		AND HUMAN SERVICES			FORM	08/27/2015 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345115	B. WING _			C 18/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
	TR HEALTH & REHA			635 STATESVILLE BOULEVARD		
		B/SALISBURI		SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION (CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 166 SS=E		TO PROMPT EFFORTS TO	F 16	6		7/24/15
	facility to resolve gr	right to prompt efforts by the rievances the resident may se with respect to the behavior				
	by: Based on observa resident, family and failed to investigate grievances for 3 of and #2). The findir 1. Resident #6 was readmitted 10/2/14 diagnoses included cervical spondylosi Resident #6 also ha urinary catheter. A resident 's room w The most recent M (MDS), a Quarterly revealed Resident is required extensive both toileting and h indicated the reside bowel and had an i Review of the Cond dated 6/1/15 revea description " Resident is call bell light was o	a admitted 4/26/06 and The resident 's cumulative it diabetes, hypertension, s and depressive disorder. ad an indwelling suprapubic t the time of the survey the as on 100 hall. inimum Data Assessment assessment dated 5/20/15, #6 was cognitively intact and assistance of two people for ygiene. The MDS also ent was always incontinent of ndwelling catheter. cern Form for Resident #6, led the following concern lent states on 5/29 3rd shift his ut of reach so he called the e. He reports the charge RN		Criteria 1 Grievances filed by Resident #2 were reviewed and addre Director of Nursing on 6/18/7 acceptable resolution was id discussed with the resident a responsible party by the Dire Services on 6/23/15. Docum this follow up and resolution completed on the Concern F Director of Nursing by 7/20/1 Criteria 2 Residents filing concerns an have the potential to be affect alleged deficient practice. Of the Director Of Nursing and Services Director initiated an concern log and concern for during the last 30 days to ve development of an acceptable and validate the completion of documentation on each of the forms. An acceptable resolu- identified and discussed with	ssed by the 15. An entified and and/or ector of Social entation of was form by the 5. d grievances cted by the Dn 6/18/15 Social n audit of the ms received rify the ole resolution of lese concern ution was	

07/24/2015

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.

Electronically Signed

	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUUT				0938-039
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:			ECONSTRUCTION		PLETED
			A BOILDI			C	2
		345115	B. WING			06/1	8/2015
NAME OF F	PROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY			35 STATESVILLE BOULEVARD		
BRIAN		BIOALIOBORT		S	ALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
F 166	Continued From pa	ige 1	F 1	66			
	about residents in f	ront of other residents as well. at on 5/29 he was waiting for a			completed on the Concern form.		
	package and was to	old by front desk numerous			Criteria 3		
		t yet arrived but his friend who			The Director of Nursing will re-educ		
		d and someone had already box for " Is the individual			the Department Managers including Social services Director, on the pro-		
		cern satisfied with the			for collecting concerns, investigating		
		ecked " yes " . Under the			developing resolution. This Educat	ion	
		lescribe the Action that has			was completed by 7/20/15. Reside		
		owing was handwritten " or) notified to address			concern forms will be reviewed by the Interdisciplinary Team during the M		
	concerns.	or provined to address			Meeting 4 times per week 12 week		
) AM resident #6 was			ensure investigations are complete		
		licated that the above			acceptable resolution developed,		
		een addressed or resolved.			communicated with the resident and		
		PM the Director of Nursing the said that she had not been			documented accurately. Opportuni identified as a result of this review v		
		laint but that Resident #6 had			corrected daily.	viii be	
		orm dated 6/1/15 that was sent					
		address. The DON also			Criteria 4		
		cation of the Administrator			The results of these audits and		
		stigation and action was of addressing a grievance.			observations will be reported by the Director of Nursing in the monthly C		
		the Administrator was out of			Assurance Performance Improvement		
		ne and unavailable but that			Committee meeting for 3 months th		
		Iministrator was aware of the			quarterly. The committee will evalu		
		n had been located in a binder			and make further recommendations	sas	
	in the Administrator	s admitted on 8/20/14. The			indicated. Date of compliance is July 20, 2015		
		sis included: Parkinson ' s				,	
	disease. Resident	#3 also had a colostomy. At					
		ey the resident ' s room was					
	on 100 hall.	inimum Data Assessment					
		assessment dated 6/3/15,					
		#3 was cognitively intact and					
	required extensive	assistance of two people for					
		ygiene. The MDS also					
		ent was always incontinent of					

If continuation sheet Page 2 of 42

		& MEDICAID SERVICES					. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY
			A. DOILD	- ¹¹			С
		345115	B. WING				18/2015
NAME OF I	PROVIDER OR SUPPLIER	·		ST	REET ADDRESS, CITY, STATE, ZIP CODE	•	
BRIAN C	TR HEALTH & REHA	B/SALISBURY					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETIO DATE
F 166	Continued From pa	age 2	F 1	66			
	bladder and had ar	o ostomy for bowel elimination.					
		cern Form for Resident #3,					
		aled the following concern dent wife stated that her					
		as been sitting outside of his					
		paking wet until her finally got					
	changed. Residen	t wife was very upset about the					
		the heading " Please describe					
		been taken " the following spoke to family and explained					
		ve would be addressing call					
		and customer services. Also					
		s (Nursing Assistants) were					
		-service on 6/9/15 and					
		on 6/16/15) 6/29/15 My Life in					
		are) - training. The follow-up 6/4/15 but whether or not the					
		the concern was satisfied was					
	not indicated.						
	On 6/17/15 at 5:30	PM Resident #3 's wife was					
		e Resident present. The					
		ted that Resident #3 has had					
		In hour for incontinent care on ons. She stated that it had					
		st after lunch today (6/17/15)					
		the problem had not been					
		t #3 's wife said and that when					
		t she turned the call light on					
		ack an hour later the call light					
	was off and the res						
		PM interview with the Director evealed that she was aware					
		d families had complaints of					
		wet for long periods but that					
	she was working to	resolvce the issue and just					
		She stated that she had only					
		ctor of Nursing (DON) on June					
		ready had 10 new Nursing 6/17/15 and had done staff					

Facility ID: 953007

If continuation sheet Page 3 of 42

		& MEDICAID SERVICES	0			<u>. 0938-03</u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		E SURVEY
			A. DOILD		С	
		345115	B. WING			18/2015
NAME OF F	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE	E, ZIP CODE	
BRIAN C	TR HEALTH & REHAI	B/SALISBURY		635 STATESVILLE BOULEVAN SALISBURY, NC 28144	RD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETIO DATE
F 166	Continued From pa	ge 3	F 1	66		
		ressing the issue as well. admitted on 12/19/12 and				
		15. The resident ' s es included: diabetes, chronic	:			
		ivulsions and depressive ie of the survey the resident ' s				
	room was on 100 h	all. nimum Data Assessment				
	(MDS), a Quarterly	assessment dated 5/8/15,				
		#2 was cognitively intact, assistance for toileting and				
	extensive assistance	e of two people for hygiene.				
	incontinent of bowe	ated the resident was always I and bladder.				
	Review of the Conc	ern Form for Resident #2,				
		aled the following concern esident in dinning room on				
	5/25 (with) feces all	over her and her wheelchair.				
		y visited and resident was wet				
		een wet awhile. They were ident was only cleaned with a				
		ave asked to be contacted				
	when an appointme	ent is needed so they can				
		g to their schedule and they f appointments. The box for "				
		y voiced this concern to a staff				
	member " was che	cked "yes". Under "				
		e action that has been taken "				
	0	and written " Admin DON (Director of Nursing)				
		There was no documentation				
		igation or of any corrective				
		ver the box for " Is the the concern satisfied with				
	the resolution " was					
	On 6/17/15 at 4:17	PM Resident #2 was				
		tated that on more than one				
		een left wet and dirty for at the did not know when the last				

Facility ID: 953007

If continuation sheet Page 4 of 42

		AND HUMAN SERVICES			FORM	: 08/27/201 APPROVE . 0938-039	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	CON	E SURVEY IPLETED	
		345115	B. WING			/18/2015	
	PROVIDER OR SUPPLIER	B/SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 166	Continued From pa	ige 4	F 16	66			
F 241	time was and did na asked. On 6/17/15 at 5:45 of Nursing (DON) r started at the facilit have any knowledg She stated howeve Administrator and I investigation and a of addressing a grie the Administrator was form had been loca Administrators offic 483.15(a) DIGNITY INDIVIDUALITY The facility must pr manner and in an e enhances each res	PM interview with the Director evealed that she had just y June 1, 2015 so she did not e of this specific concern. r that notification of the DON without further ction was insufficient in terms evance. The DON said that ras out of the facility at this le but that she believed the aware of the concern as the ited in a binder in the	F 24			7/24/15	
	by: Based on observative resident, family and failed to treat reside leaving residents w more while attendir needs for 6 of 6 res #4, #5 and #6). The 1. Resident #1 was cumulative diagnost chronic kidney dise obstruction and car	NT is not met as evidenced tion, record review and d staff interview, the facility ents with dignity by knowingly ret or soiled for an hour or ng to other residents care sidents (Resident #1, #2, #3, e findings included: admitted on 5/16/14 and had ses that included: diabetes, ase, chronic airway diac dysrhythmias. At the he resident 's room was on		Criteria 1 The Director of Nursing and Unit Managers re-assessed Resident #3, #4, #5 and #6 for Incontinent needs and updated the care plar current needs by 7/20/15. Docu was completed on the Bowel and Evaluation Form. The Director of Services offered residents #1, #2 #5 and #6 to opportunity to expres concerns related to dignity and p emotional support by 7/20/15.	s #1, #2, care to reflect mentation d Bladder f Social 2, #3, #4, ess		

Facility ID: 953007

If continuation sheet Page 5 of 42

			0.0			. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY MPLETED
						С
		345115	B. WING			/18/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOUL SALISBURY, NC 2814		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETIO DATE
F 241	Continued From pa	ige 5	F 2	41		
	100 hall. The most recent Mi (MDS) an Annual a revealed Resident a required extensive toileting and was fro and bladder. Review of the Care 4/13/15 revealed a The goal was " will managed without si potential complicati or UTI (urinary tract dignity maintained v approaches for this call light within easy care daily and as ne incontinence episod intervals and as ne On 6/17/15 at 11:30 #1 revealed that wh room was, did not h calling out sick, she 1-2 hours until the si get to her. Resider staff would turn off would be back, or r would be 1-2 hours came to change he other residents. At not turn off her call for two hours. Resi was incontinent wh the hall staff said th incontinent care un When asked how it briefs or so long he	inimum Data Assessment ssessment dated 4/3/15, #1 was cognitively intact, assistance for hygiene and equently incontinent of bowel Plan dated last updated plan of care for incontinence. have incontinence episodes igns and symptoms of ions including skin breakdown, t infection) and will have with incontinent care. " The plan of care included: " have y reach ", " provide perineal eeded " and " observe for des at regular and frequent		incontinent care h affected by this all Residents requirir interviewed to offe express concerns concerns express on a concern form provided as identi Services Director. by 7/20/15. Criteria 3 The Director of Nu Development Coo Managers will re- regarding the facil policy for providing including timely re and communication providing care upor room and providing dignity when cond This re-education 7/20/15. The Direct Development Coo Managers will ran observe 10 reside incontinent care w validate timely res and maintenance providing incontine conducted random	This will be completed ursing, Staff ordinator or Unit educate all Nursing Staff lity policy for dignity and g incontinent care, esponse to call lights on of the plan for on entry of the resident ing for the resident is lucting incontinent care. will be completed by ctor of Nursing, Staff ordinator or Unit domly interview and ents requiring veekly for 12 weeks to sponse to the call light of dignity while ent care. Audits will nly on all 3 shifts and on tunities for improvement	f

Facility ID: 953007

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				APPROVE 0938-039	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	`́сом	E SURVEY IPLETED	
		345115	B. WING			C 18/2015	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETIO DATE	
F 241	6/18/15 at 10:37 PM times when she cou and they had been should because she residents. Interview with NA # she typically worked when they were she do their best to get sometimes residen for care. NA #2 sai answered and what should be dealt with with another reside also stated that the come on at the beg resident was so we had incontinent car Interview with NA # revealed that the with heavy. NA #3 state on the hall complain and added that she soon as she could. Interview with NA # revealed that it was s needs on 100 hal NA ' s on first shift. Interview with NA # revealed that she s take care of on 100 shift. She said wor difficult to get to ea been instances whe while she was carin Interview with NA #	ge 6 ing Assistant #1 (NA#1) on A revealed that there had been uld not get to residents quickly left wet longer than they e was busy with other 2 at 10:38 AM revealed that d on 100 hall. She stated ort staffed they would just try to everything done but that t 's waited up to 45 minutes d that call bells should be tever the resident needed in that time but that if she was in the could not do that. She re were times when she had inning of her shift and a t that it appeared they had not e for a long period of time. 3 on 6/18/15 at 11:23 PM orkload on 100 hall was very ed she had heard resident 's in that they had been left wet t tried to get to everyone as 4 on 6/18/15 at 11:29 AM officiult to meet the resident ' I if the hall had fewer than 5 5 on 6/18/15 at 11:39 AM ometimes had 20 residents to hall when she worked first king with 20 residents made it ch resident timely so there had ere a resident was left wet to g for other residents. 6 on 6/18/15 at 11:46 AM they sometimes worked with	F 24	1 The results of these audits and observations will be reported by the Director of Nursing in the monthly Assurance Performance Improve Committee meeting for 3 months quarterly. The committee will eva and make further recommendation indicated. Date of compliance is July 20, 20	y Quality ement then aluate ons as		

Facility ID: 953007

If continuation sheet Page 7 of 42

CENTER STATEMENT	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	• •			PRINTED: 08/27/2015 FORM APPROVED OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:					C
		345115	B. WING			06/	18/2015
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN C	TR HEALTH & REHA	3/SALISBURY			335 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 241	have about 19 residered in the part of the residents did then we care. Interview with the D 6/18/15 at 12:30 PM of residents complation of residents complation of the resident's complation of the resident's complation of the resident's complation of the resident of the	dents to take care so the vait a long time to receive pirector of Nursing (DON) on A revealed that she was aware aining about having to wait a inent care. She stated that the DON since June 1, 2015 was working to address the ew Nursing Assistants that 7/15. She stated that she had ervices with the Nursing ering call bells (6/9/15) and 6/16/15) and that she had d for 6/29/15 called " My Life "." s admitted on 12/19/12 and 15. The resident ' s es included: diabetes, chronic nulsions and depressive te of the survey the resident ' s all. nimum Data Assessment assessment dated 5/8/15, #2 was cognitively intact, assistance for toileting and ce of two people for hygiene. cated the resident was always	F2	241			

If continuation sheet Page 8 of 42

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		TIPLE CONSTRUCTION	(X3) DA	0. 0938-039
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG	COI	MPLETED C
		345115	B. WING		06	U /18/2015
NAME OF I	PROVIDER OR SUPPLIER	1	1	STREET ADDRESS, CITY, STATE, ZIP CO		10,2010
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 241	least an hour but sl time was and did n asked. When aske	age 8 been left wet and dirty for at he did not know when the last ot elaborate further when ed how being left wet and dirty said " it makes me feel bad, l	F 24	41		
	don ' t like it " . Interview with Nurs 6/18/15 at 10:37 Pl times when she co and they had been	ing Assistant #1 (NA#1) on W revealed that there had been uld not get to residents quickly left wet longer than they e was busy with other				
	she typically worke when they were sh do their best to get sometimes residen for care. NA #2 sa	2 at 10:38 AM revealed that d on 100 hall. She stated ort staffed they would just try to everything done but that t ' s waited up to 45 minutes id that call bells should be tever the resident needed				
	with another reside also stated that the come on at the beg resident was so we had incontinent car	h that time but that if she was int she could not do that. She is were times when she had ginning of her shift and a it that it appeared they had not be for a long period of time.				
	revealed that the w heavy. NA #3 state on the hall complai	3 on 6/18/15 at 11:23 PM orkload on 100 hall was very ed she had heard resident ' s n that they had been left wet e tried to get to everyone as				
	revealed that it was s needs on 100 hal NA's on first shift.					
	revealed that she s take care of on 100	5 on 6/18/15 at 11:39 AM cometimes had 20 residents to) hall when she worked first king with 20 residents made it				

If continuation sheet Page 9 of 42

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DA	D. 0938-039
ND PLAN (F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	ING	CO	MPLETED
		345115	B. WING		06	C 5/18/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF		
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 241	Continued From pa	age 9	F 2	241		
	been instances wh while she was carin Interview with NA # revealed that when only 3 NA 's assign have about 19 resid residents did then y care. Interview with the E 6/18/15 at 12:30 Pl of residents compla long time for incom she had only been but that in that she issue by hiring 10 r started work on 6/1 also been doing ins Assistants on answ sensitivity training (another one planne in Long Term Care 3. Resident #3 wa resident 's diagnos disease. Resident the time of the surv on 100 hall. The most recent M (MDS), a Quarterly revealed Resident required extensive both toileting and h indicated the reside bladder and had ar Review of the Care 6/15/15 revealed a	s admitted on 8/20/14. The sis included: Parkinson ' s #3 also had a colostomy. At yey the resident ' s room was linimum Data Assessment assessment dated 6/3/15, #3 was cognitively intact and assistance of two people for bygiene. The MDS also ent was always incontinent of n ostomy for bowel elimination. Plan dated last updated plan of care for incontinence. I have incontinence episodes				

Facility ID: 953007

If continuation sheet Page 10 of 42

							0. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				· · /	TE SURVEY MPLETED
			A. BUILDI	NG			С
		345115	B. WING			06	/18/2015
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COL		10/2010
				635	STATESVILLE BOULEVARD		
BRIAN C	TR HEALTH & REHA	B/SALISBURY		SA	LISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 241			_				
F 241	e e name de la compe	-	F 24	41			
		t infection) and will have with incontinent care. " The					
		plan of care included: " have					
		y reach ", " provide perineal					
	care daily and as n	eeded and observe for					
		des at regular and frequent					
	intervals and as ne						
		PM a family member of terviewed with the Resident					
		y member stated that Resident					
		more than an hour for					
		a couple of occasions. She					
	stated that it had ha	appened again just after lunch					
		that when she left turned the					
		en she got back an hour later					
		f and the resident was still wet. r also said that after Resident					
	-	n the dinning room Nursing					
		e busy on the hall passing out					
		they could not give incontinent					
		l trays were out on the hall.					
		trviewed on 6/17/15 with his					
		5 PM and indicated that he felt					
		to wait so long for incontinent ed that a staff member had					
		while his wife was gone but					
		g to him and he had wondered					
	why she had come						
		ing Assistant #1 (NA#1) on					
		M revealed that there had been					
		uld not get to residents quickly left wet longer than they					
	-	e was busy with other					
	residents.						
		2 at 10:38 AM revealed that					
		d on 100 hall. She stated					
		ort staffed they would just try to					
		everything done but that					
	sometimes residen	t 's waited up to 45 minutes					

If continuation sheet Page 11 of 42

		AND HUMAN SERVICES				FORM	08/27/2015 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345115	B. WING _				C 18/2015
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY			5 STATESVILLE BOULEVARD ALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPN DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241	for care. NA #2 sai answered and what should be dealt with with another resider also stated that the come on at the beg resident was so we had incontinent carr Interview with NA # revealed that the we heavy. NA #3 state on the hall complain and added that she soon as she could. Interview with NA # revealed that it was s needs on 100 hal NA's on first shift. Interview with NA # revealed that she so take care of on 100 shift. She said word difficult to get to each been instances whe while she was carin Interview with NA # revealed that when only 3 NA's assign have about 19 resid residents did then w care. Interview with the D 6/18/15 at 12:30 PM of residents compla long time for incont she had only been for but that in that she issue by hiring 10 m	age 11 id that call bells should be tever the resident needed in that time but that if she was int she could not do that. She re were times when she had jinning of her shift and a it that it appeared they had not e for a long period of time. 3 on 6/18/15 at 11:23 PM orkload on 100 hall was very ed she had heard resident ' s in that they had been left wet e tried to get to everyone as 4 on 6/18/15 at 11:29 AM difficult to meet the resident ' 1 if the hall had fewer than 5 5 on 6/18/15 at 11:39 AM ometimes had 20 residents to 0 hall when she worked first king with 20 residents made it ch resident timely so there had ere a resident was left wet ing for other residents. 6 on 6/18/15 at 11:46 AM they sometimes worked with hed to 100 hall, each NA would dents to take care so the wait a long time to receive Director of Nursing (DON) on M revealed that she was aware aining about having to wait a inent care. She stated that the DON since June 1, 2015 was working to address the new Nursing Assistants that 7/15. She stated that she had	F 24	41			

Facility ID: 953007

If continuation sheet Page 12 of 42

STATEMENT	OF DEFICIENCIES	KONTERPORT NUMBER: A MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DA). 0938-039 TE SURVEY MPLETED	
				ING			C	
		345115	B. WING			06/18/2015		
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CO		DE			
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILL SALISBURY, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH C	IDER'S PLAN OF CORF CORRECTIVE ACTION S FERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	
F 241	Continued From pa	age 12	F 2	241				
	Assistants on answ sensitivity training (another one planne in Long Term Care 4. Resident #4 wa had cumulative dia atrial fibrillation, hy disorder. At the tim room was on 100 h The most recent M (MDS), a Quarterly revealed Resident required extensive both toileting and h indicated the reside bladder and freque Review of the Care 4/23/15 revealed a The goal was " wil managed without s potential complicat or UTI (urinary trac dignity maintained approaches for this call light within eas care daily and as n incontinence episo intervals and as ne On 6/17/15 at 4:45 interviewed. She s wet so long that he declined to have th #4 said that she the had to do with bein were call outs. She trying to do a good have enough help s	s admitted on 11/22/14 and gnoses including: diabetes, pertension and depressive ne of the survey the resident ' s nall. linimum Data Assessment assessment dated 4/23/15, #4 was cognitively intact and assistance of two people for bygiene. The MDS also ent was always incontinent of ently incontinent of bowel. Plan dated last updated plan of care for incontinence. I have incontinence episodes signs and symptoms of ions including skin breakdown, at infection) and will have with incontinent care. " The s plan of care included: " have y reach ", " provide perineal ieeded " and " observe for des at regular and frequent						

Facility ID: 953007

If continuation sheet Page 13 of 42

	OF DEFICIENCIES	& MEDICAID SERVICES		TIPLE CONSTRUCTION		E SURVEY
	OF DEFICIENCIES	IDENTIFICATION NUMBER:		NG		I E SURVEY MPLETED
			N. DOILDI			С
		345115	B. WING		06/18/2015	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
Γ 241	 241 Continued From page 13 made her feel uncomfortable when she was left wet for a long time and that she sometimes pulled her brief off herself so she would feel better. Interview with Nursing Assistant #1 (NA#1) on 6/18/15 at 10:37 PM revealed that there had been times when she could not get to residents quickly and they had been left wet longer than they should because she was busy with other residents. Interview with NA #2 at 10:38 AM revealed that she typically worked on 100 hall. She stated when they were short staffed they would just try to do their best to get everything done but that sometimes resident 's waited up to 45 minutes for care. NA #2 said that call bells should be 			41		
	should be dealt with with another reside also stated that the come on at the beg resident was so we had incontinent car Interview with NA # revealed that the with heavy. NA #3 state on the hall complain and added that she	tever the resident needed in that time but that if she was nt she could not do that. She re were times when she had jinning of her shift and a t that it appeared they had not e for a long period of time. 3 on 6/18/15 at 11:23 PM orkload on 100 hall was very ed she had heard resident ' s in that they had been left wet e tried to get to everyone as				
	revealed that it was s needs on 100 hal NA's on first shift. Interview with NA # revealed that she s take care of on 100 shift. She said wor difficult to get to ear been instances whe	4 on 6/18/15 at 11:29 AM difficult to meet the resident ' l if the hall had fewer than 5 5 on 6/18/15 at 11:39 AM ometimes had 20 residents to 0 hall when she worked first king with 20 residents made it ch resident timely so there had ere a resident was left wet ng for other residents.				

Facility ID: 953007

If continuation sheet Page 14 of 42

						0. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		TE SURVEY MPLETED
		345115	B. WING _		06	C / 18/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
BRIAN C	TR HEALTH & REHA	AB/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIC DATE
F 241	revealed that when only 3 NA 's assig have about 19 resi residents did then care. Interview with the I 6/18/15 at 12:30 P of residents compl long time for incon she had only been but that in that she issue by hiring 10 started work on 6/ also been doing in Assistants on ansy sensitivity training another one plann in Long Term Care 5. Resident #5 wa readmitted on 8/27 cumulative diagno anemia and depre the survey the resi The most recent M (MDS), a Quarterly revealed Resident required extensive both toileting and H indicated the resid of bladder and alw Review of the Care 6/14/15 revealed a The goal was " wi breakdown due to	#6 on 6/18/15 at 11:46 AM in they sometimes worked with ned to 100 hall, each NA would idents to take care so the wait a long time to receive Director of Nursing (DON) on M revealed that she was aware laining about having to wait a tinent care. She stated that the DON since June 1, 2015 was working to address the new Nursing Assistants that 17/15. She stated that she had services with the Nursing wering call bells (6/9/15) and (6/16/15) and that she had ed for 6/29/15 called " My Life		11		

Facility ID: 953007

If continuation sheet Page 15 of 42

		& MEDICAID SERVICES	(X2) MI II 7	TIPLE CONSTRUCTION). 0938-039 TE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:		NG		MPLETED
						С
		345115	B. WING		06	/18/2015
NAME OF	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP	CODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETIO DATE
F 241	Continued From pa	age 15	F 2	41		
	wash rinse and dry	-				
		PM interview with Resident #5				
		imerous occasions he has				
		receive incontinent care or				
		one answer his call light. He of hearing staff say they hadn				
		oner because they were				
		to call outs and having to wait				
	so long for care ma					
		ing Assistant #1 (NA#1) on				
		M revealed that there had been				
		uld not get to residents quickly left wet longer than they				
		e was busy with other				
	residents.					
		2 at 10:38 AM revealed that				
		d on 100 hall. She stated				
		ort staffed they would just try to				
		everything done but that t ' s waited up to 45 minutes				
		id that call bells should be				
		tever the resident needed				
	should be dealt with	h that time but that if she was				
		nt she could not do that. She				
		re were times when she had				
		ginning of her shift and a state of the shift and a state of the state				
		re for a long period of time.				
		8 AM interview with Resident				
	#5 revealed that he	e had not been offered				
		om 9:30 PM 6/17/15 to 9:00 AM				
		that he had used his call bell				
		both times the Nurse				
		ed and got him what he he he said the Nursing assistant				
		or incontinent care and he did				
		ontinent rounds while he was				
	awake which he sa	id was most of the night.				
	Resident #5 said th	hat he was soaked wet in the				

Facility ID: 953007

If continuation sheet Page 16 of 42

	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```	TIPLE CONSTRUCTION	(X3) DATE	0938-039 SURVEY PLETED	
				ING	(C	
		345115	B. WING			8/2015	
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CO			DE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIC DATE	
F 241	Continued From pa	age 16	F 2	241			
	use his call bell anu until 9:00 AM. He him in a bad mood he had refused to g clothes and chose instead. Interview with NA # revealed that the w heavy. NA #3 state on the hall complai and added that she soon as she could. Interview with NA # revealed that it was s needs on 100 ha NA's on first shift. Interview with NA # revealed that she s take care of on 100 shift. She said word difficult to get to ea been instances wh while she was carin On 6/18/15 at 11:4 interviewed. She s member who found morning and that it been changed all r stated that Resider and that she imme Assistants provide Interview with NA # revealed that wher only 3 NA's assign	#4 on 6/18/15 at 11:29 AM s difficult to meet the resident ' Il if the hall had fewer than 5					

Facility ID: 953007

If continuation sheet Page 17 of 42

	OF DEFICIENCIES	& MEDICAID SERVICES		TIPLE CONSTRUCTION		TE SURVEY	
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:		NG	· /	MPLETED	
			A. DOILDI			С	
		345115	B. WING		06	/18/2015	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
F 241	of residents complations to the second secon	A revealed that she was aware aining about having to wait a inent care. She stated that the DON since June 1, 2015 was working to address the ew Nursing Assistants that 7/15. She stated that she had rervices with the Nursing rering call bells (6/9/15) and 6/16/15) and that she had d for 6/29/15 called " My Life ". a admitted 4/26/06 and . The resident ' s cumulative : diabetes, hypertension, s and depressive disorder. ad an indwelling suprapubic t the time of the survey the	F 2	41			
	(MDS), a Quarterly revealed Resident a required extensive both toileting and hy indicated the reside bowel and had an in Review of the Care revealed a plan of c activities of daily live an indwelling supra approaches include specifically address The Wound Care S 6/3/15 revealed Res fungal infection of h that covered the en and was erythemate treatment noted wa	inimum Data Assessment assessment dated 5/20/15, #6 was cognitively intact and assistance of two people for ygiene. The MDS also ent was always incontinent of ndwelling catheter. Plan last updated 5/20/15 care for staff assistance with ing care and a plan of care for pubic catheter. The ed in the care plan did not					

Facility ID: 953007

If continuation sheet Page 18 of 42

TATEMEN	OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()	IPLE CONSTRUCTION	(X3) DA). 0938-039 TE SURVEY MPLETED	
		345115	B. WING _		C 06/18/2015		
NAME OF	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP COL	E		
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIC DATE	
F 241	times when she co and they had been should because sh residents. Interview with NA # she typically worke when they were sh do their best to get sometimes resider for care. NA #2 sa answered and what should be dealt wit with another reside also stated that the come on at the beg resident was so we had incontinent car Interview with NA # revealed that the with heavy. NA #3 state on the hall complate and added that she soon as she could. Interview with NA # revealed that it was s needs on 100 ha NA ' s on first shift. On 6/18/15 at 11:3 #6 revealed that the has waited 1-2 hou movement and use staff would answer they were not assig would find his Nurs 1-2 hours before shim up. Resident a	M revealed that there had been uld not get to residents quickly left wet longer than they we was busy with other 2 at 10:38 AM revealed that d on 100 hall. She stated ort staffed they would just try to everything done but that it 's waited up to 45 minutes id that call bells should be tever the resident needed h that time but that if she was ent she could not do that. She ere were times when she had ginning of her shift and a et that it appeared they had not re for a long period of time. 43 on 6/18/15 at 11:23 PM vorkload on 100 hall was very ed she had heard resident 's in that they had been left wet e tried to get to everyone as 44 on 6/18/15 at 11:29 AM s difficult to meet the resident ' II if the hall had fewer than 5	F 24				

If continuation sheet Page 19 of 42

		AND HUMAN SERVICES				FORM	08/27/2015 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	COM	E SURVEY IPLETED C
		345115	B. WING	i			_ 18/2015
	PROVIDER OR SUPPLIER	B/SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241 F 312 SS=E	so long waiting for i wanted the problem Interview with NA # revealed that she s take care of on 100 shift. She said wor difficult to get to ea been instances who while she was carir Interview with NA # revealed that when only 3 NA 's assign have about 19 resid residents did then v care. Interview with the E 6/18/15 at 12:30 Pt of residents compla long time for incont she had only been but that in that she issue by hiring 10 n started work on 6/1 also been doing ins Assistants on answ sensitivity training (another one planne in Long Term Care 483.25(a)(3) ADL C DEPENDENT RES A resident who is u daily living receives	e felt angry about being left for incontinent care and he n fixed. 5 on 6/18/15 at 11:39 AM ometimes had 20 residents to 0 hall when she worked first king with 20 residents made it ch resident timely so there had ere a resident was left wet ng for other residents. 6 on 6/18/15 at 11:46 AM they sometimes worked with hed to 100 hall, each NA would dents to take care so the wait a long time to receive Director of Nursing (DON) on M revealed that she was aware aining about having to wait a inent care. She stated that the DON since June 1, 2015 was working to address the new Nursing Assistants that 7/15. She stated that she had services with the Nursing vering call bells (6/9/15) and 6/16/15) and that she had d for 6/29/15 called " My Life ". CARE PROVIDED FOR		312			7/24/15

Facility ID: 953007

If continuation sheet Page 20 of 42

	OF DEFICIENCIES	& MEDICAID SERVICES	(¥2) MUL	TIDI			<u>)938-039</u> survey
	OF DEFICIENCIES	IDENTIFICATION NUMBER:				COMPI	
						С	
		345115	B. WING			06/18/2015	
NAME OF F	PROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY		35 STATESVILLE BOULEVARD ALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETIO DATE
F 312	Continued From pa	ge 20	F 3	312			
	This REQUIREMEN	NT is not met as evidenced					
	resident, family and failed to provide tim resident 's did not I hour or more) to rea 6 sampled resident and #6). The findin 1. Resident #1 was cumulative diagnos chronic kidney dise obstruction and car time of the survey t 100 hall. The most recent Mi (MDS) an Annual a revealed Resident a required extensive toileting and was fre and bladder. Review of the Care 4/13/15 revealed a The goal was " will managed without si potential complicati or UTI (urinary tract dignity maintained v approaches for this call light within easy care daily and as ne incontinence episod intervals and as neg	admitted on 5/16/14 and had bes that included: diabetes, ase, chronic airway diac dysrhythmias. At the he resident ' s room was on inimum Data Assessment ssessment dated 4/3/15, #1 was cognitively intact, assistance for hygiene and equently incontinent of bowel Plan dated last updated plan of care for incontinence. have incontinence episodes igns and symptoms of ons including skin breakdown, t infection) and will have with incontinent care. " The plan of care included: " have y reach ", " provide perineal eeded " and " observe for des at regular and frequent			Criteria 1 The Director of Nursing and Unit Managers re-assessed Residents #1, #3, #4, #5 and #6 for Incontinent care needs, a head to toe skin assessment completed to evaluate skin breakdowr and treatment provided as required for identified opportunities. The care plan was updated to reflect current needs 7/20/15. Documentation was complet on the weekly skin assessment form a the Bowel and Bladder Evaluation form Criteria 2 All residents requiring assistance with incontinent care have the potential to b affected by this alleged deficient practi Residents requiring incontinent care w be offer an opportunity to express concerns related to dignity, concerns expressed will be documented on a concern form and emotional support provided as identified by the Social Services Director. Residents requiring Incontinent care needs, head to toe sk assessment completed to evaluate sk breakdown and treatment provided as required for identified opportunities. C plans will be updated as required base on these assessments. This will be completed by 7/20/15.	g or kin s g or kin s Care	
	Her buttox had redo	er receiving incontintent care. dened and pink areas and her lso pink. The areas were ective cream			Criteria 3 All Nursing Staff will be re-educated by the Director of Nursing, Staff	у	

Facility ID: 953007

If continuation sheet Page 21 of 42

TATEMEN	OF DEFICIENCIES	K MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION	(X3) DATE	0938-039 SURVEY PLETED
	ST CONTRECTION	IDENTITION THOM NOWIDER.	A. BUILDIN	NG _		(
		345115	B. WING			06/18/2015	
NAME OF	PROVIDER OR SUPPLIER	·		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY			5 STATESVILLE BOULEVARD ALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
F 312	Continued From pa	age 21	F 31	12			
	On 6/17/15 at 11:30 #1 revealed that wh room was, did not h calling out sick, she 1-2 hours until the s get to her. She sai any shift but it was PM). Resident #1 a been an ongoing pu skin on her buttox t raw. Resident #1 a would turn off her of back, or not say an 1-2 hours before th change her becaus residents. At other turn off her call ligh two hours. Interview with Nurs revealed that 100 h require a lot of assi heavy hall for Nurs especially if they ar Interview with Nurs 6/18/15 at 10:37 Pf that when 100 hall AM - 2 PM) there w resident care need sometimes the hall or 4 NA's due to c there were times w wet longer than the busy with other res Interview with NA # she typically worke the hall usually had when there were ju call outs it was very	D AM, interview with Resident then the 100 hall, where her have enough staff due to staff e would be left wet or soiled for staff that were working could d that this could happen on worse on first shift (6 AM - 2 said that being left wet had roblem and had caused the to breakdown and get sore and added that sometimes staff call light and say they would be ything at all, but it would be ey or someone else came to the they were busy with other times she said they did not t at all and it would be on for e #1 on 6/17/15 at 5:17 PM hall has many residents that stance with care and can be a ing Assistant \$1 (NA#1) on W revealed that she thought was fully staffed on first shift (6 vas enough staff to meet s timely. She added that was short staffed with only 3 all outs. NA#1 acknowledged hen residents had been left by should because she was			Development Coordinator or Unit Manager on the facility policy for pro- assistance with Activities of Daily Liv and the facility policy for providing Incontinent Care, to include timely response to call lights, communicati the plan for providing care upon ent the resident room and providing for resident; s dignity when conducting incontinent care by 7/20/15. The D of Nursing, Staff Development Coordinator or Unit Managers will randomly interview and observe 10 residents requiring incontinent care weekly for 12 weeks to validate time response to the call light and mainte of dignity while providing incontinent effective technique. Audits will be randomly conducted on all 3 shifts a weekends. Opportunities for improvement will be corrected as identified. Criteria 4 The results of these audits and observations will be reported by the Director of Nursing in the monthly Q Assurance Performance Improvement Committee meeting for 3 months the quarterly. The committee will evalua and make further recommendations indicated. Date of compliance is July 20, 2015	ving ion of ry of the virector ely enance t care, and on Quality ent en ate s as	

		& MEDICAID SERVICES	(Y2) MUU		INSTRUCTION		0. 0938-039 TE SURVEY		
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:					MPLETED		
			A. DOILDI				С		
		345115	B. WING			06	/18/2015		
NAME OF	PROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP C				
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE		
F 312	Continued From pa	age 22	F 3	12					
		just try to do their best to get	_						
		t that sometimes resident 's							
		nutes for care. NA #2 said that							
		answered and whatever the							
		ould be dealt with that time but							
		another resident she could so stated that there were times							
		e on at the beginning of her							
		was so wet that it appeared							
		continent care for a long							
	period of time.	C C							
		3 on 6/18/15 at 11:23 PM							
		orkload on 100 hall was very							
		ard to please everyone							
		here were 3-4 instead of 5 NA ' all on first shift. NA #3 stated							
		dent 's on the hall complain							
		left wet and added that she							
		one as soon as she could.							
		4 on 6/18/15 at 11:29 AM							
		s difficult to meet the resident '							
		l if the hall had fewer than 5							
	NA's on first shift	5 on 6/18/15 at 11:39 AM							
		ometimes had 20 residents to							
) hall when she worked first							
		happened when there were							
		ng on the hall (instead of 5),							
	due to call outs. N	A #5 said working with 20							
		ifficult to get to each resident							
	resident was left we	been instances where a et while she was caring for							
	other residents.	6 on 6/18/15 at 11:46 AM							
		they sometimes worked with							
		ned to 100 hall, each NA would							
		dents to take care so the							
		wait a long time to receive							
		nat the facility had prn (as							

Facility ID: 953007

If continuation sheet Page 23 of 42

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 08/27/2015 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		LE CONSTRUCTION	(X3) DAT CON	E SURVEY IPLETED
		345115	B. WING				18/2015
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN C	TR HEALTH & REHAI	3/SALISBURY			335 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 312	there were callouts to come in at times been working so multerview with the D 6/18/15 at 1:30 PM of residents compla long time for incont she had only been to but that in that time the issue by hiring started work on 6/1 also been doing ins Assistants on answ sensitivity training (2. Resident #2 was readmitted on 2/10/ cumulative diagnos kidney disease, cor disorder. At the time room was on 100 h The most recent Mi (MDS), a Quarterly revealed Resident # required extensive as extensive assistants The MDS also indic incontinent of bowe Review of the Interi revealed that incont as a problem/need following " Interven for the resident " pu	ould be called in to work when but the prn staff didn ' t want because they had already uch. irector of Nursing (DON) on revealed that she was aware ining about having to wait a ment care. She stated that the DON since June 1, 2015 she was working to address 10 new Nursing Assistants that 7/15. She stated that she had ervices with the Nursing ering call bells (6/9/15) and 6/16/15). admitted on 12/19/12 and 15. The resident ' s es included: diabetes, chronic invulsions and depressive e of the survey the resident ' s all. nimum Data Assessment assessment dated 5/8/15, ź2 was cognitively intact, assistance for toileting and the of two people for hygiene. ated the resident was always I and bladder. m Plan of Care dated 2/10/15 tinence was not checked off for the resident however the tions Initiated " were checked rovide assistance as required bserve bladder and bowel	F	312			
	abilities " . On 6/17/15 at 4:17 interviewed. She st	to determine retraining PM Resident #2 was ated that on more than one een left wet and dirty for at					

If continuation sheet Page 24 of 42

		& MEDICAID SERVICES	(X2) MI II T	TIPLE CONSTRUCTION). 0938-039 TE SURVEY	
	OF DEFICIENCIES	IDENTIFICATION NUMBER:		NG		MPLETED	
						С	
		345115	B. WING		06	6/18/2015	
NAME OF I	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZI	P CODE	DDE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE	
F 312	Continued From pa	age 24	F 3 ²	12			
		he did not know when the last		-			
		ot elaborate further when					
	asked. She denied having any skin breakdown						
	due to being left we						
		e #1 on 6/17/15 at 5:17 PM all has a lot of residents that					
		istance with care and can be a					
		ing Assistants to work on					
	especially if they ar	e working short.					
1		ing Assistant #1 (NA#1) on					
		W revealed that she thought					
		was fully staffed on first shift (6 vas enough staff to meet					
		s timely. She added that					
		was short staffed with only 3					
		all outs. NA #1 acknowledged					
		n times when residents were					
	busy with other res	they should because she was					
		2 at 10:38 AM revealed that					
		d on 100 hall. She said that					
		4 or 5 NA's on first shift but					
		st 3 NA's on the hall due to					
		y busy and very hard to get all					
		e stated when they were short					
		just try to do their best to get It that sometimes resident ' s					
		nutes for care. NA #2 said that					
		answered and whatever the					
		ould be dealt with that time but					
		another resident she could					
		so stated that there were times					
		e on at the beginning of her t was so wet that it appeared					
		continent care for a long					
	period of time.						
	Interview with NA #	3 on 6/18/15 at 11:23 PM					
		orkload on 100 hall was very					
	neavy and it was ha	ard to please everyone	1				

Facility ID: 953007

If continuation sheet Page 25 of 42

	OF DEFICIENCIES	KEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```	TIPLE CONSTRUC		(X3) DA). 0938-039 TE SURVEY MPLETED
				NG			С
		345115	B. WING				/18/2015
NAME OF F	PROVIDER OR SUPPLIER				ESS, CITY, STATE, ZIP C	ODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K (EACH	OVIDER'S PLAN OF COF I CORRECTIVE ACTION REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIC DATE
F 312	Continued From pa	age 25	F 3	12			
		here were 3-4 instead of 5 NA ' all on first shift. NA #3 stated					
	that they had been	ident ' s on the hall complain left wet and added that she					
	Interview with NA #	yone as soon as she could. #4 on 6/18/15 at 11:29 AM s difficult to meet the resident '					
		ll if the hall had fewer than 5					
	Interview with NA #	#5 on 6/18/15 at 11:39 AM sometimes had 20 residents to					
	take care of on 100	0 hall when she worked first s happened when there were					
	due to call outs. N	ng on the hall (instead of 5), IA #5 said working with 20					
		difficult to get to each resident deen instances where a					
		et while she was caring for					
		#6 on 6/18/15 at 11:46 AM					
		n they sometimes worked with ned to 100 hall, each NA would					
		dents to take care so the wait a long time to receive					
	care. NA #6 said t	hat the facility had prn (as					
	there were callouts	could be called in to work when s but the prn staff didn ' t want					
	to come in at times been working so m	s because they had already nuch.					
	Interview with the I	Director of Nursing (DON) on					
	of residents compl	M revealed that she was aware aining about having to wait a					
		tinent care. She stated that the DON since June 1, 2015					
	but that in time she	e was working to address the new Nursing Assistants that					
	started work on 6/2	17/15. She stated that she had					
		services with the Nursing vering call bells (6/9/15) and					

Facility ID: 953007

If continuation sheet Page 26 of 42

	OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	ΓIPLE	CONSTRUCTION		. 0938-039 TE SURVEY	
ND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:				` ´coi	IPLETED	
							С	
		345115	B. WING			06	/18/2015	
NAME OF I	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CO	DE		
BRIAN C	TR HEALTH & REHA	AB/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	
F 312	Continued From pa		F 3	12				
	sensitivity training							
		is admitted on 8/20/14. The						
	0	sis included: Parkinson ' s						
		#3 also had a colostomy. At vey the resident 's room was						
	on 100 hall.	vey the resident 's room was						
		1inimum Data Assessment						
		assessment dated 6/3/15,						
	revealed Resident	#3 was cognitively intact and						
		assistance of two people for						
		nygiene. The MDS also						
		ent was always incontinent of						
		n ostomy for bowel elimination. e Plan dated last updated						
		plan of care for incontinence.						
		Il have incontinence episodes						
		signs and symptoms of						
		tions including skin breakdown,						
		ct infection) and will have						
		with incontinent care. " The						
		s plan of care included: " have						
		sy reach ", " provide perineal needed " and " observe for						
		des at regular and frequent						
	intervals and as ne							
		se #1 on 6/17/15 at 5:17 PM						
	revealed that 100 l	hall has a lot of residents that						
		istance with care and can be a						
		ing Assistants to work on						
	especially if they a							
		PM a family member of s interviewed with the Resident						
		ly member stated that Resident						
		more than an hour for						
		a couple of occasions. She						
	stated that it had h	appened just after lunch today						
		ily member said she turned on						
		l light after he returned to his						
	room from lunch s	o staff would know he was wet					1	

Facility ID: 953007

If continuation sheet Page 27 of 42

TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		IPLE CONSTRUCTION	(X3) DA	0. 0938-039 TE SURVEY	
ND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG	COI	MPLETED	
		345115	B. WING		06	C / 18/2015	
NAME OF I	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP		10/2010	
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE	
F 312	and needed care. she came back the still had not been c said that after Resi dining room Nursin the hall passing ou not give incontinen out on the hall. Resident #3 was in family member pre that the skin betwe	She said she left and when e light was off but Resident #3 hanged. The family member dent #3 finished eating in the g Assistant staff were busy on t trays and said that they could t care while meal trays were trviewed on 6/17/15 with a sent at 5:35 PM and stated en his legs had become raw hat it felt like a burn. His wife	F 31				
	really fair and if it w get red. Resident a condition observed Interview with Nurs 6/18/15 at 10:37 PI that when 100 hall AM - 2 PM) there w resident care need sometimes the hall or 4 NA's due to c	that Resident #3 's skin was vasn 't dried right away it would #3 declined to have his skin at this time. ing Assistant #1 (NA#1) on W revealed that she thought was fully staffed on first shift (6 vas enough staff to meet s timely. She added that was short staffed with only 3 call outs. NA #1 said that 100 c and demanding and that					
	everyone wanted to acknowledged that she could not get to had been left wet lo because she was b Interview with NA # she typically worke the hall usually had when there were ju call outs it was very the work done. Sh staffed they would everything done bu	o get up at the same time. She there had been times when o residents quickly and they onger than they should ousy with other residents. 2 at 10:38 AM revealed that d on 100 hall. She said that I 4 or 5 NA's on first shift but ist 3 NA's on the hall due to y busy and very hard to get all e stated when they were short just try to do their best to get it that sometimes resident's nutes for care. NA #2 said that					

Facility ID: 953007

If continuation sheet Page 28 of 42

		& MEDICAID SERVICES				0938-039	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		TE SURVEY MPLETED	
		345115	B. WING _		06	C 5/18/2015	
NAME OF	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CC	DE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	
F 312	resident needed sh that if she was with not do that. She als when she had com- shift and a resident they had not had in period of time. Interview with NA # revealed that the wi- heavy and it was ha particularly when the sworking on the has she had heard resid that they had been tried to get to every Interview with NA # revealed that it was s needs on 100 hal NA's on first shift. Interview with NA # revealed that she s take care of on 100 shift. She said this only 3 NA's workin due to call outs. N/ residents made it d timely so there had resident was left we other residents. Interview with NA # revealed that when only 3 NA's assign have about 19 resid residents did then w care. NA #6 said the needed) staff that of there were callouts	ould be dealt with that time but another resident she could so stated that there were times e on at the beginning of her was so wet that it appeared continent care for a long 3 on 6/18/15 at 11:23 PM orkload on 100 hall was very ard to please everyone here were 3-4 instead of 5 NA ' all on first shift. NA #3 stated dent ' s on the hall complain left wet and added that she one as soon as she could. 4 on 6/18/15 at 11:29 AM difficult to meet the resident ' 1 if the hall had fewer than 5 5 on 6/18/15 at 11:39 AM ometimes had 20 residents to 0 hall when she worked first happened when there were ng on the hall (instead of 5), A #5 said working with 20 ifficult to get to each resident been instances where a et while she was caring for 6 on 6/18/15 at 11:46 AM they sometimes worked with hed to 100 hall, each NA would dents to take care so the wait a long time to receive nat the facility had prn (as could be called in to work when but the prn staff didn ' t want because they had already	F 3				

Facility ID: 953007

If continuation sheet Page 29 of 42

		& MEDICAID SERVICES	0.0			. 0938-039	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	()	TE SURVEY MPLETED	
						С	
		345115	B. WING			/18/2015	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE	
F 312	Continued From pa	age 29	F 3	12			
	Interview with the D	Director of Nursing (DON) on					
		V revealed that she was aware					
		aining about having to wait a					
		inent care. She stated that the DON since June 1, 2015					
		was working to address the					
		new Nursing Assistants that					
		7/15. She stated that she had					
		services with the Nursing					
		vering call bells (6/9/15) and					
	sensitivity training (s admitted on 11/22/14 and					
		gnoses including: diabetes,					
		pertension and depressive					
	disorder. At the tim	ne of the survey the resident 's					
	room was on 100 h						
		inimum Data Assessment					
		assessment dated 4/23/15, #4 was cognitively intact and					
		assistance of two people for					
		ygiene. The MDS also					
		ent was always incontinent of					
		ntly incontinent of bowel.					
		Plan dated last updated					
		plan of care for incontinence.					
		have incontinence episodes igns and symptoms of					
		ions including skin breakdown,					
		t infection) and will have					
		with incontinent care. " The					
		plan of care included: " have					
		y reach ", " provide perineal					
		eeded " and " observe for des at regular and frequent					
	intervals and as ne						
		PM Resident #4 was					
		tated that she has been was					
		t her private area was sore.					
	She declined to have	ve this area observed.	1			1	

Facility ID: 953007

If continuation sheet Page 30 of 42

TATEMENT	OF DEFICIENCIES	KIN PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE C	ONSTRUCTION	(X3) DA	. 0938-039 TE SURVEY
ND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		COI	MPLETED
		345115	B. WING			C	
		545115	D. WING		EET ADDRESS, CITY, STATE, ZIP C		/18/2015
NAME OF I	PROVIDER OR SUPPLIER					ODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY			STATESVILLE BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIC DATE
F 312	Continued From pa	age 30	F 3	12			
1 012			ГЭ	12			
		hat she thought the long wait with being short staffed when					
		s. She felt most of the staff					
		good job but sometimes didn '					
		since it took two people to do					
		e. Resident #4 added that first					
		was the worst but each shift					
	would leave unans	wered call bells for the next					
		She added that this had been					
		n for the past 4 months.					
I		e #1 on 6/17/15 at 5:17 PM					
		hall has a lot of residents that					
		istance with care and can be a					
		ing Assistants to work on					
	especially if they ar	sing Assistant #1 (NA#1) on					
		M revealed that she thought					
		was fully staffed on first shift (6					
		vas enough staff to meet					
		s timely. She added that					
		was short staffed with only 3					
		all outs. NA #1 said that 100					
		c and demanding and that					
		o get up at the same time. She					
		there had been times when					
		o residents quickly and they					
		onger than they should					
		busy with other residents. 2 at 10:38 AM revealed that					
		d on 100 hall. She said that					
		4 or 5 NA's on first shift but					
		ist 3 NA's on the hall due to					
		y busy and very hard to get all					
		e stated when they were short					
		just try to do their best to get					
	everything done bu	it that sometimes resident 's					
	waited up to 45 mir	nutes for care. NA #2 said that					
		answered and whatever the					
	resident needed sh	hould be dealt with that time but					

If continuation sheet Page 31 of 42

ATEMENT	OF DEFICIENCIES	K MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DA). 0938-039 TE SURVEY MPLETED	
	CORRECTION	IDENTIFICATION NOMBER.	A. BUILDIN	NG			C	
		345115	B. WING			06	/18/2015	
IAME OF F	PROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP C	ODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE	
F 312	Continued From pa	age 31	F 31	12				
		another resident she could						
		lso stated that there were times						
		e on at the beginning of her						
		t was so wet that it appeared						
	period of time.	continent care for a long						
		⁴ 3 on 6/18/15 at 11:23 PM						
		vorkload on 100 hall was very						
		ard to please everyone						
		nere were 3-4 instead of 5 NA '						
		all on first shift. NA #3 stated						
		dent's on the hall complain						
		left wet and added that she one as soon as she could.						
		4 on 6/18/15 at 11:29 AM						
		s difficult to meet the resident '						
	s needs on 100 ha	ll if the hall had fewer than 5						
	NA's on first shift.							
		⁴⁵ on 6/18/15 at 11:39 AM						
		sometimes had 20 residents to						
) hall when she worked first happened when there were						
		ng on the hall (instead of 5),						
		A #5 said working with 20						
		lifficult to get to each resident						
	5	been instances where a						
		et while she was caring for						
	other residents.	46 on 6/18/15 at 11:46 AM						
		they sometimes worked with						
		ned to 100 hall, each NA would						
	,	dents to take care so the						
		wait a long time to receive						
		hat the facility had prn (as						
		could be called in to work when						
		but the prn staff didn ' t want because they had already						
	been working so m							
	Soon working out			1			1	

Facility ID: 953007

If continuation sheet Page 32 of 42

OTATE). 0938-039	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	· · /	TE SURVEY MPLETED	
			A. DOILDI			С	
		345115	B. WING		06	/18/2015	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
F 312	REGULATORY OR LSC IDENTIFYING INFORMATION)		F 3	12			
	The goal was " will breakdown due to i The approaches for clean peri-area with " have call light with (during care) and a wash rinse and dry On 6/17/15 at 3:04 revealed that on nu waited 1-2 hours to even to have some stated he was tired ' t gotten to him soo working short due t	plan of care for incontinence. remain free from skin ncontinence and brief use. " r this plan of care included: " n each incontinence episode ", nin easy reach " and " check s required for incontinence, perineum ". PM interview with Resident #5 merous occasions he has receive incontinent care or one answer his call light. He of hearing staff say they hadn oner because they were o call outs. Resident #5 said e waited a long time for					

Facility ID: 953007

If continuation sheet Page 33 of 42

		& MEDICAID SERVICES	(Y2) MUUT	IPLE CONSTRUCTION). 0938-039 TE SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:		NG		MPLETED
			-			С
		345115	B. WING _		06	/18/2015
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 312	Continued From pa	-	F 3′	12		
	call light was on fro	as 6/15/15. He said that his om 8 AM to 10:45 AM and no				
	one came in to help him after he had a bowel movement. He added that he finally called the					
		e administrator 's office and				
		sing and when he spoke to her me to help him. Resident #5				
		skin breakdown due to lack of				
	incontinent care.					
		e #1 on 6/17/15 at 5:17 PM all has a lot of residents that				
		istance with care and can be a				
		ing Assistants to work on				
	especially if they ar					
		ing Assistant #1 (NA#1) on				
		VI revealed that she thought was fully staffed on first shift (6				
		vas enough staff to meet				
	resident care need	s timely. She added that				
		was short staffed with only 3				
		all outs. NA #1 said that 100 cand demanding and that				
		o get up at the same time. She				
	acknowledged that	there had been times when				
		o residents quickly and they				
		onger than they should busy with other residents.				
		2 at 10:38 AM revealed that				
	she typically worke	d on 100 hall. She said that				
		4 or 5 NA's on first shift but				
		st 3 NA's on the hall due to				
		y busy and very hard to get all e stated when they were short				
	staffed they would	just try to do their best to get				
	everything done bu	t that sometimes resident 's				
		nutes for care. NA #2 said that				
		answered and whatever the nould be dealt with that time but				
			1			1

Facility ID: 953007

If continuation sheet Page 34 of 42

TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES	(X2) MULT	TIPLE CONSTRUCTION		0. 0938-039 TE SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:		NG		MPLETED
		0.5445				С
		345115	B. WING			/18/2015
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIC DATE
F 312	Continued From pa	age 34	F 3	12		
	not do that. She al	so stated that there were times				
		e on at the beginning of her				
		t was so wet that it appeared				
	period of time.	continent care for a long				
		8 AM interview with Resident				
		e had not been offered				
	incontinent care fro	om 9:30 PM 6/17/15 to 9:00 AM				
		I that he had used his call bell				
		both times the Nurse				
		ed and got him what he he he said the Nursing Assistant				
		or incontinent care and he did				
		ontinent rounds while he was				
		id was most of the night.				
		hat he was soaked wet in the				
		noyed that he didn 't bother to				
	use his call bell and until 9:00 AM.	d no one came in to help him				
		⁴ 3 on 6/18/15 at 11:23 PM				
		orkload on 100 hall was very				
		ard to please everyone				
		here were 3-4 instead of 5 NA '				
		all on first shift. NA #3 stated				
		dent ' s on the hall complain left wet and added that she				
		one as soon as she could.				
		4 on 6/18/15 at 11:29 AM				
	revealed that it was	s difficult to meet the resident '				
		ll if the hall had fewer than 5				
	NA's on first shift.					
		t5 on 6/18/15 at 11:39 AM cometimes had 20 residents to				
) hall when she worked first				
		happened when there were				
	only 3 NA 's workir	ng on the hall (instead of 5),				
	due to call outs. N	A #5 said working with 20				
		lifficult to get to each resident				
	l timely so there had	been instances where a				1

If continuation sheet Page 35 of 42

		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MILL T	IPLE CONSTRUCTION		0. 0938-039 TE SURVEY	
	OF DEFICIENCIES	IDENTIFICATION NUMBER:		NG		MPLETED	
						С	
		345115	B. WING		06	6/18/2015	
NAME OF F	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP	CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY	635 STATESVILLE BOULEVARD SALISBURY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE	
F 312	Continued From pa	age 35	F 31	12			
	other residents.	et while she was caring for					
	On 6/18/15 at 11:43 AM Nurse #2 was interviewed. She stated she was the staff						
		Resident #5 soaking wet this did appear that he had not					
		ight since he was so wet. She nediately had one of the					
	Nursing Assistants	provide care to Resident #5.					
		6 on 6/18/15 at 11:46 AM ad been asked to give care to					
	Resident #5 around	d 9:00 AM this morning. She					
		dent was soaking wet when e told her no one did rounds					
	on him that night.	NA #6 said she asked the					
		his call bell and he said that also said she sometimes					
	worked with only 3	NA's assigned to 100 hall,					
		ve about 19 residents to take					
		ts did then wait a long time to 6 said that the facility had prn					
	(as needed) staff th	nat could be called in to work					
		allouts but the prn staff didn ' t times because they had					
	already been worki						
		Director of Nursing (DON) on					
		W revealed that she was aware aining about having to wait a					
	long time for incont	tinent care. She stated that					
		the DON since June 1, 2015					
		e was working to address the new Nursing Assistants that					
	started work on 6/1	7/15. She stated that she had					
		services with the Nursing vering call bells (6/9/15) and					
	sensitivity training ((6/16/15).					
		s admitted 4/26/06 and					
	reaumilied 10/2/14	. The resident 's cumulative					

Facility ID: 953007

If continuation sheet Page 36 of 42

	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TIPLE CONSTRUCTION		0. 0938-039 TE SURVEY	
				NG	· · · ·	COMPLETED	
						С	
		345115	B. WING		06/18/2015		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE	
F 312	Continued From pa	age 36	F 3 ⁻	12			
		s and depressive disorder.					
		ad an indwelling suprapubic					
		t the time of the survey the					
	resident 's room was on 100 hall. The most recent Minimum Data Assessment (MDS), a Quarterly assessment dated 5/20/15, revealed Resident #6 was cognitively intact and						
		assistance of two people for					
		ygiene. The MDS also					
	indicated the resident was always incontinent of bowel and had an indwelling catheter.						
		Plan last updated 5/20/15					
	revealed a plan of care for staff assistance with activities of daily living care and a plan of care for						
		pubic catheter. The					
		ed in the care plan did not					
		s incontinence care.					
		Specialist Evaluation dated sident #6 was being seen for a					
		his groin and peri-anal area					
	0	tire surface of both buttocks					
		ous (reddened). The					
		as a topical anti-fungal agent.					
		e #1 on 6/17/15 at 5:17 PM					
		all has a lot of residents that					
		stance with care and can be a ing Assistants to work on					
	especially if they ar						
		ing Assistant #1 (NA#1) on					
		W revealed that she thought					
		was fully staffed on first shift (6					
		as enough staff to meet					
		s timely. She added that was short staffed with only 3					
		all outs. NA #1 said that 100					
		and demanding and that					
		get up at the same time. She					
	acknowledged that	there had been times when					
	she could not get to	o residents quickly and they					

Facility ID: 953007

If continuation sheet Page 37 of 42

		E & MEDICAID SERVICES	(X2) MULT	IPLE CONSTRUCTION). 0938-039 TE SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:		NG		MPLETED
						С
		345115	B. WING		06	6/18/2015
NAME OF F	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP	CODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETIO DATE
F 312	Continued From pa	age 37	F 3 ⁻	12		
		onger than they should				
		busy with other residents.				
	Interview with NA #2 at 10:38 AM revealed that she typically worked on 100 hall. She said that the hall usually had 4 or 5 NA's on first shift but when there were just 3 NA's on the hall due to call outs it was very busy and very hard to get all					
		e stated when they were short				
		staffed they would just try to do their best to get everything done but that sometimes resident 's				
	waited up to 45 minutes for care. NA #2 said that call bells should be answered and whatever the					
	resident needed should be dealt with that time but that if she was with another resident she could not do that. She also stated that there were times					
		te on at the beginning of her				
		t was so wet that it appeared nontinent care for a long				
	period of time.	icontinent care for a long				
		≴3 on 6/18/15 at 11:23 PM				
	revealed that the w	orkload on 100 hall was very				
		ard to please everyone				
		here were 3-4 instead of 5 NA'				
		all on first shift. NA #3 stated ident 's on the hall complain				
		left wet and added that she				
		yone as soon as she could.				
		#4 on 6/18/15 at 11:29 AM				
		s difficult to meet the resident '				
		II if the hall had fewer than 5				
	NA's on first shift.	0 AM interview with Resident				
		ere have been times when he				
		urs after he has had a bowel				
		ed his call bell. He stated that				
		his call bell and then tell him				
		gned to his room but that they sing Assistant; then it would be				
	would ting his inurs	SILIC ASSISTANT: THEN IT WOULD DE	1			1

Facility ID: 953007

If continuation sheet Page 38 of 42

	OF DEFICIENCIES	& MEDICAID SERVICES	(X2) MI II T	TIPLE CONSTRUCTION). 0938-039 TE SURVEY
			NG	· · ·	COMPLETED	
					С	
		345115	B. WING			/18/2015
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 312	Continued From pa	ge 38	F 3 ⁻	12		
	Continued From page 38 him up. Resident #6 said when this happened staff would tell him they were working short and busy with other residents before they got to him. Resident #6 said he had some skin breakdown lue to being left soiled for long periods but that he area was being treated. Interview with NA #5 on 6/18/15 at 11:39 AM evealed that she sometimes had 20 residents to ake care of on 100 hall when she worked first shift. She said this happened when there were only 3 NA 's working on the hall (instead of 5), lue to call outs. NA #5 said working with 20 esidents made it difficult to get to each resident imely so there had been instances where a esident was left wet while she was caring for other residents. Interview with NA #6 on 6/18/15 at 11:46 AM evealed that when they sometimes worked with only 3 NA 's assigned to 100 hall, each NA would have about 19 residents to take care so the esidents did then wait a long time to receive eare. NA #6 said that the facility had prn (as needed) staff that could be called in to work when here were callouts but the prn staff didn 't want to come in at times because they had already been working so much. On 6/18/15 at 11:50 AM Resident #6 agreed to have Nursing Assistant #1 roll him on his right ide so the Resident 's skin condition on his puttocks could be observed. Both buttock cheeks and an area extending approximately 4 inches lown the backs of his thigh were observed to be					
	6/18/15 at 12:30 PM of residents compla long time for incont she had only been	Director of Nursing (DON) on A revealed that she was aware aining about having to wait a inent care. She stated that the DON since June 1, 2015 was working to address the				

If continuation sheet Page 39 of 42

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				PLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	COMPLETED C 06/18/2015	
		345115	B. WING			
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	00/	10/2010
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
F 312	issue by hiring 10 n started work on 6/1 also been doing ins	ew Nursing Assistants that 7/15. She stated that she had services with the Nursing rering call bells (6/9/15) and	F 31	2		
F 353 SS=E	483.30(a) SUFFICI	ENT 24-HR NURSING STAFF	F 353	3		7/24/15
	provide nursing and maintain the highes and psychosocial w	tve sufficient nursing staff to d related services to attain or st practicable physical, mental, vell-being of each resident, as dent assessments and care.				
	numbers of each of personnel on a 24-l	ovide services by sufficient f the following types of nour basis to provide nursing s in accordance with resident				
		d under paragraph (c) of this urses and other nursing				
	section, the facility	d under paragraph (c) of this must designate a licensed charge nurse on each tour of				
	by: Based on observat resident, family and failed to provide sut maintain the dignity	NT is not met as evidenced tion, record review and I staff interview, the facility fficient nursing staff to of residents dependent on care and to provide		Criteria 1 An interview was conducted by t Director of Nursing by 7/9/15 wit Residents #1, #2, #3, #4, #5 and regarding their concerns related	h 1 #6	

Facility ID: 953007

		& MEDICAID SERVICES				<u>/IB NO.</u>	
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 06/18/2015		
							NAME OF I
BRIAN CTR HEALTH & REHAB/SALISBURY					35 STATESVILLE BOULEVARD ALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETIC DATE
F 353	Continued From pa	ige 40	F 3	53			
	incontinent care wit	hout dependent resident ' s our or more for 6 of 6 residents			staffing needs.		
	(Resident #1, #2, #3, #4, #5, and #6). The findings included:				Criteria 2		
					All residents have the potential to be		
	1a. This citation is cross referenced to F241 - the facility failed to treat residents with dignity by				affected by the alleged deficient prac	ctice.	
	knowingly leaving residents wet or soiled for an hour or more while attending to other residents care needs for 6 of 6 residents (Resident #1, #2,				Criteria 3		
					Staffing patterns were reviewed and staffing needs established by the Dir		
	#3, #4, #5 and #6).				of Nursing by 7/1/15 for each nursing		
	1b. This citation is also cross referenced to F312				based on total resident population a	nd	
	- the facility failed to provide timely incontinent				care needs. The Director of Nursing		
	care so that resident 's did not have to wait a long time (an hour or more) to receive incontinent care for 6 of 6 sampled residents (Resident #1, #2, #3, #4, #5 and #6)				Staff Development Coordinator and		
					Managers will monitor the effectiven this plan weekly for 12 weeks and	less of	
					implement changes to as opportunit	ies	
		staffing assignment sheets for			are identified. The Director of Nurs		
		7/15 revealed 5 Nursing			has established a Master Schedule	-	
		re preassigned to 100 hall for			effective 7/15/15 based on the facilit		
		ift for 8 out of 17 days, 4 were			needs previously identified. The Dir of Nursing will re-educate the Nursing		
		out of 17 days and 3 were out of 17 days (Sunday,			Staff by 7/20/15 regarding the	ig	
		s time period there were staff			implementation of the Master Sched	dule	
		of the assignment or who had			and the process for communicating		
		e not replaced by an additional			staffing needs to the Charge Nurse,		
		occasions resulting in 4			Manager and Director of Nursing as		
	,	ing the time period where caring for all the residents on			occur. The Director of Nursing and Development Coordinator have hired		
		6 AM - 2 PM shift (6/1/15,			oriented 16 new CNAs during the las		
		d 6/14/15) and one additional			days to meet facility staffing needs,		
	day where 4 Nursin	g Assistants were caring for all			Employee Experience Committee ha		
	the residents on the				been established to meet at least me		
	Review of the daily staff assignment sheet for second shift (2 PM - 10 PM) for the period of				to discuss and implement employee		
		7/15 revealed 4 NA's were			appreciation and retention activities. Director of Nursing, Staff Developme		
		sidents on 100 hall for 15 of 17			Coordinator and Unit Managers will		
	days. On 6/2/15 3	NA's were on the schedule			the staffing schedule 4 times per we		
		6/4/15 4 NA's were on the			12 weeks to validate staff are alloca		
	schedule but there	was one replaced call out.	1		each nursing unit according the resid	dent	

Facility ID: 953007

If continuation sheet Page 41 of 42

			```	TIPLE CONSTRUCTION	(X3) DAT COM	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED C	
345115		B. WING			06/18/2015		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE			
BRIAN C	TR HEALTH & REHA	B/SALISBURY		635 STATESVILLE BOULEVA SALISBURY, NC 28144	RD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN X (EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETIC DATE	
F 353	Review of the daily third shift (10 PM - through 6/17/15 rev all the residents on NA's were caring for 8 of 17 days. Review of the resid between 6/1/15 and stable. The Censu 54 residents. On 6/18/15 at 12:3 Director of Nursing believe the facility I stated that she tho were the wrong star replace people who	<ul> <li>staff assignment sheet for 6 AM) for the period of 6/1/15</li> <li>vealed 3 NA's were caring for 100 hall for 9 of 17 days and 2 for the residents on 100 hall</li> <li>dent census for 100 hall</li> <li>d 6/17/15 revealed that it was is for 100 hall on 6/17/15 was</li> <li>0 PM interview with the revealed that she did not had a staffing issue. She ught that some of the staff iff but that they did try to en they called out sick. She new NA's had been hired and</li> </ul>	F 3	population and care n out patterns and ongo agency to address neu in this review and adju Master Schedule will b based on the evaluation Criteria 4 The results of these a observations will be re- Director of Nursing in Assurance Performan Committee meeting for quarterly. The commi and make further reco- indicated. Date of compliance is	ing use of staffing eds will be included istments to the be made accordingly on of these patterns. udits and eported by the the monthly Quality ce Improvement or 3 months then ttee will evaluate ommendations as		

Facility ID: 953007

If continuation sheet Page 42 of 42