**MANOR CARE HEALTH SVCS PINEHURST**

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<th>F 312</th>
<th>483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</th>
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| SS=d  | (a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by:

Based on resident interview, staff interviews, and medical record review, the facility failed to provide showers/baths as scheduled for a resident who required assistance with bathing for 1 of 3 residents (Resident #1) reviewed for Activities of Daily Living (ADLs). The findings included:

Resident #1 was admitted to the facility on 9/30/16 with multiple diagnoses that included Diabetes Mellitus Type II. The nursing admission assessment dated 9/30/16 indicated Resident #1 required assistance with bathing.

Resident #1's admission Minimum Data Set (MDS) assessment dated 10/11/16 indicated she was cognitively intact. She was assessed as not steady with balance and only able to stabilize with staff assistance. Resident #1 had no behaviors or rejection of care. The Care Area Assessment (CAA) for ADLs indicated Resident #1 was alert and oriented, non-ambulatory, had not exhibited any moods/behaviors that interfered with care, and staff were to assist her as needed with bathing while encouraging her to do what she was able to do for herself with their support.

The plan of care for Resident #1 was reviewed. Resident #1 had a plan of care with a start date of 9/30/16 for the focus area of Activities of Daily Living (ADLs) self-care deficit as evidenced by the need for care assistance related Diabetes.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date indicated.

| F 312 | 1/17/17 |

F 312

It is the practice of this facility to promote care for residents who are unable to carry out activities of daily living to receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

Criteria 1

Resident #1 is being provided her shower as scheduled.
Continued From page 1

Mellitus, Gastroesophageal Reflux Disease (GERD), hypothyroidism, and back pain. The goal was for Resident #1 to be clean, dressed, and well-groomed daily to promote dignity and psychosocial wellbeing. The interventions included, in part, assist to bathe/shower as needed.

A review of the medical record documentation for showers/baths for Resident #1 indicated her shower/bath days were Monday and Thursdays during the day shift (7:00 AM to 3:00 PM). The shower/bath documentation for Resident #1 from 9/30/16 through 12/18/16 was reviewed.

Resident #1 had received 12 of 22 scheduled showers/baths. The remaining 10 scheduled showers/baths for Resident #1 had no documentation in the medical record that indicated the showers/baths had been provided (10/6, 10/13, 10/17, 10/20, 11/3, 11/10, 11/21, 11/28, 12/8 and 12/15). Resident #1 had no noted refusals of showers/baths.

An interview was conducted with Nursing Assistant (NA) #1 on 12/19/16 at 1:55 PM. She indicated showers/baths were documented in the Electronic Medical Record (EMR). She stated if a resident refused a shower/bath that it was required to be documented in the EMR and the nurse was to be informed verbally of the refusal. NA #1 stated she was familiar with Resident #1. She indicated she was not aware of Resident #1 refusing any shower/bath.

An interview was conducted with the Nurse Unit Manager (UM) on 12/19/16 at 2:56 PM. She indicated NAs documented showers/baths in the EMR. She reported NAs were also required to document refusals in the EMR and to verbally
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<td>inform the nurse on duty. The shower/bath documentation for Resident #1 from 9/30/16 through 12/18/16 that indicated she had received only 12 of 22 scheduled showers/baths was reviewed was the Nurse UM. The Nurse UM revealed she was unable to explain why 10 of the 22 scheduled showers/baths had no documentation that indicated the shower/bath had been provided to Resident #1.</td>
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<th>F 312</th>
<th>Criteria 4</th>
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| The Director of Nursing/Unit Managers will complete random weekly audits of 5 residents from both units weekly for one month and then 5 residents from both units monthly for 2 months to ensure compliance with shower schedules and ADL documentation. The Administrator will review the results of the audits and submit results to the QAPI committee for further recommendations as appropriate.

An interview was conducted with Resident #1 on 12/20/16 at 8:40 AM. Resident #1 indicated she was unable to shower independently. She reported her showers/baths were scheduled for twice per week. She stated her shower/bath days were Monday and Thursdays. Resident #1 revealed there were multiple times she had not received her shower/bath as scheduled. She stated staff had informed her that they were unable to assist her with her shower/bath as scheduled because they didn't have time. She indicated this had occurred on more than one occasion with more than one staff member. Resident #1 was unable to report the names of any specific staff members or any specific dates when she had not received her shower/bath as scheduled. Resident #1 additionally revealed it was very important to her to have a shower/bath at least twice per week.

An interview with NA #2 on 12/20/16 at 11:14 AM. She indicated NAs documented showers/baths in the EMR. She reported NAs were also required to document refusals in the EMR and to verbally inform the nurse on duty. NA #2 stated she was familiar with Resident #1. She indicated she was not aware of Resident #1 refusing any shower/bath. The shower/bath documentation for Resident #1 from 9/30/16 through 12/18/16 that
Continued from page 3

indicated she had received only 12 of 22
scheduled showers/baths was reviewed with NA
#2. NA #2 revealed that there had been times
when she was not able to complete all of her
assigned residents’ showers/baths during her
shift due to time constraints. NA #2 stated that if
she was unable to provide a resident’s
shower/bath as scheduled that she reported this
information verbally to the nurse on duty as well
as to the NA that was coming on duty.

A second interview with NA #2 was conducted on
12/20/16 at 11:30 AM. She stated she forgot to
mention that occasionally she may have provided
a resident’s shower/bath and had not
documented it in the EMR due to time
constraints.

An interview was conducted with NA #3 on
12/20/16 at 11:37 AM. She indicated NAs
documented showers/baths in the EMR. She
reported NAs were also required to document
refusals in the EMR and to verbally inform the
nurse on duty. NA #3 revealed that there had
been times when she was not able to complete all
of her assigned residents’ showers/baths during
her shift due to time constraints. She reported
that if she was unable to provide a resident’s
shower/bath as scheduled that she gave the
resident a bed bath. She indicated a bed bath
took less time than a full shower/bath. NA #3
stated a bed bath was also required to be
documented in the EMR.

An interview was conducted with the Director of
Nursing (DON) on 12/20/16 at 11:50 AM. She
stated shower/bath documentation was
completed in the EMR by NAs. She indicated her
expectation was for showers/baths to be provided
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As scheduled, she indicated if an NA was unable to complete the scheduled shower/bath during their shift that they were expected to inform the nurse on duty as well as the NA coming on shift. She indicated if the NA coming on shift was unable to provide the shower/bath during their shift, then the NA that had originally been assigned the resident's shower/bath was expected to provide the shower/bath to that resident on the next scheduled shift they worked.

The DON stated if a shower/bath had been provided, it should have been documented in the EMR. She stated if a bed bath had been provided on a scheduled shower/bath day that it should have been documented in the EMR. She additionally stated if a shower/bath had been refused, it should have been documented in the EMR. The shower/bath documentation for Resident #1 from 9/30/16 through 12/18/16 that indicated she had received only 12 of 22 scheduled showers/baths was reviewed was the DON. The DON revealed she was unable to explain why 10 of the 22 scheduled showers/baths had no documentation in the EMR that indicated it had been provided as scheduled.

The DON reported she had looked over the shower/bath documentation for Resident #1 on 12/19/16 when it was initially requested for review. She stated the shower/bath documentation for Resident #1 was a surprise to her and she had not known why they had not been provided as scheduled.

A second interview was conducted with the DON on 12/20/16 at 12:19 PM. She stated that in addition to the EMR shower/bath documentation there were hard copy "shower/bath sheets" that NAs turned in to the nurse on duty following the completion of their shift. She stated that if the
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<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>Continued From page 5 NA had turned in the shower/bath sheet that it meant the shower/bath had been given. She stated the hard copy sheets were not part of the resident's medical record. She reported her expectation was for the EMR documentation to be completed as well as the hard copy shower/bath sheets.</td>
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<td>F 353</td>
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<td>483.35(a)(1)-(4) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)] (a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not</td>
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It is the practice of this facility to promote care for residents by having sufficient nursing staff to insure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being for each resident.

Criteria 1

Resident #1 is being provided her shower as scheduled.

Criteria 2

Current residents of the facility were reviewed by the Director of Nursing to validate that there was a shower schedule and a PRN shower for them in the electronic record. Documentation will be reviewed by the Director of Nursing/Unit Managers to determine adherence of shower schedule by 1/15/17.
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limited to nurse aides.

(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

This **REQUIREMENT** is not met as evidenced by:

Based on staff interviews and record review, the facility failed to have sufficient nursing staff to provide showers/baths as scheduled for a resident who required assistance with bathing for 1 of 3 residents (Resident #1) reviewed for Activities of Daily Living (ADLs). The findings included:

This tag is cross referred to:

F312: Based on resident interview, staff interviews, and medical record review, the facility failed to provide showers/baths as scheduled for a resident who required assistance with bathing for 1 of 3 residents (Resident #1) reviewed for Activities of Daily Living (ADLs).

An interview was conducted with Nursing Assistant (NA) #2 on 12/20/16 at 11:14 AM. She indicated her assigned residents varied from day

**Criteria 3**

Daily staffing meetings are conducted with the Administrator, Director of Nursing, Human Resources Director, and the scheduler to ensure adequate levels of nursing staff are available to meet patient needs at all times. The daily and weekly schedules are reviewed and adjusted as needed.

**Criteria 4**

The Administrator or Director of Nursing will complete 5 resident interviews a week to determine satisfaction with level of assistance with ADLs weekly for four weeks and then monthly for two months. The Administrator will review the results for trends and will report all findings to the QAPI committee for further recommendations as appropriate.
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to day. She reported that her resident  
assignment was generally between 10 and 16  
residents. She revealed there had been times  
when she was not able to complete all of her  
duties during her scheduled shift.

An interview was conducted with NA #3 on  
12/20/16 at 11:37 AM. She indicated the facility  
was "always short" on NAs. She revealed she  
hardly ever had time to get all of her  
assignments completed within her scheduled  
shift. She reported she had spoken with the  
Director of Nursing (DON) in the past about her  
concerns and she had tried to help, but it had not  
gotten any better.

An interview was conducted with the DON on  
12/20/16 at 11:50 AM. She stated that the facility  
had been "short" on NAs lately. She stated her  
ideal staff ratio was 10 to 12 residents per NA.  
She revealed the facility had difficulty maintaining  
NAs. She reported they recently had lost some  
employees due to the competitive wages offered  
at local facilities. She additionally reported they  
had a few staff on medical leave. The DON  
indicated the facility was in the process of hiring  
NAs and they were also working with their  
corporate office on strategies for maintaining  
NAs.

An interview was conducted with the Facility  
Scheduler on 12/20/16 at 12:30 pm. She  
indicated the facility was not at full staff for NAs.  
She reported she began working at the facility in  
September 2016 and since that time the facility  
had been constantly working to obtain full staff for  
NAs. She reported the facility was hiring NAs, but  
there was a major turnover rate. She explained  
that the facility hired 5 new NAs and maybe 1 of
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them stayed long term. She indicated when she  
first began working at the facility she scheduled 9  
NAs on the first shift (7:00 AM to 3:00 PM), 8 NAs  
on the second shift (3:00 PM to 11:00PM), and 4  
NAs on the third shift (11:00 PM to 7:00 AM).  
She reported that about a month ago the facility  
changed staffing numbers to 10 NAs on the first  
shift, 9 NAs on the second shift, and 5 NAs on the  
third shift. She explained that the change was  
made because there was a high number of call  
offs and scheduling the additional NA on each  
shift was in anticipation of someone calling off.  
The Facility Scheduler stated she often had  
difficulty finding staff to fill in each slot on the  
schedule. She reported she had to try to get staff  
to come in early, staff to stay late, and staff to  
come in on their days off. She revealed  
sometimes she was unable to find an NA to fill all  
of the slots on the schedule. She additionally  
revealed the facility was currently down 4 NAs on  
the first shift and 3 NAs on the second shift. She  
stated the third shift was presently at full staff for  
NAs. The Facility Scheduler indicated the  
administrative staff were always talking about  
ways to hire and maintain NAs, but it continued to  
be an ongoing problem.

F 465 483.90(h)(5)  
SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  
(h) Other Environmental Conditions  
The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  
(h)(6) Establish policies, in accordance with applicable Federal, State, and local laws and
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regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.
This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to keep the kitchen floor in good condition as evidenced by broken tiles observed in the dish washing area and failed to maintain the dish washing machine in clean condition.
The findings included:
1. On 12/20/16 at 8:10AM, a tour of the kitchen was conducted with the Dietary manager. There were three areas in the dishwasher area that had several broken tiles. There were two rubber mats over the broken tile areas. One of the areas that did not have tiles had a cement patch in that area (where the dishes were left drying). There was an area in front of the dish machine and the sink area that had broken tiles and had an area that was "soft" when the area was stepped on by staff. This area was covered with an open rubber mat. Dietary staff #1 stated the tiles had been broken for about two years. She said the water would come up around the tile area. The dietary manager said they kept the mats over the broken tile areas and hoped they would get replaced when the painting was done.
On 12/20/16 at 9:10AM, a tour of the kitchen was completed with the Maintenance supervisor. He stated he was going to have the kitchen area painted next week (contractor). He also stated he was aware of the broken tiles and he was going to do the repair himself next week also. He said he had not received a written requisition for the tiles.
A review of the maintenance logs from September 20th through present was reviewed. There were not entries about the broken tiles or
that the floor in the kitchen needed to be repaired. The Maintenance supervisor stated he only kept the logs at each nursing station and did not have any other maintenance logs that pertained to the kitchen. On 12/20/16 at 10:00AM, an interview was conducted with the Maintenance supervisor. The Maintenance supervisor stated he did not write down everything that needed repair such as the tiles in the kitchen and things got repaired depending on how quick he could get to it. The Administrator stated they hoped to get the tile floor repaired soon. On 12/20/16 at 11:40AM, an interview was conducted with the Maintenance supervisor. He stated there was no formal policy/ procedure for notification to maintenance for needed repairs. He stated he was the only person in maintenance and is on call 24/7. He said the housekeeping supervisor did the maintenance when he was on vacation. The Maintenance supervisor said there were maintenance books at each nursing station (two nursing stations) for all departments to use for needed repairs. He said he checked the books each morning and several times during the day. Regarding the tiles in the kitchen, he said he had repaired the tiles previously but the repair did not work and he had just not had time to get to repairing them again.

2. On 12/20/16 at 8:10AM, a tour of the kitchen was conducted with the Dietary manager. An observation of the dish machine revealed a large amount of food particles and brown material was noted on each side of the dish machine and on the front of the dish machine. There was also a metal guard that had been removed from the side of the dish machine. It was lying on the left side of the dish machine and had a large amount of food particles and brown material on the surface.
NAME OF PROVIDER OR SUPPLIER
MANOR CARE HEALTH SVC'S PINEHURST

STREET ADDRESS, CTY, STATE, ZIP CODE
205 RATTLESnake TRAIL
PINEHURST, NC 28374

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<td>Continued From page 11 of the metal guard. There was a metal spatula on the left side of the dish machine with food particles on the spatula surface. The Dietary manager stated there was a cleaning schedule and the area was deep cleaned every other week and she expected the area to be clean. A review of the weekly maintenance cleaning schedule for November and December 2016 revealed the dish machine area was not included on the cleaning schedule for November. The December cleaning schedule indicated the dish machine area was to be deep cleaned every other Thursdays and Mondays. Week 1 and 2 was blank. Week 3 indicated the area was deep cleaned on 12/14/16. On 12/20/16 at 9:45AM, an interview was conducted with dietary staff #1. She stated she occasionally washed the dishes and she sprayed down the dish machine when she did the dish area. She stated she thought she washed down the area last Thursday but it was not her regular job to do the dishes. On 12/20/16 at 12:17PM, an observation of the dish machine area revealed the dish machine was clean and without any food particles or brown material. The Dietary manager stated they had cleaned the area with a de-liming solution and that had cleaned the area.</td>
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<td>The maintenance supervisor, Administrator, or dietary manager will perform two random environmental rounds in the kitchen weekly for four weeks and then monthly for two months. The dietary manager or Administrator will randomly audit the cleaning schedule logs for completion twice weekly for one month and then monthly for two months. The findings of the rounds and audits will be submitted by the Administrator to the QAPI committee monthly for review and for further recommendations to ensure compliance.</td>
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