**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 557</td>
<td>SS=D</td>
<td>557</td>
<td>Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)</td>
<td>12/7/18</td>
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<td></td>
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<td>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</td>
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<td>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and resident and staff interviews, the facility failed to treat a resident with dignity and respect for 1 of 3 residents reviewed (Resident #2). The findings included: Resident #2 was admitted to the facility on 05/20/16 with diagnoses which included hemiplegia (paralysis affecting one side of the body), osteoarthritis, pain, history of urinary tract infection and congestive heart failure. A review of Resident #2's quarterly MDS, dated 10/15/18, revealed Resident was cognitively intact. The MDS indicated Resident #2 required extensive assistance of 2 staff for bed mobility and toileting and required extensive assistance of 1 staff for personal hygiene. A review of Resident #2's Care Plan revealed Resident #2 had been at risk for self-care deficit related to diagnoses which included, in part, right-sided hemiparesis. A review of the interventions for this care area focus included: 1. Assist with incontinence care with each</td>
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**PROVIDER'S PLAN OF CORRECTION**

This plan of correction will serve as the facility's allegation of compliance with requirements of 42 CFR, Part 483, Subpart-E for long term care facilities. Preparation and submission of this plan of correction is in response to DHHS 2567 for November 7- November 9, 2018 survey and does not constitute an agreement or admission of Autumn Care of Fayetteville of the truth of 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 requirements of 42 CFR, Part 483, Subpart-E throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, however, submits this plan of correction to address the statement of deficiencies and to serve as its allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction as fully completed as of December 7, 2018.
### Statement of Deficiencies and Plan of Correction

**Autumn Care of Fayetteville**

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX TAG</th>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION A. BUILDING</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<td>F 557</td>
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<td>34553</td>
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#### Summary Statement of Deficiencies

(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX TAG</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X5) COMPLETION DATE</th>
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<tbody>
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<td>F 557</td>
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#### Provider's Plan of Correction

(Each corrective action should be cross-referenced to the appropriate deficiency)

**THE PROCESS THAT LEAD TO THE DEFICIENCY CITED:**

Failure to treat resident #2 with dignity and respect.

**PROCEDURE FOR IMPLEMENTATION FOR PLAN OF CORRECTION:**

Resident #2 is a 1-2 person assist for bed mobility and incontinent care.

Nursing Assistant #1 is no longer employed by facility.

DON and/or designee will audit all clinical staff on dignity and respect while providing incontinent care.

All nursing assistants will be checked off on incontinent care by the DON and/or designee.

**THE MONITORING PROCEDURE TO ENSURE PLAN OF CORRECTION IS EFFECTIVE:**

DON and/or designee will audit and observe certified nursing assistants in

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**Event ID:** C6NN11  
**Facility ID:** 060241  
**If continuation sheet Page:** 2 of 3
During an interview with Resident #2 on 11/07/18 at 3:15 p.m., Resident #2 stated she felt scared when NA #1 was trying to push her onto her left side and stated she felt like she was going to be pushed off the bed onto the floor.

During an interview with the Director of Nursing (DON) on 11/09/18 at 2:02 p.m., the DON stated it was her expectation nursing staff treat residents with dignity and respect.

Administrator and/or designee will present all audits for review during monthly QAPI committee X 3 MONTHS 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 12/7/2018