STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345528	A. BUILDING _____ B. WING _____	11/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER LANDING AT SANDY RIDGE	1575 JOHN KNOX DRIVE COLFAX, NC 27235

(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 observation, staff interview and resident interview, the facility failed to promote dignity during dining by routinely serving beverages in disposable foam cups for 20 residents. Eight of 20 residents stated that they would prefer a plastic glass over a disposable foam cup. Findings included: During dining observations at lunch on 11/14/16 at 12:36 PM, disposable foam cups were used for a resident who could not be interviewed in room 124. The resident had honey thickened tea in two disposable foam cups. Four residents were observed dining in the dining room with disposable foam cups. A resident in room 118 had a disposable foam cup with lunch on 11/14/16 at 12:38 PM. The resident in room 123 had one disposable foam cup with the lunch meal on 11/14/16 at 12:40 PM. During dining observations at breakfast on 11/15/16 disposable foam cups were used. Three trays on Pebble Beach 1 hall cart had disposable foam cups on them at 11/15/16 at 8:32 AM. Two residents in the TV area were observed dining with disposable foam cups with lids and straws on them. A resident in room 121 stated she would like to have a glass, but the disposable foam cup did not bother her on 11/15/16 at 8:46 AM. The resident	F 241	Corrective action has been accomplished for those residents found to have been affected by the deficient practices by the following: 11/17/2016 a preference survey of the 20 residents receiving room service was completed and of the 6 residents who preferred non-disposable plastic cups and the 2 who had no preference (total of 8) non-disposable plastic cups were provided beginning 11/17/2016 at lunch service and ongoing for all following meals. Corrective action will be accomplished for those residents having the potential to be affected by the following: 11/16/2016 the Nutrition Mentor ordered non-disposable plastic cups with lids that match the room service place settings that are used daily. 11/18/2016 the Nutrition Mentor counseled/educated/in serviced the Homemakers on the use of non-disposable plastic cups for all residents in the dining room and who use room service, unless the resident□s preference is for another type of cup. Non-disposable cups arrived 11/28/2016 and another resident preference survey was completed this date, showing the	11/28/16

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

Electronically Signed | 12/07/2016

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 had two disposable foam cups with liquid in them with lids and straws. Interview with Nurse Aide (NA) #1 on 11/16/2016 at 8:36 AM revealed some residents get orange juice in disposable foam cups because it is easier for them to hold the disposable foam cups. The Lead Homemaker for Pebble Beach hall said some residents do better with disposable foam and a straw. She said it was not on a tray card, but they know by observing them. On 11/16/2016 at 8:49 AM NA #2 was observed opening the cart to pass trays on Pebble Beach hall. All of the trays had a disposable cup on it. NA #2 said she had worked at this nursing home for six years and they have always put juice in a disposable foam cup. On 11/16/2016 at 12:07 the Nutrition Mentor said the nursing home had always used disposable foam cups. He said he had worked at the nursing home for eight years. He added that the home had been looking into purchasing reusable plastic cups, but they had just purchased new domes and lids and have a brand new kitchen. On 11/17/2016 at 7:37 AM the Nutrition Mentor said 15 - 20 residents were served breakfast in their rooms on Pebble Beach hall and none were served in their room on a routine basis on Wing Foot hall. On 11/17/2016 at 8:23 AM the Food Service Director said he understood the dignity issue. He added that disposable cups had never been addressed as an issue before and it was a long standing practice. On 11/16 and 11/17/16 the Nutrition Mentor	F 241	residents the new cups. Homemakers were in-serviced on the updated preference list and all preferences for using the non-standard, non-disposable cups were documented in the residents record and on the diet sheet. Measures/systematic changes that will be put in place to prevent the deficient practice by the following: As a rule all residents will be provided non-disposable cups for all meals, unless they have requested otherwise. If they have a preference outside of the use of non-disposable cups it will be documented on admission and PRN, by the Household Coordinator or Nutrition Mentor, in the resident s record and on the resident diet sheet that is provided to nursing staff and Homemakers. Facility will monitor performance by the following: Beginning the week of 11/28/2016 the Nutrition Mentor will complete random rounds of room service during meals times and document the use of non-disposable cups. Initially, this will be done three times a week for three weeks, then two times a week for two weeks to ensure compliance. Rounds will cover all meal service times. Evidence of rounds and compliance will be provided to the Administrator and kept on file. Ongoing, the Nutrition Mentor will continue to make visual inspection during standard rounds to assure compliance continues.	

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F 241	Continued From page 2 initiated actions to resolve the problem and obtained resident preferences for plastic versus foam cups. He reported that eight of the twenty residents preferred plastic cups. On 11/17/16 at 1:01 PM, interview with the Administrator revealed her expectation that residents should drink out of the same kind of glass they would drink from at home.	F 241		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to implement the care plan for functional exercises and did not move the bed to the lowest position during one observation for 1 of 3 sampled residents reviewed for activities of daily (ADL). Findings included: Resident #62 was admitted to the nursing home on 2/18/16. Her date of birth was 1/21/1922. Resident #62 had a significant change Minimum Data Set assessment dated 6/28/16. She had moderate cognitive impairment. She had no rejection of care and behavior was noted to be worse than before. She was coded as needing extensive assistance for all activities of daily living except walking in room and eating which was supervision and limited assistance from one	F 282	Corrective action has been accomplished for the resident found to have been affected by the deficient practices by the following: 11/17/2016 the care plan intervention indicating the exercise program prescribed by PT for resident #62 was discontinued based on resident #62 desire and ability to participate in the program as outlined in the care plan. The walking program for resident #62, initiated 10/31/2016, remains in effect and is being documented in the Pebble Beach 2 notebook. 11/17/2016 the CNA notified lowered the bed to the low position. Nursing and homemaking staff working 11/17/2016 were verbally reminded to maintain low bed position.	11/29/16

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person respectively. Her current diagnoses included hypertension, gastroesophageal reflux disease, a urinary tract infection in the last 30 days, hyperlipidemia, thyroid disease, arthritis, osteoporosis, non- Alzheimer's dementia, anxiety disorder, depression, asthma, cataracts, glaucoma or macular degeneration, fracture of the lower end of left radius (5/25/16), transient ischemic attack and history of falling. She had two falls without injury; 1 fall with injury and 1 fall with major injury. Her medications included an anxiety drug and an antidepressant. She received 173 minutes of physical therapy. A decision was made to proceed with a care plan for falls and activities of daily living.

On 6/30/16 a referral was made from physical therapy to restorative nursing. It indicated that as of 7/1/16 a daily exercise program would be initiated. "Patient to work on LE (lower extremity) strengthening as part of her functional maintenance program while she's waiting for her L (left) UE (upper extremity) cast to come off. In the meantime, patient can work on the following:
B (bilateral) knee extensions with 3 pound weights
B leg lifts with 3 pound weights
Hip abduction with Red T-band
Hip adduction with squeeze ball
Four sets of 12 with rest between sets."
Her precautions were listed as fall risk and weight bearing as tolerated. It said to alert the therapist if patient refuses or if she had a status change. It indicated the Nurse Mentor received instruction.

A Quarterly Review was done on 9/27/16. Resident #62's cognition had declined. She required limited assistance to walk in the room. No behaviors were noted. Her balance was not

Corrective action will be accomplished for those residents having the potential to be affected by the following: 11/21/2016 the Nurse Mentor for each household initiated counseling/education/in-servicing for staff regarding maintaining low bed positions for residents on the household who are at risk for falls and injuries from falls. Care planning in-service for the interdisciplinary team was held 11/29/2016. This in-service covered initiating and updating care plans accurately/timely, appropriate interventions, and forwarding of care plan interventions to the touch screen for CNA documentation. Each skilled household has a Nurse Mentor who oversees 16-20 residents. Each Nurse Mentor reviewed care plans for accuracy for all River Landing residents in a certified skilled nursing bed. ADON and DON will oversee retraining of CNA□s regarding the importance of and accurately documenting information through the touch screen.

Measures/systematic changes that will be put in place to prevent the deficient practice by the following: The interdisciplinary team will regularly update the care plan, when changes occur. Nurse Mentors will audit care plans weekly, on Friday, as part of the clinical meeting (held daily), which includes the ADON and DON. This audit will assure any changes are physically entered in the care plan in a timely manner and assure accuracy of interventions. Nurse Mentors will also review items forwarded to the touch screen for CNA documentation to

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F 282	Continued From page 4 steady. She had upper extremity impairment on one side. She was short of breath. She had two falls without injury and one with injury. She took an antidepressant. Her care plan dated 11/9/16 read, "I will have assistance with my bathing, dressing, grooming, transfers, toileting, ambulation and locomotion daily during the next 90 days. Encourage and assist to toilet as needed/requested. Provide incontinence care as needed. Supervise ADL tasks, but provide as much autonomy as needed." It also read, "I will not experience any major injuries from falls during next 90 days. Check on [resident] every hour and PRN (as needed). Encourage use of walker and assist as needed with transfer and ambulation. Ensure [resident] wears proper footwear for transfers and ambulation. Functional maintenance LE Strengthening exercise program daily per PT recommendations. Eff. 7-12-16 Bilateral Knee extensions and bilateral leg lifts with 3 pound weights. Perform hip abductions with red T Band and hip adductions with squeeze ball. Each exercise set = 12 repetitions. Perform each set x 4 with rest between sets. Document acceptance of program and # of minutes used for program. Keep bed in low position and room clutter free. Keep call bell in reach at all times. Encourage use of call bell for assistance as needed. Remind resident to feel for chair before sitting. Bed alarm while on bed. Chair alarm while in W/C (wheel chair). When resident has increase confusion notify MD/NP (medical doctor/nurse practitioner) for possible UTI (urinary tract infection). Check alarm to make sure not broken parts. Resident #62 was observed on 11/16/2016 8:31 AM in the dining room. She was seated in a	F 282	assure only necessary items are forwarded and the information is realistic and understandable. Nurse Mentors will review CNA flow sheets in the electronic health record weekly for documentation and accuracy. A report of findings regarding flow sheets will be given at the Friday clinical meetings, including any action/follow-up. Facility will monitor performance by the following: Any information from the clinical meeting audit and CNA flow sheets will be brought to the weekly neighborhood council (QA) and monthly QAPI meeting for monitoring and action. For a period of 3 months the DON will complete a monthly care plan QA for 3 residents on Pebble Beach 1, 3 residents on Pebble Beach 2, and 2 residents on Winged Foot. The DON will randomly choose resident care plans to review and will bring the results of the audit to weekly/monthly QA. Any findings and action will be documented in the monthly QAPI meeting.	

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wheel chair that had anti-tippers. She was wearing tennis shoes and used oxygen. She was observed again on 11/16/2016 at 11:21 AM in bed sleeping. Her oxygen was on. The bed was in a low position. The two upper side rails were up. She said, "I used my walker yesterday for the first time to dining room and it felt so good."

She was observed again on 11/17/2016 at 8:30 AM eating breakfast while seated in her wheel chair. On 11/17/2016 10:25 NA #2 said she did not walk her to breakfast today.

On 11/17/2016 at 10:25 AM resident #62 was observed asleep in bed. Two side rails were up and oxygen was on. The bed was not in the low position.

On 11/17/2016 at 10:35 AM NA #2 showed the kiosk that included the aide ' s instructions for caring for residents. NA #2 said, "It includes everything that should be done for her." She did not see or show the functional maintenance exercises. NA #2 was shown that the bed was not in low position. She said, "I did not put her to bed" and then moved the bed to its lowest position. The restorative program documentation included entries to demonstrate Resident #62 was walked to the dining room for 15 minutes on Tuesday (11/15/16) and Wednesday (11/16/16). NA #2 and LPN #1 said they did not know about exercise prescription.

On 11/17/2016 at 11:00 AM PTA #2 said we would give the functional exercise prescription to the nursing supervisor and nursing would carry it out.

On 11/17/2016 at 11:04 AM the Nurse Mentor

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(Nursing Supervisor) was interviewed about the functional maintenance exercises on the care plan. She said she was aware of it and probably was responsible for putting it on the care plan. She was unable to show that any aides had been instructed on how to carry out the exercises. The MDS Nurse joined the conversation and said the information flowed to the nurse aides. She showed a printed copy of the November 2016 Flow Sheet. Ten minutes of activity was recorded on November 2, 2016. The activity was initialed on four of 16 days by three different nurse aides. The Nurse Mentor said, "I think this was supposed to be temporary until she went back to therapy." The Nurse Mentor added that she wanted to see if the nurse aides could walk her at least twice a week and start her on a walk to dine program. "We have to see if she could do it. I believe the care plan is being implemented." When the Nurse Mentor was told about the position of the bed, she said she could use her remote control to raise or lower the bed herself. "I believe we have cut down on her risk for falls. We have done a lot of interventions."

On 11/17/2016 at 12:00 PM, the DON asked NA #3 to come to the kiosk and show interventions. NA #3 said the functional exercises were not showing up. She said, "I had her (Resident #67) last week and they were not there." She added, "I have never done the functional exercises with her.

On 11/17/2016 at 12:51 PM NA #3 was shown the November 2016 Flow Sheet. She said, "I honestly don't know why my initials are there." She said she had not given those exercises.

On 11/17/2016 at 12:51 PM NA#4 was shown the

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F 282	Continued From page 7 flow sheet and said I never gave those exercises. On 11/17/2016 at 1:01 PM the Administrator said her expectation was that if an approach was in the care plan, then it should be carried out. She added that the care plan needed to be reasonable.	F 282		