections from incontinence and would not experience any skin conditions from incontinence. The approaches indicated in part to observe skin daily for irritation and redness and assist with perineal cleansing as needed.</p> <p>During an observation on 12/18/14 at 4:43 PM Nurse Aide (NA) #1 and NA #2 transferred Resident #120 from a chair to her bed. NA #1 removed Resident #120's brief that was wet with urine and turned the resident to her right side and the resident had a bowel movement. NA #1 took a washcloth with soap and water and wiped from front to back and then folded the washcloth and wiped again from front to back while Resident #120 remained on her right side. NA #1 placed a clean brief under Resident #120 and the resident was turned on her back and the brief was fastened. NA #1 and #2 then pulled Resident #120's pants up and transferred her to a wheelchair.</p> <p>During an interview on 12/18/14 at 4:52 PM with NA #1 she confirmed Resident #120's brief was wet with urine and realized the resident had a bowel movement when she was turned onto her right side. She verified she provided incontinence care to Resident #120 while she was turned on her right side and did not turn the resident onto her back to clean the resident's front perineal area or inside the labia or inside each groin. She stated that was just how she did incontinence care and stated it was her usual routine to place residents on their side and wipe from front to back. She further stated if a resident couldn't move their legs so she could wipe them from</p>	F 312	<p>efforts to assure others were not impacted, the facility initiated peri-care training with return demonstration utilizing a classroom manikin. Education began on 12/24/2014 and is ongoing. The staff development registered nurse/ quality assurance registered nurse (RN) for the facility completed the education of staff members. Ninety percent of all CNAs have been educated as of 1/5/2015. All CNAs must attend education prior to 1/9/2015 to be eligible for continued employment. Completion Date 1/9/2015</p> <p>3. The facility will assure peri-care continues to be performed adequately and that residents have no further negative impact by performing weekly peri-care audits with random staff at random times. These audits are to be completed by the administrative nursing team and designees at a rate of at least 10 audits per week for 4 weeks. Weekly audits began on 12/22/2014. Currently the audits have indicated 100% compliance in performing peri-care in compliance with facility policies/procedures. Additional training/disciplinary actions will be provided to any CNA performing peri-care outside of the facility's written policies. Completion Date 1/16/15</p> <p>4. The facility plans to continue to monitor peri-care via the QAPI process. Random audits will be completed 1 times per week for 3 months after the initial 4 week period. The QA Committee will review the results of these audits and</p>		

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F 312	<p>Continued From page 2</p> <p>front to back then she would turn the resident on their back and clean the front perineal area.</p> <p>During an interview on 12/19/14 at 10:46 AM Nurse Care Coordinator #1 explained the facility had provided education for staff regarding proper technique for incontinence care and they did routine audits and observed staff randomly when they provided incontinence care. She verified NA #1 had received in-service education regarding incontinence care and was expected to provide care as instructed. She explained they taught staff to lay the resident on their back and use a washcloth with soap and water or peri wash and wipe from front to back. She further explained staff should clean female residents' perineal area by separating the labia and wipe from front to back to clean the resident's skin.</p> <p>During an interview on 12/19/14 at 10:49 AM the Director of Nursing (DON) stated it was his expectation for staff to lay the resident on their back during incontinence care with their legs separated and they should clean the perineal area first and wipe from front to back and then turn the resident on their side to clean their buttocks. He stated they should use soap and water or peri wash to clean the resident's skin. He further stated NA#1 did not provide incontinence care correctly to Resident #120 and she should have turned Resident #120 to her back and cleaned the front perineal area and inside the labia to ensure the resident was clean.</p> <p>2. Resident #111 was admitted to the facility on 03/30/12 with diagnoses which included but were not limited to back disorder, muscle weakness, Parkinson's disease, congestive heart failure, and paralysis.</p>	F 312	ascertain the effectiveness of current training and intervention and or the need for further intervention. The first review by QA Committee will be 1/14/2015. Completion Date 1/14/15 (First review)		

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F 312	Continued From page 3 The Quarterly Minimum Data Set (MDS) dated 12/05/14 specified Resident #111 was cognitively intact and was capable of making his needs known. The MDS further specified Resident #111 required extensive assistance with 2 person physical assist for his activities of daily living (ADLs) including; bed mobility, transfers, dressing, toileting, and personal hygiene but was coded to need assistance of one person physical assist with bathing. Further review of the MDS revealed Resident #111 was frequently incontinent of urine and always continent of bowel. The care plan with a revised date of 09/05/14 indicated a problem statement that Resident #111 had ADL deficit due to generalized weakness and frequent episodes of urinary incontinence. The goals indicated in part for staff to assist Resident #111 with ADLs as needed, assist to toilet every 2 hours while awake, provide incontinent care as needed, cleanse skin with soap and water after each incontinent episode, and provide encouragement as needed. Resident #111 was observed on 12/18/14 at 5:09 PM to be sitting in his recliner in his room, his pants un-buttoned and un-zipped awaiting for Nurse Aide (NA) #1 to provide incontinence care. NA #1 entered Resident #111's room, laid the adult brief on the over-bed table, and assisted Resident #111 from a sitting position to a standing position. She removed the soiled wet adult brief, laid it on the resident's bed; and without cleaning Resident #111 with soap and water or peri-wash, she immediately placed a clean, dry adult brief back on Resident #111, pulled his pants up, and pivoted him from his recliner into his wheelchair.	F 312			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 312	Continued From page 4 An interview was conducted on 12/18/14 at 5:13 PM with NA #1. She confirmed Resident #111's brief was wet with urine. She stated she had used toilet paper to clean Resident #111 during incontinent care. She indicated she used toilet paper because Resident #111 preferred toilet paper instead of washcloths, soap, and water. She stated that was just how she did incontinent care and it was her usual routine for Resident #111. An interview was conducted on 12/18/14 at 5:19 PM with Resident #111. He stated he preferred to have soap, warm water, and washcloths used on him during incontinent care. He further stated NA #1 had not used toilet paper or soap and water during the time NA #1 provided incontinent care to him on 12/18/14 at 5:09 PM. An interview was conducted on 12/19/14 at 10:46 AM with Nurse Care Coordinator #1. She explained the facility had provided education for staff regarding proper technique for incontinence care and they did routine audits and observed staff randomly when they provided incontinence care. She verified NA #1 had received in-service education regarding incontinence care and was expected to provide care as instructed. She explained they taught staff to use a washcloth with soap and water or peri-wash and wipe front to back. An interview was conducted on 12/19/14 at 10:49 AM with the Director of Nursing (DON). He stated it was his expectation for staff to use soap and water or peri-wash to clean the resident's skin. He further stated NA #1 did not provide incontinence care correctly to Resident #111 and	F 312			

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F 312	Continued From page 5 that NA #1 should have cleaned Resident #111 with soap and water on a washcloth wiping front to back prior to placing a clean brief on the resident.	F 312			