

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

PRINTED: 02/27/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345286</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/26/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALISBURY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>710 JULIAN ROAD</b> <b>SALISBURY, NC 28147</b>	
(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=D	<p>483.10(a)(1) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>(a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident interview, and staff interview, the facility failed to treat a resident in a respectful manner by not honoring his right to refuse a shower resulting in the resident feeling humiliated for 1 of 3 sampled residents (Resident #1). The findings included:</p> <p>Resident #1 was initially admitted to the facility on 10/9/15 and readmitted on 12/21/16 with multiple diagnoses that included anxiety and dementia.</p> <p>The annual Minimum Data Set (MDS) assessment dated 11/15/16 indicated Resident #1 was cognitively intact. He was assessed with no behaviors or rejection of care. Resident #1 required supervision with all Activities of Daily Living (ADLs). He required supervision with set up for bathing. Resident #1 had unsteady balance, but he was able to stabilize without staff assistance.</p> <p>The Care Area Assessment (CAA) related to ADLs for the 11/15/16 annual MDS indicated Resident #1 was alert, verbal, and able to make his needs known. It additionally indicated he required supervision with ADLs.</p> <p>Resident #1's comprehensive plan of care included, in part, the focus area of risk for</p>	F 241	<p>F241</p> <p>Failed to treat a resident in a respectful manner by not honoring his right to refuse a shower resulting in the resident feeling humiliated.</p> <p>Resident Affected: On 1/16/17, both Certified Nursing Assistants (C.N.A. □s) were removed from assignment. On 1/20/17 Resident # 1 shower was changed to a bed bath on C.N.A. Assignment Sheet per resident/family request until resident decided to go back to taking showers. .</p> <p>Residents Potentially Affected: Interviewable residents were asked if they were ever made to take a shower after refusing and did staff respect their decisions of refusal. Any staff who were found to have given showers once a resident refused, received disciplinary actions and re-education on resident □s rights. Interviews were completed on 2/14/17 by Department Heads, Nurse Practice Educator (NPE) and Center Nurse Executive (CNE) 1 negative finding was identified, but resident could not</p>	2/23/17

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

TITLE

(X6) DATE

Electronically Signed

02/14/2017

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	<p>Continued From page 1</p> <p>decreased ability to perform ADLs in bathing, grooming, personal hygiene, dressing, transfer, locomotion, and toileting related to limited mobility. This plan of care was last reviewed on 12/19/16.</p> <p>A review of the medical record indicated Resident #1 was hospitalized from 12/9/16 through 12/21/16. Nursing documentation revealed Resident #1's physical condition had declined upon readmission.</p> <p>The 14 day MDS assessment dated 1/4/17 indicated Resident #1 was cognitively intact. He was assessed with no behaviors or rejection of care. Resident #1 required extensive assistance with ADLs and total dependence for bathing with 2 or more persons required for physical assistance. He was unsteady and was only able to stabilize with staff assistance.</p> <p>A grievance/concern form dated 1/15/17 for Resident #1 indicated he felt he was handled roughly during care/shower. The facility conducted an investigation that included an interview with Resident #1 and interviews and/or written statements with involved staff members. Nursing Assistant (NA) #1 and NA #2 had provided the shower to Resident #1 on the date referred to in the 1/15/17 grievance. The investigation included, in part:</p> <p>- The summary report completed by the facility of the information provided by NA #1 and NA #2 during the facility's investigation of the 1/15/17 grievance indicated Resident #1 was asked if he wanted a shower prior to dinner and he refused. NA #1 and NA #2 reported they approached Resident #1 after dinner and he refused the</p>	F 241	<p>specify date, name or description on details of incident.</p> <p>Responsible Parties of non-interviewable residents were contacted and asked if they preferred their resident to have a bed bath or a shower and preferences were documented on the C.N.A.'s Assignment Sheet. Interviews were completed on 2/17/17 by Department Heads, Nurse Practice Educator (NPE) and Center Nurse Executive (CNE).</p> <p>Systemic Changes: All nurses and C.N.A.'s were in-serviced on offering resident showers and if they refuse, to re-approach and ask again and if resident refuses then tell nurse that resident refused. Nurse is to document refusal on nurse's notes and call family. C.N.A.'s are to document refusals on the Activities of Daily Living (ADL) flow Sheets. The in-service was conducted by NPE and was completed on 2/14/17.</p> <p>100% of all interviewable residents will be interviewed by department heads and/or nursing administration on being made to take a shower after refusing 1 x monthly x 3 months to ensure residents are not being made to take showers after they refuse.</p> <p>Upon admission of any non-interviewable residents, The Admissions Coordinator will ask Responsible party their preference of shower or bed bath and results will be documented on the C.N.A. Assignment Sheet and will be monitored using a New Admission Bed Bath or Shower Tracking Audit Tool.</p>		

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F 241	<p>Continued From page 2</p> <p>shower for the second time. NA #1 and NA #2 informed Nurse #1 of this information and she asked them to encourage Resident #1 to get a shower. NA #1 and NA #2 indicated the third time they approached Resident #1 and asked if he wanted a shower he had not objected verbally. They reported they both assisted Resident #1 to prepare for the shower and once in the shower room he "became angry and called them monsters and began cursing at them". NA #1 and NA#2 indicated they completed the shower as quickly as possible, returned Resident #1 to his room, and apologized to him.</p> <p>- An interview with Resident #1 completed by the facility during their investigation of the 1/15/17 grievance indicated Resident #1 stated, "They humiliated me..."</p> <p>- The written statement completed by NA #1 for the facility's investigation of the 1/15/17 grievance indicated Resident #1 had refused his shower on two attempts. She reported after the second refusal she and NA #2 informed Nurse #1 of his refusals. Nurse #1 asked her and NA #2 to try again and to encourage Resident #1 to take a shower. NA #1 reported on the third attempt she and NA #2 encouraged Resident #1 to take a shower and they prepared everything for him to be taken to the shower. She indicated, "We could tell he was upset because he had nothing to say while we were getting him up and ready ...while we were washing him we could still tell he was upset and [he] called us monsters".</p> <p>- The written statement completed by NA #2 for the facility's investigation on the 1/15/17 grievance indicated Resident #1 had refused his shower on two attempts. She reported after the</p>	F 241	<p>Monitoring and QA: Center Executive director (CED) will review Interview Sheets 1 x monthly to ensure they are being completed. CED will review New Admission Bed Bath or Shower Tracking Audit Tool 1 x weekly to ensure compliance. CED and /or CNE will bring interviews to Executive Quality Assurance meeting for review.</p>		

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F 241	<p>Continued From page 3</p> <p>second refusal she informed Nurse #1. Nurse #1 asked NA #2 to do her best to give Resident #1 a shower. NA #2 reported on the third attempt she and NA #1 encouraged Resident #1 to take a shower. NA #2 indicated, " He did not say no, but he was not happy about it". She revealed that once Resident #1 was in the shower room and was being washed off, "[Resident #1] got mad and said we were 'monsters'...he cursed a little bit ...he was just mad because he got a shower".</p> <p>- The conclusion of the facility's investigation of the 1/15/17 grievance revealed NA #1 and NA #2 had not honored Resident #1's wishes on not going to the shower. Re-education for all nurses and all NAs was indicated to be needed and this was to include information on not providing a shower to a resident if they were adamant they had not wanted the shower.</p> <p>A phone interview was conducted with NA #1 on 1/25/17 at 3:40 PM. NA #1 reiterated her written statement related to the grievance dated 1/15/17 for Resident #1. She revealed that Resident #1 was verbally aggressive, he was visibly upset, and he had called herself and NA #2 "monsters".</p> <p>A phone interview was conducted with NA #2 on 1/25/17 at 4:03 PM. NA #2 reiterated her written statement related to the grievance dated 1/15/17 for Resident #1. She stated that on the third attempt to shower Resident #1 he had not readily agreed, but he had not said no. She indicated Resident #1 was verbally aggressive and he called herself and NA #1 "monsters". NA #2 revealed she believed Resident #1 was upset because he had not wanted the shower and they had given him the shower anyway.</p>	F 241			

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F 241	Continued From page 4 An interview as conducted with Resident #1 on 1/26/17 at 9:00 AM. The grievance dated 1/15/17 was discussed with Resident #1. He indicated had not wanted a shower, he had refused the shower, but he had to get the shower anyway. Resident #1 stated he was "very very very upset" by the incident.  An interview was conducted with the Director of Nursing (DON) on 1/26/17 at 9:46 AM. She stated her expectation was for all residents to be treated with respect and dignity.  An interview was conducted with the Administrator on 1/26/17 at 11:20 AM. He stated his expectation was for residents to be treated with dignity and respect at all times. He indicated that Resident #1 stated in his own words that he felt "humiliated" by the incident that related to the 1/15/17 grievance. The Administrator revealed the facility staff had not respected Resident #1 when a shower was provided to him after he refused.	F 241			
F 242 SS=D	483.10(f)(1)-(3) SELF-DETERMINATION - RIGHT TO MAKE CHOICES  (f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.  (f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.  (f)(3) The resident has a right to interact with	F 242		2/23/17	

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F 242	<p>Continued From page 5</p> <p>members of the community and participate in community activities both inside and outside the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident interview, and staff interview, the facility failed to honor a resident's right to refuse a shower resulting in the resident expressing aggressive verbal behaviors and feeling humiliated for 1 of 3 sampled residents (Resident #1). The findings included:</p> <p>Resident #1 was initially admitted to the facility on 10/9/15 and readmitted on 12/21/16 with multiple diagnoses that included anxiety and dementia.</p> <p>The annual Minimum Data Set (MDS) assessment dated 11/15/16 indicated Resident #1 was cognitively intact. He was assessed with no behaviors or rejection of care. Resident #1 required supervision with all Activities of Daily Living (ADLs). He required supervision with set up for bathing. Resident #1 had unsteady balance, but he was able to stabilize without staff assistance.</p> <p>The Care Area Assessment (CAA) related to ADLs for the 11/15/16 annual MDS indicated Resident #1 was alert, verbal, and able to make his needs known. It additionally indicated he required supervision with ADLs.</p> <p>Resident #1's comprehensive plan of care included the focus area of Resident #1 benefiting from opportunities to make decisions/choices related to self-directed involvement in meaningful activities. The goal of this focus area indicated, "[Resident #1] will indicate satisfaction in daily routine/activities as evidenced by verbalizing</p>	F 242	<p>F242</p> <p>Failed to treat a resident in a respectful manner by not honoring his right to refuse a shower resulting in the resident feeling humiliated.</p> <p>Resident Affected: On 1/16/17, both Certified Nursing Assistants (C.N.A.□s) were removed from assignment. On 1/20/17 Resident # 1 shower was changed to a bed bath on C.N.A. Assignment Sheet per resident/family request until resident decided to go back to taking showers. .</p> <p>Residents Potentially Affected: Interviewable residents were asked if they were ever made to take a shower after refusing and did staff respect their decisions of refusal. Any staff who were found to have given showers once a resident refused, received disciplinary actions and re-education on resident□s rights. . Interviews were completed on 2/14/17 by Department Heads, Nurse Practice Educator (NPE) and Center Nurse Executive (CNE) 1 negative finding was identified, but resident could not specify date, name or description on details of incident.</p> <p>Responsible Parties of non-interviewable residents were contacted and asked if they preferred their resident to have a bed bath or a shower and preferences were</p>		

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F 242	<p>Continued From page 6</p> <p>satisfaction, increase in affect during participation, increased focus and attention to activities of choice". This plan of care was last reviewed on 12/19/16.</p> <p>Resident #1's comprehensive plan of care also included the focus area of risk for decreased ability to perform ADLs in bathing, grooming, personal hygiene, dressing, transfer, locomotion, and toileting related to limited mobility. This plan of care was last reviewed on 12/19/16.</p> <p>A review of the medical record indicated Resident #1 was hospitalized from 12/9/16 through 12/21/16. Nursing documentation revealed Resident #1's physical condition had declined upon readmission.</p> <p>The 14 day MDS assessment dated 1/4/17 indicated Resident #1 was cognitively intact. He was assessed with no behaviors or rejection of care. Resident #1 required extensive assistance with ADLs and total dependence for bathing with 2 or more persons required for physical assistance. He was unsteady and was only able to stabilize with staff assistance.</p> <p>A grievance/concern form dated 1/15/17 for Resident #1 indicated he felt he was handled roughly during care/shower. The facility conducted an investigation that included an interview with Resident #1 and interviews and/or written statements with involved staff members. Nursing Assistant (NA) #1 and NA #2 had provided the shower to Resident #1 on the date referred to in the 1/15/17 grievance. The investigation included, in part:</p> <p>- The summary report completed by the facility</p>	F 242	<p>documented on the C.N.A.'s Assignment Sheet. Interviews were completed on 2/17/17 by Department Heads, Nurse Practice Educator (NPE) and Center Nurse Executive (CNE).</p> <p>Systemic Changes: All nurses and C.N.A.'s were in-serviced on offering resident showers and if they refuse, to re-approach and ask again and if resident refuses then tell nurse that resident refused. Nurse is to document refusal on nurse's notes and call family. C.N.A.'s are to document refusals on the Activities of Daily Living (ADL) flow Sheets. The in-service was conducted by NPE and was completed on 2/14/17.</p> <p>100% of all interviewable residents will be interviewed by department heads and/or nursing administration on being made to take a shower after refusing 1 x monthly x 3 months to ensure residents are not being made to take showers after they refuse.</p> <p>Upon admission of any non-interviewable residents, The Admissions Coordinator will ask Responsible party their preference of shower or bed bath and results will be documented on the C.N.A. Assignment Sheet and will be monitored using a New Admission Bed Bath or Shower Tracking Audit Tool.</p> <p>Monitoring and QA: Center Executive director (CED) will review Interview Sheets 1 x monthly to ensure they are being completed. CED will review New Admission Bed Bath or Shower Tracking Audit Tool 1 x weekly</p>	

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F 242	<p>Continued From page 7</p> <p>of the information provided by NA #1 and NA #2 during the facility's investigation of the 1/15/17 grievance indicated Resident #1 was asked if he wanted a shower prior to dinner and he refused. NA #1 and NA #2 reported they approached Resident #1 after dinner and he refused the shower for the second time. NA #1 and NA #2 informed Nurse #1 of this information and she asked them to encourage Resident #1 to get a shower. NA #1 and NA #2 indicated the third time they approached Resident #1 and asked if he wanted a shower he had not objected verbally. They reported they both assisted Resident #1 to prepare for the shower and once in the shower room he "became angry and called them monsters and began cursing at them". NA #1 and NA#2 indicated they completed the shower as quickly as possible, returned Resident #1 to his room, and apologized to him.</p> <p>- An interview with Resident #1 completed by the facility during their investigation of the 1/15/17 grievance indicated Resident #1 stated, "They humiliated me..."</p> <p>- The written statement completed by NA #1 for the facility's investigation of the 1/15/17 grievance indicated Resident #1 had refused his shower on two attempts. She reported after the second refusal she and NA #2 informed Nurse #1 of his refusals. Nurse #1 asked her and NA #2 to try again and to encourage Resident #1 to take a shower. NA #1 reported on the third attempt she and NA #2 encouraged Resident #1 to take a shower and they prepared everything for him to be taken to the shower. She indicated, "We could tell he was upset because he had nothing to say while we were getting him up and ready ...while we were washing him we could still tell he was</p>	F 242	to ensure compliance. CED and /or CNE will bring interviews to Executive Quality Assurance meeting for review.		



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F 242	<p>Continued From page 8 upset and [he] called us monsters".</p> <p>- The written statement completed by NA #2 for the facility's investigation on the 1/15/17 grievance indicated Resident #1 had refused his shower on two attempts. She reported after the second refusal she informed Nurse #1. Nurse #1 asked NA #2 to do her best to give Resident #1 a shower. NA #2 reported on the third attempt she and NA #1 encouraged Resident #1 to take a shower. NA #2 indicated, " He did not say no, but he was not happy about it". She revealed that once Resident #1 was in the shower room and was being washed off, "[Resident #1] got mad and said we were 'monsters'...he cursed a little bit ...he was just mad because he got a shower".</p> <p>- The conclusion of the facility's investigation of the 1/15/17 grievance revealed NA #1 and NA #2 had not honored Resident #1's wishes on not going to the shower. Re-education for all nurses and all NAs was indicated to be needed and this was to include information on not providing a shower to a resident if they were adamant they had not wanted the shower.</p> <p>The plan of care for Resident #1 was updated on 1/25/17 with the new focus area, "[Resident #1] is noncompliant with care such as refusing showers and refusing assistance from staff with aggressive (verbal and physical) behaviors (hitting/kicking) at times toward staff related to diagnosis of dementia". The interventions included, in part, to observe for non-verbal signs of resistance to care and to postpone care/activity and allow Resident #1 time to regain composure if he became combative or resistant to care.</p> <p>An interview was conducted with Nurse #1 on 1/25/17 at 3:00 PM. The grievance dated 1/15/17</p>	F 242			

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F 242	<p>Continued From page 9</p> <p>for Resident #1 and the facility's investigation was reviewed with Nurse #1. She indicated NA #1 and NA #2 informed her that Resident #1 had refused his shower twice. She stated she instructed NA #1 and NA #2 to try again and make sure Resident #1 received a shower.</p> <p>A phone interview was conducted with NA #1 on 1/25/17 at 3:40 PM. NA #1 reiterated her written statement related to the grievance dated 1/15/17 for Resident #1. She revealed that Resident #1 was verbally aggressive, he was visibly upset, and he had called herself and NA #2 "monsters".</p> <p>A phone interview was conducted with NA #2 on 1/25/17 at 4:03 PM. NA #2 reiterated her written statement related to the grievance dated 1/15/17 for Resident #1. She stated that on the third attempt to shower Resident #1 he had not readily agreed, but he had not said no. She indicated Resident #1 was verbally aggressive and he called herself and NA #1 "monsters". NA #2 revealed she believed Resident #1 was upset because he had not wanted the shower and they had given him the shower anyway.</p> <p>An interview as conducted with Resident #1 on 1/26/17 at 9:00 AM. The grievance dated 1/15/17 was discussed with Resident #1. He indicated had not wanted a shower, he had refused the shower, but he had to get the shower anyway. Resident #1 stated he was "very very very upset" by the incident.</p> <p>An interview was conducted with the Director of Nursing (DON) on 1/26/17 at 9:46 AM. She stated that her expectation was for a resident's right to refuse a shower to be honored.</p>	F 242			

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F 242	Continued From page 10 An interview was conducted with the Administrator on 1/26/17 at 11:20 AM. He stated his expectation was for a resident's right to refuse to be respected. He revealed the facility staff had not honored Resident #1's right to refuse a shower.	F 242			
F 282 SS=D	483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-  (ii) 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 record review and staff interview the facility failed to follow the plan of care intervention to monitor meal intake at all meals for 1 of 3 sampled residents (Resident #1). The findings included:  Resident #1 was initially admitted to the facility on 10/9/15 and readmitted on 12/21/16 with multiple diagnoses that included dysphagia and dementia. The annual Minimum Data Set (MDS) assessment dated 11/15/16 indicated Resident #1 was cognitively intact.  Resident #1's comprehensive plan of care included the focus area of nutritional risk related to the need for a diet consistency downgrade due to oropharyngeal dysphagia with aspiration, refusal of modified liquid consistency recommendations increasing aspiration risk, and	F 282	F282 Failed to follow the plan of care interventions to monitor meal intake at all meals.  Resident Affected: Resident #1 meal intake sheet was reviewed for meal intake percentage documentation from 1/18/17 to 1/24/17 by Registered Dietician (RD) using the ADL Flow sheet. The results indicated that 4 out of 21 meals lacked intake percentage documentation. Re-education for all Certified Nursing Assistants (C.N.A.□s) was immediately began on 1/25/17 by Nurse Practice Educator NPE) and any repeat deficient documentation beyond re-education after 2/4/17 resulted in disciplinary action.	2/23/17	

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F 282	<p>Continued From page 11</p> <p>significant weigh loss with low albumin after hospitalization. The interventions included, in part, the monitoring of Resident #1's intake at all meals. This plan of care was last reviewed on 12/19/16.</p> <p>A grievance form dated 1/5/17 for Resident #1 indicated his meal intake was not documented correctly. The resolution indicated the facility was going to inservice all of their Nursing Assistants (NAs) on where to document meal intake and how to determine proper intake.</p> <p>Resident #1's meal intake percentage documentation was reviewed from 12/22/16 through 1/24/17. Throughout the 34 day time period Resident #1's meal intake percentage was documented for 43 of 102 meals. There were 59 of 102 meals with no intake percentage documented for Resident #1.</p> <p>An interview was conducted with NA #5 on 1/26/17 at 7:44 AM. She stated she documented meal intake percentages on the hard copy flow sheets located in the medical record. She indicated the meal intake percentage was to be documented for all residents for every meal.</p> <p>An interview was conducted with NA #6 on 1/26/17 at 8:55 AM. She stated she documented meal intake percentages on the hard copy flow sheets located in the medical record. She indicated the meal intake percentage was supposed to be documented for all residents for every meal. NA #6 stated she worked with Resident #1 frequently. She revealed she sometimes forgot to document Resident #1's meal intake percentage. NA #6 additionally revealed the facility's Staff Educator spoke with</p>	F 282	<p>Residents Potentially Affected: 100% of all residents meal intake was audited for meal intake percentage documentation by Scheduler and CNE and completed on 2/4/17 using the Meal Intake Audit Tool. The audit revealed several employees who had not documented meal intakes. Staff re-education was immediately began and any staff found to have repeat deficient documentation beyond re-education after 2/4/17 will result in disciplinary action.</p> <p>Systemic Change: All C.N.A.s were in-serviced on meal intake percentages including completeness and accuracy of the meal intake percentage documentation. The in-service was conducted by the NPE and was completed on 2/2/17.</p> <p>Monitoring and QA: Meal Intake Audit Tool will be completed on all residents 1 x weekly x 3 months, to ensure that meal intake percentages are being consistency documented. These audits will be completed by Center Nurse Executive (CNE) and/or Assistant Director of Nursing (ADON) and/or Scheduler and /or NPE. Center Executive Director (CED) will review audits 1 x weekly to ensure they are being completed. CED and/or CNE will bring Meal Intake Audits to Executive Quality Assurance (QA) meeting for review.</p>		

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F 282	Continued From page 12 her earlier that week about the importance of documenting meal intake percentages for every meal.  An interview was conducted with the Director of Nursing (DON) on 1/26/17 at 9:46 AM. She stated her expectation was for a meal intake percentage to be documented for every meal by the assigned NA for all residents. She additionally stated she expected the care plan interventions to be followed. The meal intake percentage documentation for Resident #1 from 12/22/16 through 1/24/17 with no documentation for 59 of 102 meals was reviewed with the DON. The DON confirmed the facility had a problem with the completeness of meal intake percentage documentation. She revealed the facility's Registered Dietician (RD) identified this problem and the facility was in the process of re-educating all NAs on the importance of completeness and accuracy of meal intake percentage documentation. She indicated the re-education had not been fully completed at that time (1/26/17).  An interview was conducted with the RD on 1/26/17 at 10:09 AM. She stated her expectation was for meal intake percentages to be documented for all residents for every meal. The RD revealed she had recently informed the facility administration of incomplete documentation for meal intake percentages. She stated that re-education was in process for all NA's regarding completeness and accuracy of the meal intake percentage documentation.	F 282			
F 520 SS=D	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	F 520		2/23/17	

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F 520	Continued From page 13  (g) Quality assessment and assurance.  (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:  (i) The director of nursing services;  (ii) The Medical Director or his/her designee;  (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and  (g)(2) The quality assessment and assurance committee must :  (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and  (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;  (h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.  (i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for	F 520			

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F 520	<p>Continued From page 14 sanctions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident interview, and staff interview, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place following the 11/3/16 recertification survey. This was for two recited deficiencies in the areas of dignity (F241) and choices (F242). These deficiencies were cited again on the current complaint investigation survey of 1/26/17. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance program. The findings included:</p> <p>This tag is cross referenced to:</p> <p>1. F241 - Dignity: Based on record review, resident interview, and staff interview, the facility failed to treat a resident in a respectful manner by not honoring his right to refuse a shower resulting in the resident feeling humiliated for 1 of 3 sampled residents (Resident #1).</p> <p>During the recertification survey of 11/3/16 the facility was cited F241 for failing to provide meals concurrently for residents in the same room. On the current complaint investigation survey of 1/26/17, the facility failed to treat a resident in a respectful manner by not honoring his right to refuse a shower resulting in the resident feeling humiliated.</p> <p>2. F242 - Choices: Based on record review, resident interview, and staff interview, the facility failed to honor a resident's right to refuse a shower resulting in the resident expressing aggressive verbal behaviors and feeling</p>	F 520	<p>F520 Failed to maintain implemented procedures and monitor these interviews that the committee put into place.</p> <p>Resident affected: On 2/8/2017, all Department Heads and Administrative Nurses were educated by the Center Executive Director (CED) on the Quality Assurance (QA) and Process Improvement to include implementation of action plans, monitoring tools, and the evaluation of the process and modifications with corrections as indicated.</p> <p>Residents Potentially Affected: On 2/8/2017, all Department Heads and Administrative Nurses were educated by the CED on the QA and Process Improvement to include implementation of action plans, monitoring tools, and the evaluation of the process and modifications with corrections as indicated.</p> <p>Systemic Changes: On 2/14/17 the CED and Center Nurse Executive (CNE) were educated by the Clinical Quality Specialist (CQS) on the process of identification of systems to bring before the QA team, development of action plans for areas identified, establishing systems to monitor the corrections implemented and reviewing the monitoring QA tools through monthly QA meetings.</p>		

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F 520	<p>Continued From page 15</p> <p>humiliated for 1 of 3 sampled residents (Resident #1).</p> <p>During the recertification survey of 11/3/16 the facility was cited F242 for failing to honor a resident's choice to keep her previously grandfathered refrigerator in her room post a stay in the hospital and return to the facility. On the current complaint investigation survey of 1/26/17, the facility failed to honor a resident's right to refuse a shower resulting in the resident expressing aggressive verbal behaviors and feeling humiliated.</p> <p>An interview was conducted with the Administrator on 1/26/17 at 11:20 AM. He stated he was the head of the facility's QAA Committee. He indicated the QAA Committee consisted of the Director of Nursing, Maintenance Director, Housekeeping Director, Laundry Services, Admissions Director, Human Resources Manager, Minimum Data Set Coordinator, Dietary Manager, Director of Social Services, Registered Dietician, Pharmacist, and Medical Director. She stated all members of the committee met quarterly, as well as monthly meetings without the pharmacist.</p> <p>The Administrator indicated he was aware dignity was a repeat deficiency from the previous recertification survey. He reported he felt the previous deficiency had been corrected. He stated this deficiency was in a separate area. He indicated the facility had identified this concern and was in the process of re-educating all of their Nursing Assistants (NAs).</p> <p>The Administrator indicated he was aware choices was a repeat deficiency. He reported the previous deficiency associated with the personal refrigerators had been corrected. He indicated this deficiency was in an unrelated area and was due to the staff not honoring the resident's wishes</p>	F 520	<p>The CED will meet weekly with any department head who has failed to sustain systems to correct areas identified to assure consistent compliance.</p> <p>Monitoring and QA: Monthly monitoring of the QA process and implementation of action plans will be documented by the CED using the QA Process Monitoring Tool during monthly QA meetings for 6 months to assure consistent compliance.</p>		



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F 520	Continued From page 16 to refuse a shower. He stated the facility had identified this concern and was in the process of re-educating all of their NAs.	F 520			