

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2017
NAME OF PROVIDER OR SUPPLIER TOWER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3609 BOND STREET RALEIGH, NC 27604	
(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 312 SS=D	<p>483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>(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:</p> <p>Based on observation, staff and resident interview, and record review the facility failed to rinse soap off of a resident's skin and failed to provide incontinent care by wiping from the rectal area to the urethral area during a morning bed bath for 1 of 3 residents reviewed for activities of daily living (Resident #1).</p> <p>Findings included:</p> <p>1) Resident #1 was admitted to the facility on 7/2/15. Her active diagnoses included atrial fibrillation, deep venous thrombosis, heart failure, hypertension, and peripheral vascular disease.</p> <p>Review of Resident #1's annual minimum data set assessment dated 7/10/17 revealed the resident was cognitively intact. Resident #1 required extensive assistance with bed mobility, transfers, and toilet use. Resident #1 was assessed as totally dependent on staff for personal hygiene and bathing. Resident #1 was always incontinent of bladder and occasionally incontinent of bowel.</p> <p>Review of Resident #1's care plan updated 7/25/17 revealed she was care planned to require total care with personal hygiene. The interventions included to provide total care to comb hair, wash and dry face, hands and perineum.</p>	F 312	<p>Tower Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of residents. The Plan of Correction is submitted as a written allegation of compliance. Tower Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Tower Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F312 A skin assessment and nursing assessment was completed on 9-15-17 for resident #1 by the Director of Nursing. No skin or other concerns were addressed at this assessment. A 100% bath observation and peri-care audit was initiated on 9-18-17 by the Director of Nursing and completed on</p>	10/4/17

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

TITLE

(X6) DATE

Electronically Signed

09/27/2017

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 312	Continued From page 1 During observation on 9/13/17 at 9:00 AM Nurse Aide #1 performed perennial care for Resident #1 during her morning bath. The nurse aide used a washcloth to wipe from the rectal area to the urethral area twice. During an interview on 9/13/17 at 9:45 AM Nurse Aide #1 stated that she wiped from back to front because that was what the resident preferred and that she understood the concern with wiping in this manner due to risk of urinary tract infections. She further stated that it was okay because Resident #1 was usually able to go in the toilet. During an interview on 9/13/17 at 9:50 AM Resident #1 stated that she preferred to be wiped from front to back because when she went to the bathroom herself she wiped from front to back. She further stated she had not said anything to staff about which direction to wipe and she just wanted it to be clean. During an interview on 9/13/17 at 11:03 AM the Administrator stated that it was her expectation that perennial care protocols be followed at all times. She further stated that wiping from back to front created a risk for infection and she did not want her staff to wipe from back to front. 2) Resident #1 was admitted to the facility on 7/2/15. Her active diagnoses included atrial fibrillation, deep venous thrombosis, heart failure, hypertension, and peripheral vascular disease. Review of Resident #1's annual minimum data set assessment dated 7/10/17 revealed the resident was cognitively intact. Resident #1 was assessed as totally dependent on staff for	F 312	10-4-17 to include all Certified Nursing Assistants. Any areas of concerned were addressed with re-education and return demonstration by 10-4-17. In servicing on proper rinsing of soap products and incontinence care was initiated on 9-15-17 by the Director of Nursing to include all licensed nurses and certified nursing assistants. In service will be complete by 10-4-17. All newly hired licensed nurses and certified nursing assistants will be in-serviced during orientation by the Staff Facilitator, Assistant Director of Nursing, Director of Nursing or Nurse Supervisor regarding proper rinsing of soap products and incontinence care. 10% of certified nursing assistants will be observed providing a bath and incontinence care to residents using the Complete Bath Skills Check Off Tool by the Staff Facilitator, Director of Nursing, Assistant Director of Nursing or Nurse Supervisor weekly x 8 weeks, then monthly x 1 month. The Administrator will review and initial the Complete Bath Skills Check Off Tool weekly x 8 weeks then monthly x 1 month. The Executive QI Committee will meet monthly and review the Complete Bath Skills Check Off Tool monthly to address any issues/concerns and/or trends and to make changes as needed, to include continued frequency of monitoring x 3 weeks.		

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F 312	<p>Continued From page 2 personal hygiene and bathing.</p> <p>Review of Resident #1's care plan updated 7/25/17 revealed she required total care with personal hygiene. The interventions included to provide total care for hygiene and grooming.</p> <p>During observation on 9/13/17 at 9:00 AM Nurse Aide #1 performed a bed bath and washed the resident with a shampoo that the resident provided. The directions on the label of the shampoo bottle stated to apply the shampoo, massage to a lather, and then rinse thoroughly. The nurse aide placed some shampoo in a basin of water and then put a wash cloth into the basin and used this wash cloth to wipe the resident. There were soap suds in the basin of water and soap suds were also visible on the resident ' s body after she wiped the resident ' s skin. The nurse aide then took a second wash cloth and dipped a small portion of it in the basin of water and shampoo and then wiped the same area again leaving some soap suds still visible on the resident. After this, she used a towel to dry the resident. The nurse aide used this technique for Resident #1 ' s entire body.</p> <p>During an interview on 9/13/17 at 9:45 AM Nurse Aide #1 stated that it she did not rinse the soap off of the resident because there was a very small amount of soap in the water. She stated that she used two wash cloths and that she would just dip the second wash cloth it in the soapy water a little to rinse the resident because there was so little soap in the water. The Nurse Aide stated that she did this because the resident was very particular and wanted only a little bit of soap so she felt she did not need to rinse it off.</p>	F 312			

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

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F 312	Continued From page 3 During an interview on 9/13/17 at 9:50 AM Resident #1 stated that if the directions on her shampoo said to rinse it off, she would like the soap to be rinsed off before being dried during her bed baths. During an interview on 9/13/17 at 11:03 AM the Administrator stated that it was her expectation that the directions for soaps be followed. She further stated that if soap that should be rinsed off is left on the skin it could cause dry skin and other complications.	F 312			