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

PRINTED: 09/12/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С	
		345165	B. WING _			08	/16/2023	
NAME OF PROVIDER OR SUPPLIER				ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
ALITUMAL	CARE OF MARION			12	64 AIRPORT ROAD			
AUTUMN	CARE OF MARION			M	ARION, NC 28752			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	X	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)	NIE		
E 000	Initial Comments		E	000				
		er e						
		certification and complant						
		was conducted on 08/14/23						
		ne facility was found in						
	T	requirement CFR 483.73,						
		Iness. Event ID # CFS611.						
F 000	INITIAL COMMENTS	5	F (	000				
	A recortification and	complaint investigation						
		ed from 08/14/23 through						
		CFS611. The following						
	intakes were investig	•						
	_	204801. 1 of 13 complaint						
	allegations resulted in	•						
F 677	-	or Dependent Residents	F	377			8/28/23	
SS=D			' '	,,,			0/20/23	
00 B	0111(0): 100:21(4)(2)							
	§483.24(a)(2) A resid	lent who is unable to carry						
	out activities of daily	living receives the necessary						
	services to maintain	good nutrition, grooming, and						
	personal and oral hy							
	This REQUIREMENT	Γ is not met as evidenced						
	by:							
		ons, record reviews, resident			Step 1 Target/affected resident			
		the facility failed to provide a			During the DHHS recertification survey			
		vith nail care for 1 of 3			from 8/14/2023 – 8/16/2023 it was note			
		or providing assistance with			that the facility failed to perform nail car			
	activities of daily livin	g (Resident #47).			on one of three residents. Resident 47's	S		
					nails were cleaned and trimmed on			
	The findings included	1:			8/16/2023 which was one day after his			
	Decident #47 ····	and an idea of the office of the original and the office of the original and the office of the original and			scheduled shower day.			
		-admitted to the facility on			Step 2 Like Residents			
	_	ses which included diabetes			To identify other residents that have the	;	<b> </b>	
	mellitus and dementi	a.			potential to be affected the facility completed a 100% audit on 8/22/2023 t	to		
	Review of Resident #	447's annual Minimum Data			ensure all nail care was completed.			
		ent dated 06/19/23 revealed			Step 3 Corrective Action/Systemic char	nge		
	, ,	nitively impaired and required			To prevent this from reoccurring, 100%	-		
_ABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u> E		TITLE		(X6) DATE	

**Electronically Signed** 

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.

09/06/2023

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		345165	B. WING			(		
		345165	B. WING _			08/	16/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	E, ZIP CODE			
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AOTOMIN	OARE OF MARION			MARION, NC 28752				
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F 677	Continued From page	e 1	F 6	77				
	extensive assistance bathing and limited as with personal hygiene assessment there we rejection of care.  Review of Resident # 06/19/23 revealed a f daily living (ADL) self related to dementia, i	of 1 staff member with ssistance of 1 staff member e. According to the are no behaviors and no e.47's care plan dated focus area for an activities of e-care performance deficit mpaired cognition, and diabetes mellitus,		direct care staff were nail care procedure. A care staff will be educe expectation upon orie continued compliance. Step 4 To monitor and compliance. To monitor and maint nurses will complete. Sunday to ensure nail. This will be reviewed DON/designee each.	All newly hired directed on this certation to ensure e. d maintain compliance than audit each il care is complete by the	ect ie ed.		
	functional decline as disease progresses. part: bathing/shower 1 staff assistance, en	dementia and Parkinson's The interventions read in ing - Resident #47 requires courage resident to the task as he is able tance, and provide		completion. This audifor 6 weeks. After the six weeks the DON/D random audits to ens compliance. The res to the facility QAPI compliance date is 8	it will be maintaine completion of the designee will perfo ure maintained ults will be forwar ommittee for revie ble for compliance	ed e orm ded w.		
	revealed no notes reg showers or personal NA's documentation resident refused care			·				
	08/14/23 at 9:55 AM lying on his bed watch fingernails on both had to ½ inch beyond the some appeared to be Resident #47 stated If fingernails to be long them to be trimmed be and no one had offered Review of the facility'							

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	NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MARION			STREET ADDRESS, CITY, STATE, ZIP CODE  1264 AIRPORT ROAD  MARION, NC 28752	'	33.13.2023	
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F 677	Continued From page Tuesdays and Frida 3:00 PM).	ge 2 ys on 1st shift (7:00 AM to	F6	77			
	An observation and 08/15/23 at 3:57 PM resident stated he h morning. Resident (NA) had not trimme if he wanted them tr resident further state to be trimmed.  An observation and 08/16/23 at 9:43 AM remained long and h trimmed his nails.  An interview on 08/7 Aide (NA) #1 reveal care for Resident #4 (7:00 AM to 3:00 PM	interview were conducted on M with Resident #47. The ad received his shower this #47 stated the Nurse Aide and his fingernails or asked him immed after his shower. The add he would like for his nails interview were conducted on M with Resident #47. His nails he stated staff still had not 16/23 at 10:08 AM with Nurse and she had been assigned to 17 on 08/15/23 during 1st shift M). She stated there had add to the 100 hall yesterday					
	and NA #2 had prov shower on 08/15/23 days if the resident their fingernails clipp shower. She further clip fingernails and the was diabetic and the assigned to the resident	rided Resident #47 with his  NA #1 explained on shower needed to be shaved and bed that was part of the rexplained they were able to coenails unless the resident en they would let the nurse dent know their nails needed e nurse clipped their nails.					
	with NA #2 revealed give showers on the stated she had give scheduled on that d had not trimmed his	w on 08/16/23 at 2:26 PM I she had been assigned to 100 hall on 08/15/23. She In Resident #47 his shower as I shaw ay. NA #2 further stated she I nails after his shower I sheetic and she was not					

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F 677	explained with diab told the nurse assigneeded to be trimm resident their shows she had not noticed and had not told Nuhis fingernails clippsaid she guessed sher responsibility to diabetic residents in toenails trimmed.  An interview on 08/#1 revealed she was today but had not book/15/23. Nurse #1 assigned to the resexplained it was the the nurses know witheir fingernails trim the nurse assigned their nails.  An interview on 08/#2 revealed she had Resident #47 on 08 the NAs were not a residents' nails but the nurse know after the nurse the nurse know after the nurse the nurse know after the nurse know after the nurse the nur	ge 3 s on diabetic residents. She etic residents the NAs usually med to them their nails ed once they had given the er. NA #2 further explained I Resident #47's fingernails arse #2 the resident needed ed after his shower. NA #2 he just forgot but said it was let the nurse know when eeded their fingernails or  16/23 at 11:19 AM with Nurse as assigned to Resident #47 een assigned to him on I stated Nurse #2 had been ident on 08/15/23. Nurse #1 eresponsibility of the NA to let hen a diabetic resident needed amed after their shower and to the resident would trim  16/23 at 11:42 AM with Nurse do been assigned to care for 1/15/23. Nurse #2 explained after their shower if their eresident's showers if their ils needed to be trimmed. She	F 67	,		
	needed his fingerna had given him his s An interview on 08/ Director of Nursing was the responsibil	ot told her that Resident #47 hils to be trimmed after she hower yesterday.  16/23 at 5:00 PM with the and Administrator revealed it ity of the Nurse Aide (NA) to a diabetic resident needed				

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F 677		ter their shower because d to trim diabetic resident's	F 6	77			