

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

PRINTED: 10/04/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF NASH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1210 EASTERN AVENUE NASHVILLE, NC 27856</b>		
(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 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and family and staff interviews, the facility failed to provide a specialty mattress that fit the bedframe for 1 of 1 sampled resident (Resident #42).</p> <p>The findings include:</p> <p>Resident #42 was admitted to the facility on 04/25/16 with diagnoses that include non-Alzheimer's dementia, Parkinson's disease, seizure disorder, other cerebrovascular disease and hemiplegia affecting the left side. The Minimum Data Set (MDS) assessment dated 07/25/16 indicated that the resident was totally dependent or required extensive assistance to complete activities of daily living. The MDS also indicated that Resident #42 was cognitively impaired.</p> <p>An interview with a family member of Resident #42 was conducted on 08/29/16 at 2:33 p.m. She stated she visited almost daily and was intimately familiar with the details of her family member's care. She said she had pointed out to staff members about one month ago that the mattress did not fit well and was not long enough to</p>	F 246	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiency cited. Preparation and submission of the plan is in response to CMS-2567 and is not an admission by Autumn Care of Nash that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by federal and state law.</p> <p>F246-Reasonable Accommodation of Needs/Preferences(Long Term Care Facilities)</p> <p>RESIDENT AFFECTED: Maintenance staff and Housekeeping Laundry Supervisors in-serviced by administrator regarding proper fit of all types of mattress to bed frames. Vendor contacted and new mattress ordered to properly fit. Mattress received and placed on bed.</p> <p>RESIDENTS WITH THE POTENTIAL TO BE AFFECTED: All resident beds checked for properly fitting mattresses,</p>	9/22/16	

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

TITLE

(X6) DATE

Electronically Signed

09/22/2016

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 246	<p>Continued From page 1 accommodate the resident's legs and feet.</p> <p>Observation of Resident #42 on 08/30/16 at 3:12 p.m. revealed him resting in bed with eyes closed and the head of the bed elevated to a 45-degree angle. His lower extremities were elevated by a wedge placed underneath the end of the mattress and his heels were on the lower end of the mattress with toes extending beyond the edge. There was a pillow and folded comforter at the foot of the bed filling the gap between the end of the mattress and the footboard.</p> <p>Observation of Resident #42 on 08/29/16 at 3:20 p.m. revealed him lying in bed with his feet at the lower end of the mattress. Resident #42's toes extended beyond the edge.</p> <p>An interview with Nurse #3 on 08/31/16 at 3:44 p.m. revealed that she also remembered the mattress and bed frame being replaced in the resident's room. She estimated that the resident has been lying on the current mattress for at least one month.</p> <p>During an interview with the Maintenance Manager on 08/31/16 at 4:10 p.m. he confirmed that he is responsible for replacing mattresses on resident beds in the facility. He indicated that he did extend the frame for Resident #42's bed. The Maintenance Manager recalled when Resident #42's bed had malfunctioned, preventing the foot of the bed to raise or lower. He ordered a new part and fixed the bed when the part came in. The family wanted the wedge to remain underneath the mattress in case the bed stopped working again. He estimated that he provided the current mattress for Resident #42 about a month ago when the air mattress was determined to be</p>	F 246	<p>corrections made to have all properly fitting mattresses in place.</p> <p>SYSTEMIC CHANGES: 18 beds will be monitored by administrator or designee weekly x 3 weeks and then monthly for 3 months to ensure proper fit of mattress to bed frame. In addition, when mattresses/frames are changed out, maintenance or housekeeping will check for proper fit.</p> <p>MONITORING OF CHANGES: Results of above noted audits will be reported monthly to the special meeting of the Quality Assessment and Assurance (QAA)Committee for 3 months. After 3 months, the QAA Committee will determine if ongoing monitoring is necessary or if the audits can be discontinued for the purpose of the Plan of Correction.</p>		

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F 246	<p>Continued From page 2</p> <p>leaking. The manager stated that the facility did not have a longer air mattress in stock to replace the mattress now on the bed. The air mattress did come in a longer size and it can be ordered.</p> <p>In an observation on 08/31/16 at 4:10 p.m. in the resident's room, the Maintenance Manager measured the gap between the end of the mattress and the foot board in the presence of the DON and the corporate Regional Vice President. The gap was 6 ¼ inches. He verified that the mattress is too short for the frame.</p> <p>An interview was conducted in the resident's room with the Regional Vice President on 08/31/16 at 4:15 p.m. She acknowledged that the resident's toes were over the edge of the mattress.</p> <p>At 4:45 on 08/31/16 the Maintenance Director provided the dimensions of the mattress: 80 inches by 34.5 inches.</p> <p>During an interview with the Director of Nursing (DON) on 09/01/16 at 11:31 a.m. she indicated that she was not aware of the gap between the end of the mattress and the foot of the bed for Resident #42. When a request was submitted by a nursing unit, the Maintenance Manager would bring the new mattress to a resident's room. He generally judged the mattress fit; however, he may not see the resident lying in the bed at the time of his assessment. The DON stated her expectation that if the mattress was not a good fit, the manager would order another one.</p> <p>During an interview with the Administrator on 09/01/16 at 11:48 a.m. she said that she personally had not viewed the gap between the</p>	F 246			

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F 246	Continued From page 3 end of the mattress and the foot of the bed and was not aware of it. The Administrator stated it was her expectation that mattresses fit the bed frame and accommodate the resident's body.	F 246		