

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

PRINTED: 09/12/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MARSHVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 W PHIFER STREET MARSHVILLE, NC 28103</b>
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F 000	INITIAL COMMENTS  There were no deficiencies cited as a result of the complaint investigation of 7/14/16. Event ID# MH5311	F 000		
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS  The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.  This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to identify a medical symptom to justify the use of a physical restraint (pelvic restraint) and failed to implement systemic approaches to reduce the restraint to least restrictive for 1 of 1 sampled resident (Resident #115).  The findings included:  Resident #115 was re-admitted to the facility on 2/29/16 with the diagnosis of alzheimer dementia and major depressive disorder.  The quarterly Minimum Data Set (MDS) dated 6/6/16 revealed Resident #115 was severely cognitively impaired and required extensive assistance with activity of daily living, had no falls since previous assessment and used a trunk restraint in the chair daily.  The care plan dated 4/1/16 identified a focus that Resident #115 uses a physical restraint (pelvic	F 221	I-For the Resident affected: Resident 115 no longer has a pelvic restraint in place. The Director of Nursing completed a referral to therapy for restraint reduction on 07-19-16 Restraint reduction/elimination trial started on 07-21-16 through 07-25-16 and continued usage was deemed no longer necessary. Physician's order was obtained and pelvic restraint was discontinued on 07-25-16. New non-restrictive interventions were put into place during the trial period and remain in place. Plan of care was updated by Director of Nursing and MDS Coordinator on 07-25-16. II-For other residents with the potential to be affected: One other Resident was identified to be affected with a restraint in place. The Director of Nursing completed a referral to therapy for restraint reduction on 07-19-16. Restraint reduction/elimination trial started on 07-21-16 through 07-26-16	7/26/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  08/05/2016
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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 221	<p>Continued From page 1</p> <p>restraint) related to history of falls from wheelchair due to impaired cognition. The care plan listed interventions to evaluate the residents restraint use: evaluate/record continuing risk/benefits of restraint, alternatives to restraint, need for ongoing use and reason for restraint use, place pelvic restraint while up in broad chair every shift, provide meaningful program activities that accommodates restraint use without drawing unwanted attention. Provide restraint-free time during activities when possible to supervise closely. The resident needs opportunities for restraint free time and physical activity daily.</p> <p>The fall assessment dated 6/5/16 revealed no falls in the last 90 days and resident was a high risk for falls.</p> <p>Review of the physician order dated 7/29/14 and most recent 6/9/16 indicated to place pelvic restraint while up in broda chair every shift for history of falls.</p> <p>During an observation on 7/12/16 at 10:55 AM revealed Resident #115 attending a bingo activity in the broad chair with the pelvic restraint in place. There were 2 staff members attending the activity.</p> <p>An interview with nurse aide #1 on 7/14/16 at 11:00 AM indicated that the pelvic restraint was in place to prevent resident from sliding out of the chair, nurse aide #1 revealed that she checks Resident #115 every 2 hours and removes the pelvic restraint to do incontinence care and check her skin. Nurse aide #1 indicated that there is no specific information about the pelvic restraint on the Kardex and she was not aware to provide restraint-free time during activities and that the</p>	F 221	<p>and continued usage was deemed no longer necessary. Physician's order was obtained and restraint was discontinued on 07-26-16. New non-restrictive interventions were put into place during the trial period and remain in place. Plan of care was updated by the Director of Nursing and MDS Coordinator on 07-26-16.</p> <p>III-System Change Throughout the process of restraint reduction/elimination 07-21-16 through 07-26-16 both Resident's family members were educated on the risks versus benefits of restraint usage by the Director of Nursing and Administrator. Administrative staff and Interdisciplinary Team will continue to discuss our restraint-free guidelines with residents and families as needed. Nursing staff received in-service on 07-25-16 and 07-26-16 by Director of Nursing for alternative approaches to utilize with restraint reduction/elimination</p> <p>IV-QA/Monitoring Resident 115 and other affected resident will be monitored weekly x 3 weeks then monthly for one month and then at least quarterly with care plan review, thereafter to ensure that new interventions continue to be effective. Interdisciplinary and Quality Improvement Team will continue to assess residents at risk for falls on an ongoing basis. Plans of care will be updated if interventions are added or changed.</p>		

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F 221	Continued From page 2 family wanted the pelvic restraint to stay on while she was in the chair.  During an observation on 7/14/16 at 10:45 AM revealed Resident #115 in an activity on the outside patio with pelvic restraint in place. There were 2 staff members attending the activity.  An interview with the activity assistant on 7/14/16 at 12:00 PM revealed that she was not aware that Resident #115 could have restraint-free time during activities, she knew that the family wanted the pelvic restraint on at all times when in the chair.  An interview with the Director of Nurses (DON) on 7/14/16 at 12:20 PM revealed that Resident #115 has had an active order for the pelvic restraint and it was updated on 6/9/16, Resident #115 has had reductions attempted from having the pelvic restraint on all 3 shifts to 2 shifts and back to 3 shifts when in chair because she slides out of the chair. Resident #115 has not had any falls in a while. The DON confirmed that there were no documentation available for medical justification for use of least restrictive device and no documentation to show attempts for reduction and least restrictive devices were performed. The DON indicated that her expectations were that the restraints be reviewed quarterly and in the weekly standard of care meeting to ensure medical symptoms are in place and least restrictive devices are in place.	F 221			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in	F 282		7/26/16	

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F 282	<p>Continued From page 3</p> <p>accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to follow the plan of care for 1 of 1 sampled resident (Resident #115) who was care planned to provide pelvic restraint-free time during activities.</p> <p>The findings included:</p> <p>Resident #115 was re-admitted to the facility on 2/29/16 with the diagnosis of alzheimer dementia and major depressive disorder.</p> <p>The quarterly Minimum Data Set (MDS) dated 6/6/16 revealed Resident #115 was severely cognitively impaired and required extensive assistance with activity of daily living, had no falls since previous assessment and used a trunk restraint in the chair daily.</p> <p>The care plan dated 4/1/16 identified a focus that Resident #115 uses a physical restraint (pelvic restraint) related to history of falls from wheelchair due to impaired cognition. The care plan listed interventions to evaluate the residents restraint use: evaluate/record continuing risk/benefits of restraint, alternatives to restraint, need for ongoing use and reason for restraint use, place pelvic restraint while up in broad chair every shift, provide meaningful program activities that accommodates restraint use without drawing unwanted attention. Provide restraint-free time during activities when possible to supervise closely. The resident needs opportunities for</p>	F 282	<p>I and II-For the resident affected and for those with the potential to be affected Resident 115 and one other resident identified to be affected no longer have a restraint in place therefore having restraint-free time no longer applies. Care plans updated 07-25-16 and 07-26-16 by MDS Coordinator related to restraint use and personnel releasing restraint during activities no longer applies.</p> <p>III-System Change The process to reduce/eliminate the restraint on Resident 115 and the second resident was completed on 07-26-16 by appropriate licensed staff to include Physical Therapist, Director of Nursing and MDS Coordinator. Nursing and Activity staff received in-service by the Director of Nursing and RN Supervisor on 07-25-16 and 07-26-16 for alternative approaches to utilize with restraint reduction/elimination and qualification of staff for restraint release.</p> <p>IV-QA/Monitoring In the event that a restraint is ordered by a physician for a resident, the Quality Improvement and Interdisciplinary Team will review the restraint weekly to ensure qualified personnel release/reduce the restraint.</p>		

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F 282	<p>Continued From page 4</p> <p>restraint free time and physical activity daily.</p> <p>The fall assessment dated 6/5/16 revealed no falls in the last 90 days and resident was a high risk for falls.</p> <p>Review of the physician order dated 7/29/14 and most recent 6/9/16 indicated to place pelvic restraint while up in broda chair every shift for history of falls.</p> <p>During an observation on 7/12/16 at 10:55 AM revealed Resident #115 attending a bingo activity in the broda chair with the pelvic restraint in place. There were 2 staff members attending the activity.</p> <p>An interview with nurse aide #1 on 7/14/16 at 11:00 AM indicated that the pelvic restraint was in place to prevent resident from sliding out of the chair, nurse aide #1 revealed that she checks Resident #115 every 2 hours and removes the pelvic restraint to do incontinence care and check her skin. Nurse aide #1 indicated that there is no specific information about the pelvic restraint on the Kardex and she was not aware to provide restraint-free time during activities and that the family wanted the pelvic restraint to stay on while she was in the chair.</p> <p>During an observation on 7/14/16 at 10:45 AM revealed Resident #115 in an activity on the outside patio with pelvic restraint in place. There were 2 staff members attending the activity.</p> <p>An interview with the activity assistant on 7/14/16 at 12:00 PM revealed that she was not aware that Resident #115 could have restraint-free time during activities, she knew that the family wanted</p>	F 282			

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