

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

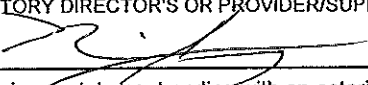
PRINTED: 04/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ APR 29 2011	(X3) DATE SURVEY COMPLETED C 04/19/2011
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NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DR BOX 379 CLINTON, NC 28328
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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
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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 observations, record review and staff interviews the facility failed to cleanse a resident's skin of urine for 1 (Resident #1) of 3 residents observed during incontinence care.</p> <p>The findings include:</p> <p>The undated facility policy titled Incontinence Care under purpose read: 1. To keep skin clean, dry, free of irritation and odor. 3. To prevent skin breakdown. 4. To prevent infection. The section titled Procedure in Bed #7 read: Use wipe or wash clothe to wash all soiled skin areas and dry very well, especially between skin folds.</p> <p>Resident #1 was originally admitted to the facility on 06/23/09 and had diagnoses including Cerebrovascular Accident and Urinary Incontinence.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 03/24/11 showed that the resident had some short term memory problems and was moderately cognitively impaired. According to the MDS the resident required extensive assistance with personal hygiene and bathing and was frequently incontinent of bowel and bladder.</p>	F 312	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>Corrective Action for Resident Affected Resident # 1 had appropriate incontinence care provided on April 19th by Sasha Underwood. The nurse aide involved was suspended on April 19th until education could be provided.</p> <p>Corrective Action for Resident Potentially Affected</p> <p>All residents who receive incontinence care have the potential to be affected by this alleged deficient practice. See systemic changes for interventions that address all potentially affected residents.</p>	4/28/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/27/11
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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 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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NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DR BOX 379 CLINTON, NC 28328		
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F 312	Continued From page 1 The resident ' s Care Plan updated on 03/24/11 listed a problem that read: " Requires staff assistance with daily care d/t (due to) poor endurance, decreased mobility. Frequent incontinent episodes with risk for skin breakdown. One of the approaches to the problem read: " Monitor for incontinence and provide incontinence care with the use of moisture barrier wipes for cleansing. On 04/19/11 at 4:00 PM Resident #1 was observed to be lying in bed. Nursing Assistant (NA) #1 was observed to check the resident for incontinence. The NA stated that the resident was wet and the incontinent brief was observed to be wet. There were no incontinence wipes or other cleansing items observed at the bedside. The NA was observed to remove the wet incontinent brief and put a dry incontinent brief on the resident. The NA did not cleanse the resident ' s skin prior to applying the dry diaper. The NA stated in an interview on 04/19/11 at 4:10 PM that she did not usually cleanse the resident ' s skin when changing a wet diaper. The NA stated that if the resident ' s clothes were wet she would change the clothes. The NA stated that she had not been told to cleanse a resident ' s skin when changing a wet diaper. The Staff Development Coordinator (SDC) stated in an interview on 04/19/11 at 4:34 PM that the nursing assistants were suppose to use incontinent wipes to cleanse the resident ' s skin during incontinent care. The SDC stated that NA #1 had been out of orientation about 2 weeks and had received training on incontinence care during orientation.	F 312	Systemic Changes On April 21 st the Staff Development Coordinator completed a skills checklist on all nursing assistants currently employed. The skills checklist included how to provide proper incontinence care as outlined in our policy and procedures. Staff members were coached and educated at the time of skills validation if errors in the protocol were identified. The Staff Development Coordinator will ensure that any nursing assistants who have not completed the skills checklist by April 28th will not be allowed to work until their skills checklist is completed. On April 20th a Nurse Educator from Sampson Community College completed in-service education for all nursing assistants, who currently work in the facility, on proper incontinence care as defined by our policies and procedures. This in-service was recorded so staff members who were not able to attend the training can watch the video. The Staff Development Coordinator will ensure that any staff member who did not receive training on April 20th will not be allowed to work until in-service training has been completed.		

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F 312	Continued From page 2 The Administrator stated in an interview on 04/19/11 at 5:00 PM that residents should be cleaned appropriately during incontinent care with wipes or a bed bath or a shower depending on the situation.	F 312	This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance The Staff Development Coordinator will monitor this issue using the "Incontinence Care Audit". The monitoring will include conducting 10 observations of incontinence care. This will be done weekly for three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate.		