

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

DEC 04 2012

PRINTED: 11/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2012
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 216 LASH DRIVE SALISBURY, NC 28147
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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 interviews with facility staff and residents, the facility failed to provide mouth care for 3 of 4 sampled residents (Residents #33, #36 and #67) who required extensive or total assistance from staff for activities of daily living.</p> <p>The findings include::</p> <p>The Policy and Procedure for Oral Hygiene dated 3/05 revealed that nursing staff would provide oral hygiene at least twice a day to guests who required assistance with set up and/or completion of the task.</p> <p>1. Resident #33 was admitted to the facility on 3/9/12. The diagnoses included Cerebellar Ataxia and Quadriplegia. The care plan dated 8/15/12 listed as an intervention to set up supplies and encourage the resident to brush his own teeth/ dentures and staff was to provide assistance as needed. This intervention was dated to begin 9/1/12.</p> <p>During an interview on 11/8/12 at 1:15 PM, the resident revealed that he had mouth care provided by facility staff weekly. Observations at</p>	F 312	<p>The Laurels of Salisbury wishes to have this submitted plan of correction stand as its written allegation of compliance. Our date of compliance is 11/30/2012.</p> <p>Preparation and/or execution of this plan does not constitute admission to nor agreement with either existence of or scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.</p> <p>F 312</p> <p>Residents #33, #36, and #67 were provided mouth care on 11/8/12 and ongoing in accordance with facility's oral hygiene policy.</p> <p>All other residents dependent on assistance with oral hygiene will have oral care provided by staff in accordance with facility policy.</p>	11/30/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X8) DATE 11/28/12
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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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F 312	<p>Continued From page 1</p> <p>that time revealed an off white color of build up along his front teeth</p> <p>The most recent Minimum Data Set (MDS) dated 11/7/12 indicated the resident was moderately cognitively impaired and did not resist care. The MDS also indicated that Resident #33 required extensive assistance for personal hygiene.</p> <p>Record review of the CAAs (Care Area Assessment) dated 11/7/12 revealed the resident required extensive to total assistance with activities of daily living (ADL's). Causes and contributing factors included the diagnoses of cerebella ataxia with paraplegia. He had difficulty maintaining safe/proper body alignment consistently. Resident #33 was able to assist with face and upper body with AM care</p> <p>Interview on 11/7/12 with Nursing Assistant (NA) #1 at 4:30 PM revealed that she tried to brush his teeth daily. Sometimes he had to ask and sometimes she just brushed his teeth. She could not give an average of the number of times she brushed his teeth in a week.</p> <p>Interview on 11/7/12 at 3:30 PM with Resident #33 revealed that he did not get his teeth brushed 11/6/12, or 11/7/12.</p> <p>Interview with the Director of Nursing on 11/8/12 at 8:55AM revealed that her expectation for brushing teeth was that the NA's provided oral care. The nurses monitored the resident care. The resident 's oral care should be provided twice a day.</p> <p>2. Resident #36 was admitted to the facility on</p>	F 312	<p>Director of Nursing and/or Staff Development Coordinator will re-educate all nursing staff on oral hygiene, specifically with regards to oral care to be provided twice daily.</p> <p>Director of Nursing or designee will visually inspect or interview Residents #33, #36, and #67 daily x 4 weeks, then weekly x 1 month. Director of Nursing or designee will also visually inspect or interview at least 5 other random guests weekly times 4 weeks then randomly thereafter utilizing an audit tool. Variances will be corrected at the time of observation. Observation results will be reported to the Director of Nurses weekly for the next (4) four weeks and concerns will be reported to the quality assurance committee during the monthly meeting.</p> <p>Ongoing compliance will be monitored through daily round observations.</p>	
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F 312	<p>Continued From page 2</p> <p>9/4/12. Resident #36 was admitted with diagnoses including Cerebrovascular Accident and C4 neck injury. The Minimum Data Set dated 11/7/12 indicated the resident had problems with short and long term memory and did not resist care.</p> <p>The care plan dated 7/27/12 listed as an intervention to provide set up and assistance as needed to complete oral care needs.</p> <p>During an interview on 11/6/12 at 2:08 PM, the resident revealed that she had her mouth care provided by facility staff weekly. Observations at that time revealed an off white color of build up along her front teeth.</p> <p>The Care Area Assessment (CAAs) dated 11/7/12 revealed that Resident #36 required extensive assistance with personal care.</p> <p>Interview on 11/7/12 at 3:55 PM with Nursing Assistant (NA) #2 revealed that she was the resident's regular NA. She said she brushed the resident's teeth about 4 times a week. She brushed his teeth during the resident care.</p> <p>Interview with resident on 11/7/12 at 3:55 PM revealed that Resident #36 did not get her teeth brushed 11/6/12 or 11/7/12.</p> <p>Interview with the Director of Nursing on 11/8/12 at 8:55AM revealed that her expectation for brushing teeth was that the NA's provided oral care. The nurses monitored resident care. The oral care should be provided twice a day.</p>	F 312	Continued compliance will be monitored through the facility's Quality Assurance Program. Additional education and monitoring will be initiated for any identified concerns.		

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F 312	<p>Continued From page 3</p> <p>3. Resident #67 was admitted to the facility on 4/12/12 with diagnoses including Parkinson's disease and Abnormal Posture. The most recent minimum Data Set dated 11/7/12 indicated the resident had no problems with short or long term memory, did not resist care. The resident was also coded as requiring extensive assistance with personal hygiene and was only able to stabilize while standing up with staff assistance.</p> <p>During an interview on 11/6/12 at 3:32 PM, the resident revealed that he had mouth care provided by facility staff weekly. Observations at that time revealed an off white color of build up along his front teeth</p> <p>Record review of the Care Area Assessment (CAAs) dated 11/7/12 revealed the resident required extensive to total assistance with ADL performance and he was currently receiving occupational therapy due to abnormal posture.</p> <p>Interview with Nursing Assistant #1 on 11/7/12 at 3:45 PM revealed that she tried to brush the resident's teeth every day but that didn ' t always happen. Sometimes he had to ask and sometimes she brushed his with patient care.</p> <p>On 11/7/12 at 3:45 PM, interview with resident revealed that he did not get his teeth brushed 11/6/12, or 11/7/12.</p> <p>Interview with the Director of Nursing (DON) on 11/8/12 at 8:55AM revealed that her expectation was for NAs to provide oral care. The nurse monitored resident care. The oral care should be done twice a day.</p>	F 312			

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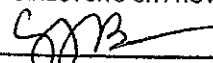
DEC 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345428	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/28/2012
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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 existing Health Care section of the LSC and its referenced publications. This facility is Type III (222) protected construction utilizing Delayed Egress locking arrangements, and is equipped with an automatic sprinkler system.	K 000	The Laurels of Salisbury wishes to have this submitted plan of correction stand as its written allegation of compliance. Our date of compliance is December 15, 2012.	
K 032 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2	K 032	Preparation and/or execution of this plan does not constitute admission to nor agreement with either existence of or scope and severity of the cited deficiencies This plan is prepared and/or executed to ensure compliance with regulatory requirements. K 032	
K 038 SS=E	This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/29/2012 the door releases for the freezer in the dietary department did not have door release mechanisms inside the door that could be located in all levels of light in case of an emergency. CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038	Door release mechanisms for the walk-in refrigerator and freezer were coated with glow in the dark paint and are now easily identifiable under varying light conditions. Maintenance Director will examine all other areas equipped with a door release mechanism to ensure they are visible in all levels of light.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X8) DATE 12/13/12
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K 038	Continued From page 1 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/28/2012 during alarm system testing, the facility delayed egress locking system for the 200 hallway did not release with activation of the fire alarm system. NOTE: The delayed egress function on the door did work properly. The staff access key pad at the door did work properly. A new fire plan was implemented while this condition remained. 42 CFR 483.70 (a)	K 038	Maintenance Director will examine all door release mechanisms monthly to ensure they are visible in all levels of light as part of preventative maintenance schedule. If any problem areas are identified, they will be corrected immediately. Maintenance Director will alert Administrator to any needed repairs. Maintenance Director will share findings/corrections at monthly Quality Assurance Committee meetings x 3 months. Ongoing compliance will be monitored through the facility's preventative maintenance and Quality Assurance programs. K 038 Licensed contractor repaired fire alarm release function to 200 hallway. Maintenance Director will examine all emergency exits to ensure release upon activation of the fire alarm.	

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			<p>Maintenance Director will test facility delayed egress locking system weekly to ensure proper release with activation of the fire alarm system. Maintenance Director will alert Administrator to any problems or needed repairs.</p> <p>Facility will maintain contract with outside fire alarm/sprinkler system contractor. Contractor will review delayed egress locking system as part of quarterly/annual inspections. Contractor will immediately notify Maintenance Director and/or Administrator if problems are present.</p> <p>Maintenance Director will share concerns/corrections and contractor's reports when indicated at monthly Quality Assurance Committee.</p> <p>Ongoing compliance will be monitored through the facility's preventative maintenance and quality assurance programs.</p>	

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