

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

PRINTED: 10/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345000	(X2) MULTIPLE CONSTRUCTION 2011 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/13/2011
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NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF BISCOE	STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209
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(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 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to keep the call bell in reach for 1 of 2 sampled residents (Resident #2). The findings included:</p> <p>Resident #2 was admitted to the facility on 4/25/11. Diagnoses included Parkinson's disease and difficulty walking. The quarterly Minimum Data Set (MDS) dated 9/13/11 indicated that the resident had moderate cognitive impairment and required limited assistance with transfers.</p> <p>An observation on 10/12/11 at 3:07 PM revealed Resident #2 asleep on her bed. The call bell was hanging on the wall - mounted light fixture approximately 3 feet above the head of the bed.</p> <p>An observation on 10/13/11 at 9:22 AM revealed the call bell hanging on the wall - mounted light fixture approximately 3 feet above the head of the bed. Resident #2 was lying on her right side on the bed. A 1/2 side rail was up on the left side.</p> <p>During an interview on 10/13/11 at 9:22 AM, Resident #2 said that if she needed the nurse she</p>	F 246	<p>Preparation and submission of the plan of correction is in response to HCFA 2567 for the survey and does not constitute an agreement or admission by Autumn Care of Biscoe of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirements under state and federal laws. Autumn Care of Biscoe contends that it was in substantial compliance with the requirements 42 DFR, Part 483, Subpart B throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, Autumn Care of Biscoe submits the statement of deficiencies and to serve as its allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction and as fully complete in all areas as of 11/10/11.</p>	11/10/11

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

*Christine Johnson*

TITLE

*Administrator*

(X6) DATE

*10/26/11*

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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NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF BISCOE			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209		
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F 246	<p>Continued From page 1</p> <p>would press the button. Resident #2 then pointed to the side rail and said the button was supposed to be hanging on the rail. When the resident was shown the call bell hanging over the light fixture she said that was the button she meant but she would not be able to reach it up there.</p> <p>During an interview on 10/13/11 at 9:29 AM, Resident #2's nursing assistant acknowledged that the call bell was unreachable while hanging on the light fixture. The nursing assistant indicated it was an oversight for the call bell not to be in reach and then attached it to the side rail.</p> <p>During an interview on 10/13/11 at 2:00 PM, the Director of Nursing indicated that she expected call bells to be kept in reach when residents were in their rooms.</p>	F 246	<p>F246: This facility has and will continue to make sure that each resident resides and receives services with reasonable accommodations of individual needs and preferences, except when the health or safety of individual or other residents would be endangered. Corrective Action for the resident affected: The call bell was placed within reach of the resident by the c.n.a. on 10/13/11. Corrective Action for the residents with the potential to be affected: Nursing staff in-services began on 10/13/11 (see attached in-service forms) regarding the facility's call bell policy (see attached policy) which was conducted by the Staff Development Coordinator. All current residents were audited to make sure that the call bells were within reach on 10/13/11 by the Staff Development Coordinator and the RN Supervisor. QA Monitoring to prevent the reoccurrence: QA Nurse or Designee will randomly select 10 resident's rooms per hall each week for 4 weeks, then 10 resident's rooms each week for 2 months, then 10 resident's rooms per month for 3 months (see attached audit form). Any area of identified concern will be addressed at the time and continued concerns will be addressed in the Quality Assurance Meeting for further action plans.</p>	11/10/11	