

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2018
NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704		
(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 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(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, and staff interviews, the facility failed to provide incontinence care in a manner to prevent the risk of infection and failed to rinse off soap during incontinence care for one of three residents, Resident #6, who required total assistance with toileting and personal hygiene. Resident #6 had a history of a urinary tract infection and a pressure ulcer to the coccyx. Findings included:</p> <p>A review of the directions provided on the bottle of [Brand Name] shampoo/body wash revealed the following: "Apply a small amount to washcloth or directly to skin. Massage into lather and rinse."</p> <p>Resident #6 was a long term resident who had current diagnoses of hypertension, peripheral vascular disease, chronic kidney disease, and dementia.</p> <p>A review of the November 2017 medication administration record revealed Resident #6 had received an antibiotic (ampicillin) 250 milligrams by mouth four times per day for 12 days to treat an Enterococcus urinary tract infection. (Enterococcus is a bacteria commonly found in intestinal flora which can cause urinary tract infections.)</p> <p>A review of the quarterly Minimum Data Set assessment dated 1/29/18 revealed Resident #6</p>	F 677	<p>F 677 Corrective action that will be accomplished: The DON/ADON provided immediate education on 3/26/18 to NA #1 and NA #2 on proper incontinence care in a manner to prevent the risk of infection and assure if using soap that requires to be rinsed that it is rinse completely from the residents' body with water. DON/designee will conduct observation/audit of all current facility residents with diagnosis of incontinence on proper incontinence care on or before 4/11/18. Identification of other residents: All residents who are incontinent are at risk for this alleged deficient practice. Measures for systemic change: DON/Designee shall education/in-service all Certified Nursing Assistants on or before 4/11/18 on providing proper incontinence care in a manner to prevent the risk of infection and assure if using soap that requires to be rinsed that it is rinse completely from the residents' body with water. Any CNA will not be permitted to return to the floor and resident care until education/in-service has been completed. How corrective actions will be monitored:</p>	4/11/18	

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

TITLE

(X6) DATE

Electronically Signed

04/11/2018

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 677	<p>Continued From page 1</p> <p>was incontinent of both bladder and bowel and was completely dependent upon staff for toilet use, personal hygiene, and bathing. Resident #5 was severely cognitively impaired and had a Stage 4 pressure ulcer.</p> <p>A Wound Report dated 3/20/18 revealed Resident #6 had a Stage 4 pressure ulcer to her coccyx.</p> <p>An observation of incontinence care provided by nursing assistant (NA) #1 and NA #2 for Resident #6 was made on 3/26/18 at 4:30 PM. NA #1 placed warm water in a basin and mixed the [Brand Name] shampoo/body wash in the water. After explaining the procedure to the resident, NA #1 and NA #2 removed Resident #6's wet incontinence brief, then turned her to her left side. While NA #2 supported Resident #6 on her left side, NA #1 used a washcloth with the soapy water from the basin to cleanse the buttocks and anal area. A small amount of brown stool was noted on the washcloth. NA #1 rinsed the washcloth in the soapy water and wiped the buttocks again. NA #1 noted Resident #6's coccyx pressure ulcer dressing was wet after the buttocks were cleaned, and he called for the treatment nurse to change the dressing. The treatment nurse arrived in the resident's room at 4:20 PM and changed the sacral dressing. After the sacral dressing was completed, NA #1 and NA #2 applied a clean disposable brief to Resident #6. When NA #1 was asked if the incontinence care was complete, he stated, "Oh, I forgot to do the front." NA #1 then removed the clean disposable brief and turned Resident #6 to the supine position. NA #1 used the same washcloth that had been used to cleanse the buttocks/anal area and the same basin of soapy water to rinse out the washcloth and cleanse the</p>	F 677	<p>DON/Designee shall audit through observation of 3 random CNA providing incontinence care to 3 random residents per week for 4 weeks then 3 random resident per month for 2 months using a Quality Improvement tool reports findings to QA committee; audits will continue as determined by QA Committee.</p> <p>The facility will be in substantial compliance by April 11, 2018.</p>		

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F 677	<p>Continued From page 2</p> <p>perineum. NA #1 and NA #2 then re-applied the clean disposable brief. NA #1 did not rinse the perineal area or the buttocks with plain water. In an interview with NA #1 after the incontinence care was completed on 3/26/18 at 5:00 PM, he stated he would typically cleanse the perineum first before cleansing the buttocks of any stool and that he had just forgotten to do so. NA #1 also stated he did not usually rinse the perineum or buttocks when using the shampoo/body wash because the body wash was diluted with water. NA #1 read the directions on the body wash bottle and noted that the soap required rinsing. NA #1 did not explain why he did not use the no-rinse perineal wash that was available beside the basin of water on the over-the-bed table.</p> <p>In an interview with the unit manager (UM) on 3/26/18 at 5:05 PM, he stated he expected for the NAs to wash the perineum before cleansing the buttocks to help prevent the spread of fecal bacteria to the urinary tract. The UM added that if a regular shampoo/body wash were used to provide incontinence care, he would expect the NA to rinse the areas where it was used in order to prevent skin irritation. The UM explained that the perineal wash, which is a no-rinse cleanser may be used for the perineal care. He added that a clean washcloth and clean water should have been used between providing bowel incontinence care and perineal care in order to decrease the risk of infection, especially if a resident had a history of a urinary tract infection and had a pressure ulcer on the coccyx.</p> <p>The Director of Nursing stated in an interview on 3/26/18 at 5:20 PM that she was aware the incontinence care for Resident #6 was not provided in a manner to minimize the risk of</p>	F 677			

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F 677	Continued From page 3 infection and that she was going to initiate in-service education to staff regarding appropriate incontinence care.	F 677			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention	F 732		4/11/18	

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F 732	<p>Continued From page 4</p> <p>requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record reviews, the facility failed to post the daily nursing staff information on 1 of 3 days during the survey (3/25/18); failed to report the total hours and actual hours worked by both licensed and unlicensed staff on 23 of 30 daily nursing staff postings reviewed; and, failed to accurately report the facility ' s skilled nursing home resident census on 30 of 30 daily nursing staff postings reviewed from 2/24/18 through 3/25/18.</p> <p>The findings included:</p> <p>An observation made on 3/25/18 at 5:00 PM revealed the nurse staffing information posted in the hallway near the facility ' s lobby was dated 3/24/18.</p> <p>An interview was conducted with the facility ' s Director of Nursing (DON) on 3/25/18 at 6:30 PM. During the interview, the DON reported the Weekend Supervisor (Charge Nurse) forgot to flip the posting from 3/24/18 to 3/25/18.</p> <p>A review of the last 30 days of the daily nursing staff posting was conducted and included 2/24/18 through 3/25/18. Of the daily postings reviewed, 7 out of the 30 days reported the total and actual number of hours worked for the licensed and unlicensed staff (2/26/18, 2/27/18, 2/28/18, 3/1/18, 3/2/18, 3/5/18, and 3/6/18). The daily nursing staff posting did not include the total and actual number of hours worked by the nursing</p>	F 732	<p>F 732</p> <p>Corrective action that will be accomplished:</p> <p>The DON provided immediate education on 3/25/18 to the weekend supervisor on ensuring the daily nursing staff information is posted and visible to the public. The daily nursing staff information posting that contains all required information (facility name, current date, total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: RN, LPN, CNAs, and resident census. On 3/29/18 the Administrator/Designee completed an audit of the Daily Nursing Staff Information sheets from the last 30 days to ensure all required information was present on document. All residents are at risk for this alleged deficient practice.</p> <p>Measures for systemic change: Administrator/designate will educate the DON, ADON, and Scheduling Coordinator on or before 4/10/18 that the daily staff posting information must contain the name of facility, date, skilled census number, total number and actual hours worked by licensed and unlicensed nursing staff (direct care staff-RN, LPN, and CNA). In addition, the in-service included: the daily nursing staff</p>		

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F 732	Continued From page 5 staff on the remaining 23 days of the 30 days reviewed. The review of the last 30 days of daily nursing staff postings also revealed 4 out of the 30 days did not include the facility ' s census. Each of the 26 remaining nursing staff postings included both the skilled nursing home and the assisted living residents in the census reported. A review of supplemental information requested from the facility included the skilled nursing home resident census only from 2/24/18 through 3/25/18: 2/24/18 Daily Staff Posting Census: 185 (skilled nursing home resident census only = 178) 2/25/18 Daily Staff Posting Census: 185 (skilled nursing home resident census only = 178) 2/26/18 Daily Staff Posting Census: 185 (skilled nursing home resident census only = 177) 2/27/18 Daily Staff Posting Census: 184 (skilled nursing home resident census only = 175) 2/28/18 Daily Staff Posting Census: 183 (skilled nursing home resident census only = 176) 3/1/18 Daily Staff Posting Census: 184 (skilled nursing home resident census only = 179) 3/2/18 Daily Staff Posting Census: 187 (skilled nursing home resident census only = 179) 3/3/18 Daily Staff Posting Census: 187 (skilled nursing home resident census only = 179) 3/4/18 Daily Staff Posting Census: 187 (skilled nursing home resident census only = 179) 3/5/18 Daily Staff Posting Census: 187 (skilled nursing home resident census only = 178) 3/6/18 Daily Staff Posting Census: 186 (skilled nursing home resident census only = 179) 3/7/18 Daily Staff Posting Census: 187 (skilled nursing home resident census only = 178) 3/8/18 Daily Staff Posting Census: 186 (skilled nursing home resident census only = 182) 3/9/18 Daily Staff Posting Census: 189 (skilled	F 732	information document must be readily available, visible to public and updated during the day if any changes occur and the document will be kept on file for 18 months as required by federal regulations. Administrator/Administrator will monitor the daily nurse staff posting information to assure timely, accurate and visible posted information 3 times a week for 4 weeks and then weekly for 3 months using a Quality Improvement tool and reports findings to QA committee; audits will continue as determined by QA Committee. The facility will be in substantial compliance by April 11, 2018.		

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F 732	Continued From page 6 nursing home resident census only = 183) 3/10/18 Daily Staff Posting Census: No Census Recorded (skilled nursing home resident census only = 183) 3/11/18 Daily Staff Posting Census: No Census Recorded (skilled nursing home resident census only = 182) 3/12/18 Daily Staff Posting Census: 189 (skilled nursing home resident census only = 182) 3/13/18 Daily Staff Posting Census: 189 (skilled nursing home resident census only = 181) 3/14/18 Daily Staff Posting Census: 189 (skilled nursing home resident census only = 181) 3/15/18 Daily Staff Posting Census: 189 (skilled nursing home resident census only = 181) 3/16/18 Daily Staff Posting Census: 188 (skilled nursing home resident census only = 180) 3/17/18 Daily Staff Posting Census: 184 (skilled nursing home resident census only = 177) 3/18/18 Daily Staff Posting Census: 183 (skilled nursing home resident census only = 176) 3/19/18 Daily Staff Posting Census: 183 (skilled nursing home resident census only = 175) 3/20/18 Daily Staff Posting Census: 182 (skilled nursing home resident census only = 175) 3/21/18 Daily Staff Posting Census: 182 (skilled nursing home resident census only = 174) 3/22/18 Daily Staff Posting Census: 181 (skilled nursing home resident census only = 174) 3/23/18 Daily Staff Posting Census: 181 (skilled nursing home resident census only = 173) 3/24/18 Daily Staff Posting Census: No Census Reported (skilled nursing home resident census only = 173) 3/25/18 Daily Staff Posting Census: No Census Reported (skilled nursing home resident census only = 173) An interview was conducted on 3/27/18 at 10:10	F 732			

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F 732	<p>Continued From page 7</p> <p>AM with the facility ' s Director of Nursing (DON). Upon inquiry as to who was responsible to complete the staff postings, the DON reported the facility ' s Scheduler typically posted this information. However, that position was currently vacant. The DON stated that she herself (or another member of the nursing staff) completed and posted the daily nursing staff posting .</p> <p>An interview was conducted with the facility ' s Administrator on 3/27/18 at 2:45 PM. During the interview, the daily nursing staff posting was discussed. The Administrator reported the facility ' s Scheduler was normally responsible for posting the daily nursing staff information. However, that position was not currently staffed so the nursing administration (DON and ADON) had assumed responsibility for posting the information. Upon inquiry, the Administrator stated she expected nurse staffing information to be posted and updated with any changes throughout the day. The Administrator also reported she expected the total and actual number of hours worked by the nursing staff and the census for the skilled nursing home to be included on the daily staff posting.</p>	F 732			