STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345215	A. BUILDING _____ B. WING _____	C 09/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER TRACE NURSING AND REHABILITATION CENTER	250 LOVERS LANE WASHINGTON, NC 27889

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation Event ID# F2YE11.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interview, the facility did not treat 1 of 18 residents (Resident #6) with dignity and respect by leaving her in a urine soaked brief. Findings included: Resident #6 was re-admitted on 04/19/15. The most recent Quarterly Minimum Data Set (MDS) assessment of 07/07/15 noted she was cognitively intact. She had no behaviors and was incontinent of both bowel and bladder. During a resident interview with Resident #6 on 09/22/15 at 9:30 AM, she was asked if staff treated her with dignity and respect. Resident #6 stated when NA #1 brought her breakfast tray in this morning around 7:30 AM she told her she was wet and needed to be changed. Resident #6 reported using her call bell when she needed to be changed but sometimes she didn't know if she was wet. Resident #6 stated sometimes staff would not change her until noon time some days. She stated she did not like being left wet for lengthy time periods and felt she was not being	F 241	1. Resident #6 was changed by Nursing Assistant (NA) # 1 on 9-22-15. 2. The Director of Nursing will complete a 100% audit all residents¿ current MDS to identify all incontinent residents by 9-30 -15. Any changes in continence will be identified on the resident care guide by the MDS Nurse by 10-7-15. 3. All incontinent residents have the potential to be affected. The Staff Facilitator/DON (Director of Nursing) will in-service 100% of nursing staff on dignity and respect as it relates to eating while being wet or soiled by 10-2-15. The Administrative Nurses will audit a sample of incontinent residents on random halls before all meals seven days a week for two weeks then all meals three days a week for four weeks, then weekly x 4 weeks, then monthly x 1 and document results on an Incontinent Care Audit form. The Incontinent Care audits will be reviewed by the DON daily Monday thru Friday x 2 weeks, then weekly x 8 weeks,	10/8/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/02/2015

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F 241	Continued From page 1 treated with dignity and respect. NA #1 was interviewed at 9:45 AM on 09/22/15. She stated Resident #6 did report being wet to her when she took her tray into her room earlier today. She stated she had not had time to get to her as yet. NA #1 reported that she had not changed her because she had dialysis residents and she had to get them ready to go. She also stated she had residents whose family members had requested they be out of their room to go to activities. NA #1 reported that she was not allowed to change anyone during meals. NA #1 also stated there was no one she could ask to change her while she performed care for others. She stated she would change her as soon as she could and went into another resident's room. She stayed in the room for about 5 minutes and then went into Resident #6 ' s room. An observation of incontinent care and a bed bath was conducted beginning at 10:00 AM. Resident #6's brief was very saturated up to her waist with urine. During the observation, NA #1 stated that this was the first time she had provided incontinent care for Resident #6 since third shift had left. When NA #1 had finished care she reported residents were to be checked about every 2 hours for incontinence. Resident #6 was interviewed again at 1:30 PM on 09/22/15. She stated third shift had been in to check her during the night and told her she was not wet but she could not remember what time. She stated when she told NA #1 she was wet NA #1 told her she had more breakfast trays to pass out and could not change her. Resident #6 reported she had told NA #1 more than once today that she needed to be changed but she	F 241	then monthly x 1. The Weekend Supervisor will review Saturday and Sunday Incontinent Care Audits and re-educate employees as needed. All new nursing employees will receive the education material in orientation. 4. The DON will present the results of the audits to the Monthly Quality Improvement Meeting for three months to identify and trends and the need for continued monitoring.	

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F 241	Continued From page 2	F 241		

kept giving excuses as to why she couldn't change her. Resident #6 stated it made her very angry for NA #1 to just give excuses for not providing care rather than changing her. She commented she felt very belittled by staff since she had to wait almost 3 hours in a urine soaked brief. Resident #6 reported it had been a problem in the past with the day shift nurse aides not changing her and she had reported it in the past. Resident #6 stated she hated to complain but she was so angry about being left wet she felt someone needed to know.

NA #1 was interviewed regarding dignity and respect on 09/23/15 at 12:15 PM. She stated not providing care and not changing residents as well as leaving them wet for too long was unfair to the resident. She stated she treated her residents the way she wanted to be treated. NA #1 stated she knew it made Resident #6 feel bad to be left wet. NA #1 reported she was not allowed to change residents during breakfast hours and usually conducted her first incontinence checks after the breakfast trays were picked up. NA #1 reported today she had residents who had to go to dialysis that she had to get ready first. She stated she had told Resident #6 to be patient and she would get to her as soon as she could. When questioned if she had asked for assistance, NA #1 responded that there was no one she could ask to change Resident #6 and she would change her as soon as she could.

Resident #6 reported on 09/23/15 at 12:25 PM that she had been changed on time today and had not been left wet. She stated she had no complaints to voice.

During an interview with the Director of Nursing

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F 241	Continued From page 3 (DON), on 09/24/15 at 12:15 PM, she stated staff were constantly educated about treating the residents with dignity and respect. She stated it was the resident's right to be treated with dignity and respect. The DON reported discussing dignity and respect in meetings held throughout the year. The DON reported leaving someone wet for lengthy time periods was unacceptable. She reported staff members have been instructed not to stop feeding a resident but if accidents happened then the staff should alert another staff member to provide the care. The DON commented there were nurses available who were capable of providing incontinent care if needed.	F 241		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff and resident interviews, the facility did not provide timely incontinent care for 1 of 2 residents (Resident #6) whose care was observed. Findings included: Resident #6 was originally admitted to the facility on 12/10/08 and re-admitted on 04/19/15. Cumulative diagnoses included multiple sclerosis, hypothyroidism, contractures and atrial fibrillation. The most recent Quarterly Minimum Data Set	F 312	1. Resident #6 was changed by employee #1 on 9-22-15 2. The Director of Nursing will audit to identify all incontinent residents by 9-30-15. The MDS nurses will ensure the resident care guide reflects any changes in continence by 10-7-15. 3. The staff facilitator/DON (Director of Nursing) will in-service 100% of nursing staff on timely incontinent care by 10-2-15 and providing incontinent care for any	10/8/15

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F 312	Continued From page 4 (MDS) assessment of 07/07/15 noted she was cognitively intact. She had no behaviors and was incontinent of both bowel and bladder. During a resident interview with Resident #6 on 09/22/15 at 9:30 AM, she stated when NA #1 brought her breakfast tray in this morning around 7:30 AM she told her she was wet and needed to be changed. Resident #6 stated sometimes staff would not change her until noon time some days. NA #1 was interviewed at 9:45 AM on 09/22/15. She stated Resident #6 did report being wet to her when she took her tray into her room earlier today. She stated she had not had time to get to her as yet. NA #1 reported that she had not changed her because she had dialysis residents and she had to get them ready to go. She also stated she had residents whose family members had requested they be out of their room to go to activities. NA #1 reported that she was not allowed to change anyone during meals. NA #1 also stated there was no one she could ask to change her while she performed care for others. She stated she would change her as soon as she could and went into another resident ' s room. She stayed in the room for about 5 minutes and then went into Resident #6 ' s room. An observation of incontinent care and a bed bath was conducted beginning at 10:00 AM. Resident #6 ' s brief was very saturated up to her waist with urine. NA #1 cleansed her perineal area in a front to back motion. During the observation, NA #1 stated that this was the first time she had provided incontinent care for Resident #6 since third shift had left. NA #1 was interviewed again on 09/23/15 at	F 312	resident who requested care for incontinence. The Administrative Nurses will audit a sample of incontinent residents on random halls before all meals seven days a week for two weeks then all meals three days a week for four weeks, then weekly x 4 weeks, then monthly x 1 and document results on an Incontinent Care Audit form. The Incontinent Care audits will be reviewed by the DON daily Monday thru Friday x 2 weeks, then weekly x 8 weeks, then monthly x 1. The Weekend Supervisor will review Saturday and Sunday Incontinent Care Audits and re-educate employees as needed. All new nursing employees will receive the education material in orientation. 4. The DON will present the results of the audits to the Monthly Quality Improvement Meeting for three months to identify and trends and the need for continued monitoring.	

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F 312	Continued From page 5 12:15 PM. She stated she was not allowed to change residents during breakfast hours and usually conducted her first incontinence checks after the breakfast trays were picked up. NA #1 reported today she had residents who had to go to dialysis that she had to get ready first. She stated she had told Resident #6 to be patient and she would get to her as soon as she could. NA #1 stated there was no one she could ask to change her. Resident #6 reported on 09/23/15 at 12:25 PM that she had been changed on time today and had not been left wet. She stated she had no complaints to voice. During an interview with the Director of Nursing (DON), on 09/24/15 at 12:15 PM, she stated staff were to check residents for incontinence frequently and change them appropriately. She stated leaving someone wet for lengthy time periods was unacceptable. She reported staff members have been instructed not to stop feeding a resident but if accidents happened then the staff should alert another staff member to provide the care. The DON commented there were nurses available who were capable of providing incontinent care if needed.	F 312		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically	F 431		10/8/15

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F 431	Continued From page 6 reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility did not maintain medication refrigerator temperatures per the guidelines by the manufacturers in 1 of 2 medication refrigerators, compromising the integrity of the medications. Findings included: In an observation of the medication storage room #1 with Medication Aide (MA #1) on 09/23/2015 at 2:35 PM, the thermometer in the refrigerator which contained Levemir insulin, Novolog insulin,	F 431	1. The Medication room refrigerator Temperature Log was revised to highlight recommended temperatures for medication refrigerators. All medications that were compromised were discarded on 9-23-15 by the DON and replaced on 9-23-15 by the pharmacy. 2. All additional refrigerators were checked by the Maintenance Director on 9-24-15 to ensure temperatures were	

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F 431	Continued From page 7 Humalog insulin, and the pneumococcal vaccine revealed the temperature in the refrigerator was 34 degrees Fahrenheit (F). During the tour of the medication storage room and refrigerator on 09/23/2015 at 2:35 PM, MA #1 stated the refrigerator temperatures were checked every day, but did not know which shift was responsible for checking and recording the temperatures on the Temperature Chart for Refrigerators and Freezers. A review of the Temperature Chart for Refrigerators and Freezers (temperature log sheet) for the month of September 2015 which was posted on the front of the refrigerator door revealed that the temperatures in the medication refrigerator were at or below 34 degrees F for 5 of 22 September dates as follows: 09/02/2015 - 30 degrees F 09/04/2015 - 32 degrees F 09/05/2015 - 32 degrees F 09/15/2015 - 32 degrees F 09/20/2015 - 34 degrees F The temperature log sheet indicated that the medication room refrigerator range should be between 36 degrees F and 46 degrees F. In a second observation of medication refrigerator #1 and an interview with the Director of Nursing (DON) on 09/23/2015 at 4:10 PM, the thermometer in the refrigerator revealed the temperature was 40 degrees F. After reviewing the temperature log sheet, the DON stated that the medication refrigerator temperature was to be kept between 36 degrees F and 46 degrees F, and that the temperatures were checked on every night shift (11:00 PM to 7:00 AM.) She explained that the nurses who checked the temperatures and recorded them were aware that temperatures	F 431	within recommended ranges. All thermometers were replaced by the Maintenance Director on 9-24-15. 3. The Director of Nursing will in-service 100% of licensed nurses on appropriate temperatures for the medication room refrigerator and acceptable recording on the temperature log by 10-2-2015. The Assistant Director of Nursing will audit temperatures five days a week for four weeks to ensure all temperatures are within an acceptable ranges using a tracking temperature log; then 3 times weekly x 2 weeks, then weekly times 4 weeks, then monthly x 1 month. The DON will review the tracking logs weekly x 8 weeks, then monthly x 1 and re-educate staff as needed. All newly hired licensed nurses will receive the education in orientation. 4. The DON will present the results of the audits to the Monthly Quality Improvement Meeting for 3 months for trends and the need for continued monitoring.	

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below 36 degrees were not acceptable and that corrective action should have been taken. Medications which were in the refrigerator at the time of the observation and interview included Levemir insulin, Novolog insulin, Humalog insulin, and pneumococcal vaccine.

A review of the medication storage information sheets from the manufacturers for each of the medications stored in the refrigerator was made with the DON during the medication refrigerator observation on 09/23/2015 at 4:15 PM. The following information was noted:

Levemir insulin- Unopened Levemir should be stored in the refrigerator between 36 degree F and 46 degrees F. Do not freeze. Do not use Levemir if it has been frozen.

Humalog insulin- Unopened Humalog should be stored in the refrigerator 36 degrees to 46 degrees F, but do not store in the freezer. Do not use Humalog if it has been frozen.

Novolog insulin - Unused Novolog should be stored in the refrigerator between 36 degrees F and 46 degrees F. Do not freeze Novolog and do not use Novolog if it has been frozen.

Pneumococcal Vaccine - Store in between 36 and 46 degrees F.

In the interview with the DON on 09/23/215 at 4:10 PM, she stated that the temperature log form (Temperature Chart for Refrigerators and Freezers) would be revised to highlight the "Med Room Refrigerator" temperature ranges so that the proper temperature range would be more easily identified as 36 degrees to 46 degrees F.

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F 431	Continued From page 9 In an interview with the Director of Nursing on 09/23/2015 at 4:50 PM, she stated that she had provided in-services that afternoon to the staff to review the temperature ranges which are acceptable for the medication refrigerators and to review corrective action that must be taken in order to maintain the proper temperature ranges. In addition, she stated that all the insulins, including Levemir, Novolog, and Humalog, were discarded, had been re-ordered, and were to arrive at the facility by 5:00 PM in time for all upcoming insulin administrations for the evening. The DON also stated that the pneumococcal vaccine had been discarded.	F 431		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must	F 441		10/8/15

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F 441	Continued From page 10 isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility staff did not wash their hands after providing a bed bath to 1 of 1 residents (Resident #27) before exiting the room. Findings included: The facility's "Handwashing Policy" with version date of 08/2005 documented that personnel were required to wash their hands after each direct or indirect resident contact for which handwashing was indicated by acceptable standards of practice. It was further documented that personnel should wash their hands after contact with blood, body fluids, secretions, excretions and equipment or articles contaminated by them. It was also documented personnel should wash their hands after touching inanimate sources that were likely to be contaminated and between tasks to prevent cross contamination.	F 441	1. Employee #2 was re-educated one-on-one on proper handwashing on 9-24-15 by the DON. 2. The Director of Nursing/ Staff Facilitator will in-service 100% of nursing staff by 10-2-15 on proper handwashing procedures. 3. The Administrative Nurses will observe a 3 resident care interactions 7 days a week for two weeks, and then three days a week for four weeks, then weekly x 4 weeks, then monthly x 1 month to ensure proper handwashing is being performed. The audits will be documented on a Resident Care Audit form. The DON will review the audit forms weekly x 10 weeks then monthly x 1 month and re-educate staff as needed. All new nursing employees will receive the education material in orientation.	

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RIVER TRACE NURSING AND REHABILITATION CENTER	**250 LOVERS LANE WASHINGTON, NC 27889**

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F 441	Continued From page 11 During an interview with the infection control nurse (QI Nurse) on 09/24/15 at 9:50 AM, she stated all staff were taught to wash their hands frequently. She stated hand washing was especially important during flu season. She stated staff were frequently educated to wash their hands when removing gloves and between residents. On 09/24/15 at 10:55 AM Nurse Aide #2 (NA #2) was observed preparing a basin of water to provide a bed bath for Resident # 27. She was already gloved and explained what she was about to do to Resident #27. She opened all of the drawers of the night stand in search of soap. She stated she would need to leave the room to get some shampoo so she removed her gloves and left the room. She returned, gloved and proceeded with the bath. Resident #27's brief was saturated with urine. NA #2 discarded it into the trash can. As she continued with the bath, NA #2 did not have enough wash cloths so she removed her gloves and left the room to get more wash cloths. She returned with clean wash cloths and finished the bath. She dressed Resident #27 and she transferred herself to the wheelchair. NA #2 removed her gloves, picked up the bagged trash and left the room to get the hampers. She was observed walking down the hallway and rolled the hamper back to the entrance of Resident #27's room. She gloved and stripped the bed and placed all of the soiled linens on the bed with the bed linens. NA #2 picked up all of the soiled linens that she had placed on the bed, carried them over to the hamper cart and placed them into one of the hampers. She removed her gloves and did not wash her hands and proceeded to roll Resident #27 to the dining room.	F 441	4. The DON will present the results of the audits to the Monthly Quality Improvement Meeting for three months for trends and the need for continued monitoring.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345215	A. BUILDING _____ B. WING _____	C 09/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 441	Continued From page 12 NA #2 was interviewed on 09/24/15 at 11:25 AM. She stated she had been taught to wash her hands every time she removed her gloves. She stated she could use hand sanitizer if she was too busy to wash her hands with soap and water. When questioned about the observation, she responded that she did not wash her hands before exiting the room and she should have. The Director of Nursing (DON) was interviewed on 09/24/15 at 12:15 PM about hand washing. She stated staff were constantly reminded to wash their hands. She stated staff were expected to wash their hands between residents and when they removed their gloves.	F 441		