

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345242</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/07/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE FOUNTAINS AT THE ALBEMARLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 TRADE STREET TARBORO, NC 27886</b>		
(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	
F 334 SS=D	<p><b>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</b></p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has</p>	F 334		7/1/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/19/2014

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 334	<p>Continued From page 1 already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review, the facility failed to offer the pneumococcal vaccine for 1 (Resident #41) of 5 residents reviewed for immunizations. The findings included:</p> <p>The facility policy entitled " Influenza and Pneumovax Vaccination Policy " , dated 12/12, read in part, " It is the policy of Watermark Retirement Communities that Influenza and Pneumovax vaccinations will be offered to all</p>	F 334	<p>Resident#41, admitted 11/29/12, was identified and offered pneumococcal immunization. Resident's legal representative was educated on benefits and potential side effects of vaccine and consented for vaccination to be given. (Completed 6/18/14) Actual vaccination administered 6/19/14.</p> <p>DON performed chart audits on all active resident charts to determine if residents</p>		

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F 334	<p>Continued From page 2 residents on an annual basis. "</p> <p>Resident #41 was admitted to the facility on 11/29/12. Diagnoses included cerebrovascular accident and aphasia. The quarterly Minimum Data Set dated 3/30/14 indicated Resident #41 had severe cognitive impairment.</p> <p>An undated " Pneumococcal Immunization Consent/Declination " form for Resident #41 was unsigned for either consent or declination. A notation was handwritten on the form that read, " unknown by Family on admit. 11/28/12 (illegible initials). " No further documentation regarding pneumococcal vaccination was in the record.</p> <p>During an interview on 6/6/14 at 5:15 PM Administrative Staff #2 indicated she was responsible for the immunization program at the facility. She stated she could find no record that Resident #41 was offered or received the pneumococcal vaccination since admission to the facility.</p> <p>During an interview on 6/7/14 at 11:30 AM, Administrative Staff #1 stated she expected the influenza immunization to be offered annually and the pneumococcal immunization to be offered on admission. She added that the policy for offering the pneumococcal vaccine annually should be changed.</p>	F 334	<p>were offered pneumococcal vaccine (unless contraindicated); if resident has already been immunized; or resident or legal representative refused immunization. (Completed 6/11/14)</p> <p>Education on benefits and potential side effects of immunization will be provided by DON or ADON to each resident or resident's legal representative who did not receive immunization. They will be given the opportunity to accept or refuse immunization by 6/30/14. From 6/30/14 forward, prior to admission to Skilled Nursing, the Infection Control Nurse will research resident's medical history for documentation of immunization and record findings on the facility's immunization history sheet and place in resident's MAR, if applicable.</p> <p>DON revised facility procedure to ensure each resident or legal representative has the opportunity to accept or refuse immunization unless medically contraindicated or the resident has already been immunized. (Completed by 6/23/14)</p> <p>Upon admission, if no evidence of immunization, the resident or legal representative will be educated on benefits and side effects by the admitting nurse. Resident or legal representative will be given opportunity to accept or refuse. Using the facility's authorization form for pneumovax vaccination, acceptance or refusal will be duly noted on form and placed in chart.</p>		

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F 334	Continued From page 3	F 334	<p>On an annual basis, between October 1 and March 31, each resident will be offered the pneumovax along with influenza vaccine, unless contraindicated or resident has already received. Facility will follow CDC guidelines for both vaccines.</p> <p>All nurses will be retrained by DON or ADON on procedure to insure all residents or legal representatives are offered education regarding benefits and side effects of pneumococcal vaccine. (Completed by 7/1/14)</p> <p>Assistant Director of Nursing will monitor for compliance by performing monthly chart audits. Next audit due 7/15/14. Audit outcomes will be shared with the DON to address any trends or patterns. Audits will be kept by the DON in a spiral binder in the DON office. Outcomes will be reported by DON at Quality Improvement meetings quarterly.</p>		
F 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed</li> </ul> </li> </ul>	F 356		6/25/14	

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F 356	<p>Continued From page 4</p> <p>vocational nurses (as defined under State law).</p> <ul style="list-style-type: none"> <li>- Certified nurse aides.</li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and review of facility staff posting forms, the facility failed to post accurate staffing data by including staff providing care for residents on the assisted living hall with staff providing care for residents on the skilled nursing halls.</p> <p>The findings included:</p> <p>During the initial tour of the facility on 6/4/14 at 10:00 AM, the " Skilled Nursing Posting of Daily Nurse Staffing " form dated 6/4/14 indicated 2 Licensed Practical Nurses (LPNs) (Nurse #1 and Nurse #2) for a total of 16 hours and 4 nursing assistants for a total of 30 hours staffed the skilled nursing unit on the 7-3 shift. The form</p>	F 356	<p>The staff posting sheets will be displayed daily at the beginning of each shift, with the current information reflecting hours worked on the skilled unit only. The charge nurse on each shift will be responsible for posting the next shift's staffing details. Three Nurse hours will be removed from first shift; two hours will be removed from second shift; and one hour will be removed from third shift to reflect correct nurse staffing for SNF. 7.5 CNA hours will be removed from first shift; 7.5 CNA hours will be removed from second shift; 4.0 CNA hours will be removed from third shift for SNF.</p>		

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F 356	<p>Continued From page 5</p> <p>indicated the resident census was 22 which corresponded to the number of residents on the resident roster for the skilled nursing unit.</p> <p>An interview with Nurse #1 on 6/4/14 at 10:00 AM revealed the skilled nursing beds were located on the East and West halls and the assisted living beds were on the North hall. Nurse #1 stated she had the East hall and half of the North hall and Nurse #2 had the West Hall and the other half of the North hall. Three (3) nursing assistants were assigned to work the East and West halls and the 4th was assigned the entire North hall.</p> <p>Review of posting forms revealed the 6/5/14 posting listed 2 nurses and 4 nursing assistants and a census of 22 on the 7-3 shift. The 6/6/14 form revealed 2 nurses and 5 nursing assistants and a census of 23 on the 7-3 shift. The 6/7/14 form revealed 2 nurses and 4 nursing assistants and a census of 21 on the 7-3 shift.</p> <p>During an interview on 6/7/14 at 10:53 AM, Administrative Staff #2 stated she filled out the staff posting forms. She acknowledged some of the staff hours posted were for providing care to the assisted living residents. She indicated it would be simple to remove the nursing assistant assigned to the North hall from the form but it would be difficult to separate out the skilled nursing hours.</p> <p>During an interview on 6/7/14 at 12:30 PM, Administrative Staff #1 indicated she expected the staff posting to include only the hours and staff for the skilled beds.</p>	F 356	To implement the plan of correction, all charge nurses will be inserviced/trained by the Assistant Director of Nursing with the correct process to post the staff hours for individuals working on the skilled unit only. Staff nurses will be inserviced by 6/25/14. DON and ADON will monitor posting sheets daily to insure they are reflective of correct staffing hours for the skilled unit only. The DON will keep the posting sheets in a spiral binder in the DON office. Accurate staffing data for the Skilled Unit will be reported at each QI meeting by the DON.		