PRINTED: 08/08/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		345553	B. WING _				06/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE				14	REET ADDRESS, CITY, STATE, ZIP CODE 01 71ST SCHOOL ROAD AYETTEVILLE, NC 28314		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 700 SS=E	§483.25(n) Bed Rails The facility must atteral ternatives prior to it a bed or side rail is used correct installation, using sincluding but no elements. §483.25(n)(1) Assess entrapment from bed sentrapment from bed rails with the resurpresentative and of to installation. §483.25(n)(2) Review bed rails with the resurpresentative and of to installation. §483.25(n)(3) Ensure are appropriate for the sentrapment from bed to installation. §483.25(n)(4) Follow recommendations are appropriate for the sentral from the sentral form the sentral for	empt to use appropriate installing a side or bed rail. If itsed, the facility must ensure ise, and maintenance of bed of limited to the following is the resident for risk of it rails prior to installation. We the risks and benefits of itself or resident or resident betain informed consent prior in the that the bed's dimensions in the resident's size and weight. If the manufacturers' in the manufacturers' in the manufacturers' in the specifications for installing rails. The is not met as evidenced in the facility failed to redrails for 3 of 3 sample or bedrails (Resident #7, sident #6). The difficulty on the facility on the sthat included mentia and hemiplegia. The smost recent quarterly in the state of the facility on the sthat included mentia and hemiplegia.		700	This plan of correction will serve as the facility's allegation of compliance with requirements of 42 CFR, Part 483, Subpart-N for long term care facilities. Preparation and submission of this plan correction is in response to DHHS 256 for July 6, 2018 survey and does not constitute an agreement or admission of Autumn Care of Fayetteville of the truth the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. this plan of correction is prepared and submitted because of the	n of 7 of n of the	7/27/18
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	E		TITLE		(X6) DATE

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

07/27/2018

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.

Electronically Signed

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		345553	B. WING			07/06/2018	
NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN CARE OF FAYETTEVILLE				14	01 71ST SCHOOL ROAD		
AOTOMIN	OAKE OF TATETTE VIE	- -		FA	AYETTEVILLE, NC 28314		
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F 700	5/2/18 revealed Res impaired cognitive si Section G of the MD totally dependent on Daily Living (ADLs), requiring extensive a Section P of the MD bedrails were not co A review of Resident revealed no bedrail a completed for this re An observation was AM. Resident #7 was awake with one - ½ the bed. The reside An interview was conwith MDS Coordinate the MDS Coordinate the MDS Coordinate assessment was correported that unless restraint on the MDS have been done. An interview was conwith the Director of the MDS Coordinate cases and the MDS coordinate cases are the MDS coordinated assessment was converted that unless restraint on the MDS coordinated assessment was converted that unless restraint on the MDS coordinated assessment was converted that unless restraint on the MDS coordinated assessment was converted that unless restraint on the MDS coordinated that unless	MDS) assessment dated ident #7 had severely kills for daily decision making. S indicated Resident #7 was staff for all of her Activities of with the exception of assistance with bed mobility. S assessment revealed ded as a restraint. ##7's medical record assessment had been sident. conducted on 7/6/18 at 8:48 as observed to be lying in bed bedrail raised on each side of int was not interviewable. Inducted on 7/6/18 at 1:35 PM or #1. During the interview, I was asked if a bedrail mpleted for Resident #7. She the bedrails were coded as a st, an assessment would not inducted on 7/6/18 at 1:45 PM the Rehabilitation	F 7	700	requirements of 42 CFR, Part 483, Subpart N throughout the time period stated in the statement of deficiencies. accordance with state and federal law, however, submits this plan of correction address the statement of deficiencies at to serve as its allegation of compliance with the pertinent requirements as of th dates stated in the plan of correction as fully completed as of July 27, 2018. THE PROCESS THAT LEAD TO THE DEFICIENCY CITED: Failure to access bed rails for residents who utilize them. PROCEDURE FOR IMPLEMENTATIO FOR PLAN OF CORRECTION: All licensed nurses educated by Staff Development Coordinator(SDC)as of 7/27/18 on completion of bed rail assessment. All current residents with bed rails have	n to and ne s	
	Department. During the interview, the Director was asked if the Rehab Department staff completed bedrail assessments for residents. The Director stated they did not. However, he reported the Rehab staff did make recommendations to the interdisciplinary team if a resident required a ¼ bedrail for positioning. An interview was conducted on 7/6/18 at 1:49 PM with the facility 's Director of Nursing (DON).				been assessed as of 7/25/18 for appropriate use by licensed nurse. Any new admissions will be assessed to appropriate use of bed rails as indicate by licensed nurse upon admission. For residents who continue to utilize be rails will be assessed by licensed nurse least quarterly.	d	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345553	B. WING			1	C 7/ 06/2018	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE				14	TREET ADDRESS, CITY, STATE, ZIP CODE 401 71ST SCHOOL ROAD AYETTEVILLE, NC 28314	1 01	700/2010	
PREFIX (EACI	H DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
During the resident warisk/benefit The DON resident 's conference made awar form availa indicated the implemented expectation assessment of the admit forward." 2) Resident 1/11/17 with non-Alzheit disease. A review of Minimum E 5/25/18 revimpaired or Section G of totally dependence to totally dependence at the completed of the completed of the completed. A review of revealed not completed.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 During the interview, the DON was asked how a resident was assessed in regards to the risk/benefits for the use of bedrails. The DON reported the need for assessing each resident 's use of bedrails was brought up in a conference call about a week ago and she was made aware there was a bedrail assessment form available for use. However, the DON indicated this form had not yet been implemented. Upon inquiry, the DON stated her expectation was, "Everybody is going to have an assessment on the side rails and it will be a part of the admission process for new residents going forward." 2) Resident #5 was admitted to the facility on 1/11/17 with diagnoses that included non-Alzheimer 's dementia and Parkinson 's		F	700	THE MONITORING PROCEDURE TO ENSURE PLAN OF CORRECTION IS EFFECTIVE: All new admissions will be reviewed the following day during morning At Risk meeting for bed rail assessment completion by the DON/ADON/DESIGNEE. All new admissions will be reviewed WEEKLY X 3 WEEKS and then MONTHLY X 3 MONTHS by DON/ADON/DESIGNEE for bed rail assessment completion and accuracy. Five MDS assessments will be reviewed WEEKLY X 3 WEEKS and then MONTHLY X 3 MONTHS by DON/ADON/DESIGNEE to reflect use bed rails. Administrator will present all audits for review during monthly QAPI and any continued areas identified will be discussed with further action plan as indicated. Administrator will be responsible for implementing acceptable plan of correction. Date of Completion 7/27/18	e		

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F 700	The resident was of upper body. Reside somewhat confused that time. A second observation conducted on 7/6/12 was observed to be bedrail raised on ear Another observation AM revealed Reside bed with one - ½ bed the bed. The reside Upon inquiry, the reside Upon inquiry, the reside Upon inquiry, the residence of the MDS Coordinate MDS Coordinate MDS Coordinate assessment was concepted that unless restraint on the MDD have been done. An interview was convicted bedrail and the MDS coordinate assessment was concepted that unless restraint on the MDD have been done. An interview was convicted bedrail and the Director of Department. During was asked if the Recompleted bedrail and The Director stated reported the Rehab recommendations to resident required and An interview was convicted the resident required and An interview was convicted the residen	ed on each side of the bed. beserved to have tremors in her ent #5 appeared to be d and declined an interview at on of Resident #5 was 8 at 7:06 AM. The resident lying in bed with one - 1/4 ach side of the bed. In conducted on 7/6/18 at 8:35 ent #5 was awake and lying in edrail raised on each side of ent was awake and alert. Esident stated she liked having on her bed. In conducted on 7/6/18 at 1:35 PM tor #1. During the interview, or was asked if a bedrail simpleted for Resident #5. She is the bedrails were coded as a S, an assessment would not onducted on 7/6/18 at 1:45 PM the Rehabilitation g the interview, the Director chab Department staff issessments for residents. they did not. However, he	F 700				
		irector of Nursing (DON). v, the DON was asked how a					

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F 700	resident's use of be conference call about made aware there we form available for use indicated this form he implemented. Upon expectation was, "Evassessment on the state of the admission proforward." 3) Resident #6 was 8/7/17 with diagnose non-Alzheimer's dealed A review of the reside Minimum Data Set (on 4/4/18 revealed Fimpaired cognitives Section G of the MD required limited assist Activities of Daily Livexception of being in Section P of the MD bedrails were not conference of the MD revealed no bedrails completed for this resident An observation was AM revealed Resident states.	the din regards to the use of bedrails. The need for assessing each edrails was brought up in a suit a week ago and she was was a bedrail assessment the. However, the DON and not yet been inquiry, the DON stated her verybody is going to have an side rails and it will be a part incess for new residents going admitted to the facility on the set that included ementia. The tent's most recent quarterly mandle with the moderated of the stance from staff for all of her wing (ADLs), with the modependent for eating. So assessment revealed ded as a restraint. The tent's medical record assessment had been	F 70					

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F 700	An interview was cowith MDS Coordinated assessment was coreported that unless restraint on the MDS have been done. An interview was cowith the Director of Department. During was asked if the Recompleted bedrail at The Director stated reported the Rehab recommendations to resident required at An interview was assess risk/benefits for the The DON reported the The DON reported to the resident 's use of both conference call about made aware there we form available for us indicated this form himplemented. Upon expectation was, "Eassessment on the	anducted on 7/6/18 at 1:35 PM of tor #1. During the interview, for was asked if a bedrail ampleted for Resident #6. She is the bedrails were coded as a S, an assessment would not anducted on 7/6/18 at 1:45 PM of the Rehabilitation of the interview, the Director hab Department staff assessments for residents. They did not. However, he staff did make to the interdisciplinary team if a 1/4 bedrail for positioning. Anducted on 7/6/18 at 1:49 PM of the DON was asked how a sed in regards to the use of bedrails. The need for assessing each edrails was brought up in a ut a week ago and she was was a bedrail assessment see. However, the DON	F 700			