Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH0443	A. BUILDING: ______ B. WING ______	10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES AT DAVIDSON	400 AVINGER LANE DAVIDSON, NC 28036

(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) COMPLETE DATE
L 079	.2305(D) QUALITY OF CARE 10A-13D.2305 (d) The facility shall ensure that all patients who are unable to perform activities of daily living receive the necessary assistance to maintain good grooming, and oral and personal hygiene. The facility shall ensure appropriate measures are taken to restore the patient's ability to bathe, dress, groom, transfer and ambulate, toilet and eat. This Rule is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to remove chin hairs for 1 of 7 residents reviewed for activities of daily living (ADL) (Resident #4). Findings included: Resident #4 was admitted to the facility on 01/07/11 with diagnoses including dementia. Her care plan was last reviewed by the facility on 07/26/13 and did not address assistance with ADL. A review of the Resident's most recent monthly nursing summary notes dated 09/12/13 revealed total care for grooming and contractures to her hands and fingers, with the resident wearing bilateral hand splints. A review of physician notes dated 10/08/13 revealed bilateral hand contractures and a recent skin biopsy done on the Resident's right side of her face. On 10/08/13 at 12:35 PM Resident #4 was observed in her room awake and conversant but very confused. Numerous chin hairs were observed, the longest approximately 1/2 inch long. Resident #4 stated the nurse aids (NAs)	L 079	.2305(D) Quality of Care The Pines' Charge Nurse observed approximately **four (4) chin hairs** on the female resident and they were immediately removed on 10-10-13 once the surveyor made her aware of the chin hairs. The Pines has added a place on its weekly skin check form for nursing staff to document facial hair and interventions that are made. Staff education regarding the revised skin check form and expectations for care of facial hair will take place no later than November 30, 2013. The Charge Nurses will continue to monitor skin care on rounds and by reviewing the skin check forms. Monitoring results will be reported quarterly to The Pines' Director of Nursing. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Edgar L. Muller
TITLE: Executive Director
(X6) DATE: 11-12-2013

Original Signature Date: 11-5-13

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L 079	Continued From page 1 help her pluck them and it is important they do this for her, but she could not recall the last time they were plucked. On 10/09/13 at 9:00 AM Resident #4 was observed in her room awake and conversant but very confused. Numerous chin hairs were observed, the longest approximately ½ inch long. On 10/09/13 at 3:00 PM Resident #4 was observed in her room lying in bed sleeping. Numerous chin hairs were observed. On 10/10/13 at 10:22 AM NA #1 was interviewed. She stated NAs were responsible for removing facial hair, on any shift, for males and females. For females, she stated one resident preferred but others preferred using a razor or scissors. The NA stated hair removal is resident specific but regardless it was checked for everyday. She stated she normally would remove it during AM care, some females would not sit still and it was a personal choice not to remove it. NA #1 stated NA staffing rotated to each hallway on a weekly basis and although she was not currently assigned to Resident #4 she has been assigned to her about three weeks previous. NA #1 stated so long as the NA caring for her would tell her what they were going to do, the Resident would let them do it. She stated Resident #4 preferred a razor be used for hair removal. On 10/10/13 at 10:50 AM NA #2 was observed entering Resident #4's room. While the Resident was sitting in her reclining chair, NA #2 was observed gathering supplies for care supplies for care. When asked to look at Resident #4's chin hairs, NA #2 stated they were long and she would have to see when they were last cut. She stated chin hairs are cut weekly and in the past the	L 079		

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L 079	Continued From page 2 Resident's family had stated the importance of removing them when they got long. On 10/10/13 at 11:00 AM the unit nursing manager (UM) was observed inspecting Resident #4 and stated the Resident's chin hairs had been removed by NA #2, the Resident's chin having a smooth appearance. On interview, the UM stated her expectation that chin hairs up to ½ inch long or numerous and visible to naked eye should be removed by any NA. She stated she was not aware of any resistance by Resident #4 to this ADL care. On 10/10/13 at 11:40 AM the acting Director of Nursing (ADON) was interviewed. She stated her expectation that facial hair was removed with showers or as needed and NAs could do the removal on any shift. She stated she would expect the NAs to first ask a resident if she wanted them removed, then to remove them if they were ¼ to ½ inch long and visible to naked eye. The ADON stated charge nurses did routine rounds and picked 3 residents each week on each shift to monitor care and one of things they monitored was facial hair.	L 079		
L 131	.2604(B) DRUG PROCUREMENT 10A-13D.2604 (b) Patient Drugs: (1) The contents of all prescriptions shall be kept in the original container bearing the original label as described in Subparagraph (b)(2) of this Rule. (2) Except in a 72-hour or less unit dose system, each individual patient's prescription drugs shall be labeled with the following information: (A) the name of the patient for whom the drug is intended; (B) the most recent date of issue;	L 131	.2604(B) Drug Procurement On Summary of Statement of Deficiencies (L131) it states in paragraph three on page 5 of 8 that The Pines' Director of Nursing was interviewed. The Summary of Statement of Deficiencies in this	

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L 131	Continued From page 3 (C) the name of the prescriber; (D) the name and concentration of the drug, quantity dispensed, and prescription serial number; (E) a statement of generic equivalency which shall be indicated if a brand other than the brand prescribed is dispensed; (F) the expiration date, unless dispensed in a single unit or unit dose package; (G) auxiliary statements as required of the drug; (H) the name, address and telephone number of the dispensing pharmacy; and (I) the name of the dispensing pharmacist. This Rule is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to store the legendary medication (Miacalcin Nasal spray) in the original package as dispensed with the correct pharmacy label with instructions. The findings include: A review of the medication storage area included medication carts and medication rooms as a part of the certification protocol. On 10/8/13 at 10:20 AM during the review of the medication room and medication carts the following was observed: Resident #8 had an order for Miacalcin Nasal Spray to be used every day scheduled at 8:30 AM. In the medication room refrigerator the pharmacy labeled plastic bag with the Miacalcin Nasal spray, had a product Flonase Nasal Spray dispensed to Resident #14 also scheduled at 8:30 AM. The plastic bag in the refrigerator had a wrong product in the original pharmacy dispensed container. An interview with the nurse #1 on 10/8/13 at	L 131	regard is in error and should read that the acting Director of Nursing was interviewed. There were 16,185 doses of medication dispensed on The Pines' nursing unit in the month of October 2013. The new nursing employee who handled the medications identified in the deficiency was in-serviced regarding the need to assure that medication is kept in the original containers and in other processes to use to avoid mistakes. The same nursing employee has been observed by the Pharmacy Consultant during a medication pass to verify such employee is following the proper procedure and policy for dispensing medications ("Medication Pass"). This employee was observed by the Pharmacy Consultant for a Medication Pass on October 16, 2013 with no errors. All nurses will be in-serviced by November 30, 2013 on the Prevention of Medication Errors to include making sure medication is in the original labeled container.	

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L 131	Continued From page 4 11:11 AM, who had administered Miacalcin Nasal spray medication to Resident #8 and Flonase Nasal spray for Resident #15 during the morning medication administration had interchanged the bags by mistake and placed Flonase Nasal spray bottle in the wrong plastic bag. Continued interview with the Nursing supervisor on 10/8/13 at 11:15 AM revealed that she was not aware that the bottles had been interchanged and stated the nurse completing the medication administration should not have made this error. An interview with the acting Director of Nursing (DON) on 10/10/13 at 10:10 AM stated that it was her expectation that all medications to be kept in the original dispensed bags. She also stated that she was not aware of the mix up of plastic bags containing the pharmacy label.	L 131	Refrigeration and storage areas for medication will be observed by the Charge Nurse on the 11pm to 7am shift on a weekly basis to monitor compliance of storage issues. A form that may be used as an audit tool by the Charge Nurse for such purpose will be developed by November 30, 2013. On a monthly basis such checks will be turned into the Director of Nursing. In addition the consulting pharmacist will review refrigeration and storage areas for medication on a monthly basis and report the results to the Continuous Quality Improvement Committee on a quarterly basis.	
L 306	.3404(A) OTHER 10A-13D .3404 (a) In general patient areas, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's or resident's door. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems which provide	L 306	.3404 (A) Other A Walkie Talkie device was provided in shower room of said hallway (190) to provide immediate two (2) way communication in event of an emergency situation until the nurse call device could be permanently installed in said shower room of hallway (190).	

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L 306	Continued From page 5 two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided for patients' and residents' use at each patient and resident toilet, bath, and shower. This Rule is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to place an emergency nurse pull alarm in 1 of 3 common use spa/shower rooms. Findings included: Review of architectural plans titled "Health Care-First Floor Plan- Power" and dated 03/31/06 revealed in the corridor labeled H121 (location for resident rooms 190 through 199 and referred to as the 190s hallway) a spa/shower room. The plans noted the location of alarms, designated by the letter N in a circle, on the wall adjacent to the toilet (located in its own room with a door) and on the wall adjacent to the tub. On the opposite wall was located a shower. On these same plans was noted another spa/shower room in the corridor labeled H105 (location for resident rooms 165 through 175, referred to as the 160s/170s hallway) with similar plans for alarms. On 10/10/13 at 8:30 AM the Maintenance Director was interviewed. He stated nursing staff was responsible to let him know if something was broken and they were good to tell him about problems. He stated each month a health and safety audit was conducted by department leadership. On 10/10/13 at 9:00 AM and accompanied by the	L 306	Simplex was notified about the need to add a nurse call device in said shower room on 10-10-13 by The Pines' Director of Plant Services and equipment for installation was ordered on such date. The ordered equipment arrived and was installed, tested and placed in service on 10-31-13. The Health and Safety Audit Tool was updated on 10-31-2013 to reflect checking nurse call devices in the three (3) shower areas of The Pines' nursing unit for proper function. The checks will be performed by members of The Pines' management team on a monthly basis. The Director of Nursing will monitor the Health and Safety Audit Tool on a monthly basis . Monitoring results will be reported quarterly to the Continuous Quality Improvement Committee. Preparation and submission of this plan of correction does not constitute an admission or	

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L 306	Continued From page 6 Maintenance Director, the spa/shower room in the 160s/170s hallway revealed the presence of an alarm on a green tiled wall adjacent to a tub and cleaning system for the tub. On the opposite wall was located a shower. Pulling the cord on the alarm revealed a light illuminated in the hallway and over the door frame of the spa/shower room and an alarm audible at the nursing station (operational). The alarm adjacent to the toilet (located in its own room with a door) was tested and found operational. On 10/10/13 at 9:08 AM and accompanied by the Maintenance Director, the spa/shower room in the 190s hallway revealed the presence of a solid electrical face plate on a green tiled wall adjacent to a tub and cleaning system for the tub. On the opposite wall was located a shower. Further inspection of the walls in the shower enclosure revealed no alarm. The closest alarm in the spa/shower room was located adjacent to the toilet (located in its own room with a door), which was tested and operational. The Maintenance Director stated the spa/shower room was built in 2006 and he did not know why there was no alarm in the shower enclosure. The distance paced off from the threshold of the shower enclosure to the alarm adjacent to the toilet was approximately 18 feet. On 10/10/13 at 9:10 AM nurse aide (NA) #2 was interviewed in the spa/shower room. She stated she felt uncomfortable not having an alarm closer to the shower enclosure. On 10/10/13 at 9:48 AM NA #3 was interviewed in the spa/shower room after completing a shower with Resident #15. She stated the nearest alarm was located by the toilet and if she needed help she would pull this alarm. She stated she would	L 306	agreement by the facility of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiencies. This plan of corrections is prepared and submitted solely because of requirements under state law. I am signing this document to signify that I have received it and that the plan of correction being submitted on this document is accurate. My signature does not indicate the facility has accepted or agrees with the allegations contained in this form.	

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L 306	Continued From page 7	L 306		

have to take the resident in the shower chair with her to keep resident within arm's reach. She stated she knew of only one resident who used the tub.

On 10/10/13 at 10:08 AM observation of a shower room in the locked nursing unit revealed an alarm on a wall just inside door to room and approximately 10 feet from shower enclosure. The toilet was in similar proximity to this same alarm. Pulling the cord of the alarm revealed it to be operational.

On 10/10/13 at 10:55 AM the Maintenance Director was interviewed. He stated he reviewed a blueprint that showed the presence of an alarm by the toilet in the spa/shower room and another in the shower enclosure in the vicinity of the solid electrical face plate on the green tile wall by the tub.

On 10/10/13 at 11:00 AM the unit nursing manager was interviewed. She stated she did not realize there was no alarm in the shower enclosure of the spa/shower room of the 190s hallway but she could see where this could be a problem if the resident was on the floor and assistance was required.