

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARSAW HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>214 LANEFIELD ROAD</b> <b>WARSAW, NC 28398</b>		
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F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to wash incontinent residents with soap and water to remove urine from the skin prior to putting on a clean incontinent brief for 3 of 3 residents observed during incontinence care (Resident #11, #12 and #3. The findings included: 1. Resident #11 was admitted to the facility on 1/27/10 and had a diagnosis of diabetes mellitus and a mental disorder. The Care Area Assessment (CAA) dated 11/2/15 for ADLs (activities of daily living) and Urinary Incontinence revealed the resident required extensive assistance with most ADLs and was frequently incontinent of bowel and bladder. The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 4/20/16 revealed the resident had severe cognitive impairment. The MDS revealed the resident required extensive assistance with toileting and personal hygiene and was frequently incontinent of bowel and bladder. The resident ' s Care Plan updated on 6/24/16</p>	F 315	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency was correctly cited. It is not to be construed as an admission of interest against the facility, the Administrator , Director of Nursing or any employee , agent or other individuals who draft or may be discussed in this response or the Plan of Correction. In addition , preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged nor the correction of any conclusions set forth in this allegation by the survey agency.</p> <p>For the deficiencies cited during this survey, this facility has developed and implemented a facility - wide system to assure correction and continued compliance with the regulations. This facility will provide a complete copy of the</p>	8/1/16	

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

TITLE

(X6) DATE

Electronically Signed

08/01/2016

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 315	Continued From page 1 instructed staff to keep the resident ' s skin clean and dry. On 7/12/16 at 11:40 PM, NA (nursing assistant) #1 was observed to provide incontinence care for Resident #11. The resident ' s incontinent brief was noted to be fully saturated with urine. The NA removed the wet brief and proceeded to put a clean brief on the resident and stopped midway and asked the resident if she wanted to be washed off. The Resident stated: " yes. " The NA went in the bathroom and returned with a towel. When asked what she was using to clean the resident, the NA stated: " Just water. " The NA was observed to wash the resident ' s perineal area and buttocks with water and put the clean incontinent brief on the resident. On 7/13/16 at 8:25 AM, the Director of Nursing stated in an interview that the NAs should be washing residents with soap and water when providing incontinence care. 2. Resident #12 was admitted to the facility on 3/1/13 and had a diagnosis of Alzheimer ' s Dementia, and cerebrovascular accident (stroke). The resident ' s Care Plan for ADLs (activities of daily living) and Urinary Incontinence dated 4/26/13 revealed the resident was totally incontinent related to vascular dementia. The Care Plan read: " For incontinent episodes provide personal care with soap and water. " The Annual Minimum Data Set (MDS) Assessment dated 5/12/16 revealed the resident had moderate cognitive impairment. The Care Area Assessment (CAA) for Urinary Incontinence dated 5/12/16 revealed the resident required total assist with incontinence care and was totally incontinent of bowel and bladder. On 7/12/16 at 11:55 PM, NA (nursing assistant) #2 was observed to provide incontinence care for Resident #12. The resident ' s brief was observed	F 315	deficiency list to the QAA Committee for review and appropriate actions.  We would like you to accept this POC as our credible allegation of compliance. A. Resident #11 has been identified as an incontinent resident. 1. Resident has been assessed by Wound Nurse for comprise of perineal skin integrity. 7/26/2016 2. No maceration or skin breakdown observed. 3. Resident has been observed by LN on all three shifts for proper perineal care.7/27/2016 4. NA #1 has been re-educated on policy and procedure for perineal care. 7/26/2016. B. Resident#12 has been identified as an incontinent resident. 1. Resident has been assessed by Wound Nurse for comprise of perineal skin integrity. 2. No maceration or skin breakdown observed. 3. Resident has been observed by LN on all three shifts for proper perineal care during changing of soiled incontinent brief. 7/27/2016 4. NA #2 has been re-educated on policy and procedure for perineal care. 7/26/2016 c. Resident #3 has been identified as an incontinent resident. 1. Resident has been assessed by Wound Nurse for comprise of perineal skin integrity. 7/26/2016 2. No maceration or skin breakdown observed.		

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F 315	<p>Continued From page 2</p> <p>to be wet. The NA removed the brief and applied a clean brief on the resident. The NA did not wash the resident to remove urine from the resident ' s skin.</p> <p>On 7/13/16 at 12:10 AM, NA #2 stated in an interview that she was caught off guard and left her wipes in her purse and they did not always have washcloths available to use during care. During the interview, the linen cart was observed to be in the hall with washcloths on the cart. The NA stated there were washcloths on the cart tonight and stated it was her fault for not washing the resident.</p> <p>On 7/13/16 at 8:25 AM the Director of Nursing stated in an interview that the NAs should be washing residents with soap and water or pre-moistened wipes during incontinence care.</p> <p>3. Resident #3 was admitted to the facility on 10/8/13 and had a diagnosis of cerebrovascular accident (stroke).</p> <p>The Annual Minimum Data Set (MDS) Assessment dated 4/11/16 revealed the resident was cognitively intact. The MDS revealed the resident required extensive assistance with toileting and personal hygiene and was incontinent of bowel and bladder.</p> <p>The Care Area Assessment (CAA) for Urinary Incontinence dated 4/11/16 revealed the resident was totally incontinent and did not voice the need to toilet.</p> <p>The resident ' s Care Plan updated on 4/20/16 revealed the resident was incontinent of bowel and bladder and to provide incontinence care every 2 hours and as needed.</p> <p>On 7/13/16 at 12:05 AM, NA (nursing assistant) #2 was observed to provide incontinence care for Resident #3. The NA was observed to remove the resident ' s incontinent brief and was noted to have an area of wetness on the brief. The NA</p>	F 315	<p>3. Resident has been observed by LN on all three shifts for proper perineal care during changing of soiled incontinent brief. 7/27/2016</p> <p>4. NA #2 has been re-educated on policy procedure for perineal care. 7/27/2016</p> <p>A. Nursing staff has been re-educated on Policy and Procedure for perineal care which states that soap and water be used as necessary to promote skin integrity and to maintain residents self- esteem. 7/26/2016</p> <p>Nursing Staff has been in serviced on perineal care 7/26/2016</p> <p>B. MDS nurse has identified ( presently) incontinent residents 7/27/2016</p> <p>C. Identified residents will be assessed for comprise of skin integrity by LN with documentation on skin assessment form weekly.</p> <p>D. LN will monitor each CNA per shift performing perineal care post incontinent episode, to ensure proper procedure is followed.</p> <p>F. LN will monitor each CNA per shift performing perineal care post incontinent episode x 4 weeks beginning 8/1/2016 and then 2 CNAs per shift x 2 months to ensure proper procedure is followed.</p> <p>G. Audit of compliance documentation will be reviewed by DON or designee.</p> <p>H. Results of data will be reported to QA committee: Oversight by Administrator</p>		

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F 315	Continued From page 3 applied a clean brief without washing the resident. On 7/13/16 at 12:10 AM, NA #2 stated in an interview that she was caught off guard and left her wipes in her purse and they did not always have washcloths available to use during care. During the interview, the linen cart was observed to be in the hall with washcloths on the cart. The NA stated there were washcloths on the cart tonight and stated it was her fault for not washing the resident. On 7/13/16 at 8:25 AM the Director of Nursing stated in an interview that the NAs should be washing residents with soap and water or pre-moistened wipes during incontinence care.	F 315			
F 371 SS=E	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 authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain a sanitary kitchen/dining room by failing to discard left over food on meal trays and failing to clean dishes and meal trays which resulted in pests in the main kitchen/dining area of the facility. The findings included:	F 371	A. The Dietary Manager in-serviced the kitchen staff on the importance of storing , preparing, distributing and serving food under sanitary conditions. 1. Meal trays and dishes collected during evening and / or night shift are to be placed on an enclosed food cart and transferred to the kitchen. AM staff will	8/1/16	

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F 371	<p>Continued From page 4</p> <p>Review of a service report/invoice revealed on 6/29/16 the kitchen and bathrooms were treated for cockroaches by the facility's pest control provider.</p> <p>During an observation on 7/9/16 at 11:51 PM, a roach was observed on a meal tray in the kitchen/dining room area. Observations also revealed three carts with four meal trays with leftover food, such as two bananas, a peanut butter and jelly sandwich, and an empty ice cream container under a plate cover and cookies in a wrapper. Another meal tray was also observed with leftover food on a stainless steel counter.</p> <p>During an observation on 7/10/16 at 1:07 AM a roach was crawling on a wall in the kitchen/dining room area adjacent to meal trays on a cart.</p> <p>During an observation on 7/10/16 at 1:09 AM after removing a plate cover from a plate on a meal tray in the kitchen/dining room area, seven roaches scattered on the plate which contained ground meat, potato tots, and three fried food items. The meal tray was located on a counter next to a closed window area to the kitchen.</p> <p>During an interview on 7/10/16 at 12:22 AM, Nursing Assistant #1 revealed roaches were everywhere and she would write down on a clip board when roaches were seen in the facility.</p> <p>During an interview on 7/10/16 at 12:30 AM, Nursing Assistant # 2 revealed roaches in the facility were real bad and there were a lot of them in resident's rooms and living areas. She said she reported when bugs were seen by writing on a clip board, which was checked by the maintenance man.</p> <p>During an interview on 7/10/16 at 12:43 AM, Nursing Assistant #3 stated the facility had roaches, but they were not as bad as they used to</p>	F 371	<p>sanitize the cart.</p> <p>2. Kitchen deep cleaned 7/26/16</p> <p>3. Kitchen fogged by Pest Control Professional 7/28/16</p> <p>4. Kitchen staff has been in serviced on proper procedure when pests have been visualized</p> <p>5. Facility staff has been in serviced on proper procedure when pests have been visualized.</p> <p>6. LN will ensure dirty trays are placed on enclosed food cart.</p> <p>Maintenance Director or designee will monitor facility weekly for pests</p> <p>8. Maintenance Director will maintain log of pest and a log of when Pest Control Professionals are notified</p> <p>9. Pest Control Professional will spray kitchen every 2 weeks x 4 weeks &amp; as needed</p> <p>7. Results of data was reported to QA committee on 8/4/2016 : Overseen by Administrator</p>		

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F 371	<p>Continued From page 5</p> <p>be. She stated when she saw roaches she would kill them and write down on a clip board when and where she had seen them. She further stated she had not seen any roaches within the past week. During an interview on 7/10/16 at 12:51 AM, Nursing Assistant #4 said there were a lot of roaches and she had seen them on resident's beds, floors, bathrooms, everywhere, ceilings and toilets. She revealed when she saw roaches she would kill them and she would also report it. On 7/13/16 at 8:25 AM the Director of Nursing (DON) stated in an interview that she was in the kitchen with the surveyor over the weekend and she did not see any roaches. The DON stated pest control came in once a month and sprayed and came in recently and spayed. The DON stated the maintenance director also sprayed for roaches.</p> <p>On 7/13/16 at 8:45 AM the Maintenance Director stated in an interview they had used several pest control companies in the past and the current one seemed to do the best. The Maintenance Director stated residents would keep a lot of snacks in their rooms and this attracted roaches. The Maintenance Director stated he had been to the hardware store and purchased roach spray and have tried glue pads. The Maintenance Director stated he did not know what else they could do.</p> <p>On 7/13/16 at 10:16 AM, an interview was conducted with the service manager from the pest control company used by the facility. The Service Manager stated he checked their records and they had not received any calls from the facility about any issues in months. The Service Manager stated there were other things they could do to eliminate the roaches. The Service Manager stated when they were in the facility on</p>	F 371			

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F 371	Continued From page 6 6/29/16 they treated the outside and the kitchen but were not told about any particular problems.	F 371			
F 469 SS=F	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM  The facility must maintain an effective pest control program so that the facility is free of pests and rodents.  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to provide an effective pest control program as evidenced by roaches in a resident's room, in the main kitchen/dining area and a shower room in the facility.  The findings included:  Review of a service report/invoice revealed on 6/29/16 the kitchen and bathrooms were treated for cockroaches by the facility's pest control provider.  During an observation on 7/9/16 at 11:51 PM, a roach was observed on a meal tray in the kitchen/dining room area. Observations also revealed three carts with four meal trays with leftover food, such as two bananas, a peanut butter and jelly sandwich, and an empty ice cream container under a plate cover and cookies in a wrapper. Another meal tray was also observed with leftover food on a stainless steel counter. During an observation on 7/10/16 at 12:59 AM, a roach was crawling in the shower room on the	F 469	A. The Administrator has in serviced the maintenance and dietary staff on the importance of having an effective pest control program 7/26/2016. 1. Room #2 has been deep cleaned 7/26/16 2. Resident #1 in Room #2's night stand has been replaced 7/26/16 3. Nursing home ( back hall) shower room has been cleaned and sprayed by pest control professional 7/28/16 4. Kitchen deep cleaned 7/26/16 & 7/27/16 5. Kitchen fogged by Pest Control Professional 7/28/16 6. Maintenance Director baited and sprayed for pests in room#2 7/26/16 7. Pest Control Professional was contacted and will be exterminating facility 8/5/16 8. Maintenance Director will maintain log of location of pest and when Pest Control are notified 10. Maintenance Director or designee will monitor facility weekly for pests 11. Pest Control Program to be monitored	8/1/16	

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F 469	Continued From page 7 Nursing Home (back hall) section. During an observation on 7/10/16 at 1:07 AM a roach was crawling on a wall in kitchen/dining room area adjacent to meal trays on a cart. During an observation on 7/10/16 at 1:09 AM after removing a plate cover from a plate on a meal tray in the kitchen/dining room area, seven roaches scattered on the plate which contained ground meat, potato tots, and three fried food items. The meal tray was located on a counter next to a closed window area to the kitchen. During an observation on 7/10/16 at 1:19 AM, in room #2, three dead roaches were on the floor in the bathroom and one roach was crawling on a napkin on the resident #1's night stand. During an interview on 7/10/16 at 12:22 AM, Nursing Assistant #1 stated roaches were everywhere and she would write down on a clip board when and where roaches were seen in the facility. During an interview on 7/10/16 at 12:30 AM, Nursing Assistant # 2 revealed roaches in the facility were real bad and there were a lot of them in resident's rooms and living areas. She said she reported when bugs were seen by writing on a clip board, which was checked by the maintenance man. During an interview on 7/10/16 at 12:43 AM, Nursing Assistant #3 stated the facility had roaches, but they were not as bad as they used to be. She stated when she saw roaches she would kill them and write down on a clip board when and where she had seen them. She further stated she had not seen any roaches within the past week. During an interview on 7/10/16 at 12:51 AM, Nursing Assistant #4 said there were a lot of roaches and she had seen them on resident's beds, floors, bathrooms, everywhere, ceilings and toilets. She revealed when she saw roaches she	F 469	by Maintenance Director and facilitated by professional exterminator as follows: A. Pest Control Professional will spray rooms every 2 weeks x 4 weeks B. Then every 4 weeks & as needed 12.Results of data was reported to QA committee on 8/4/2016 : Overseen by Administrator		



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F 469	<p>Continued From page 8</p> <p>would kill them and she would also report it. During an interview on 7/10/16 at 1:13 AM, Nursing Assistant #5 stated roaches were terrible every night. She stated she would knock roaches off resident's beds every night and would beat roaches off a resident's shoes in room #2, bed 1. On 7/13/16 at 8:25 AM the Director of Nursing (DON) stated in an interview that she was in the kitchen with the surveyor over the weekend and she did not see any roaches. The DON stated pest control came in once a month and sprayed and came in recently and sprayed. The DON stated the maintenance director also sprayed for roaches.</p> <p>On 7/13/16 at 8:45 AM the Maintenance Director stated in an interview they had used several pest control companies in the past and the current one seemed to do the best. The Maintenance Director stated residents would keep a lot of snacks in their rooms and this attracted roaches. The Maintenance Director stated he had been to the hardware store and purchased roach spray and have tried glue pads. The Maintenance Director stated he did not know what else they could do.</p> <p>On 7/13/16 at 10:16 AM, an interview was conducted with the service manager from the pest control company used by the facility. The Service Manager stated he checked their records and they had not received any calls from the facility about any issues in months. The Service Manager stated there were other things they could do to eliminate the roaches. The Service Manager stated when they were in the facility on 6/29/16 they treated the outside and the kitchen but were not told about any particular problems.</p>	F 469			