

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2016
NAME OF PROVIDER OR SUPPLIER FAIR HAVEN HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 149 FAIR HAVEN DRIVE BOSTIC, NC 28018	
(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 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to implement a care plan intervention for using total mechanical lift transfer for 1 of 3 residents sampled for accidents (Resident #7).</p> <p>Findings included:</p> <p>Resident #7 was admitted to the facility on 11/11/2014 with diagnoses which included non-Alzheimer's dementia, anxiety disorder, depression, and cardiac pacemaker.</p> <p>Resident #7's most recent significant change Minimum Data Set (MDS) dated 02/21/16 revealed Resident #7 was cognitively impaired and required extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene.</p> <p>Resident #7's care plan dated 03/09/16 revealed a problem for potential for injury related to history of falls with daily use of restraints for poor safety awareness and physical debility secondary to advanced dementia. An intervention to prevent falls was as follows: Staff were to use the sit to stand or total mechanical lift when transferring Resident #7.</p>	F 282	<p>POC Corrections– Annual recertification survey: April 4, 2016 to April 7, 2016</p> <ul style="list-style-type: none"> Corrective action accomplished for resident #7 by updating the care guide to reflect the requirement of using the total mechanical lift for transfers. Completed on April 7, 2016. 100% audit to be completed on all residents to ensure correct assistance for transfers is documented on the care plan and care guide. A "Transfer / Mechanical lift assessment" to be completed on all residents. A copy of this assessment will be posted inside the resident's closet door for easy access for staff assisting with transfers. Nurses will be educated on completing the assessment, and placing it in the closet. Direct care staff will be educated on how to read the assessment, and the placement of the assessment in the closet. Corrective action and staff education will be accomplished by the Director of Nursing and MDS Coordinator on or before May 5, 2016. A "Transfer / Mechanical lift assessment" will be completed upon admission, and a copy posted in the resident's closet door by the admitting nurse. The assessment will be updated 	5/5/16

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

TITLE

(X6) DATE

Electronically Signed

04/21/2016

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 282	<p>Continued From page 1</p> <p>A new intervention was added to the care plan on 03/17/16 that indicated Resident #7 was required to have total mechanical lift for all transfers and the sit to stand lift was discontinued.</p> <p>A review of the current daily nurse aide care guide revealed Resident #7 was a fall risk and required transfers using the sit to stand lift or the total mechanical lift for safe transfers.</p> <p>The Resident Incident Report dated 03/14/16 indicated during transfer with the sit to stand lift Resident #7 let go of the bars and slid out of the sling and was lowered to the floor by staff. The Resident Incident Report indicated the staff were educated that Resident #7 was no longer able to use the sit to stand lift for transfers related to physical decline. The Resident Incident Report indicated staff were further educated to use the total mechanical lift for all transfers for Resident #7.</p> <p>On 04/05/16 at 3:16 PM an interview was conducted with the Director of Nursing (DON) who stated on 03/14/16 during a staff assisted transfer with the sit to stand lift Resident #7 became combative with staff during the transfer. The DON stated Resident #7 was slipping out of the sling of the sit to stand lift and was lowered to the floor by staff. The DON stated the total mechanical lift was implemented for all transfers on 03/17/16 and the sit to stand lift was discontinued.</p> <p>On 04/07/16 at 8:32 AM Resident #7 was observed out of bed and was sitting in a wheel chair at bedside eating breakfast.</p> <p>On 04/07/16 at 9:07 AM an interview was</p>	F 282	<p>quarterly, and as needed by the MDS Coordinator. No completion date needed, as this will be a systematic change in how resident transfer needs will be assessed, monitored and updated.</p> <ul style="list-style-type: none"> • Six nursing assistants will be observed providing transfers requiring a mechanical lift weekly for three weeks, including observations on all three shifts. Then, the DON, or person assigned, will observe mechanical lift transfers randomly, no less than monthly, for one year. • The DON, or person assigned, will monitor the systematic changes by reviewing all new admissions for one month for the completion and placement of the assessment, and for accurate documentation on the care plan and care guide. Then the DON will perform random audits, no less than monthly for one year, then randomly. • The corrective actions, systematic changes, and audits will be reviewed in the quality assurance meetings for one year, and then as needed. 		

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F 282	<p>Continued From page 2</p> <p>conducted with Nurse Aide (NA) #1 who stated she used the sit to stand lift to transfer Resident #7 out of bed to the wheel chair this morning and was not aware that Resident #7 required total mechanical lift for all transfers. NA #1 stated she had not received in report from the nurse or the off going nurse aide that Resident #7 required total mechanical lift for all transfers related to prior fall. NA #1 verified that the computer nurse aide care guide and the paper daily nurse aide care guide did not indicate Resident #7 required total mechanical lift for all transfers and both care guides indicated Resident #7 could be transferred by using sit to stand or total mechanical lift.</p> <p>On 04/07/16 at 9:24 AM an interview was conducted with the DON who stated the NA daily care guide was not updated on 03/17/16 to reflect Resident #7 required total mechanical lift for all transfers related to decline in cognition and physical ability. The DON stated her expectation was that the Minimum Data Set (MDS) nurse would have updated the NA daily care guide to reflect Resident #7 required total mechanical lift for all transfers. The DON stated NA #1 had no way of knowing that Resident #7 required total mechanical lift for all transfers because she had not received the information in report from the nurse and the intervention was not included on the NA daily care guide. The DON stated Resident #7 should not have been transferred using the sit to stand lift.</p> <p>On 04/07/16 at 9:45 AM an interview was conducted with Nurse #1 who stated Resident #7 required total mechanical lift for all transfers. Nurse #1 stated she had not provided NA #1 with information that Resident #7 required total mechanical lift for all transfers.</p>	F 282			

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

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F 282	Continued From page 3 On 04/07/16 at 9:44 AM an interview was conducted with the MDS Nurse who stated Resident #7 had a fall using the sit to stand lift and the nursing care plan was updated on 03/17/16 to reflect Resident #7 required total mechanical lift for all transfers related to decline in cognition and physical ability. The MDS nurse stated she forgot to update the NA daily care guide on 03/17/16 to reflect NA staff were to use total mechanical lift for all transfers for Resident #7. The MDS Nurse stated NA #1 would not have known that a total mechanical lift was required for all transfers for Resident #7 because the intervention was not indicated on the NA daily care guide. The MDS Nurse stated she was immediately going to update the NA daily care guide to reflect Resident #7 required total mechanical lift for all transfers.	F 282			