

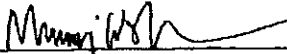
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2011
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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT	STREET ADDRESS, CITY, STATE, ZIP CODE 118 LANE DRIVE TRINITY, NC 27370
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(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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to provide proper incontinent care to 1 (Resident #3) of 3 sampled residents observed. The findings include:</p> <p>The facility's policy on "Perineal/Incontinent Care" dated 9/5/07 was reviewed. The policy read in part " 10. For female resident: A. wet washcloth and apply soap or skin cleansing agent. B. wash perineal area, wiping from front to back. C. separate labia and wash around downward from front to back. D. continue to wash the perineum moving outward to and including thighs, alternating from side to side and using downward strokes. E. rinse the perineum thoroughly in the same direction, using fresh water and a clean wash cloth. F. gently dry the perineum. G. instruct or assist the resident to turn on her side with her top leg slightly bent, if able. H. rinse washcloth and apply soap or skin cleansing agent. I. wash the rectal area thoroughly wiping from the base of the labia extending to over the buttocks. J. dry area thoroughly. "</p> <p>Resident #3 was admitted to the facility on 12/14/95 and was re-admitted on 12/10/09. The resident had multiple diagnoses including</p>	F 312	<p>Upon notification from the Surveyor that NA#1 did not perform perineal/incontinent care properly on Resident #3, another Nursing staff member other than NA#1 properly performed perineal/incontinent care according to the "Perineal/Incontinent Care" policy dated 9/5/07 on Resident #3.. NA#1 and NA#2 were retrained by the Quality Assurance Nurse on how to provide proper perineal/incontinent care.</p> <p>All other CNA's currently working on that particular shift, received a verbal review by an Administrative Nurse regarding the proper procedure for providing perineal/incontinent care to ensure all other residents receive proper care.</p> <p>NA#1 received a verbal reprimand for not following instructions and verbalized her understanding on how to provide proper perineal/incontinent care.</p> <p>NA#1 was observed by the Quality Assurance Nurse, who completed a Performance Checklist regarding NA#1's ability to perform proper Peri-care. NA#1 successfully completed the Peri-care and a copy of the Performance Checklist was filed.</p> <p>The Perineal/Incontinent Care policy has been revised. The revisions make the new policy more methodical and provide step-by-step directions of how to properly perform perineal/incontinent care. The necessary supplies are also clearly listed at the beginning of the policy. All licensed and unlicensed Nursing staff members</p>	<p>3-8-11</p> <p>3-8-11</p> <p>3-8-11</p> <p>3-10-11</p> <p>3-10-11</p> <p>3-16-11</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/8/11
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 312	<p>Continued From page 1</p> <p>Epilepsy with seizure history, End Stage Dementia, History of multiple Stroke, Peripheral Neuropathy, Osteoarthritis. Gastro esophageal Reflux and Chronic Anxiety Disorder. The MDS assessment dated 01/10/11 indicated that the resident had a severe cognitive impairment. The assessment also indicated that the resident was frequently incontinent of bowel and bladder and totally dependent on the staff for personal hygiene.</p> <p>The care plan dated 01/10/11 was reviewed. One of the problems was " requires total assist with care, incontinent b/u(bowel/urine). The approaches included " provide incontinent care and skin monitoring. "</p> <p>On 03/08/11 at 2:30 PM, Resident #3 was observed during the incontinent care. The resident was observed to have 2 disposable pads soaked with urine. NA #1 (Nursing Assistant) was observed to instruct NA #2 to wet a washcloth with water. Na #1 was then observed to turn the resident to her right side and proceeded to clean the resident's buttocks and the rectal area with the wet washcloth and then dried the area using a towel. Na #1 was observed to apply an ointment to the resident's buttocks. Then, she proceeded to roll the pads soaked with urine and apply 2 new disposable pads under the resident. The resident was turned to her left side and NA #2 was observed to remove the soaked disposable pads and straightened the new pads underneath the resident. The 2 NAs covered the resident with the blanket and left the room.</p> <p>On 03/08/11 at 2:45 PM, NA #2 was interviewed.</p>	F 312	<p>reviewed the policy and received verbal instruction from the Director of Nursing on proper perineal/incontinent care for males and females during a mandatory in-service. Staff signatures were obtained for verification that they had received the new policy. These signatures were filed within the facility as well as each staff member receiving their own copy of the revised Policy for them to periodically review. The revised policy was placed on each Nursing Unit in the Nursing Policy and Procedure Manuals.</p> <p>CNA's will continue to be evaluated on their ability to provide proper Perineal/Incontinent care on an annual basis during Skills Fairs and their Performance Evaluations [Administrative Nurses (RN's including the Director of Nursing, Assistant Director of Nursing, Unit Manager, Quality Assurance Nurse, and MDS Coordinator) perform a "Skills Checklist" as a part of each CNA's annual evaluation].</p> <p>An audit tool has been developed and will be utilized by the Quality Assurance Nurse or designee to observe perineal/incontinent care of one random resident on a weekly basis for a period of six months. This audit tool and monitoring technique will be utilized on all shifts and units. The rotation of shifts and units will be chosen randomly. These audits will be integrated into the Quality Assurance program and ensure that proper perineal/incontinent care is being provided to the residents.</p>	<p>3-16-11</p> <p>3-31-11</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2011
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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT	STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370
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F 312	<p>Continued From page 2</p> <p>She stated that she was orientating with Na #1. She stated that she was taught to do Incontinent care by washing the perineal area by spreading both legs, open the vagina and clean it from front to back, then the buttocks area.</p> <p>On 03/08/11 at 2:50 AM, NA #1 was interviewed. She stated that she normally cleans the perineal area by sticking her fingers between the resident's thighs while the resident is turned to the sides. She also stated that she only spread the legs and open the labia to clean the perineal area when the resident had a stool.</p>	F 312		

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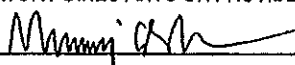
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2011
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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT	STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370
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K 029 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 26594 Based on observation on Wednesday 3/29/11 between 9:00 AM and 1:00 PM the following was noted: 1) The dry storage room in the kitchen was found tied open and would not close. 2) The oxygen storage room was not equipped with a self-closing device. 3) The two corridor doors to the laundry room did not close, latch and seal. 4) The trash room in east wing did not close and seal tight in its frame. 42 CFR 483.70(a)</p>	K 029	1) The obstruction of the kitchen dry storage door was removed; staff members were informed that doors must remain free of obstructions.	3/29/11
			2) A self-closing device was installed on the oxygen storage room door to ensure that it will close, latch, and seal.	4/12/11
			3) Self-closing devices were installed on the two corridor doors in laundry to ensure they will close, latch, and seal.	4/12/11
			4) A self-closing device was installed on the east wing trash room door to ensure it will close, latch, and seal tightly in its frame.	4/15/11
K 061 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p>	K 061	All corridor and storage room doors were inspected throughout the facility. Using proper hardware and self-closing devices, repairs were made where necessary, to ensure doors close, latch, and seal tightly.	4/22/11
			The Maintenance Director and/or Maintenance Assistant will make monthly rounds to examine all corridor doors and self-closing devices throughout the facility to ensure all of them close, latch, and seal tightly; additionally, they will check to ensure no further obstructions exist.	4/29/11
			The Maintenance Director will utilize the "2011 Life Safety Plan of Correction Audit Tool." This tool has been created to log necessary findings and repairs when needed. The audit tool will be completed monthly, for six months. Results will be reviewed in the quarterly Quality Assurance (QA) meetings, successively for six months.	4/29/11

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2011 Life Safety Plan of Correction Audit Tool

The purpose of this audit tool is to serve as a written account of the continued efforts of GrayBrier personnel to correct deficiencies and maintain regulatory compliance regarding the Life Safety Survey conducted by Roger Fortman, Building System Engineer, on 3/29/2011.

1. Corridor, storage room, and trash room doors throughout the facility were inspected to ensure that all of them are in working order and will close, latch, and seal properly. In addition, self-closing devices were inspected and doors were free of obstruction.

Date of Inspection: _____

Personnel Conducting the Inspection: _____

Notes about Inspection (include any correction made):

2. Electronically supervised tamper alarm is checked to be in working order should the valve become closed on the automatic sprinkler system.

Date of Inspection: _____

Personnel Conducting the Inspection: _____

Notes about Inspection (include any correction made):
