STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH0107	A. BUILDING _____ B. WING _____	03/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKS-HOWELL HOME	266 MERRIMON AVENUE ASHEVILLE, NC 28801

(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) COMPLETE DATE
L 078	.2305(C) QUALITY OF CARE 10A-13D.2305 (c) The facility shall not utilize any chemical or physical restraints for the purpose of discipline or convenience, and that are not required to treat the patient's medical condition. An evaluation shall be done to ensure that the least restrictive means of restraint have been initiated on patients requiring restraints. This Rule is not met as evidenced by: Based on observations, staff interviews, and medical record review, the facility failed to assess two (2) of two (2) residents for the least restrictive means of restraint needed for safety (Residents # 6 and # 2). The findings are: 1. An undated facility policy entitled Acknowledgment of Restraint Policies read in part: "If restraint use is deemed necessary, the goal will be to use the least restrictive type of restraint for the shortest period of time possible. Every health unit resident at Brooks-Howell Home will be individually assessed upon admission regarding the need for appropriate safety measures and will be periodically reassessed as their needs change throughout their stay at our home." "Geri-chairs (geriatric wheelchairs) may be used without the table. The table may only be used for a specific purpose, i.e., meal, nourishment, etc., as per plan of care. Geri-chair trays are a restraint and can only be used with written physician's order."	L 078	RECEIVED APR 29 2011 BY: ORV The undated policy entitled Acknowledgement of Restraint Policies has been updated to include use of restraint assessments and the policy has been dated. A document for use in assessments has been put into place as well as a document to record restraint use and release. A restraint assessment will be completed on resident #6 including a PT evaluation to determine need for ongoing use of geri-chair/tray or least restrictive alternative	4/14/11 4/19/11

Division of Health Service Regulation

✓ Nancy Harrison — Executive Director
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE

✓ Administrator ✓ April 18-2011
(X6) DATE

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L 078	Continued From page 1 Resident # 6 was admitted to the facility on 02/13/07 with Alzheimer's Disease and bipolar disorder. A Monthly Summary completed by licensed nursing staff on 03/09/11 revealed the resident was confused and anxious, was able to ambulate with assistance and feed herself, and required total care for other activities of daily living. The nurse also indicated that restraints were not used on the resident. The care plan for Resident # 6 dated 02/08/11 addressed her self care deficit and one intervention was the use of a geriatric wheelchair for positioning. There was no mention of use of a lap tray with the geriatric wheelchair. Review of the medical record for Resident # 6 revealed a physician order dated 11/03/10 for use of a geriatric wheelchair for rest and comfort. The order specified "May use tray (a lap tray affixed to the geriatric wheelchair) for activities." Further review of the resident's medical record revealed no initial assessment nor periodic reassessments for use of the least restrictive means of restraint needed for safety. On 03/29/11 at 11:30 a.m. Resident # 6 was observed in her geriatric wheelchair feeding herself lunch in the dining/common area. A lap tray was observed to be affixed to the wheelchair. The resident's lunch tray was sitting on a table and staff set food items on her lap tray so the resident could feed herself. On 03/29/11 from 12:06 p.m. until 1:04 p.m. Resident # 6 was observed in her geriatric wheelchair with the lap tray affixed to the wheelchair. There were no items on her lap tray during this time. At 1:04 p.m. staff removed the lap tray, applied a gait belt to the resident's waist,	L 078	All nursing personnel will have an mandatory inservice on restraint assessment, proper use and documentation of restraints/ release. A restraint release record will be placed for use with the CNAs flow sheets Addendum - L 078 Resident #6 and #2 were assessed for least restrictive devices on April 19, 2011, by the Interdisciplinary Care Team. They will be reassessed by the Interdisciplinary Care Team, led by DON or designee by May 19, 2011. For those residents having the potential to be affected by the same deficient practice, the Interdisciplinary Care Team, led by DON or designee, will assess all residents prior to application of any restraints. Restraint meetings by the Interdisciplinary Care Team, led by DON or designee, will be held monthly to assess for least restrictive restraints for safety. The DON or designee will use the Physical Restraint Reduction Assessment tool beginning April 19, 2011. This assessment will be performed monthly and reported for review at the next quarterly Quality Assurance Committee meeting and will be reported and reviewed at future QA meetings.	4/19/11

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L 078	Continued From page 2 assisted the resident to stand, and walked her to her room. On 03/29/11 at 1:43 p.m. Nursing Assistant # 2 (NA # 2) was interviewed. She stated she often worked with Resident # 6 and knew her well. She stated the resident had spent most of the day in the geriatric wheelchair with the lap tray, and is often already in the geriatric wheelchair with the lap tray when the NA arrived in the morning. She stated Resident # 6 had tried to take the lap tray off by disengaging the bilateral locks but she had never seen her get it all the way off. She stated if the resident was seen trying to remove it, staff would remove it for her and assist her to ambulate or toilet her. She stated staff placed drinks and magazines on the lap tray for the resident. On 03/29/11 at 2:00 p.m. the Rehab Director was interviewed. She stated the Rehab Department was not involved in recommending the geriatric wheelchair or the lap tray. She stated Resident # 6 was in the geriatric wheelchair most of the time, although staff did walk her throughout the day. She stated the resident would not be able to remove the lap tray on command. On 03/29/11 at 2:18 p.m. Licensed Nurse (LN) # 1 was interviewed. She stated use of the geriatric wheelchair for Resident # 6 was initiated due to her failing gait. She also stated the lap tray was initiated for magazines or snacks and for positioning. LN # 1 reported that Resident # 6 would try to get out of the geriatric wheelchair if they did not use the lap tray. She further reported that the resident had taken the lap tray off before but not often. She stated sometimes she might have been able to get the lap tray off, other times not. LN # 1 was not sure if the resident could	L 078		

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L 078	Continued From page 3 remove the lap tray on command. On 03/30/11 at 9:05 a.m. the Director of Nursing (DON) was interviewed. She stated that the geriatric wheelchair was initiated in consultation with Resident # 6's responsible party so the resident could rest as she was hypomanic with dementia and wandered until she became exhausted. She stated she did not know if the resident could take the lap tray off, but she staed that whenever the resident tried to remove it, staff assisted her to ambulate. The DON stated that the lap tray does work to keep the resident in the wheelchair. She stated sometimes staff gave the resident magazines or snacks and put them on the lap tray. But she stated staff left the lap tray on whether or not there were magazines or snacks in order to remind the resident that she can't get up safely by herself. On 03/30/11 at 3:56 p.m. the DON was interviewed again. She stated that a lap tray is a restraint according to facility policy. The DON reported that although staff discussed the geriatric wheelchair and lap tray when they were initiated, no initial evaluation nor periodic reassessments were documented for use of the least restrictive means of restraint needed for safety. She stated that since the lap tray was initiated for Resident # 6, staff have not discussed whether it was the least restrictive means of restraint needed for safety. She further stated they do not have a system of documentation for restraint assessment and assessment of the least restrictive restraint.	L 078		

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L 078	Continued From page 4 2. An undated facility policy entitled Acknowledgment of Restraint Policies read in part: "If restraint use is deemed necessary, the goal will be to use the least restrictive type of restraint for the shortest period of time possible. Every health unit resident at Brooks-Howell Home will be individually assessed upon admission regarding the need for appropriate safety measures and will be periodically reassessed as their needs change throughout their stay at our home." Resident # 2 was admitted on 09/15/07 with diagnoses including Dementia, Diabetes Mellitus and Peripheral Neuropathy. A monthly summary completed by licensed nursing staff on 03/24/11 indicated the resident was confused, walked in the hall with staff using a rolling walker several times a day, and restraints were not used. A care plan dated 01/11/11 indicated Resident # 2 had potential for a self care deficit with hygiene, nutrition, and toileting related to disturbed memory function and confusion. Approaches included, "Lap buddy for activities/positioning." There was no mention of use of a lap tray for positioning and eating. Review of Physician's orders revealed an order dated 12/23/10 for a lap tray for positioning and eating. The order specified to remove the tray every two (2) hours, reposition the resident, and allow to ambulate. Review of Resident # 2's medical record revealed no initial evaluation for the use of the lap tray or subsequent evaluations for the least restrictive restraint.	L 078	A Care Plan meeting was held on April 12, 2011. Wording in the plan for Resident #2 was changed from lap buddy to lap tray to comply with 12/23/10 order. A Restraint Assessment for resident #2 will be completed along with a PT evaluation and an attempt will be made to do a restraint reduction. A mandatory inservice of all nursing personnel will be held toinsure compliance with the home's restraint policy. A restraint release record will become part of the CNAs flow sheet	4/12/11 4/19/11 4/19/11

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L 078	Continued From page 5 Observations of Resident # 2 during the survey included the following: - 03/29/11 at 9:00 AM- Seated in wheel chair in day area/dining room. Full lap tray attached over arm rests of wheel chair. Resident was pleasant and animated. - 03/29/11 at 9:30 AM- Ate a snack day area/dining room. Full lap tray attached over arm rests of wheel chair. Resident was pleasant and animated. - 03/29/11 at 11:35 AM- Ate lunch in day area/dining room. Full lap tray attached over arm rests of wheel chair. Resident was pleasant and animated. - 03/29/11 at 1:15 PM- Full lap tray removed from wheel chair by nursing assistant (NA). Resident ambulated using a rolling walker and assistance from one NA. - 03/29/11 at 3:55 PM- Seated in wheel chair at a dining room table. Lap tray not in use. Good body alignment noted. Ate a snack provided by staff. Resident was pleasant and animated. - 03/29/11 at 5:15 PM- Seated in wheel chair at a dining room table eating supper. Lap tray not in use. Good body alignment noted. Resident was pleasant and animated. - 03/30/11 at 11:20 AM- Seated in wheel chair at a dining room table eating lunch. Lap tray not in use. Good body alignment noted. Resident was pleasant and animated. - 03/30/11 at 12:30 PM- Seated in wheel chair in day area/dining room. Lap tray not in use. Good body alignment noted. Resident was pleasant and animated. Self propelled wheel chair to visit with other residents in the day area. - 03/30/11 at 3:30 PM- Seated in wheel chair in day area/dining room for music activity. Full lap tray attached over arm rests of wheel chair. Resident was pleasant and animated.	L 078		

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L 078	Continued From page 6 During an interview on 03/30/11 at 12:45 PM nursing assistant (NA) #1 indicated she cared for Resident #2 frequently and used the table top when the resident was agitated because she would try to ambulate without assistance. NA #1 further stated Resident #2 could remove the table top but was not sure she could remove it on command. An interview was conducted with the Director of Nursing (DON) on 03/30/11 at 4:00 PM. During the interview the DON confirmed the lap tray was a restraint according the the facility's policy. The DON indicated the lap tray was used when Resident # 2 was "restless" and was not sure she could release the lap tray on command. The DON stated she was sure staff discussed the use of the lap tray for Resident # 2 before it was implemented but could not produce any documented evaluations for the least restrictive restraint.	L 078		
L 099	.2307 DENTAL CARE AND SERVICES 10A-13D.2307 (a) The facility shall ensure that routine and emergency dental services are available for all patients. (b) The facility shall, if necessary, assist the patient in making appointments and obtaining transportation to the dentist's office. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to make an appointment for routine dental services for one (1) of six (6) residents reviewed for dental care and services. (Resident # 2)	L 099	Routine dental care was rescheduled for resident #2 and she was seen by her dentist on April 6, 2011 All medical/dental appointments will be rescheduled at time of cancellation. A quality control tool will be added. All licensed nursing staff and transportation coordinator will make sure all appointmens are rescheduled	4/6/11 4/6/11

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L 099	Continued From page 7 The findings are: Resident #2 was admitted to the facility on 09/15/07 with diagnoses including Dementia. A monthly summary completed by licensed nursing staff on 03/24/11 indicated the resident was confused. Review of Resident #2's medical record revealed a dental consult note dated 07/28/10 which stated the resident had had her teeth cleaned that day and would need a cleaning every three (3) months by the dental office. No further dental consult notes were found in Resident #2's medical record. Review of the medical record revealed an order dated 07/28/10 for the resident to have her teeth cleaned at the dental office every three (3) months. The order was signed off and dated as noted by a licensed nurse (LN) on 07/28/10. During an interview on 03/30/11 at 1:45 PM the Director of Nursing (DON) stated orders for medical and dental appointments are placed on the calendar at the nurses's station. In addition, the LN who noted the order is responsible for transferring the residents name and the time of the appointment to the appropriate date on the calendar. During a follow up interview on 03/30/11 at 2:35 PM review of the calendar page for November 10, 2010 revealed Resident #2's dental appointment scheduled for 10:30 AM had been cancelled due to illness. The DON confirmed the dental appointment had not been rescheduled and stated she expected LN staff to reschedule all cancelled appointments.	L 099	Addendum L099 The ADON completed an audit of all residents' charts using the appointment log book and residents' charts on April 22, 2011. The DON or designee will be using the above monitoring tools weekly, beginning April 22, 2011, to assure that all appointments are kept or rescheduled. All audits will be reported and reviewed at the next quarterly QA meeting and future QA meeting.	

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L 167	Continued From page 8	L 167		
L 167	.2701(P) PROVISION OF NUTRITION & DIETETIC SVCS 10A-13D.2701 (p) Food services shall comply with Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments as promulgated by the Commission for Health Services which is incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food under sanitary conditions. Copies of these Rules can be obtained, at no charge, by contacting the N.C. Department of Environment, and Natural Resources, Division of Environmental Health Services, 1630 Mail Service Center, Raleigh, North Carolina 27699-1630. This Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure that frozen food in the walk-in freezer was not exposed to air; failed to ensure that an outside door to the dry food storage room was closed; and failed to ensure that the facility dumpster was kept closed and the dumpster area was kept free of trash. The findings are: 1. On 03/29/11 from 8:40 a.m. to 9:30 a.m. a tour of the kitchen was conducted with the Dietary Manager (DM). In the walk-in freezer, an observation was made of the following: an unsecured plastic bag exposed to air containing approximately twenty to twenty-five frozen hamburger patties; an unsecured plastic bag	L 167	The Dietary Department will ensure that frozen food is not exposed to air by the following: The Dietary Manager shall inservice and educate the employees of the Dietary Department on proper procedure for securing bags in the freezer. The Dietary Manager or Assistant Manager will then inservice this procedure on the yearly inservice calendar. The Dietary Manager or Dietary Assistant Manager or designated employee shall observe and review the items in the walk-in freezer using a daily checklist. The designated person shall check the appropriate box on the checklist after reviewing. This checklist shall be used daily X 3 months and 5 times a week thereafter.	3/31/11

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L 167	Continued From page 9 exposed to air containing approximately one pound of frozen okra. No freezer burn was noted on the hamburgers or the okra. The DM was interviewed at that time. She stated that she expected staff to securely close all food containers in the freezer. She stated plastic bags should be tied off or taped. The DM tied off both bags. 2. On 03/29/11 at 5:00 p.m. a tour of the dry food storage room in a basement area of the facility was conducted with the Assistant Dietary Manager (ADM). The ADM accessed the basement by using an outside door which opened onto a facility driveway. This door was fully opened to the outside at the time of the tour. A ramp connected this outside door to the basement. At the bottom of the ramp was the door into the dry food storage room which was also fully opened. No other staff were in the dry food storage room at the time of this observation. On 03/30/11 at 10:35 a.m. an observation was made of the two doors used to access the dry food storage room. The outside door to the basement was cracked open approximately four inches and the inside door to the dry food storage room was fully opened. On 03/30/11 at 1:15 p.m. an observation was again made of the two doors used to access the dry food storage room. The outside door to the basement was cracked open approximately two inches and the inside door to the dry food storage room was fully opened. On 03/30/11 at 1:33 p.m. the Dietary Manager (DM) was interviewed. She stated the outside door to the basement was unlocked during the	L 167	The Dietary Department shall be inserviced on proper closure of the dry storage door. The door shall have a sign placed on it to indicate keeping it properly closed. The Dietary Manager or Assistant Manager or designated employee shall observe and review the proper closure of the Dry Storage Door using a daily checklist. The designated person shall check the appropriate box on checklist after reviewing. The Dietary Manager or Dietary Assistant Manager will then inservice this procedure on the yearly inservice calendar. This checklist shall be used daily x 3 months and 5 times a week thereafter.	Dry 3/31/11

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L 167	Continued From page 10 day for easy access by dietary workers, but that it needed to be closed to prevent rodent, insect, or pest infestation of the dry food storage room. She stated she expected staff to close the outside door behind them. The DM went to observe the two doors used to access the dry food storage room. Both the outside and inside doors were fully opened. 3. On 03/30/11 at 1:06 p.m. an observation was made of the facility dumpster. The dumpster door was observed to be opened approximately four inches. Several secured bags of trash were observed in the dumpster. On top of the trash bags were approximately three dozen unbagged apples. Trash was observed on the ground surrounding the dumpster, including nine plastic gloves, multiple food wrappings, straws, plastic spoons, can lids, plastic wrappers, and other trash. On 03/30/11 at 1:33 p.m. the Dietary Manager was interviewed. She stated that dietary staff were expected to bag kitchen trash and transport it to the dumpster. She stated dietary staff were also expected to keep the dumpster closed except when loading it and keep the grounds around the dumpster clean to prevent attraction of rodents and other pests.	L 167	Addendum L167 The Dietary Manager or designee will report all findings of monitoring check lists to the next quarterly QA meeting and future QA meetings. The Dietary Manager shall inservice and educate the employees of the Dietary Department on proper procedure for appropriate trash disposal, dumpster area sanitation and door closing procedures. The Dietary Manager or Assistant Manager will then inservice this procedure on the yearly inservice calendar. The Dietary Manager or Assistant Manager or designated employee shall observe and review the proper procedures for trash disposal, dumpster area sanitation and door closure using a daily checklist. The designated person shall check the appropriate box on checklist after reviewing. This checklist shall be used daily X 3 months and 5 times a week thereafter. The dumpster area shall be placed on the weekly cleaning schedule and shall be thoroughly cleaned weekly, while monitored and swept daily. This shall remain a part of the regular cleaning schedule.	3/31/11