

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

PRINTED: 07/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345552	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2015
NAME OF PROVIDER OR SUPPLIER THE SHANNON GRAY REHABILITATION & RECOVERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282		
(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 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 observation, record review and staff interviews, the facility did not provide a complete bed bath for 1 of 1 sampled residents (Resident #7) who was observed receiving a bed bath. Findings included:</p> <p>Resident #7 was admitted to the facility on 11/15/11. Cumulative diagnoses included congestive heart failure, hypertension and diabetes mellitus.</p> <p>The facility's Basic Care Baths policy of 04/2014 indicated the policy was for all residents to have daily bed baths. In the procedure section, it noted to cleanse the resident 's skin and rinse the skin thoroughly so that all of the soap was removed. Skin was to be dried thoroughly.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment of 04/22/15 indicated Resident #7 had impaired decision making skills. She required total assistance with bathing. She was incontinent of both bowel and bladder.</p> <p>Resident #7's care plan, last revised on 04/28/15, identified a problem of requiring extensive to total assistance for activities of daily living. Approaches included providing prompt</p>	F 312	<p>Resident #7 continues to receive a complete bed bath per accepted facility procedure. NA #1 received training regarding procedure for bed bath.</p> <p>All residents who require bathing assistance will have bed bath per facility protocol. All NAs in facility were retrained as to appropriate procedure for bed baths. Retraining completed on 6/30/15. Any employee on FMLA or vacation during retraining will be retrained upon returning to work.</p> <p>A QI tool "Resident Care Audit" was initiated and will be completed routinely in which administrative nurses or licensed staff as directed audit ADL care such as bed baths for correct procedure. The QI tools will be completed randomly on all shifts a minimum of 10 per week X4 weeks and 10 per month on-going. Each resident care audit will result in immediate retraining if any issues of incorrect procedure are observed during audit. The DON will address any trends noted with additional retraining or disciplinary action as appropriate.</p>	7/1/15	

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

TITLE

(X6) DATE

Electronically Signed

07/01/2015

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>incontinent care and to observe the skin during care. Resident #7 was also identified as being at high risk for skin breakdown related to limited mobility requiring extensive to total assistance with bed mobility and incontinence of bowel and bladder. Approaches included cleansing the perineal area with soap and water following each urination and bowel movement.</p> <p>A bed bath was observed being provided to Resident #7 beginning at 10:15 AM on 06/18/15. Nurse Aide #1 (NA #1) prepared a basin of warm water and placed a bar of soap in the basin. Resident #7 requested a washcloth moistened with cool water so she could wash her face. NA #1 prepared the washcloth and handed it to Resident #7. She washed her face and handed the cloth to NA #1. NA #1 began washing her upper body using a soapy wash cloth. She washed her hands, arms, chest, breasts and upper torso. She used a clean dry towel to dry her skin. She did not rinse the soap from her skin. It was noted that the basin of water had lots of soap suds as she proceeded bathing Resident #7. NA #1 applied lotion to her arms, torso and hands. She continued with the bath. She assisted Resident #7 to roll onto her left side and she washed her back with a soapy washcloth. She dried her skin with a towel. NA #1 applied lotion and asked Resident #7 to roll back onto her back. She washed both legs and feet with a soapy washcloth and dried them with the towel. She applied lotion to her legs and feet. Resident #7 complained that her skin to her left leg was itching and NA #1 applied more lotion. NA #1 untaped the soiled brief, pushed it down between her legs and washed Resident #7's groins and pubic area with the soapy washcloth. NA #1 asked Resident #7 to roll onto her left side so she</p>	F 312	All resident care audits will be reviewed by DON with a summary of results reported to the administrator monthly. Summary of audits and outcomes will be reported to Executive Committee quarterly.		

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F 312	<p>Continued From page 2</p> <p>could wash her buttocks region. She removed the brief. A large amount of soft brown stool was noted on her buttocks and inside the perineal area. She dried her skin with the towel. She did not rinse the soap from the area. NA #1 used disposable wipes to remove the majority of the stool. She cleansed her buttocks with a soapy wash cloth reaching inside the perineal area to remove residual stool. Once all of the stool was removed, she dried her skin with a dry towel. She did not rinse the soap from her perineal area. NA #1 assisted Resident #7 to turn back onto her back. Resident #7 complained that her perineal area was very itchy so NA #1 washed the area again with the soapy wash cloth. She did not rinse her skin. She applied barrier cream and a clean brief. Resident #7 again complained of itching skin to her left foot so NA #1 applied more lotion.</p> <p>NA #1 was interviewed immediately following the observation at 11:00 AM on 6/18/15. She stated she had been taught to wash front to back when cleansing a female resident. She agreed that she should have rinsed the soap that she reported to be Dove soap from Resident #7's skin.</p> <p>During an interview with the Director of Nurses (DON), on 06/17/15 at 5:15 PM, she stated she expected staff to thoroughly cleanse the resident's entire body when providing a bed bath. She stated soap should be rinsed from the resident's body.</p> <p>The Administrator stated on 06/18/15 at 10:00 AM that prior to the observation the bed bath procedure was reviewed with staff.</p>	F 312			