

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

PRINTED: 11/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345401</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILKES SENIOR VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659</b>		
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F 278 SS=D	<p><b>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</b></p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code resident 's Minimum Data Set (MDS) for 2 of 25 residents (Resident #36 and #37).</p> <p>Findings:</p>	F 278		

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

TITLE

(X6) DATE

Electronically Signed

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 278	<p>Continued From page 1</p> <p>#1. Resident 36 was admitted to the facility 7/9/2013. Cumulative diagnosis include: Hypothyroidism, Non-dementia Alzheimer's disease, Parkinson's disease, Seizure Disorder and/or Epilepsy.</p> <p>A (MDS) dated 8/27/2015 indicated the resident had no dental problems; her missing teeth/edentulous status was not coded. The Care Area Assessment (CAA) did note her edentulous status under the dental care section. Her care plan dated 9/16/15 did not include her dental status.</p> <p>10/28/2015 3:46 PM interview with the MDS Coordinator was conducted. The MDS Coordinator stated she completed the MDS assessment with the Assessment Reference Date (ARD) of 9/16/15 for resident #36, and she did complete section L- Oral/Dental Status. She stated she did make a mistake on the MDS (ARD of 9/16/15). She stated "I know she is edentulous, I don't know why I didn't code it".</p> <p>#2. Resident 37 was admitted to the facility 12/11/2014. Cumulative diagnosis include: Altered mental status, Urinary tract infection, Acute kidney failure unspecified, Dehydration, Hypothyroidism, Rheumatoid Arthritis, Essential Hypertension.</p> <p>A comprehensive MDS dated 2/27/15 indicated the resident had no dental problems; her broken and missing teeth were not coded. The CAA did not trigger her dental status and her care plan did not include her dental status.</p> <p>10/28/2015 12:51 PM interview with the MDS</p>	F 278		

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F 278	Continued From page 2 coordinator was conducted. The MDS coordinator stated she did complete the MDS assessment dated 2/27/15, and did complete section L- dental/oral status. She stated that she "should have coded her dental status on her MDS, because she knows she has missing teeth".	F 278		
F 285 SS=D	483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR  A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.  A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission; (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation. (ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission-- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility;	F 285		

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F 285	<p>Continued From page 3 and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).</p> <p>(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and interviews, facility failed to secure Preadmission Screening Resident Review (PASRR) prior to resident ' s admission in 1 of 2 residents (Resident 200).</p> <p>Findings include:</p> <p>Review of resident ' s record revealed admission date of 8/26/15. Admission diagnosis of right ankle fracture/dislocation, hypertension, cardiomyopathy, and anxiety.</p> <p>Records reveal the facility submitted an application for Preadmission Screening Resident Review on 8/26/15, the same day as the admission of the resident in the facility.</p> <p>Departmental notes of telephone communication showed that Social Worker #1 (SW) contacted person at NC MUST on 8/31/15 due to no return call from the Division of Medical Assistance (DMA). She was referred back to DMA and made</p>	F 285			

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F 285	Continued From page 4 a second attempt to call and left a voicemail. SW documented that she uploaded information in NCMUST on 9/2/15 indicating 4 voicemail messages had been left with DMA.  An interview was conducted 10/29/15 8:12 am with SW, she stated that she knew resident would be level II PASRR because she was coming from out of state and she had dealt with this in the past. Resident was coming from an out of state hospital and they did not obtain NC PASRR through NC MUST before sending the resident for admission in the facility. The Division of Medical Assistance (DMA) approved a level 2 PASRR for 30 days on 9/3/15.	F 285			
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, staff interview, record review and a review of the facility ' s policy, the facility failed to complete incontinent care for 1 of 5 residents observed receiving incontinent care (Resident #74), and failed to complete catheter care for 1 of 2 residents observed receiving catheter care (Resident # 175). Findings included: A review of the facility ' s policy titled " Perineal Care " was conducted on 10/28/15. The policy reads: " Male resident- wet wash cloths and	F 312			

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F 312	<p>Continued From page 5</p> <p>apply soap or skin cleaning agent, wash perineal area wiping from front to back, begin at the top of the penis, washing downward from front to back, retract foreskin of the uncircumcised male. Wash and rinse urethral area using circular motion, continue to wash the perineal area including the penis, scrotum and inner thighs. Do not reuse the same washcloth or water to clean the urethra. Gently dry perineum following the same sequence. Reposition foreskin of uncircumcised male " .</p> <p>A review of the facility ' s policy titled " perineal care " reads: " wash perineal area, wiping from front to back, separate labia and wash downward from front to back, for indwelling catheters, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area. Continue to wash the perineum moving from inside outward to and including thighs. Alternate from side to side. Use downward strokes. Do not reuse same washcloth or water to clean the urethra or labia. Rinse perineum thoroughly in same direction, using fresh water and a clean washcloth. If the resident has an indwelling catheter, hold the tubing to one side and support and tubing against the leg to avoid traction or unnecessary movement of the catheter " .</p> <p>#1. Resident #74 was admitted on 11/01/2013 with diagnoses that include: Methicillin resistant staph infection; Restless/Agitation, Hemiplegia following cerebral disease, Dysarthria, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Essential Hypertension, Urinary Tract Infection, Type II Diabetes Mellitus. Review of the Minimum Data Set (MDS) dated 7/27/2015, identified the resident as incontinent of</p>	F 312			

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F 312	<p>Continued From page 6</p> <p>bowel and bladder, and completely dependent upon staff for toileting.</p> <p>The care plan for Resident #74, last reviewed on 7/27/15, indicated the resident ' s incontinence is managed through protection and containment, and the staff are to provide him with peri-care.</p> <p>10/28/2015 at 8:25 AM an observation was made of Resident #74 receiving incontinence care. The resident was lying in bed on his back. Nursing Assistant (NA) #1 entered the room and approached the left side of the resident ' s bed, Nursing Assistant (NA) #2 entered the room and approached the resident ' s right side of his bed. Nursing Assistant (NA) #3 entered the room and handed NA #2 a washcloth she stated " has soap on it " and a wet washcloth " to rinse with " . NA #1 &amp; NA #2 pulled down the resident ' s brief and then rolled him on his left side, facing NA #1. NA #2 used the soapy washcloth to clean the resident ' s buttocks and rectal region, then she used the wet washcloth to wash the buttocks and rectal region. Then NA #1 and NA #2 turned the resident onto his back, retracted the foreskin of his penis, and used the same soapy washcloth to cleanse his urethral opening of his penis that she had used to cleanse his buttocks and rectal region, and then washed it off with the same wet washcloth she had used on his buttocks and rectal region. She then repositioned the foreskin of the penis.</p> <p>10/28/2015 2:37 PM an interview with NA #2 was conducted in regards to how she provides incontinence care. She stated "I would start in the front with pericare and then go to the buttocks and rectal region". States "I realized when you asked me that I did start in the back and then went to the front, but I did use a clean part of the</p>	F 312		

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F 312	<p>Continued From page 7 washcloth".</p> <p>#2. Resident #175 was admitted 6/01/2015 with diagnoses that include: Anemia, Hypertension, and Urinary tract infections in last 30 days, Diabetes Mellitus, Hyperlipidemia, Depression, Gastrointestinal Reflux Disease, and Urinary Retention</p> <p>Review of the Minimum Data Set dated 9/04/2015 indicated the resident has an indwelling Foley catheter, and requires extensive assistance for toileting and activities of daily living (ADLs).</p> <p>Review of the resident ' s care plan indicated resident #175 has an indwelling Foley catheter for a diagnosis of Urinary Retention, and she should receive catheter care every shift, change the Foley catheter every 30 days and secure with a leg strap.</p> <p>10/28/2015 at 8:04 AM an observation of resident #175 receiving Foley catheter care was made. NA #3 was observed cleaning the Foley catheter using a disposable wipe with an up and down-repetitive motion to cleanse the tubing of the catheter (from the exit of the Foley catheter at the urethral opening away from the resident).</p> <p>10/28/2015 at 2:27 PM an interview with NA#3 was conducted in regards to catheter care. She stated " you make sure you hold on to it (catheter tube) so you don't pull it out- essentially just make sure the tubing is clean. States she does not remember if she went up and down when she was cleaning her catheter tubing- stated "If that is what you remember then I probably did it because I was nervous".</p>	F 312		



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F 312	Continued From page 8 10/29/15 9:40 AM an interview with the ADM, Director of Nursing (DON) and the Executive Director (ED) was conducted. The ED stated the staff were so focused on breakfast trays when you all were observing am care that they (NAs) just got nervous. The ADM stated that the facility had conducted several in-services regarding pericare and catheter care, and had also conducted pericare audits.	F 312			