STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345489	A. BUILDING _____ B. WING _____	C 03/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING REHAB CENTER	1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262

(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 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on 1 of 3 meals observed with the use of disposable tableware, interviews with 2 of 2 residents (Residents #47 and 57), staff interviews and review of facility records, the facility failed to provide 18 residents with a dignified dining experience (Residents #47, 21, 63, 72, 49, 69, 42, 19, 34, 28, 24, 41, 40, 64, 39, 146, 73, and 57). The findings included: Review of Resident #47's quarterly Minimum Data Set (MDS) dated 1/10/14 revealed Resident #47 had the ability to understand others, be understood, was independent with eating and had moderately impaired cognition. On 03/19/14 at 12:58 PM, Resident #47 was observed with dessert served to her on a disposable plate. Resident #47 stated she noticed her dessert was served on a disposable plate. She stated she "did not like it and would rather not have it" (disposable plate). Resident #47 stated she received foods served on disposable tableware "from time to time." Resident #47 further stated that one time her entire meal was served on disposable tableware with disposable cutlery. Review of Resident #57's annual MDS dated 12/13/13 revealed Resident #57 had the ability to	F 241	1. Corrective Action was accomplished for Residents #47, 21, 63, 72, 49, 69, 42, 19, 34, 28, 24, 41, 40, 64, 39, 146, 73, and 57. The facility Registered Dietitian (RD) notified the Dietary Manager (DM) on 03-20-2014 that paper products such as dessert plates were not to be used as a replacement for china plates. The DM initiated further investigation to determine the reason there was a substitution. 2. All Residents have the potential to be affected by the deficient practice. An In-service was conducted by the DM on 03- 20-2014 and 04-08-2014 for all dietary staff on the facility policy that limits the use of paper products. 3. Systems/ Measures in place to ensure continued compliance: A. Paper product use is limited to a Disaster, Power Outage, Dish Machine temporarily out of service, or a facility wide special event such as a picnic. B. A Par level is to be maintained and checked weekly by the DM to determine the timely need for replacement plates. Additional china service ware was purchased on 03-24-2014 and arrived on 04-09-2014. C. The dietary staff will wash dishes on a	4/11/14

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

Electronically Signed | 04/10/2014

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 241	Continued From page 1 understand others, be understood, was independent with eating and had mild impaired cognition. On 03/19/14 at 1:13 PM Resident #57 was observed eating lunch in her room. Resident #57's dessert was served on a disposable plate. Resident #57 stated "We get plastic whenever they want to give it to us; this is the second time this week." Resident #57 further expressed that she did not like receiving her foods on disposable tableware and anytime she asked staff why, she received a response of "I don't know." An observation of the lunch meal on 03/19/14 from 11:56 AM until 12:55 PM in the main dining room (MDR) revealed 13 residents, Residents #21, 63, 72, 49, 69, 42, 19, 34, 28, 24, 41, 40, and 64, received dessert served to them on disposable tableware from the kitchen while the remaining 26 residents' dessert were served on a china plate. Residents #39 and 146 were observed on 03/19/14 at 1:00 PM eating lunch in a small dining area on the 100 hall. These Residents were observed with their dessert served to them on disposable plates. Resident #73 was observed on 03/19/14 at 1:12 PM in her room with dessert from the lunch meal served on a disposable plate. An interview with dietary staff #1 occurred on 03/20/14 at 3:45 PM. Dietary staff #1 stated that she cooked the meals and was not responsible for plating breads or desserts. Dietary staff #1 stated that desserts were served on disposable tableware "at times, probably because we are short on china plates." Dietary staff #1 stated that a shortage of china plates was the reason some	F 241	timely basis to ensure enough service ware is available for the next meal. D. An audit will be conducted daily during every meal for 4 weeks and then weekly for at least one meal for six (6) months. The DM or Lead Cook will conduct the audit daily Monday thru Friday and the week-end supervisor or lead cook will complete the audit on week-ends. E. The Social Worker will interview residents during the monthly resident council meeting to determine if compliance is maintained. Minutes of the meeting will include resident comments. 4. Results of the audits and interviews will be reviewed by the facility Administrator and reported to the QA&A Committee monthly for one year.	

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F 241	Continued From page 2	F 241		

residents received their dessert on china plates for the lunch meal on 03/19/14 and some received their desserts on disposable plates. Dietary staff #1 stated she noticed the use of disposable plates for lunch on 03/19/14 during the tray line, but did not say anything because she was not responsible for plating the desserts.

An interview occurred on 03/20/14 at 4:37 PM with the dietary manager (DM). The DM stated she noticed the use of plastic dessert plates for the lunch meal on Wednesday, 03/19/14 at the end of the meal service. The DM stated she spoke to her dietary staff and advised that china plates had been ordered, available and should have been used. The DM stated she was not in the kitchen at the time of the meal service and was not able to explain why dietary staff made the decision to serve dessert on disposable tableware. A follow-up interview with the DM on 03/20/14 at 5:00 PM revealed based on a current count there were 84 small beige bowls, 40 small white plates and 145 green dessert bowls that could have been used to plate dessert. The DM provided an invoice for review dated 12/17/13 which documented that 2 cases (48 per case) of rimmed white plates were ordered. The DM stated she put one case in storage and immediately placed one case of white plates in rotation for use. When dietary staff informed her sometime in early March that more plates were needed, she put the second case of plates in rotation. The DM stated the last order she placed for dessert bowls was on 02/6/14. An invoice was provided for review which documented 1 case (48 per case) of fruit bowls was ordered. The DM stated that she ordered items as needed, but did not generally keep a par level of supplies. Further observation of a storage room in the MDR

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F 241	Continued From page 3 revealed there were 98 black dessert bowls available for use. The DM stated the black bowls were kept locked in the closet, with the key accessible to all dietary staff, but not used because they did not match the décor of china dishes currently in rotation. An interview with dietary staff #2 occurred on 03/21/14 at 08:37 AM. Dietary staff #1 stated that at times disposable tableware was used for lunch when all the dishes from the breakfast meal had not been washed or when several food items were served in bowls for lunch. Dietary staff #1 stated that staff generally started washing dishes from the breakfast meal about 09:30 AM and on 03/19/14, staff was still washing dishes until about 10:45 AM. Staff was unable to wash all the dishes from the breakfast meal on 03/19/14 because they had to stop and get ready for the lunch meal tray line. Dietary staff #1 further stated that when she plated the dessert for the lunch meal on 03/19/14, she did not have enough china dessert plates available to use, so she plated some desserts on plastic plates. Dietary staff #1 stated she informed the DM the week prior that more china dessert plates were needed, but was unsure if the plates had been received. Dietary staff #1 stated that at times "we still run short and have to use plastic plates and bowls at times."	F 241		
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced	F 311		4/11/14

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F 311	Continued From page 4 by: Based on observations, staff interviews and review of facility records, the facility failed to encourage or set-up a resident (Resident #119) to perform nail care for 1 of 4 sampled residents in need of staff assistance with activities of daily living. The findings included: The facility's policy, "A.M. Care", undated recorded in part, "All residents unable to care for themselves are provided total care. Residents able to wash hands and face, brush teeth, comb hair and complete own grooming are encouraged to do so and are supplied with the necessary equipment. Standby assistance is provided." Resident #119 was admitted to the facility on 02/05/08. Diagnoses included mental disorder, Alzheimer's Dementia, depression, and recurrent pleural effusion causing shortness of breath. A care plan dated 12/09/13 documented Resident #119 required some staff assistance/supervision with activities of daily living (ADL) including bathing. Interventions included to give verbal cues to help prompt and to provide staff assistance of one person. Review of a quarterly minimum data set dated 02/06/14 revealed Resident #119 was assessed with moderately impaired cognition and required staff assistance of one person with dressing and personal hygiene. Resident #119 was observed on 03/17/2014 at 3:39 PM in bed, all fingernails to both hands were observed soiled with dark colored debris	F 311	1. Corrective action has been achieved for Resident #119. Fingernails on both hands were cleaned and trimmed on 03-20-2014. This resident continues to be provided with assistance/supervision with activities of daily living (ADL) including bathing and nail care. 2. All residents needing or requesting assistance with ADL care and services, including fingernails, have the potential to be affected by deficient practice. An initial audit of all current residents fingernails was initiated on 3-21-14 and completed on 04-04-14. Nails were cleaned and trimmed where the need was identified. 3. Measures/Systems in place to ensure continued compliance: A. All Nurses, Certified Nurse Assistants (C.N.A.), and shower technicians were re-in serviced by the Director of Nursing (DON) on the facility nail care policies and procedures. The In-service was initiated on 03-25-2014 and completed on 03-30-2014. All newly hired Nurses, C.N.A.'s, and shower technicians will be oriented to the policy and procedures during their initial orientation. This will be documented on the facility Nurse and C.N.A. Skills Check List". B. An Addendum to the facility Bath/Shower and A.M. Care was developed and initiated on 03-24-2014. Nail care will also be provided between shower/ bath day by a Nurse, C.N.A. or shower technician where indicated or requested. All resident refusals for AM Care, Shower, Bath or nail care will be reported to the charge nurse for	

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F 311	Continued From page 5 underneath each nail. Follow-up observations of the same occurred on 03/18/14 at 10:12 AM and 03/19/14 at 10:30 AM. With each observation, Resident #119 extended his hands when approached. An interview on 03/19/14 at 3:29 PM with nurse aide #3 (NA #3) revealed Resident #119 required staff assistance with showers, toileted himself and required staff standby assistance/encouragement with dressing and personal hygiene. NA #3 stated that Resident #119 was offered showers twice weekly on Wednesdays and Saturdays and would get a shower that day which should include nail care. An interview with NA #4 on 03/20/14 at 9:51 AM revealed she assisted Resident #119 with morning care that day. NA #4 stated that Resident #119 toileted himself and assisted with dressing himself, but required encouragement and cueing. NA #4 stated she assisted Resident #119 with getting washed up for breakfast, but she did not notice his fingernails needed to be cleaned and did not offer to assist him with nail care. NA #4 stated "I need to go back and take a look at that." NA #4 was observed to look at the fingernails of Resident #119 and asked him if he wanted his fingernails cleaned/trimmed, Resident #119 extended both hands and said "Yeah." NA #4 stated that Resident #119 typically extended his hands when he wanted his nails cleaned/trimmed. An interview on 03/20/14 at 10:00 AM with nurse #2 revealed that Resident #119 directed his nursing care, toileted himself and occasionally refused showers. Review of the shower book revealed Resident #119 refused a shower on	F 311	appropriate follow-up. C. Nurse Managers (Resident Care Coordinators) will make compliance rounds using the form fingernail system check list as the audit tool weekly for four (4) weeks observing the nails of all residents. Then compliance rounds will be made weekly observing at least twenty-five residents for six (6) months and then monthly for six (6) months. Staff failing to follow policy will either be re-educated or disciplined as necessary. 4. Findings from the audits will be reviewed by the DON at the monthly QA&A Committee. This plan will be reviewed for effectiveness and changed when necessary.	

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F 311	Continued From page 6 03/15/14 and 03/19/14. Nurse #1 was observed to assess Resident #119's fingernails and stated "Oh yes his nails definitely need to be cleaned and trimmed, even though he refused a shower, nail care still needs to be done." An interview on 3/20/14 at 10:15 AM with the director of nursing (DON) (Calvin Boger) revealed that nail care should be provided with showers and as needed. The DON was observed to assess the fingernails of Resident #119 and stated that the Residents fingernails were unacceptable. The DON was observed to direct staff to offer Resident #119 assistance with nail care.	F 311		