STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345553	A. BUILDING _____ B. WING _____	07/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF FAYETTEVILLE	1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314

(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 000	INITIAL COMMENTS The 2567 was amended on 8/17/16.	F 000		
F 323 SS=G	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. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility transferred a resident using a sit to stand instead of a mechanical full lift resulting in tibia and fibula fractures on 5/27/16 for 1 of 4 residents (Resident #75) reviewed for accidents. Findings included: Resident #75 was admitted 11/02/11 with cumulative diagnoses of osteoporosis and osteopenia. The annual Minimum Data Set (MDS) dated 3/8/16 indicated Resident #75 had severe cognitive impairment and required extensive assistance with transfers using two staff assist and she was non-ambulatory. A review of Resident #75's Mobility/Transfer Profile dated 4/1/16 indicated she required the use of a total lift with two staff assistance. A review of an undated Care Guide which the nursing assistants utilized to provide needed care indicated Resident #75 needed a total lift with a two person transfer.	F 323	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 08/12/2016

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F 323	Continued From page 1	F 323		

A review of an incident report dated 5/27/16 at 9:44 AM indicated an aide called the nurse to room to assess Resident #75's left knee. It was noted as abnormal in color. The abnormal color extended down to the left ankle and left foot. The physician was contacted along with the responsible party (RP) and an x-ray was completed of Resident #75's left hip, femur, knee, tibia and fibula. The x-ray results indicated Resident #75 had a displaced left proximal tibia and fibula fracture and Resident #75 was sent to the hospital for further evaluation and treatment. The family opted for conservative treatment and she was placed in a left lower extremity immobilizer, bed rest and returned to the facility.

A review of the facility investigation initiated 5/27/16 indicated the two involved nursing assistants were interviewed and it was determined that Resident #75 was transferred using a sit to stand rather than a total lift device resulting in her left tibia and fibula fractures on 5/27/16. The investigation indicated both aides were terminated on 5/27/16 for improperly transferring Resident #75 resulting in an injury.

Resident #75 was care planned on 5/27/16 for the use of a mechanical full lift with two person assistance, a fracture of her left tibia/fibula. Orthopedic was care planned to follow up as ordered, monitor Resident #75 for pain and swelling, an immobilizer to the left lower extremity as ordered, bed rest and positioning with pillows for comfort.

The most recent significant change MDS dated 6/6/16 indicated Resident #75 required total assistance with transfers using two staff assist

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F 323	Continued From page 2	F 323		

and she was non-ambulatory. She was coded as having no falls.

In an observation on 7/18/16 at 11:48 AM, Resident #75 was noted lying on her back. She was clean and well groomed. Resident #75 was pleasantly confused and displaced no outward evidence of pain.

In a second observation on 7/20/16 at 12:10 PM, Resident #75 was observed during wound care. The treatment nurse recalled Resident #75's knee being injured during a transfer and the family opted for no surgery but an immobilizer with bed rest. Nursing assistant (NA) #1 stated she was familiar with the incident involving Resident #75's leg fracture and she was recently retrained on following the Care Guide and using the mechanical full lift and the sit to stand lift about a month ago by the staff development coordinator (SDC).

In an interview on 7/20/16 at 1:40 PM, the Director or Nursing (DON) stated the facility did an investigation regarding Resident #75's injury and a four point plan of correction was initiated to prevent the occurrence from happening again. She stated once Resident #75 was stabilized and sent to the hospital on 5/27/16, both of the involved aides were terminated. for not following the Care Guide resulting in Resident #75's fractures. It was at this time a complete audit of all residents using both a mechanical full list and a sit to stand were identified. The DON stated retraining started immediately and the lifts were removed until the staff present were passed off on the safe usage on 5/27/16. Ongoing retraining continued with the assistance of the SDC and the therapy department on each shift until each aide

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F 323	Continued From page 3	F 323		

had successfully completed a staff transfer using both a mechanical full lift and a sit to stand. She stated all newly hired staff since 5/27/16 must pass off on the safe usage of both types of lifts prior to working on the floor as part of their orientation. The DON stated reeducation with the aides was completed to verify the aides were following the Care Guide for instructions on how to transfer each resident requiring a mechanical lift. The DON stated since the incident on 5/27/16, the facility conducted weekly audits of proper mechanical lift usage for four weeks and now they are being done randomly. The DON stated the incident which involved Resident #75 and her injury during a transfer was addressed in the June 2016 Quality Assurance (QA) meeting. She stated there have been no other occurrences and the plan was to continue random audits periodically as needed and proper demonstration of both types of mechanical lifts would continue to be a part of the orientation process. Neither of the involved aides were available for interview and the DON stated the reporting nurse only worked as needed and was nursing school during the day. The DON stated she attempted to leave the reporting nurse a voice mail but she was unable to do so.

In an interview on 7/21/16 at 9:50 AM, NA #2 was aware of an incident involving Resident #75 and stated she was recently retrained on the use of the mechanical full lift and the sit to stand lift. She stated the SDC retrained her and she had to perform a transfer using both lifts safely before she could use them on another resident. NA #2 stated she was re-educated to follow the Care Guide for how to transfer her assigned residents.

In an interview on 7/21/16 at 10:00 AM, NA #3

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F 323	Continued From page 4	F 323		

stated she was newly hired the first on July. She stated as part of her orientation, she was trained and had to demonstrate safe usage of the mechanical full lift and the use of the sit to stand before she was allow to use them with a resident. NA #3 verified she was trained to look at the Care Guide to know how to transfer each of her assigned residents.

In an observation on 7/21/16 at 10:20 AM, NA #2 and NA #4 were observed transferring Resident #103 using a mechanical full lift. There were no observed concerns. NA #4 stated she also started employment the first of July. She stated she had to demonstrate safe use of both the mechanical full lift and the sit to stand before she was allowed to use them on a resident. NA #4 stated she used the Care Guide to know how to care of her assigned residents to include how to transfer them.

In an observation on 7/21/16 at 11:41 AM, NA #5 and NA #1 were observed transferring Resident #77 using a sit to stand lift. There were no observed concerns. NA #5 verified retraining using both the mechanical full lift and the sit to stand due to an injury involving Resident #75 and re-educated to follow the Care Guide and transfer each resident how the Care Guide indicated.

On 7/21/16, multiple attempts to reach the reporting nurse were unsuccessful.

In a telephone interview on 7/21/16 at 12:25 PM, the SDC confirmed she retrained the staff and passed them off on safe usage of the mechanical full lift and the sit to stand in response to the injury involving Resident #75. She stated she was also part of the monitoring and the QA process.

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F 323	Continued From page 5	F 323		

In an interview on 7/21/16 at 2:00 PM, the Administrator stated at the time of the incident, the involved aides were removed from the floor along with the lifts. Once Resident #75 was sent to the hospital, the staff at the facility were immediately retrained on the use of both the mechanical full lift and the sit to stand, All residents who were at risk from the deficient practice were identified and their lift status was reassessed. Ongoing random monitoring continues and the incident was addressed in the June 2016 QA meeting and initiated as a new progress for effectiveness evaluation.

The corrective action for past non-compliance dated 5/27/16 was as follows:

Ad Hoc Quality Assurance & Performance Improvement Meeting Date: 5/27/16
Attendees:
- Administrator
- Unit Manager
- Medical Director
- RN
- LPN
- SDC

Identified Opportunity:
- Transfer of Resident Resulting in Injury

Criteria 1:
Skin Assessment (Head-to-Toe)
Pain Assessment - Tylenol administered effective
MD Notified and assessed on-site
X-ray ordered STAT
Family (RP) Notified
Resident sent to CFV ED for further orthopedic assessment

Criteria 2

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F 323	Continued From page 6 Audit transfer status forms and complete skin assessment on all residents requiring total assistance for mechanical lift. Employees identified terminated Criteria 3 Education and training of all clinical staff (PT, PRN, and FTE) on appropriate use of mechanical lift Clinical skills audit completed on new hires Director of Nursing, Unit Manager, and/or Staff Development Nurse (SDC) will audit one Certified Nursing Assistant (CNA) per week at random on use of mechanical lift for 4 weeks. Criteria 4 Audit tools will be brought to monthly QAPI and committee will deem compliance. Deemed compliant on 6/2/16. As part of the validation process on 7/21/16, the plan of correction was reviewed including the re-education of staff and observations of the use of the mechanical full lift and the sit to stand on Resident #103 and Resident # 77. Resident #75 was prescribed bed rest therefore could not be observed for a lift transfer. Interviews with nursing assistants revealed they were retrained in the usage both lift devices and how each resident was to be transfer by looking and the Care Guide for instructions. A review of the monitoring tools revealed that the facility completed a 100% audit of mechanical lift residents and sit to stand residents, completed 100% in-servicing of the nursing assistants to include newly hired nursing assistants and provided evidence of the weekly monitoring.	F 323		
F 356	483.30(e) POSTED NURSE STAFFING	F 356		8/12/16

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F 356 SS=C	Continued From page 7 INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain the posted daily nurse staffing data for a minimum of 18 months. Findings included:	F 356	This plan of correction will serve as the facility's allegations of compliance with requirments of 42 CFR, Part 483, Subpart-B for long term care facilities.	

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F 356	Continued From page 8 An unannounced survey was conducted at the facility 7/18/2016 through 7/21/2016. The nurse staffing data and resident census was prominently posted and readily accessible to residents and visitors for each day of the survey. Review of facility records on 7/21/2016 at 9:15 AM, revealed the facility had retained the posted staffing sheets for May, 2016 but January, February, March, April, and June, 2016 staffing sheets were not physically available. During an interview with the Director of Nursing on 7/21/2016, it was revealed the Nursing Scheduler who was responsible for providing the copy of the posted nurse staffing information had recently vacated the position and was no longer employed at the facility. In preparation for their annual survey she (Director of Nursing) and the Administrator attempted to find the posted staffing for the previous 18 months and the DON discovered the sheets were missing from January - April, 2016. The Administrator was interviewed at 9:30 AM on 7/21/2016, about the retention of records. He was aware he should maintain the staffing sheets for a total of 18 months of data but was unable to locate them.	F 356	Preparation and submission of this plan of correction is in response to DHHS 2567 for the July 21, 2016 survey and does not constitute an agreement or admission of Autumn Care of Fayetteville of the truth of the facts alleged or the correctness of the conclusions stated on the statment of deficiencies. This plan of correction is prepared and submitted because of the requirements of 42 CFR, Part 483, Subpart B throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, facility submits this plan of correction to address the statement of deficiencies and to serve as its allegation of compliance with the pertinent requirements as of the dates stated in this plan of correction and as fully completed by August 12, 2016. Criteria 1 No residents affected. Criteria 2 No potential for residents to be affected. Criteria 3 On 7/21/2016, Regional Director of Clinical Services educated the facility's Administrator, Director of Nursing, and Scheduler on the posting of daily staffing process per federal regulation. Criteria 4 The Director of Nursing, Unit Manager, and/or Administrator will ensure daily staffing is posted daily for 2 weeks and monthly for one month. Monitoring tools will be taken to Monthly QAPI meeting for	

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F 356	Continued From page 9	F 356	committee to deem compliance.	