

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

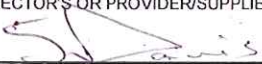

PRINTED: 12/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2013
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NAME OF PROVIDER OR SUPPLIER MARGATE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 540 WAUGH STREET JEFFERSON, NC 28640
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(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
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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, staff interviews and record review the facility failed to provide thorough mouth care and failed to remove facial hair for 2 of 4 residents who required assistance with activities of daily living (Resident #90 and #46).</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #90 was re-admitted to the facility on 04/29/13 with diagnoses that included cerebrovascular accidents, dementia, aphasia, dysphagia, chronic kidney disease; and she was fed through a gastric tube. Resident #90's care plan updated on 08/19/13 identified the resident was unable to perform activities of daily living (ADL) and specified that good oral care was to be provided daily and as needed by the nursing staff. <p>The most recent Minimum Data Set (MDS) dated 10/13/13 specified the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making and did not reject care. The MDS also specified the resident required extensive assistance with personal hygiene.</p> <p>The October 2013 physician orders dated for</p>	F 312	<p>F 312 Specific action taken to correct the deficiency:</p> <ul style="list-style-type: none"> Resident # 46 with facial hair allowed CNA's to remove her facial hair the following day. Oral care provided to resident # 90 on same day. <p>Corrective Action will be accomplished for residents having potential to be affected by:</p> <ul style="list-style-type: none"> All staff in-serviced on ADL care, specifically oral care for tube fed residents and shaving. Administrative nurses will audit 10 % of each hall daily to ensure compliance with oral care and shaving. Additionally, administrative nurses will check tube fed residents for oral care daily for 1 month and randomly thereafter. <p>Measures to be put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <ul style="list-style-type: none"> Bath team and CNA's instructed on proper oral care for tube fed residents, as well as shaving residents. Charge nurse responsible for ensuring tube fed residents oral care completed and assisting if needed. Audits performed by nursing will be evaluated each morning in stand-up by Administrator and DON or designee. <p>We will monitor our performance to make sure that solutions are sustained by:</p> <ul style="list-style-type: none"> DON or designee will provide oversight to hall nurses to ensure substantial compliance with ADL 	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 12-16-13
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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>Resident #90 were reviewed and revealed that the resident was to have nothing by mouth (NPO) and fed only through her gastric tube.</p> <p>On 10/21/13 at 3:30 PM Resident #90 was in bed. Observations of the Resident revealed her mouth had dried debris on her lips, she did not have upper teeth but her lower teeth had white matter accumulated along the gum line and between her teeth.</p> <p>On 10/22/13 at 9:30 AM Resident #90 was in bed. Her lower teeth had white matter accumulated along the gum line and between her teeth.</p> <p>On 10/23/13 at 2:30 PM Resident #90 was in the hallway and observations revealed her lower teeth had white matter accumulated along the gum line and between her teeth.</p> <p>On 10/24/13 at 8:45 AM nurse aide (NA) #1 was interviewed and explained that nurse aides were responsible for providing mouth care for residents every morning, every evening and as needed. She reported she was assigned to care for Resident #90 and added that the resident was easy to care for and did not refuse care. NA #1 stated that morning care had already been provided for Resident #90 that included washing her face, applying lotion and changing her clothes. The NA explained that she had provided mouth care for Resident #90 that morning by wiping her lips and wiping out her mouth with a washcloth. She stated that sometimes she brushed the Resident's teeth and recalled that she had brushed Resident #90's teeth "last week." NA #1 added that she used the "closet care plan" that specified what care each resident required. Resident #90's " closet care plan" was</p>	F 312	<p>care in conjunction with resident care plan. Audits to be brought to QA x 4 weeks and quarterly thereafter.</p> <p>Date of compliance:</p> <ul style="list-style-type: none"> Facility will achieve substantial compliance by November, 21 2013. 		

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F 312	<p>Continued From page 2</p> <p>reviewed and specified "assist with mouth care."</p> <p>On 10/24/13 at 9:00 AM the Nurse Supervisor was interviewed and reported that nurse aides were responsible for providing mouth care for all residents including those that were tube fed. She explained that mouth care was to be provided in the morning and evening and as needed. The Nurse Supervisor observed Resident #90's teeth and stated that the resident's teeth were dirty and needed to be cleaned. She proceeded to use a mouth swab to clean the resident's teeth. She stated that nurse aides were expected to use the "closet care plan" for directions as to how to care for residents. Resident #90's "closet care plan" was reviewed and specified that nurse aides were to "assist with mouth care."</p> <p>On 10/24/13 at 9:10 AM the Director of Nursing (DON) was interviewed and stated that nurse aides were trained to provide mouth care in the morning, evening and as needed. The DON added that in the case of residents who were tube fed the nurse aides were not to provide mouth care because of the risk for aspiration. She stated that the nurses were expected to provide mouth care for tube fed residents by using mouth swabs. The DON stated that staff were aware of the expectation.</p> <p>On 10/24/13 at 9:20 AM Nurse #2 assigned to care for Resident #90 was interviewed and reported that nurse aides were expected to provide mouth care for all residents including tube fed residents. She stated that she did not provide mouth care for tube residents including Resident #90. Nurse #2 stated that she observed Resident #90's mouth on 10/24/13 with the Nurse Supervisor and confirmed her teeth had thick</p>	F 312			

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F 312	<p>Continued From page 3</p> <p>white matter on them. Nurse #2 stated that she assisted the Nurse Supervisor in cleaning Resident #90's teeth with a mouth swab. She reported they had to "scrub pretty hard to loosen the dried on debris."</p> <p>On 10/24/13 at 9:20 AM the Nurse Supervisor was present during the interview with Nurse #2 and also stated she was not aware that nurses were responsible for providing mouth care for tube fed residents.</p> <p>On 10/24/13 at 9:40 AM Resident #90's mouth was observed and revealed her bottom teeth were clean and no longer had white matter accumulated on the gum line or in between the cracks of her teeth.</p> <p>On 10/24/13 at 4:00 PM the Staff Development Coordinator (SDC) asked to be interviewed. She reported that she had brushed Resident #90's teeth that week. She explained that this was not her normal assignment but on 10/21/13 she was asked to assist the nurse aides with providing ADL care to residents. Observations of Resident #90's mouth were shared with the SDC and she offered no explanation why Resident #90's teeth were observed dirty.</p> <p>2. Resident #46 was admitted to the facility on 08/24/11 with diagnoses that included Parkinson's disease. The most recent quarterly Minimum Data Set dated 08/27/13 indicated Resident #46 had no short term or long term memory impairment and was cognitively intact for daily decision making and required assistance from staff for activities of daily living (ADLs).</p> <p>A review of a facility document titled Resident Information Sheet dated 08/24/11 and was the</p>	F 312		

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F 312	<p>Continued From page 4</p> <p>care guide for nurse aides (NAs) indicated to assist Resident #46 with bathing/shaving.</p> <p>A review of a care plan with a revised date of 08/30/13 listed a problem statement that Resident #46 was unable to perform activities of daily living independently and indicated approaches to assist Resident #46 with personal hygiene daily and assist to wash face and hands and comb hair. The approaches also indicated to assist with bathing needs and showers.</p> <p>During an observation on 10/22/13 at 2:56 PM Resident #46 was sitting in bed reading with the head of her bed elevated. Resident #46 had long facial hairs from the left side of her chin across the front to the right side of her chin that were approximately 1/2 inch to 3/4 inch in length. Resident #46 stated she had her shower earlier that morning and usually had a shower twice a week.</p> <p>During an observation on 10/23/13 at 11:05 AM Resident #46 was sitting in a wheelchair next to her bed. She was dressed in clean clothing with her hair neatly combed and had long facial hairs from the left side of her chin across the front to the right side of her chin that were approximately 1/2 inch to 3/4 inches in length.</p> <p>During an observation on 10/24/13 at 10:08 AM Resident #46 was sitting in a wheelchair next to her bed and still had long facial hairs across her chin from the left side of her chin across the front to the right side of her chin that were approximately 1/2 inch to 3/4 inches in length. Resident #46 pulled on the chin hairs with her fingers of her right hand.</p>	F 312			

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F 312	<p>Continued From page 5</p> <p>During an interview on 10/24/13 at 10:10 AM Resident #46 stated she wanted the facial hairs on her chin trimmed because they were too long and needed to be cut. She explained when she had her shower on 10/22/13 she forgot to remind staff to shave them for her but she wanted them shaved because she could not see to shave them herself and her hands were too shaky and unsteady.</p> <p>During an interview on 10/24/13 at 11:46 AM Nurse #1 explained Resident #46 had a shower twice a week and had a sponge bath each day in between her showers. She stated the NAs were supposed to shave residents during their shower. Nurse #1 verified Resident #46's facial hair on her chin was too long and needed to be shaved.</p> <p>During an interview on 10/24/13 at 1:30 PM Nurse Aide (NA) #2 verified she gave Resident #46 her shower on 10/22/13. She stated she normally asked Resident #46 if she wanted her chin hairs shaved because they were supposed to shave them when the resident was in the shower but she did not notice them and did not ask the resident if she wanted them shaved while she had her in the shower. She further stated she had not noticed her chin hairs when she assisted Resident #46 with personal care since her shower on 10/22/13.</p> <p>During interview on 10/24/13 at 2:05 PM the Director of Nursing stated it was her expectation for grooming to be done for residents when they received their showers and that included shaving male and female residents who had facial hair. She stated the NAs should let the nurse know if they could not shave a resident during their personal care.</p>	F 312			

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F 371 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to ensure dented cans were not stored ready for use.</p> <p>The findings included:</p> <p>An initial tour of the kitchen was made on 10/21/13 at 9:50 AM with the Dietary Manager (DM). Canned good stored ready for use in the dry good storage area were observed. The DM reported that canned goods were received weekly and stored ready for use in the dry goods area. Random observations of canned food items revealed five (5) 5 ½ pound dented cans of pearled potatoes. One can had approximately a 4 inch long crumpled seam on the top rim of the can, the second can had a 1 inch long x ½ inch deep dent on the rim, the third can's dent was located in the middle of the can and measured approximately 6 inches long and 1 inch wide, the fourth can's top rim was folded over and dented; and the fifth can was dented along the bottom rim measuring approximately 3 inches x 1 inch.</p>	F 371	<p>F 371</p> <p>Specific action taken to correct the deficiency:</p> <ul style="list-style-type: none"> Cans were immediately removed and thorough check of all other cans conducted. Dented can rack moved to be more accessible. <p>Corrective Action will be accomplished for residents having potential to be affected by:</p> <ul style="list-style-type: none"> All staff in-serviced on 10/21/13 on Process and Procedure for dented cans. <p>Measures to be put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <ul style="list-style-type: none"> Staff will be required to sign in when putting stock away and confirm all dented cans put on dented can rack. Going forward the Dietary Manager will then check behind staff to ensure process completed correctly. <p>We will monitor our performance to make sure that solutions are sustained by:</p> <ul style="list-style-type: none"> Dietary Manager or cook will check all cans each delivery day for 90 days to ensure compliance. Results will be brought to QA x 3 months and quarterly thereafter. <p>Date of compliance:</p> <ul style="list-style-type: none"> Facility will achieve substantial compliance by November, 21 2013. 		

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F 371	<p>Continued From page 7</p> <p>The DM was present for the observations and immediately removed the dented food items. The DM was interviewed during the observations and reported that stock was received weekly and an assigned staff member was responsible for stocking the shelves. She explained that all staff were trained on the proper procedures for unloading and stocking canned good items that included rotating canned goods and inspecting the cans for dents which were to be removed. She added that she did not have one staff member assigned to unload and inspect stock and that currently the entire department was sharing the responsibility.</p> <p>On 10/24/13 at 9:45 AM the District Manager was interviewed and reported that she expected facilities to not store dented canned goods ready for use and added that all employees were trained on hire and reminded periodically to remove and not use dented canned goods for food production. The District Manager provided training materials used to teach staff that dented canned goods posed a risk for foodborne illness.</p>	F 371			