STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345423	A. BUILDING _____ B. WING _____	C 03/17/2011

APR 11 2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILMED NURSING CARE CENTER	1705 SOUTH TARBORO STREET WILSON, NC 27893

(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 No deficiencies were cited as a result of the complaint investigation conducted 03/14/11 - 03/17/11 for Event ID# SJV011	F 000		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain resident dignity by serving residents using disposable dinnerware on 2 (Rehab Unit and Unit 3) of 4 nursing units, residents waiting to be fed at tables where other resident were already eating, residents who required assistance with feeding were fed by staff standing and feeding them for two of two meal observations, and posting medical information without written consent. Findings include: 1. On 03/14/11 between 12:15 PM and 12:40 PM, dining observations were conducted on the Rehab Unit for residents remaining in his/her room for the lunch meal. As the trays were delivered to the residents, the trays were observed to have baked chicken and a roll on a plate; and, black eyed peas and steamed broccoli were served to the resident in individual disposable plastic dinner ware. On 03/14/11 between 12:40 PM and 1:00 PM, a dining observation was conducted on Unit 3 for residents remaining in his/her room for the lunch	F 241		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dewey E Tucker — TITLE: Administrator — (X6) DATE: 4/6/11

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 241	Continued From page 1 meal. As trays were delivered to the residents, the trays were observed to have baked chicken and roll on the plate; and, to have black eyed peas and steamed broccoli served to the resident in individual disposable plastic dinner ware. Observation of trays served with pureed foods were observed to be have each food item in separate disposable plastic dinner ware An interview, on 03/14/11 at 4:38 PM, was conducted with a Dietary Aide (DA). The DA indicated the square plastic containers with the rice krispie treats were used for desserts, pureed foods and other foods. She relayed the dinnerware was disposable and not reused. An interview, on 03/14/11 at 4:40 PM, was conducted with the Dietary Manager (DM). The DM relayed she had been using the plastic dinnerware since she had been in the facility. She indicated that she had asked the facility when she first came why the facility used the plastic dinnerware. The DM stated the facility indicated there was no room to store extra dishes. She relayed she would have expected to use non-plastic dinnerware. An interview, on 03/17/11 at 2:45 PM, was conducted with the Administrator. The Administrator indicated the facility used the plastic dinnerware to help maintain the temperature of the food. He relayed the plastic dinnerware had been in used since he had been in the facility.	F 241	F 241 The facility will promote care for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of individuality. 1. Residents will consistently be served meals on non-disposable dinnerware. China side dishes, designed for our insulated tray system have been identified and ordered. These are expected to be on site by April 14, 2011 and will be immediately used instead of the plastic side dishes (noted in the survey observations). Administrator will audit use of china on resident trays weekly for four weeks, then monthly for two months, and randomly thereafter. Audit results will be reported in the quarterly QA&A committee.	4-14-11

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F 241	Continued From page 2 2. During the lunch meal on 3/14/11 at 12:35PM observations were made of residents being assisted with feeding in the small dining room which was designated for residents who needed to be fed. At 12:39PM, Nursing Assistant (NA) #1 and NA #2 was observed assisting residents in a Geri-chair and wheelchair with feeding. NA#1 was observed standing over the resident Geri-chair feeding her. NA #2 was observed standing over the resident in a wheelchair feeding her. There were five (5) empty chairs in the dining room during the observation at this time. NA#1 and NA#2 were not eye level with each resident as they fed them. During the lunch meal on 3/14/11 at 1:08PM a second observation was made of residents being assisted with feeding in the small dining room which was designated for residents who needed to be fed. At 1:08PM NA#2 was observed assisting a resident in a Geri-chair for feeding. NA #2 was observed standing over the resident in the Geri-chair feeding her. There were five (5) empty chairs in the dining room during the observation at this time. NA#2 was not eye level with the resident during the observation. During an interview with the Staff Development Coordinator (SDC) on 3/16/11 at 4:27PM she stated that during orientation she gives the Nursing Assistants (NA) written information on " Feeding Basics " and the information does not state if staff should sit or stand to feed. The SDC stated she does not go over sitting to feed residents with the NA during orientation. The SDC stated that whatever is comfortable for the resident either sitting or standing is what the staff	F 241	2. An in-service on giving care in an environment and manner that promotes dignity and respect, recognizing individuality was provided by the QA Coordinator, documented, and included: A. Sitting, making eye contact while feeding resident, and socializing with residents during meal time. No standing while feeding. B. All residents requiring assistance will be fed at a table. No one will sit alone. Residents in geri-chairs will be included at a table. C. All residents at a table will be fed simultaneously. D. Staff will offer to heat food, and do so, as needed. The feeding training was added to the new employee orientation program. The QA Coordinator, or designee, will audit and document compliance in the restorative dining room. These audits will be conducted 5 times a week for four weeks, then weekly for four weeks, then monthly for three months. Audit results will be reported to the QA&A committee for review and follow up.	4-14-11

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F 241	Continued From page 3 should do during feeding. 3. Observations on 3/14/11 at 12:35PM in the small dining room which was designated for residents who needed to be fed. 3 of 6 residents in the dining room were seated at tables where another dependent resident was being assisted by staff. Residents were observed from 12:30PM to 12:47PM quietly watching other residents eating their meals before being assisted by staff to eat their food. Observations in the dining room designated for residents who needed to be fed on 3/14/11 at 12:30PM to 1:09PM a resident was reclined in a Geri-chair facing the other residents in the dining room while they were being assisted with their meal. At this time, all of the other resident in the dining room were being or had been assisted by staff members. At 1:09PM a staff member began to feed the resident. The staff member did not offer to heat the resident ' s food. No interaction was noted between the resident and staff from 12:30PM until 1:09PM. During an interview with the Staff Development Coordinator (SDC) on 3/16/11 at 4:27PM stated a resident should not be waiting to be waiting to be fed. The SDC stated staff should feed all residents at the same time at a table. 4. An initial tour was conducted on 3/14/11 at 9:25 am. A sign with the picture of a honey bee worded " Honey Thick " was posted outside of a resident room numbered 211. Also resident rooms numbered 206, 203 and 207 had signs posted on the outside with pictures of leaves.	F 241	3. An in-service on giving care in an environment and manner that promotes dignity and respect, recognizing individuality was provided by the QA Coordinator, documented, and included: A. Sitting, making eye contact while feeding resident, and socializing with residents during meal time. No standing while feeding. B. All residents requiring assistance will be fed at a table. No one will sit alone. Residents in geri-chairs will be included at a table. C. All residents at a table will be fed simultaneously. D. Staff will offer to heat food, and do so, as needed. The feeding training was added to the new employee orientation program. The QA Coordinator, or designee, will audit and document compliance in the restorative dining room. These audits will be conducted 5 times a week for four weeks, then weekly for four weeks, then monthly for three months. Audit results will be reported to the QA&A committee for review and follow up.	4-14-11

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F 241	Continued From page 4 An observation on 3/15/11 at 8:15am revealed the picture of a honey bee worded " Honey Thick " on the outside of resident room number 211. An interview with the Quality Assurance Nurse on 3/16/11 at 4:05pm revealed they use the picture of a leaf to indicate for falls and a picture of a honey bee to indicate for honey thick liquids. She indicated they inform the resident and their family of their fall risk and permission to post the signage. There was no formal document to permit postage of this information. An interview with the Staff Development Coordinator (SDC) on 3/16/11 at 4:27pm revealed a facility information sheet, " Important Picture Symbols " was provided to nursing staff during orientation. The SDC indicated that these pictures symbols were posted to identify whether a resident was on thickened liquids and a fall risk. There were pictures of a ruler, humming bird, and honey bee. The wording " Nectar Thick " was under the picture of the humming bird and the wording " Honey Thick " was under the picture of the bumble bee. An Interview on 3/17/11 at 7:55am with the Director of Nursing (DON) indicated she did not have any forms or anything on admission for residents to sign for permission to post signage regarding resident ' s medical information. The DON created a permission form on 3/16/11 for usage of the fall, thickened liquids and positioning signs. The DON indicated she was going to provide this new form to future new admissions and send out to the families of the current in-house residents today. The DON indicated she did not realize that the facility needed to have	F 241	4. To preserve the dignity of all residents, wording has been removed from care symbol signs. Signage authorization forms were distributed to all current residents or responsible persons. Completed forms are in the resident's chart. Those who declined authorization have had their symbols removed. Authorization forms for symbol posting have been added to the admission packet. Random monthly audits by the QA Coordinator will be conducted to ensure compliance with symbol posting regulations.	4-5-11

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F 241	Continued From page 5 written documentation for permission to post this signage. An observation on 3/17/11 at 8:26am there were no honey bee signs posted. There were pictures of leaves posted outside of the following resident rooms: 206, 201, 106, 102, 107, 203, 302, 304, 306, 307, and 309.	F 241		