

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

PRINTED: 11/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2020
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209		
(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 000	INITIAL COMMENTS A complaint investigation was conducted on site 10/28/20 and continued remotely until 11/2/20. Event ID# X4KY11. 1 of the 13 complaint allegations was substantiated but did not result in a deficiency. 3 of the 13 complaint allegations were substantiated resulting in deficiencies.	F 000			
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status.	F 636		11/24/20	

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

TITLE

(X6) DATE

Electronically Signed

11/16/2020

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 636	<p>Continued From page 1</p> <p>(xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.) (iii) Not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to comprehensively assess a resident in the areas of cognition and mood for 1 of 13 sampled residents reviewed. (Resident #3).</p>	F 636	<p>Preparation and submission of this Plan of Correction is required by state and federal law. This Plan of Correction does not constitute an admission for purposes of general liability, professional</p>		

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F 636	<p>Continued From page 2</p> <p>The findings included:</p> <p>Resident #3 was originally admitted to the facility on 11/29/17 with diagnoses that included dementia and adjustment disorder with depressed mood.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 9/4/20 indicated Resident #3 had clear speech, was able to make self understood and usually understood others. Section C (cognition) was coded to indicate Resident #3 was interviewable but the Brief Interview for Mental Status (BIMS) questions (sections C0200-C0500) were not conducted. Section D (mood) indicated Resident #3 was interviewable but questions D0200 through D0300 were not conducted.</p> <p>On 10/30/20 at 3:54 PM a phone interview occurred with the MDS nurse. She stated normally the Social Worker completed sections C and D on the MDS assessments however she had completed these sections for Resident #3's MDS dated 9/4/20. The MDS nurse further stated she was trying to get the assessment submitted before it was late and didn't have time to ask Resident #3 the questions on Sections C and D. She admitted she should have comprehensively assessed Resident #3 in section C and D prior to submitting the assessment.</p> <p>A phone interview occurred with the Administrator and Director of Nursing on 11/2/20 at 10:06 AM. They both stated it was their expectation for the MDS assessment to be completed correctly and completely, including sections C and D.</p>	F 636	<p>malpractice or any other court proceeding</p> <p>A new assessment will be completed for Resident #3 by the Minimum Data Set Coordinator and the assessment will be submitted by 11/23/2020.</p> <p>An audit of MDS assessments completed in the last 30 days was conducted by the Administrator on 11/17/2020 to determine the completeness of sections C0200-C0500 and D0200-D0300. One assessment was determined to be inaccurate and a modification to the MDS will be completed by 11/23/2020.</p> <p>The nurses responsible for completing the MDS assessments have been educated on 11/2/2020 by the Regional Reimbursement Specialist as to the expectation of ensuring completion of all assessments prior to submission of any MDS.</p> <p>The MDS nurse will print 5 completed/accepted assessments that include all sections of a full MDS each week. These will be given to the Administrator to review for completion of all sections. This process will be documented weekly for 12 weeks.</p> <p>The Administrator will report the results of the monitoring to the monthly QA committee for review and recommendations for the time frame of the monitoring period.</p>		
F 641 SS=D	Accuracy of Assessments	F 641		11/24/20	

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F 641	<p>Continued From page 3 CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, resident interview and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the area of Activities of Daily Living (ADL's) for 1 of 13 sampled residents reviewed. (Resident #11).</p> <p>The findings included:</p> <p>Resident #11 was originally admitted to the facility on 1/25/19 with a readmission date of 2/5/20. The diagnoses included chronic obstructive pulmonary disease (COPD), mild cognitive impairment, osteoarthritis and congestive heart failure (CHF).</p> <p>A review of a monthly nursing note dated 8/5/20 indicated Resident #11 required extensive to total assistance with ADL's.</p> <p>A review of the daily charting detail for Activities of Daily Living (ADL's) from 8/5/20 to 8/12/20 revealed the areas for bathing were not coded.</p> <p>The most recent MDS coded as a quarterly assessment and dated 8/12/20, assessed Resident #11 with moderate cognitive impairment. He was coded as requiring supervision with meals and extensive assistance of one staff member for bed mobility, transfers, dressing, toileting and personal hygiene. The bathing section was coded as the activity did not</p>	F 641	<p>Resident #11 has reported no ill effect from the inaccurate coding issue. A new assessment will be completed to include interviews of the resident and staff to ensure the assessment is accurate. This will be submitted by 11/23/2020</p> <p>The MDS assessments completed in the last 30 days will be audited by a nurse who did not complete the assessment to identify residents who have had bathing coded with activity did not occur. Any bathing section coded with activity did not occur will have a new assessment completed to include interviews of the resident and staff to ensure the assessment is accurate. Any new assessments will be completed by 11/23/2020.</p> <p>The nurses completing the MDS assessments will be reeducated by the Regional Reimbursement Specialist by 11/20/2020 concerning the expectation that interviews of staff and residents are required if there is documentation that bathing did not occur. A reconciliation note can be documented if the documentation fails accurately capture the activity.</p> <p>The MDS will print 2 completed/accepted</p>		

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F 641	Continued From page 4 occur during the seven day look back period. An interview occurred with Resident #11 on 10/28/20 at 9:10 AM, and stated he was able to wash his face and portions of the front of his body but became easily tired and out of breath, so the staff would help with completing his baths when provided. Resident #11 stated he received a sponge bath every morning before getting up to his wheelchair. On 10/28/20 at 10:00 AM, Nurse Aide (NA) #1, who worked first shift, was interviewed. She was familiar with Resident #11 and stated when she provided his care, a sponge bath was provided before getting him dressed and up to his wheelchair. The NA further stated Resident #11 was able to wash his face and some of his body but became easily fatigued and short of breath. A phone interview was completed with the MDS Nurse on 10/30/20 at 3:54 PM. She confirmed the bathing portion of the MDS assessment dated 8/12/20 was marked with eights (meaning the activity did not occur). She explained she coded the ADL portion of the assessment based on the ADL charting detail completed by the aides for bathing and should have observed and interviewed the resident and staff for the amount of assistance that was needed for all bathing tasks. On 11/2/20 at 10:06 AM a phone interview occurred with the Administrator and Director of Nursing. They both indicated it was their expectation for the MDS to coded accurately.	F 641	assessments that include all sections of a full MDS each week. These will be given to the Administrator to review for completion of all sections. This process will be documented weekly for 12 weeks. The Administrator will report the results of the monitoring to the monthly QA committee for review and recommendations for the time frame of the monitoring period.		
F 676 SS=E	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)	F 676		11/24/20	

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F 676	Continued From page 5 §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by:	F 676			

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F 676	<p>Continued From page 6</p> <p>Based on record reviews, resident and staff interviews, the facility failed to provide restorative nursing services to maintain the activity of daily living (ADL) progress made in therapy by 3 of 3 sampled residents who were reviewed for restorative services (Residents #6, #8 and #9) and failed to provide assistance with showers for 2 of 4 residents reviewed for activity of daily living. (Residents #11 and #12).</p> <p>The findings included:</p> <p>1. Resident #6 was originally admitted to the facility on 1/22/13 with a readmission date of 1/2/20. Her diagnoses included cerebrovascular accident (CVA), muscle weakness and venous insufficiency.</p> <p>A nursing progress note dated 8/19/20 indicated Resident #6 tested positive for COVID-19 and on 9/8/20 she was discontinued from restorative ambulation due to receiving Physical Therapy services.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 9/11/20 indicated Resident #6 was cognitively intact. She required limited assistance with walking in the room and corridor and extensive assistance with bed mobility, transfers, locomotion on and off the unit, dressing, toileting, personal hygiene and bathing. There were no limitations in range of motion, and she had received 5 days of Physical Therapy (PT) during the 7 day look back period.</p> <p>The review of the care plan dated 9/15/20 revealed Resident #6 had focus areas for needing assistance with ADL's related to decreased mobility and a history of CVA with right</p>	F 676	<p>Residents #6, #8, and #9 were evaluated on 11/16/2020 by therapy to identify if any function has been lost. Any identified loss will be addressed by therapy.</p> <p>Residents #11 and #12 have had their skin assessed on 11/19/2020 by the hall nurse for areas of breakdown with no issues identified.</p> <p>Residents on a restorative program will have chart reviews performed by the MDS Coordinator to identify any coding of n/a in their chart by 11/20/2020. If there are issues identified, those residents will be evaluated by therapy.</p> <p>Any new resident added to the restorative program will be discussed in the next clinical meeting to be placed on the audit to monitor for completeness of program and documentation.</p> <p>Current residents' preferences for bed bath has been assessed by Social Worker/Activities Director. The care plan and any pertinent documentation was updated to address any resident who prefers a bed bath on 11/20/2020.</p> <p>Current Certified Nursing Assistant staff were educated on the expectation that they are to carry out the restorative program as directed by the plan of care and is to be documented as it is completed. They may not document n/a without clearing with the nurse. The nurses will be educated by the Director of Nursing concerning the expectation that a</p>		

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F 676	<p>Continued From page 7</p> <p>sided hemiplegia (weakness or paralysis), was at risk for pain related to arthritis and had alteration in her musculoskeletal status related to hemiplegia and hemiparesis following a CVA that affected her right dominant side. The interventions included: therapy screens as needed and assistance of one staff member with ADL's.</p> <p>A Restorative Ambulation Program Referral dated 10/21/20 indicated PT had referred Resident #6 to Restorative Nursing for continuation of ambulation therapy. At that time Resident #6 was able to walk in the corridor with a rolling walker and contact guard assist 200 feet and had a steady balance. The goals and objectives stated Resident #6 would be able to walk in the corridor with one assist, 300 feet with a steady balance by 1/1/2021. The interventions included: assist of one, use walker, ambulate 200 to 300 feet and document program completion.</p> <p>Resident #6's Care Guide dated 10/29/20, indicated she was to receive restorative therapy of walking in the hall up to 200 feet using a rolling walker, gait belt and one person contact guard assistance up to 7 days a week for 15 minutes a day as tolerated.</p> <p>The review of the October 2020 Documentation Survey Report for nursing restorative indicated services were to begin on 10/23/20. The entries for 10/23/20, 10/26/20 and 10/28/20 were marked with NA- Not Applicable. There were no documented refusals for services.</p> <p>On 10/28/20 at 10:10 AM an interview was conducted with the Rehab Director. She explained at the end of therapy services, if a</p>	F 676	<p>clarification note must be written explaining why n/a was coded. This education will be concluded by 11/20/2020. No nursing staff will be permitted to work after that date until education is received.</p> <p>Current CNA staff will be educated by Director of Nursing or designee concerning expectation that the showers will be completed as scheduled. Any shower that cannot be completed for any reason will be discussed with assigned nurse and either rescheduled or documented as a refusal. The nurses will be educated by the DON or designee concerning the expectation that a clarification note must be written explaining why the shower was not completed as scheduled. this education will be concluded by 11/20/2020. No nursing staff will be permitted to work until education is provided.</p> <p>POC documentation for the restorative tasks will be reviewed and reported during the clinical morning meeting. Anything coded as n/a will have the clarification note for reeducation or disciplinary action.</p> <p>POC documentation for showers will be reviewed and reported during the clinical morning meeting. Anything coded n/a will have the clarification note reviewed. Follow up with the nurse if there is not a clarification note for reeducation or disciplinary action.</p> <p>This monitoring will be documented in</p>		

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F 676	<p>Continued From page 8</p> <p>resident required restorative nursing services to maintain their function, the therapist would complete a restorative referral form and educate the nursing staff on how to perform the tasks with return demonstration received. A weekly restorative nursing meeting was held with the Restorative Nurse, where the residents receiving restorative services were reviewed on how they were participating, how many days they participated, if there were refusals and if therapy needed to reassess.</p> <p>An interview occurred with the MDS/Restorative Nurse on 10/28/20 at 10:25 AM. The nurse stated therapists designed restorative nursing plans when residents had met their maximum potential which could be continued through the provision of restorative nursing services. She explained there was not a staff member solely dedicated to the Restorative Nursing Program unless they had an extra aide for the day. Normally the aides assigned to the resident would complete the restorative nursing task and were expected to document the completion. The task would appear on their daily documentation for them to complete and sign off by the end of their shift. The nurse added the Restorative Nursing Program was important so the resident wouldn't lose his or her quality or progress which had been made with therapy.</p> <p>An interview occurred with Resident #6 on 10/28/20 at 12:20 PM, who stated she had just graduated from PT and was to receive restorative therapy from the nursing staff, but the therapy was not occurring daily. Resident #6 further stated she had not walked in the hallway since she had participated with PT and was only walking to and from the bathroom with the</p>	F 676	<p>each clinical morning meeting for 4 weeks, weekly for 4 weeks, and monthly for 2 months.</p> <p>The DON will report the results of the monitoring to the monthly QA committee for review and recommendations for the for the time frame of monitoring period.</p>		

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F 676	<p>Continued From page 9 nursing staff.</p> <p>On 10/30/20 at 3:18 PM a phone interview occurred with Nurse Aide (NA) #2 who had marked Not Applicable for Resident #6's restorative nursing task dated 10/28/20. She stated normally the aides were responsible for completing the restorative nursing task, which appeared on their documentation to do for the day. NA #2 confirmed therapy would show the nursing staff how to perform the restorative task for the resident with a return demonstration required. NA #2 further stated she considered ambulating Resident #6 to and from the bathroom or bed her ambulation task for the restorative nursing program. She explained the choice of Not Applicable indicated the task was not completed.</p> <p>A phone interview occurred with the MDS/Restorative Nurse on 10/30/20 at 3:54 PM and stated she had been overseeing the restorative nursing program since January 2020. The nurse went to explain when she received the restorative referral from therapy, she would enter the prescribed treatment into the aide tasks (in the electronic medical record system) as soon as she could and added the names to the restorative list. A weekly meeting was held with the rehab director, MDS Coordinator and sometimes the Director of Nursing and Administrator would attend. In the meetings, the restorative residents were reviewed for how much time they participated, if there were any refusals and if therapy should reassess. She stated she was aware of the Not Applicable entries and stated this had been brought to management's attention in the past but was unable to explain how long ago, what corrections had been made or explain why the recent Not Applicable entries had not</p>	F 676			

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F 676	<p>Continued From page 10 been addressed.</p> <p>On 11/2/20 at 10:06 AM a phone interview was held with the Administrator and Director of Nursing. They both stated they were unaware the restorative nursing services were not being provided as recommended by therapy or being signed off as Not Applicable. It was their expectation for the services to be provided as recommended and signed off correctly by the nurse aide staff.</p> <p>2. Resident #8 was originally admitted to the facility on 7/25/19 with multiple diagnoses which included muscle weakness and diabetic neuropathy.</p> <p>A Restorative Range of Motion Program Referral dated 6/2020 indicated Occupational Therapy (OT) was referring Resident #8 to restorative nursing for continuation of upper extremity range of motion (ROM). The goals and objectives stated Resident #8 would continue to perform 15 to 30 repetitions with each session. The interventions included: skills practice of active ROM once a day.</p> <p>The review of the care plan dated 8/11/20 revealed Resident #8 had a focus area for the ability to raise her arms straight out from the shoulder 10 repetitions for 3 sets, bicep curls of 10 repetitions for 3 sets and reach across the chest (horizontal adduction) for 5 repetitions for 3 sets. The interventions included: skill practice 7 days a week, skill practice 15 minutes a day, complete 15 to 30 repetitions to each elbow and shoulder and refer to physical therapy and occupational therapy as needed.</p>	F 676			

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F 676	<p>Continued From page 11</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 8/26/20 indicated Resident #8 had moderately impaired cognition. She required extensive assistance with bed mobility and dressing and was dependent on staff for toileting, personal hygiene and bathing with no limitations in her range of motion.</p> <p>The review of the September 2020 Documentation Survey Report for nursing restorative services revealed 16 out of 30 days were marked as NA- Not Applicable. There were no refusals documented.</p> <p>Resident #8's Care Guide dated 10/29/20, indicated she was to receive restorative therapy of active ROM of raising her arms straight out from the shoulders for 10 repetitions and 3 sets, bicep curls for 10 repetitions and 3 sets and reach across the chest for only 5 repetitions and 3 sets up to 7 days a week for 15 minutes a day as tolerated.</p> <p>The review of the October 2020 Documentation Survey Report for nursing restorative services revealed 21 out of 28 days were marked as NA- Not Applicable. There were no refusals documented.</p> <p>On 10/28/20 at 10:10 AM an interview was conducted with the Rehab Director. She explained at the end of therapy services, if a resident required restorative nursing services to maintain their function, the therapist would complete a restorative referral form and educate the nursing staff on how to perform the tasks with return demonstration received. A weekly restorative nursing meeting was held with the Restorative Nurse, where the residents receiving</p>	F 676			

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F 676	<p>Continued From page 12</p> <p>restorative services were reviewed on how they were participating, how many days they participated, if there were refusals and if therapy needed to reassess.</p> <p>An interview occurred with the MDS/Restorative Nurse on 10/28/20 at 10:25 AM. The nurse stated therapists designed restorative nursing plans when residents had met their maximum potential which could be continued through the provision of restorative nursing services. She explained there was not a staff member solely dedicated to the Restorative Nursing Program unless they had an extra aide for the day. Normally the aides assigned to the resident would complete the restorative nursing task and were expected to document the completion. The task would appear on their daily documentation for them to complete and sign off by the end of their shift. The nurse added the Restorative Nursing Program was important so the resident wouldn't lose his or her quality or progress which had been made with therapy.</p> <p>On 10/30/20 at 3:15 PM a phone interview occurred with Nurse Aide (NA) #3 who had marked the majority of Not Applicable for Resident #8's restorative nursing task in September 2020 and October 2020. She stated normally the aides were responsible for completing the restorative nursing task which would appear on their daily documentation, in the electronic medical record system (EMR). NA #3 confirmed therapy would show the nursing staff how to perform the restorative task for the resident with a return demonstration required. NA #3 further stated she considered Resident #8's ROM exercises completed during the bed bath, dressing and personal care tasks. She explained the choice of Not Applicable indicated the task</p>	F 676			

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F 676	<p>Continued From page 13 was not completed.</p> <p>A phone interview occurred with the MDS/Restorative Nurse on 10/30/20 at 3:54 PM and stated she had been overseeing the restorative nursing program since January 2020. The nurse went to explain when she received the restorative referral from therapy, she would enter the prescribed treatment into the aide tasks in the EMR system, as soon as she could and added the names to the restorative list. A weekly meeting was held with the rehab director, MDS Coordinator and sometimes the Director of Nursing and Administrator would attend. In the meetings, the restorative residents were reviewed for how much time they participated, if there were any refusals and if therapy should reassess. She stated she was aware of the Not Applicable entries and stated it had been brought to management's attention in the past but was unable to explain how long ago, what corrections had been made or explain why the recent Not Applicable entries had not been addressed.</p> <p>On 11/2/20 at 10:06 AM a phone interview was held with the Administrator and Director of Nursing. They both stated they were unaware the restorative nursing services were not being provided as recommended by therapy or being signed off as Not Applicable. It was their expectation for the services to be provided as recommended and signed off correctly by the nurse aide staff.</p> <p>3. Resident #9 was originally admitted to the facility on 7/28/18 with multiple diagnoses which included venous insufficiency, osteoarthritis and</p>	F 676			

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F 676	<p>Continued From page 14 diabetes.</p> <p>A Restorative Ambulation Program Referral dated 8/2020 indicated Physical Therapy (PT) had referred Resident #9 to restorative nursing for continuation of ambulation therapy. At that time Resident #9 was able to ambulate 100 feet with contact guard assistance and the use of a rolling walker. The interventions included: skills practice 6 to 7 days per week, assist of one, use walker, ambulate 100 feet and document program completion.</p> <p>A review of the September 2020 Documentation Survey Report for nursing restorative services revealed 24 out of 30 days were marked as NA- Not Applicable. There were no refusals documented.</p> <p>The annual Minimum Data Set (MDS) assessment dated 10/2/20 indicated Resident #9 was cognitively intact. He required supervision of one person for ambulation in the room, locomotion on and off the unit and dressing. Resident #9 received limited assistance with bed mobility, transfers, personal hygiene, toileting and extensive assistance for bathing. There were no limitations in his range of motion.</p> <p>The review of the care plan dated 10/9/20 revealed Resident #9 had a focus area initiated 8/11/20 for the ability to ambulate 100 feet with contact guard assistance using a rolling walker. The interventions included: skill practice up to 7 days a week, skill practice 15 minutes a day, skills practice one time a day, document program completion and refer to physical therapy and occupational therapy as needed.</p>	F 676			

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F 676	<p>Continued From page 15</p> <p>Resident #9's Care Guide dated 10/29/20, indicated he was to receive restorative therapy of ambulation with rolling walker and contact guard assistance of 100 feet up to 7 days a week for 15 minutes.</p> <p>The review of the October 2020 Documentation Survey Report for nursing restorative services revealed 22 out of 28 days were marked as NA- Not Applicable. There were no documented refusals noted.</p> <p>On 10/28/20 at 10:10 AM an interview was conducted with the Rehab Director. She explained at the end of therapy services, if a resident required restorative nursing services to maintain their function, the therapist would complete a restorative referral form and educate the nursing staff on how to perform the tasks with return demonstration received. A weekly restorative nursing meeting was held with the Restorative Nurse, where the residents receiving restorative services were reviewed on how they were participating, how many days they participated, if there were refusals and if therapy needed to reassess.</p> <p>An interview occurred with the MDS/Restorative Nurse on 10/28/20 at 10:25 AM. The nurse stated therapists designed restorative nursing plans when residents had met their maximum potential which could be continued through the provision of restorative nursing services. She explained there was not a staff member solely dedicated to the Restorative Nursing Program unless they had an extra aide for the day. Normally the aides assigned to the resident would complete the restorative nursing task and were expected to document the completion. The task would</p>	F 676			

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F 676	<p>Continued From page 16</p> <p>appear on their daily documentation for them to complete and sign off by the end of their shift. The nurse added the Restorative Nursing Program was important so the resident wouldn't lose his or her quality or progress which had been made with therapy.</p> <p>An interview occurred with Resident #9 on 10/28/20 at 12:10 PM. He stated he walked with the walker and aides to go to and from the bed and bathroom but didn't walk much in the hallway.</p> <p>A phone call was placed to Nurse Aide (NA) #4 on 10/30/20 at 3:25 PM. She had marked the majority of days with Not Applicable in September 2020 and October 2020. A message was left for a return call that was not received during the survey.</p> <p>On 10/30/20 at 3:27 PM a phone interview occurred with NA #5 who had marked Not Applicable for Resident #9's restorative nursing task on 9/22/20, 9/26/20, 10/5/20, 10/14/20, 10/20/20 and 10/22/20. She stated normally the aides were responsible for completing the restorative nursing task which would appear on their daily documentation in the electronic medical records system (EMR). NA #5 confirmed the therapist would show the nursing staff how to perform the restorative task with a return demonstration required. NA #5 further stated she considered Resident #9's ambulation tasks fulfilled when she assisted him to and from the bed as well as to and from the bathroom. She explained the choice of Not Applicable indicated the task was not completed.</p> <p>A phone interview occurred with the MDS/Restorative Nurse on 10/30/20 at 3:54 PM</p>	F 676			

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F 676	<p>Continued From page 17</p> <p>and stated she had been overseeing the restorative nursing program since January 2020. The nurse went to explain when she received the restorative referral from therapy, she would enter the prescribed treatment into the aide tasks as soon as she could in the EMR system and added the names to the restorative list. A weekly meeting was held with the rehab director, MDS Coordinator and sometimes the Director of Nursing and Administrator would attend. In the meetings, the restorative residents were reviewed for how much time they participated, if there were any refusals and if therapy should reassess. She stated she was aware of the Not Applicable entries and stated it had been brought to management's attention in the past but was unable to explain how long ago, what corrections had been made or explain why the recent Not Applicable entries had not been addressed.</p> <p>On 11/2/20 at 10:06 AM a phone interview was held with the Administrator and Director of Nursing. They both stated they were unaware the restorative nursing services were not being provided as recommended by therapy or being signed off as Not Applicable. It was their expectation for the services to be provided as recommended and signed off correctly by the nurse aide staff.</p> <p>4. Resident #11 was originally admitted to the facility on 1/25/19 with diagnoses that included chronic obstructive pulmonary disease (COPD), mild cognitive impairment and congestive heart failure (CHF).</p> <p>Review of a monthly nursing note dated 8/5/20 indicating Resident #11 required extensive to total</p>	F 676			

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F 676	<p>Continued From page 18</p> <p>assistance with ADL's and had no occurrences of refusing bathing assistance.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated 8/12/20 revealed Resident #11 to have moderately impaired cognition, was able to make self understood and understood others. He required extensive assistance with dressing, toileting and personal hygiene.</p> <p>Resident #11's care plan dated 8/17/20 revealed a focus area of self-care deficit. The interventions included to assist with activities of daily living (ADL's) as needed.</p> <p>Record review of the evening shift nursing assistant (NA) bathing documentation, from 8/1/2020 through 8/31/2020, revealed Resident #11 had received no showers, sponge baths or bed baths. During this time frame there were 8 days marked as Not Applicable when a shower was to be provided.</p> <p>Record review of the evening shift NA bathing documentation, from 9/1/2020 through 9/30/2020, revealed Resident #11 had received no showers and 1 bed bath. During this time frame there were 8 days marked as Not Applicable when a shower was scheduled to be provided.</p> <p>Review of the nursing progress notes from September 2020 did not reveal any occurrences of shower refusals.</p> <p>Review of the shower schedule provided by the Director of Nursing on 10/28/20 indicated Resident #11 was scheduled to have showers on Mondays and Thursdays on the evening shift</p>	F 676			

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F 676	<p>Continued From page 19 hours.</p> <p>Record review of the evening shift NA bathing documentation, from 10/1/2020 through 10/29/2020, revealed Resident #11 had received 1 shower, 2 bed baths and 3 refusals. During this time frame there were 3 days marked as Not Applicable when a shower was scheduled to be provided.</p> <p>Review of the nursing progress notes from 10/1/2020 through 10/30/20 did not reveal any occurrences of refusing bathing assistance.</p> <p>An interview occurred with Resident #11 on 10/28/20 at 9:10 AM who stated he received a shower "maybe once a week if that" and was able to assist with washing his face and some of his body but became easily fatigued and short of breath. Resident #11 was able to state he should receive showers in the evening before going to bed. He went onto say the day shift aide would provide a sponge bath before he got dressed and up to the wheelchair for breakfast.</p> <p>On 10/30/20 at 11:38 AM a phone interview occurred with nurse aide #7 (NA). She had worked at the facility until the end of August 2020 and was familiar with Resident #11. NA #7 had marked Not Applicable for a scheduled shower dated 8/14/20. She explained when Not Applicable was marked on the resident's bathing record it indicated the shower/bath was not provided. The NA went onto say Resident #11 would normally accept assistance with showers when she provided his care. She was unable to explain why Not Applicable was marked.</p> <p>A phone interview was conducted with NA #8 on</p>	F 676			

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F 676	<p>Continued From page 20</p> <p>10/30/20 at 12:03 PM, who is a second shift aide familiar with Resident #11. NA #8 had marked Not Applicable for scheduled showers on 9/15/20, 9/29/20, 10/6/20 and 10/9/20. She stated the assigned shower days in the Electronic Medical Record system (EMR) was incorrect so Not Applicable would be marked since the resident's would have gotten their shower on a different day. NA #8 denied Resident #11 refused shower assistance but if he had, refusal would be marked on the bathing log and reported to the nurse.</p> <p>On 10/30/20 at 3:40 AM, a phone interview occurred with NA #6 who was a second shift aide. She had marked Resident #11's bathing documentation with Not Applicable on 8/18/20, 8/21/20, 9/8/20, 9/22/20, 9/25/20 and 10/22/20. The NA stated the bathing record in the EMR system was not the right day as the shower sheet so if Not Applicable was marked it meant the shower was not given as it was the incorrect day. She further stated if a resident refused a shower, a bed bath or sponge bath should be offered and then the documentation would be marked with the type of bath provided or if the resident refused.</p> <p>A phone interview occurred with the Administrator and Director of Nursing (DON) on 10/30/20 at 3:44 PM. They both reviewed the documents and stated the NA's should have been documenting whether the shower was provided, if another form of bath was provided or if the task was refused by the resident and not documenting Not Applicable. The DON added if a bath/shower was provided on a different day then it would still be documented, and education was needed with the nurse aide staff to ensure bathing logs were being completed correctly. Both parties agreed it appeared the showers had not been provided as</p>	F 676			

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F 676	<p>Continued From page 21 scheduled.</p> <p>5. Resident #12 was originally admitted to the facility on 3/23/18 with diagnoses that included bilateral lower extremity amputations, congestive heart failure (CHF) and osteoarthritis.</p> <p>Record review of the day shift nursing assistant (NA) bathing documentation, from 8/1/2020 through 8/31/2020, revealed Resident #12 had received no showers or bed baths. During this time frame there were 3 days marked as Not Applicable, 3 days marked with refusal and 1 day left blank when a shower was to be provided.</p> <p>Review of the nursing progress notes for September 2020 indicated Resident #12 was hospitalized 9/23/20 through 9/28/20 and did not reveal any occurrences of bathing refusals.</p> <p>Record review of the day shift NA bathing documentation, from 9/1/2020 through 9/30/2020, revealed Resident #12 had received 4 baths. During this time frame there were 3 days marked as Not Applicable when a shower was scheduled to be provided.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated 10/4/20 revealed Resident #12 was cognitively intact. He required limited assistance of one person for bathing and personal hygiene.</p> <p>Resident #12's care plan dated 10/5/20 revealed a focus area of self-care deficit. The interventions included to assist with once person</p>	F 676			

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F 676	<p>Continued From page 22</p> <p>for bathing/hygiene, resident preferred bed baths instead of showers, promote independence and provide positive reinforcement for all activities attempted.</p> <p>Review of the shower schedule provided by the Director of Nursing on 10/28/20 indicated Resident #12 was scheduled to have showers on Wednesday and Saturdays during on the day shift hours.</p> <p>Record review of the day shift NA bathing documentation, from 10/1/2020 through 10/29/2020, revealed Resident #12 had received 2 bed baths. During this time frame there were 4 days marked as refused when a shower/bed bath was scheduled to be provided.</p> <p>Review of the nursing progress notes from 10/1/2020 through 10/30/20 did not reveal any occurrences of Resident #12 refusing bathing assistance.</p> <p>Review of Resident #12's Care Guide dated 10/30/20 indicated he required assistance of one person with bathing and hygiene and preferred to have bed baths instead of showers.</p> <p>An interview occurred with Resident #12 on 10/28/20 at 9:20 AM, who stated he preferred to have bed baths instead of showers. He confirmed the aide assisted with sponging him off before getting up in the morning to his wheelchair but added his full baths were inconsistent.</p> <p>On 10/30/20 at 3:18 PM a phone interview occurred with Nurse Aide #2 (NA) who worked first shift and marked bathing refused on 8/5/20, 8/8/20, 8/12/20, 10/17/20, 10/21/20, 10/28/20 and</p>	F 676			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2020
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD BISCOE, NC 27209		
(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 676	<p>Continued From page 23</p> <p>Not Applicable on 9/2/20. She explained she would offer Resident #12 a shower when scheduled which was often refused but he would always accept a full bed bath as that was his preference. She was unable to state why Refused and Not Applicable were marked as that would indicate he didn't receive a bath at all.</p> <p>A phone interview occurred with the Administrator and Director of Nursing (DON) on 10/30/20 at 3:44 PM. They both reviewed the documents and stated the NA's should have been documenting whether the shower was provided, if another form of bath was provided or if the task was refused by the resident and not documenting Not Applicable. The DON added education was needed with the nurse aide staff to ensure bathing logs were being completed correctly. Both parties agreed it appeared the showers had not been provided as scheduled.</p> <p>A phone call was placed to NA #9 on 10/30/20 at 3:50 PM as she had marked the bathing record with Not Applicable for 8/19/20, 8/22/20, 8/26/20, 9/5/20 and 9/9/20. A return call was not received during the course of the survey.</p>	F 676			