**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 242</td>
<td>SS=D</td>
<td>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</td>
<td>F 242</td>
<td>5/6/16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 resident and staff interviews, and record review, the facility failed to give residents a choice of the time to be awakened in the morning for 1 of 2 sampled residents who required daily weight measurements (Resident #38).

The findings included:

- Resident #38 was admitted to the facility on 02/15/16.
- Review of a nurse practitioner's order dated 02/16/16 revealed direction to weigh Resident #38 daily related to a diagnosis of congestive heart failure.
- Review of Resident #38's admission Minimum Set dated 02/22/16 revealed an assessment of intact cognition.
- Review of Resident #38's February 2016, March 2016 and April 2016 Medication Administration Records (MAR) revealed documentation of daily weight measurements. The February 2016 MAR indicated Resident #38 refused weight measurements on 02/26/16, 02/27/16 and on

Resident #38 was interviewed and her time for daily weights adjusted to her preference of time of day.

All Residents on Daily weights and special treatment regimens have the potential to be affected by failure to be given the right to make choices in daily routines.

All interviewable residents in the facility were interviewed on daily preferences of time to be awakened for care, therapy and shower preferences by the Director of Social Services. Plan of care sheets were also updated to reflect residents choices.

In-service education will be conducted by the Director of Nursing for all staff on the Residents right to make choices by 5/6/16 any staff not educated by 5/6/16 will not be allowed to work until educated.

Effective 5/1/16, Resident choice interviews will continue to be conducted by the Social Worker on Admission, Quarterly, and with any significant changes thereafter. Treatment schedules and Plan of Care Sheets will be updated by the DON, Rehab. Director or designee in accordance to the Residents

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

Electronically Signed

04/28/2016

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.
### F 242

**Continued From page 1**

02/29/16. The March 2016 MAR indicated Resident #38 refused weight measurement on 03/13/16.

Interview with Resident #38 on 04/11/16 at 12:40 PM revealed staff awakened her between 5:00 AM and 5:30 AM each morning in order to measure her weight. Resident #38 explained she preferred not to be awakened and allowed to sleep longer. Resident #38 explained she rarely fell back asleep and remained in a wheelchair which aggravated back problems. Resident #38 reported she occasionally refused to be weighed due to tiredness but usually agreed since the daily weights indicated if her diuretic dose required adjustment.

Telephone interview on 04/13/16 at 5:08 AM with Nurse Aide (NA) #1 revealed she intended to awaken Resident #38 at 5:30 AM that morning (04/13/16) in order to obtain a weight measurement. NA #1 reported the night shift awakened Resident #38 "between 5:30 AM and 5:45 AM" each morning.

Interview with the Director of Nursing (DON) on 04/14/16 at 10:49 AM revealed Resident #38 should not be awakened in order to obtain a weight measurement. The DON explained daily weights need to be taken at the same time each day but Resident #38 could choose the time of day.

Based on findings the committee will alter this plan as indicated.

**F 371**

483.35(i) **FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY**

The facility must -

(1) Procure food from sources approved or considered satisfactory by Federal, State or local preferences. Compliance of this protocol will be reviewed by the DON and Administrator weekly x 1 month then monthly x 3 months. Results will be reported to the QAPI committee monthly x 3 months for review and recommendations. Based on findings the committee will alter this plan as indicated.
### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>(X4) ID PREFIX</th>
<th>(X4) TAG</th>
<th>F 371 Continued From page 2</th>
<th>F 371</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>authorities; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Store, prepare, distribute and serve food</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>under sanitary conditions</td>
<td></td>
</tr>
</tbody>
</table>

This REQUIREMENT is not met as evidenced by:

- Based on observations and staff interview the facility failed to maintain clean microwaves for preparing food in 1 of 3 snack/nourishment rooms. The facility failed to label and date all foods in 2 of 3 snack/nourishment room refrigerators.
- Findings included:
  1. An observation of the 200 hall snack/nourishment room on 04/14/2016 at 4:25 PM revealed four 4 oz cups of yogurt not labeled, an open bottle of soda in the freezer not dated or labeled, and an open bottle of water in the refrigerator not dated or labeled.
  2. An observation of the 200 hall snack/nourishment room on 04/14/2016 at 4:25 PM revealed the microwave was not cleaned. It had particles of cooked food splattered inside and all nourishment rooms and microwaves in nourishment rooms were deep cleaned on 4/14/16 by housekeeping Manager. All food in nourishment room freezers and refrigerators were appropriately labeled with name and date or discarded on 4/14/16 by Dietary Manager. All residents in the facility have the potential to be affected by sanitation conditions of nourishment room. Locks were placed on all Nourishment room doors on 4/28/16 by Maintenance Director. All items to be placed in nourishment rooms will have to be given to staff by residents or family members to be placed in the refrigerator or freezer after being labeled appropriately. Housekeeping will clean microwaves in nourishment rooms twice daily. 100% of staff will be in serviced by staff development coordinator or designee, on keeping the nourishment rooms locked, proper labeling, dating and storage of resident foods, covering of food in microwave to reduce splatter and cleaning of microwave. This in-service will be completed by 5/6/16, any staff not educated by 5/6/16 will not be allowed to work until educated. Sanitation Audits will be conducted daily by Dietary Manager or...
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X4) 371</td>
<td>Continued From page 3 smell like burned food. An interview with the DM on 04/14/2016 at 4:30 PM revealed he was not aware that the microwave was not clean and stated it should have been clean.</td>
<td>F 371</td>
<td>designee x 1 month followed by weekly x 1 month and then monthly x 3 months. Results of audits will be reported by the Dietary Manager to the QAPI committee monthly for review and recommendations. Based on findings the committee will alter this plan as indicated.</td>
<td></td>
</tr>
</tbody>
</table>

The statement of deficiencies and plan of correction for Saturn Nursing and Rehabilitation Center, located at 1930 West Sugar Creek Road, Charlotte, NC 28262, includes a summary statement of deficiencies and a plan of correction for deficiency F371, which indicates that the microwave was not clean and was not aware that it should have been clean. The plan of correction includes a designee for affected areas, weekly checks, and monthly reviews, with results reported to the QAPI committee for further review and recommendations.