

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

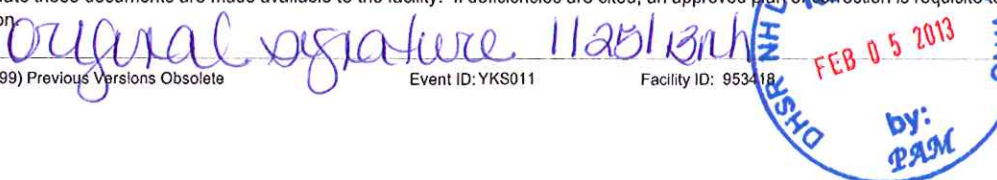
PRINTED: 01/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2013
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - DARTMOUTH			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PROVIDENCE RD CHARLOTTE, NC 28207	
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F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident, staff and nurse practitioner interviews, and record review, the</p>	F 157	<p>F 157 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC).</p> <p>Criteria 1. Resident #2 had an order for a urologist consult on 10-4-2012 for leaking Foley catheter. The Foley catheter was adjusted in the facility no further leakage from Foley. The NP on the day of 1-3-2013 discounted the consult order. The MD was notified 1-16-2013 that resident refuse to go out for urology consult.</p> <p>Criteria 2. The Unit managers audited other residents to ensure no additional notification has been missed since January 2013.</p> <p>Criteria 3. The Unit managers will write an interdisciplinary note for all residents who has a consult order effective 1-4-2013 and going forward.</p> <p>All MD direction related to missed consults will be log on the consult audit form.</p>	2-11-13

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

[Signature] Executive Director 2/4/13

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 157	<p>Continued From page 1</p> <p>facility failed to notify the nurse practitioner of a change in the condition of an indwelling urinary catheter for 1 of 3 sampled residents with indwelling urinary catheters (Resident #2).</p> <p>The findings are:</p> <p>Resident #2 was admitted to the facility on 09/03/12 with diagnoses which included a stage IV sacral pressure ulcer.</p> <p>Review of a nurse practitioner's order dated 10/04/12 revealed direction to schedule a urology consult for Resident #2 due to leakage.</p> <p>Review of Resident #2's quarterly Minimum Data Set (MDS) dated 12/03/12 revealed an assessment of intact cognition. The MDS indicated presence of an indwelling urinary catheter.</p> <p>Review of Resident #2's care plan dated 12/04/12 revealed a risk for urinary tract infections with interventions which included indwelling urinary catheter care and urology consults as needed.</p> <p>Review of Resident #2's clinical record revealed there was no documentation of a urology consultation.</p> <p>Review of the facility's appointment calendar from October 2012 to January 2013 revealed there was no scheduled urology appointment for Resident #2.</p> <p>Observation on 01/03/13 at 11:50 AM revealed there was no leakage of Resident #2's indwelling urinary catheter.</p>	F 157	<p>SBAR Note will contain when consult to occur, what is the purpose of the consult, Resident RP and MD made aware of the orders, any cancellation of the orders the Unit managers will notify family, resident and the MD,.</p> <p>The Director of Clinical Education (DCE) will in-service the Nursing staff on patient consults, new requirement for consults, new steps related to follow up of all consults.</p> <p>Criteria 4 4) The Director of Nursing or her designee (unit managers), will monitor for notification of /NP of changes in in conditions or refusal of consults records in the daily start-up meeting 5 times per week for 1 month and then monthly for 2 months to assure residents consults has been completed per facility policy and these new guidelines. The results will be discussed in the monthly QAPI Meeting for 3 months. The Administrator is responsible for overall compliance.</p>	
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F 157	Continued From page 2 Interview with Resident #2 on 01/03/13 at 12:35 PM revealed she thought a urology appointment was scheduled but did not know the date. Interview with Nurse #1 on 01/03/13 at 3:02 PM revealed the urologist appointment for Resident #2 was not scheduled because the indwelling catheter stopped leaking. Nurse #1 reported the nursing staff decided the urology appointment was no longer required but did not know notify the nurse practitioner. Interview with the Nurse Practitioner (NP) on 01/03/13 at 3:38 PM revealed she was not aware Resident #2's urology appointment did not occur. The NP explained she expected staff to inform her of any changes. Interview with the Director of Nursing (DON) on 01/03/13 at 4:04 PM revealed she expected staff to notify the NP if the condition of Resident #2's indwelling catheter changed.	F 157			
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on 2 of 2 dining observations, an interview with 1 of 1 resident (Resident #7), interviews with staff and review of facility records, the facility failed to provide residents with a dignified dining	F 241	F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY Criteria 1. Additional glasses were ordered Fri Jan 4, 2013. Dinex replacement program dishes were ordered Jan. 4, 2013 and were received on Jan. 9, 2013 and were placed into service.	2-11-13	

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F 241	<p>Continued From page 3</p> <p>experience with the routine use of disposable tableware.</p> <p>The findings are:</p> <p>1. Review of Resident #7's quarterly Minimum Data Set dated 10/23/12 revealed Resident #7 had the ability to understand others, was able to make self understood and had no problems with cognition.</p> <p>An interview on 01/04/13 at 2:41 PM with Resident #7 revealed he did not like disposable cups for beverages. Resident #7 explained the disposable cups "makes me feel like I am in a fast food restaurant." Resident #7 reported he did not inform staff of his dislike of the cups because he thought they had to serve what arrived on the floor from the kitchen.</p> <p>2. Observation on 01/03/13 at 9:25 AM of the breakfast meal cart on the second floor revealed residents' received beverages in Styrofoam cups.</p> <p>Observation on 01/03/13 at 12:18 PM of the lunch meal cart on the third floor revealed residents' received desserts and beverages in Styrofoam cups and bowls.</p> <p>Observation on 01/03/13 at 12:25 PM of the lunch meal revealed Nurse Aide (NA) # 4 and NA #5 poured and served residents coffee and punch in Styrofoam cups.</p> <p>Interview with NA #4 on 01/03/13 at 12:45 PM revealed residents received beverages in disposable cups with every meal. NA #2 explained beverages were always served in</p>	F 241	<p>Criteria 2. All resident have the potential to be affected. DDS and assistant DDS will monitor meal trays to assure that no paper serving ware is used unless an MD order has been written or an emergency use is warranted.</p> <p>Criteria 3. Dietary staff will be educated through in-servicing as to the proper serving dishes to use, to include when to use disposable dish ware. Center management will monitor with daily assigned rounds.</p> <p>Criteria 4. The Director of Dining Services or designee will audit tray line for the use of proper serving ware: weekly times 4 weeks then monthly times 2 months, then as needed.</p> <p>The corrective action for this tag will be reviewed in the Quality Assurance process for 3 months..</p>		

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F 241	<p>Continued From page 4</p> <p>disposable cups unless the beverage was placed on the tray before delivery to the floor.</p> <p>Interview with NA #5 on 01/03/13 at 12:50 PM revealed she served residents beverages in disposable cups with every meal service.</p> <p>Interview on 01/03/13 at 1:05 PM with dietary staff #1 revealed that since the end of December 2012, the dietary department used Styrofoam bowls and cups for desserts and beverages because of a shortage of dishes and because dishes often returned to the kitchen broken.</p> <p>Interview on 01/03/13 at 1:10 PM with the registered dietitian (RD) and the certified dietary manager (CDM) revealed that the dietary department was low on dishes and had a variety of dish patterns available for use. An observation of the walkin refrigerator during the interview revealed 160 Styrofoam bowls with fruit cocktail were prepped. The CDM stated the current census was 110 and the fruit cocktail was prepped that afternoon for the supper meal that evening. The CDM further stated that staff were trained to prep foods ahead of time. If sufficient dishes were not available when items were prepped, staff were instructed to use Styrofoam. The RD stated that the facility had been approved for a dish replacement program (a program that allows for the receipt of free tableware with the purchase of tableware) approximately five months ago. Once the new dishes arrived, this would allow the facility to replace dishes with sufficient supply to have enough dishes of the same dish pattern to plate for the current meal and prep for the next meal. The RD stated the facility was awaiting a return call from the supply</p>	F 241		
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F 241	<p>Continued From page 5</p> <p>representative so that an order could be placed for new dishes of the same pattern. In addition, the facility had a current monthly budget that was maxed each month with re-orders of dishes.</p> <p>A follow up observation of the dietary department and interview with the CDM on 01/03/13 at 4:24 PM revealed the following dishes available for use or in use:</p> <ul style="list-style-type: none"> · 217 tulip dessert bowls · 96 insulated soup bowls · 69 small bowls · 318 six ounce juice glasses · 55 nine ounce glasses <p>An interview with the CDM during the observation revealed that sufficient tableware was available without the need to supplement with disposable dishes. The CDM stated that although dishes were available, staff tried to plate foods (beverages, desserts, salads) for three meals ahead, and since sufficient dishes were not available to plate ahead, she instructed staff to use Styrofoam. The CDM stated that Styrofoam had been used routinely for the past 2 weeks.</p> <p>Interview on 01/03/13 at 5:00 PM with the administrator revealed that he was unaware that the dietary department used disposable dishware routinely and confirmed that disposable dishes should not be used unless there were extenuating circumstances. He stated that the corporate office approved and paid for a dish replacement program and he thought the new items would be in facility by now. The administrator further stated that he was aware that the corporate office asked the facility to hold off on purchasing new dishes because of the dish replacement program, but he was not informed that the dietary department was</p>	F 241		
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F 241	Continued From page 6 supplementing with Styrofoam. During the interview he provided documentation dated 11/19/12 that the facility was participating in a dish replacement program.	F 241			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to implement floor mats and a bed alarm (Resident #4) for injury prevention for 1 of 4 sampled residents with a personal history of falls. The findings are: Resident #4 was admitted to the facility 05/18/10 and re-admitted 01/16/12. Diagnoses included bipolar disorder, dementia with behavioral disturbance, neurologic syndrome, and anxiety. A quarterly MDS dated 11/02/12 assessed Resident #4 with intact cognition, required limited assistance with bed mobility of one staff person, limited assistance with transfers of one staff person, not steady when moving from a seated to a standing position, walking or surface to surface transfers and had not fallen since the last	F 323	F 323 483.25(h) FREE OF ACCIDENT HAZARDS/ SUPERVISION/DEVICES. Criteria 1. Resident # 4 the ordered interventions were reevaluated and placed accordingly Criteria 2. The Unit managers will audit 100 % of the fall interventions from 12-1-2012 to current date to ensure that all interventions are appropriate, current and in place as deemed necessary. The resident care guides will be updated daily to show all fall interventions and facility management will monitor for placement with daily rounds of assigned areas. Criteria 3. The Facility will sponsor Directed In-services to all nursing staff. The DVD "Mobility and Safe Movement of the Elderly - Improving Your Skills to prevent Injuries and Reduce Falls" will in-serviced to all nursing staff.	2-11-13	

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F 323	<p>Continued From page 7 assessment.</p> <p>Review of the fall investigation report dated 12/20/12 revealed Resident #4 attempted to ambulate without assistance from her bed into the bathroom. The Resident sustained a laceration, approximately 1.5 inches to the left back area of her head.</p> <p>A physician's order dated 12/21/12 and the December 2012 Medication Administration Record for Resident #4 both recorded "bed alarm for safety, check q (each) shift."</p> <p>A fall prevention care plan for Resident #4 updated on 12/21/12 included a bed alarm and floor mats at bedside when the Resident was in bed.</p> <p>Review of Resident #4's care guide revealed the Resident required a floor mat and bed alarm for fall prevention.</p> <p>Resident #4 was observed on 01/03/13 at 10:10 AM to crawl out of her room into the hallway and sat on the floor. Nurse #3 assisted Resident #4 off the floor, into her wheelchair and back into her room. Resident #4 was observed to transfer independently from her wheelchair to her bed with an unsteady gait. Resident #4 remained in the bed and Nurse #3 left the Resident's room. A bed alarm was observed disconnected from the cord and lying under the Resident's bed. Floor mats were not observed at the bedside.</p> <p>An interview on 01/03/13 at 10:15 AM with Nurse #3 revealed Resident #4 was in the bed prior to crawling on the floor. Nurse #3 confirmed that an</p>	F 323	<p>Criteria 4. The facility will discuss the results in our QAIP (QAPI) meeting Monthly for 3 months. The Administrator is responsible for overall compliance.</p>		

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F 323	<p>Continued From page 8</p> <p>alarm did not sound when the Resident got out of bed and crawled on the floor. Nurse #3 stated Resident #4 should have a bed alarm and floor mats at bedside while in bed. Nurse #3 stated that staff may have forgotten to put the alarm and floor mats in place that morning.</p> <p>An interview on 01/03/12 at 3:33 PM with Nurse #4 revealed she worked with Resident #4 routinely on the 3-11 PM shift. During the interview Nurse #4 stated that the Resident had a history of falls, but did not currently have an alarm in place at the time. Nurse #4 also stated that Resident #4 was not steady on her feet, would try to transfer herself, and sometimes fell without telling anyone.</p> <p>On 01/04/13 at 11:21 AM and 11:50 AM, Resident #4 was observed lying in her bed, a floor mat was observed on the right side on the floor; a bed alarm was not observed in place.</p> <p>On 01/04/13 at 11:55 AM during an interview with NA #2 she stated that Resident #4 did not have a bed alarm in place and as far as she knew, the Resident did not require an alarm. NA #2 also confirmed that Resident #4 was in bed yesterday morning without a floor mat in place and stated that she remembered to put the floor mat on the floor today.</p> <p>An interview on 01/04/13 at 3:35 PM with the Director of Nursing revealed Resident #4 was to have floor mats and a bed alarm in place as fall interventions.</p> <p>An interview on 01/04/12 at 4:32 PM with MDS Coordinator #1 revealed that she updated</p>	F 323			

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F 323	<p>Continued From page 9</p> <p>residents care plans with new interventions. She stated that after Resident #4 fell on 12/20/12 the Resident's care plan was updated with a bed alarm. Floor mats were already a part of the Resident's fall interventions.</p> <p>An interview on 01/04/13 at 4:24 PM with Unit Manager #1 revealed nursing assistants were made aware of resident care needs verbally and with the care guide. Unit Manager #1 confirmed that a bed alarm and floor mats at bedside were current fall interventions for Resident #4.</p>	F 323		
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