

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

PRINTED: 11/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/25/2019
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/FLETCHER			STREET ADDRESS, CITY, STATE, ZIP CODE 86 OLD AIRPORT ROAD FLETCHER, NC 28732		
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E 037 SS=C	<p>EP Training Program CFR(s): 483.73(d)(1)</p> <p>(1) Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For Hospitals at §482.15(d) and RHCs/FQHCs at §491.12:] (1) Training program. The [Hospital or RHC/FQHC] must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.</p> <p>(ii) Demonstrate staff knowledge of emergency procedures.</p>	E 037		11/14/19	

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

TITLE

(X6) DATE

Electronically Signed

11/15/2019

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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E 037	<p>Continued From page 1</p> <p>(iii) Provide emergency preparedness training at least annually.</p> <p>(iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.</p> <p>*[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) After initial training, provide emergency preparedness training at least annually.</p> <p>(iii) Demonstrate staff knowledge of emergency procedures.</p> <p>(iv) Maintain documentation of all emergency preparedness training.</p> <p>*[For PACE at §460.84(d):] (1) The PACE organization must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency.</p> <p>(iv) Maintain documentation of all training.</p>	E 037			

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E 037	<p>Continued From page 2</p> <p>*[For CORFs at §485.68(d):(1) Training. The CORF must do all of the following:</p> <ul style="list-style-type: none"> (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. <p>*[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following:</p> <ul style="list-style-type: none"> (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. <p>*[For CMHCs at §485.920(d):] (1) Training. The</p>	E 037			

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E 037	<p>Continued From page 3</p> <p>CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility administration failed to conduct annual staff training of the facility's Emergency Preparedness Plan.</p> <p>The findings included:</p> <p>The Emergency Preparedness Plan (EPP) manual provided by the facility was reviewed. The manual did not contain any evidence annual training was conducted with facility staff for the year 2019.</p> <p>On 10/25/19 at 11:10 AM, the Maintenance Director verified he was responsible for training new and existing staff on the policies and procedures outlined in the facility's EPP. He confirmed the last annual training provided to facility staff was conducted on 03/05/18 and explained he had mentioned to the Administrator earlier in the year a date needed to be arranged to train staff on the EPP but nothing had been scheduled.</p>	E 037	<p>The Plan of Correction is not to be construed as an admission of any wrongdoing of liability. The facility reserves the right to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves the rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of corrections should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privilege which the facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceedings. The facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to residents.</p>		

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E 037	Continued From page 4 On 10/25/19 at 4:41 PM, the Administrator stated he was unaware annual staff training on the facility's EPP had not been conducted since 03/05/18 and would work with the Maintenance Director to schedule a date for the training to be provided.	E 037	E037 EP Training Program 1. Maintenance Director initiated in-service regarding Facility's Emergency Preparedness Plan on 11/6/2019 through 11/14/2019. To ensure 100% compliance, no staff member will be allowed to return to work until mandatory in-service completed, after 11/14/2019. 2. On 11/7/2019, The Quality Assurance and Performance Improvement Committee reviewed all Emergency Preparedness Manuals and Policies to ensure compliance. 3. Facility's Emergency Preparedness Training will be added to the Education Calendar, to be held annually in November. 4. The Quality Assurance and Performance Improvement Committee will review Emergency Preparedness Training to ensure 100% staff completion annually. Nursing Home Administrator and Maintenance Director are responsible for implementation of the plan. Correction date: November 14, 2019		
F 000	INITIAL COMMENTS An unannounced recertification and complaint investigation survey was conducted 10/21/19	F 000			

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F 000	Continued From page 5 through 10/25/19. A total of 21 allegations were investigated and 8 were substantiated. Event ID# CUVR11.	F 000			
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 observations, record reviews, and resident and staff interviews, the facility failed to</p>	F 561	F561 Self Determination	11/21/19	

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F 561	<p>Continued From page 6</p> <p>provide residents with their preferred number of showers a week (Residents #3, #22, #42, and #25), failed to provide a resident her preference of morning showers (Resident #8), and failed to honor a resident's wish to be out of bed by 7:00 AM for breakfast (Resident #22) for 5 of 10 residents reviewed for choices.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Resident #3 was admitted to the facility on 01/19/18 with multiple diagnoses that included osteoarthritis and heart failure. <p>The annual Minimum Data Set (MDS) dated 10/11/19 indicated Resident #3 was cognitively intact and displayed no rejection of care. Further review of the MDS revealed Resident #3 required extensive staff assistance with bathing.</p> <p>On 10/21/19 at 12:05 PM, Resident #3 stated she wanted and was supposed to receive showers twice a week on Saturday and Wednesday but most weeks only received one. Resident #3 explained she rarely received a shower on her scheduled day of Saturday because the facility was often short-staffed on the weekends. Resident #3 added she did not receive her scheduled shower on 10/19/19 because staff stated they did not have enough help to provide showers.</p> <p>Resident #3's Activities of Daily Living (ADL) care plan, with a recent review date of 10/23/19, addressed her need for staff assistance related to weakness and forgetfulness. Interventions included for staff to assist with bathing, grooming and washing hair.</p>	F 561	<ol style="list-style-type: none"> Residents #3, #22, #42 and #25 were asked on 11/11/2019 what their preferred number of showers a week were. Changes made to Shower Schedule as needed. Resident #8 discharged from Facility on 10/29/2019. Resident #22's Care Plan was updated to reflect her preference of getting out of bed early and communicated to CNAs via the Electronic Kardex on 11/11/2019. <ol style="list-style-type: none"> On 11/11/2019, 100% of alert and oriented Residents were asked what their preferred number of showers a week were by Director of Nursing (DON) and/or Assistant Director of Nursing (ADON). For Residents that are unable to express preference, their Responsible Party and/or Power of Attorney were asked what their preferred number of showers a week was by Director of Nursing (DON), Assistant Director of Nursing (ADON) and/or Designee on 11/20/2019 through 11/21/2019. Changes made to Shower Schedule as needed. On 11/11/2019, 100% of alert and oriented Residents were asked when their preferred showers time is by Director of Nursing (DON) and/or Assistant Director of Nursing (ADON). For Residents that are unable to express preference, their Responsible Party and/or Power of Attorney were asked when their preferred showers time is by Director of Nursing 		

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F 561	<p>Continued From page 7</p> <p>Review of the facility's shower schedule book revealed a sheet that listed the day of the week as well as the shift that resident room numbers were scheduled to receive showers. It was noted Resident #3 resided in a room that was scheduled to receive showers on Wednesday and Saturday during the hours of 7:00 AM to 3:00 PM.</p> <p>Resident #3's bath/shower forms and bathing activity reports provided by the facility for the period 09/01/19 through 10/19/19 were reviewed. The shower information revealed Resident #3 received showers on her scheduled day of Wednesday but showers were not documented as given on the dates of 09/07/19, 09/14/19, 09/21/19, 09/28/19, 10/12/19, or 10/19/19. There was no documentation she had refused bathing assistance when offered by staff.</p> <p>On 10/23/19 at 3:59 PM, NA #1 confirmed she worked on Saturday 10/12/19 during the hours of 7:00 AM to 7:00 PM but was unable to provide showers to any of the residents scheduled due to short-staffing. She added they were supposed to document a shower was given on the resident's shower sheet and in their electronic medical record. NA #1 explained when working short-staffed resident care had to be prioritized, with meals and incontinence care being the main priority, and showers could not be provided.</p> <p>On 10/25/19 at 1:31 PM, NA #2 confirmed she worked on Saturday 10/19/19 and was assigned to provide care to Resident #3. NA #2 recalled Resident #3 had asked about her shower and she informed Resident #3 they were short-staffed but she would try. She confirmed they were supposed to document when a shower was given on the resident's shower sheet and in their</p>	F 561	<p>(DON), Assistant Director of Nursing (ADON) and/or Designee on 11/20/2019 through 11/21/2019. Changes made to Shower Schedule as needed.</p> <p>2c. On 11/11/2019, 100% of alert and oriented Residents were asked what their preferred time to get out of bed is by Director of Nursing (DON) and/or Assistant Director of Nursing (ADON). For Residents that are unable to express preference, their Responsible Party and/or Power of Attorney were asked what their preferred time to get out of bed is by Director of Nursing (DON), Assistant Director of Nursing (ADON) and/or Designee on 11/20/2019 through 11/21/2019. Care Plans revised to reflect preference of time to get out of bed.</p> <p>3. Effective 11/13/2019, Minimum Data Set Nurse (MDS Nurse) and/or designee to utilize new Preference Tool during Care Plan Meetings. This Preference Tool takes in account Resident's and/or Family's preference regarding Resident's weekly shower schedule and get up time. Effective 11/21/2019, an audit tool will be utilized to record the preference changes identified during Care Conferences and the date changes were updated on Resident's Shower Schedule and/or Care Plan, completed by Minimum Data Set Nurse (MDS Nurse) and/or designee. Audit will be conducted weekly, on Care Plan Meeting Days. Changes noted during Care Plan Meeting will be brought to Director of Nursing (DON) and/or</p>		

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F 561	<p>Continued From page 8</p> <p>electronic medical record. NA #2 added when working short-staffed, "we are doing good to check and change residents every 2 hours" and her main priority was to make sure residents were kept clean, dry and fed. NA #2 verified she was unable to provide residents with their scheduled shower, including Resident #3, on 10/19/19 due to short-staffing.</p> <p>On 10/25/19 at 3:36 PM, the Director of Nursing (DON) confirmed the facility has had staffing challenges and was aware showers were not being provided to residents as scheduled. She stated staff were expected to document when a shower was given in the resident's electronic medical record and/or on their shower sheet otherwise, they assumed the shower was not provided. The DON acknowledged Resident #3 did not receive her scheduled shower on 10/19/19 as well as other weeks but did not feel it was as many as the lack of documentation showed. She added residents should receive a minimum of two showers per week or per their preference.</p> <p>On 10/25/19 at 4:41 PM, the Administrator stated he felt the issue with residents not receiving their preferred number of showers per week was due to both staffing challenges and inaccurate staff documentation. He added he felt it was a reasonable expectation that residents would receive their scheduled showers each week.</p> <p>2. Resident #22 was admitted to the facility on 12/22/17 with multiple diagnoses that included a disorder that affects movement, muscle tone, balance, and posture.</p> <p>The annual Minimum Data Set (MDS) dated</p>	F 561	<p>Assistant Director of Nursing (ADON). Changes will be made to Shower Schedule and Care Plans will be revised to reflect preference of time to get out of bed. Director of Nursing (DON) and Assistant Director of Nursing (ADON) started in-service to Nursing Staff regarding Resident initiated preference changes on 11/11/2019 through 11/14/2019. To ensure 100% compliance, no staff member will be allowed to return to work until mandatory in-service completed, after 11/14/2019.</p> <p>4. Effective November 14, 2019, the Nursing Administration Team to include Director of Nursing (DON) and/or Assistant Director of Nursing (ADON) will report the findings of the audits and reviews to the Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for 3 months. The Quality Assurance and performance Improvement Committee can modify this plan to ensure the facility remains in compliance.</p> <p>Nursing Home Administrator and Director of Nursing are responsible for implementation of the plan.</p> <p>Correction date: November 21, 2019</p>		

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F 561	<p>Continued From page 9</p> <p>08/05/19 indicated Resident #22 was cognitively intact and displayed no rejection of care. Further review of the MDS revealed Resident #22 required extensive staff assistance with bed mobility, transfers, personal hygiene, and bathing.</p> <p>Resident #22's Activities of Daily Living (ADL) care plan, last reviewed on 08/21/19, assessed her need for staff assistance related to impaired mobility. Interventions included 1 to 2 staff member assistance with all ADL including bed mobility, transfers, and toileting.</p> <p>On 10/21/19 at 2:35 PM, Resident #22 stated she wanted to receive 2 showers per week but usually only received one per week. She further stated staff were aware she wanted to be assisted out of bed in the mornings so she could eat in the dining room when breakfast was served at 7:00 AM but on most days she didn't receive assistance until mid to late morning because they did not have enough staff to help. Resident #22 added the facility was often short-staffed, especially between the hours of 3:00 PM to 11:00 PM and weekends.</p> <p>Review of the facility's shower schedule book revealed a sheet that listed the day of the week as well as the shift that resident room numbers were scheduled to receive showers. It was noted Resident #22 resided in a room that was scheduled to receive showers on Monday and Thursday during the hours of 3:00 PM to 11:00 PM.</p> <p>Resident #22's bath/shower forms and bathing activity reports provided by the facility for the period 09/01/19 through 10/19/19 were reviewed. The shower information revealed that 8 of 13</p>	F 561			

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F 561	<p>Continued From page 10</p> <p>scheduled showers were not documented as given to Resident #22 on the dates of 09/02/19, 09/05/19, 09/09/19, 09/12/19, 09/16/19, 09/19/19, 10/03/19, and 10/10/19. There was no documentation she had refused bathing assistance when offered by staff.</p> <p>On 10/23/19 at 6:04 AM, NA #3 revealed he worked third shift during the hours of 11:00 PM and 7:00 AM and for the past 6 months, staffing had been an issue. He explained when working short, they often had to cover 2 resident halls which caused residents to wait longer for their call light to be answered and receive incontinence care. He added when short-staffed, they usually were unable to get all, if any, of the residents listed on the early riser list out of bed, dressed and in the dining room by 7:00 AM for breakfast.</p> <p>On 10/23/19 at 4:39 PM, NA #5 revealed she worked first shift during the hours of 7:00 AM and 3:00 PM and was frequently assigned to provide Resident #22 with care. NA #5 stated staffing had been an issue for the past 6 months with no improvement. She explained when working short-staffed, residents did not receive the attention they needed and the main goal was just to keep them safe, dry and fed. She added showers were not provided when short-staffed. NA #5 confirmed Resident #22 requested to be assisted out of bed by 7:00 AM when breakfast was served and explained third shift was supposed to get the residents up who were listed on the early riser list but would report they were not able due to being short-staffed. NA #5 verified Resident #22 was "rarely" up out of bed before she started her shift at 7:00 AM and sometimes she was unable to get her up right away due to assisting other residents.</p>	F 561			

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F 561	<p>Continued From page 11</p> <p>On 10/24/19 at 2:53 PM, NA #6 stated she worked the evening of 10/14/19 during the hours of 11:00 PM to 7:00 AM and provided Resident #22 with care. NA #6 verified Resident #22 was the only resident she was unable to assist up out of bed before breakfast at 7:00 AM. She explained there were only 3 NAs in the facility to provide resident care until approximately 5:45 AM and she had run out of time.</p> <p>On 10/24/19 at 4:32 PM, NA #4 revealed on second shift during the hours of 3:00 PM to 11:00 PM, they frequently worked short-staffed with only 2 to 3 NAs to cover 3 resident halls. NA #4 confirmed they were supposed to document when a shower was given on the resident's shower sheet and in their electronic medical record but when working short-staffed, it was a challenge to provide residents with basic care and their main goal was just to keep the residents safe, dry and fed. She explained they had to assist residents with meals, incontinence care and getting them ready for bed which didn't leave time for showers to be provided and most often, they were not done.</p> <p>On 10/25/19 at 9:45 AM, Resident #22 was observed sitting up in bed, alert and verbal. Resident #22 stated she was waiting on staff to assist her with getting dressed and up into her wheelchair for the day.</p> <p>On 10/25/19 at 12:13 PM, NA #8 confirmed she was assigned to provide care to Resident #22. NA #8 was unaware Resident #22 preferred to be up out of bed before breakfast and stated she did not assist her out of bed today until around 9:45 AM because she was assisting another resident</p>	F 561			

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F 561	<p>Continued From page 12 with a shower.</p> <p>On 10/25/19 at 3:36 PM, the Director of Nursing (DON) confirmed the facility has had staffing challenges and was aware showers were not being provided to residents as scheduled. She stated staff were expected to document when a shower was given in the resident's electronic medical record and/or on their shower sheet otherwise, they assumed the shower was not provided. The DON acknowledged Resident #22 did not receive her showers as scheduled but did not feel it was as many as the lack of documentation showed. She added residents should receive a minimum of two showers per week or per their preference. The DON confirmed Resident #22 requested to be assisted up out of bed every morning before breakfast but was recently changed to 2 days a week due to the time it took for staff to get her up and ready for the day.</p> <p>On 10/25/19 at 4:41 PM, the Administrator stated he felt the issue with residents not receiving their preferred number of showers per week was due to both staffing challenges and inaccurate staff documentation. He added he felt it was a reasonable expectation that Resident #22 would receive her scheduled showers each week and staff assistance to get up out of bed when preferred and/or requested.</p> <p>3. Resident #42 was admitted to the facility on 05/01/18 with multiple diagnoses that included chronic kidney disease, diabetes and major depression.</p> <p>The quarterly Minimum Data Set (MDS) dated 09/03/19 indicated Resident #42 had intact</p>	F 561			

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F 561	<p>Continued From page 13</p> <p>cognition and displayed no rejection of care. The MDS further revealed Resident #42 required total staff assistance with bathing.</p> <p>Resident #42's Activities of Daily Living (ADL) care plan, last reviewed on 09/08/19, addressed her need for staff assistance related to forgetfulness. Interventions included for staff to assist with bathing, grooming and washing hair.</p> <p>On 10/22/19 at 3:00 PM during the Resident Council group interview, Resident #42 revealed she wanted and was supposed to receive showers on Tuesday and Friday every week but for the last 2 weeks had only received one shower per week.</p> <p>Review of the facility's shower schedule book revealed a sheet that listed the day of the week as well as the shift that resident room numbers were scheduled to receive showers. It was noted Resident #42 resided in a room that was scheduled to receive showers on Tuesday and Friday during the hours of 7:00 AM to 3:00 PM.</p> <p>Resident #42's bath/shower forms and bathing activity reports provided by the facility for the period 09/01/19 through 10/19/19 were reviewed. The shower information revealed that 9 of 14 scheduled showers were not documented as given to Resident #42 on the dates of 09/06/19, 09/17/19, 09/20/19, 09/24/19, 09/27/19, 10/04/19, 10/11/18, 10/15/19, or 10/18/19. There was no documentation she had refused bathing assistance when offered by staff.</p> <p>On 10/23/19 at 2:36 PM, NA #7 revealed he worked first shift during the hours of 7:00 AM and 3:00 PM on various days of the week, including</p>	F 561			

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F 561	<p>Continued From page 14</p> <p>some weekends. NA #7 stated staffing was usually sufficient during the week on first shift; however, there were times they worked short-staffed, with weekends being the worst, and they "did the best they could to provide the care they were able to do" for the residents. He added they were supposed to document when a shower was given on the resident's shower sheet and in their electronic medical record but on the days they worked short-staffed, showers were often unable to be provided.</p> <p>On 10/24/19 at 4:32 PM, NA #4 revealed during the hours of 3:00 PM to 11:00 PM, they frequently worked short-staffed with only 2 to 3 NAs to cover 3 resident halls. NA #4 confirmed they were supposed to document when a shower was given on the resident's shower sheet and in their electronic medical record but when working short-staffed, it was a challenge to provide residents with basic care and their main goal was just to keep the residents safe, dry and fed. She explained they had to assist residents with meals, incontinence care and getting them ready for bed which didn't leave time for showers to be provided and most often, they were not done.</p> <p>On 10/25/19 at 1:31 PM, NA #2 revealed during the hours of 3:00 PM to 11:00 PM, they frequently worked short-staffed. NA #2 confirmed they were supposed to document when a shower was given on the resident's shower sheet and in their electronic medical record but when working short-staffed, showers were usually not done. She explained they "did good just to check and change residents every 2 hours" and her main priority was to make sure residents were kept clean, dry and fed.</p>	F 561			

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F 561	<p>Continued From page 15</p> <p>On 10/25/19 at 3:36 PM, the Director of Nursing (DON) confirmed the facility has had staffing challenges and was aware showers were not being provided to residents as scheduled. She stated staff were expected to document when a shower was given in the resident's electronic medical record and/or on their shower sheet otherwise, they assumed the shower was not provided. The DON acknowledged Resident #42 did not receive her showers as scheduled but did not feel it was as many as the lack of documentation showed. She added residents should receive a minimum of two showers per week or per their preference.</p> <p>On 10/25/19 at 4:41 PM, the Administrator stated he felt the issue with residents not receiving their preferred number of showers per week was due to both staffing challenges and inaccurate staff documentation. He added he felt it was a reasonable expectation that residents would receive their scheduled showers each week.</p> <p>4. Resident #25 was admitted to the facility on 06/17/16 with diagnoses which included diabetes mellitus and hemiplegia (muscle weakness of one side of the body).</p> <p>Resident #25's Care Plan for activities of daily living (ADL) dated 05/18/19 revealed she required assistance with ADLs with a goal to increase her independence in ADLs by utilizing cues to prompt her to complete the specific task, to break up tasks into smaller steps and to refer her to therapy when indicated.</p> <p>The recent quarterly Minimum Data Set (MDS) assessment dated 08/08/19 indicated, Resident #25 was cognitively intact and displayed no</p>	F 561			

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F 561	<p>Continued From page 16</p> <p>rejection of care. The MDS also indicated, Resident #25 required total assistance with bathing.</p> <p>On 10/24/19 12:24 PM Resident #25 stated, she was supposed to receive two showers a week on Wednesdays and Saturdays but in recent weeks she had only gotten one shower a week because the facility was short staffed. The Resident explained, the last time she missed her shower was Saturday (10/19/19) when a Nurse Aide (NA) stopped by her room and told her she would not be able to give her a shower that day because there was not enough staff there to give her a shower. Resident #25 stated, she did not recognize the NA because that NA did not normally take care of her.</p> <p>Review of the facility's shower schedule book revealed, the Resident #25 was scheduled for her showers on Wednesdays and Saturdays between the hours of 7:00 AM to 3:00 PM.</p> <p>Resident #25's shower forms and bathing activity sheets from 09/25/19 through 10/23/19 were provided by the facility which indicated the Resident received a shower on the days of 09/25/19, 09/28/19, 10/09/19, 10/12/19, 10/16/19 and 10/23/19. The shower information revealed, that showers were not documented as given 10/02/19, 10/05/19 and 10/19/19. There was no documentation that Resident #25 had refused a shower for those days.</p> <p>Review of the staffing schedule for 10/19/19 revealed one Nurse #1 and NA #9 was scheduled for 200 Hall which was the hall Resident #25 resided on.</p>	F 561			

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F 561	<p>Continued From page 17</p> <p>On 10/23/19 at 11:44 AM Nurse #1 verified that on Saturday 10/19/19 from 7:00 AM to 3:00 PM there was only one Nurse and one NA scheduled for 200 Hall which was Nurse #1 and NA #9 and stated, with only one NA on the hall, he could see where the showers would not get done. Nurse #1 explained, he routinely took care of Resident #25 and stated, if she said she did not get a shower on Saturday (10/19/19), he would believe her.</p> <p>During a telephone interview with NA #9 10/25/19 at 12:58 PM she confirmed she was the only NA scheduled for the 200 Hall on Saturday 10/19/19 from 7:00 AM to 3:00 PM. The NA explained, that on that day there were only three NAs for 100, 200 and 300 Halls and when the facility was short like that, her priority was to make sure the residents were clean, dry and fed. NA #9 stated, she was only able to provide one shower that day and it was not for Resident #25 and confirmed she was the NA who informed Resident #25 that she would not be able to provide her shower that day because the facility was short staffed.</p> <p>On 10/25/19 at 3:36 PM the Director of Nursing (DON) confirmed, the facility was having some staffing challenges and was aware the showers were not being provided for the residents as scheduled. The DON explained, the staff were expected to document on the shower forms in the electronic medical record and or on their individual shower sheets in the shower books at the nursing station and stated, if the showers were not documented in either place, she would assume they were not done. After review of Resident #25's documentation of showers the DON agreed, Resident #25 did not receive her showers on 10/19/19, 10/05/19 and 10/02/19 and added, the residents should receive a minimum</p>	F 561			

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F 561	<p>Continued From page 18 of two showers a week or their preference of how many showers a week they wanted.</p> <p>On 10/25/19 at 5:00 PM the Administrator explained, before the survey he had already identified an issue with staffing and was currently working toward solutions to the problem. He stated, he felt the fact that the residents were not receiving their scheduled showers was due to the staffing challenges, and that it was a reasonable expectation that residents received their scheduled showers each week.</p> <p>5. Resident #8 was admitted to the facility on 06/17/19 with diagnoses which included arthritis and diabetes mellitus.</p> <p>Resident #8's Resident Admission Assessment dated 06/17/19 revealed, she preferred less than three showers a week and preferred her showers to be given in the mornings.</p> <p>Resident #8's recent quarterly Minimum Data Set (MDS) assessment dated 07/16/19 indicated, she was cognitively intact and displayed no rejection of care. The MDS also indicated, Resident #8 required limited to extensive assistance with her activities of daily living.</p> <p>On 10/24/19 at 2:23 PM Resident #8 stated, her showers were scheduled for Mondays and Thursdays on second shift (3:00 PM to 11:00 PM), but she would prefer her showers in the morning after breakfast on her shower days. The Resident explained, she was active and did not want to interrupt her busy day to receive her shower. Resident #8 continued to explain, she had asked different people several times (the last time being last week of the Director of Nursing) to</p>	F 561			

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F 561	<p>Continued From page 19</p> <p>have her showers changed to first shift, but was always told that since her room and bed number was assigned to a certain day and time, she would have to receive her showers on Mondays and Thursdays on second shift. The Resident added, she has not been asked what her preferences were regarding her showers other than when she was first admitted to the facility which she indicated then that she preferred her showers in the mornings.</p> <p>Review of the facility's shower forms from the shower schedule book revealed, room 204-B (Resident #8) was scheduled to receive her showers on Mondays and Thursdays between the hours of 7:00 AM to 3:00 PM (first shift).</p> <p>Review of Resident #8's shower forms and the individual activity of daily living sheets from the electronic medical record from 09/01/19 through 10/24/19 indicated Resident #8 had received her showers on second shift between the hours of 3:00 PM to 11:00 PM.</p> <p>On 10/25/19 at 3:00 PM the Assistant Director of Nursing (ADON) explained, the Resident's shower schedules were assigned on admission and were set up according to the Resident's room and bed number. The ADON stated, it was not unreasonable to accommodate the Resident's preferred time of day they wanted their showers. The ADON also stated, the facility did not periodically update the residents' shower preferences.</p> <p>On 10/25/19 at 3:38 PM the Director of Nursing (DON) explained, the showers were determined by the admission assessment and the facility would change the shower schedule based on the</p>	F 561			

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F 561	Continued From page 20 Resident's preference. The DON stated, she could not recall a conversation between herself and Resident #8 regarding her shower schedule and that she did not know why Resident #8's shower schedule was not set up to accommodate her preference for after breakfast on first shift but that it could be changed. The DON also added, the bathing preferences were only done on admission but admitted, they should be done periodically to capture the residents' preferences. On 10/25/19 at 4:48 PM the Administrator indicated, he had never heard that Resident #8 preferred her showers after breakfast on first shift but that it was not unreasonable to periodically ask the residents what their preferences were in case their desires changed.	F 561			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §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 record reviews and family and staff interviews, the facility failed to provide showers for 1 of 10 residents who was dependent on staff for assistance with activities of daily living (Resident #16). Findings included: Resident #16 was admitted to the facility 04/29/15 with multiple diagnoses that included hemiplegia (paralysis on one side of the body), seizure disorder and Cerebrovascular Accident (CVA);	F 677	F677 ADL Care Provided for Dependent Residents 1. Resident #16 showered on 11/8/2019. On 11/11/2019, Director of Nursing (DON) asked Resident #16 his preferred Shower Schedule. Preferred Shower time and days added to Resident's Care Plan. 2. Based on Facility's acuity level, all Residents are dependent on staff for the	11/14/19	

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F 677	<p>Continued From page 21 stroke).</p> <p>The quarterly Minimum Data Set (MDS) dated 07/19/19 assessed Resident #16 with severe impairment in cognition and requiring extensive staff assistance with personal hygiene, dressing and bathing. The MDS noted bathing activity did not occur during the MDS assessment period.</p> <p>Resident #16's Activities of Daily Living (ADL) care plan, last reviewed on 07/28/19, addressed his need for staff assistance related to CVA with weakness and hemiplegia. Interventions included extensive staff assistance with ADL as needed to have his needs met.</p> <p>Review of the facility's shower schedule book revealed a sheet that listed the day of the week as well as the shift that resident room numbers were scheduled to receive showers. It was noted Resident #16 resided in a room that was scheduled to receive showers on Monday and Thursday during the hours of 3:00 PM to 11:00 PM.</p> <p>Resident #16's bath/shower forms and bathing activity reports provided by the facility for the period 09/01/19 through 10/19/19 were reviewed. The shower information revealed that 8 of 14 scheduled showers were not documented as being given to Resident #16 on the dates of 09/02/19, 09/05/19, 09/16/19, 09/23/19, 09/26/19, 09/30/19, 10/03/19, and 10/14/19. There was no documentation he had refused bathing assistance when offered by staff.</p> <p>On 10/21/19 at 2:25 PM, Resident #16's Responsible Party (RP) revealed he did not always receive his showers when scheduled.</p>	F 677	<p>completion of showers.</p> <p>3. Effective 11/11/2019, Activity Director and/or designee will audit previous day's shower schedule to ensure documentation of showers/refusals, during Monday through Friday's Clinical Meeting. The daily Shower Audit Tool will record previous days' showers, any missed showers and the date missed showers were provided. Missing documentation will be brought to Director of Nursing (DON) and/or Assistant Director of Nursing (ADON). Affected Residents will have bathing needs met on audit date. Director of Nursing (DON) and Assistant Director of Nursing (ADON) initiated in-service to Nursing Staff regarding completion of shower/refusal documentation and Nurse notification of ADL refusals on 11/11/2019 through 11/14/2019. To ensure 100% compliance, no staff member will be allowed to return to work until mandatory in-service completed, after 11/14/2019.</p> <p>4 Effective November 14, 2019, the Nursing Administration Team to include Director of Nursing (DON) and/or Assistant Director of Nursing (ADON) will report the findings of the audits and reviews to the Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for 3 months. The Quality Assurance and performance Improvement Committee can modify this plan to ensure the facility remains in compliance.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 677	<p>Continued From page 22</p> <p>The RP explained Resident #16 used to receive 3 showers per week on Tuesday, Friday and Sunday during the hours of 7:00 AM to 3:00 PM but when his schedule was changed to Monday and Thursday during the hours of 3:00 PM to 11:00 PM, he often only received one shower per week. The RP added a shower was usually not provided until his next scheduled day unless they brought it to staff's attention.</p> <p>On 10/24/19 at 4:32 PM, NA #4 revealed on second shift during the hours of 3:00 PM to 11:00 PM, they frequently worked short-staffed with only 2 to 3 NAs to cover 3 resident halls. NA #4 confirmed they were supposed to document when a shower was given on the resident's shower sheet and in their electronic medical record but when working short-staffed, it was a challenge to provide residents with basic care and their main goal was just to keep the residents safe, dry and fed. She explained they had to assist residents with meals, incontinence care and getting them ready for bed which didn't leave time for showers to be provided and most often, showers were not done.</p> <p>On 10/25/19 at 1:31 PM, NA #2 revealed during the hours of 3:00 PM to 11:00 PM, they frequently worked short-staffed. NA #2 confirmed they were supposed to document when a shower was given on the resident's shower sheet and in their electronic medical record but when working short-staffed, showers were usually not done. She explained they "did good just to check and change residents every 2 hours" and her main priority was to make sure residents were kept clean, dry and fed.</p> <p>On 10/25/19 at 3:36 PM, the Director of Nursing</p>	F 677	<p>Nursing Home Administrator and Director of Nursing are responsible for implementation of the plan.</p> <p>Correction date: November 14, 2019</p>		

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F 677	Continued From page 23 (DON) confirmed the facility has had staffing challenges and was aware showers were not being provided to residents as scheduled. She stated staff were expected to document when a shower was given in the resident's electronic medical record and/or on their shower sheet otherwise, they assumed the shower was not provided. The DON acknowledged Resident #16 did not receive his showers as scheduled but did not feel it was as many as the lack of documentation showed. She added residents should receive a minimum of two showers per week or per their preference. On 10/25/19 at 4:41 PM, the Administrator stated he felt the issue with residents not receiving their preferred number of showers per week was due to both staffing challenges and inaccurate staff documentation. He added he felt it was a reasonable expectation that residents would receive their scheduled showers each week.	F 677			
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	F 725		11/21/19	

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F 725	<p>Continued From page 24</p> <p>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:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§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 nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and resident, family and staff interviews, the facility failed to maintain sufficient nursing staff to ensure residents received showers and assistance out of bed per their preferences. This affected 6 of 10 residents reviewed for choices and activities of daily living (Residents #3, #8, #16, #22, #25, and #42).</p> <p>Findings included:</p> <p>This tag is cross-referenced to:</p> <p>1. a. F-561: Based on observations, record reviews, resident and staff interviews, the facility failed to provide residents with their preferred number of showers a week (Residents #3, #22, #42, and #25), failed to provide a resident her preference of morning showers (Resident #8), and failed to honor a resident's wish to be out of bed by 7:00 AM for breakfast (Resident #22) for 5 of 10 residents reviewed for choices.</p> <p>b. F-677: Based on record reviews and family</p>	F 725	<p>F725 Sufficient Nursing Staff</p> <p>1. Residents #3, #16, #22, #25 and #42 were asked on 11/11/2019 what their preferred number of showers a week were and what their preferred showers time is. Changes made to Shower Schedule as needed. Resident #22's Care Plan was revised to reflect preference of time to get out of bed on 11/11/2019. Resident #8 discharged from Facility on 10/29/2019.</p> <p>2. All Residents have the potential to have shower completion and assistance out of bed affected by insufficient staffing numbers. On 11/11/2019, 100% of alert and oriented Residents were asked what their preferred number of showers a week is, when their preferred showers time is and what their preferred time to get out of bed is by Director of Nursing (DON) and/or Assistant Director of Nursing (ADON). For Residents that are unable to</p>		

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F 725	<p>Continued From page 25</p> <p>and staff interviews, the facility failed to provide showers for 1 of 10 residents who was dependent on staff for assistance with activities of daily living (Resident #16).</p> <p>On 10/23/19 at 6:15 AM, Nurse Aide (NA) #10 revealed he worked during the hours of 11:00 PM to 7:00 AM and every other weekend. NA #10 stated for the past several months, they have worked short-staffed with most nights only having 2, sometimes 3, NAs for the entire building to provide resident care. NA #10 explained it took them longer to respond to call lights and provide residents with timely care because it took longer for rounds to be completed with less staff to assist. In addition, he stated they weren't able to get the residents listed on the early riser list up out of bed, dressed and in the dining room by 7:00 AM for breakfast. NA #10 added when short-staffed, they focused on making sure residents were kept clean, dry and safe.</p> <p>On 10/23/19 at 6:22 AM, Nurse #2 revealed during the hours of 11:00 PM to 7:00 AM staff had "consistently" worked short-staffed with weekend coverage being worse. Nurse #2 explained the staff worked very hard and did the best they could to meet residents needs but were "stretched too thin." She added she tried to assist the NAs as much as she could but when short-staffed, it was a challenge to meet the residents' basic needs and she advised staff to keep the residents clean, dry and safe.</p> <p>On 10/24/19 at 9:50 AM, Nurse #3 confirmed the facility was having staffing challenges, especially during the hours of 3:00 PM to 11:00 PM and weekends, due to staff turnover. Nurse #3 stated when short-staffed, NAs often covered 2 resident</p>	F 725	<p>express preference, their Responsible Party and/or Power of Attorney were asked what their preferred number of showers a week is, when their preferred showers time is and what their preferred time to get out of bed is by Director of Nursing (DON), Assistant Director of Nursing (ADON) and/or Designee on 11/20/2019 through 11/21/2019. Changes made to Shower Schedule and Care Plans revised to reflect preference of time to get out of bed.</p> <p>3. Effective 11/11/2019, one Certified Nurse Aide (CNA) will be assigned on the 7:00am - 3:00pm and 3:00pm - 11:00pm shifts to ensure shower/refusal completion and documentation. Effective 11/11/2019, Activity Director and/or designee will audit previous day's shower schedule to ensure documentation of showers/refusals, during Monday through Friday's Clinical Meeting. The daily Shower Audit Tool will record previous days' showers, any missed showers and the date missed showers were provided. Missing documentation will be brought to Director of Nursing (DON) and/or Assistant Director of Nursing (ADON). Affected Residents will have bathing needs meet on audit date. Effective 11/11/2019, the Executive Director (ED), Director of Nursing (DON), Assistant Director of Nursing (ADON) and/or designee will daily review staffing numbers to ensure sufficient staffing numbers in relation to current census. Ancillary staff will be expected to assist in meeting Resident's needs, within their</p>		

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F 725	<p>Continued From page 26</p> <p>halls which only left them enough time to provide residents with basic care and showers did not get done.</p> <p>On 10/24/19 at 9:50 AM, NA #2 revealed staffing had been an issue since she began her employment with the facility and "almost every day" staff were asked to stay over and work the next shift to provide coverage. NA #2 explained when working short-staffed, showers would not be provided due to concentrating on meeting the basic care needs of residents such as incontinence and assistance with meals.</p> <p>On 10/24/19 at 11:56 AM, NA #11 revealed staffing had been an issue for some time and she usually started her shift early, at 5:00 AM, to begin her initial rounds of checking in on residents and provide care as needed. NA #11 added first shift (7:00 AM to 3:00 PM) often had to try and provide residents with showers that were supposed to have been done on second shift (3:00 PM to 11:00 PM) but weren't able to be completed due to staffing challenges. She added weekend staffing was worse and residents' showers could not be provided. NA #11 stated when short-staffed, she was not able to check in on the residents as frequently as she normally would and felt like she rushed through resident care just to keep the residents clean, dry and fed.</p> <p>On 10/25/19 at 11:30 AM, Nurse #4 stated staffing had been a challenge, especially on second (3:00 PM to 11:00 PM) and third (11:00 PM to 7:00 AM) shifts. Nurse #4 revealed some of the residents had complained about not receiving their scheduled showers and she reported their concerns to Administration when showers weren't provided due to being</p>	F 725	<p>scope of service, until sufficient staffing reached. Effective 11/11/2019, Executive Director (ED), Director of Nursing (DON), Assistant Director of Nursing (ADON) and/or designee will weekly print open positions within Nursing Department. Effective 11/21/2019, a weekly department head meeting will be conducted by Executive Director (ED), Director of Nursing (DON) and/or designee to review open positions and utilize tracking tool for applications received, interviews conducted and Job offers extended.</p> <p>4. Effective November 14, 2019, the Executive Director (ED), Director of Nursing (DON), Assistant Director of Nursing (ADON) and/or designee will report the findings of the audits and reviews to the Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for 3 months. The Quality Assurance and performance Improvement Committee can modify this plan to ensure the facility remains in compliance.</p> <p>Nursing Home Administrator and Director of Nursing are responsible for implementation of the plan.</p> <p>Correction date: November 21, 2019</p>		

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F 725	<p>Continued From page 27</p> <p>short-staffed for them to schedule a "make-up shower" for the residents. She added when working short-staffed, she advised the NAs to focus on keeping the residents clean, dry and fed.</p> <p>On 10/22/19 at 4:12 PM, the Director of Nursing (DON) revealed both she and the Administrator shared the responsibility for staff schedules. She explained the number of staff scheduled was based on the resident census which was currently 6 NAs on first shift (7:00 AM to 3:00 PM), 5 NAs on second shift (3:00 PM to 11:00 PM), and 3 to 4 NAs on third shift (11:00 PM to 7:00 AM) which she felt was sufficient to meet the residents needs provided there were no call-outs. The DON confirmed due to the staffing challenges they currently faced, it was difficult to meet their preferred minimums. She was aware residents were not receiving their showers as scheduled and stated they were doing all they could to recruit new staff but have had difficulty finding NAs to fill the open positions. She added staff were good to pick up extra hours when needed to help cover the shifts and when short, she instructed the NAs to make sure residents were clean, dry, safe and fed.</p> <p>On 10/25/19 at 4:41 PM, the Administrator stated he felt the current "staffing crisis" was a result of staff leaving due to the change in facility administration. He explained in an effort to find qualified staff to fill the open positions, they have reached out to the colleges to recruit new graduates, made plans to participate in a local job fair next week and advertised on Indeed. The Administrator added fixing the staffing issue was his "number one priority."</p>	F 725			