STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345215	A. BUILDING ______ B. WING ______	C 11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER TRACE NURSING AND REHABILITATION CENTER	250 LOVERS LANE WASHINGTON, NC 27889

(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 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 observations, record review and interviews with residents, family members and staff, the facility failed to provide assistance with feeding for 1 of 1 residents reviewed for assistance with feeding (Resident #1). Findings included: Record review indicated Resident #1 was admitted to the facility on 12/10/2018 with diagnoses which included dementia, psychotic disorder, and cognitive communication deficit, primary osteoarthritis, unspecified macular degeneration, and the presence of intraocular lens. A review of a Quarterly Minimum Data Set (MDS) dated 7/8/2019 revealed the resident required extensive assistance with eating. Further review of the MDS revealed the resident had no limitations or impairments of range of motion and was severely cognitive impaired. The MDS also indicated Resident #1 had severely impaired vision. The care plan most recently revised on 07/08/2019, revealed a plan which focused on the resident required assistance with eating with the interventions to set up tray for each meal and to cut up side dishes and tell the resident the items on the tray due to impaired vision. Also listed on	F 677	Tag 0677 - 483.24 ADL care provided for Dependent Residents (Long Term Care Facilities) - Based on observations, record review and interviews with residents, family members and staff, the facility failed to provide assistance with feeding for 1 of 1 residents reviewed for assistance with feeding (Resident #1). 100 % audit of all residents to include resident #1 was initiated on 11/25/2019 by the Director of Nursing and Unit Manager to ensure assistance provided with meals per resident care plan/guide. Any identified areas will be addressed during audit by Unit Manager to include updating care plan/guide. Audit will be completed by 12/6/2019. An 100% In-service was initiated with all nurses and nursing assistants on 11/25/2019 by Director of Nursing related to reading and following care guide prior to starting care to determine if the resident requires assistance with meals. In-service will be completed on 12/6/2019. All newly hired nursing staff will receive education during orientation by staff facilitator on providing assistance as per resident care guide/care plan. 10% audit of all residents to include resident #1 will be observed by the Unit Manager to ensure residents receive	12/6/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/27/2019

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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RIVER TRACE NURSING AND REHABILITATION CENTER	**250 LOVERS LANE** **WASHINGTON, NC 27889**

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F 677	Continued From page 1 the care plan was stay in the room with the resident and provide encouragement during the entire meal. In an interview on 11/04/2019 at 2:00 PM with nursing assistant (NA) #1, the NA reported although not on her regular assignment, she worked with Resident #1 at times and assisted the resident with meals if the facility was short of help. The NA also reported Resident #1 needed cuing to eat and indicated the resident many times didn't want staff to assist with eating. The NA also reported when the resident said she didn't need help with eating, she waited a few minutes and tried again. On 11/05/2019 at 1:00 PM, the resident was observed alone in her room seated in her chair. Her lunch meal was observed on a tray in front of her, and she was attempting eating her lunch meal. The special curved spoon and fork were observed with her meal. She was using the curved spoon to scoop up food items. She put the spoon in an empty area on the plate repeatedly and brought the spoon repeatedly to her mouth many times with no food on the utensil. The resident's responsible party (RP) was interviewed on 11/05/2019 at 6:00 PM and stated she complained about the resident not receiving the care she needed many times, but nothing seemed any better. The RP specified one of the concerns was the resident was not receiving assistance with feeding consistently. The RP also indicated when she voiced concerns, staff would say they were short staffed. The acting Director of Nursing (DON) was interviewed on 11/06/2019 at 2:00 PM and stated	F 677	assistance with meals as per resident care guide weekly x 8 utilizing resident care audit tool, then monthly x 1. For any identified areas of concerns resident will be provided assistance and staff will be reeducated. Director of Nursing will review and initial the audit tools for completion and to ensure any identified concerns were addressed. DON will forward the results to the Executive QA Committee monthly x 3. The Executive QA Committee will review census tools monthly x 3 to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.	

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F 677	Continued From page 2 the expectation was staff should follow the plan of care for Resident #1 and provide assistance with meals.	F 677		