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

PRINTED: 07/31/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345119	B. WING		C 07/16/2020		
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405			
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE		
F 677 SS=D	·		F 000	DEFICIENCY)	7/27/20 ent nail ng r all		
ADODATORY	documented as heale Resident #5's care pl			(DON), Assistant Director of Nursing (ADON), Quality Assurance Nurse (QA Minimum Data Set Nurses (MDS), Treatment Nurses, and the Clinical	(X6) DATE		

Electronically Signed

07/29/2020

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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NORTHCH	IASE NURSING AND RE	HABILITATION CENTER			015 ENTERPRISE DRIVE			
		-		٧	VILMINGTON, NC 28405			
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F 677	77 Continued From page 1		F 6	677				
	with activities of daily living (ADLs) was last				Coordinators provided nail care for all			
		and documented, "Requires			identified concerns during the audit.			
	assistance with Activi	ties of Daily Living/Personal						
	Care; decline in funct	ional ability d/t (due to)			100% Resident Preference Questionna	aire		
		and impaired mobility			was initiated by the Social Worker on			
		ner's, mental illness, and pain			7/14/2020 with all alert and oriented			
	_	d arthritis." Interventions to			residents and all non-alert and oriented	ţ		
	this problem included				resident representatives in regards to			
		rovide one person extensive			resident preference nail care to include	<i>:</i> I		
		.e., comb hair, shave, and			(1) Do you have a preference on nail	sazill		
	perform oral hygiene (edentulous, no dentures)."				care/length? The care plan/care guide be updated for all identified resident	WIII		
	The resident's 06/18/	20 annual minimum data set			preferences by the hall nurse and			
		nis cognition was severely			Minimum Data Set Nurse during the			
	impaired, he required extensive assistance from				review. Questionnaires completed on			
	a staff member with hygiene, and he exhibited no				7/14/2020.			
	behaviors including rejection of care.							
					100% in-service was initiated by the			
		s grievance log revealed on			Facility Consultant on 7/14/2020 with a	Ш		
		was filed on behalf of			nurses and nursing assistants in regard	sk		
		mily. It was documented the			to Resident Preferences to include (1)			
		that the resident's hair was			right to make choices about aspects of			
	, ,	s fingernail were long. The			(2) notification of change or new reside	:nt		
	-	n its investigation that the			preference (3) Care plan (4) honoring			
		ng, his nails were clean, and			resident preferences. In-services was			
		long enough to clip. The nented as resolved on			completed on 7/27/2020.			
		vere in-serviced about nails,			100% in-service was initiated by the			
	hair, and hygiene.	vere in-serviced about rialis,			Director of Nursing (DON) on 7/14/202	n		
	nan, and mygiono.				with all nurses and nursing assistants i			
	During an observation	n with Nursing Assistant			regards to: Resident Preferences to			
		at 1:43 PM Resident #5 was			include (1) Nail Care Preference to			
	, ,	nails extended beyond the			include cutting and filing nails (2) CNA			
		by as much as 1/8 of an inch			responsibility (3) Nurse Responsibility			
		everal of his fingernails on			Documentation of refusals (5)			
	both hands were roug	gh and jagged. NA #2			Documentation in clinical record 6)			
	commented the resid	ent's fingernails needed to			notification of RR for refusals of care.			
		e jagged. She reported she			In-services completed by 7/27/2020. A			
	was unsure when the resident last had his				newly hired nurses and nursing assista	ints		

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F 677	F 677 Continued From page 2		F 677					
F 677	Continued From page 2 fingernails cut. She remarked that NAs could cut fingernails unless the resident was diabetic, and then the NAs informed the nurses that they needed to cut them. NA #2 commented Resident #5 could not cut his own fingernails, and was cooperative when care was provided. During an interview with Resident #5 on 07/14/20 at 1:54 PM he stated he would like to have his fingernails cut. During an interview with Nurse #2 on 7/14/20 at 2:02 PM she stated resident fingernails were cut as needed. She explained direct care staff were supposed to check resident fingernails when they were providing providing baths, showers, care, and administering medications. She commented NAs were able to cut resident fingernails, but they could let nurses know if they did not feel comfortable doing so. According to Nurse #2, Resident #5 was pleasant and cooperative, depending on staff for his personal hygiene. She commented jagged fingernails increased the risk that residents could experience skin tears. During an interview with the facility's Assistant Director of Nursing (ADON) on 07/15/20 at 10:25 AM she stated Resident #5's family expressed a grievance on 07/02/20 based on a window visit they had with the resident. She reported the concern was that the resident's hair was long and dirty and his fingernails were long. She		F 6	will be in-serviced during orientation the Staff Facilitator in regards to Repreferences and Resident Nail Car 10% observation of ADL resident calcincted and care for all residents to include resident # 5 will be completed the Assistant Director of Nursing (Actinical Coordinator, and Quality Assurance Nurse weekly x 8 weeks monthly x 1 month utilizing the ADL Tool. This audit is to ensue resident provided nail care per resident prefit to include nail length. Any areas of identified concern will be addressed the Assistant Director of Nursing (Actinical Coordinator, and Quality Assurance to include providing nail and/or additional staff training. The Director of Nursing will review and the ADL Audit Tools weekly x 8 weet then monthly x 1 month to ensure a areas of concern have been address. The Administrator will present the fit of the ADL Audit Tools to the Executive Committee will meet monthly for 3 and review the ADL Audit Tools to		dent e to I by ON), nen udit were ence by ON), are tial s ed. dings re QA onths nay		
	dirty and his fingernal commented when she she found his nails we enough to clip. Acco spoke to the direct cat to care for the resider window visit. She sta				determine trends and/or issues that maneed further interventions put into place and to determine the need for further frequency of monitoring.	,		

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F 677	Resident #5 became the staff were to devo making sure the residuacceptable. The ADO was cooperative with after surveyor interve commented the residuating and filing on 0 not resist while havin During a follow-up int 07/15/20 at 1:21 PM not reject care. She dementia it was best	ot grow long. She explained a "target resident" meaning of special attention to dent's hygiene was DN reported Resident #5 having his fingernails cut ntion on 07/14/20. She ent's fingernails needed 17/14/20, and the resident did g his fingernails worked on.	Fé	377				