STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345008	A. BUILDING _____ B. WING _____	C 07/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - DARTMOUTH	300 PROVIDENCE RD CHARLOTTE, NC 28207

(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 000	INITIAL COMMENTS No deficiencies were cited for this complaint investigation. Event ID# 367U11	F 000		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record reviews and staff interviews the facility failed to follow physician orders accurately and transcribe accurately to the Medication Administration Record to administer a nutritional supplement (two cal) as ordered for one (1) of eleven (11) residents reviewed for physician orders. (Resident # 117) The findings include: Resident # 117 was admitted on 6/6/2009. The admitting diagnoses included Adult Failure to thrive, Anemia and senile dementia. A review of physician orders dated 5/19/2011 revealed to increase 2 Cal (calorie) Supplement to 120 cc oral five times daily at 6:00 AM, 10:00 AM, 2:00 PM, 6:00 PM and at 10:00 PM everyday providing a total of 1200kcals per day. The increase in 2 Calorie 120 cc supplement from 90 cc was made in response to a weight loss documented in April and May 2011. Further review of the dietary consult notes revealed that Resident #117 had a 5 pounds loss in April-May 2011 and Resident #117's meal consumption remained at low 44% daily.	F 281	**Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.** **F281 Services Provided Meet Professional Standards** The facility will continue to ensure the services provided or arranged by the facility meet professional standards of quality. ***Criteria 1*** A transcription error report was completed for Resident # 117. The Physician was notified of the nourishment being offered four times a day instead of five times as ordered. A clarification order was obtained and written as per Physician's order.	8/25/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Harriet B. Smith, Interim RN-BSN 8-19-2011

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 281	Continued From page 1 A review of Medication Administration Records (MAR) for the month of May 2011 documenting the 2 Calorie supplement was administered 5 times daily in the specified times ordered. A continued review of the MAR's for the month of June 2011 and July 2011 revealed that 2 Calorie supplement was administered only four times daily and the time slot transcription to MAR in June and July 2011 had omitted the 10:00 PM administration time. This resulted in Resident #117 not getting the 2 Calorie supplement at 10:00 PM for over 55 days. An interview with the Licensed Nurse #1 (LN #1) on 7/27/2011 at 2:45 PM revealed that the administration times for 2 Calorie supplement was not transcribed correctly and 10:00 PM administration time was omitted by oversight during the data entry process. The interview revealed that this error was not noticed during the accuracy checks performed by two licensed nurses including one nursing supervisor. An interview with the Registered Dietician on 7/28/2011 at 11:58 AM, who endorsed the increase of 2 Calorie supplement to Resident #117 and revealed that she always monitored the transcription of orders to the MAR and had not noticed this error. An interview with the Director of Nursing (DON) on 7/28/2011 at 2:10 PM confirmed that two licensed nurses were assigned to check of accuracy of all physician orders and it was her expectations to follow physician orders accurately. The DON stated that both licensed nurses had missed this transcription error	F 281	***Criteria 2*** All resident's who have orders for nourishments, have been audited to ensure orders were accurately transcribed per Physician's order. Any discrepancies have been corrected and transcription error reports completed as needed, with Physician notification. ***Criteria 3*** The Director of Clinical Education will in-service all Nurses and the Dietary Managers on the correct procedure to transcribe Physician's orders. This education will be provided in the orientation of newly hired Nurses and Dietary Managers. The Director of Nursing Services and/or designee will review all new Physician's orders daily during clinical start-up to ensure correct transcription per physician's order. ***Criteria 4*** The Director of Nursing Services and/or designee will report the results to the monthly Quality Assurance (QA) Committee for 3 months or as needed. Recommendations will be made as deemed necessary. The Executive Director is responsible for overall compliance.	

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F 281	Continued From page 2 resulting in Resident #117 not getting the 10:00 PM dietary supplement.	F 281		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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. This REQUIREMENT is not met as evidenced by: Based on medical record review, observations and staff interviews, the facility failed to provide toenail care for one (1) of one (1) sampled resident that was dependent with toenail care. (Resident # 27) The findings are: A review of Resident # 27's medical record revealed the resident was admitted to the facility on 05/14/10 with diagnoses that included senile dementia and a history of a stroke with hemiplegia. A review of Resident # 27's most recent quarterly Minimum Data Set (MDS) assessment dated 05/02/11 revealed Resident # 27 had moderately impaired cognition. The MDS further revealed Resident # 27 required extensive assistance with personal hygiene. A review of Resident # 27's care plan dated 06/13/11 revealed the resident had physical functioning deficits related to self care and mobility impairments. The care plan further revealed Resident # 27 required extensive assistance from the staff.	F 312	**F312 Activities of Daily Living** The facility will continue to ensure that 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. ***Criteria 1*** Toenail care was provided for Resident # 27 on 7-28-2011. ***Criteria 2*** The facility will conduct an audit of all resident's toenails. Any resident with long toenails will be trimmed. Any toenail that can not be trimmed by staff will be placed on the podiatry list for the upcoming September visit. ***Criteria 3*** The Director of Clinical Education will in-service Nursing staff on providing ADL care to include trimming of toenails, and reporting any concern to the assigned charge Nurse. A podiatry consult will be schedule if necessary. The Unit Coordinators will monitor ADL care to include appropriate toe nail length on a weekly basis.	8/25/11

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F 312	Continued From page 3 A review of the facility's monitoring tools for nail care dated 05/13/11 and 05/27/11 revealed the nursing staff had no problems with trimming Resident # 27's nails. An observation of Resident # 27 on 07/25/11 at 11:26AM revealed the resident was observed lying in his bed with his feet exposed from the bed sheet. An observation of Resident # 27's third toe on his left foot revealed a half inch long toenail. An observation of Resident # 27 on 07/28/11 at 1:46PM revealed resident's third toe on his left foot continued with a half inch toenail. An interview with Nursing Assistant (NA) # 1 on 07/28/11 at 1:50PM revealed she had reported to the licensed nurse a while ago (could not recall the exact timeframe) about Resident # 27's third toenail on his left foot. NA # 1 reported the licensed nurse explained to her that Resident # 27 would be seen by the podiatrist. An interview wit Licensed Nurse (LN) # 2 on 07/28/11 at 1:46PM revealed she was not aware of Resident # 27's toenail being long and the toenail appeared thick to her which would require podiatry services. An interview with the Director of Nursing (DON) on 07/28/11 at 2:57PM revealed the podiatrist visited the facility on 07/15/11 and Resident # 27 was not on the list to be seen by the podiatrist at that time. The DON reported Resident # 27 would be placed on the list to be seen by the podiatrist in September 2011. The DON further revealed she was not informed about Resident # 27's third toenail on his left foot. The DON stated she would	F 312	***Criteria 4*** The Director of Nursing Services and/or designee will report the results to the monthly Quality Assurance (QA) Committee for 3 months or as needed. Recommendations will be made as deemed necessary. The Executive Director is responsible for overall compliance.	

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F 312	Continued From page 4 have assessed the toenail and would have trimmed his toenail herself. If the DON could not trim his toenail, then the social worker would have been notified to place Resident # 27 on the podiatry list. An interview with the Unit Manager on 07/28/11 at 3:06PM revealed she was not aware of Resident # 27's third toenail on his left foot was long and needed to be trimmed. The Unit Manager reported the nursing staff should have informed her about possible refusal or problems with the resident's toenail. A further interview with the DON on 07/28/11 at 3:15PM revealed a nursing aide soaked Resident # 27's third toenail on his left foot and the nursing aide was able to trim the toenail. The DON revealed the nursing staff should have informed her about Resident # 27's toenail and if there was a problem to trim the toenail.	F 312		

F281 Audit Tool

Date:_____

Completed by: _____

Resident	Room #	Nourishment Order	Date of Order	Transcribed Correctly (Yes/No)	Any Discrepancies? (Yes/No) If so, clarification orders written? (Yes/No)

F312 Audit Tool

Date: _____

Completed by: _____

Resident	Room #	Toenails Assessed (Yes/No)	Trimming needed (Yes/No)	Podiatry Consult Needed? (Yes/No)	If Podiatry Visit needed, referred to Charge Nurse/SW for Consult (Yes/No)