STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345129	A. BUILDING _____ B. WING _____	C 02/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MOCKSVILLE	1007 HOWARD ST MOCKSVILLE, NC 27028

(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 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain peeling and buckling wallpaper, varnish on furniture, soiled and worn carpet, and failed to clean stained bathroom floors and grout for 4 of 4 halls (Halls 100, 200, 300, and 400). The findings are: 1. Wallpaper was peeling or buckled: a. On 02/16/14 at 11:40 AM the wallpaper in room 300 was separated and peeling at front of sink, at light fixture above the sink, behind the nightstand of bed B, and on the side of the wall underneath the white board. b. On 02/16/14 at 11:42 AM the wallpaper in room 301 was separated and peeling behind bed A, at the sink, and behind the door. c. On 02/16/14 at 11:43 AM in room 302 the wallpaper was peeling at the sink and the sink was cracked inside and around the drain hole. d. On 02/16/14 at 11:44 AM in room 303 the wallpaper behind bed A was peeling and holes in the wall. At bed B wallpaper was peeling behind the table, and gray matter hanging from the ceiling and in the ceiling corners of the room. e. On 02/16/14 at 11:46 AM in room 304 at the nightstand the wallpaper was peeling and above the sink the wallpaper border was peeling and	F 253	Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusion stated on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirements under states and federal laws. It is the policy of this facility to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable home like interior: To achieve this cited deficiency: an audit list was created to review each room for peeling, buckling wall paper, furniture in need of varnish, and bathroom floor and grout that needs attending. The specific repair deficiencies cited in the 2567 have been corrected. The carpet has been cleaned in all areas of the facility and is being professionally cleaned on 3/18/2014. The carpet is on a regular cleaning schedule. A 100% percent audit has been completed by the Administrator on 3/10/14. A list of additional needed repairs was compiled. One room with identified concerns will be completed	3/19/14

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

Electronically Signed | 03/19/2014

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F 253	Continued From page 1 buckled from the wall. f. On 02/16/14 at 11:47 AM in room 305 a hole in the wallpaper was patched with white material, a 2 foot black molded substance down the wall, and the wallpaper and the border was peeling at the sink. g. On 02/16/14 at 11:51 AM in room 307 the wallpaper was separated and peeling from around the sink outlet. h. On 02/16/14 at 11:52 AM in room 308 the wall paper and border was separated and peeling. i. On 02/16/14 at 11:53 AM in room 309 the wallpaper was peeling and buckled from the base of the wall in the bathroom. j. On 02/16/14 at 11:55 AM in room 310 the wallpaper was separated and peeling at the sink and a hole in the wall. k. On 02/16/14 at 11:58 AM in room 311 the wallpaper was buckled and peeling at the heating unit with brown rust stains in the floor in front of the closet door. l. On 02/16/14 at 12:02 PM in room 400 the wallpaper border was buckled and separated from the wall at bed A, the border was peeling behind bed B, and 6 screws was in the wall around the light. m. On 02/16/14 at 12:03 PM in room 402 the wallpaper seam on the wall behind bed A was curled and on bed B side the wallpaper underneath the window sill was peeling from the wall. n. On 02/16/14 at 12:04 PM in room 404 the wallpaper border was buckled and peeling off of the wall over bed B, around the sink, peeling off of the wall underneath the window sill, and the wallpaper border over the door was peeling. o. On 02/16/14 at 12:07 PM in room 405 the wallpaper was separated underneath all the	F 253	weekly until each room identified has been repaired. The maintenance supervisor, or a contracted repair person will be responsible for repairs to facility as identified via rounds, staff and resident concerns. The maintenance supervisor will maintain an ongoing list of areas needing repair as identified through weekly and prn facility environmental rounds and as reported by staff, residents, and families. The administrator makes housekeeping and environmental rounds weekly and prn to assess facility repair needs. The administrator is responsible for monitoring of the facility environment daily and as needed and addresses concerns immediately with the housekeeping and or maintenance supervisor for compliance. The administrator reports areas that need repair to the quality assurance committee monthly for the next three months and quarterly for two quarters.	

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F 253	Continued From page 2	F 253		

edges of the window, the wallpaper behind the sink was buckling, the wallpaper border over the door was separated at all edges, a hole in the wall behind the door, and chunks of the top layer of the door was missing.
p. On 02/16/14 at 12:09 PM in room 407 chucks of wood was missing on the bathroom door, there was a hole in the wall behind the entrance door into the room, and the wallpaper was peeling from the wall behind bed A.
q. On 02/16/14 at 12:10 PM in room 408 bed A the wallpaper was peeling and curled at the seams.
r. On 02/16/14 at 12:38 PM in room 202 the wallpaper border was peeling and separated.
s. On 02/16/14 at 12:40 PM in room 204 the wallpaper border was peeling and separated.
t. On 02/16/14 at 12:41 PM in room 205 the wallpaper border was peeling, separated, and falling from the wall.
u. On 02/16/14 at 12:53 PM in room 102 the wallpaper border was separated, the wallpaper seam was discolored, the wallpaper behind the sink was buckled and peeling and a patch on the wall beside the bed was discolored.
v. On 02/16/14 at 12:55 PM in room 104 the wallpaper was buckled at the sink.
w. On 02/16/14 at 12:58 PM in room 107 the wallpaper was peeling from the wall and there were gouges in the wallpaper.

On 02/17/14, 02/18/14, and on 02/19/14 during multiple observations these rooms remained the same with no changes.

On 02/19/14 the Maintenance Supervisor was not available to be interviewed.

On 02/19/14 at 2:04 PM an interview was

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conducted with the Administrator. He stated last year he hired someone to repair the common areas of the facility and the bathrooms. He further stated there was no repair work done in the resident rooms.
He indicated he expected the maintenance supervisor to repair anything torn, stained, and/or un-presentable in resident rooms or in the facility. He further indicated due to the buildings age it remained to be a challenge but there were no plans to remove the wallpaper in the resident rooms.

2. Furniture with worn varnish and exposed wood:

a. On 02/16/14 at 11:40 AM and at 4:18 PM the front of the sink in room 300 had the varnish rubbed off exposing the unfinished wood with rough, splinter type edges. This remained the same on 02/19/14 at 1:26 PM.
b. On 02/16/14 at 12:02 PM and at 4:32 PM the front of the sink in room 400 had the varnish rubbed off exposing the unfinished wood. This remained the same on 02/19/14 at 1:35 PM.
c. On 02/16/14 at 12:03 PM and at 4:35 PM the over bed table in room 402 bed B had veneer scratched off and there was no varnish on the sink front.
d. On 02/16/14 at 12:04 PM and at 4:43 PM the sink front in room 404 had the varnish rubbed off with exposed unfinished wood and gagged edges. This remained the same on 02/19/14 at 1:41 PM.
e. On 02/16/14 at 12:09 PM the sink front and the window sill in room 407 had the varnish rubbed off with exposed unfinished wood. This remained the same on 02/19/14 at 1:45 PM.
f. On 02/16/14 at 12:10 PM and at 4:52 PM the sink front in room 408 had the varnish rubbed off

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F 253	Continued From page 4	F 253		

with exposed unfinished wood. This remained the same on 02/19/14 at 1:48 PM.
g. On 02/16/14 at 12:53 PM and at 4:55 PM the over bed table in room 102 had the veneer scratched off and exposed unfinished wood. This remained the same on 02/19/14 at 2:07 PM.

On 02/19/14 at 2:12 PM an interview was conducted with the Administrator. He stated he and the maintenance supervisor made rounds every 2 weeks and made a list of the repairs which needed to be done. He further stated they had not indicated on their list the needed repairs to the sink fronts.

3. Carpet soiled and worn:

a. On 02/16/14 at 10:30 AM observations of the 100 hall carpet was noted to be worn, peeling/separating from the wall underneath the wooden hand railing, and soiled with dirt, stains, and grime.
b. On 02/16/14 at 3:14 PM observations of the 100 hall carpet being vacuumed revealed particles in the air and a moldy odor.

On 02/19/14 at 2:14 PM an interview was conducted with the Administrator. He stated the carpet on the 100 hall definitely needed to be replaced and he had hoped it would have already been replaced. He further stated there were no quotes and/or dates as to when the carpet would be taken off of the walls and/or replaced on the 100 hall.

4. Bathrooms were not clean and orderly:

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F 253	Continued From page 5 a. The bathroom between rooms 300 and 302, which could be shared by 4 residents, was observed on 02/16/14 at 11:40 AM with the grout stained brown and cracked at the base of the toilet. This remained the same on 02/19/14 at 10:53 AM. b. The bathroom between rooms 301 and 303, which could be shared between 4 residents, was observed on 02/16/14 at 11:43 AM with dark brown, cracked grout around the toilet at the floor level and rust inside the toilet bowl. This remained the same on 02/19/14 at 10:54 AM. c. The bathroom between rooms 306 and 308, which could be shared between 4 residents, was observed on 02/16/14 at 11:52 AM with cracked grout around the base of the toilet and stained a dark brown. This remained the same on 02/19/14 at 11:03 AM. d. The bathroom between rooms 309 and 311, which could be shared by 4 residents, was observed on 02/16/14 at 11:58 AM with cracked grout and stained dark brown around the base of the toilet. The front metal bar of the toilet seat extender had an area approximately 3 inches long and 2 inches wide of flakes of peeling metal. This remained the same on 02/19/14 at 11:03 AM. e. The bathroom on the 100 hall shared by the residents on the 100 hall, was observed on 02/16/14 at 12:58 PM with discolored, dark brown caulking around the base of the toilet. This remained the same on 02/19/14 at 11:24 AM. On 02/19/14 at 2:25 PM an interview was conducted with the Administrator. He stated last year the focus was on remodeling the bathrooms. He further stated the bathrooms he and the maintenance supervisor felt were the worst were repaired and the other bathrooms are not perfect	F 253		

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F 253	Continued From page 6 but a work in progress. He indicated there was no written plan for repairs to residents' rooms. The maintenance supervisor was not available for interview. On 02/19/14 at 3:13 PM the building and residents' rooms were toured with the Administrator. During the observations with the Administrator, he indicated the wallpaper and the border in the resident rooms needed to be taken down and wished the building did not have any wallpaper. He stated it would take a long time to strip all the wallpaper off the walls and there were no plans to remove it. He further indicated the resident rooms were in need of repairs.	F 253		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews and record review the facility failed to follow the care plan for 2 of 4 residents dependent on staff for activities of daily living (Resident #81 and #103). The findings included: 1. Resident #81 was admitted to the facility on 08/30/10 with diagnoses that included falls, anxiety, hypertension and others. Resident #81's care plan dated 09/17/10 specified staff were to	F 282	It is the policy of this facility that services provided to residents are performed by qualified, trained personnel, according to each resident□s individual written plan of care. Some of the ways this has been achieved for resident□s # 81 and #103 are as follows: Nurse aides # 1 and #3 were re-inserviced by Director of Nursing and or Assistant Director of Nursing for application of oral care and nail care for residents # 81 and # 103 in accordance	3/19/14

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F 282	Continued From page 7 perform personal hygiene as tolerated. The plan identified that the resident would have personal hygiene met daily. The most recent Minimum Data Set (MDS) dated 12/24/13 specified the resident had no impaired cognition, did not refuse care but was dependent on staff for personal hygiene. On 02/16/14 at 2:25 PM Resident #81 was interviewed and asked if staff helped her to clean her teeth and she answered, "No." She explained that she had not had her teeth brushed in a "long time" and could not recall when then last time a staff member brushed her teeth. She also stated that the nurse aides did not offer to brush her teeth and she wasn't sure if she had a toothbrush. Resident #81's teeth were observed and revealed they had thick accumulation of white matter along the gum line of her bottom her teeth. Her teeth were visibly dirty. Resident #81 gave permission to look in her bedside table for a toothbrush and one was not found. On 02/17/14 at 11:30 AM Resident #81 was observed in her room. She stated she had not had her teeth brushed that day. Her teeth were observed and noted to have white matter accumulated along the gum line. On 02/19/14 at 8:45 AM Resident #81 was seated in her wheelchair and reported that she had received her morning care but that it did not include brushing her teeth. Her teeth were observed and were visibly dirty with white matter accumulated along the gum line. On 02/19/14 at 9:00 AM nurse aide (NA) #1 was interviewed and reported that she was assigned to care for Resident #81. She stated that she	F 282	with needs and assistance required per the individual care guide. Nurse aides #1 and #3 were re-educated for responsibility of reviewing the care guides and being aware of content of the care guide for resident needs when providing resident care. Because all residents who require assistance from staff for provision of care are potentially affected by the cited deficiency, all other nurse aides were re-inserviced on 3/5/2014 by the Director of Nursing for location of care guides, reading care guides, and applying the information provided according to care needs identified for each resident. In order to prevent recurrence of this cited deficiency, the following has been achieved: To enhance current compliant operations and under the direction of the Director of Nursing, on 3/5/2014 all other nurse aides were in serviced regarding state and federal regulations for application of care following the data documented in each resident care guide to provide resident care according to each resident individual needs. All newly hired nurse assistants receive skill check off and training for reading care guides for each resident needs during orientation. Each nurse aide has skill checks off done and annual in-services for application of oral and fingernail care as per documented assessment on the care guide annually to ensure care is delivered by a qualified person. Careguides are specific to each resident need so qualified staff apply care as recommended. The Director of Nursing and or designee	

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F 282	Continued From page 8 was familiar with the resident and knew the resident's care needs. She explained that the facility put "care guides" in the residents' closets that specified care needs but she didn't always use them. On 02/19/14 at 9:45 AM MDS Coordinator #1 was interviewed and reported that nurse aides were trained to follow residents' "care guides" kept inside closets. She explained that care plans were developed to meet the individual needs of residents and the "care guides" were an extension of the care plan for nurse aides to use. MDS Coordinator #1 reported that the "care guide" was a specific guide for a nurse aide to know how to care for a resident. Resident #81's "care guide" was reviewed and specified that the resident's teeth were to be brushed daily by the nurse aide. MDS Coordinator #1 stated that she expected the nurse aides to follow the care plans/care guides. She added that all nurse aides were trained during orientation to follow the care guides. 2. Resident #103 was admitted on 12/27/13 with diagnoses including diabetes mellitus, chronic obstructive pulmonary disease, and chronic kidney disease. The admission Minimum Data Set (MDS) dated 01/03/14 revealed Resident #103 had moderately impaired cognition and was totally dependent on staff for personal hygiene and bathing. The admission MDS further revealed Resident #103 had impaired range of motion of one upper extremity and both lower extremities. The admission MDS noted rejection of care was not exhibited. Review of a care plan for personal hygiene dated	F 282	audits five nurse aides weekly for twelve weeks for the delivery of oral care and fingernail care in order to monitor the application of these care needs by nurse aides qualified to deliver the care according to the care guide as individually assessed for each resident. The Director of Nursing and or designee will then audit five nurse aides monthly for twelve weeks for the delivery of oral care and fingernail care in order to monitor the application of these care needs by nurse aides qualified to deliver the care according to the care guide as individually assessed for each resident by the licensed nurse. The Director of Nursing is responsible for monitoring of compliance and reports findings and will report to the Quality Assurance Committee monthly for three months, quarterly for one quarter, and then as needed if problems arise. The Quality Assurance Committee will re-assess if items are identified.	

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01/13/14 stated Resident #103 required extensive to total assistance related to physical and medical conditions including muscle weakness and chronic obstructive pulmonary disease. The care plan noted Resident was not very motivated to perform these tasks at that time. The goal for personal hygiene stated Resident #103 would have her personal hygiene needs met through the next review on 04/17/14. A care plan for bathing needs dated 01/13/14 revealed Resident #103 required total assistance and would receive a bath every Tuesday and Friday. The goal for bathing needs stated Resident #103 would have her bathing needs met through the next review on 04/17/14.

An interview was conducted with Resident #103 on 02/16/14 at 4:40 PM. During the interview brown debris was observed under all ten fingernails. Resident #103 stated she needed her fingernails cleaned but was not able to do this for herself.

Subsequent observations of Resident #103's fingernails revealed the following:
- On 02/17/14 at 8:45 AM Resident #103 was observed eating her breakfast in her room using a fork. Brown debris was observed under all ten fingernails.
- On 02/18/14 at 12:45 PM Resident #103 was observed eating her lunch in the dining room using a fork. Brown debris was observed under all ten fingernails.
- On 02/19/14 at 8:45 AM Resident #103 was observed eating her breakfast in her room using a fork. Brown debris was observed under all ten fingernails.

Review of the NAs electronic documentation

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F 282	Continued From page 10 revealed Resident #103 received a shower on 02/18/14 during the 3:00 PM to 11:00 PM shift. Review of Resident #103's "Care Guide" dated 02/19/14, utilized by the nurse aides (NAs), revealed a column for hygiene which stated staff were to assist with personal hygiene as needed. The column for bathing stated nail care was to be provided on bath day. An interview with NA #3 on 02/19/14 at 11:15 AM revealed NAs were expected to clean and trim residents' fingernails full bath or shower days and as needed. During an interview on 02/19/14 at 12:40 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) observed the condition of Resident #103's fingernails and confirmed the debris needed to be cleaned out from under her fingernails. The DON stated she expected the NAs to clean under residents' fingernails on full bath or shower days and as needed. A follow up interview with the DON on 02/19/14 at 3:00 PM revealed the NAs were expected to follow the "care guides" posted inside each residents' closet. On 02/19/14 at 3:30 PM MDS Coordinator #1 was interviewed and stated residents' "care guides" were updated when the quarterly MDS assessments were completed and posted inside each residents' closet. The interview further revealed the NAs were trained to follow residents' "care guides" as they were an extension of the care plan.	F 282		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	F 312		3/19/14

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F 312	Continued From page 11 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 observations, staff and resident interviews and record review the facility failed to provide mouth care and failed to keep a resident's fingernails clean and free of debris for 2 of 4 sampled residents dependent with activities of daily living (Resident #81 and #103). The findings included: 1. Resident #81 was admitted to the facility on 08/30/10 with diagnoses that included falls, anxiety, hypertension and others. Resident #81's care plan dated 09/17/10 specified staff were to perform personal hygiene as tolerated. The care plan identified that the resident would have personal hygiene met daily. The most recent Minimum Data Set (MDS) dated 12/24/13 specified the resident had no impaired cognition, did not refuse care and was dependent on staff for personal hygiene. On 02/16/14 at 2:25 PM Resident #81 was interviewed and asked if staff helped her to clean her teeth and she answered, "No." She explained that she had not had her teeth brushed in a "long time" and could not recall when then last time a staff member brushed her teeth. She also stated that the nurse aides did not offer to brush her teeth and she wasn't sure if she had a	F 312	It is the policy of this facility to assess each resident upon admission and regularly according to state and federal regulation thereafter for individual care needs in order for staff to assist identified residents who require assistance with ADL care needs for oral and fingernail care. Each resident has an individual care plan and care guide created from the assessments done at admission and the regular basis, updated by the Minimum Data Nurse/s. This was achieved for residents #81 and # 103 by inservice by the Director of Nursing on 3/5/2014 for nurse aides # 1 and # 3. Nurse aides #1 and #3 were re-trained in the importance of oral care and fingernail care to resident who require staff assistance for ADLs. Because all residents who require assistance from staff for provision of care are potentially affected by the cited deficiency, all other nurse aides were re-inserviced on 3/5/2014 by the Director of Nursing for providing assistance to residents for oral and fingernail care. In order to prevent recurrence of this cited deficiency the following have been	

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F 312	Continued From page 12 toothbrush. Resident #81's teeth were observed and revealed they had thick accumulation of white matter along the gum line of her bottom her teeth. Her teeth were visibly dirty. Resident #81 gave permission to look in her bedside table for a toothbrush and one was not found. On 02/17/14 at 11:30 AM Resident #81 was observed in her room. She stated she had not had her teeth brushed that day. Her teeth were observed and noted to have white matter accumulated along the gum line. On 02/19/14 at 8:45 AM Resident #81 was seated in her wheelchair and reported that she had received her morning care but that it did not include brushing her teeth. Her teeth were observed and were visibly dirty with white matter accumulated along the gum line. On 02/19/14 at 9:00 AM nurse aide (NA) #1 was interviewed and reported that she was assigned to care for Resident #81. She stated that the resident did not refuse care. NA #1 reported that she typically got the resident up in the morning and provided her with a partial bed bath, washed her face, combed her hair and applied lotion to her skin. The NA was asked if she brushed Resident #81's teeth and she reported that she did not always brush her teeth. She explained that she had not brushed the resident's teeth on 02/17/14, 02/18/14 or 02/19/14 because the night shift nurse aide had rendered Resident #81's morning care. NA #1 stated that she was expected to offer to brush a resident's teeth in the morning and after meals. NA #1 observed Resident #81's teeth and said they were dirty. NA #1 asked Resident #81 if she would like to have her teeth brushed and Resident #81 replied, "Yes	F 312	achieved: Further a 100% audit of all residents dependent for oral and fingernail care was completed under the supervision of the Director of Nursing on 3/9/2014. To enhance current compliant operations and under the direction of the Director of Nursing, on 3/5/2014 all other nurse aides were inserviced regarding state and federal regulations, and facility policy for providing assistance to residents who need staff assist for provision ADLs. The Director of Nursing and or designee audits five nurse aides weekly for twelve weeks for the delivery of oral care and fingernail care in order to monitor the application of these care needs by nurse aides for dependent residents who require assistance. The Director of Nursing or designee will then audit five nurse aides monthly for three months for the delivery of oral care and fingernail care in order to monitor the application of these care needs by nurse aides for residents who require assistance. Care guides are established for each resident by the licensed nurse and serve as a guide to inform each aide for the amount of assistance each resident requires with ADL. The Director of Nursing is responsible for monitoring of compliance and reports findings and will report to the Quality Assurance Committee monthly for three months, quarterly for one quarter, and then as needed if problems arise. The Quality Assurance Committee will re-assess if items are identified.	

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please." NA #1 looked through Resident #81's bedside table drawer to locate a toothbrush and was able to find a dry toothbrush stored inside a plastic bag all the way in the back of the drawer.

On 02/19/14 at 9:20 AM the Director of Nursing (DON) was interviewed and reported that nurse aides were expected to offer mouth care daily in the morning and after meals. She added that it was the nurse aides' responsibility to document that care was provided in the computer system. The DON stated that she would expect the nurse aides to have offered to brush Resident #81's teeth daily. She observed Resident #81's teeth and confirmed they were dirty.

Nurse aide #2 was assigned to care for Resident #81 on the night shift (11 PM to 7 AM) and had provided morning care for the resident but she was unavailable for an interview.

Review of the computerized charting completed by nurse aide #2 revealed that on 02/19/14 she documented she had brushed Resident #81's teeth. The DON verified the documentation and stated that it was apparent the resident's teeth had not been brushed.

2. Resident #103 was admitted on 12/27/13 with diagnoses including diabetes mellitus, chronic obstructive pulmonary disease, and chronic kidney disease. The admission Minimum Data Set (MDS) dated 01/03/14 revealed Resident #103 had moderately impaired cognition and was totally dependent on staff for personal hygiene and bathing. The admission MDS further revealed Resident #103 had impaired range of

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motion of one upper extremity and both lower extremities. The admission MDS noted rejection of care was not exhibited.

Review of a care plan for personal hygiene dated 01/13/14 stated Resident #103 required extensive to total assistance related to physical and medical conditions including muscle weakness and chronic obstructive pulmonary disease. The care plan noted Resident was not very motivated to perform these tasks at that time. The goal for personal hygiene stated Resident #103 would have her personal hygiene needs met through the next review on 04/17/14. A care plan for bathing needs dated 01/13/14 revealed Resident #103 required total assistance and would receive a bath every Tuesday and Friday. The goal for bathing needs stated Resident #103 would have her bathing needs met through the next review on 04/17/14.

An interview was conducted with Resident #103 on 02/16/14 at 4:40 PM. During the interview brown debris was observed under all ten fingernails. Resident #103 stated she needed her fingernails cleaned but was not able to do this for herself.

Subsequent observations of Resident #103's fingernails revealed the following:
- On 02/17/14 at 8:45 AM Resident #103 was observed eating her breakfast in her room using a fork. Brown debris was observed under all ten fingernails.
- On 02/18/14 at 12:45 PM Resident #103 was observed eating her lunch in the dining room using a fork. Brown debris was observed under all ten fingernails.
- On 02/19/14 at 8:45 AM Resident #103 was

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F 312	Continued From page 15 observed eating her breakfast in her room using a fork. Brown debris was observed under all ten fingernails. Review of the NAs electronic documentation revealed Resident #103 received a shower on 02/18/14 during the 3:00 PM to 11:00 PM shift. Review of Resident #103's "Care Guide" dated 02/19/14, utilized by the nurse aides (NAs), revealed a column for hygiene which stated staff were to assist with personal hygiene as needed. The column for bathing stated nail care was to be provided on bath day. An interview with NA #3 on 02/19/14 at 11:15 AM revealed residents' fingernails were cleaned and trimmed on full bath or shower days and as needed. During an interview on 02/19/14 at 12:40 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) observed the condition of Resident #103's fingernails and confirmed the debris needed to be cleaned out from under her fingernails. The DON stated she expected the NAs to clean under residents' fingernails on full bath or shower days and as needed.	F 312		
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.	F 323		3/19/14

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F 323	Continued From page 16 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to ensure the environment was free from accident hazards when they allowed a microwave, refrigerator and oxygen concentrator to be plugged into a three-way adapter in 1 of 1 resident rooms (Room #107) and failed to secure a 1/2 side rail to prevent entrapment for 1 of 40 resident beds (Resident #81). The findings included: 1. Review of the most recent Regulatory Focus Bulletin from The Division of Health Service Regulation dated 02/2008 read in part as follows, "that some three-way adapters are listed for the appropriate electrical load that one may wish to connect; however you must not connect more electrical load to the adapter than it is listed for. The three-way adapters would have to be evaluated on a case by case basis as determined by the DFS inspector, the local fire official and/or the local electrical inspector based upon the device, the connected load, and the specific use intended. It is best not to use these devices because the tendency is to overload them and overloading may cause a fire." Observations of room #109 made on 02/18/14 at 11:44 AM revealed a microwave oven, small refrigerator and electric razor charger to be plugged into a three-way adapter in the top outlet on the right side of the room with the adapter being secured to the wall by scotch tape. An oxygen concentrator and cell phone charger were	F 323	It is the policy of this facility to follow all state and federal regulations , to provide supervision and assistance to each resident to prevent accidents.; All three way adapters in Room 109 were removed and are no longer in use. Further the resident was educated that 3 way adaptors may not be used due to life safety code violation. Resident #81 loose side rail was tightened. Because each resident is potentially at risk for this cited deficiency of 3 way adaptors and loose side rails, a 100% visual audit of all resident rooms has been performed and no other three way adapters or loose side rails were found in any of the other resident rooms. A notification was hand delivered to each resident regarding the use of 3 way pronged adaptors on 3/11/2014 and a notice has been posted at each entrance that these items are not allowed. Staff members were in-serviced on side rails and were instructed to report any loose side rails to the Maintenance Director. The Administrator and/or housekeeping or maintenance supervisor will provide audits of all resident rooms weekly for the next three months to monitor for 3 way adaptors and loose side rails. The Administrator and/or housekeeping or maintenance supervisor will then audit all resident rooms monthly for three months	

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F 323	Continued From page 17 plugged into a three-way adapter in the top outlet on the left side of the room. An interview was conducted with the Administrator on 02/19/13 at 3:32 PM which included observations of room #109. The Administrator stated it was not acceptable for the microwave, refrigerator and oxygen concentrator to be plugged into a 3-way adapter and was not aware the 3-way adapters were being used in room #109. The Administrator immediately unplugged the 3-way adapter and plugged the microwave, refrigerator and oxygen concentrator into the direct wall outlet. 2. Resident #81 was admitted to the facility on 08/30/10 with diagnoses that included falls, anxiety, hypertension and others. The most recent Minimum Data Set (MDS) 12/24/13 specified the resident had no impaired cognition and required extensive assistance with bed mobility. On 02/16/14 at 2:245 PM Resident #81 was in bed. She was sitting upright with the head of her bed raised. She had ½ side rails attached to both sides of the top of the bed. Resident #81 was leaning to her right side. She was asked about the ½ side rails and reported that she requested them because they made her feel safe. She stated that she could not turn or reposition herself in bed and was unable to get out of bed on her own. She did report that she was able to "scoot" in the bed and that she could roll out of bed in an emergency. During the interview with Resident #81 her side rails were checked for placement. The right side	F 323	to monitor for 3-way adaptors and loose side rails. Reports for findings of the audits will be reported for the next three months to the Quality Assurance Committee and quarterly for two quarters.	

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rail was noted to be loose and was able to be pulled away from the bed approximately 6 to 8 inches.

The Maintenance Director was unavailable for an interview.

On 02/19/14 at 10:00 AM the Administrator was interviewed and reported that the Environmental Services Director assisted the Maintenance Director in routine maintenance of the building. The Administrator reported that he was aware that the Maintenance Director made daily rounds that included checking side rails for placement and tightening them as needed. He was unaware of when the Maintenance Director last checked Resident #81's right side rail.

On 02/19/14 at 10:05 AM the Environmental Services Director was interviewed and reported that he was trained to secure side rails as tight as the rail could go. He added that he helped perform random checks in rooms to ensure side rails were sturdy and secure and unable to be pulled away from the bed.

On 02/19/14 at 10:15 AM the Administrator and Environmental Services Director observed Resident #81's right side rail. The Environmental Services Director lifted the mattress and revealed that the locking mechanism to attach the side rail to the bed was loose. He stated the locking mechanism was loose and wobbled and the side rail was not properly tightened or secured to the bed. He proceeded to tighten the locking mechanism. After he had tightened the right side rail he demonstrated that the rail was no longer able to be pulled away from the bed.

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F 323	Continued From page 19 During the demonstration the Administrator reported that he would expect all side rails to be attached correctly to beds to prevent accidents from occurring.	F 323		
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure resident rooms were free from pests in 2 of 12 rooms on the 300 hall (Rooms 301 and 302). The findings are: On 02/16/14 at 11:40 AM, during the initial tour, observed a nightstand in room 301 for the resident of bed A with crawling ants on the top, the sides, and in the floor to the left side of the nightstand. Further observation revealed crawling ants in and around a blue plastic crate setting in the corner of the floor to the left side of the nightstand. On 02/16/14 at 12:55 PM in room 301 observed a family member, which gloved her right hand and wiped the top of the nightstand; she left the room and returned with the Director of Nursing (DON). Further observation revealed the family member showed the DON the crawling ants on the nightstand and on the over bed table.	F 469	This facility strives to maintain a facility free of pests and rodents. To achieve compliance for this cited deficiency , rooms 301 and 302: Staff immediately removed all uncovered food sources from the resident□s bedside tables and drawers. The residents were removed from the rooms, the rooms were deep cleaned, and pest control treated each room. Further the residents were instructed to maintain all foods in air tight containers. Since the entire facility is at risk for this cited deficiency, pest control company is contracted to treat the facility at least monthly and more often when requested. A pest control company will continue to tour the facility and look for any ants or other vermin and will continue to treat as indicated. A 100% visual audit of all resident rooms	3/19/14

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F 469	Continued From page 20 On 02/16/14 at 2:16 PM in room 301 observed crawling ants on an over bed table, in the floor underneath the over bed table, and crawling ants on the nightstand as previously observed. On 02/17/14 at 10:08 AM in room 302 observed a resident lying in her bed scratching her arms and head, she picked a crawling ant off of her pillow and flung it into the floor; she stated "these bugs in this room are eating me up." On 02/17/14 at 3:36 PM in room 302 observed 2 crawling ants in the floor in front of bed A's nightstand. On 02/18/14 at 9:28 AM and at 2:38 PM in room 302 observed 3 crawling ants in the floor to the left side of bed A's nightstand. On 02/19/14 at 8:42 AM in room 302 observed 2 crawling ants in the resident's hair while she was sitting in her wheelchair eating breakfast. On 02/19/14 at 8:43 AM Med Aid #1 was asked for identification of the 2 crawling insects in the resident's hair. Med Aid #1 acknowledged and verified the 2 crawling ants and she immediately removed the ants from the resident's hair with her fingers and flung them out into the hallway. On 02/19/14 at 9:43 AM an interview was conducted with Housekeeper #1. She stated she observed 2 crawling ants in room 302. On 02/19/14 at 10:58 AM a telephone interview was conducted with the Pest Control Technician. He stated he completed his regular monthly extermination of the facility on 02/18/14 at 7:34	F 469	reveals that there are no additional rooms with ants. Written notice was hand delivered to each resident concerning storage of food items in air tight containers in rooms. To ensure compliance, an audit of all resident rooms will be completed weekly for the next three months by the Administrator or his designee and then monthly for three months. Any pests found will be brought to the attention of Maintenance and a pest control company so that the area can be properly treated. The results of these audits will be presented to the Quality Assurance Committee monthly for three months, quarterly for two quarters, and then as needed if an issue arises.	

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F 469	Continued From page 21 AM. He further stated on his monthly visits he does "spot checks" around the windows and doors on the inside of the building and he sprayed the pesticide "Demand EZ" on the outside. He indicated he would spray on the inside only if he observed activity of any kind of insects. He further indicated he inspected room 302 on 02/18/14 at the request of the Maintenance Supervisor and found no activity of pests. He revealed he did not spray in any of the resident rooms on 02/18/14. On 02/19/14 the Maintenance Supervisor was not available for an interview. On 02/19/14 at 2:04 PM an interview was conducted with the Administrator. He stated he expected the Maintenance Supervisor to keep him informed of any insects/pests in the building as well as call and inform the Pest Control Technician. He indicated he was told on 02/18/14 there was no activity of ants/pests in rooms 301 or 302.	F 469		
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of	F 520		3/19/14

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F 520	Continued From page 22 action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to provide evidence of a working plan of action to correct an ongoing problem of resident rooms in disrepair. The findings included: Cross refer F 253. Observations of the facility and resident rooms conducted 02/16/14 to 02/19/14 during the annual recertification survey revealed numerous resident rooms to be in disrepair. Residents rooms were observed to have wallpaper border falling down, veneer coming off resident furniture, torn blinds and holes in the walls. A review of the quality assurance (QA) monitoring tools dated 01/2013 revealed five bedrooms on Oak hall were remodeled with new floors, removal of wall paper and painted. Review of monitoring tools dated 02/2013 revealed six bedrooms on the Oak hall were remodeled for the month of February. Monitoring tools dated 3/2013 revealed three resident rooms on the Pine hall	F 520	This facility follows state and federal regulations and facility policy to have and maintain an effective Quality Assurance program. To achieve compliance for this cited deficiency, a Quality Assurance program was initiated and a monitoring tool was developed to specifically follow the repair needs of the facility. This tool will be maintained to track needed repairs within the facility. The maintenance supervisor or contract services will make repairs daily as identified in the facility rounds in order to ensure an ongoing program to monitor and repair the facility. This Quality Assurance maintenance program will be ongoing and compliance is monitored by the Administrator who reports concerns to the Quality Assurance Committee monthly for three months, quarterly for two quarters, and as needed in future	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MOCKSVILLE	1007 HOWARD ST MOCKSVILLE, NC 27028

(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 520	Continued From page 23 were repaired with no explanation of repairs made. There was no other documentation after 03/2013 regarding plans to address disrepair in resident rooms. During an interview on 02/19/13 at 2:12 PM the Administrator stated the QA committee met quarterly. He explained audits were conducted by him and the Maintenance Director weekly or bi-weekly, regarding repairs and updates being made in the building and the Maintenance Director kept a running list of repairs to be made to resident rooms. The Administrator could not produce a list of the repairs from the Maintenance Director. The Administrator stated there was not a formal action plan to complete repairs to resident rooms but repairs were discussed at the QA meetings. The Administrator reported each department head kept their own minutes from the QA meetings and submitted them to the Director of Nursing to keep in the QA book. There was no documentation of discussion of resident room repairs after 03/2013.	F 520	quarters.	