

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

PRINTED: 01/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/09/2025
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314	
(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 An unannounced recertification and complaint investigation survey was conducted on 01/06/2025 through 01/09/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BDCC11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 01/06/2025 through 01/09/2025. Event ID# BDCC11. The following intakes were investigated: NC00217758 and NC00220840.	F 000		
F 561 SS=D	4 of the 4 complaint allegations did not result in deficiency. Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §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. §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. §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.	F 561		1/21/25

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

TITLE

(X6) DATE

Electronically Signed

01/22/2025

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 561	<p>Continued From page 1</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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident interview and staff interviews, the facility failed to honor a dependent resident's preference for a shower and provided a bed bath instead. This deficient practice affected 1 of 1 sampled resident. (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 04/22/2024.</p> <p>The quarterly Minimum Data Set (MDS) dated 11/20/2024 had Resident #1 coded as cognitively intact and was on hospice.</p> <p>The care plan dated 11/28/2024 had a focus area for Resident #1 being on hospice services and for activities of daily living (ADL) self-care deficit related to decreased functional mobility.</p> <p>Resident #1's shower was scheduled to be each Tuesday and Friday during 1st shift.</p> <p>A review of care history dated 09/01/2024 to 12/31/2024 revealed Resident #1 missed 36/36 of her scheduled showers.</p>	F 561	<ol style="list-style-type: none"> 1. Resident #1 stated that she is receiving bed baths but prefers showers on her bath days. On the day of concern, resident was offered a shower and stated that she would prefer not to have a shower on that date. The resident received a shower that week on 1/8/2025 and 1/10/25 by the facility Nursing Assistants. A skin assessment was performed on 1/6/25 by the Director of Nursing with no new skin issues identified. 2. All residents are at risk for deficient practice. All current residents were reviewed for bathing preferences and the care plans were updated to reflect whether they prefer showers or bed baths. This was completed by the Director of Nursing. This was completed on January 14, 2025. 3. All nurses and Certified Nursing Assistants were educated on resident rights to include asking residents about their preferred method of bathing and how to review the resident electronic record on Matrix for preferred bathing methods on each individual resident. Education was completed by the Director of 		

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F 561	<p>Continued From page 2</p> <p>During an interview with Resident #1 on 01/06/25 at 3:52 PM, the resident stated she was supposed to have a shower twice a week and had not had a shower in a very long time. The staff had not asked her if she wanted a shower and just gave her bed baths. The Resident also stated she did not refuse showers.</p> <p>An interview with the Unit Manager (UM) was conducted on 01/07/2025 at 3:35 PM. The UM stated he never had any reports of Resident #1 refusal of showers. The Nursing Assistants (NA) were supposed to offer showers on shower days and if the showers were refused, then they were to document and report to the Director of Nursing (DON). The UM also stated he was not aware Resident #1 was not getting her scheduled showers.</p> <p>An interview with NA #1 was conducted on 01/08/2025 at 9:13 AM. The NA stated she has been at the facility since October 2024. The NAs were trained to ask the residents on their shower days if the residents wanted a shower. The NA explained she had not asked Resident #1 if she wanted showers because she was on hospice services and thought the hospice NAs gave the resident her showers. The NA also stated Resident #1 always received a bed bath.</p> <p>An interview with the Administrator was conducted on 01/08/2025 at 2:54 PM. The Administrator stated every Resident that wished to have a shower should have a shower on their scheduled shower days. The Administrator also stated she expected her staff to ask the residents if the resident would like a shower and provide the shower for the resident and not to just provide</p>	F 561	<p>Nursing/Designee on January 17, 2025.</p> <p>4. The Administrator will be add this to the facility Quality Assurance and Performance Improvement program to be monitored for continuous compliance. Audits will be conducted 5x per week for 12 weeks by the Director of Nursing or Designee on 5 random residents to ensure that they have received their preferred method of bathing. The DON will report the results of audits monthly x 3 months in the facility Quality Assurance and Performance Improvement (QAPI) meeting.</p>		

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F 561	Continued From page 3 a bed bath. An interview with the DON was conducted on 01/09/2025 at 12:29 PM. The DON stated she was not aware that Resident #1 was not receiving her showers on her scheduled shower days. The nurses reported any refused showers, and she would speak with the Resident or the residents Responsible Party (RP) to update their care plans. The DON also stated she wanted all staff to give showers to the residents on their shower days and report if there were any refusals.	F 561			