

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

PRINTED: 05/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345567	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF CORNELIUS			STREET ADDRESS, CITY, STATE, ZIP CODE 19530 MOUNT ZION PARKWAY CORNELIUS, NC 28031		
(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 000	INITIAL COMMENTS On 04/23/19, the Division of Health Service Regulation, Nursing Home Licensure and Certification Section conducted an on-site revisit. While the compliant allegations were unsubstantiated and some of the deficiencies cited were corrected on 03/26/19, the facility remains out of compliance.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/09/2019

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 000	INITIAL COMMENTS	F 000			
{F 677} SS=D	<p>On 04/23/19, the Division of Health Service Regulation, Nursing Home Licensure and Certification Section conducted an on-site revisit and complaint investigation. While some of the deficiencies cited were corrected on 03/26/19, the facility remains out of compliance.</p> <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 observations, record review, and staff interviews the facility failed to remove yellow discharge from the right eyelid and matted discharge from the left eyelid, provide shaves, hair care, mouth care, and clean clothes for 1 of 3 dependent residents sampled for activities of daily living (Resident #66).</p> <p>The findings included:</p> <p>Resident #66 was readmitted to the facility on 02/02/18 with diagnoses that include dysphagia, hypertension, adult failure to thrive, chronic obstructive pulmonary disease, and dementia.</p> <p>Review of the annual Minimum data set (MDS) dated 02/09/19 revealed that Resident #66 required extensive assistance of 2 staff members with activities of daily living. Resident #66's cognition was not assessed on the MDS. The annual MDS indicated behavior not exhibited for rejection of care.</p>	{F 677}	<p>Preparation and/or execution of this Plan of Correction (POC) does not constitute admissions or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction (POC) is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>Resident #66 was provided a shower oral care and was shaved on 4/23/19 during the survey.</p> <p>To identify other residents who have the potential to be affected, on 4/24/2019 the DON and administrative nurses completed a 100% audit to ensure that all residents appeared well groomed and had proper hygiene care. No other negative findings were observed.</p>	5/13/19	

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{F 677}	Continued From page 1 A review of Resident #66's care plan included a focus area revised on 2/2/19 for at risk for self-care deficit related to dementia. The goal for Resident #66 was to have activities of daily living met daily through next review date with a target date of 5/21/19. The interventions for the focus area were inclusive of provide needed assistance with self-care daily and as needed. A review of the care guide for the nurse aides revealed Resident #66 was scheduled for a shower on Monday and Thursday morning. An observation of Resident #66 was made on 4/23/19 at 10:15 AM. Resident #66 was resting in bed on his back with head of bed elevated at 45 degrees angle. He was alert but non-verbal. Resident #66 appeared unkempt, his hair was disheveled, he had stubble facial hair, yellow discharge from the right eyelid and matted discharge from the left eyelid and his white t-shirt was stained on the left side of his chest. An observation of Resident #66 was made on 4/23/19 at 11:20 AM. Resident #66 remained in bed on his back with head of bed elevated at 45 degrees angle. Resident #66 again appeared unkempt, his hair was disheveled, he had stubble facial hair, yellow discharge from the right eyelid and matted discharge from the left eyelid and his white t-shirt was stained on the left side of his chest. A 30 day look back of Resident #66's bathing records for either a shower, tub, or bed bath revealed he had a documented shower on 3/25/19, bed bath on 4/1/19, 4/4/19, 4/15/19, 4/18/19 and 4/22/19.	{F 677}	To prevent this from reoccurring, the Director of Nursing or Designee will provide education to all nursing staff by 5/8/19 on 1. Completion of bathing documentation for assigned showers 2. Ensuring all residents are properly bathed, and receive adequate hygiene care. This education will be provided to all newly hired staff as well. Department heads will observe residents during rounds to ensure hygiene compliance. Any negative findings will be discussed at the department meeting and followed up on. The clinical management team will review assigned showers and validate accurate documentation. To monitor and maintain ongoing compliance, beginning the week of 5/6/2019, the facility Administrator will audit 20 residents per week for 12 weeks to validate compliance with documentation of bathing and observe for grooming needs of the residents. Immediate corrections will be made with any negative findings. The results of the audits will be forwarded to the facility QAPI committee weekly for further review and recommendations during the duration of the auditing. The facility Administrator is responsible for compliance.		

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{F 677}	Continued From page 2 During an interview with NA #3 on 4/23/19 at 3:53 PM, she reported she was assigned to Resident #66 on 4/22/19. NA #3 reported she provided care for Resident #66 by giving him a bed bath that included washing his face and hands, his torso, his legs and incontinence care. NA #3 stated she had not attempted to shave Resident #66 due to his history of hitting and punching staff when his face was touched. She also stated two staff were required to shower Resident #66 and she had not requested another nurse aide to assist her with giving Resident #66 a shower. An interview was conducted with Nurse Aide (NA) #1 on 4/23/19 at 11:22 AM. She reported she was assigned to provide the activities of daily living for Resident #66. NA #1 stated Resident #66 did not get out of bed unless assisted by nursing staff. She reported checking Resident #66 for incontinence during her morning rounds after the day shift started at 7:00 AM and he was dry. She could not recall the time she entered Resident #66's room on her rounds. NA #1 stated she had not provided any care related to activities of daily living for Resident #66. An observation of Resident #66 was made on 4/23/19 at 1:28 PM. Resident #66 was alert but not verbal. Resident #66 was on his back with head of bed at 45 degrees angle. Resident #66 again appeared unkempt, his hair was combed, he had stubble facial hair, his white t-shirt was stained on the left side of his chest, yellow discharge from the right eyelid and matted discharge from the left eyelid and he had food particles on his dentures and tongue. An interview with Medication Aide (MA) #1 on	{F 677}			

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{F 677}	<p>Continued From page 3</p> <p>4/23/19 at 1:38 PM, she reported on the day residents were not scheduled for showers, she was expected to complete a bed bath by washing the resident's face, under arms, chest, arms, back, legs, feet and genitals.</p> <p>During a subsequent interview with NA #1 on 4/23/19 at 1:45 PM, she reported not having time to give Resident #66 a bed bath. She also stated she had not washed his face, provided mouth care or attempted to shave Resident #66.</p> <p>During an interview with NA #2 on 4/23/19 at 2:10 PM, she reported she had fed Resident #66 breakfast. NA #2 stated she had observed Resident #66's stubble facial hair while feeding him at breakfast. NA #2 reported she was not assigned to provide care related to personal hygiene for Resident #66, she only assisted by feeding him at breakfast.</p> <p>An observation of Resident #66 was made on 4/23/19 at 2:50 PM with the Director of Nursing (DON). Resident #66 was alert and responded to the DON's greeting with a smile. Resident #66 was lying in bed on his back with head of bed elevated at 45 degrees, again he appeared unkempt. Resident #66 had stubble facial hair, yellow discharge from the right eyelid and matted discharge from the left eyelid, his white t-shirt was stained on the left side of his chest, and he had food particles on his dentures and tongue. During an interview with the DON, she acknowledged Resident #66 did not appear to have received personal hygiene care including washing his face, dental care, shaved in the past two days, and clean clothing. The DON stated she had been monitoring Resident #66 daily, however, she had not made any observations on this day until 2:50</p>	{F 677}			

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{F 677}	<p>Continued From page 4</p> <p>PM. The DON stated Resident #66's facial hair grows fast, however, it appeared he had not been shaved in at least two days. The DON stated the nursing staff should have washed the Resident #66's face and hands, provided dental care and changed his clothing.</p> <p>A review of the nursing notes from 4/18/19 - 4/23/19 revealed a monthly nursing note dated 4/21/19 at 8:00 AM. The nursing note indicated Resident #66 was disoriented, withdrawn, lethargic, responsive, pleasant and cooperative. The nursing note concluded Resident #66 was awake with baseline confusion and impaired expressiveness.</p> <p>During an interview with the DON and NA #1 on 4/23/19 at 3:17 PM, NA #1 reported she had attended an in-service provided by the facility on 3/14/19. NA #1 indicated the in-service addressed providing care for residents according to their plan of care and making sure to always remove food from face, hands, and clothing after meals. NA #1 stated Resident #66 was combative at times, however, she had not attempted to wash his face and shave him or change his shirt due to time constraints of taking care of other residents. NA #1 reported she had requested NA #2 assist her with providing a bed bath for Resident #66 at the change of shift that day at 3:00 PM and Resident #66 had not resisted care.</p> <p>An interview was conducted with the DON on 4/23/19 at 3:55 PM. The DON stated she expected the nursing staff assigned to Resident #66 to wash his face, hands, and provide a bed bath and a shower on the days he was scheduled during the week. The DON also stated she</p>	{F 677}			

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{F 677}	Continued From page 5 expected nursing staff to shave Resident #66 as needed and follow the interventions on his plan of care related to activities of daily living. The DON stated if Resident #66 was resistive to care, he should be approached another time during the shift to provide care and if care was not provided the nursing staff should document in his medical record.	{F 677}			
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor interventions that the committee put into place in March, 2019. This was for a deficiency cited during the facility's recertification survey conducted on 02/28/19, F 677. The deficiency was in the area of provision of activity of daily living (ADL) assistance for dependent residents. The continued failure of the facility to sustain compliance, during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program. The findings included: This tag is cross referred to:	F 867	For the cited resident #66 in the F677 deficiency, the facility has changed the monitoring of implemented interventions by the QAPI committee to monitoring results 5 times per week for resident #66. All residents have the potential to be affected by this deficient practice, therefor moving forward, the findings from residents shower audits will be reviewed weekly by the QAPI committee to ensure compliance with implemented measures for F677. Education was provided to the IDT by the Regional Director of Clinical Services on the federal regulation of QAPI on 5/8/2019.	5/13/19	

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F 867	<p>Continued From page 6</p> <p>F 677: ADL Care Provided for Dependent Residents: Based on observations, record review, and staff interviews the facility failed to remove yellow discharge from the right eyelid and matted discharge from the left eyelid, provide shaves, hair care, mouth care, and clean clothes for 1 of 3 dependent residents sampled for activities of daily living (Resident #66).</p> <p>F 677 was originally cited during the facility's recertification survey completed on 02/28/19 for failure to keep a dependent resident clean shaven for 1 of 5 dependent residents sampled for activities of daily living.</p> <p>Interview with the Administrator on 04/23/19 at 3:43 PM revealed the Director of Nursing (DON) conducted audits on care provided to dependent residents with no problems identified.</p> <p>Interview with the DON on 04/23/19 at 3:45 PM revealed staff received training regarding provision of assistance required for bathing, grooming and dressing. The DON reported weekly audits conducted on sampled dependent residents which included Resident #66 did not identify any concerns.</p>	F 867	<p>Starting the week of 5/6/2019, a QAPI meeting form will be completed each week to show compliance data for the plan of correction for F677 for 12 weeks.</p> <p>The results of the audits will be forwarded to the facility QAPI committee weekly for further review and recommendations.</p> <p>The facility Administrator is responsible for compliance.</p>		