

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILSON REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1705 SOUTH TARBORO STREET</b> <b>WILSON, NC 27893</b>		
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F 561 SS=E	<p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record review and staff, family and resident interviews, the facility failed to provide showers or baths for 2 of 8 dependent residents (Resident #3, and Resident #4), and failed to provide incontinence care when requested for 1 of 1 residents (Resident #4).</p>	F 561	<p>F561 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by</p>	10/25/18	

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

TITLE

(X6) DATE

Electronically Signed

10/25/2018

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 561	<p>Continued From page 1</p> <p>Findings included:</p> <p>1. Resident #3 was originally admitted 11/30/15 and re-admitted 8/2/18. Review of a Quarterly MDS dated 8/2/18 revealed Resident #3 had no cognitive impairment and had not rejected care. All ADLs, except eating and personal hygiene, required extensive assistance. Resident #3 bathed independently and was not steady to transition from a seated to standing position without assistance, and had not walked during the look back period. The resident had limb impairments of both lower extremities. Active diagnoses included heart failure, Parkinson's disease, difficulty walking, muscle weakness, bi-lateral osteoarthritis of the knees, and right shoulder pain.</p> <p>Review of a care plan last updated 8/2/18 read, in part, "(Resident #3) has an ADL Self Care Performance Deficit r/t (history of) CHF (congestive heart failure), chronic pain syndrome, progressive lumbar spinal stenosis, Parkinson's dz (disease). Resident will complete adls with supervision/assistance as needed. Bathing: Ensure that my feet and legs are washed as I can no longer reach them. I also need help to make sure my groin and buttocks are cleaned thoroughly. This is no longer easy for me to do. I would like to have a shower every Tuesday with baths at other times."</p> <p>Review of ADL completion flowsheets dated 9/1/18 through 9/30/18 revealed bathing was to be completed every shift on the 7:00 AM to 3:00 PM shift, and was not completed Tuesday 9/11/18, 9/14/18, Tuesday 9/18/18, Tuesday 9/25/18, and 9/28/18.</p> <p>An interview was conducted on 10/1/18 at</p>	F 561	<p>provision of Federal and State regulations. Resident #3 and #4 were given showers per the residents' choice of time and type (bed bath, shower, tub bath). Residents #3 and #4 were offered and given showers per the residents' choice by the assigned nursing staff and verified by Tammy B. RN Supervisor on October 5th, 2018.</p> <p>All residents have the potential to be affected by this deficient practice. The Nursing supervisors completed a review of residents' bath and shower preference, once completed the bath/shower schedule was updated to reflect any necessary changes. All nursing staff will be in-serviced on the updated shower list, as well as how to appropriately document bathing and shower completion in the EHR. All residents will be screened for shower/bathing preferences upon admission to the facility by the Nursing Supervisors and the added to the appropriate shower schedule. The Nurse supervisors will conduct quality improvement monitoring of resident showers and toileting to ensure residents who are supposed to get showers and toileting will be offered showers and toileting. Quality improvement monitoring will be conducted by a nurse supervisor verifying showers and toileting on five residents five times each week, at random times, for four weeks and then five residents two days per week, at random times, for eight weeks and/or until substantial compliance is reached. The results of these audits will be</p>		

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F 561	<p>Continued From page 2</p> <p>12:10PM with Resident #3. She stated there were not enough staff members to meet her needs, and has missed showers because there were not enough staff to help her. She stated the facility was well aware of her concerns as she had told the staff there was not enough staff to provide care.</p> <p>An interview was conducted on 10/1/18 at 2:30 PM with a Nursing Assistant (NA #1). She stated she typically had 10 residents to care for, but today had 12. She had been employed here for over 1 year and stated staffing had always been short. She also stated when there was not enough staff resident showers were not given, and sometimes residents did not received baths. She also stated if there were no initials in a box on the ADL completion flowsheets it meant a bath or shower was not given on that day.</p> <p>An interview was conducted on 10/2/18 at 8:54 AM with Nurse #1. He stated he has been employed since July 2018 and staffing was challenging every shift, every day. He stated the greatest challenge was with NAs, and they typically worked short which led to missed showers or baths for residents.</p> <p>An interview was conducted on 10/1/18 at 10:45 AM with the Interim Director of Nursing (IDON). She stated there was a staffing shortage in the facility, and the facility was in the hiring process for NAs. She also stated residents miss showers when the facility was short staffed and this had been brought up multiple times in Resident Council meetings, by multiple residents. She stated her expectation was for residents to receive baths or showers on their scheduled day and as needed.</p>	F 561	<p>reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator for 3 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement committee will evaluate the effectiveness of the monitoring/observation tool for maintaining substantial compliance, and to make changes to the action plan to obtain substantial compliance. The Administrator will be responsible for this plan of correction.</p> <p>Facility will be in substantial compliance with this plan as of October 25th, 2018.</p>		

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F 561	Continued From page 3  2. Resident #4 was admitted to the facility 3/9/16 and re-admitted 11/1/16. An Annual MDS dated 1/25/18 revealed it was "very important" to Resident #4 for her to choose between a tub bath, shower, or bed bath and to participate in group activities or do her favorite activities. A Quarterly MDS dated 7/20/18 revealed Resident #4 was cognitively intact and had no behaviors or rejection of care. All ADLs, except eating, required extensive assistance, and bathing required physical assistance, and she was frequently incontinent of bowel and bladder. Resident #4 was not steady for ambulation without physical assistance and had 1 lower limb impairment. Active diagnoses included acquired absence of her left leg (left, lower leg amputation), difficulty walking, and muscle weakness.  A care plan last updated 8/2/18 read, "(Resident #4) has an ADL Self Care Performance Deficit r/t Lt (left) AKA (above knee amputation), pain, impaired mobility, weakness, deconditioning. ADL needs will be met daily w/ (with) staff assistance. Bathing: provide total assistance with bathing activity, bed bath or shower, her preference."  Review of ADL completion flowsheets dated 9/1/18 through 9/30/18 revealed bathing was to be completed every shift on the 7:00 AM to 3:00 PM shift, and was not completed 9/7/18, and 9/21/18.  An interview was conducted with Resident #4 on 10/1/18 at 2:00 PM. She stated she had activated her call light 20 minutes prior and knew this by the clock observed on the wall. She stated she	F 561			

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F 561	<p>Continued From page 4</p> <p>was incontinent and needed to be changed because she did not like sitting in a wet brief. She felt there was not enough staff, especially on 2nd shift (3:00 PM to 11:00 PM) and she had to sometimes wait an hour for her call light to be answered. She stated she had spoken to the facility at least 5 times about this, but nothing ever changed. She stated the NAs don't help each other and they are very hard to find.</p> <p>An interview was conducted on 10/1/18 at 2:30 PM with a Nursing Assistant (NA #1). She stated she typically had 10 residents to care for, but today had 12. She had been employed here for over 1 year and stated staffing had always been short. She also stated when there was not enough staff resident showers were not given, and sometimes residents did not received baths. She also stated if there were no initials in a box on the ADL completion flowsheets it meant a bath or shower was not given on that day. She stated incontinent rounds were completed every 2 hours or as needed (PRN), and whenever a resident requested care.</p> <p>An interview was conducted on 10/2/18 at 8:54 AM with Nurse #1. He stated he has been employed since July 2018 and staffing was challenging every shift, every day. He stated the greatest challenge was with NAs, and they typically worked short which led to missed showers or baths for residents.</p> <p>An interview was conducted on 10/1/18 at 10:45 AM with the Interim Director of Nursing (IDON). She stated there was a staffing shortage in the facility, and the facility was in the hiring process for NAs. She also stated residents miss showers when the facility was short staffed and this had</p>	F 561			

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

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F 561	Continued From page 5 been brought up multiple times in Resident Council meetings, by multiple residents. She stated her expectation was for residents to receive baths or showers on their scheduled day and as needed. She also stated it was her expectation for incontinent care to be completed whenever a resident requested it, and residents were to receive the assistance they needed to meet their care needs.	F 561			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. 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).  §483.35(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 limited to nurse aides.  §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge	F 725		10/25/18	

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F 725	<p>Continued From page 6</p> <p>nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with staff, residents and family members, the facility failed to provide sufficient staff to provide showers or baths to 2 of 8 sampled residents (Resident #'s 3, and 4) and failed to provide incontinence care when it was requested for 1 of 1 resident (Resident #4).</p> <p>Findings included:</p> <p>The facility had insufficient staff to complete baths or showers or to provide incontinence care when requested. Cross refer to citation F561: Based on record review and staff, family and resident interviews, the facility failed to provide showers for 2 of 8 dependent residents (Resident #3, and Resident #4), and failed to provide incontinence care when requested for 1 of 1 residents (Resident #4).</p> <p>A review of the daily scheduling sheets for 9/1/18 through 9/30/18 revealed a consistent pattern of insufficient licensed and unlicensed personnel on all shifts. (7:00AM-3:00PM; 3:00PM-11:00PM; and 11:00PM-7:00AM).</p> <p>An interview was conducted with Nurse #3 on 10/1/18 at 12:01 PM. She stated, "There are not enough nurses or NAs (Nursing Assistants). For example, today there were 7 NAs scheduled and only 3 showed up. They pulled the Restorative Aid and a Medication Aid to help staff. I've seen an agency nurse here once, but when I ask why the facility doesn't use agency staff they tell me the hospital shoots it down and they can't. The residents miss showers when we're short."</p>	F 725	<p>F725</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.</p> <p>Resident #3 and #4 were given showers per the residents' choice of time and type (bed bath, shower, tub bath). Residents #3 and #4 were offered and given showers per the residents' choice by the assigned nursing staff and verified by Tammy B. RN Supervisor on October 5th, 2018.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The Nursing supervisors completed a review of residents' bath and shower preference, once completed the bath/shower schedule was updated to reflect any necessary changes. All nursing staff will be in-serviced on the updated shower list, as well as how to appropriately document bathing and shower completion in the EHR. All residents will be screened for shower/bathing preferences upon admission to the facility by the Nursing Supervisors and the added to the appropriate shower schedule.</p>		

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F 725	Continued From page 7  An interview was conducted on 10/1/18 at 12:30 PM with Nurse #4. She stated there was not enough staff. She stated there are 4 nursing openings and 4-5 openings for NAs. Today, there were 7 NAs scheduled, but only 4 showed up and they pulled the restorative aid and medication aid to do resident care. There were typically 6-7 NAs for the facility and residents had not received showers when the NAs were short.  An interview was conducted on 10/1/18 at 2:21 PM with Nurse #2. She stated there were not enough staff to meet the resident needs. She stated there is 1 NA for 20 residents today, and she was trying to pass medications, give baths, and get residents fed and other activities of daily living completed to try to help the NA. She stated, "It's a lot. I've only been here 3 weeks and there isn't enough help. I worked 3:00PM-11:00PM last night to cover a shortage. I had the 300 Hall by myself from 3:00PM-7:00PM and then the 300 Hall and half the 200 Hall, about 32 residents, from 7:00PM to 11:00PM. There wasn't a unit secretary on rehabilitation aid either to help answer the phone, set up appointments, or anything."  An interview was conducted on 10/1/18 at 2:30 PM with NA #1. She stated she typically had 10 residents to care for, but today had 12. She had been employed here for over 1 year and stated it had always been this way. When there was not enough staff resident showers were not given, and sometimes residents did not received baths. An interview was conducted on 10/2/18 at 8:54 AM with Nurse #1. He stated he works 7:00 PM to 7:00 AM and had been employed since July 2018. He stated staffing was challenging and	F 725	The Nurse supervisors will conduct quality improvement monitoring of resident showers and toileting to ensure residents who are supposed to get showers and toileting will be offered showers and toileting. Quality improvement monitoring will be conducted by a nurse supervisor verifying showers and toileting on five residents five times each week, at random times, for four weeks and then five residents two days per week, at random times, for eight weeks and/or until substantial compliance is reached. Six new FT requisitions as well as four new part time/as needed requisitions for CNAs were advanced and approved by the CEO for new hires to add to the existing staffing matrix for the organization. During the time from interview to hire, the organization will continue to provide incentives for staff to fill necessary positions during the transition to higher staffing levels. A weekly audit of staffing levels on all shifts will be conducted by the nursing supervisor once a week for four weeks and then once every two weeks for 8 weeks and/or until substantial compliance is reached. If not in compliance, the facility will offer incentive pay to cover shifts where staffing is not adequate to meet the needs of the residents. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator for 3 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement committee will		

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F 725	<p>Continued From page 8</p> <p>there was overtime available for every shift, every day. He stated the greatest challenge was with NAs, and they typically worked short which led to residents missed showers or baths, especially on the 7:00PM to 11:00PM portion of his shift. He stated it had been like this since he was hired. He was not aware of agency nurses or NAs being utilized.</p> <p>An interview was conducted with the Interim Director of Nursing (IDON) on 10/1/18 at 10:45 AM. She stated there was a staffing shortage in the facility, but they were in the hiring process currently. New hires must go through the hospital orientation/on boarding process and that took 3 weeks. Then, the new hires arrived at the facility for training. This was for both licensed and unlicensed staff. She also stated they had been approved to use an agency, but there was only 1 agency nurse and she only worked approximately 1 weekend per month. There was overtime available every shift, every day, and residents missed showers when the facility was short staffed. This had been brought up multiple times by multiple residents, and the Quality Improvement (QI) Nurse was currently doing a QI project related to insufficient staffing.</p> <p>An interview was conducted with the QI Nurse on 10/2/18 at 11:50 AM. She stated, "My staffing project is focused on hiring right now. We send a requisition to the main hospital and when they approve it, it goes on the internet. I'm not aware if it appears anywhere else (newspapers, social media) that we are looking for help. The Administrator and 2 nursing supervisors are currently holding interviews to try to speed the process up. After the interview, human resources at the main hospital gets our recommendation</p>	F 725	<p>evaluate the effectiveness of the monitoring/observation tool for maintaining substantial compliance, and to make changes to the action plan to obtain substantial compliance. The Administrator will be responsible for this plan of correction.</p> <p>Facility will be in substantial compliance as of October 25th, 2018.</p>		

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F 725	<p>Continued From page 9</p> <p>and they finish screening the applicant and then make an offer. Hospital orientation is held once monthly so it could be 5-6 weeks before we see a new hire from the time we interview. All new hires must go through hospital orientation. We are also utilizing asking staff to work over their scheduled time, and we have overtime available just about every day. We're also offering "surge" money which is incentive money above their base pay. Me and the 2 other nursing supervisors are on-call every weekend on a rotating basis and we each get called in every weekend we are on call."</p> <p>An interview was conducted with Medication Aid #1 on 10/2/18 at 1:45 PM. She stated incontinent checks were done every 2 hours and as needed. She stated there were not enough staff because of call outs or staff arrived late without any consequences, so staff just did whatever they wanted. She stated she was pulled from administering medication 3-4 out of 5 days because of staffing issues. She stated, "We try to get showers done, but if we're short, showers aren't happening. But incontinence care always, always gets done."</p> <p>An interview was conducted with NA #3 on 10/2/18 at 2:10 PM. She stated she typically worked 11:00PM-7:00AM, but she was typically asked to work 7:00 PM through 7:00 AM since the facility was short staffed.</p> <p>An interview was conducted with the Administrator on 10/2/18 at 2:50 PM. He stated he believed there was sufficient staff most days, but not 100% (percent) of the time to meet all resident care needs. He also stated the facility was trying to hire more NAs by using the hospital web site and offering higher per diems and a</p>	F 725			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILSON REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1705 SOUTH TARBORO STREET</b> <b>WILSON, NC 27893</b>		
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F 725	Continued From page 10 higher rate of pay for the area as an incentive. He stated from interview to being on the floor usually took between 6-10 weeks. Retention strategies included longer orientation, and more interaction with new hires at the 30, 60, and 90 day period so they felt supported and comfortable. He also stated his expectation for showers was for a resident to get a shower or bath when they were due or when they were requested.	F 725		