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OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345227	A. BUILDING _____ B. WING _____	12/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT REIDSVILLE	543 MAPLE AVENUE REIDSVILLE, NC 27320

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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 staff and resident interview, observation and record review the facility failed to provide toe nail care for 1of 4 sampled residents needing activities of daily living (ADL) (#35) Resident # 35 was admitted 10/25/11 with diagnoses in part of macular degeneration and chronic obstructive pulmonary disease. Review of the " Attending Doctor ' s Orders for Podiatry Services " revealed resident are seen for the following medical necessary reason,(s), Fungal, onychomycosis (thick brittle discolored crumbly nails causing pain) , diabetes mellitus, peripheral vascular disease, infection ulcer foot lesion, xerosis, multiple sclerosis, athletes foot dermatitis rash ingrown nails." Review of the Procedure " Care of Fingernails/Toenails revised 10/ 2010, revealed in part, " Review the resident ' s care plan to assess for any special needs of the resident. " " Nail care includes daily cleaning and regular trimming. " The Minimum Data Set dated 10/19/12, revealed Resident #35 was cognitively intact with long and	F 312	Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907_____ F312 Corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #35 had toe nails trimmed on 12/13/12 and was seen by the podiatrist on 12/19/12 Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice: An audit was completed on current residents to determine if any other residents needed toe nail care. No other residents were found to be affected.	1/10/2013

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

James A. Newman Jr. | Administrator | 12/31/12

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	Continued From page 1 short term memory and was able to make decisions for daily care. She required extensive assistance with her personal hygiene and total assistance with bathing. Review of the care plan dated 11/1/12, revealed in part, " provide staff assistance as needed with activities of daily living (ADL) to complete tasks promptly. " Persons who were designated as responsible to complete ADL tasks were the aides and nurses. A Review of the last weekly skin assessment dated 12/2/12, indicated " skin warm and dry " . No assessment was documented for the toe nails. No documentation was observed in the medical record regarding toe nail condition or care. During an observation on 12/11/12 at 9:14 am, Resident # 35 toe nails were observed long, thick extending over the toes. An interview with Resident #35 revealed she had asked the nurse to cut the toe nails, because they hurt. Indicating she wished to see the podiatrist. During an interview on 12/12/12 at 2:45 pm, aide #1 indicated aides do not provide toe nail care. The nurses are informed if the toe nails needed cut or look abnormal. During an observation on 12/12/12 at 2:54 pm, nurse #1 indicated the nails were thick, long and needed to be cut by a podiatrist. She indicated during the resident's weekly skin assessment the nurses cut the toe nails. Diabetic residents were seen by the podiatrist. The podiatrist came every 6 months. The social worker maintained the list of	F 312	Measures to be put into place or systemic changes made to ensure that the deficient practice will not occur: Licensed nurses will be re-educated by the DON and/or ADON on the completion of skin assessments to include the condition of toe nails. Licensed nurses will be re-educated by the DON and/or ADON on when to refer a resident to the podiatrist. The Director of nursing and or the ADON will audit 5 random residents a week for 12 weeks to insure toe nail care is being done. Indicate how the facility will monitor its performance: Results will be presented to QA&A team for recommendations and follow up for 3 months.	

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F 312	Continued From page 2 resident ' s seen by the podiatrist. Observation on 12/12/12 at 3:00 revealed an announcement for a scheduled podiatry clinic in the facility on 12/19/12. The announcements were posted on every hall. During an interview on 12/12/12 at 3:12 pm, the social worker indicated Resident # 35 had never been put on the podiatrist list for toe nail care. Residents who are diabetic are put onto the list automatically. Resident #35 was not diabetic. It was the responsibility of the nurses to put the residents on the podiatry list. The nurses are informed a month in advance when a podiatry clinic is scheduled. During an interview on 12/13/12 at 10:55 am, the director of nursing indicated the skin assessment should reflect the condition of the toe nails. The last skin assessment of Resident #35 did not reflect the long toe nails. The nursing should have either cut the nails or referred Resident #35 to the podiatrist for nail care. During an observation on 12/13/12/ at 3:50 pm, nurse #2 indicated Resident #35 toe nails had been cut by a nurse and had split and broken off. Resident #35 was placed on the podiatrist list for treatment. Observation revealed the right large toe nail was splintered and jagged.	F 312		

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	345227	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	FEB 04 2013 01/17/2013

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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907 K067	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 1/17/13 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include A. The HVAC duct detector tubes were coated with dust and lint. C hall return, near the activity room. B. The HVAC ceiling radiation dampers were coated with dust and lint. B hall nurses station, supply and return grills. C. There was not an emergency shut down	K 067	1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice: The HVAC duct detector tubes on C Hall return and the HVAC ceiling radiation dampers at B Hall nursing station were cleaned on 1/30/12. An emergency shut -down switch will be installed in a readily observed location. 2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice: The Maintenance Director or designee will complete an audit of all facility HVAC duct detector tubes and ceiling radiation dampers to ensure they are kept free of dust and lint. All associates will be educated as to the location and purpose of the emergency shut-down switch.	3/3/13

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
James A. Newman, Jr.	Administrator	1/31/13

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K 067	Continued From page 1 switch located at a readily observed station.	K 067	3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: The Maintenance Director or designee will complete a monthly inspection of HVAC duct detector tubes and ceiling radiation dampers to ensure they are free of dust and lint and clean as indicated. A monthly test of emergency shut-down switch will be conducted to ensure proper functioning. 4. Indicate how the facility will monitor its performance: Results will be presented to QAA team for recommendations and follow up for 3 months.	