

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/31/2014
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHABILITATION AND CARE			STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 248 BURNSVILLE, NC 28714		
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F 167 SS=B	<p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility .</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to clearly label and locate state survey results where residents could reach them unassisted. Findings included:</p> <p>On 07/30/14 at 9:35 AM a white 3 ring binder labeled Survey Results on the spine and cover was observed resting in a brown opaque plastic document holder. The document holder was affixed to the wall between the chart room and 300 hall nursing station and to the right of the locked double doors leading to the main entrance of the facility. The opening to the document holder was approximately 5 feet from the floor. When resting in the document holder, the binder label on the spine was not visible when eyes were level with the document holder opening and the label on the cover was darkened by the brown opaque color of the document holder.</p> <p>On 07/30/14 at 4:10 PM an interview with the social services director revealed he did not know where the survey results were kept for review by</p>	F 167	<p>This Plan of Correction is the center of a credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F-167</p> <ol style="list-style-type: none"> The Survey Results Notebook is clearly labeled and located adjacent to the South wing nursing station, within reach of residents who are wheelchair bound. The State Complaint Line phone number is posted above the survey book, adjacent to the South wing nursing station. All residents have the potential to be affected. No negative outcomes identified. The Administrator or designee will conduct weekly audits for four weeks and 	8/28/14	

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

TITLE

(X6) DATE

Electronically Signed

08/22/2014

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 167	Continued From page 1 residents and he did not know if they were accessible in a manner that residents could obtain them without asking for assistance. On 07/30/14 at 4:25 PM an interview with the administrator revealed survey results were moved inside the locked double doors last year, but he did not think a resident in a wheelchair could reach the binder inside the document holder unless they asked for assistance. He stated the smoked color of the document holder made the label on the binder harder to see and residents might not know that the document holder held the survey binder.	F 167	monthly audits for three months to ensure compliance will all information required to be posted for residents. The Resident Council President will be educated on the corrections made and location of survey book and complaint line. The Administrator will address the Resident Council and ensure they are made aware of all changes. 4. Results of compliance will be reviewed at the quarterly Quality Assurance Committee Meeting until resolved. The Administrator is responsible for overall compliance.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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, record review, and family and staff interviews, the facility failed to provide routine oral hygiene to 1 of 3 dependent residents reviewed for activities of daily living (Resident #97). The findings including: Resident #97 was admitted to the facility on 02/12/13 with diagnoses including senile dementia, diabetes mellitus, muscle weakness, right sided hemiparesis, and lack of coordination.	F 312	This Plan of Correction is the center of a credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F-312	8/28/14	

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F 312	<p>Continued From page 2</p> <p>Review of a significant change Minimum Data Set (MDS) dated 04/03/14 revealed Resident #97 had moderately impaired cognition, was totally dependent on staff for personal hygiene, and had range of motion limitation of his upper and lower extremities on one side of his body. A quarterly MDS was completed on 06/17/14 and also noted Resident #97 was totally dependent on staff for personal hygiene.</p> <p>Review of the Care Area Assessment (CAA) Summary for activities of daily living (ADL) dated 04/15/14 revealed Resident #97 was weak and required extensive assistance with ADL but was able to feed himself following tray set up. The CAA Summary stated he had right sided hemiparesis, could not lift his right arm all the way up and had a very weak grasp in his right hand.</p> <p>Review of a care plan for ADL and falls dated 02/12/13 and last reviewed on 06/17/14 revealed Resident #97 was not able to bathe, dress or groom himself independently due to right sided hemiparesis and required extensive assistance for ADL. Interventions included giving the resident assistance as needed.</p> <p>A family interview was conducted on 07/29/14 at 10:13 AM. During the interview Resident #97's family member stated Resident #97 did not get the assistance he needed with routine oral hygiene. The family member further stated Resident #97 still had his own natural teeth and good oral hygiene was very important. The interview revealed the family member visited regularly and frequently observed his teeth and gumline with large amounts of food debris. The family member indicated she brushed Resident #97's teeth when she visited.</p>	F 312	<ol style="list-style-type: none"> 1. Resident #97 received appropriate oral hygiene. Nursing staff re-educated on policies and procedures for ADL care provided to dependent residents by the staff development coordinator. 2. Dependent residents needing assistance with ADLs were identified. Oral hygiene audits will be completed by DON or DON designee for all dependent residents. Random audits will include resident personal hygiene checks and be reported during daily management meetings as audits are completed. DON will maintain audit observations. 3. The staff development coordinator/designee re-educated nursing staff regarding proper oral hygiene and ADL care. DON or DON designee will conduct documented QA audits to monitor dependent resident ADL care through direct random observation. This will be monitored 3 times a week for 4 weeks, then weekly for 4 weeks then monthly until compliance is established. Staff development coordinator will include aspects of ADL care, targeting on oral hygiene, during orientation of new nursing personnel and any current employees who need additional education to ensure compliance with facility's policy on ADL care for dependent residents. Documented audit observations will include resident ADL checks and be reported during management meetings as audits are completed. 4. Audits will be reviewed and analyzed monthly by the DON or DON designee for 3 months, then quarterly at Quality Assurance committee meeting to review if 		

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F 312	Continued From page 3 Observations of Resident #97 on 07/30/14 at 7:45 AM revealed he was up and dressed, sitting in his wheel chair near the nurse's station. Resident #97's breath did not smell fresh but he was not able to follow the request to smile thus the condition of his teeth could not be visualized. On 07/31/14 at 7:35 AM a nurse aide (NA) was observed pushing Resident #97 out of his room in his wheel chair. Resident #97's breath did not smell fresh and when asked to smile a thick coating of white matter was noted along the entire gumline of his top teeth. During an interview on 07/30/14 at 12:30 PM NA #1 stated she had brushed Resident # 97's teeth when she got him out of bed that morning. NA #1 noted Resident #97 required assistance with ADL and could not brush his own teeth. An interview with NA #2 on 07/31/14 at 1:24 PM revealed she usually brushed Resident #97's teeth after breakfast but got busy and forgot to brush his teeth that morning. Resident #97 agreed to have his teeth brushed by NA #2 and she wheeled him to his room. At 1:30 PM NA #2 prepared her supplies and asked Resident #97 to open his mouth so she could brush his teeth. A thick coating of white matter was noted along the entire gumline of his top teeth along with a small amount of food debris. Observations after his teeth were brushed revealed the thick white matter and food debris were totally removed. During an interview on 07/31/14 at 2:00 PM the Director of Nursing stated she expected resident's teeth to be brushed every morning and at bedtime daily.	F 312	current plan of action is effective. Revisions will be made by the QA committee team to the current plan of action to ensure compliance. DON is responsible for overall compliance.		

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F 325 F 325 SS=D	Continued From page 4 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide a high protein/high calorie frozen nutritional supplement as ordered by the physician for 1 of 4 residents reviewed for nutrition (Resident #97). The findings included: Resident #97 was admitted to the facility on 02/12/13 with diagnoses including senile dementia and diabetes mellitus. Review of a significant change Minimum Data Set (MDS) dated 04/03/14 revealed Resident #97 had moderately impaired cognition and required set up help only for eating. His weight was 183 pounds and weight loss was not noted on the significant change MDS. A quarterly MDS dated 06/17/14 revealed Resident #97 had moderately impaired cognition and required set up help only for eating. The quarterly MDS indicated Resident #97 weighed 174 pounds and noted weight loss	F 325 F 325	This Plan of Correction is the center <input type="checkbox"/> s credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F-325 1. Resident #97 has received high protein/high calorie frozen nutritional supplement per physician orders as of 7-31-14. 2. Tray cards have been audited against physician orders to ensure accuracy. Dietary and nursing staff has been education regarding: Following physician orders and following tray cards.	8/28/14	

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F 325	<p>Continued From page 5 since the last assessment.</p> <p>Review of a Care Area Assessment (CAA) summary for nutritional status dated 04/15/14 revealed Resident #97 had type II diabetes, had a fair appetite, and was within acceptable body weight range. There were no nutritional problems noted at that time but a potential for weight loss due to a therapeutic diet.</p> <p>Review of a care plan dated 02/22/13, last reviewed and updated on 07/16/14, revealed Resident #97 had the potential for weight loss and dehydration due to diabetes mellitus, dementia, and therapeutic diet. The goal was for Resident #97 to eat at least 75% of his meals through the next review on 10/01/14. Interventions included: dietitian to evaluate and follow up, determine food preferences, provide favorite beverages, encourage to eat in the dining room for meals to encourage socialization, allow ample time to consume food, provide assistance as needed, and monitor food intake each meal. On 07/16/14 the care plan was updated to include encourage to eat in dining room, change diet to controlled carbohydrate/no added salt diet, and a high protein/high calorie frozen nutritional supplement with lunch and supper.</p> <p>Review of the medical record revealed the registered dietitian (RD) evaluated Resident #97 on 05/15/14 and noted a 6% weight loss in 30 days with a current weight of 170 pounds. The RD noted a slight decrease in meal intake and liberalized his diet to include double eggs with breakfast and 1/2 of a peanut butter and jelly sandwich and milk at bedtime. Weekly weights were continued. On 06/06/14 the RD noted Resident #97's weight was up to 174 pounds but</p>	F 325	<p>Supplements are in facility and available to meet residents <input type="checkbox"/> needs.</p> <p>3. Dietary and nursing staff has been re-educated to serve diet and follow nutritional interventions as ordered. DSM (Dietary Services Manager) will monitor physician orders against tray cards weekly x4weeks and monthly thereafter until compliance is met. Results will be reviewed in monthly in QA. Director of Nursing or designee will audit tray set in dining room 3xweekly for 4weeks, then weekly x4, then monthly until compliance is met.</p> <p>4. Audits will be reviewed by DSM, DON, and administrator for 3 months and then quarterly in QA meeting. Changes will be made accordingly to meet and ensure compliance with physician orders and tray cards.</p>		

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F 325	<p>Continued From page 6</p> <p>his meal intake had not improved. The RD felt snacks accounted for the weight gain.</p> <p>Review of nurse's notes revealed Resident #97 was reviewed during weekly risk meetings due to weight loss beginning on 07/02/14. He was continued on weekly weights and a high protein/high calorie frozen nutritional supplement with lunch and supper was ordered on 07/03/14. Review of physician's orders revealed an order dated 07/03/14 for Resident #97 to receive a high protein/high calorie frozen nutritional supplement with lunch and supper.</p> <p>Review of RD notes dated 07/08/14 revealed Resident #97 did not eat his eggs or oatmeal at breakfast. The RD noted Resident # 97's weight was down 6% in 30 days with a current weight of 163.6 pounds. The RD indicated she would evaluate the addition of the high protein/high calorie frozen nutritional supplement the following month and requested weekly weights. Review of risk meeting notes dated 07/09/14 revealed weight gain was noted. On 07/16/14 the risk meeting noted Resident # 97 had lost 2 pounds in one week and his average meal consumption was 50% to 75%. The plan was to continue weekly weights, the nutritional supplements with lunch and supper, and the bedtime snack. In addition, the team changed his diet order to a controlled carbohydrate/no added salt diet and planned to encourage him to eat in the dining room.</p> <p>Review of a physician's progress note dated 07/21/14 revealed Resident #97 was examined for multiple medical conditions including weight loss. The Physician stated the weight loss was possibly a side effect of Resident #97's</p>	F 325			

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

PRINTED: 08/25/2014
FORM APPROVED
OMB NO. 0938-0391

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F 325	<p>Continued From page 7</p> <p>progressive dementia. The plan was to add Remeron 7.5 milligrams at bedtime to stimulate appetite. Review of risk meeting notes dated 07/23/14 revealed Resident # 97's weight was up 1.6 pounds in a week and he continued to consume 50% to 75%.</p> <p>Resident #97 was observed on 07/29/14, 07/30/14, and 07/31/14 during the lunch meal service in the dining room from the time he was wheeled into the dining room by staff until he finished eating and was wheeled out of the dining room. Resident #97 was not served the high protein/high calorie frozen nutritional supplement at any time during these observed lunch meals.</p> <p>An interview was conducted with the Director of Nursing (DON) on 07/31/14 at 2:20 PM. The DON stated Resident #97's weight loss was discussed during the risk meeting on 07/02/14 and the high protein/high calorie frozen nutritional supplement with lunch and supper was ordered. During the 07/16/14 risk meeting it was noted Resident #97 ate better in the dining room so this intervention was added to his plan of care.</p> <p>During an interview on 07/31/14 at 3:03 PM the Dietary Manager (DM) confirmed the high protein/high calorie frozen nutritional supplement was included on Resident #97's tray card for lunch and supper daily. The DM explained when a resident ate in the dining room the nurse aides (NAs) were responsible for putting the beverages and nutritional supplements on resident's trays and delivering their meal to the table. If a resident ate in their room the dietary staff put the nutritional supplement on the resident's tray before the tray cart was taken out to the hall. The DON was present during the interview and stated</p>	F 325			

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F 325	Continued From page 8 she would expect the NAs to review trays cards and place nutritional supplements on resident's trays as ordered when they were assigned to the dining room.	F 325			
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to make a referral for dental extractions, recommended as the result of a dental examination, for 1 of 3 residents reviewed for dental status and services (Resident #89). The findings included: Resident #89 was admitted to the facility on 02/08/13 with diagnoses including spinal cord injury and diabetes mellitus. An annual Minimum Data Set (MDS) dated 01/17/14 revealed Resident #89 was cognitively intact and had cavities or broken natural teeth. Resident #89 was listed as his own responsible party on the face sheet in the medical record.	F 412	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F-412 1. Dental services provided are as follows: Dental hygienist in house monthly, dentist in house quarterly and as needed. Extractions can be provided in the facility by the dentist or recommendations can be	8/28/14	

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F 412	<p>Continued From page 9</p> <p>Review of a Care Area Assessment (CAA) Summary for dental care dated 01/28/14 revealed Resident #89 stated he could not recall the last time he was evaluated by a dental care provider. The CAA Summary noted Resident #89 had some of his own teeth which were in poor condition and currently denied any dental pain. The CAA summary stated Resident #89 required assistance with oral care and was at risk for oral pain and infection.</p> <p>Review of a care plan for dental care dated 01/28/14 revealed Resident #89 had some of his own teeth which were in poor condition and was at risk for oral pain and infection. Interventions included: to assist him with brushing his teeth each morning and before bed each night and to obtain a dental consult and follow recommendations.</p> <p>Continued review of the medical record revealed Resident #89 was seen by a dentist in the facility on 06/02/14. The dental history and record completed by the dentist on 06/02/14 noted Resident #89 had poor oral hygiene and recommended a referral for extractions of teeth #3, #4, #5, #12, #13, and #19.</p> <p>During an interview on 07/29/14 at 11:35 AM Resident #89 was observed to have a loose upper tooth that moved slightly when he spoke. Resident #89 denied any pain or trouble chewing and swallowing. Resident #89 did state he thought he was supposed to be having some teeth extracted.</p> <p>An interview was conducted with the ward clerk on 07/31/14 at 8:37 AM. The ward clerk stated</p>	F 412	<p>made for oral surgery services if procedure cannot be provided within the facility. Facility notified current dental provider of need for extraction for resident #89. Referral for oral surgery has been made. Awaiting date.</p> <p>2. Residents with dental issues are identified as potentially being affected. Audit conducted by DON or DON designee to ensure identified residents with current dental issues or residents who are at risk for dental concerns, have a dental consult in place. Residents are reviewed by the MDS coordinator quarterly for dental needs and placed on the dental service log as needed.</p> <p>3. Staff Development Coordinator educated Ward Clerk and Van Transport Driver on follow through for any appointments/referrals made to ensure compliance is met with all resident needs. MDS coordinator reviews care plans for those with oral/dental issues as necessary and adds the affected resident to the dental consult list when identified. Process for dental services will include, but are not limited to, the Ward Clerk will give assigned nurse the dental recommendations for each resident seen as they are received. Dental recommendations will be reviewed at that time, by the assigned staff nurse, to write potential orders for dental recommendations. A copy of all dental recommendations will be given to nursing management for review. DON or DON designee will conduct an audit monthly x3months following dental visit to ensure that recommendations are completed.</p>		

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F 412	<p>Continued From page 10</p> <p>the dentist gave her the copies of the completed dental visit records after he had evaluated all the residents scheduled for that visit. The ward clerk explained she reviewed the dental records and if referrals were needed she gave these to the van driver so he could schedule the appointments. The ward clerk reviewed Resident #89's medical record during the interview and confirmed he was seen by the dentist on 06/02/13. The interview further revealed the ward clerk did not keep a record of referral orders so she was not sure if she had informed the van driver of Resident #89's referral order written on 06/02/14.</p> <p>An interview with the van driver on 07/31/14 at 11:10 AM revealed he was responsible for scheduling resident appointments and transporting residents for their appointments. The van driver reviewed his calendar for June and July 2014 and confirmed he did not have an appointment scheduled for Resident #89 for extractions. The Van Driver stated he was fairly certain Resident #89 had refused the referral for extractions when he spoke to him, but he could not recall which nurse he reported this information to and he did not have a notation in his calendar book for such.</p> <p>An interview was conducted with the Director of Nursing (DON) on 07/31/14 at 12:00 PM. The DON stated the ward clerk was responsible for reviewing the dental visit records for recommendations/referrals and giving this information to the van driver/scheduler so he could make the appointments. The DON stated she was not sure how Resident #89's referral for extractions was missed, but she felt the facility needed to improve their system for scheduling and monitoring referrals.</p>	F 412	<p>4. Audit results will be reviewed and analyzed monthly by the DON or DON designee x3months and then reviewed quarterly in the Quality Assurance committee meeting. Revisions will be made by the QA committee team to the current plan of action to ensure compliance. DON is responsible for overall compliance.</p>		

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

PRINTED: 08/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/31/2014
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHABILITATION AND CARE			STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 248 BURNSVILLE, NC 28714		
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F 412	Continued From page 11 During a follow up interview on 07/31/14 at 1:00 PM Resident #89 stated he would like to speak to an oral surgeon regarding his options and at the very least would like the loose front tooth removed.	F 412			