

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENOIR HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 NUWAY CIRCLE</b> <b>LENOIR, NC 28645</b>		
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F 000	INITIAL COMMENTS  The survey team entered the facility on 09/07/21 to conduct an unannounced complaint investigation survey. The survey team was onsite 09/07/21. Additional information was obtained offsite on 09/08/21. Therefore the exit date was changed to 09/08/21. One of four complaint allegations was substantiated. Event ID # L5HT11.	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §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 resident and staff interviews, the facility failed to provide showers or bed baths for 1 of 3 dependent residents (Resident #3) reviewed for assistance with activities of daily living (ADL).  The findings included:  Resident #3 was admitted to the facility on 6/24/21 with diagnosis which included muscle weakness, anxiety, and depression.  A review of the admission Minimum Data Set (MDS) dated 6/30/21 indicated Resident #3 was cognitively intact and required extensive assistance with one person staff for bathing and two person staff for transfers.  Review of the shower schedule revealed Resident #3 was originally scheduled for showers	F 677	1. The facility failed to provide showers as schedule for residents # 3. Resident #3 was discharged home on 9/15/2021.  2. All residents have the potential to be affected by the deficient practice. The nurse manager or designee will interview each resident for their preference in their personal shower schedules. This will be completed by 9/23/2021. The nurse managers and or DON will develop the new master shower schedule accordingly  3. All nursing staff will be educated regarding expectations that the residents shower/bed bath is completed on the designated day and the process if a resident refuses a shower/bed bath. Education was also provided on the	9/24/21	

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

TITLE

(X6) DATE

Electronically Signed

09/25/2021

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>on Wednesday and Thursday's but was switched to Wednesday and Saturdays on 9/1/21 when the resident was moved to a different room.</p> <p>Resident #3's shower schedule for September 2021 revealed a shower or bath was not documented as given on 8/26/21, 9/1/21 or 9/4/21. The shower schedule further indicated the last shower documented as given was on 8/25/21.</p> <p>An observation was conducted on 9/7/21 at 3:11 PM revealed Resident #3 hair appeared to be oily and unbrushed.</p> <p>An interview with Resident #3 on 9/7/21 at 3:15 PM revealed Resident #3 changed rooms six days ago on 9/1/21 and had not receive a shower or bath since the end of August. Resident #3 further revealed staff explained to the resident that Residents #3's showers were missed due to not having enough staff to assist with showers. Resident #3 pointed towards her head and stated, "look at my hair you can tell I haven't had a shower in several days". Resident #3 indicated she had cleaned herself with a cloth and water but had not received a partial bath or bath since the last shower scheduled.</p> <p>An interview conducted with Nurse Aide (NA) #2 on 9/7/21 at 4:32 PM revealed she had been scheduled to give Resident #3 a shower on 8/30/21 but did not because she was the only nurse aide on that hall during her shift. NA #2 further revealed several residents' showers had been missed due to short staffing, and not having time to get them completed. NA #2 stated Resident #3 had never refused care and preferred showers.</p>	F 677	<p>importance of completing documentation both on paper and in the computer. Education completed by DON and/or ADON and will be complete by 9/24/2021.</p> <p>Nurse Managers or the DON will ensure that shower schedules are updated timely when residents have room changes, are discharged or upon new admissions.</p> <p>Nurse managers will audit a sample of showers daily Monday through Friday for 2 weeks, then weekly for four weeks, then monthly for 2 additional months shower/bed bath schedules to ensure that residents are receiving a shower and/or bed bath as scheduled per their preference</p> <p>In addition, the Director of Nursing will review weekly audits to ensure shower/bed bath schedules to ensure that residents are receiving a shower and/or bed bath as scheduled and per their preference.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person responsible: Director of Nursing</p>		

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

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F 677	Continued From page 2  An interview conducted with NA #1 on 9/7/21 at 3:30 PM revealed she was assigned to Resident #3 on 9/1/21, but Resident #3 did not receive a shower. NA #2 further revealed Resident #3 preferred showers and never refused showers.  An interview conducted with Director of Nursing (DON) on 9/7/21 at 5:13 PM revealed she would expect for residents' showers to be completed by preference and on their scheduled days.	F 677	6. Completion Date: 9/24/2021		