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

PRINTED: 12/02/2016 FORM APPROVED OMB NO. 0938-0391

F 241 SS=E F 241 A83.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility fauled to maintain dignity for 5 of 6 residents who needed assistance with feeding by standing over the residents while feeding them. (Residents #12, #18, #22, #24, #39). Findings included: 1. Review of the medical record of Resident #24 indicated she was admitted into the facility on 11/08/2015. Records also indicated the resident had a current diagnoses of Dementia. Review of the resident's most recent Minimum Data Set (MDS) dated 08/30/2016 indicated the resident had severe cognitive impairment and required extensive assistance of one person for eating. During an observation on 10/18/2016 at 10:10 AM, Resident #24 was observed seated in a wheelchair in the hallway directly in front of the nursing station. At 10:15 AM, Nursing Assistant (NA) #1 was observed spoon feeding the entire		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			E SURVEY IPLETED
MINDSOR POINT CONTINUING CARE 1221 BROAD STREET FUGUAY VARINA, NC 27526			345500	B. WING		10)/20/2016
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F241 F241 REGULATORY OR LSC IDENTIFYING INFORMATION) F241 F241 The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to maintain dignity for 5 of 6 residents who needed assistance with feeding by standing over the residents while feeding them. (Residents #12, #18, #22, #24, #38). Findings included: 1. Review of the medical record of Resident #24 indicated she was admitted into the facility on 11/08/2015. Records also indicated the resident had a current diagnoses of Dementia. Review of the resident's most recent Minimum Data Set (MDS) added 08/30/2016 indicated the resident had severe cognitive impairment and required extensive assistance of one person for eating. During an observation on 10/18/2016 at 10:10 AM, Resident #24 was observed seated in a wheelchair in the hallway directly in front of the nursing station. At 10:15 AM, Nursing Assistant (NA) #1 was observed spoon feeding the resident a snack from a container, During the entire				STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET			
INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to maintain dignity for 5 of 6 residents who needed assistance with feeding by standing over the residents while feeding them. (Residents #12, #18, #22, #24, #38). Findings included: 1. Review of the medical record of Resident #24 indicated she was admitted into the facility on 11/08/2015. Records also indicated the resident had a current diagnoses of Dementia. Review of the resident's most recent Minimum Data Set (MDS) dated 08/30/2016 indicated the resident had severe cognitive impairment and required extensive assistance of one person for eating. During an observation on 10/18/2016 at 10:10 AM, Resident #24 was observed seated in a wheelchair in the hallway directly in front of the nursing station. At 10:15 AM, Nursing Assistant (NA) #1 was observed spoon feeding the resident a a snack from a container. During the entire a snack from a container, During the entire a snack from singular typical and source of Nursing on 10/20/16.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	OULD BE	COMPLETION
		INDIVIDUALITY The facility must prommanner and in an enventual en	note care for residents in a vironment that maintains or ent's dignity and respect in or her individuality. This is not met as evidenced on the individuality for needed assistance with ever the residents while ents #12, #18, #22, #24, which is most recent Minimum of 08/30/2016 indicated the cognitive impairment and esistance of one person for the individuality in front of the individuality.	F 24	F 241 It is the policy of Windsor Point Concare Retirement Community to puthe care of residents in a manner an environment that maintains or enhances each resident's dignity respect in full recognition of his or individuality. Corrective actions for affected restant 1. An in-service was conducted by Director of Nursing on 10/20/16 at 10/21/16 that educated all staff or and respect of individuality when a snack to residents. Chairs will no provided for nursing staff to sit in assisting with feeding a snack to #12, #18, #22, #24,#38, and all of residents requiring assistance with snack. The in-service also focuse nursing staff engaging the resident level when feeding residents their 2. The Administrator reviewed the requirements of 483.15(a)DIGNIT RESPECT OF INDIVIDUALITY with the community of the provided the requirements of 483.15(a)DIGNIT RESPECT OF INDIVIDUALITY with the community of the com	romote and in her sidents: by the ind in dignity providing ow be while residents ther in their in at eye is snack.	11/8/16
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	ADODATODY	feeding which lasted	4 minutes, the NA stood		Procedure for Identifying Potentia	lly	(Ye) DATE

Electronically Signed

11/03/2016

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.

Facility ID: 956929

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345500	B. WING			0/20/2016	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	•		
WINDOOD DON'T CONTINUE CARE				1221 BROAD STREET			
WINDSOR	POINT CONTINUING C	ARE		FUQUAY VARINA, NC 27526			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 241	Continued From pag	e 1	F 24	41			
F 241	directly over the reside NA was chatting with engaged with the resident of the name of the	dent. During the feeding, the other staff members and not ident. In on 10/19/2016 from 10:15 sident #24 was observed air in the resident lounge he nursing station. At 10:15 erved spoon feeding the le standing directly over the feeding, the NA was chatting pers and not engaged with dical record of Resident #22 t was admitted into the 5.	F 24	Affected Residents: 1.All residents in the facility of evaluated on 10/21/16 by the Nursing for potential for residents affected by the same deficient. The Director of Nursing has a that four additional residents identified to have the potential affected by the deficient pract. 2. The Nursing Assistants are report to the charge nurse are resident's ability to feed then assistance with eating a snaprovided in a respectful and manner. Measures Adopted for Syste 1. Chairs were placed in the behind the nurses station on nursing staff to sit in when feresident's their snack. The old placed in close proximity to the station so they are readily away nursing staff to use when feed.	e Director of dents to be nt practice. determined were al to be stice. e required to ny change in nselves so ck can be dignified mic Change: storage room 10/20/16 for eding nairs are he nursing railable for		
	I .	ssistance of one person for		resident's their snack. Monitoring of Corrective Active	-		
	AM, Resident #22 wareclining chair in the the nursing station. Director of Nursing (I feeding the resident directly in front of the	n on 10/18/2016 at 10:10 as observed seated in a lounge directly across from At 10:15 AM, the facility DON) was observed spoon a snack while standing resident. n on 10/19/2016, Resident		Quality Assurance: On 10/20/16, the Director of began monitoring the feeding ensure nursing staff was engresidents and sitting in chairs to promote care for residents and in an environment that nenhances each residents digrespect in full recognition of	Nursing g of snacks to laging s at eye level s in a manner naintains or inity and		
	#22 was observed se	n on 10/19/2016, Resident eated in a reclining chair in cross from the nursing		individuality. The charge nursecond shift will continue to	se on first and		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345500	B. WING		10	0/20/2016	
	NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526		•				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 241	Continued From page 2 station. At 10:30 AM, NA #2 was observed feeding the resident a nourishment/snack. The NA stood directly in front of and over the resident during the feeding. During the feeding, the NA was chatting with other staff members and not engaged with the resident.		F 24	compliance with 483.15(a) the daily for four weeks. All mon continue to be ongoing. A monitoring sheet has been ensure daily compliance to be the Director of Nursing weeks.	n created to be reviewed by kly.		
	indicated the resident facility on 04/07/2008 Records also indicate diagnoses of Dement Review of the resider Data Set (MDS) date resident had severe of	3. Review of the medical record of Resident #12 indicated the resident was admitted into the facility on 04/07/2008. Records also indicated the resident had a current diagnoses of Dementia. Review of the resident's most recent Minimum Data Set (MDS) dated 05/30/2016 indicated the resident had severe cognitive impairment and required extensive assistance of one person for eating.		All monitoring sheets will be during the next QA meeting substantial compliance has l achieved and is no longer a	to ensure been		
	AM, Resident #12 wa wheelchair in the hall nursing station. At 10 was observed spoon snack. During the fee directly over the resid During an observation AM, Resident #12 wa wheelchair in the hall nursing station. At 10 was observed spoon snack. During the fee directly over the resid	n on 10/19/2016 at 10:30 as observed seated in a way directly across from the 0:38 AM, the facility DON feeding the resident a eding, the DON stood					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345500	B. WING _	 		10/20/2016	
	ROVIDER OR SUPPLIER POINT CONTINUING C	ARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 241	Continued From pag	e 3	F 2	41			
	indicated the resident facility on 12/29/2009	nt was admitted into the 9.					
	Records also indicated the resident had a current diagnoses of Dementia.						
	Review of the resident's most recent Minimum Data Set (MDS) dated 07/29/2016 indicated the resident had severe cognitive impairment and required extensive assistance of one person for eating.						
	During an observation on 10/19/2016, Resident #18 was observed seated in a reclining chair in the lounge directly across from the nursing station. At 10:35 AM, NA #2 stood over Resident #18 in the lounge and spoon fed the resident a snack standing directly in front of and over the resident's chair.						
		dical record of Resident #38 It was admitted into the 5.					
	Records also indicat diagnoses of Demen	ed the resident had a current tia.					
	Data Set (MDS) date resident had severe	nt's most recent Minimum ed 06/14/2016 indicated the cognitive impairment and ssistance of one person for					
	#38 was observed so the lounge directly a station. At 10:20 AM	on on 10/18/2016, Resident eated in a reclining chair in cross from the nursing 1, NA #2 stood over Resident d spoon fed the resident a					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345500	B. WING			10/	20/2016	
NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE			•	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION		
F 241	resident's chair. During an interview with 11:55M, the NA state feeding residents who she should be at eye resident. The NA als resident if you stand of them. The NA further beside the resident's snack. During an interview with 12:02 PM, the NA state feeding residents who she should be at eye resident. The NA furt sat beside the resident the snack. The facility Director of interviewed on 10/20 stated all staff should engaged with the resident poon further stated the seated beside a resident the dining room during them in other places.	with NA #1 on 10/20/2016 at d she received training on en hired. The NA also stated level when feeding a co stated it might intimidate a cover them while feeding stated she should have sat chair when feeding them the with NA #2 on 10/20/2016 at ted she received training on en hired. The NA also stated level when feeding a ther stated she should have notes that when feeding them of Nursing (DON) was 1/2016 at 12:08 PM and 1/2016 at 1	F	241				