PRINTED: 08/14/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345516	B. WING		07/27/2017
NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613	
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
(d) Accidents. The facility must ensure from accident hazar (2) Each resident reand assistance devi (n) - Bed Rails. The appropriate alternation bed rail. If a bed or must ensure correct maintenance of bed to the following elent (1) Assess the resident or	vironment remains as free rids as is possible; and receives adequate supervision rices to prevent accidents. A facility must attempt to use rives prior to installing a side or side rail is used, the facility transtallation, use, and rails, including but not limited ments. Hent for risk of entrapment to installation. A and benefits of bed rails with lent representative and obtain rior to installation. The deal's dimensions are resident's size and weight. IT is not met as evidenced resident with hemiplegia. Resident #172 sustained a rem scrapped against a bed residents.	F 323	1. Resident #172 received immediat medical treatment for the skin tear. Resident #172's lift status was review and the magnet was corrected to accurately reflect the care plan. 2. A lift status audit was conducted for residents 7/28/2017 and all residents being transferred correctly. The Direct of Nursing reviewed incident reports for Quarter 3 and found no trends or injur	ed For all were For

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

(X6) DATE

Electronically Signed 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.

Facility ID: 990226

08/07/2017

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	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION			X3) DATE SURVEY COMPLETED		
		345516	B. WING		0	7/27/2017
	ROVIDER OR SUPPLIER R NURSING AND REHAE	3 CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613	RESS, CITY, STATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	Resident #172 was a 06/30/17 with diagno accident affecting her Minimum Data (MDS) the resident's cognitic required 2 person as and transfers. The C for falls specified the two person assistance. A care plan for ADL is the resident as needed. Nurses' noted dated specified Resident #7 times 2 and needed for arm awareness due to also documented the assistance for transfer. On 07/22/17 at 11:13 nurse aide (NA) #1 resustained a skin tear transfer. A physician's order docleanse skin tear, parand replace as needed. An incident report da resident sustained a centimeter skin tear transfer.	dmitted to the facility on ses that cerebral vascular releft side. The Admission of dated 07/07/17 specified on was intact and she sistance with bed mobility care Area Assessment (CAA) resident needed extensive se with transfers. Specified staff were to assist ed with help. 07/21/17 made by Nurse #1 172 was alert and oriented frequent reminders of left to risk of injury. The nurse resident required 2 person ers. 6 AM Nurse #2 documented exported Resident #172 had to her left forearm during a lated 07/22/17 specified t dry and apply steri strips	F 32	related to unsafe transfers of r with hemiplegia. NA#1 receive disciplinary action and retrainit transferring residents with hem 3. Direct Care staff were ins Staff Development Coordinato Physical Therapist on 8/9/201' providing safe transfers for reshemiplegia as well as how to communicate a change in lift state. Physical Therapist or desmonitor two transfers of reside hemiplegia per week for three months to ensure residents with hemiplegia are safely transferror designee will conduct week audit for all residents to ensure lift status system is communic accurately for three consecutives Results of both audits will be requality Assurance Committee	ed ong for safely niplegia. erviced by or and 7 on sidents with status. ignee will ents with consecutive th red. ADON ly lift status e resident ated we months. monitored by	

Facility ID: 990226

PRINTED: 08/14/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345516	B. WING			07/	27/2017
NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHAB CTR		•	9	STREET ADDRESS, CITY, STATE, ZIP CODE 120 4TH STREET SOUTHWEST CONOVER, NC 28613		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From page	e 2	F	323			
	for 07/22/17 that spec continued to work wit strengthening, gait tra	2 documented a late entry cified Resident #172 h therapy 5 days a week for aining, safety awareness and assistance with all activities					
	forearm was noted to Resident explained th a staff member that to	AM an interview was lent #172. The resident's have steri strips. The nat she had a skin tear from ried to get her out of bed but the top assist bar attached					
	and explained that shipart-time and as need was assigned to Residuring the 7 AM to 3 when transferring the wheelchair, the residuagainst the bed rail a The NA reported that of bed. The NA also about the resident's t "kiosk" (a computeriz each resident) said the with 1 person but the placed over the residual meaning two peoples resident. The NA also verify with the nurse transfer the resident.	PM NA #1 was interviewed the worked in the facility ded but recalled that she ident #172 on 07/22/17 PM shift. The NA added that the resident from the bed to the tent's left arm scrapped ttached to the top of the bed. The shift is left arm scrapped ttached to the top of the bed. The failed to lower the head stated she was confused transfer status because the tent in the state of the state of the top of the top of the bed. The resident could transfer the The resident to transfer the The resident that she did not to the top of the past. The NA					

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHAB CTR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 3 stated that she had been trained to rely on the "number magnet" to know a resident's transfer status. NA #1 described that when transferring the resident out of the bed, she had the resident stand and pivot and failed to protect the Resident's left side which caused her arm to scrape against the bed rail. The NA stated she had not been told she could transfer the resident with 1 person and was not aware to protect the			345516	B. WING _			07/27/2017
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On 07/25/17 at 5:13 PM Nurse #2 was interviewed on the telephone and reported Resident #172 required two person assistance for transfers. The Nurse stated that when she was treating Resident #172's skin tear she observed the "number magnet" to be a "2" meaning the resident was to be transferred with two people. The nurse added she spoke to NA #1 to verify the resident was not transferred using two people. Nurse #2 stated that if the NA had lowered the head of the bed and used two people to transfer the resident, the skin tear would have not occurred. On 07/26/17 at 1:39 PM Nurse #1 was interviewed and reported that she worked Monday through Friday 7 AM to 3 PM on the rehab unit. The nurse explained that transfer status was determined upon admission by physical therapy and status was communicated to staff using a magnet system. She added that magnet was placed over the resident's bed for staff to reference before transferring a resident. The nurse stated that therapy would communicate changes in transfer status to nursing so they could update the magnet as needed. Nurse #1 sated that Resident #172 was	F 323	stated that she had be "number magnet" to status. NA #1 descrit the resident out of the stand and pivot and it Resident's left side was crape against the behad not been told she with 1 person and ware sident's arm during. On 07/25/17 at 5:13 interviewed on the teresident #172 requirit transfers. The Nurse treating Resident #15 the "number magnet" resident was to be transfer was not transfer wa	been trained to rely on the know a resident's transfer bed that when transferring e bed, she had the resident failed to protect the which caused her arm to ed rail. The NA stated she e could transfer the resident as not aware to protect the a transfer. PM Nurse #2 was dephone and reported red two person assistance for e stated that when she was 72's skin tear she observed to be a "2" meaning the ansferred with two people. If the NA had lowered the used two people to transfer tear would have not the worked and 7 AM to 3 PM on the explained that transfer ed upon admission by status was communicated to system. She added that over the resident's bed for fore transferring a resident. It therapy would the sin transfer status to displace to the system and the magnet as	F3	23		

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 323	Continued From pag	e 4	F 32	23		
	(PT) was interviewed admission transfer statherapy department and nursing. He added the communicated with a resident's ability chassident #172 needi with transfers after have recently been change. The PT added that if transfer the resident, should be protected underneath the arms. PT also stated that for member would need resident and the healowered. The PT states Resident #172's transfer to 1 but he stated he recall who. The PT addocument in therapy status and communications.	AM the Physical Therapist of and explained that at tatus was determined by the and communicated to that therapy and nursing each other when changes in langed. The PT described ing two person assistance er admission but had ed to one person assistance. To one person was going to the resident's left arm by tucking the affected arm but of the staff person. The for a safe transfer, the staff to be on the left side of the dof the bed should be used he couldn't recall when sfer status changed from 2 told staff, but could not explained he did not notes changes in transfer cated changes to the nurse ing with the resident that day.				
	(DON) was interview reviewed the inciden and felt the injury con NA #1 had lowered to followed the safety gPT to protect Reside reported that the may when changes were status by nursing; but the incident interview.	AM the Director of Nursing red and explained she had t report for Resident #172 uld have been prevented if he head of the bed and uidelines described by the nt #172's left arm. The DON gnet system was updated made in a resident's transfer at Resident #172's magnet at ent on 07/22/17 had not been				

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F 323	' '	e 5 person assistance with	F 32			