DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/29/2012 **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 345432 03/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 213 RICHMOND HILL DRIVE WESTERN NORTH CAROLINA BAPTIST HOME ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 312 | 483.25(a)(3) ADL CARE PROVIDED FOR F 312 SS=D | DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to On March 11th to March 15th. maintain good nutrition, grooming, and personal and oral hygiene. 2012 North Carolina Department of Health and Human Services Division of This REQUIREMENT is not met as evidenced Health Service Regulation bv: conducted a recertification Based on observations, facility and medical survey at the Western North record reviews, and interviews with residents and staff the facility failed to clean and trim fingernails Carolina Baptist home alleging and remove facial hair for six (6) of nine (9) that the facility was deficient in sampled residents dependent on staff for an isolated area that assistance with personal hygiene and bathing. constituted no actual harm. (Residents #7, #16, #24, #33, #42, and #56). This plan of correction in no The findings are: way neither agrees nor admits 1. Resident #56 was admitted to the facility with to a deficient practice. This plan diagnoses including Alzheimer's Disease and of correction is presented as to Dementia. On the most recent Minimum Data Set maintain compliance to nursing (MDS), a quarterly dated 02/16/12. Resident #56 home licensure. was assessed as having long and short term memory problems, severely impaired cognition, limited range of motion in the upper extremities, and totally dependent on staff for personal hygiene and bathing. The 02/27/12 care plan revealed Resident #56 had cognitive loss with chronic confusion related to end stage Dementia and Alzheimer's Disease. Approaches to address cognitive loss included anticipation of resident's needs which included personal hygiene and bathing. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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 disclosured. 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.

If continuation sheet Page fof 9

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345432	B. WIN	B. WING 03/		03/1	5/2012
NAME OF PROVIDER OR SUPPLIER WESTERN NORTH CAROLINA BAPTIST HOME		PTIST HOME		213	ET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL DRIVE HEVILLE, NC 28806		
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F 312	utilized by Nursing As document provided ca on the personal care in designated for documerevealed no NA initials. On 03/12/12 at 12:20 observed in the activitimeal. The residents of approximately one four finger tips and brown all nails. The condition was observed unchand 03/12/12 at 4:00 PM 03/13/12 at 9:00 AM at 03/14/12 at 8:40 AM, PM, and 4:00 PM. On 03/15/12 at 9:10 A observed in the living mouth. The condition remained unchanged, the finger tips and with nails. On 03/15/12 at 9:55 A conducted with NA #1 Resident #56 on 03/13 stated nails should be weekly during shower personal hygiene and Resident #56 and conneeded to be trimmed	a 2012 personal care record, sistant (NA) staff to are, was reviewed. The area record specifically sentation of nail care is during the month. PM Resident #56 was ty/dining room awaiting her fingernails extended arth (1/4) inch beyond the debris was observed under in of Resident #56's nails inged as follows: and 1:00 PM 10:40 AM, 12:30 PM, 2:25 AM Resident #56 was room with her fingers in her of the resident's fingernails extending 1/4 inch beyond in brown debris under all AM an interview was who was assigned to 3/12 and 03/15/12. NA #1 trimmed and cleaned twice is and daily as part of grooming. NA #1 observed infirmed the fingernail and cleaned. NA #1 provided nail care and gave	F	312	1) Stated deficient practice was immediately corrected by listed residents having facial hair removed and finger nails cleaned. An assessment of all residents was also performed and any residents in need of nail care or facial hair removal was immediately addressed.		

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		345432	8. WING		03/15/2012	
NAME OF PROVIDER OR SUPPLIER WESTERN NORTH CAROLINA BAPTIST HOME		213 F	ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL DRIVE EVILLE, NC 28806			
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F 312	The DON revealed providing nail care and as part of daily grooming as needs revealed Resident been provided and initialed. 2. Resident #7 wa including Demential Pulmonary Disease Set (MDS) dated 0 was able to make the understands others cognition. The quarkesident #7 require personal hygiene a motion of her upper rejection of care was the current care placed in the cur	Director of Nursing (DON). NA staff were responsible for twice weekly during showers of personal hygiene and and. The interview further the fersonal care should have the personal care report. Is admitted with diagnoses and Chronic Obstructive and Chronic Obstructive and Chronic Obstructive and had severely impaired and had severely impaired and extensive assistance for and had impaired range of an extremities. In addition, as not exhibited. In dated 02/27/12 indicated self care deficit for bathing and anctional limitation in mobility an inability to perform personal antly. Approaches included to and hygiene as needed. It #7's personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for the division of the first personal care record for t	F 312	2) Any resident who is unable to carry out activities of daily living will be identified by minimum data set This will be on a minimum of a quarterly rotating schedule. The requirement to provide ADL care for dependent residents will be met by initiating a care plan specific for the dependent area. The care area will then be communicated to the direct care staff by the care key.		
		er review of the personal care sident # 7 received a shower				

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		345432	B. WING	WING		03/1	5/2012	
NAME OF PROVIDER OR SUPPLIER WESTERN NORTH CAROLINA BAPTIST HOME		S	STREET ADDRESS 213 RICHMONE ASHEVILLE, I					
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F 312	on 03/14/12. An observation of Res 3:53 PM revealed serscattered across her observation on 03/15/Resident #7 had seve scattered across her of During an interview or Director of Nursing (Director of Nursing (Director of Nursing (Director of Nursing assistants (Nursing assistants (Nursing assistants (Nursing assistants (Nursing assistants (Nursing and as needed.) An interview with NA in Shave/Groom/Dress to confirmed the resident of daily living including and facial hair removation on 03/15/12 at 11:45 cared for the resident, "shakes a lot" and required with grooming and hypolication of the resident, and required shakes a lot" and req	sident #7 on 03/12/12 at veral 1/4 inch long hairs chin. A subsequent 12 at 10:15 AM revealed ral 1/4 inch long hairs chin. n 03/14/12 at 3:05 PM the ON) stated she expected as) to observe for and nts' facial hairs on shower 41 on 03/15/12 at 10:30 AM itialed the clock for their shift they t was assisted with activities a shaving for male residents all for female residents. AM NA #3, who frequently stated Resident #7 uired extensive assistance giene needs. n 03/15/12 at 11:55 AM e would like to have her admitted with diagnoses Dementia. A quarterly DS) dated 02/16/12 4 was able to make herself	F 3-		A) Shift RN supervisors will verify completion of all resident nail care and removal of facial hair with a monitoring tool on the 24 hour report. B) Director of Nursing (or designee) will conduct educational sessions on removal of resident facial hair and resident nail care with all direct care staff. Director of nursing (or designee) will collect 24 hour reports on a daily schedule Monday through Friday for review of nail care and facial hair removal. Any discrepancy will be brought to the Interdisciplinary Team weekly for review of resident pan of care. Discrepancies will be included in quality assurance meetings of a quarterly schedule.	/ f		

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		345432	B. WIN	G		03/1	5/2012
	ROVIDER OR SUPPLIER NORTH CAROLINA BA	PTIST HOME		2	EET ADDRESS, CITY, STATE, ZIP CODE 13 RICHMOND HILL DRIVE SHEVILLE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 312	of motion of her uppe exhibit rejection of car. The current care plant Resident #24 had a sand hygiene due to a mobility as evidenced personal hygiene indeincluded to assist with needed. Review of Resident # for March 2012 reveal initialed Shave/Dress on all three shifts thro AM shift on 03/14/12. personal care record received a shower on During an interview of Director of Nursing (Director of Nursing (dated 02/13/12 indicated elf care deficit for bathing functional limitation in by an inability to perform ependently. Approaches a bathing and hygiene as 24's personal care record led nursing assistants (Groom as completed daily ugh the 11:00 PM to 7:00 Further review of the revealed Resident # 24 03/12/12. In 03/14/12 at 3:05 PM the ON) stated she expected exist to observe for and everal 1/4 inch long hairs chin.	F	312	5) Compliance to this p of correction will be completed on or before April 6 th , 201		
	anu raciai nair remova	il for female residents.					

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		345432	B. WING		03/	15/2012	
	ROVIDER OR SUPPLIER N NORTH CAROLINA BA	PTIST HOME	213 F	T ADDRESS, CITY, STATE, ZIP COD RICHMOND HILL DRIVE HEVILLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 312	Continued From page	∍5	F 312				
	the diagnoses of Alzh osteoporosis and hyp Resident # 16's most quarterly assessment she was cognitively in assistance with personal Resident #16's care personal she had a self care derelated to limited mobinability to bathe self dindependently. Intervegive assistance as neighbor hypothemical shapproximately three-earth as the self dindependent for the s	pothyroidism. Review of a recent Minimum Data Set, at, dated 01/26/12, revealed intact and needed extensive conal hygiene and bathing. Colan dated 02/13/12 revealed efficit for bathing and hygiene collity as evidenced by and or perform personal hygiene entions included staff would excessary with bathing and made on 03/14/12 at 1:11 mad numerous chin hairs eighths (3/8) of an inch long. The state of the s					

		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER WESTERN NORTH CAROLINA BAPTIST HOME		STREET ADDRESS, CIT 213 RICHMOND HIL ASHEVILLE, NC	L DRIVE		
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The DON stated she expected NAs to ob and remove facial hairs on female resider needed. She reported that this should be shower days as well as when staff noticer facial hair. An interview was conducted on 03/15/12 AM with Nursing Assistant #2 who worker Resident #16. She reported facial hairs be taken care of on shower days as well they are noticeable. She further reported overlooked Resident #16's chin hairs but should have taken care of them. 5. Resident #33 was admitted to the facilithe diagnoses of hypothyroidism, anemia osteoporosis. Review of Resident #33's M Data Set (MDS) dated 12/22/11 revealed moderate cognitive impairment. The MDS revealed she needed assistance with bathygiene. Review of Resident #33's care plan dated 12/28/12 revealed she had impaired phys mobility related to functional limitation in ras evidenced by need for assistance with activities of daily living. An observation was made on 03/12/12 at PM of Resident #33. She was observed to numerous chin hairs of approximately three-eighths (3/8) to one-half (1/2) inch le 03/13/12 at 9:12 AM Resident #33 was as observed with hairs of approximately three-eighths (3/8) of an inch long. On 03/14/12 at 3:05 PM an interview was conducted with the Director of Nursing (D	serve for onts as done on d the at 11:50 d with should as when she she lity with and dinimum she had surther hing and lisical mobility	7 312			

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(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 312	The DON stated she and remove facial han needed. She reported on shower days as we facial hair. An interview was corous AM with NA#2. She recoverlooked Resident should be shaved on they are noticeable. 6. Resident #42 was the diagnoses of Alzi hypertension, and at Resident #42's most dated 03/19/12 reveal impairment and need and bathing. Review of Resident #02/06/12 revealed should be shaved on they are noticeable. An observation was in bathing and hygiene deficits evidenced by perform personal hyginterventions include with grooming as need an observation was in PM revealed Resider hairs approximately of 03/13/12 at 9:19 AM observed to have chione-half (½) long.	expected NAs to observe for airs on female residents as and that this should be done well as when staff noticed the reported on 03/15/12 at 11:50 reported she worked with apported she could have a #33's chin hairs but they a shower days or when ever as admitted to the facility with the heimer's disease, rial fibrillation. Review of recent Minimum Data Set aled she had severe cognitive ded total care with hygiene an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive an inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive and inability to bathe self or giene independently. It is a self-care deficit with related to severe cognitive and inability to be a self-care deficit with related to severe cognitive and inability to be a self-care deficit with related to severe cognitive and inability to be a self-care deficit with related to severe cognitive and inability to be a self-care deficit with related to severe cognitive and inability to	F 312			

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		345432	B. WIN	3		03/1	5/2012
WESTERN NORTH CAROLINA BAPTIST HOME			:	STREET ADDRESS, 213 RICHMOND ASHEVILLE, N			
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F 312	The DON stated she and remove facial ha needed. She reporte on shower days as w facial hair. An interview was con AM with NA#2. She re overlooked Resident	e 8 expected NAs to observe for irs on female residents as ad that this should be done rell as when staff noticed the relative of the relative	FS	312			
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