

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2015
NAME OF PROVIDER OR SUPPLIER SATURN NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262		
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F 000	INITIAL COMMENTS	F 000			
F 253 SS=B	<p>There was no deficiencies cited as a result of this complaint. Event ID: XTWQ11</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record review, the facility failed to maintain resident doors and door frames leading to resident rooms and bathrooms in good repair in four (4) of eight (8) resident room observed on multiple units. In addition, above resident bed there was an area where the paint had been removed from the bed hitting the wall when the bed was raised and lowered. The findings included: During the initial tour of the facility on 06/09/15 starting at 10:17 AM., the following observations were noted:</p> <p>a. Room 263 revealed the door frame into the bathroom was rusted next to the floor and the door leading to the hall did not close properly, it scraped on the floor.</p> <p>b. Room 273 revealed the door leading into the bathroom was chipped and splintered where the door scraped the bed when the door was either closed or opened.</p> <p>c. Room 277 revealed the wall behind bed A had paint peeling from the bed raised and lowered by staff.</p> <p>d. Room 279 revealed the paint was peeling</p>	F 253	<p>For room 263 the door frame was sanded and treated with Rustoleum. The door frame was then repainted and the door adjusted to prevent scraping the floor and assure that door closed properly.</p> <p>For room 273 the door was repaired by sanding and refinishing door to remove splintering then panel was applied to the back of door. The position of the bed was moved to prevent the footboard from rubbing against the door when door was opened all the way.</p> <p>Room 277 was repainted and a panel placed behind the bed to prevent constant damage to the wall.</p> <p>Room 279 was completely spackled and repainted. doorway was also sanded and repainted leading into room and bed was repositioned to prevent further damage to bathroom door.</p>	7/10/15	

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

TITLE

(X6) DATE

Electronically Signed

07/06/2015

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 253	Continued From page 1 above the base board next to the bathroom door, and there were chips in the wall, the door leading into the room was chipped and splintered, and the paint was peeling where the door scraped the bed when the door was either closed or opened. An interview was conducted on 06/11/15 at 2:30 PM with the maintenance director and he explained that staff and residents report maintenance problems to him directly or the problems were entered into a log book at each nursing station. The maintenance director explained he reviewed the log book daily and prioritized the work requested and life safety issues first. He stated he made rounds on a daily basis and if he saw something that needed to be repaired he would immediately repair the item. He stated he kept a log in his office of the items repaired and also included when a room was painted. He revealed he would paint one color one month and another color the next month. He revealed a log showing he had painted room 277 in April. He stated A bed in room 277 had been turned along the wall to make more room for the oversized wheelchair on 05/18/15. He stated he was aware of the paint peeling on the wall beside the bed. He further revealed it was due to the bed striking the wall when it was raised and lowered. He stated he was looking into placing a panel on the wall to keep the bed from hitting the wall and causing the paint to peel. He further explained he was not aware of the other rooms with chipped and splintering wood on the door or the rusty area on the door frame leading to the bathroom and the door not closing completely in room 263. He stated unless he found items when he made daily rounds or the staff told him or wrote the problem in the logs he was not aware of the problems.	F 253	A complete observation was completed of every room in the building for needed repairs by the Administrator, Maintenance Director and Environmental Director. A list of rooms needing repairs was composed and will have necessary corrections made. All facility staff was in serviced on observing for environmental problems while in residents rooms and notifying Maintenance Director by placing needed repairs in the maintenance log book. All Resident rooms will remain on a routine paint and repair schedule for routine repair and maintenance. Weekly rounds will continue to be conducted by the Administrator and Maintenance Director and a list of needed repairs compiled and logged with completion date expected within 7 days during rounds x 3 months. Results of rounds will be reported monthly at the QAPI meeting and revisions made as needed.		

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F 272 F 272 SS=D	Continued From page 2 483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.	F 272 F 272		7/10/15	

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F 272	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to conduct a comprehensive assessment related to urinary incontinence and indwelling urinary catheter for 1 of 4 sampled residents to identify and analyze how condition affected each resident's function and quality of life (Resident #124). The findings included: Resident #124 was admitted to the facility on 03/28/14 with diagnoses which included polio, depression, paraplegia and a stage 4 pressure ulcer. Review of Resident #124's annual Minimum Data Set (MDS) dated 02/27/15 revealed an assessment of intact cognition. The MDS indicated the presence of an indwelling urinary catheter. The MDS triggered the Care Area Assessment (CAA) for urinary incontinence and indwelling urinary catheter due to the presence of the catheter and need for assistance with toilet use. Review of Resident #124's urinary incontinence and indwelling catheter CAA dated 03/12/15 revealed the presence of an indwelling urinary catheter due to a sacral wound and indicated the use of an antidepressant. There was no documentation of causes and contributing factors with supporting documentation specific to Resident #124. The CAA did not include resident input, type of antidepressant or potential side	F 272	The care area assessment was corrected for resident 124 to reflect the following; Review of the causes ,contributing factors, resident input, type of antidepressant and potential side effects. MD also spoke with resident and discussed reason for ongoing catheter use and resident verbalized understanding. MD also again clarified the dx of Neurogenic bladder with urinary retention due to polio syndrome in his notes and assessment of residents course of treatment. MDS nurses received education by MDS corporate consultant. They also reviewed a CAA power point presentation and reviewed Chapter 4 pages 1-8 of RAI manual. This will become part of orientation for and new MDS personal Resident audit will be completed to identify all residents with foley catheter and medical Director will review for need of ongoing use and appropriate Diagnosis. 100% of CAAs pertaining to foley catheters will be reviewed/audited to ensure the care area assessment addresses the modifiable causes, other factors, lab test, diseases and conditions and types of incontinence, analysis of finding and care plan considerations (

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F 272	<p>Continued From page 4</p> <p>effects of medication, and type of urinary incontinence prior to catheter placement. The CAA's analysis of the findings included documentation of Resident #124's ability to self-propel in a wheelchair and a colostomy.</p> <p>Interview with Resident #124 on 06/11/15 at 9:21 AM revealed she currently had an indwelling urinary catheter. Resident #124 reported she independently accessed fluids and thought the indwelling catheter would be permanent since she could not independently use the toilet.</p> <p>Interview with the MDS nurse on 06/12/15 at 10:25 AM revealed the Registered Nurse who completed the CAA no longer worked at the facility. The MDS nurse reported a complete assessment which included resident input and specific factors in addition to the wound, locomotion ability and colostomy should be documented on the CAA.</p>	F 272	<p>source -Appendix C of the RAI manual) weekly for 3 months.</p> <p>Audit results will be submitted to the QAPI for review and further actions as warranted.</p>	