

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/20/2016
NAME OF PROVIDER OR SUPPLIER WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE WILMINGTON, NC 28401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record review, the facility failed to remove facial hair for one of two sampled residents dependent on staff for activities of daily living (Resident #2).</p> <p>The findings are:</p> <p>Resident #2 was admitted to the facility on 12/28/15, with diagnoses including dementia, abnormal posture and diabetes.</p> <p>Review of the most recent Minimum Data Set (MDS) dated 1/4/16 revealed the Resident was moderately cognitively impaired, understood others and could be understood. The MDS also indicated that Resident #2 required extensive one person assistance for hygiene needs and did not resist care.</p> <p>The Care Area Assessment (CAA) Summary dated 1/4/16 stated Resident #2 required extensive to total assistance for most ADLs (Activity of Daily Living).</p> <p>The Comprehensive Care Plan dated 1/8/16 documented the Resident had an ADL self-care deficit related to dementia and limited range of</p>	F 312	<p>This Plan of Correction will achieve substantial compliance to F-312 by 2-17-2016.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. * Facility staff shaved the face of Resident #2 on 1/20/2016. * Since 1-20-2016, Resident #2 has been checked every 2 days and shaved as needed.</p> <p>Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice. * On 1-20-2016, facility staff assessed all other residents that grow facial hair and found no other residents that needed to be shaved. * Nursing managers will complete observation assessments on two sampled residents per unit for four weeks, and then monthly for two months to ensure that</p>	2/17/16	

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

TITLE

(X6) DATE

Electronically Signed

02/04/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	<p>Continued From page 1</p> <p>motion with interventions listed to provide bath with short simple instructions in washing his face to promote independence.</p> <p>During the initial tour of the facility on 1/19/16 at 10:00 AM, Resident #2 was observed resting in bed. It was noted that a moderate amount of facial hair was present above the resident ' s lip and chin areas.</p> <p>Resident #2 was observed again on 1/19/16 at 4:00 PM sitting in his chair. The Resident's facial hair had not been removed.</p> <p>On 1/20/16 at 11:10 AM, the resident was observed to be bathed by Nursing Assistant (NA) #1. The resident was not observed to be shaved during his morning care.</p> <p>On 1/20/16 at 3:15 PM the resident was observed to still have facial hair above the resident ' s lip and chin areas.</p> <p>The " MDS Kardex report " listed the Resident to need extensive one person assistance in personal hygiene.</p> <p>On 1/19/16 at 2:45 PM, the Resident stated he does not like to have his face unshaven and wanted to be shaved.</p> <p>NA #1 stated in an interview on 1/20/16 at 12:25 PM that she had not shaved Resident #2 the last two days.</p> <p>NA #2 stated in an interview on 1/20/16 at 12:28 PM that she shaved Resident #2 every other day when she took care of him the week of 1/10/16 through 1/16/16.</p>	F 312	<p>residents have received necessary grooming needs to include shaving of facial hair.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>* The facility nursing staff was re-educated by the Director of Nursing to provide necessary assistance with activities of daily living, to include shaving if indicated; this was done on 1-28-2016 and completed on 2-4-2016. Newly hired nursing staff will receive the education during orientation.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assure system of the facility.</p> <p>* The Quality Assurance Committee will review the Director of Nursing's report each month for three months.</p> <p>* If the Quality Assurance Committee determines there are continued problems after three months with face shaving, it will continue to receive weekly Director of Nursing reports and to review them monthly until the problem is resolved.</p>		

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

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F 312	Continued From page 2 During an interview on 1/20/16 at 1:53 PM, the Director of Nursing (DON) stated the Kardex, the NAs refer to, listed Resident #2 to need extensive assistance in personal hygiene. She further stated it was her expectation that Resident #2 would be shaved every other day.	F 312			