

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

PRINTED: 12/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2020
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced COVID-19 Focused Survey was conducted on 10/28/20-11/13/20. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# 6HV111. INITIAL COMMENTS	F 000			
F 641 SS=D	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/28/20 -11/16/20. The facility was in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID#6HVT 11. 3 of 38 complaint allegations were substantiated . Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to conduct a skin assessment to accurately document a resident's skin condition on the Minimum Data Set (MDS) Assessment for 1 of 1 resident assessment reviewed. (Resident #1) Findings included: Resident #1 was admitted to the facility on 11/29/2019, with diagnoses that included dementia and diabetes mellitus. Record review of the skin risk assessment form dated 5/29/2020 revealed Resident #1 was at risk	F 641	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged	12/14/20	

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

TITLE

(X6) DATE

Electronically Signed

12/01/2020

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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F 641	<p>Continued From page 1 for pressure ulcers.</p> <p>Record review of the skin assessment form dated 9/17/2020 revealed a new sacral pressure ulcer that measured 2 cm (centimeters) long x1 cm wide stage II. The wound treatment plan was to apply protective dressing every day.</p> <p>Record review of weekly skin assessments dated 09/21/20 revealed no skin impairment.</p> <p>Review of the most recent MDS dated 09/21/2020 indicated Resident #1 had severe cognitive impairment and was totally dependent on staff for toileting and bathing and required assistance with other activities of daily living (ADL). The MDS indicated Resident #1 had no pressure ulcer during the assessments seven day look back period and the assessment was signed as complete and accurate by the MDS Nurse.</p> <p>Review of the care plan last revised on 10/13/2020 revealed Resident #1 had the potential for skin impairment related to incontinence of bowel and bladder.</p> <p>During a telephone interview on 10/30/2020 at 3:09PM, the MDS Nurse indicated the information for the MDS wound assessment was obtained from the skin assessments, progress notes, scanned wound consult notes. She stated when she completed Resident #1's 09/21/20 MDS assessment, she did not make observations of the resident's skin and did not perform a skin assessment.</p> <p>During a telephone interview on 11/13/2020 at 5:22 PM, the Director of Nursing indicated the 9/17/2020 wound was superficial. The nurse used a protective dressing. There was no other protective dressing applied. The MDS assessment was accurate on 9/21. Wound measurements were not done until the next scheduled skin assessment, unless a new wound occurred. She was not aware if the MDS nurse</p>	F 641	<p>deficiencies cited have been or will be completed by the dates indicated.</p> <p>How corrective action will be accomplished for those residents found to have been affected by the same deficient practice:</p> <p>Per 2567, the facility failed to conduct a skin assessment to accurately document a resident's skin condition on the MDS for resident #1.</p> <p>Per Resident #1's medical record, the 9/17/20 weekly skin assessment documented a stage II Pressure ulcer. The 9/21/20 skin assessment documented no skin impairment as the pressure ulcer had healed. An Annual MDS with an ARD of 9/21/20 was coded accurately per the RAI Manual as the resident did not have any skin impairments or pressure ulcers. Per the RAI Manual, Section M, Page M-6, If a resident had a pressure ulcer/injury that healed during the look-back period of the current assessment, do not code the ulcer/injury on the assessment.</p> <p>Resident #1 discharged to hospital on 10/12/2020 and has not returned to Alamance Health Care Center.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Unit managers completed a 100% skin assessment on all current residents to assess for pressure ulcers November 13, 2020</p> <p>MDSCs will verify accuracy of wound documentation prior to completing section M.</p> <p>How facility plans to monitor its</p>		

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F 641	Continued From page 2 conducted a skin assessment.	F 641	performance to make sure that solutions are sustained: MDSC Consultant will provide education to MDSC on coding of Section M per RAI Manual by Friday 12/4/20. MDS Consultant will audit list of current residents with pressure ulcers to ensure most current MDS has been coded accurately by December 14, 2020. MDS Consultant will audit 5 MDS with pressure ulcers to ensure MDS is coded correctly for review 1 week for a total of 4 weeks, twice monthly for 1 month, then 1 time a month for one month. Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed. Completion date: December 14, 2020		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on record review, staff and physician	F 686	How corrective action will be	12/14/20	

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F 686	Continued From page 3 interviews, the facility failed to assess the sacral wound, failed to accurately document the hospital transfer form for a sacral ulcer for 1 of 3 residents assessed to be at high risk for pressure ulcers. (Resident #1). Findings included: Resident #1 was admitted to the facility on 11/29/2019. Diagnoses included in part, advanced age, dementia, diabetes mellitus, calorie protein malnutrition, and COVID19. Record review of the skin risk assessment form dated May 29th revealed Resident #1 was at risk for pressure ulcers. Record review of the skin assessment form dated September 17th revealed new sacral pressure ulcer that measured 2 cm (centimeters) long x1 cm wide stage II. The wound treatment plan was to apply protective dressing every day. Review of the most recent Minimum Data Set dated September 21st indicated Resident #1 had severe cognitive impairment and was totally dependent on staff for activities of daily living (ADL) He was incontinent of bowel and bladder. Resident #1 had no pressure ulcer. Review of the care plan last revised on 10/13/2020 revealed Resident #1 had the potential for skin impairment related to incontinence of bowel and bladder. The goal was no evidence of skin impairment. The intervention was to do a weekly skin assessment, keep the skin clean and dry, and to use moisture barrier cream as needed for protection of skin. During a telephone interview on 10/30/2020 at 12:29PM, Nurse # 15 indicated she had obtained the order for the September 17th protective dressing treatment from the standing orders also known as the Clinical Practice Quick Reference Guide. Record review of weekly skin assessments dated	F 686	accomplished for those residents found to have been affected by the deficient practice: Resident Number 1 was discharged to hospital on 10/12/2020 and has not returned to facility How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Unit managers completed a 100% skin assessment on all current residents to assess for pressure November 13, 2020. How the facility will identify other residents having the potential to be affected by the same deficient practice: All Licensed nurses will be educated on 1) "Accurately assess the residents for Pressure Ulcers and document the Pressure Ulcer in the weekly skin assessment located in PCC accurately. 2) The Licensed Nurses are to accurately document the Pressure Ulcer on the E Interact transfer form if resident transfers out to hospital. Any Licensed Nurse that has not been educated by December 14, 2020 will not be allowed to work until receive education in- person or via telephone by Director of Nursing or Assistant Director of Nursing or Staff Development Nurse. All new Licensed nurses, including Agency staff before their first assignment, will be educated in orientation in person by Staff Development Nurse or Director of Nursing or Assistant Director of Nursing on 1) "Accurately assess the residents for Pressure Ulcers and document the Pressure Ulcer in the weekly skin		

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F 686	<p>Continued From page 4</p> <p>September 21st revealed no skin impairment. During an interview on 11/13/2020 at 3:22 PM, MDS nurse revealed the skin assessment on September 21st indicated no skin impairment, the wound had resolved.</p> <p>An attempt to interview Nurse #10 who conducted the September 21 assessment was unsuccessful. Record review of weekly skin assessments dated September 28th revealed no skin impairment.</p> <p>During a telephone interview on 10/30/2020 at 2:00PM, Nurse #2 indicated she had completed the skin assessment on September 28th and Resident #1 had no foot or sacrum wounds. She indicated she did not recall any wound care treatment for Resident #1.</p> <p>Record review of weekly skin assessments dated October 5th revealed no skin impairment.</p> <p>During a telephone interview on 10/30/2020 at 11:28AM, Nurse #12 indicated she had completed the skin assessment on October 5th and Resident #1 had no heel or sacrum wounds. She indicated she did not recall any wound care treatment for Resident #1.</p> <p>During a telephone interview on 10/30/2020 at 2:27PM, Nurse Aid # 11 indicated Resident #1 was demented and was dependent on staff for care. She used barrier cream to protect skin after each incontinent episode. Resident #1 had been able to eat independently before he got Covid-19. He was positioned, received incontinent care every 2 hours and was fed his meals. She had no recall of any pressure ulcers. She indicated pressure ulcers were reported to the nurse</p> <p>During an interview on 11/4/2020 at 10:53AM, Nurse #7 indicated she identified a wound on the sacrum on October 8th and provided the wound treatment. She described the wound as very small and she did not measure the wound that day because Resident #1 was combative. She</p>	F 686	<p>assessment located in PCC accurately. 2) The Licensed Nurses are to accurately document the Pressure Ulcer on the E Interact transfer form if resident transfers out to hospital.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Director of Nursing, Assistant Director of Nursing and/or Unit Managers will audit all pressure ulcers to ensure weekly skin assessment and E-Interact Transfer form, if discharge occurs, are accurate 3 X weekly X 4 weeks, weekly X 4 weeks, and Bi-weekly X 2.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X 1 for further problem resolution if needed.</p> <p>Completion date: December 14, 2020</p>		

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F 686	<p>Continued From page 5</p> <p>stated that she had forgotten to document the wound, but she had reported the wound in the physician logbook that day.</p> <p>Record review of physician orders dated October 8th revealed clean sacrum area with NS (normal saline), apply Santyl (an enzymatic debridement ointment), and cover with brand named dressing (an absorbent adhesive pad) every day on 1st shift.</p> <p>Record review of Resident #1 medical documentation from October 8th through 12th revealed there no documentation of sacral pressure ulcer.</p> <p>Review of the October TAR revealed treatment to sacrum was administered on October 9th, 10th, 11th, and 12th.</p> <p>Record review of discharge hospital transfer form dated October 12th revealed Resident #1 required transfer for mental status changes. The hospital transfer form section for skin /wound care revealed no pressure ulcers, wounds or bruises. The section labeled Risk Alerts had not been check for pressure ulcers/injuries.</p> <p>Review of the hospital emergency department assessment dated October 12th revealed Resident #1 had a stage IV sacral ulcer.</p> <p>Record review of hospital wound note dated October 14th revealed in part "Unstageable pressure injury to sacrum, present on admission is documented with the WOC (Wound Ostomy and Continence) Note "Wound bed is 100% devitalized tissue. Necrotic odor."</p> <p>Record review of hospital note dated 10/27/2020 at 8:35 PM, revealed Resident #1 died.</p> <p>During a telephone interview on 11/04/2020 at 3:29PM, the Director of Nursing indicated the process for new wounds was to measure and document when the wound was identified. A follow up interview revealed when a Nurse was</p>	F 686			

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F 686	Continued From page 6 not able to obtain the wound measurements the day the wound was identified, the nurses would measure the wound on the next scheduled skin assessment. The wound on September 17th was a onetime treatment, that had not required any further treatment. During a telephone interview on 11/13/2020 at 12:46 PM, the facility Physician revealed that the superficial pressure ulcer on 9/17 had the potential to heal by the next wound assessment on September 21st. He stated on 10/1 Resident#1 tested positive with Covid-19. The wound assessment on October 5th revealed no skin impairment and on October 8th the Nurse identified a small and necrotic wound to the sacrum. The nurse had acted appropriately, and she had followed the protocol. The treatment did not determine the stage of the wound. Resident #1's advanced age, dementia, diabetes mellitus, calorie protein malnutrition, and COVID illness had contributed to the breakdown of sacrum. There was no lack of care, the Covid virus had affected the sacrum. The sacral wound was unavoidable.	F 686			
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such	F 687		12/14/20	

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F 687	<p>Continued From page 7 appointments. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to assure a diabetic resident's toenails were trimmed and podiatry services were arranged for 1 (Resident #2) of 3 residents observed for foot care.</p> <p>Findings included:</p> <p>Resident #2 was admitted on 8/17/20 with diagnoses that included dementia, congestive heart failure, cirrhosis and diabetes mellitus.</p> <p>Review of the care plan updated 8/17/20, revealed the resident had a self-care performance deficit in ADL (activity of daily living) and required one to two persons physical assistance for bathing, showers and dressing.</p> <p>Physician orders dated 8/17/20 indicated podiatrist consultation as needed.</p> <p>Review of the admission minimum data set dated 8/24/20, revealed Resident # 2 's cognition was assessed as moderately impaired. The resident needed extensive assistance of one person for bathing, and dressing. There was no refusal of care.</p> <p>Weekly skin assessment dated 10/21/2020 and 10/28/20 revealed no skin break down. There was no notation that the resident's toenails were long and needed toenail trimming or a podiatrist's care.</p> <p>During an observation and interview on 10/29/20 at 11:05 AM, Resident #2 was lying in bed as</p>	F 687	<p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #2 toenails were clipped on 10/29/20 by Licensed Nurse. Resident was set up with outpatient podiatry on 11/12/2020.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice: 100% audit of toenails completed in the facility for all current residents on November 9, 2020. If long nails were identified they were immediately clipped and or added to Podiatry list to be seen by Podiatrist.</p> <p>Address what measures will be into place or systemic changes made to ensure that the deficient practice will not recur: Director of Nursing in-serviced all Licensed Nurses and Certified Nursing Assistants on steps to take if they identify any resident with needing foot care. The Certified Nursing Assistant will provide foot care to the resident if resident is identified as a diabetic the Certified Nursing Assistant will notify the Licensed Nurse. The Licensed Nurse will be responsible for trimming toenails when identified by staff as diabetic. The Licensed Nurse will notify the Discharge Planner to be notified immediately to be placed on the podiatry list if resident needs a podiatrist. When personnel are notified, resident will be referred to the</p>		

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F 687	<p>Continued From page 8</p> <p>Nurse Aide (NA) #9 provided ADL care to the resident. While cleaning Resident#2 's feet, the resident began to wince and grimace saying his feet hurt. The nails on both feet were observed to be extended beyond each of his toes. The toenail on the great toe was gnarled and twisted on the right foot. The left great toenail extended past the edge of the toe. The NA indicated the resident's toenails were too long, and he needed to see the podiatrist. When the socks were put on to his feet, Resident #2 was observed to express discomfort. During the observation, Nurse #1 came into the room and NA #9 reported to Nurse #1 that the resident's toenails needed to be clipped. The nurse indicated she would put him on the podiatry list.</p> <p>During an interview on 10/29/20 at 11:24 AM, Nurse #1 stated the weekly skin assessment for the residents were done by the second shift (3 PM - 11 PM) nurses. Nurse #1 indicated she had not observed the resident's toenails and had just been made aware of the long toenails by NA #9, during our observation. Nurse #1 stated residents with diabetes who had complications with their toenails were placed on the podiatrist list for foot care.</p> <p>During a telephone interview on 10/30/20 at 9:52 AM, Nurse #4 indicated the resident's skin assessment was completed weekly. Nurse #4 confirmed he had completed the last skin assessment and the assessment on 10/21/20. Nurse #4 stated on the last assessment he had observed some redness on the resident's heel. Nurse #4 further stated he had not noticed the long toenails during the weekly skin assessment and the resident did not indicate any pain during that time. Nurse #4 indicated he does not cut</p>	F 687	<p>in-house podiatry, if the in-house podiatry is not available resident will be referred to a clinic outpatient by MD. Education will be completed by December 14, 2020. Any Licensed Nurses and Certified Nursing Assistants that are not in-serviced by the Director of Nursing by December 14, 2020 will not be allowed to work until received in-service.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: 10% of residents each unit will be audited for foot care by Unit Managers, Supervisor or Director of Nursing or designee nursing staff 3 X weekly X 4 weeks, weekly X 4 weeks, and Bi-weekly X 2.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed. Completion date: December 14, 2020</p>		

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F 687	<p>Continued From page 9</p> <p>resident's toenails. Nurse #4 further indicated the residents' toenails were part of the ADL care and the NA's were responsible to cut residents toe nails if the toenails were long. Nurse#4 stated diabetic residents toe nails were not cut by the nursing staff but were referred to a podiatrist.</p> <p>During an interview on 10/29/30 at 12:30 PM, the social worker stated the nurses would report any resident that required podiatrist services to the social worker and the resident would be placed on the podiatrist list. The social worker indicated the podiatrist was not coming to the facility due to recent COVID - 19 outbreak in the facility. She further indicated that the podiatrist visits would be starting in the next few weeks. The social worker confirmed Resident #2's name was not on the list of residents to be seen by the podiatrist.</p> <p>On 10/29/20 at 1:15 PM during an interview, the Director of nursing (DON) stated that residents do not need a podiatric appointment for their toenails to be trimmed or cut. The nurse aides were responsible for reporting to nursing when the resident ' s toenails were long/sharp and needed trimmed/cut. The DON further stated that the nurses could cut the resident's toenails, and this could be done when the residents weekly skin assessment was completed or any time the staff noticed the long toenails. The DON indicated when the resident's toenails were very long and needed to be seen by the podiatrist, the nurse or the NA could notify the social worker to include the resident's name on the podiatrist list. The DON stated if the podiatrist was not available, the nurse should contact the physician or nurse practitioner for orders to send the resident to an outpatient podiatry clinic.</p>	F 687			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2020
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(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 687	Continued From page 10 During a telephone interview on 11/3/20 at 1:30 PM, Resident # 2's physician stated, staff should notify his medical staff if the resident has diabetes and has ingrown toenails or other complications or infection on the toenails. The resident could also be placed on the podiatrist list or sent out for outpatient services. The physician stated if the residents had long toenails and had no complications, then the toenails could be trimmed per facility protocol. The Physician indicated nursing staff should provide foot care as needed to prevent any infection to the resident's toes and toenails especially for residents who were diagnosed with diabetes.	F 687			