| 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 04/14/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SATURN NURSING AND REHABILITATION 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 |
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| F 242 SS=D | 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES<br><br>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interviews, and record review, the facility failed to give residents a choice of the time to be awakened in the morning for 1 of 2 sampled residents who required daily weight measurements (Resident #38).<br><br>The findings included:<br><br>Resident #38 was admitted to the facility on 02/15/16.<br><br>Review of a nurse practitioner's order dated 02/16/16 revealed direction to weigh Resident #38 daily related to a diagnosis of congestive heart failure.<br><br>Review of Resident #38's admission Minimum Set dated 02/22/16 revealed an assessment of intact cognition.<br><br>Review of Resident #38's February 2016, March 2016 and April 2016 Medication Administration Records (MAR) revealed documentation of daily weight measurements. The February 2016 MAR indicated Resident #38 refused weight measurements on 02/26/16, 02/27/16 and on | F 242 | Resident #38 was interviewed and her time for daily weights adjusted to her preference of time of day.<br>All Residents on Daily weights and special treatment regimens have the potential to be affected by failure to be given the right to make choices in daily routines.<br>All interviewable residents in the facility were interviewed on daily preferences of time to be awakened for care, therapy and shower preferences by the Director of Social Services. Plan of care sheets were also updated to reflect residents choices.<br>In-service education will be conducted by the Director of Nursing for all staff on the Residents right to make choices by 5/6/16 any staff not educated by 5/6/16 will not be allowed to work until educated.<br>Effective 5/1/16,Resident choice interviews will continue to be conducted by the Social Worker on Admission, Quarterly, and with any significant changes thereafter. Treatment schedules and Plan of Care Sheets will be updated by the DON, Rehab. Director or designee in accordance to the Residents | 5/6/16 |

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

Electronically Signed | 04/28/2016

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| F 242 | Continued From page 1<br>02/29/16. The March 2016 MAR indicated Resident #38 refused weight measurement on 03/13/16.<br><br>Interview with Resident #38 on 04/11/16 at 12:40 PM revealed staff awakened her between 5:00 AM and 5:30 AM each morning in order to measure her weight. Resident #38 explained she preferred not to be awakened and allowed to sleep longer. Resident #38 explained she rarely fell back asleep and remained in a wheelchair which aggravated back problems. Resident #38 reported she occasionally refused to be weighed due to tiredness but usually agreed since the daily weights indicated if her diuretic dose required adjustment.<br><br>Telephone interview on 04/13/16 at 5:08 AM with Nurse Aide (NA) #1 revealed she intended to awaken Resident #38 at 5:30 AM that morning (04/13/16) in order to obtain a weight measurement. NA #1 reported the night shift awakened Resident #38 "between 5:30 AM and 5:45 AM" each morning.<br><br>Interview with the Director of Nursing (DON) on 04/14/16 at 10:49 AM revealed Resident #38 should not be awakened in order to obtain a weight measurement. The DON explained daily weights need to be taken at the same time each day but Resident #38 could choose the time of day. | F 242 | preferences. Compliance of this protocol will be reviewed by the DON and Administrator weekly x 1 month then monthly x 3 months. Results will be reported to the QAPI committee monthly x 3 months for review and recommendations.<br>Based on findings the committee will alter this plan as indicated. | |
| F 371 SS=D | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local | F 371 | | 5/6/16 |

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| F 371 | Continued From page 2<br>authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and staff interview the facility failed to maintain clean microwaves for preparing food in 1 of 3 snack/nourishment rooms. The facility failed to label and date all foods in 2 of 3 snack/nourishment room refrigerators.<br>Findings included:<br>1. An observation of the 200 hall snack/nourishment room on 04/14/2016 at 4:25 PM revealed four 4oz cups of yogurt not labeled, an opened bottle of soda in the freezer not dated or labeled, and an open bottle of water in the refrigerator not dated or labeled.<br>An observation of the snack/nourishment room by Room 280 on 04/14/2016 at 4:20 PM revealed an open box of ice pops not labeled.<br>An interview with the Dietary Manager (DM) on 04/14/2016 at 4:30 PM revealed that he had checked the refrigerators earlier in the day. All the snacks and nourishments from the kitchen/food service were labeled and dated. He stated the yogurt was a resident's who did not like the yogurt the facility carried. The DM expected all food items to be labeled in the nourishment/snack rooms on the units.<br>2. An observation of the 200 hall snack/nourishment room on 04/14/2016 at 4:25 PM revealed the microwave was not cleaned. It had particles of cooked food splattered inside and | F 371 | All nourishment rooms and microwaves in nourishment rooms were deep cleaned on 4/14/16 by housekeeping Manager. All food in nourishment room freezers and refrigerators were appropriately labeled with name and date or discarded on 4/14/16 by Dietary Manager. All residents in the facility have the potential to be affected by sanitation conditions of nourishment room. Locks were placed on all Nourishment room doors on 4/28/16 by Maintanace Director. All items to be placed in nourishment rooms will have to be given to staff by residents or family members to be placed in the refrigerator or freezer after being labeled appropriately. Housekeeping will clean microwaves in nourishment rooms twice daily. 100% of staff will be in serviced by staff development coordinator or designee, on keeping the nourishment rooms locked, proper labeling, dating and storage of resident foods, covering of food in microwave to reduce splatter and cleaning of microwave. This in-service will be completed by 5/6/16,any staff not educated by 5/6/16 will not be allowed to work until educated. Sanitation Audits will be conducted daily by Dietary Manager or | |

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| F 371 | Continued From page 3<br>smell like burned food.<br>An interview with the DM on 04/14/2016 at 4:30 PM revealed he was not aware that the microwave was not clean and stated it should have been clean. | F 371 | designee x 1 month followed by weekly x 1 month and then monthly x 3 months. Results of audits will be reported by the Dietary Manager to the QAPI committee monthly for review and recommendations. Based on findings the committee will alter this plan as indicated. | |