

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

PRINTED: 03/01/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2017
NAME OF PROVIDER OR SUPPLIER MAPLE LEAF HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MAPLE CARE LANE STATESVILLE, NC 28625	
(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: Based on observations, resident interviews, staff interviews, family interviews and record review the facility failed to treat a resident in a dignified manner by not maintaining privacy for a resident whose body was uncovered and visible to others for 1 of 1 sampled residents. (Resident #94)</p> <p>Findings Included:</p> <p>Review of Resident # 94's most recent MDS (Minimum Data Set), that was an admission assessment dated 1/20/2017 revealed the resident was originally admitted on 01/13/2017 with diagnoses to include but not limited to Alzheimer's Disease, Dementia and Depression. The assessment indicated Resident #94 was severely cognitively impaired. The assessment also indicated that Resident #94 required extensive assistance for activities of daily living to include dressing.</p> <p>An observation of Resident #94 was conducted on 02/15/2017 at 5:17 PM. During this observation, Resident #94 was observed laying in their bed exposed, wearing only a brief that was not secured with no covers on their body. Resident #94's body was exposed to include, head, neck, arms, legs, chest, stomach and face.</p>	F 241	<p>F241</p> <ol style="list-style-type: none"> Corrective action was accomplished for the alleged deficient practice by the Maintenance Director securing the privacy curtains for Resident #94 to maintain full visual privacy on 2/17/17. NA#1 and Nurse #1 received further individual training regarding providing privacy for residents and on recognizing and reporting a maintenance request for needed repairs of privacy curtains by the Director of Nursing on 2/17/17. All residents have the potential to be affected by this alleged deficient practice. The Director of Nursing, Assistant Director of Nursing, and Unit Manager conducted an audit of current privacy curtains to validate full visual privacy is maintained. This audit was completed by 3/16/17. Opportunities were corrected as identified. 	3/16/17

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

Mick Simon

TITLE

Administrator

(X6) DATE

3/11/17

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>It was also noted that Resident #94's privacy curtain that covered that end of their bed was pulled but two of the chains were out of the track, leaving the curtain to drape open at the end. The privacy curtain between Resident #94 and their roommate was not pulled, leaving Resident #94 visible to their roommate and visitors of the roommate. During this observations, Nurse Aid (NA #1) came into Resident #94's room while the resident was exposed and the NA did not cover the residents exposed body nor attempt to fix the privacy curtain before exiting the room.</p> <p>An interview was conducted with the spouse of Resident #94 on 02/16/2017 at 11:41 AM. During this interview Resident #94's spouse stated that it was "definitely not appropriate and that it bothered him that she was not provided full privacy". He also stated that it would bother and embarrass his spouse if she realized that she was not covered up with strangers being able to see her nude.</p> <p>An interview was conducted with Nurse #1 on 02/16/2017 at 12:03 PM. During this interview Nurse #1 stated that she had difficulty pulling the privacy curtain on 02/15/17 to provide full and complete privacy for Resident #94. She indicated that she could not remember whether or not she had notified maintenance of the issue related to the privacy curtain.</p> <p>An interview was conducted with the maintenance director on 02/16/2017 at 12:04 PM. He stated that Resident #94's roommate warned him not to come into the room on 02/15/2017 due to Resident #94 not being dressed and the curtain not being completely pulled. He stated that he mentioned it to the Nurse Aid that was working on</p>	F 241	<p>F241</p> <p>3. The Director of Nursing or Nurse Managers re-educated the Nursing Staff on maintaining Resident's dignity while providing care to include the use of privacy curtains to maintain full visual privacy. This education was completed by 3/16/17. The Director of Nursing or Nurse Managers will randomly observe ten residents weekly for twelve weeks to ensure that nursing staff are maintaining Resident's dignity while providing care to include the use of privacy curtains to maintain full visual privacy. Opportunities will be corrected as identified.</p> <p>4. Measures to ensure that corrections are achieved & sustained include: The results of these interviews will be submitted to the QAPI Committee by the Director of Nursing for review by IDT members each month. The QAPI committee will evaluate the effectiveness and amend as needed. Date of compliance is 3/16/17.</p>	3/16/17
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F 241	Continued From page 2 the hall, but was unaware if the curtain ever was pulled. An interview was conducted with the Administrator and the Director of Nursing on 02/16/2017 at 2:30 PM. During this interview the Administrator indicated that residents that were undressed and exposed should not be in view of others.	F 241		
F 253 SS=D	483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES (i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to maintain clean bedrooms in 3 of 39 resident rooms (Room #410, #417, and 418). Findings included: A. An observation of room #410 on 02/13/17 at 5:00 PM revealed a thick layer of dust and cobwebs underneath a dresser. Observation of the in room sink revealed a layer of dust along the back and sides of the sink. Cobwebs were observed along the bottom of the vanity cabinet. A significant layer of dust was further observed on top of a sitting table located in the corner of the room along with potting soil from a plant sitting on the table. An observation of room #410 on 02/16/17 at 1:30 PM revealed a thick layer of dust and cobwebs underneath a dresser. Observation of the in room sink revealed a layer of dust along the back of the	F 253	F253 1. Corrective action was accomplished for the alleged deficient practice by the Housekeeping Director and staff who deep cleaned the Resident Rooms #410, #417, and #418 by 2/17/17. 2. All residents have the potential to be affected by this alleged deficient practice. An audit of all Resident Rooms was completed by the Administrator and Housekeeping Supervisor by 3/16/17 to identify any opportunities with cleanliness, these were corrected as identified.	3/16/17

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F 253	<p>Continued From page 3</p> <p>sink. Cobwebs were observed along the bottom of the vanity cabinet. A layer of dust was further observed on top of a sitting table located in the corner of the room. Potting soil was observed from a plant that was located on the table. White, dried matter was observed in the shape of water droplets along the base of the cabinets throughout the room.</p> <p>B. An observation of room #417 on 02/16/17 at 1:35 PM revealed a thick layer of dust with debris underneath a dresser. Cobwebs were also observed underneath the dresser. Dried matter was observed in the shape of water droplets along the base of the cabinets throughout the room.</p> <p>C. Observation of room #418 on 02/16/17 at 1:38 PM revealed a layer of dust and debris underneath a dresser. Spider webs were also observed under the dresser. A white hair brush was observed underneath a dresser. The hair brush was observed to be covered in a layer of dust, hair and dirt. Dried matter was observed in the shape of water droplets along the base of the cabinets throughout the room. Observation of the in room sink revealed a layer of dust on the sides of the sink.</p> <p>An interview with the Director of housekeeping on 02/16/17 at 1:45 PM revealed it was her expectation that resident rooms be deep cleaned daily. She stated that it was her expectation for housekeeping staff to clean windows, ac units, beds, bathrooms, tables and floors. An observation of room #410 was conducted at the time of the interview with the Director of Housekeeping. The Housekeeping Director at this time indicated that the dust observed</p>	F 253	<p>3. The Housekeeping Director will re-educate the Housekeeping Staff on the cleaning procedures for Resident Rooms. This education will be completed by 3/16/17. The Housekeeping Director and/or Administrator will monitor the cleanliness of 10 Resident Rooms weekly for twelve weeks to identify any concerns. Opportunities will be corrected as identified.</p> <p>4. Measures to ensure that corrections are achieved & sustained include: The results of these audits will be submitted to the QAPI Committee by the Housekeeping Director and/or Administrator for review by IDT members each month. The QAPI committee will evaluate the effectiveness and amend as needed. Date of compliance is 3/16/17.</p>	3/16/17

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F 253	Continued From page 4 underneath the dresser was not up to her expectation or standards. In an interview with Housekeeping staff #1 assigned to the 200 hall on 02/16/17 at 2:00 PM revealed her duties included cleaning bedside tables, night stands, window sills, and cabinets, bathrooms, dusting and moping daily. In an interview with Housekeeping staff #2 on 02/16/17 at 2:17 PM, revealed her duties included sweeping, moping, dusting, cleaning the bathrooms, bedside table, and window sills daily. An interview with the Administrator on 02/16/2017 2:48 PM revealed it was her expectation that resident rooms be cleaned daily. She stated that the priority of the housekeeping staff was to ensure resident rooms were cleaned daily. The Administrator revealed she couldn't speak to how often housekeeping deep cleaned.	F 253		
F 460 SS=D	483.90(d)(1)(iv)-(v) BEDROOMS ASSURE FULL VISUAL PRIVACY (d)(1)(iv) Be designed or equipped to assure full visual privacy for each resident; (d)(1)(v) In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident interviews and staff interviews the facility failed to provide full visual privacy for one of one (Resident #94) sampled residents.	F 460	F460 1. Corrective action was accomplished for the alleged deficient practice by the Maintenance Director securing the privacy curtains for Resident #94 to maintain full visual privacy on 2/17/17. NA#1 and Nurse #1 received further individual training regarding providing privacy for Residents and on recognizing and reporting a	3/16/17

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F 460	<p>Continued From page 5</p> <p>Findings Included:</p> <p>Review of Resident #94's most recent MDS (Minimum Data Set), that was an admission assessment dated 01/20/2017, revealed the resident was originally admitted on 01/13/2017 with diagnoses to include, but not limited to, Alzheimer's disease, Dementia and Depression. The assessment indicated Resident #94 was cognitively impaired. The assessment also indicated that Resident #94 required extensive assistance with her activities of daily living to include dressing.</p> <p>An observation of Resident #94 was conducted on 02/15/2017 at 5:17 PM. At that time Resident #94 was observed to be undressed, lying in her bed with her head, neck, arms, torso and face exposed. Resident #94 was in view of her roommate. It was observed at this time that Resident #94's privacy curtain was pulled partially but not completely providing visual access to her in her bed uncovered and undressed. It was also observed at that time that 2 of the privacy curtain chains were off the track which prevented the curtain from providing full visual privacy. During this observation, Nurse Aide #1 (NA1) entered the resident's room and stood at the opening of the privacy curtain. NA1 failed to address the open curtain or provide covers for Resident #94 and left the room while the privacy curtain of Resident #94 remained opened.</p> <p>An observation of Resident #94's room on 02/16/2017 at 8:33 AM revealed that the same hooks that prevented Resident #94's privacy curtain from providing complete visual privacy were still off of the track.</p>	F 460	<p>maintenance request for needed repairs of privacy curtains by the Director of Nursing on 2/17/17.</p> <p>2. All residents have the potential to be affected by this alleged deficient practice. The Director of Nursing, Assistant Director of Nursing, and Unit Manager conducted an audit of current privacy curtains to validate full visual privacy is maintained. This audit was completed by 3/16/17. Opportunities were corrected as identified.</p> <p>3. The Director of Nursing or Nurse Managers re-educated the Nursing Staff on the use of privacy curtains to maintain full visual privacy and on recognizing and reporting a maintenance request for needed repairs of privacy curtains. This education was completed by 3/16/17. The Director of Nursing or Nurse Managers will randomly observe ten residents weekly for twelve weeks to ensure Nursing Staff are maintaining Resident's privacy</p>	3/16/17

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F 460	Continued From page 6 An interview with the Maintenance Director on 02/16/2017 at 11:45 AM revealed that he is notified of maintenance requests through a clipboard located at the nurse's station in which staff communicated maintenance issues. A review of the Maintenance Clipboard on 2/16/2017 at 12:08 PM revealed there was no documentation related to the privacy curtain in Resident #94's room. An interview with NA #2 on 02/16/2017 at 11:58 AM revealed that Nurse #1 reported having difficulty pulling the curtain completely to provide full visual privacy for Resident #94 on 02/15/2017. An interview with Nurse #1 on 02/16/2017 at 12:03 PM revealed that she had difficulty with Resident #94's privacy curtain the previous day and was unable to pull it completely closed to provide full visual privacy. She reported that she was unsure if she had completed a maintenance request on the curtain from 02/15/2017. Review of Maintenance Logs dated from 01/01/2017 through 02/16/2017 revealed that there had been no maintenance requests made to repair the hooks that were off of the overhead track of the privacy curtain in Resident #94's room.	F 460	while providing care to include the use of privacy curtains to maintain full visual privacy. Opportunities will be corrected as identified. 4. Measures to ensure that corrections are achieved & sustained include: The results of these audits will be submitted to the QAPI Committee by the Director of Nursing and/or designee for review by IDT members each month. The QAPI committee will evaluate the effectiveness and amend as needed. Date of compliance is 3/16/17.	3/16/17