STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING ____________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 06/27/2016

(STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION)

(X2) MULTIPLE CONSTRUCTION A. BUILDING ____________________________

(X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER - LUMBERTON

STREET ADDRESS, CITY, STATE, ZIP CODE

1555 WILLIS AVENUE LUMBERTON, NC 28358

(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 cited as a result of the complaint investigation of 05/27/2016 Event 32KK11.

F 323 6/24/16

SS=D 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

Criteria #1

Loose rails for resident #1 and resident #24 were tightened 5/26/2016 by Maintenance Director.

Criteria #2

100% of bed rails were audited by Maintenance Department 5/27/2016. Any bed found with a loose rail was immediately corrected by Maintenance department on 5/27/2016. Any rail found worn with an inability to tighten will be replaced with a new rail. All rails will be tight or replaced on or before 6/24/2016.

100% of direct care associates, department heads, department assistants and therapy staff educated by Director of clinical education, Executive Director, or Director of nursing services to ensure daily checks of rails for looseness. Any

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

Electronically Signed

06/15/2016

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.
On 5/24/2016 at 11:33 AM, Resident #1 was observed in bed with a ¼ side rail placed at the middle of the length of the bed. The rail was raised. There was a ¼ rail, also raised, on the opposite side of the bed, but the bed was against the wall. The rail that was not against the wall was very loose and could be pulled away from the bed for a distance of 7 inches.

On 5/26/2016 at 11:16 AM, Resident #1 was observed in bed with the side rail raised. The rail remained very loose.

On 5/24/2016 at 11:25 AM, in an interview, Nurse #1 stated the resident had side rails, ¼ size, attached to the middle of the length of the bed.

On 5/26/2016 at 2:47 PM, in an interview, the Maintenance Director stated he had worked at the facility three years. The Maintenance Director stated if there were problems with a bed such as creaking or loose side rails, those problems were fixed if someone noticed or if someone put in a work order in the care tracker. The Maintenance Director stated there was no schedule for checking for loose side rails.

On 5/26/2016 at 4:15 PM, in an interview, the Administrator stated 100% bed rail audits are done periodically. The Administrator stated her expectation was if rails were loose, staff would inform maintenance either by contacting them verbally or by a formal work order for loose rails.

The Equipment Task List was reviewed and included inspecting side rails for proper operation. It was noted the side rails must be secure to the bed and have no loose parts. The next date for the inspection was listed as 8/21/2016.

The rail found loose will be tightened by maintenance department, any rail found with an inability to be tightened will be replaced with a new rail. Education of associates will include notification of Maintenance department anytime a rail is noted loose. Communication will occur through building engines and/or in writing. All education will be completed on or before 6/24/2016.

Criteria #3
Department heads and departmental assistants will each be assigned a number of rooms to audit 5 times a week to ensure rails are not loose. 100% of bed rails will be audited 5 times a week. The side rail audit will begin 6/20/2016. The results of the audit 5 times weekly will be provided to the Maintenance Department and the Executive Director. The Director of nursing and/or Assistant Director of Nursing will be the back up process owner in the Executive Director's absence

Criteria #4
The results of the side rail audits will be brought to the Quality Assurance Process Improvement (QAPI) committee monthly for a minimum of 3 consecutive months or longer if deemed necessary. The plan will be adjusted as necessary to ensure quality improvement. The results of the initial audits and survey findings will be brought to the June 2016 QAPI meeting.
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<thead>
<tr>
<th>ID</th>
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<td>F 323</td>
<td>Continued From page 2</td>
<td>2. Resident #24 was admitted 1/20/2012 with diagnoses of Peripheral Vascular Disease, long term use of anti-coagulants, depression, Alzheimer’s disease and weight loss. The significant change MDS dated 2/5/2016 noted Resident #24 to be severely impaired for cognition and needed extensive to total assistance for all ADLs with the physical assistance of one to two persons. On 5/24/2016 at 10:00 AM, an observation was made of Resident #24’s bed. The bed had a ¼ rail located midway of the length of the bed. The rail was raised and was very loose. The ¼ rail located on the opposite side of the bed was not raised, but was loose. Resident #24 was lying on the bed. On 5/26/2016 at 11:00 AM, an observation was made of Resident #24’s bed. The rail on the side of the bed nearest the window was not raised and was very loose. The rail on the side of the bed nearest the door was not raised and was loose. Resident #24 was in a wheel chair in the room. On 5/24/2016 at 10:56 AM, in an interview, Nurse #2 stated Resident #24 had the ¼ side rails attached to the middle of the length of the bed. On 5/26/2016 at 2:47 PM, in an interview, the Maintenance Director stated he worked at the facility three years. The Maintenance Director stated if there were problems with a bed such as creaking or loose side rails, those problems were fixed when someone noticed or if someone put in a work order in the care tracker. The Maintenance Director stated there was no...</td>
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