CENTERS FOR MEDICARE & MEDICAD SERVICES OMB NO.0838-032 STRUMENT OF CIPCIFICATION INFERDICATION INALIZER INFERDICATION INALIZER INFERDICATION INFERICATION INFERDICATION		-	ID HUMAN SERVICES				FOR	MAPPROVED
AND PLAN DE CORRECTION DENTIFICATION NUMBER A DUILDING COMPLETED 3463 35 B. WING STREET ADDRESS, STY. STATE, 2P CODE TO FRANKLIN OAKS NURSING AND REHABILITATION CENTER STREET ADDRESS, STY. STATE, 2P CODE TO FRANKLIN OAKS NURSING AND REHABILITATION CENTER SUMMAY STATEMENT OF DEPICENCIES STREET ADDRESS, NO. STATE, 2P CODE COMPLETED Provide Construction NURSING SAND REHABILITATION CENTER SUMMAY STATEMENT OF DEPICENCIES PROVIDENCING, NO. STATE, 2P CODE COMPLETED Provide Construction NURSING SAND REHABILITATION CENTER SUMMAY STATEMENT OF DEPICENCIES PROVIDENCING, NO. STATE, 2P CODE COMPLETED Provide Construction NURSING SAND REHABILITATION CENTER SUMMAY STATEMENT OF DEPICENCIES PROVIDENCING, NO. STATE, 2P CODE COMPLETED Provide Construction NURSING SAND REHABILITATION CENTER PROVIDENCING, NO. STATE, 2P CODE COMPLETED Provide Construction NURSING SAND REHABILITATION CENTER PROVIDENCING, NO. STATE, 2P CODE COMPLETED Provide Construction NURSING SAND REHABILITATION CENTER PROVIDENCING, NO. STATE, 2P CODE COMPLETED F242 483.15(b) SELF-DETERMINATION - RIGHT TO F242 F242 I1/30/15 F1 for Inter Resident SAND REHABILITATION - ENGLISTING NECONAL SAND F242 Right to SAND I1/30/15 Based on observation, staff Interview, and record review the facility and make cho				()(0) 141117				
C INMEC OF PROVIDER OR SUPPLIER STREET ADDRESS, GTV, STATE, 2P CODE TOTA IN PROVIDER OR SUPPLIER STREET ADDRESS, GTV, STATE, 2P CODE TOTA IN PROVIDER PARADIMENT STATEMENT OF DEPICIPACIES TOTA IN PROVIDER PARADIMENT STATEMENT OF DEPICIPACIES TOTA IN PROVIDER PARADIMENT STATEMENT OF DEPICIPACIES PROVIDER PARADIMENT STATEMENT OF DEPICIPACIES TOTA IN PROVIDER PARADIMENT STATEMENT OF DEPICIPACIES PARADIMENT STATEMENT OF DEPICTIVE STATEMENT STATEMENT OF DEPICTIVE STATEMENT STATEMENT OF DEPICTIVE STATEMENT STATEMENT OF DEPICTIVE STATEMENT STA	· · ·		· /					
345335 B_WHO 1105/2015 INME OF PROVIDER OR SUPPLER STARLE ADDRESS OF SUPPLER STARLE ADDRESS OF SUPPLER STARLE ADDRESS OF SUPPLER STARLE ADDRESS OF SUPPLER SUMMARY STATEMENT OF DEPENDENCES Press D Press Colspan="2">PROVIDER TAU OF CONSECTION CONSECTIVE ADDRESS OF SUPPLY OR ISO CONSECTIVE ADDRES				A. DOILDI	<u> </u>			c
NAME OF PROVIDER OF SUPPLIER STRET ADDRESS OT 3 STREE. DO CORRECTION FRANKLIN OAKS NURSING AND REHABILITATION CENTER SUMMARY STREMENT OF DEPICIENCIES Total Control Control of Depiciencies Total Control of Depiciencies Depicing PROVIDER'S PLAN OF CORRECTION Control of Depiciencies Control Depiciencies Control Depiciencies		345335		B. WING			_	
FRANKLIN OAKS NURSING AND REHABILITATION CENTER 178 NC HIGHWAY 39 N LOUBBURG, NC 2749 (W) ID PRETX TAG SUMMARY STATEMENT OF DEFICIENCIES PLANE IDEFICIENCY MUST BE PRECEDED BY TULL PRETX TAG Image: Comparison of the Compact Technology (Comparison of the Compact Technol Precedency Of the Anton Should be excessed to compare the precedency of the Compact Technology (Comparison of the Compact Technol Precedency Of the Anton Should be of Cassed technology (Comparison of the Compact Technology (Comparison of technology (Comparison of the Compact Technology (Comparison of the Compact Technology (Comparison of technology (Compari					S	IREET ADDRESS. CITY. STATE, ZIP CODE		03/2013
FRANKLIN OAKS NURSING AND REHABILITATION CENTER LOUISBURG, NC 27549 (W)[0] PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (BACH DEPICIPACION MIST BE PRECIDE BY NULL RECOUNTORY ON LISC DEMTIFYING INFORMATION) ID PRETIX NAC PROVIDER'S FLAN OF CORRECTION (BACH DEPICIPACION SHOULD BE CROSS-MERIENDED TO THE APPROVEMENT DEPICIPACION OF CORRECTION (BACH DEPICIPACION SHOULD BE CROSS-MERIENDED TO THE APPROVEMENT DEPICIPACION OF CORRECTION (BACH DEPICIPACION SHOULD BE CROSS-MERIENDED TO THE APPROVEMENT DEPICIPACION DEPICIPACION OF CORRECTION (BACH DEPICIPACION OF CORRECTION (BACH DEPICIPACION (BACH DEPICIPACION OF CORRECTION (BACH DEPICIPACION OF CORRECTION (BACH DEPICIPACION (BACH DEPICIPAC								
PREFIX TAG (EACH CORRECTACE ACTION SHOLLD BE CROSS REFERENCE ON THE APPROPRIATE COMULTION DATE F 242 483.15(b) SELF-DETERMINATION - RIGHT TO SS-D F 242 F 242 11/30/15 Schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with memors of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. F 242 F242 Right To Make Choices F242 Right To Make Choices Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included: F242 Right To Make Choices Resident #39 was admitted to the facility on 04/07/09, and readmitted on 12/114, 04/03/15, and 04/14/15. The resident's documented and giscease. F242 Right To Make Choices Review of the facility shower schedule revealed Resident #39 was to receive showers during seeses. F242 Right To Make Choices Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Sturdays. F242 Right To Make Choices The resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-subing related to the resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Sturdays. F242 Right To Make Choices of During ref	FRANKLII	FRANKLIN OAKS NURSING AND REHABILITATION CENTER						
The RECULATORY OR LSC IDENTIFYING INFORMATION) The The CROSS-REFERENCE TO THE APPROPRIATE DEFICENCY DATE F 242 483.15(b) SELF-DETERMINATION - RIGHT TO SS-D F 242 F 242 11/30/15 The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. F 242 F242 Right To Make Choices Based on observation, staff interview, and record review the facility field to provide the showers documented on the showers schedule for 1 of 1 sampled resident (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included: F242 Right To Make Choices Resident #39 was admitted to 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoess included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease. F242 Right To Make Choices Review of the facility shower schedule revealed Resident #39 was to receive ashowers during second shift on Tuesidays, Thursdays, and Saturdays. F242 Right To Make Choices The resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person total F242	(X4) ID							
SS=D MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: E242 Right To Make Choices Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included: F242 Right To Make Choices Resident #39 was admitted to the facility on 04/107/09, and readmitted to 12/31/14, 04/03/15, and 04/14/15. The resident's documented a flagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease. 100% interviews were completed with all alert and oriented residents including resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays. The residents 07/29/15 care plan identified "Requires assistance to mainian maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to impaired mobility proferences. All identified toreal measing and Nursing Supervisor regarding preferences. All identified toreal prevention to this proferences. All identified to resure each resident is given the choice of a					x	CROSS-REFERENCED TO THE APPROPRIA		
 The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers activities (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included: Resident #39 was admitted to 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral escare. Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays. The resident's 07/29/15 care plan identified showers as their bathing and the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays. The resident's 07/29/15 care plan identified showers as their bathing preferences. Ali identified issues were addressed immediately by the Director of Nursing and Nursing Assistant Director of Nursing and 11/4/15 to reflexe the resident' batting preferences. A			ERMINATION - RIGHT TO	F 2	242			11/30/15
schedules, and health care consistent with his or her interest, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled resident (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included: F242 Right To Make Choices Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral desease. F242 Right To Make Choices Review of the facility shower schedule for 10/2/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease. 100% interviews were completed with all alert and oriented resident sinduding resident #39 was to receive showers schering second shift on Tuesdays, Thursdays, and Saturdays. 100% interviews were completed with all alert and on-oriented resident % Responsible Parties were contacted on 112/31/15 by the Director of Nursing Supervisor regarding preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to ensure each resident is given the choice of a	SS=D	MAKE CHOICES						
schedules, and health care consistent with his or her interest, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled resident (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included: F242 Right To Make Choices Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral desease. F242 Right To Make Choices Review of the facility shower schedule for 10/2/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease. 100% interviews were completed with all alert and oriented resident sinduding resident #39 was to receive showers schering second shift on Tuesdays, Thursdays, and Saturdays. 100% interviews were completed with all alert and on-oriented resident % Responsible Parties were contacted on 112/31/15 by the Director of Nursing Supervisor regarding preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to ensure each resident is given the choice of a		The resident has the	right to choose activities					
her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility, and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled resident #39, reviewed for choices, who had identified showers as their bathing preference. Findings included: F242 Right To Make Choices Resident #39 was admitted to the facility on 04/07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease. F242 Right To Make Choices Review of the facility shower schedule revealed Resident #39 was to receive as bation rolower per ther choice of bathing preference. Supervisor. Resident #39 will continue to receive a bath or shower per ther choice of bathing preference. Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays. Nursing, Assistant Director of Nursing and Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. The facility MDS nurses reviewed/updated all resident is uses were addressed immediately by the Director of Nursing and Nursing assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person total Director of Nursing an Nursing desires and inmediately by the D			•					
interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the show schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. PA(/07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented alignoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease. Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays. The resident's 07/29/15 care plan identified "Review of self-sufficiency for bathing related to: impaired mobility, physical limitations due to preferences. for bathing. The facility MDS nurses reviewed/updated all resident drare patert and								
about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included: Q4/07/109, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease. Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays. The resident's 07/29/15 care plan identified "Requires assistance to maintain maximum fraction of self-sufficiency for bathing related to: impaired mobility, physical limitations due to impaired mobility, physical limitations due to impaired mobility, physical limitations due to impaired mobility, physical limitations due to <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
are significant to the resident.This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included:F242 Right To Make ChoicesResident #39 was admitted to the facility on 04/107/109, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.F242 Right To Make ChoicesReview of the facility shower schedule revealed Resident #39 was admitted to the facility on 04/107/109, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.100% interviews were completed with all alert and oriented resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to impaired mobility, physical limitations due to impaired mobility, physical limitations due to impaired mobility, physical minations due to impaired mobility, physical limitations to this problem included "Bathing one person totalF242 Right To Make ChoicesThe resident's bathing one person totalF242 Right To Make ChoicesF242 Right To Make Choi								
This REQUIREMENT is not met as evidenced by:Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included:F242 Right To Make ChoicesResident #39 was admitted to provide the showers documented and identified showers as their bathing preference. Findings included:Resident #39 was showered by assigned CNA on 11/3/2015 and documented as given with observation by the Nursing Supervisor. Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.The resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalNursing Assistant Director of Nursing one 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director Nursing on 11/4/15 to ensure each resident is given the choice of a								
by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included:F242 Right To Make ChoicesResident #39 was showered by assigned choices, who had identified showers as their bathing preference. Findings included:Resident #39 was showered by assigned CNA on 11/3/2015 and documented as gue with observation by the Nursing Supervisor. Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.100% interviews were completed with all alert and oriented residents including resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.100% interviews were completed with all alert and oriented residents including resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a		are significant to the	resident.					
review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included:Resident #39 was showered by assigned CNA on 11/3/2015 and documented as given with observation by the Nursing Supervisor. Resident #39 will continue to receive a bath or shower per her choice of bathing preference.Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.The resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalNursing Assistant Director of a			is not met as evidenced					
documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included:Resident #39 was showered by assigned CNA on 11/3/2015 and documented as given with observation by the Nursing Supervisor. Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.Resident #39 was showered by assigned CNA on 11/3/2015 and documented as given with observation by the Nursing bathing preference.Review of the facility shower schedule revealed Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.100% interviews were completed with all alert and oriented residents including resident #39 on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalResident #39 was showered by assigned CNA on 11/3/15 by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a						F242 Right To Make Choices		
choices, who had identified showers as their bathing preference. Findings included:given with observation by the Nursing Supervisor. Resident #39 will continue to receive a bath or shower per her choice of bathing preference.Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 on 11/3/15 by the Director of Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' buthing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a			•			Resident #39 was showered by assigned	ed	
bathing preference. Findings included:Supervisor. Resident #39 will continue to receive a bath or shower per her choice of bathing preference.Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 on 11/3/15 by the Director of Nursing. Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing supervisor regarding their preferences for bathing. The resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalSupervisor. Resident #39 will continue to receive a bath or shower per her choice of a		sampled residents (R	esident #39), reviewed for			CNA on 11/3/2015 and documented as		
receive a bath or shower per her choice of bathing preference.Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 on 11/3/15 by the Director of Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalNursing second shift on specific approximate to the facility specific approximate to the specific appro								
Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' 		bathing preference. I	Findings included:			•		
04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.100% interviews were completed with all alert and oriented residents including resident #39 on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the puadriplegia" as a problem. Interventions to this problem included "Bathing one person total		Desident #20 mes ed				-	e of	
diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.alert and oriented resident's including resident #39 on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a			-			batning preference.		
psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.resident #39 on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.resident #39 on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing, Assistant Director of Nursing and Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a		and 04/14/15. The re	esident's documented			•	all	
neuropathy, and chronic obstructive pulmonary disease.Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing and Nursing, Assistant Director of Nursing and Nursing, Assistant Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a						•		
disease.Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a						-		
Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a			nic obstructive pulmonary					
Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDSThe resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalnurses resident's Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a		uisease.						
Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a		Review of the facility	shower schedule revealed			-		
second shift on Tuesdays, Thursdays, andNursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDSThe resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalNursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a		-				•		
Saturdays.Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a			•			-		
The resident's 07/29/15 care plan identifiednurses reviewed/updated all resident care"Requires assistance to maintain maximumplans on 11/4/15 to reflect the residents'function of self-sufficiency for bathing related to:bathing preferences. All identified issuesimpaired mobility, physical limitations due towere addressed immediately by thequadriplegia" as a problem. Interventions to thisDirector of Nursing on 11/4/15 to ensureproblem included "Bathing one person totaleach resident is given the choice of a								
"Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalplans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a						preferences for bathing. The facility MD	S	
function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalbathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a			-			•		
impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalwere addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a		-				•		
quadriplegia" as a problem. Interventions to this problem included "Bathing one person totalDirector of Nursing on 11/4/15 to ensure each resident is given the choice of a						÷ ·	es	
problem included "Bathing one person total each resident is given the choice of a								
						-	e	
		-						<u> </u>

Electronically Signed

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.

11/24/2015

PRINTED: 12/07/2015

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 12/07/2015 MAPPROVED 0. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345335		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT A. BUILDIN			(X3) DATE SURVEY COMPLETED		
		B. WING			C 11/05/2015			
NAME OF PI	ROVIDER OR SUPPLIER	•		ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
FRANKLIN OAKS NURSING AND REHABILITATION CENTER				17	704 NC HIGHWAY 39 N			
FRANKLI	OARS NURSING AND	REHABILITATION CENTER		L	OUISBURG, NC 27549			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 242	Continued From page	e 1	F 2	242				
	dependence, prefers	shower, and ensure hair is manicured on bathing			shower or bath per their preference.			
	days." The facility's August 2 documented Residen showers for the mont	2015 bathing record t #39 received three			100% in-service of all staff was initia the Director of Nursing and Staff Facilitator on 11/3/15 regarding the resident's right to choose activities, schedules and health care consisten his or her interests, and to make cho	t with		
		per 2015 bathing record t #39 received two showers			about aspects of his or her life in the facility that are significant to the resid including their bathing preferences a the procedure on offering and	dent nd		
	set (MDS) documente severely impaired, sh	e required extensive staff members for personal and she was always			documenting showers. The in-service be completed by 11/30/15. All new staff will be in-serviced by the Staff Facilitator and/or Director of Nu during orientation regarding the resid	e Irsing		
	"Requires assistance function of self-suffici impaired mobility, phy quadriplegia" as a pro problem included "Ba	15 care plan identified to maintain maximum ency for bathing related to: ysical limitations due to oblem. Interventions to this thing one person total			right to choose activities, schedules, healthcare consistent with his or her interests and make choices about as of his or her life in the facility that are significant to the resident including th bathing preferences and the procedu offering and documenting showers.	pects neir		
	washed and nails are days." The facility's October documented Residen	shower, and ensure hair is manicured on bathing 2015 bathing record t #39 received one shower			Resident care observations will be completed by the Director of Nursing Assistant Director of Nursing, and Nu Supervisors for 10% of all residents include resident #39 to ensure reside	ursing to ents		
	was observed receivi resident's inner thighs bright red. Nursing a bathing the resident,	15 (Tuesday) Resident #39 ng a bed bath. The s, groin, and buttocks were a ssistant (NA) #1, who was stated she was trying to get nd cleaned up before the			are receiving bathing services related their bathing preference 3 x week x 4 weeks, weekly x 4 weeks then month months using a Resident Choice/Bath Preference QI Audit Tool. The Direct Nursing and Administrator will review initial the Resident Choice/Bathing Preference QI Audit Tool weekly x 8	l nly x 2 hing tor of		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: FGQ611

Facility ID: 923025

If continuation sheet Page 2 of 4

PRINTED: 12/07/2015

		MEDICAID SERVICES	(X2) MULTIP		OMB NO. 0938-039 (X3) DATE SURVEY		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345335		· /	. ,			COMPLETED	
					с		
		B. WING		1	11/05/2015		
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP			
				1704 NC HIGHWAY 39 N			
FRANKLIN	NKLIN OAKS NURSING AND REHABILITATION CENTER			LOUISBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE	
F 242	Continued From page	2	F 24				
1 272			F 24		aantha far		
		ut, and it was quicker to an trying to transfer the		weeks then monthly x 2 n completion and to ensure			
	•	ers on the "shower table".		areas of concern were ad			
		here were usually two NAs					
		cond shift, and they had the		The results of the Reside	nt		
		to provide seven showers		Choice/Bathing Preference	e QI Audit Tool		
	on the evening of 11/	03/15.		will be compiled by the Q			
				presented to the Executiv			
		15 the administrator stated		Improvement Committee	•		
	about two weeks ago			months. Identification of			
		s not being provided per the ne reported she placed a		determine the need for fu and/or change in frequen			
		a part time registered nurse		monitoring at the direction			
		ed practical nurse in charge		Executive Quality Improve			
	of monitoring to make			Committee.			
	provided to residents	on their shower days. She					
	-	lso helped educate NAs					
	about shower techniq						
		se with tracheotomies and					
	behaviors, and the te	•					
		vers when the NAs were ner tasks. After learning of					
		ned skin on 11/03/15, when					
	the resident was rece						
		mented the shower system					
	still needed to be twe	aked.					
	At 11:10 AM on 11/04	/15 incontinent care was					
		it #39. Her thighs, groin,					
	and buttocks were sti						
	At 4:20 PM on 11/04/	15 Nurse #1 (Nurse					
		e paired with two other					
	nurses in the past two	o to three weeks to make					
		eceiving showers on their					
		ported the "team" educated					
		iques, provided showers,					
		about how to document residents had identified					

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 923025

If continuation sheet Page 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED C NAME OF PROVIDER OR SUPPLIER 345335 B. WING 11/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/05/2015 FRANKLIN OAKS NURSING AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1704 NC HIGHWAY 39 N LOUISBURG, NC 27549 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ID PREFIX CONSS-REFERENCED TO THE APPROPRIATE (K5) COMPLE COMPLE COMPLE COMPLE DATE F 242 Continued From page 3 F 242 Continued From page 3 F 242		TMENT OF HEALTH AN					FORM	APPROVED 0. 0938-0391		
A. BUILDING C C 345335 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1704 NC HIGHWAY 39 N LOUISBURG, NC 27549 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 242 F 242 Continued From page 3 F 242	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FRANKLIN OAKS NURSING AND REHABILITATION CENTER 1704 NC HIGHWAY 39 N LOUISBURG, NC 27549 (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 CORRECTIVO (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE COMPLE DATE F 242 Continued From page 3 F 242				A. BUILDI	NG					
1704 NC HIGHWAY 39 N LOUISBURG, NC 27549 (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) COMPLE DATE DATE F 242 Continued From page 3 F 242 F 242			345335	B. WING		11/05/2015				
FRANKLIN OAKS NURSING AND REHABILITATION CENTER LOUISBURG, NC 27549 (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) COMPLE DATION F 242 Continued From page 3 F 242	NAME OF PF	PROVIDER OR SUPPLIER								
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLE DATION F 242 Continued From page 3 F 242	FRANKLIN	IN OAKS NURSING AND	REHABILITATION CENTER							
	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			FIX (EACH CORRECTIVE ACTION SHOULD BE AG CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETION DATE		
 showers as their preference over bed baths. According to Nurse #1, she mostly monitored the showers provided on first shift. At 4:50 PM on 11/04/15 Nurse #2, the hall nurse for Resident #39, stated she never recalled any NAs coming to her about the resident refusing her showers. She reported the facility protocol required NAs to report shower refusal (if showers were a preference over bed baths) to the hall nurses who contacted the responsible parties and documented refusal in progress notes. Review of Resident #395 progress notes from 08/01/15 through 11/05/15 revealed no documentation about resident refusal of showers. At 4:53 PM on 11/04/15 NA #2 stated she was unaware the newly organized "team" which monitored the provision of showers could actually help NAs provide showers if they were busy with other duties. At 4:56 PM on 11/04/15 NA #3 stated it took some encouragement to gel Resident #39 to take a shower, but when the extra time was invested, the resident would cooperate and enjoyed the shower. At 10:23 AM on 11/05/15 NA #4 stated she was unaware the newly organized "team" which monitored the provision of showers could actually help NAs provide showers if they were busy with other duties. 	F 242	 showers as their prefi According to Nurse # showers provided on At 4:50 PM on 11/04/ for Resident #39, stat NAs coming to her at her showers. She report required NAs to report were a preference over nurses who contacted documented refusal in Resident #39's prograt through 11/05/15 revo about resident refusal At 4:53 PM on 11/04/ unaware the newly on monitored the provisi help NAs provide sho other duties. At 4:56 PM on 11/04/ some encouragement a shower, but when the the resident would conshower. At 10:23 AM on 11/05/ unaware the newly on monitored the provisi help NAs provide shower. 	erence over bed baths. 1, she mostly monitored the first shift. 15 Nurse #2, the hall nurse ted she never recalled any bout the resident refusing borted the facility protocol rt shower refusal (if showers rer bed baths) to the hall d the responsible parties and n progress notes. Review of ess notes from 08/01/15 ealed no documentation al of showers. 15 NA #2 stated she was rganized "team" which on of showers could actually owers if they were busy with 15 NA #3 stated it took tt to get Resident #39 to take he extra time was invested, opperate and enjoyed the 5/15 NA #4 stated she was rganized "team" which on of showers could actually	F	242					

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 4 of 4

PRINTED: 12/07/2015