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F 242 SS=E	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 members of the community and participate in community activities both inside and outside the facility. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, resident and staff interviews, the facility failed to honor residents' preferences for showers twice weekly for 3 of 6 residents (Residents #6, #14, and #16) reviewed for choices. Findings included: 1. Resident #6 was admitted to the facility on 03/08/14 with diagnoses that included hypertension, hyperlipidemia and shortness of breath. Review of Resident #6's quarterly Minimum Data Set (MDS) dated 02/13/17 revealed an assessment of intact cognition. The MDS indicated Resident #6 required extensive to total assistance of 1 person with all ADL (activities of daily living).	F 242	For resident # 6, #14 & # 16 These residents were interviewed by the Director of Nursing/Assistant Director of Nursing regarding Their choice for hygiene i.e.: Shower or bed bath, number of days per week. The shower schedule was changed to accommodate those residents. All Other residents: Based on interviews conducted with the residents, preferences were reviewed. The shower schedule was by the Clinical Care Coordinator on 3/24/17. Staff were educated by the Staff Development Coordinator i.e.: resident personal hygiene and residents right i.e.: Self Determination-right to make choices, ADL, Resident Rights and Customer Service. Lesson plans were reviewed and developed to address resident ADLs and	4/20/17

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

Electronically Signed | 04/14/2017

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F 242	Continued From page 1 Review of Resident #6's annual Care Area Assessment (CAA) summary dated 11/21/16 for ADL indicated that he required assistance from staff with all aspects of ADL. Review of Resident #6's care plan dated 02/13/17 revealed that he was dependent on staff assistance for all ADL related to his impaired mobility and was at risk of functional decline. Observation of Resident #6 on 03/22/17 at 10:50 AM revealed him still in a hospital gown lying in bed with his CPAP (continuous positive airway pressure) on and watching TV. He appeared disheveled and his hair was not combed. Interview 03/22/17 at 10:55 AM with Resident #6 revealed that he was not getting his showers 2 times weekly. He stated he did not get a shower at all the week of 3/5/17 through 3/11/17. Resident #6 stated he thought some of the NAs (nursing assistants) were afraid to get him up because he was such a big man. He stated that once he was in his wheelchair he could slide onto the shower chair and they used the sit to stand to get him back in his chair. He stated that he had not complained about it to anyone yet but preferred to have his showers instead of bed baths. Resident #6 stated he attended the Resident Council meetings and recently at a meeting there was discussion about the roles and responsibilities of the nurse aides. Review of the ADL bathing documentation for March 1 through March 23 revealed that Resident #6 had 4 showers and should have had 7. It also revealed that Resident #6 had no shower the week of 3/5/17 through 3/11/17. There was no documentation that the resident had refused	F 242	personal hygiene. System changes: Shower schedules will be reviewed with residents upon admission. The shower/bath schedule was revised on 3/24/17. Monitoring: An audit tool was completed to determine staff compliance with completing showers/bath/hygiene (nailcare/grooming) The audit will be completed weekly by the clinical care coordinator and/ or other in charge nursing staff weekly on 25% of a random sample of residents for 2 weeks. Then 10% of residents for 6 weeks, then 5% of residents for 4 weeks. Ongoing audits will be determined by the prior 12 weeks of results. QAPI: Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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showers.

Interview 03/22/17 at 11:33 AM with nurse aide (NA) #3 revealed the resident showers were split among 1st and 2nd shift. She stated if the staff ratio was 1 NA to 9-10 residents the NAs were able to complete the showers and provide nail care. NA #3 stated if they had their assignment and had to pick up rooms on another hall it made it hard to complete everything so some shower were not completed.

Interview 03/22/17 at 11:49 AM with Nurse #1 revealed she had worked at the facility for a short time and stated that she knew administration was trying to hire NAs due to some leaving. She stated someone usually called out about every day and sometimes all the showers were not done.

Interview 03/22/17 at 12:17 PM with NA #5 revealed if a staff member called out they could not get all the showers done. NA #5 stated they tried to get residents at least one shower per week and if unable to they would at least give them a bed bath. She stated the residents preferred their showers but would accept a bed bath.

Interview 03/22/17 at 12:32 PM with Nurse #2 stated when someone called out there was not enough help to give sufficient care. Nurse #2 stated when a NA called out the NAs working had to pick up additional residents on the hall and it made it difficult to get care done.

Interview 03/23/17 at 2:23 PM with NA #7 revealed that she had not been at the facility very long. NA #7 stated they were assigned residents

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and if everyone showed up their assignments were not hard to complete, but if someone called out and they had to take on additional rooms from another hall it made it difficult to get all the showers and care done.

Interview 03/23/17 at 2:33 PM with NA #8 revealed that he was working part time and was going to full time on second shift. NA #8 stated when all the staff did not come in all the showers and nail care did not get done.

Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed that her expectation was for all residents to receive their showers as scheduled and did not understand why they were not getting done.

2. Resident #14 was admitted to the facility on 03/02/15 with diagnoses that included hypertension, dementia, lack of coordination, and abnormal gait.

Resident #14's care plan dated 01/03/17 revealed that she was at risk of functional decline in ADL (activities of daily living) due to her diagnosis of dementia and required extensive assistance of 1 person for all ADL except eating.

Review of Resident 14's quarterly MDS (Minimum Data Set) dated 01/12/17 revealed an assessment of intact cognition. The MDS indicated Resident #14 required extensive assistance of 1 person with ADL and bathing.

Observation of Resident #14 on 03/23/17 at 9:10 AM revealed her up in her chair, neatly dressed and waiting to go to a doctor's appointment that morning. Her clothes were neat and clean and

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her hair was neatly combed.

Interview 03/23/17 at 9:12 AM with Resident #14 revealed that she was not getting her showers 2 times per week as she was scheduled. She stated that the staff worked hard but there was just not enough to meet the needs of the residents. She stated that she did not get a shower at all the previous week (3/12-3/18/17) and preferred her showers over just "washing up."

Review of the ADL bathing documentation for March 1, 2017 through March 23, 2017 revealed that Resident #14 had no shower 03/01-03/05/17 and had 3 showers for the month so far and should have had 7. There was no documentation that the resident had refused showers.

Interview 03/23/17 at 2:23 PM with NA (nurse aide) #7 revealed that she had not been at the facility very long. NA #7 stated they were assigned residents and if everyone showed up their assignments were not hard to complete, but if someone called out and they had to take on additional residents from another hall it made it difficult to get all the showers and care done.

Interview 03/23/17 at 2:33 PM with NA #8 revealed he worked a lot because there were so many call outs. NA #8 stated when all the staff did not come in all the showers did not get done. NA #8 stated he was working today because someone had called out on first shift.

Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed that her expectation was for all residents to receive their showers as scheduled and did not understand why they were

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not getting done.

3. Resident #16 was admitted to the facility on 02/26/15 with diagnoses that included hypertension and end stage renal disease. Review of Resident #16's annual MDS (Minimum Data Set) dated 12/19/16 revealed an assessment of intact cognition. The MDS also revealed that Resident #16 was totally dependent on staff for bathing with assistance of 1 person due to his bilateral lower extremity amputations.

Review of Resident #16's Care Area Assessment (CAA) summary dated 12/20/16 for ADL (activities of daily living) indicated the resident required staff set up for most ADL but total dependence of 1 person for bathing due to his bilateral amputations of lower extremities.

Review of Resident #16's care plan dated 01/03/17 revealed self-care deficit related to his decreased ability to apply his bilateral lower extremity prosthesis. He was care planned for 1 person assist with bathing, grooming and dressing.

Observation 03/23/17 at 1:45 PM of Resident #16 in the day room sitting in his wheelchair revealed that he had slight body odor but was dressed in sweat pants and shirt and was not wearing his prosthetic legs.

Interview 03/23/17 at 1:48 PM with Resident #16 revealed that he was not getting his showers 2 times weekly as scheduled. Resident #16 stated he preferred to take a shower over getting a bed bath.

Review of the ADL bathing documentation for

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F 242	Continued From page 6 March 1, 2017 through March 23, 2017 revealed that Resident #16 had no shower 03/19-03/23/17 and had 2 showers for the month and should have had 7. There was no documentation that the resident had refused showers. Interview 03/23/17 at 2:23 PM with NA (nurse aide) #7 revealed that she had not been at the facility very long. NA #7 stated they were assigned residents and if everyone showed up their assignments were not hard to complete, but if someone called out and they had to take on additional rooms from another hall it made it difficult to get all the showers and care done. Interview 03/23/17 at 2:33 PM with NA #8 stated when all the staff did not come in all the showers and nail care did not get done. NA #8 stated he was working today because someone had called out on first shift. Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed that her expectation was for all residents to receive their showers as scheduled and did not understand why they were not getting done.	F 242		
F 246 SS=D	483.10(e)(3) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES 483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: (e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.	F 246		4/20/17

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F 246	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to provide a shower chair to a resident who could not stand during showers (Resident #15) and failed to position a resident in a wheelchair to prevent discomfort (Resident #7) for 2 of 4 residents reviewed for accommodation of needs. Findings included: 1. Resident #15 was admitted to the facility on 01/30/15 with diagnoses which included neoplasm of the prostate, edema, osteoarthritis and chronic pain. Review of Resident #15's annual MDS (Minimum Data Set) dated 12/23/16 revealed an assessment of intact cognition. The resident's MDS also revealed that he required extensive assistance of 1 staff with all ADL (activities of daily living) except eating and was totally dependent on 1 staff person for bathing. It also indicated that moving from seated to standing position that Resident #15 was only able to stabilize with human assistance. Review of Resident #15's Care Area Assessment (CAA) summary dated 01/05/17 revealed that he needed assistance with ADL including transfers, and had no decline in function this review period. Review of Resident #15's care plan dated 03/21/17 revealed that he was care planned for assistance with all aspects of ADL except eating and required total assistance of 1 with bathing. An interview 03/23/17 at 9:40 AM with Resident	F 246	Specific residents: Resident #15 has a shower chair provided to meet his needs. Date: 3/23/2017 Resident # 7 was referred to therapy for positioning in the wheel chair. Date: 3/23/2017 Other Residents with potential: There are multiple types and sizes of shower chairs available to meet the resident needs, i.e.: Bariatric; high back, shower stretchers. Staff Development Nurse and Administrative Nurses educated Nursing staff to offer the residents the option to utilize the shower chairs as needed to accommodate the resident needs. CNA's were educated to discuss appropriate shower device with licensed nurse by ADON on 4/20/17. Wheel chair positioning audit was completed by Therapy Manager on all (100%) of resident who reside at Peak resources Charlotte Date: 4/12/2017. Residents who are admitted to the facility will have a Therapy screen completed as needed based on the resident's medical condition within 5 days of admission. The screen includes wheelchair positioning. Staff education was provided to PT, OT and Rehab Office Assistant by Therapy Manager regarding completion of therapy screens for all new admissions based on medical/clinical needs. Date: 4/7/2017, 4/11/2017 & 4/13/2017 any staff who are currently on LOA, etc. will have education prior to returning to resident assignment. System change:	

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F 246	Continued From page 8 #15 revealed that he had just been offered a shower but opted for a complete bed bath due to pain in his knee. He stated that he was not sure that he could stand long enough to shower due to pain in his knee. Resident #15 stated that no one had offered him to use a shower chair instead of standing to shower. He stated that he would have taken a shower if he had known he had the option to sit in a chair to shower. Review of the ADL bathing documentation for March 1, 2017 through March 23, 2017 revealed that Resident #15 had no shower 03/01-03/23/17, only bed baths for the month and should have had 7 showers. Interview 03/23/17 at 2:23 PM with NA (nurse aide) #7 revealed they were assigned residents and if everyone showed up their assignments were able to be completed, but if someone called out and they had to take on additional residents from another hall it made it difficult to get all the showers and care done. In an interview 03/23/17 at 2:33 PM with NA #8, he stated that he did not think about offering residents that normally stand to shower the option to use the shower chair. He stated that he would offer the shower chair to Resident #15 in the future and make the option available to all residents with the need. NA #8 further stated that most residents preferred getting a shower instead of a bed bath. Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed that her expectation was for all residents to receive their showers as scheduled and offered a shower chair if they could not stand and needed it. The DON further	F 246	All admissions and readmissions to the facility will be screened and/or evaluated by therapy within 48-72 hours including but not limited to w/c positioning. Referral from staff will continue for residents with questionable positioning in the W/C. The screen form will be used as a method of communication and/or documentation to indicate the need for further assessment and aid in determining the resident□s ability to participate in a skilled therapy program. A therapy referral/screen form will not be completed if a physician□s order is present for therapy to evaluate and treat as indicated. Therapy will complete therapy referral/screen form for episodic situations within 48 hours. The completed therapy referral/screen form will be filed in the therapy section of the resident□s medical record. Monitoring: An audit tool was developed which addresses the following: Audits will be done by the Therapy Manager for 4 weeks on 20% of residents. Then on 10% of residents for 4 weeks. Then on 5% of residents for 4 weeks. Additional auditing will be determined by the prior 12 weeks of audits.	

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F 246	Continued From page 9 stated that she did not understand why all the residents were not getting their showers as scheduled. 2. Resident #7 was admitted to the facility 06/14/16 with diagnoses which included bilateral osteoarthritis of knees, pain, osteoporosis, Alzheimers and chronic back pain The current Minimum Data Set (MDS) dated 02/28/17 noted Resident #7 had severe cognitive impairment, was totally dependent of 2 staff for transfers and was followed by hospice services. A Care Area Assessment associated with this MDS in the area of pain noted, Resident is under hospice care. Hospice visits her every day and staff monitors her for any signs/symptoms of discomfort. Will proceed with care plan. The current care plan last updated 02/28/17 for Resident #7 included the following problem areas: -Admitted for hospice due to decline with overall mental and health status. Approaches to this problem area included, keep resident comfortable. -Resident is at risk for alterations in comfort related to the right leg. Approaches to this problem area included, position for comfort with physical support as necessary. Review of nurse practitioner progress notes in the medical record of Resident #7 included the following: 01/16/17-Acute visit at request of nursing for complaints of right knee pain. Resident reports pain with palpation to right knee. No reported falls, no obvious injury. Resident does have a history of degenerative joint disease. Pain is	F 246	Clinical Care Coordinator and Nursing Supervisor will observe/monitor the shower devices being used for residents for 4 weeks on 20% of residents. Then on 10% of residents for 4 weeks. Then on 5% of residents for 4 weeks. Additional auditing will be determined by the prior 12 weeks of audits. QAPI: QAPI: Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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continuous according to resident. Will check X-ray to rule out injury.
01/17/17--Acute visit with X-ray reviewed. X-ray to knee is negative for any fracture. Severe degenerative changes are noted to the medial joint with almost total loss of joint space. She continues to have pain in her knee.
02/21/17-Resident seen today as she has returned from the hospital after being admitted for altered mental status. She was found to be hypernatremic, hyperkalemic and had leukocytosis. She was seen and evaluated by palliative care and hospice while in the hospital. She is confused at baseline.

Observations of Resident #7 during the 3 days of the investigation included the following:
03/21/17 12:10 PM-Resident #7 was observed seated in a wheelchair, in the restorative dining room. There were no foot rests or leg supports observed on the wheelchair of Resident #7. A thick cushion, measuring approximately 6" thick was in place in the seat of the wheelchair of Resident #7. The feet of Resident #7 hung from the wheelchair with an approximate 6" clearance between her feet and the floor.
03/21/17 12:40 PM-Resident #7 was observed seated in a wheelchair outside her room. There were no foot rests or leg supports observed on the wheelchair of Resident #7. A thick cushion, measuring approximately 6" thick was in place in the seat of the wheelchair of Resident #7. Resident #7 was observed rocking her upper body back and forth while freely swinging her legs. There was an approximate 6" clearance between her feet and the floor.
03/22/17 11:15 AM-Resident #7 was observed seated in a wheelchair, in the restorative dining room. There were no foot rests or leg supports

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observed on the wheelchair of Resident #7. A thick cushion, measuring approximately 6" thick was in place in the seat of the wheelchair of Resident #7. The feet of Resident #7 hung from the wheelchair with an approximate 6" clearance between her feet and the floor.
03/22/17 2:00 PM-Resident #7 was observed seated in a wheelchair in the activity room. There were no foot rests or leg supports observed on the wheelchair of Resident #7. A thick cushion, measuring approximately 6" thick was in place in the seat of the wheelchair of Resident #7. Resident #7 appeared to be sleeping during the activity. The feet of Resident #7 hung from the wheelchair with an approximate 6" clearance between her feet and the floor.
03/23/17 1:20 PM-Resident #7 was observed in a wheelchair, in her room. There were no foot rests or leg supports observed on the wheelchair of Resident #7. A thick cushion, measuring approximately 6" thick was in place in the seat of the wheelchair of Resident #7. The feet of Resident #7 hung from the wheelchair with an approximate 6" clearance between her feet and the floor.

On 03/23/17 at 1:20 PM the Occupational Therapist was interviewed about Resident #7. The Occupational Therapist stated Resident #7 had been treated in occupational therapy and discharged from services on 06/28/16. The Occupational Therapist stated when Resident #7 was discharged from services recommendations were made for a high back wheelchair with leg rests. The Occupational Therapist observed the position of Resident #7 seated in the wheelchair and noted that not supporting legs/feet in a wheelchair put pressure on a residents' knees and low back. The Occupational Therapist stated

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F 246	Continued From page 12 she did not know how Resident #7 was placed in a standard wheelchair with no leg rests and commented, it would not have been by a therapist. On 03/23/17 at 1:25 PM the Director of Nursing observed the position of Resident #7 in the wheelchair and stated it was not appropriate to be positioned without leg/foot support. The Director of Nursing asked Nurse #5 (the nurse responsible for the care of Resident #7 at the time of the interview) about the wheelchair and Nurse #5 stated she did not know the specifics of when or why the current wheelchair was used for Resident #7. Nurse #5 stated a few weeks ago she noticed that Resident #7's feet did not touch the ground when seated in the wheelchair and wrote a request for a physical therapy consult to address the concern. On 03/23/17 at 2:34 PM the Rehab Director stated physical therapy had not assessed Resident #7 because they were not aware of the consult. The Rehab Director stated she was not able to locate a consult for Resident #7 and did not know what happened to the paperwork requesting the consult.	F 246		
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.	F 278		4/20/17

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F 278	Continued From page 13 (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code the minimum data set (MDS) to reflect the resident's pressure ulcer status for 1 of 4 residents (Resident # 8) reviewed for MDS accuracy. The findings included: Resident #8 was admitted to the facility on 09/15/14 and re-admitted on 03/06/17 with diagnoses that included stage 4 pressure ulcer, type 2 diabetes mellitus, altered mental status,	F 278	Resident # 8 had the MDS corrected to reflect the residents stage IV pressure injury on 3/24/17. Other residents: An audit was completed for 100% of resident with Pressure injuries by Regional Nurse Consultant and MDS Nurse and any discrepancies were addressed & corrected immediately. Systematic Changes: 1. An audit tool was developed which includes:	

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F 278	Continued From page 14 pneumonitis related to aspiration, dementia, dysphagia and pain. Observation 03/22/17 at 10:30 AM of wound care provided by wound care Nurse #1 revealed a stage 4 pressure ulcer to Resident #8's sacrum. The wound care was provided using aseptic technique and the wound care nurse stated that it looked much better now after treatment and debridement at the wound clinic on 03/09/17. The wound bed was clean and pale pink with pink granulating tissue around the outer edges of the wound. There were also some sporadic red spots around the outer edges of the wound. The wound was cleaned with Anasept/Dakin's ¼ strength cleanser and patted dry with gauze. The wound was packed with Anasept soaked kerlix and barrier cream was applied to the skin around the wound. An absorbent pad was applied and secured in place with medipore tape. The resident tolerated the wound care well. Review of the quarterly Minimum Data Set (MDS) dated 01/03/17 revealed that Resident #8 was severely cognitively impaired and required extensive assistance with activities of daily living. The MDS further revealed Resident #8 was coded as only having a skin tear on section M - Skin Conditions of the MDS. There was no coding for the pressure ulcer. Interview on 03/23/17 at 4:22 PM with MDS Nurse #1 and MDS Nurse #2 revealed that Resident #8 had not been coded correctly on the quarterly MDS as having a pressure ulcer as indicated on her Resident Skin Integrity Review dated 12/28/16. Resident #8 was coded incorrectly by MDS Nurse #2 who stated he missed the pressure sore coding. MDS Nurse #1	F 278	a) For the assessment period were there any pressure injuries identified? b) If Yes, are the pressure injuries identified correctly on the MDS? c) Does the care plan include pressure injury? 2. Education was provided to the MDS nurses regarding Assessment Accuracy by the Regional Clinical Nurse on 4/10/17 Monitoring: 25% of residents will be audited by Director of Nursing/Asst Director of Nursing monthly for 2 months, then 10% of residents will be audited for an additional 2 months. Audits will continue based on the prior months of audits. QAPI: Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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F 278	Continued From page 15 and MDS Nurse #2 stated they would correct the MDS right away. On 03/23/17 at 4:49 PM an interview with the Director of Nursing (DON) was conducted and revealed that she expected the MDS to be completed accurately to reflect the resident's current status.	F 278		
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 observation, record review and resident and staff interviews, the facility failed to provide restorative nursing care for transfers and ambulation as outlined in the care plan for 1 of 6 residents (Resident #16) reviewed for care planned interventions. The findings included: Resident #16 was admitted to the facility on 02/26/15 with diagnoses which included hypertension, end stage renal disease, dialysis and major depressive disorder. Resident #16 was a bilateral amputee with prosthesis utilized to assist in him being able to walk. Review of the annual Minimum Data Set (MDS)	F 282	Resident # 16 had the care plan corrected to reflect restorative nursing for 2 to 5 days per week based on the resident□'s ability to participate on 3/28/17. Other residents: An audit was completed by Restorative RN for 100% of resident currently receiving restorative services to determine appropriate care planning for restorative services on 4/10/17. Systematic Changes: 1. An audit tool was developed which includes: a) Appropriateness for restorative nursing services b) Was documentation completed as per	4/20/17

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F 282	Continued From page 16 dated 12/19/16 revealed that Resident #16 was cognitively intact and required extensive assistance of 1 for transfers and ambulation. Review of the care plan dated 01/05/17 revealed Resident #16 was care planned for receiving restorative nursing care for transfers and ambulation 7 days a week. The goal for transfers was for the resident with one person assist to transfer through the next review period (target date of 04/01/17). The interventions for Resident #16's transfers included: Sit to stand transfer with rolling walker once a day and provide training skills and practice transfers. The goal for ambulation was for the resident to ambulate 50 feet with assistance of one person over the next review period (target date of 04/01/17). The interventions for Resident #16's ambulation included: ambulate resident 50 feet with assistance of one person using Bariatric rolling walker close with wheelchair follow once a day, assess progress and interventions, participate in "Walk to dine for (blank on care plan) meals per day, and verbally cue and give positive feedback. A review of Resident #16's restorative care service delivery record from 03/01/17 to 03/23/17 revealed he received restorative care only 5 days out of 23 days for the month of March. He received restorative nursing care on 03/02, 03/09, 03/14, 03/16, and 03/21 only. He missed restorative care 18 days thus far during the month of March. Observation of Resident #16 on 03/23/17 at 1:45 PM revealed him up in his wheelchair with sweat pants and shirt on and not wearing his prosthetic legs. He was engaged in a game of checkers in the day room with another resident.	F 282	plan of care for residents on restorative nursing? 2. Education was provided to the MDS nurses regarding Care Planning for Restorative Nursing Services by the Regional Clinical Nurse on 4/10/17 Monitoring: All residents on Restorative Nursing will have their documentation reviewed 2x weekly x 8 weeks by the DON/ADON. Then every other week thereafter x 2 months. Any discrepancies will be thoroughly investigated as to rationale for not receiving Restorative Nursing care i.e.: refusal, out of building, etc. Residents with a decrease in mobility who are on RN will be referred to therapy by the restorative nurse. QAPI: Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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F 282	Continued From page 17	F 282		

Interview with Resident #16 on 03/23/17 at 1:48 PM revealed that he was not getting restorative nursing care as ordered daily. He stated the facility had lost staff and the restorative nursing aides had to work on the halls as nurse aides (NAs) and there was no one to help him with transfers and walking. He stated that if he did not get help with restorative nursing that he did not get to put on his prosthetic legs and walk. He stated they had already missed him twice just this week including today (03/23/17).

Interview 03/23/17 at 3:16 PM with Restorative Nurse Aide (RNA) #1 and RNA #2 revealed they had worked at the facility for 9 years and 7 years respectfully. RNA #1 and RNA #2 stated they get referrals from therapy once residents had reached their maximum functioning potential. They stated they had 30 people on their case load for feeding, range of motion (ROM) and ambulation. The RNAs stated they work with residents for 90 days and at the end of that time evaluate them to see if they need to be referred back to therapy or continue with restorative nursing. Both RNA #1 and #2 stated they are frequently pulled to the hall to replace a NA who called out for first shift. They stated it happened about 3 out of 5 days a week and at least 2 out of 5 days they are pulled to the hall to work. On the days they are pulled to the hall, if only one is pulled the other will rotate the residents for restorative dining so that the residents get at least one meal in the dining room. They also stated they had to rotate the residents that required assistance with ambulation and residents did not always get ambulated every day as ordered. RNA #1 and #2 stated the RNA that works on the weekend was pulled almost every weekend and

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F 282	Continued From page 18 residents were not receiving restorative nursing care on the weekends. They both stated they started being pulled to the hall around February 2017 when a lot of the nurse aides (NAs) left due to the change in their schedules. They stated that Administration was working on hiring nurse aides to fill the open positions. They both stated Resident #16 had not declined in function; however, he did not get to put his prosthetic legs on and walk when they were not available to do restorative care. RNA #2 stated that she had been pulled today (3/23/17) to the hall to work as a NA and was unable to work with Resident #16 on transfers and ambulation. Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed that her expectation was for all residents to receive restorative nursing care as scheduled. The DON stated they were actively recruiting and trying to hire NAs to replace the ones who had left. She stated she expected Resident #16 to be assisted with transfers and ambulation as ordered.	F 282		
F 312 SS=E	483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS (a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to provide nail care for 1 of 6 residents (Resident #15) reviewed for Activities of Daily Living (ADL). Findings included:	F 312	Resident # 15 had his nails trimmed and cleaned by the CNA on 3/23/2017. The resident refused his shower on 3/23/17. Resident will be offered the option of using the shower chair going forward.	4/20/17

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F 312	Continued From page 19 Resident #15 was admitted to the facility on 01/30/15 with diagnoses which included neoplasm of the prostate, edema, osteoarthritis and chronic pain. Review of Resident #15's annual MDS (Minimum Data Set) dated 12/23/16 revealed an assessment of intact cognition. The resident's MDS also revealed that he required assistance of 1 staff with all ADL except eating and was totally dependent on 1 staff person for bathing. Review of Resident #15's CAA (Care Area Assessment) summary dated 01/05/17 revealed that he needed assistance with ADL including transfers, and had no decline in function this review period. Review of Resident #15's care plan dated 03/21/17 revealed that he was care planned for assistance with all aspects of ADL except eating and required total assistance of 1 with bathing. Observation 03/23/17 at 9:38 AM of Resident #15 revealed that he had long fingernails that extended about ¼ inch past his fingertips and had brown debris caked under the nails. He also had dried food particles on several of his fingers and was picking it off. An interview 03/23/17 at 9:40 with Resident #15 revealed that he had just been offered a shower but opted for a complete bed bath. He stated that he did not like long fingernails and wanted them to be clean. Resident #15 also stated the staff "never wash my hands before I eat." Interview 03/23/17 at 10:38 AM in Resident #15's	F 312	Other residents with potential: A grooming audit was completed on 4/10/17 by Assistant Director of Nursing to include nail care. An audit tool was developed which addresses Grooming and Hygiene the audit includes the following observations: a) did the residents receive their bath/shower as assigned? b) If the resident refused is that documented by the licensed nurse? c) does the resident appear well groomed? d) Are the showers/baths documented in the electronic record? System Change: Nursing staff were educated regarding ADL care on 3/27, 3.29, 3/30. This was done by the Staff Development Coordinator. The education included: Dressing, Bathing, Shaving, hair care nail care, oral care, bathing a bed bound resident and perineal care. The shower schedule was reviewed and revised. Monitoring: The audit tool developed will be completed weekly by the clinical care coordinator and/or other charge nursing staff weekly on a random sample of 25% of residents for 2 weeks. Then 10% of residents for 6 weeks, then 5% of resident for 4 weeks. Ongoing audits will be determined by the results of the prior 12 weeks of audits. QAPI: Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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F 312	Continued From page 20 room with the Clinical Care Coordinator for the long term care halls revealed that she would have expected his nails to be cleaned and trimmed and to have no brown debris caked under the nails. Review of the ADL bathing documentation for March 1, 2017 through March 23, 2017 revealed that Resident #15 had no shower 03/01-03/23/17, only bed baths for the month and should have had 7 showers. Interview 03/23/17 at 2:23 PM with NA #7 revealed they were assigned residents and if everyone showed up, they were able to complete their assignments, but if someone called out and they had to take on additional residents from another hall it made it difficult to get all the showers and nail care done. Interview 03/23/17 at 2:33 PM with NA #8 revealed he worked a lot because there were so many call outs. NA #8 stated when all the staff did not come in all the showers and nail care did not get done. NA #8 stated he was working today because someone had called out on first shift. Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed that her expectation was for all residents to receive their showers and nail care as scheduled. The DON further stated that she did not understand why all the residents were not getting their showers and nail care as scheduled.	F 312		
F 318 SS=D	483.25(c)(2)(3) INCREASE/PREVENT DECREASE IN RANGE OF MOTION (c) Mobility. (2) A resident with limited range of motion	F 318		4/20/17

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F 318	Continued From page 21 receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. (3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, record reviews and resident and staff interviews the facility failed to provide restorative nursing care for transfers and ambulation for 1 out of 1 resident (Resident #16) reviewed for restorative care. The findings included: Resident #16 was admitted to the facility on 02/26/15 with diagnoses which included hypertension, end stage renal disease, hemodialysis, major depressive disorder and bilateral amputee of lower extremities with prosthetic legs. Review of the annual minimum data set (MDS) dated 12/19/16 for Resident #16 revealed an assessment of intact cognition. The MDS also revealed the resident required assistance of 1 person for all activities of daily living (ADL). Resident #16 was care planned for restorative nursing care for transfers and ambulation daily, 7 days a week according to his care plan dated 03/21/17. A review of Resident #16's restorative care service delivery record revealed he received	F 318	Resident #16 received restorative nursing service on 3/28/17 based on resident's functional ability after he receives dialysis. There was no decrease in the resident□s range of motion or any other negative outcome. Other residents: All other residents on restorative nursing were audited and evaluated by Restorative RN on 4/10/17 and referred to therapy as needed. The residents care plan was reviewed and updated to reflect the appropriate number of days for restorative nursing. Measure put in place: Restorative Nurse will ensure that restorative services are provided. Care plans will reflect those residents on restorative nursing (i.e.- to maintain or improve mobility that is demonstrably unavoidable). Staff education: The Restorative Nursing Assistants were educated on the individualized resident care plan changes for the residents on their assignment on 3/27/17 by Restorative RN.	

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F 318	Continued From page 22 restorative care only 5 days out of 23 days so far for the month of March. He received restorative nursing care on 03/02, 03/09, 03/14, 03/16, and 03/21 based on the documentation. He missed restorative care 18 days from March 1 through March 23, 2017 based on the documentation. Interview 03/23/17 at 1:48 PM with Resident #16 revealed he was not getting restorative nursing care as ordered daily. He stated some of the nurse aides (NAs) had left and the restorative nursing aides told him they had to work on the halls as NAs and would not be able to work with him on those days. Resident #16 stated on the days the restorative aides worked on the hall there was no one to help him with transfers and walking. He stated if he did not get help with restorative nursing that he did not get to put on his prosthetic legs and walk. He stated they had already missed him twice this week. An interview was conducted on 03/23/17 at 3:16 PM with Restorative Nurse Aide (RNA) #1 and RNA #2. RNA #1 and RNA #2 stated they got referrals from therapy once residents had reached their maximum functioning potential. They stated that currently they had 30 people on their case load for feeding, range of motion (ROM) and ambulation. The RNAs stated they work with residents for 90 days and at the end of that time evaluate them to see if they need to be referred back to therapy or continue with restorative nursing. Both RNA #1 and #2 stated they are frequently pulled to the hall to replace a NA (nurse aide) who called out for first shift. They stated it happened about 3 out of 5 days a week and at least 2 out of 5 days they were both pulled to the hall to work. On the days they were pulled to the hall, if only one was pulled the other	F 318	Restorative Nursing Assistants were re-educated on documenting the care they delivered into the EHR to validate care delivered by Restorative RN on 3/27/17. Monitoring: All residents on Restorative Nursing will have their documentation and restorative nursing services reviewed 2x weekly x 8 weeks by the Director of Nursing/Assistant Director of Nursing. Then every other week thereafter for 2 months. Any discrepancies will be thoroughly investigated as to rationale for not receiving Restorative Nursing care i.e.: refusal, out of building, etc. Residents with a decrease in mobility who are on restorative nursing services will be referred to therapy by the restorative nurse. QAPI: Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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	345013	A. BUILDING _____ B. WING _____	C 03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - CHARLOTTE	3223 CENTRAL AVENUE CHARLOTTE, NC 28205

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F 318	Continued From page 23 would rotate the residents for restorative dining so that the residents got at least one meal in the dining room. They also stated they had to rotate the residents that required assistance with ambulation and they do not always get ambulated every day as ordered. RNA #1 and #2 stated the RNA that works on the weekend was pulled almost every weekend and residents were not receiving restorative nursing care on the weekends. They both stated they started being pulled to the hall around February when a lot of the nurse aides (NAs) left due to the change in their schedules. They stated that Administration was working on hiring nurse aides to fill the open positions. Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed that her expectation was for all residents to receive restorative nursing care as scheduled.	F 318		
F 353 SS=E	483.35(a)(1)-(4) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017	F 353		4/20/17

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F 353	Continued From page 24 (Phase 2)] (a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. (a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. (a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. (a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident and staff interviews, the facility failed to provide sufficient nursing staff, resulting in nail care not being provided for 1 of 6 residents reviewed (Resident #15), restorative care not being provided as ordered and outlined in the care plan for 1 of 1 resident reviewed (Resident #16), and showers	F 353	Resident # 15 had his nails trimmed and cleaned by the CNA on 3/23/2017. The resident refused a shower on 3/23/2017. The resident will be offered the use of a shower chair or shower bed in the future. Therapy referral forwarded on 4/11/2017. Resident #16 has been receiving his	

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F 353	Continued From page 25 not being provided twice weekly as scheduled and preferred for 4 of 6 residents reviewed (Residents #6, #14, #15 and #16). The findings included: 1. Cross refer to tag F-312. Based on observations, record reviews, resident and staff interviews, the facility failed to provide nail care for 1 of 6 residents (Resident #15) reviewed for Activities of Daily Living (ADL). 2. Cross refer to tag F-318. Based on observation, record review and resident and staff interviews, the facility failed to provide restorative nursing care for transfers and ambulation as outlined in the care plan for 1 of 1 residents (Resident #16) reviewed for restorative care nursing. 3. Cross refer to tag F-282. Based on observation, record review and resident and staff interviews, the facility failed to provide restorative nursing care for transfers and ambulation as outlined in the care plan for 1 of 6 residents (Resident #16) reviewed for care planned interventions. 4. Cross refer to tag F-242. Based on observations, record reviews, resident and staff interviews, the facility failed to honor residents' preferences for showers twice weekly for 4 of 6 residents (Residents #6, #14, #16 and #15) reviewed for choices. Interview 03/22/17 at 11:33 AM with nurse aide (NA) #3 revealed the resident showers were split among 1st and 2nd shift. She stated if the staff ratio was 1 NA to 9-10 residents the NAs were	F 353	showers per his preference and as per the shower schedule Resident # 6 has been receiving showers per his preference Resident # 14 has been receiving showers per her preference All other residents: The shower/bath schedule was reviewed and revised. Nurses□ aides were re-educated regarding reporting residents who refused or otherwise did not receive their shower/bath. Measures in Place: Staffing patterns reviewed along with the residents needs during labor meeting daily by the Administrator, DON, ADON, Staff Development Coordinator, Human Resources and Scheduler during the month of March, 2017. Facility has continued recruiting by posting ads on our website and CareerBuilder, job fair was held in the facility. Referral bonuses, sign-on bonuses and pick-up bonuses offered. Orientation held multiple times per week. Both nurses and nurses□ aides have been and continue to be hired, oriented and assigned to residents/halls as needed. Orientation days for new employees are scheduled as needed and may be multiple times per week based on open positions in the building. Monitoring: Staffing patterns and open positions are reviewed daily at the Labor meetings held daily by the Administrator, DON, ADON,	

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F 353	Continued From page 26 able to complete the showers and provide nail care. NA #3 stated if they had their assignment and had to pick up rooms on another hall it made it hard to complete everything so some shower were not completed. Interview 03/22/17 at 11:49 AM with Nurse #1 revealed she had worked at the facility for a short time and stated that she knew administration was trying to hire NAs (nurse aides) due to some leaving. She stated someone usually called out about every day and sometimes all the showers were not done. Interview on 03/22/2017 at 11:57 AM with Nurse #3 revealed he had worked at the facility almost 5 years. He stated he had worked the same hall all that time. He stated the normal staffing pattern for nurses was one per hall and for nurse aides (NAs) was 500 to have 2 NAs, 600, 700 and 800 halls each to have 3 NAs and 900 to have 1 NA. He stated if a NA called out, the restorative aides were usually pulled to the hall to work as a NA. He stated the goal was for the NAs to patient ratio to be 1-9 or 1-10. Interview 03/22/17 at 12:17 PM with NA (nurse aide) #5 revealed if a staff member called out they could not get all the showers and nail care done. NA #5 stated they tried to get residents at least one shower per week and if unable to they would at least give them a bed bath. She stated the residents preferred their showers but would accept a bed bath. Interview 03/22/17 at 12:32 PM with Nurse #2 stated when someone called out there was not enough help to give "sufficient" care. Nurse #2 stated when a NA (nurse aide) called out the NAs	F 353	SDC, Scheduler and HR. Specific open nursing positions are added as needed and recruitment is initiated. The daily assignment sheet is reviewed at the Labor meeting to address any Call outs or otherwise staffing issues and resolved at that time. Employee Appreciation Program revamped by Administrator and Human Resources. QAPI: Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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F 353	Continued From page 27	F 353		

working had to pick up additional residents on the hall and it made it difficult to get care done.

Interview 03/23/17 at 2:23 PM with NA (nurse aide) #7 revealed that she had not been at the facility very long. NA #7 stated they were assigned residents and if everyone showed up their assignments were able to be completed, but if someone called out and they had to take on additional rooms from another hall it made it difficult to get all the showers and care done.

Interview 03/23/17 at 2:33 PM with NA (nurse aide) #8 revealed that he was working part time and was going to full time on second shift. NA #8 stated when all the staff did not come in all the showers and nail care did not get done. NA #8 stated he was working today because someone had called out on first shift.

Review of the February staffing for the long term care halls - 500-900 revealed that out of 28 days, there were only 9 days that were staffed according to the normal staffing pattern. On the other 19 days, staff had to split a section of another hall to provide nursing care.

Review of the March staffing (03/01/17-03/23/17) for the long term care halls - 500-900 revealed that out of 23 days, there were only 6 days that were staffed according to the normal staffing pattern. On the other 17 days, staff had to split a section or sections of another hall to provide nursing care.

Interview 03/23/17 at 4:10 PM with the Director of Nursing (DON) revealed her expectation was for all residents to receive their showers, nail care, and restorative nursing care as scheduled. She

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F 353	Continued From page 28 also stated that it was her expectation that care be provided and documented or reported as not done prior to the NAs (nurse aides) leaving their shift. Additionally, the DON stated they had just hired a Clinical Care Coordinator that would be providing oversight of care on the long term care halls (500-900). The DON stated that she did not understand why the care was not being done.	F 353		