

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/26/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINSTON SALEM NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 W 1ST STREET</b> <b>WINSTON-SALEM, NC 27104</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 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(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 observation, staff interview and record review the facility failed to comb Resident #10's hair who was totally dependent on staff for activities of daily living (ADL). This was evident in 1 of 4 residents reviewed for ADL.</p> <p>The findings included: Resident #10 was originally admitted to the facility on 8/19/16 with cumulative diagnoses which included dementia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated 10/13/17 revealed the resident had moderate cognitive impairment and coded as total dependence on staff for ADL activity of daily living (personal hygiene, grooming).</p> <p>Observation on 1/24/18 at 12:05 PM revealed Resident #10 was sitting in a wheelchair propelling herself throughout the hallway. Her hair that had been in braids was loose and separated from the braided hair. While sitting in the hallway at 12:30 PM there was no change in the look of Resident #10's hair. During this observation, there was an unsuccessful attempt to interview Resident #10 about the condition of her hair.</p> <p>Observation on 1/24/18 at 2:46 PM revealed Resident #10's hair remained un combed and</p>	F 677	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Winston-Salem Nursing &amp; Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</p> <p>Upon notification of resident not receiving adequate hair styling/combing Resident # 10 was taken to her room and her hair was brushed and pulled back per her request. This resident is receiving hair care three times weekly and prn as per her request.</p> <p>All residents have the potential to be affected by the deficient practice. The administrative staff interviewed the alert and oriented residents to determine if they are receiving hair care. The non interview able residents hair was assessed for the need to be washed, cut, styled or combed by the licensed nurse. Residents that were identified through this process was</p>	1/29/18	

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

TITLE

(X6) DATE

Electronically Signed

02/12/2018

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 677	<p>Continued From page 1</p> <p>groomed.</p> <p>Interview on 1/24/18 at 3:08 PM with Nursing Assistant (NA) #1 revealed he provided Resident #10 a shower and incontinent care. NA #1 stated I "Do not touch her hair. Never do her hair." When NA #1 was asked why he did not comb the resident's hair, NA #1 had no answer or comment.</p> <p>Interview on 1/24/18 at 3:18 PM with the Unit Manager (UM) #2 revealed the resident's hair should have been shampoo during the shower and Resident #10's hair was last combed and plaited on Friday (1/19/18).</p> <p>Interview on 1/25/18 at 5:37 PM with the Assistant Director of Nurses who stated she expected staff to shampoo resident's hair and make sure the hair was combed.</p>	F 677	<p>taken care of immediately.</p> <p>Adon and unit manager in serviced NA#1 that all residents hair needs to be groomed daily, and if he was unable to do this due to different styles or textures, he would ask for help from the unit manager or charge nurse.</p> <p>In services were done by Director of nursing, assistant director of nursing and unit managers to The Licensed nurses and nursing staff to re-educate to the centers policy and procedures in maintaining a residents dignity with an emphasis on providing hair care on a weekly basis and prn.</p> <p>This in-service was completed on 1/29/2018, and will be reviewed in the new employee orientation program for licensed nurses and CNA's. Each residents hair care will be documented in the residents daily adl care in point click care.</p> <p>The director of nursing, unit managers, and social services director will interview, visualize and audit 20 residents 2 x weekly for 4 weeks, then weekly x 4 weeks, to ensure compliance in receiving hair care weekly and prn.</p> <p>Data results will be reviewed and analyzed at the centers monthly Quality assurance and process improvement meeting for 3 months with a subsequent plan of correction as needed.</p>		