

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

PRINTED: 06/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/20/2015
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews, the facility failed to maintain privacy when providing incontinence care for one (Resident #26) sampled resident whose privacy curtain was partially closed and the window blind was opened while she was uncovered from the</p>	F 164	<p>1) Thorough peri-care was provided to resident #26 with curtain pulled, door closed and blinds closed in residents room by a nursing assistant on 5/19/15 at 1515 observed by Director of Nursing. Nursing assistant #2 was educated on</p>	6/2/15	

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

TITLE

(X6) DATE

Electronically Signed

06/08/2015

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 164	<p>Continued From page 1 waist down.</p> <p>Findings included:</p> <p>Resident #26 was admitted to the facility on 10/26/2010 and readmitted on 4/30/2012. Her diagnoses included diabetes mellitus (DM), chronic airway obstruction disease (COPD), anxiety disorder, altered mental status, hemiplegia, muscle weakness and peripheral vascular disease (PVD).</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) dated 3/25/15 and her annual MDS dated 10/9/14 revealed that she was cognitively intact, she required extensive assistance for incontinence care and personal hygiene. She was assessed as always incontinent of bowel and bladder.</p> <p>A review of the resident Care Area Assessment (CAAS) summary dated 9/25/14 revealed Resident #26 had diagnoses of hemiplegia, muscle weakness and peripheral vascular disease. She required extensive assistance with all Activity of Daily Living (ADL). Staff were to monitor and provide level of care required.</p> <p>During an observation on 5/19/2015 at 12:13 PM Resident # 26 was observed on the door side of her room partially standing up, secured in a lift with her buttocks, perineum, legs and feet exposed. The privacy curtain was partially opened but the resident could be seen from the hall when the door was opened and the blinds on the window side of the room were observed to be opened. Resident #26 was in view of the outside area of the building with no one observed on the outside.</p>	F 164	<p>5/19/15 at 1545 by the Staff Facilitator on the importance of maintaining the privacy of a resident during personal care.</p> <p>2) All residents have the potential to be affected. A 100% nursing assistant and licensed nurses to include nursing assistant #2 in-service was initiated on 5/19/15 by the Staff Facilitator to provide privacy by closing doors, pulling curtains, closing windows and blinds in residents rooms when providing personal care to residents, this in-service was completed on 6/2/15.</p> <p>3) The Staff Facilitator or the Quality Improvement Nurse will audit 100% of nursing assistants to include nursing assistant #2 providing personal care to assure privacy of the resident was maintained beginning 5/21/15 and complete all observations of nursing assistants by 6/8/15 to assure privacy is provided during residents personal care. Retraining will be immediately conducted by the Staff Facilitator or the Quality Improvement Nurse for all identified areas of concern during the audit. Thereafter, the Staff Facilitator or Quality Improvement Nurse will observe resident personal care to include resident #26 and nursing assistant #2 to assure privacy is maintained using a Resident care audit tool x 1 observation for each shift daily for 2 weeks, then x 1 observation for each shift 5 times each week for 2 weeks, then x 1 observation x 2 days on each shift for 2 weeks, then x 1 observation once a week each shift weekly for 2 weeks, then x 1 observation monthly for each shift for 1 month to assure privacy of the resident</p>		

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F 164	Continued From page 2 During an interview on 05/19/2015 12:35 PM Nursing Assistant #2 stated that he was really busy and did not have time to close the blinds or the curtain. During an interview on 05/19/2015 3:31 PM the Staff Development Coordinator stated that her expectation would be for staff to close the privacy curtains and the blinds before providing care. On 5/20/15 at 11:42 AM Resident # 26 stated when staff were providing incontinence care she wanted her window blinds closed to provide privacy. On 5/20/15 at 12:19 PM the Director of Nursing (DON) stated her expectations regarding providing privacy for residents while care was being provided would be that their window blinds were closed and if they were in a semi private room the privacy curtain should be pulled all the way around.	F 164	is maintained during personal care. The Administrator and the Director of Nursing will review the results of the monitoring weekly for 10 weeks and monthly for 3 months. All newly hired nursing assistants will receive the education on maintaining the privacy of a resident during personal care in orientation by the Staff Facilitator using an in-service form. 4) The Administrator will review with the Executive QI Committee monthly x 3 months for further recommendations as indicated.		
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on record review, observations and	F 246	1) The call bell for resident #111 was put	5/29/15	

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F 246	<p>Continued From page 3</p> <p>interviews the facility failed to keep the call bell within reach for 1 of 5 residents observed with a call bell out of reach. (Resident #111).</p> <p>The findings include:</p> <p>Resident #111 was admitted to the facility on 12/4/14 with diagnoses including Osteoporosis, Muscle weakness and Protein Calorie malnutrition.</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) Assessment identified Resident #111 as moderately cognitively impaired and having no behaviors. She required extensive, one person assistance with her bed mobility and toileting, extensive two person assistance with transferring, she had range of motion impairment to bilateral lower extremities, used a walker and wheelchair and was occasionally incontinent of her bowel and bladder.</p> <p>Review of the Care Area Assessment (CAAs) Summary dated 12/11/14 triggered in the area of Activities of Daily Living related to the extensive assistance that was needed for bed mobility, transferring and walking in room.</p> <p>Review of the Care Plan dated 3/13/15 documented Resident #111 required assistance with her activities of daily living with the potential to restore or maintain maximum function of self-sufficiency for the physical process of toileting related to diagnoses of Pneumonia and Protein Cal Malnutrition. The interventions included encouraging the resident to call for assistance with toileting .</p> <p>Review of Care Plan for Osteoporosis included</p>	F 246	<p>in reach of the resident by hall nurse on 5/18/15 and 5/19/15.</p> <p>2) All residents have the potential to be affected. A 100% call bell audit was completed by the Central Supply Clerk on 6/3/15 to assure clips were attached to the cords. All identified areas of concern were immediately corrected by the Central Supply Clerk during the audit. An in-service was initiated by the Staff Facilitator on 5/21/15 to 100% of nursing assistants, licensed nurses, administrative staff, Rehabilitation staff and housekeeping staff to include nursing assistant #1 to assure the residents have a call bell in reach before exiting the room, this in-service was completed on 5/29/15.</p> <p>3) Dietary Manager, Dietary Manager Assistant, Medical Records, Medical Records Assistant, Assistant Director of Nursing, Treatment Nurse, Treatment Aide, Activities Director, Activities Director Assistant, Activity aide, Pay Roll, Central Supply Clerk, Staff Facilitator, Staff Facilitator Assistant, Social Workers, Scheduler, Admissions Coordinator, and Day Shift Supervisor will monitor resident rooms to include resident #111 twice daily on 1st and 2nd shift x 2 weeks to assure call bells are in place using a call bell QI audit tool for all resident rooms. The Assistant Director of Nursing, Quality Improvement Nurse, or Treatment nurse will monitor for call bell placement on the third shift daily for 2 weeks using a call bell QI audit tool for all resident rooms. Thereafter, Dietary Manager, Dietary Manager Assistant, Medical Records,</p>		

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F 246	<p>Continued From page 4</p> <p>an intervention of calling for assistance by assuring the room was free of clutter, well lit and the call bell in reach.</p> <p>During an observation on 05/18/2015 at 12:21PM the call bell was attached to bed side rail that was down on wall side. Resident #111 was sitting at the foot of bed in lazyboy chair. Resident #111 stated if she needed anything she couldn't use call bell because she did not even know where it was.</p> <p>During an observation on 05/18/2015 at 2:35PM the call bell was still attached to bedside rail that was down on the wall side and out of reach.</p> <p>During an interview with NA#1 on 05/18/2015 at 3:56 PM she stated that the call bell should be in reach. She stated the resident does not transfer on her own. When NA #1 reached for the bell, it was noted to be broken in half.</p> <p>During a follow up interview with Resident #111 on 05/18/2015 at 4:02 PM she stated that she does not walk or transfer on her own.</p> <p>During an observation on 5/19/15 at 4:20PM the call bell was on the floor behind the bed.</p> <p>During an interview with Resident #111 on 5/19/15 at 4:20PM she stated she could not reach her call bell because she did not know where it was.</p> <p>During an interview with the Director of Nursing on 5/20/15 at 9:35AM she stated call bells should be in reach at all times.</p> <p>During an interview with the Administrator on</p>	F 246	<p>Medical Records Assistant, Assistant Director of Nursing, Treatment Nurse, Treatment Aide, Activities Director, Assistant Activities Director, Activities aide, Pay Roll, Central Supply Clerk, Staff Facilitator, Staff Facilitator Assistant, Social Workers, Scheduler, Admissions Coordinator, and Day Shift Supervisor will continue to monitor call bell placement twice daily ongoing using Administrative staff QI rounding tool. Placement of call bells on third shift will continue to be monitored by the Assistant Director of Nursing, Quality Improvement Nurse, or Treatment Nurse 5 times weekly for 2 weeks, then twice weekly for 2 weeks, then weekly for 4 weeks, then monthly for 1 month. The Administrator and the Director of Nursing will review the results of the monitoring weekly for 10 weeks and monthly for 3 months for concerns.</p> <p>4) The Administrator will review with the Executive QI Committee monthly x 3 months for further recommendations as indicated.</p>		

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F 246	Continued From page 5 5/20/15 at 9:50AM he stated call bells should be accessible to residents at all times.	F 246			
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to maintain a sanitary environment by failing to clean a tube feeding pole and floor below pole of feeding formula for one of one resident observed receiving a nutrition via a feeding tube (Resident #111). The findings include: Resident #111 was admitted to the facility on 12/4/14 with diagnoses including Attention to Gastrostomy, Dysphagia, Osteoporosis, Muscle weakness and Protein Calorie malnutrition. Review of the Physician ' s orders dated 1/7/15 documented Resident #111 was receiving Resource 2.0 at 30/cc hour continuously. During observations on 05/18/2015 at 12:21 PM the tube feed pole base was observed with a wet, 3 " diameter circle of light brown matter. Observations at 2:35PM and 4:00PM showed dried 3 " in diameter light brown matter on the tube feeding pole base. Observations at the same times of the floor below the tube feeding pole identified light brown matter on the floor.	F 253	1) The tube feeding pole for resident #111 was cleaned by the Housekeeping Director on 5/18/15. 2) All tube feeding poles have the potential to be affected. All tube feeding poles in the facility were cleaned by the Housekeeping Director on 5/18/15. An in-service was initiated by the Housekeeping Director on 5/21/15 100% of housekeeping staff to assure all foods are swept from the floors, spills are cleaned and dried, and tube feeding poles are cleaned daily with routine room cleaning, in-service was completed on 5/22/15. All newly hired housekeeping staff will receive the education on assuring all foods are swept from the floors, spills are cleaned and dried, and tube feeding poles are cleaned daily with routine room cleaning during orientation by Staff Facilitator using an in-service form. An in-service was initiated by the Staff Facilitator on 5/21/15 to 100% of all licensed nurses on maintaining the cleanliness of tube feeding pumps on their shift and clean all spills as they occur, this	6/1/15	

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F 253	<p>Continued From page 6</p> <p>During an interview with Housekeeping on 05/18/2015 4:06 PM he stated that the pole and floor should be cleaned by housekeeping daily.</p> <p>During an interview with the Nurse Consultant on 05/18/2015 4:34 PM she stated that if there's an ant in the building they will find the tube feeding. She stated the feeding should not be on the floor or pole and it would be cleaned immediately and staff would be in-serviced.</p> <p>During an interview with the Director of Nursing on 5/20/15 at 9:35AM she stated that tube feeding formula should be cleaned off the poles and floor at all times.</p> <p>During an intervieu with the Administrator on 5/20/15 at 9:50AM he stated that tube feeding poles and the floor beneath should be cleaned dailiy and as needed. He stated that the facility would not want any insects finding the formula.</p>	F 253	<p>in-service was completed on 6/1/15. All newly hired licensed nurses will receive the education on maintaining the cleanliness of tube feeding pumps on their shift and clean all spills as they occur during orientation by the Staff Facilitator using an in-service form.</p> <p>3) The Housekeeping Director or Assistant Housekeeping Director will observe all tube feeding poles using QI monitoring tool for all residents on continuous tube feedings in the facility, daily for 2 weeks to assure the poles have been adequately cleaned, thereafter, the Housekeeping Director or Assistant Housekeeping Director will monitor the tube feeding poles using a QI monitoring tool for all residents to include resident #111 on continuous tube feedings in the facility, 5 times weekly for 2 weeks, then 2 times weekly for 2 weeks, then weekly for 4 weeks, then monthly for 1 month. The Day Shift Supervisor will monitor all feeding pumps on first and second shifts to assure the pumps are clean using a QI monitoring tool for all residents on continuous tube feedings in the facility. The nurse assigned to the 200/300 hall on 11pm to 7am shift will observe the feeding pumps on third shift using a QI monitoring tool for all residents on continuous tube feedings in the facility, daily for 2 weeks to assure the pumps are clean. The Assistant Director of Nursing or the Treatment Nurse will monitor the feeding pumps on the weekend using a QI monitoring tool for all residents on continuous tube feedings in the facility. All identified areas of concern found during</p>		

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F 253	Continued From page 7	F 253	the audits will be immediately corrected by auditor. Thereafter, monitoring will occur using a QI monitoring tool for all residents on continuous tube feedings in the facility, by the Day Shift Supervisor and the 11pm to 7am nurse assigned to the 200/300 hall, 5 times a week for 2 weeks, then twice weekly for 2 weeks, then weekly for 4 weeks, then monthly for 1 month. The Administrator and the Director of Nursing will review the results of the monitoring weekly for 10 weeks and monthly for 3 months for concerns. 4)The Administrator will review with the Executive QI Committee monthly x 3 months for further recommendations as indicated.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews, the facility failed to provide proper incontinence care for 1 of 1 resident (Resident #26) who was observed receiving peri-care. Findings included: Resident #26 was admitted to the facility on 10/26/2010 and readmitted on 4/30/2012. Her	F 312	1) Thorough peri-care was provided to resident #26 with curtain pulled, door closed and blinds closed in residents room by a nursing assistant on 5/19/15 at 1515 observed by Director of Nursing. Nursing assistant #2 was educated on 5/19/15 at 1545 by the Staff Facilitator on providing proper peri-care while wiping a resident's perineum from front to back.	6/2/15	

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F 312	<p>Continued From page 8</p> <p>diagnoses included diabetes mellitus, anxiety disorder, hemiplegia, muscle weakness and peripheral vascular disease (PVD).</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) dated 3/25/15 and her annual MDS dated 10/9/14 revealed that she was cognitively intact, she required extensive assistance for incontinence care and personal hygiene. She was assessed as always incontinent of bowel and bladder.</p> <p>A review of the resident Care Area Assessment (CAAS) summary dated 9/25/14 revealed Resident #26 had diagnoses of hemiplegia, muscle weakness and peripheral vascular disease. She required extensive assistance with all Activity of Daily Living (ADL). Staff were to monitor and provide level of care required.</p> <p>A review of Resident # 26 ' s care plan last reviewed 3/18/15 revealed the focus was urinary incontinence related to loss of sensation. The intervention was to provide peri-care after each incontinent episode.</p> <p>During an observation of incontinence care on 5/19/2015 at 12:13 PM, Resident # 26 was observed in her room with a large amount of soft brown formed stool and urine on her buttocks, perineum and between her legs. Nursing Assistant #2 was observed using a pre-moistened washcloth wiping stool and urine from Resident #26 ' s buttocks and her anal area. NA #2 was observed walking around to the front of Resident #26 and getting a clean pre-moistened washcloth and washing her labial lips and perineum in a back to front motion 5 times. The pre-moistened wash cloth was observed with soft light brown</p>	F 312	<p>2) All residents have the potential to be affected. A 100% nursing assistant and licensed nurses to include nursing assistant #2 in-service was initiated on 5/19/15 by the Staff Facilitator on providing proper peri-care while wiping a resident's perineum from front to back, this in-service was completed on 6/2/15.</p> <p>3) The Staff Facilitator or the Quality Improvement Nurse will audit 100% of nursing assistants to include nursing assistant #2 providing peri-care beginning 5/21/15 and complete all observations of nursing assistants by 6/5/15 to assure proper technique is utilized. Retraining will be immediately conducted by the Staff Facilitator or the Quality Improvement Nurse for all identified areas of concern during the audit. Thereafter, the Staff Facilitator will observe resident personal care provisions to include resident #26 to assure proper technique is utilized using a Resident care audit QI tool x 1 observation for each shift daily for 2 weeks, then x 1 observation for each shift 5 times each week for 2 weeks, then x 1 observation twice a week on each shift for 2 weeks, then x 1 observation once a week for each shift weekly for 2 weeks, then x 1 monthly for each shift for 1 month to assure proper technique is utilized while providing personal care provisions to residents. The Administrator and the Director of Nursing will review the results of the monitoring weekly for 10 weeks and monthly for 3 months for concerns. All newly hired nursing assistants will receive the education on providing proper peri-care while wiping a resident's</p>		

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F 312	Continued From page 9 stool after each wipe. During an interview on 05/19/2015 12:35 PM Nursing Assistant #2 stated that he was really busy helping another Nursing Assistant that was on a lunch break and was in a hurry and did wipe from back to front. During an interview on 05/19/2015 3:31 PM the Staff Development Coordinator stated that her expectation regarding incontinence care would be for staff to wipe from front to back. On 5/20/15 at 12:19 PM the Director of Nursing (DON) stated her expectations regarding providing peri-care would be that staff would wipe from front to back to avoid residents from getting a Urinary Tract Infection (UTI).	F 312	perineum from front to back in orientation by the Staff Facilitator using an in-service form. 4) The Administrator will review with the Executive QI Committee monthly x 3 months for further recommendations as indicated.		
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the facility failed to maintain an effective pest control program by keeping the facility free of ants observed on one of two nursing stations. The findings include: Observations were made on 05/18/2015 2:30:47 PM in the room adjoining the Pelican Nursing	F 469	1) The charting room for the Pelican Station was treated for ants by the Maintenance Director on 5/18/15 and again on 5/19/15. The facility Exterminator was at the facility on 5/20/15 and treated for pests in Cardinal and Pelican nurses stations the therapy gym on 700 hall, the dining area on 700 hall, rooms 303, 706, 210. The Maintenance Director toured the	5/21/15	

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NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 469	<p>Continued From page 10</p> <p>station of small black ants on the counter top near the storage of nutritional supplements (i.e. Resource, Diabetsource, Impact).</p> <p>Observations made on 5/18/15 at 4:00pm in the room adjoining the Pelican Nursing station of small black ants on the counter top near the storage of nutritional supplements.</p> <p>During an interview with the Maintenance Director on 05/18/2015 4:34 PM he stated that he does have a pest control company that sprays routinely and he calls them if there is a specific problem between routine spraying. He stated he would take care of the ants. He stated ants love anything "sweet".</p> <p>During an interview with the nurse consultant on 05/18/2015 at 4:34 PM she stated that if there are ants they will find the tube feeding formula.</p> <p>Observations were made on 5/19/15 at 3:45PM and ants were observed in the room adjoining the Pelican Nursing station on the wall over the counter tops housing dietary supplements.</p> <p>During an interview with the Director of Nursing on 5/20/15 at 9:35AM she stated that Maintenance did spray the area and today the pest control company was coming to spray. She stated that insects should not be inside.</p> <p>During an interview with the Administrator on 5/20/15 at 9:50AM he stated he expected the facility would be free of insects.</p>	F 469	<p>facility with the exterminator and pointed out other various areas that also needed treatment on 5/20/15.</p> <p>2) All areas of the facility have the potential to be affected. An in-service was initiated by the Housekeeping Director on 5/21/15 100% of housekeeping staff to assure all foods are swept from the floors, spills are cleaned and dried, and tube feeding poles are cleaned daily with routine room cleaning, in-service was completed on 5/22/15.</p> <p>3) An in-service was initiated on 6/8/15 by the Staff Facilitator 100% of nursing assistants, licensed nurses, rehabilitation staff and housekeeping staff on what to do if they see pests. The Maintenance Director or the Maintenance Director Assistant will monitor using a QI audit tool 10% of all resident rooms and charting rooms of all three nurses stations daily for the presence of pests daily for 2 weeks, then 5 times weekly for 2 weeks, then twice weekly for 2 weeks, then weekly for 4 weeks, then monthly for 1 month. All identified areas of concern will be immediately corrected by the Maintenance Director or the Maintenance Director Assistant. The Administrator and the Director of Nursing will review the results of the monitoring weekly for 10 weeks and monthly for 3 months for concerns.</p> <p>4) The Administrator will review with the Executive QI Committee monthly x 3 months for further recommendations as indicated.</p>		