

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

PRINTED: 05/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/24/2012
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NAME OF PROVIDER OR SUPPLIER  
**KINGSWOOD NURSING CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE  
915 PEE DEE ROAD  
ABERDEEN, NC 28315

(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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview and document review, the facility failed provide activities of daily living assistance with dressing in daytime appropriate clothing and hair grooming for 2 of 2 sampled residents on contact isolation precautions (Resident #5 and #6); and failed to get 1 of 2 residents requiring assistance with transfers, and on contact isolation precautions, out of bed on a daily basis (Resident #5).</p> <p>Review of the facility policy titled Infection Control Practice c-diff (Clostridium difficile/CDI) updated, read in part, " residents with a diagnosis of c-diff must stay in their room, unless they have an appointment. " " Resident will be escorted by staff dressed in PPE (Personal Protective Equipment, following CDC (Centers for Disease Control). " Laundry is to be taken in a trash bag to the laundry by health care worker wearing clean gown and gloves. "</p> <p>1. Resident #5 was readmitted on 1/19/12 with diagnoses including coronary artery disease, hypertension, osteoporosis, arthritis, anemia and depression.</p>	F 312	<p><b>F312</b></p> <ol style="list-style-type: none"> <li>All residents are potentially at risk.</li> <li>Residents #5 and #6 were showered and groomed and personal clothes and grooming articles moved into room for resident #5 and family asked again to bring in clothes for resident #6. Resident #6 family brought in clothes on 4/27/12 and more on 5/2/12. Completed 4/27/12 Nursing and Social</li> <li>All residents on isolation were identified and rooms checked to ensure each resident had daytime clothes and personal grooming supplies such as brush, comb, toothbrush, etc. Completed 4/26/12 DON, ADON, SDC</li> </ol> <p><i>F 312 Cont. next page</i></p>	<p>4/27/12 5/2/12 <i>family member</i></p> <p>4/27/12 - <i>Nursing &amp; Social Services</i></p> <p>4/26/2012 DON, ADON SDC</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Janette Taylor*

TITLE  
*Adm.* 5/18/2012

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 312	<p>Continued From page 1</p> <p>The Admission Minimum Data Set (MDS) dated 1/26/12 revealed Resident #5 was cognitively impaired, required extensive assistance of two people for transfers and extensive assistance of one person for dressing and grooming.</p> <p>Review of the Care Plan dated 3/6/12 revealed Resident #5 was initiated on contact precautions for c-diff on 3/6/12.</p> <p>The Quarterly MDS dated 4/22/12 revealed Resident #5 was cognitively impaired, required extensive assistance of one person for dressing and grooming. It also revealed the activity of transferring between surfaces, such as bed to chair, did not occur.</p> <p>On 4/22/12 at 7:45 PM Resident #5 was observed in bed wearing a hospital gown and with her hair uncombed.</p> <p>On 4/23/12 at 5:00 PM Resident #5 was observed in bed wearing a hospital gown and with her hair uncombed.</p> <p>On 4/24/12 at 8:45 AM Resident #5 was observed in bed wearing a hospital gown and with her hair uncombed.</p> <p>Interview with Nursing Assistant #2 on 4/24/12 at 8:55 AM revealed that Resident #5 was on contact isolation precautions for clostridium-difficile (c-diff). She stated that the resident had been moved to the room she was in when she first went on isolation and used to ask to return to her old room but had recently stopped asking.</p>	F 312	<p>4. All residents, including residents on isolation, will be groomed daily and dressed in suitable day clothes unless resident chooses otherwise. This will be monitored by assigned Department Heads and Administrative staff and noted on Administrative Rounds sheets. These will be turned into the DON for review and discussed in monthly QA (see also #9 of POC for F312). To be completed by 5/22/12.</p> <p>5. All residents, including residents on isolation, will be showered twice a week with the shower room deep cleaned after shower is given if needed (such as residents with C-Diff) and receive bed baths on non-shower days. This will be monitored by assigned Department Heads and Administrative staff assigned to rounds. This will be monitored by assigned Department Heads and Administrative staff and noted on Administrative Rounds sheets. These will be turned into the DON for review and discussed in monthly QA (see also #9 of POC for F312). To be completed by 5/22/12.</p>	<p>F 312 Cont.</p> <p><i>Adm. staff Dept. Heads 5/22/2012</i></p> <p><i>Adm. staff Dept. Heads 5/22/2012</i></p>

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F 312	<p>Continued From page 2</p> <p>On 4/24/12 at 1:00 PM Resident #5 was observed in bed wearing a hospital gown and with her hair uncombed.</p> <p>Interview with NA # 2 on 4/24/12 at 1:02 PM revealed she had not dressed the Resident #5 in her day time clothes as there were none in her closet. She stated she did not know where the clothes were but said they could still be in the room she used to be in.</p> <p>Interview with Resident #5 on 4/24/12 at 1:05 PM, with the Staff Development Coordinator/Infection Control Practitioner (SDC/ICP) and NA # 2 present, revealed she hadn't been to the hairdresser since being moved to the room she was in at this time. She stated that one of the NA's did cut her hair for her but she wasn't a hairdresser and cut it too short. When asked, Resident #1 acknowledged that she had not had her own clothing since moving into the room she was currently in and indicated she would prefer to get up and wear them. Resident #5 was informed at this time by the SDC/ICP that she was going to be able to be moved back to her old room possibly today. Resident #5 indicated that she would like to be moved.</p> <p>On 4/24/12 at 5:45 PM Resident #5 was observed in bed wearing a hospital gown and with her hair uncombed. The resident had not yet been moved to her previous room where all her belongings were. Interview with the resident at this time revealed that she thought she would be moved back to her old room today but hadn't been moved yet and she would like to be.</p> <p>Interview with the SDC/ICP on 4/24/12 at 6:45</p>	F 312	<p>6. Nursing staff will be in-serviced on providing ADL care to ALL residents, with emphasis on residents in isolation. SDC/IC nurse. To be completed by 5/22/12.</p> <p>7. Residents will be monitored on rounds daily to ensure they are dressed appropriately and groomed. This will be monitored by assigned Department Heads and Administrative staff. To be completed by 5/22/12.</p> <p>8. Rounds will be completed by assigned Administrative staff with rounds sheets turned into the DON daily x4weeks then three times per week x2 months. Round sheets to include: residents clean and well groomed, dressed in weather appropriate clothes, and showers given on appropriate days. Rounds will be completed once each weekend by the weekend manager on duty checking 10% of the census. DON and ADON who will monitor rounds sheets and follow up on any issues</p>	<p>F312 Cont.</p> <p>SDC/IC 5/22/2012</p> <p>Adm. staff Dept. heads 5/22/12</p>
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F 312	<p>Continued From page 3</p> <p>revealed that there were no restrictions that would require a resident on contact precautions for C-diff to wear a hospital gown while on this type of isolation. She added that the facility had procedures for handling and washing soiled clothing of residents on isolation precautions and that if the family does the laundry they are educated on proper handling. She also stated that she assumed Resident # 5 's clothes where in her old room and that she did not know why some of her clothes had not been moved to the room Resident # 5 was moved into when she was put on isolation. She stated that it may have been because they did not expect her to be on isolation very long but added that it had gone on longer than expected. The SDC/ICP stated they did not move over the rest of the Resident # 5 's belongings as she had many personal items which would require sanitizing when isolation was discontinued.</p> <p>Interview with the Administrator on 4/24/12 at 6:50 PM revealed it was her expectation that Resident # 5 's clothes would have been moved to the isolation room and the resident should have been able to wear her own clothes during the day. She also indicated that arrangements should have been made to have the resident 's hair done at the salon at least once a month by doing her last and then cleaning the salon immediately following. In addition, she indicated the resident 's hair should have been combed and appeared groomed daily.</p> <p>2. Resident #6 was admitted on 2/24/12 with diagnoses Alzheimer 's disease and diabetes.</p> <p>Review of the Care Plan dated 2/29/12 revealed</p>	F 312	<p>noted. Findings will be discussed in monthly QA by DON and will be ongoing until issue resolved. To be completed by 5/22/12.</p> <p>9. (SDC/IC) nurse will ensure that any resident moved to another room because of isolation has a 5 day supply of clothes and personal grooming articles moved with them. SDC/IC Nurse will complete the Isolation Room Change checklist with each occurrence and will turn completed form into the DON for review. This will be monitored on Administrative rounds to ensure residents have clothes and grooming articles available and noted on Administrative Rounds sheets. These will be turned into the DON for review and discussed in monthly QA (see also #9 of POC for F312). To be completed by 5/22/12.</p>	<p>F 312 Cont. DON 5/22/2012 SDC/IC Same person</p> <p>per physician Order J. J. J.</p> <p>SDC/IC nurse DON 5/22/12</p>

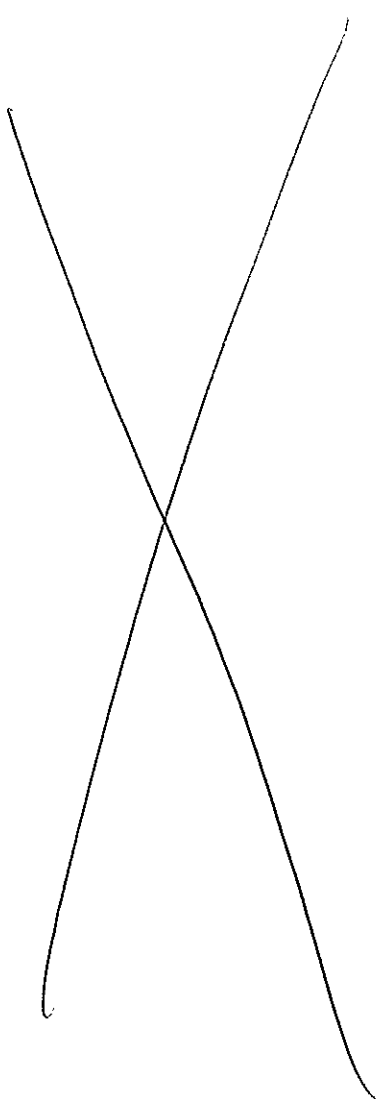
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F 312	<p>Continued From page 4</p> <p>Resident #6 had a care plan for risk of decreased activities of daily living functioning.</p> <p>The Admission Minimum Data Set (MDS) dated 3/8/12 revealed Resident #6 was cognitively impaired and required extensive assistance of one person for dressing and personal hygiene.</p> <p>Review of the Care Plan dated 4/6/12 revealed Resident #6 was initiated on contact precautions for c-diff on 4/6/12.</p> <p>On 4/22/12 at 7:45 PM Resident #6 was observed in bed wearing a hospital gown and with her hair was not well groomed.</p> <p>On 4/23/12 at 5:00 PM Resident #6 was observed in her room sitting up in a wheelchair. She was wearing a hospital gown and with her hair was not well groomed.</p> <p>On 4/24/12 at 8:45 AM Resident #6 was observed in her room sitting up in a wheelchair. She was wearing a hospital gown and her hair was not well groomed.</p> <p>Interview with Nursing Assistant #2 on 4/24/12 at 8:55 AM revealed that Resident #6 was on contact isolation precautions for clostridium-difficile (c-diff). She stated that she had not seen the resident dressed in day clothes since admission. She added that Resident #6 had no day clothes in her closet and that she did have a family member that visited sometimes but the family had not brought in any clothing. NA#2 said that the facility does have unclaimed and donated clothes that residents could wear but she had not ever gone to get any for Resident #6 to</p>	F 312		
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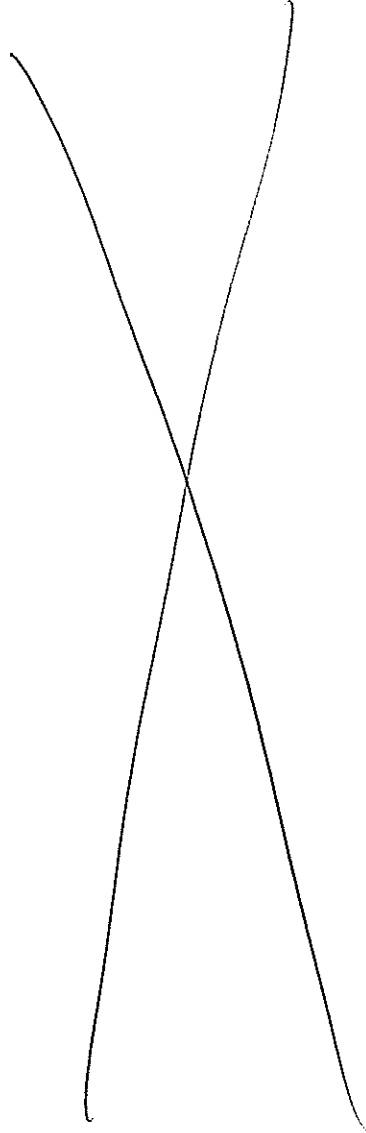
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F 312	<p>Continued From page 5 wear.</p> <p>On 4/24/12 at 1:00 PM Resident #6 was observed in her room sitting up in a wheelchair. She was wearing a hospital gown and her hair was not well groomed.</p> <p>Interview with the Activity Coordinator on 4/24/12 at 4 PM revealed that she recalled Resident #6 did not have any of her own clothes at admission. She stated that normally families are asked to bring clothes in these cases but she was not aware of this happening for Resident #6. She also stated that in the Laundry there are unclaimed and donated clothes that can be used.</p> <p>Interview with the Social Worker on 4/24/12 at 4:45 PM revealed she also did not recall Resident #6 having any of her own clothes on admission. She stated she did not contact the family to bring clothes and did not obtain any for the resident from the unclaimed and donated clothing.</p> <p>On 4/24/12 at 5:45 PM Resident #6 was observed in her room sitting up in a wheelchair. She was wearing a hospital gown and her hair was not well groomed.</p> <p>Interview with the SDC/ICP on 4/24/12 at 6:45 revealed that there were no restrictions that would require a resident on contact precautions for C-diff to wear a hospital gown while on this type of isolation. She added that the facility had procedures for handling and washing soiled clothing of residents on isolation precautions and that if the family does the laundry they are educated on proper handling.</p>	F 312		
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F 312	<p>Continued From page 6</p> <p>3. Resident #5 was readmitted on 1/19/12 with diagnoses including coronary artery disease, hypertension, osteoporosis, arthritis, anemia and depression.</p> <p>The Admission Minimum Data Set (MDS) dated 1/26/12 revealed Resident #5 was cognitively impaired, required extensive assistance of two people for transfers and extensive assistance of one person for dressing and grooming.</p> <p>Review of the Care Plan dated 3/6/12 revealed Resident #5 was initiated on contact precautions for c-diff on 3/6/12.</p> <p>The Quarterly MDS dated 4/22/12 revealed Resident #5 was cognitively impaired, required extensive assistance of one person for dressing and grooming. It also revealed the activity of transferring between surfaces, such as bed to chair, did not occur.</p> <p>On 4/22/12 at 7:45 PM Resident #5 was observed in bed. There was no wheelchair noted in the room for Resident #5.</p> <p>On 4/23/12 at 5:00 PM Resident #5 was observed in bed. There was no wheelchair noted in the room for Resident #5.</p> <p>On 4/24/12 at 8:45 AM Resident #5 was observed in bed. There was no wheelchair noted in the room for Resident #5.</p> <p>Interview with NA #2 on 4/24/12 at 8:55 AM revealed that Resident #5 was on contact isolation precautions for C-diff and therefore needed to stay in her room except when special</p>	F 312			

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F 312	Continued From page 7 arrangements were made for appointments. She stated that while on isolation Resident #5 remained in bed as otherwise she would not stay in her room and they would have to post a guard at the door. She added that the resident ' s roommate was also on contact isolation precautions but did get up in her wheelchair as she generally did not try to leave the room. There was no wheelchair noted in the room for Resident #5.  On 4/24/12 at 1:00 PM Resident #5 was observed in bed. There was no wheelchair noted in the room for Resident #5.  On 4/24/12 at 1:05 PM the SDC/ICP was observed to inform Resident #5 that she was going to be able to be moved back to her old room possibly today. NA #2 was present at this time. Resident #5 indicated that she would like to be moved and to get up in her wheelchair but she did not know where her wheelchair was.  On 4/24/12 at 5:45 PM Resident #5 was observed in bed. There was a wheelchair in the room beside Resident #5 ' s bed that appeared to be extra wide and too wide for the resident ' s frame. The resident had not yet been moved to her previous room where all her belongings were. Interview with the resident at this time revealed that she thought she would be moved back to her old room today but hadn ' t been moved yet and she would like to be. She stated that someone brought her the wheelchair but she had not yet been up and she didn ' t think the wheelchair looked like the one she had before.	F 312			
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED	F 363			



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F 363	<p>Continued From page 8</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and document review, the facility failed to provide 3 of 4 sampled residents (Resident #3, #6 and #4) with food items listed on their meal ticket or to provide substitutes for these food items.</p> <p>1. Resident # 3 was originally admitted on 2/17/12 with diagnoses including chronic obstructive pulmonary disease, lower extremity edema, dementia and diastolic heart failure.</p> <p>The Admission Minimum Data Set (MDS) dated 4/9/12 revealed Resident #3 was moderately cognitively impaired, had no swallow problems and no or unknown weight loss. It also indicated she was on a mechanically altered diet.</p> <p>Review of the Care Plan dated 4/13/12 revealed Resident #3 had a care plan for risk of weight loss and one of the approaches listed was " provide diet as ordered." The care plan also indicated Resident #3 was on a fluid restriction which she was non-compliant with.</p> <p>On 4/24/12 at 9 AM Resident #3 ' s breakfast meal tray was observed on the meal tray cart</p>	F 363	<p>F363</p> <ol style="list-style-type: none"> <li>The Account Manager for Health Services Group did a review of all residents' ( including residents #3,6 and 4) Charts and diet cards for likes/ dislikes and nutritional needs. New Dietary Manager responsible for daily updates.</li> <li>All Dietary staff attended an In-service on tray accuracy Presented by the District Manager, District Dietitian and New Dietary Manager on 4-27-12</li> <li>Implemented Tray Accuracy Audit Forms on 10% of the Daily census. Continuous Monitoring of 100% accuracy. Implemented by: new Dietary Manager. Monitoring will occur as follows:             <ol style="list-style-type: none"> <li>3 meals a day, 7 days a Week x 4 weeks. Started 5-5-12 New Dietary Manager or Designee is responsible.</li> </ol> </li> </ol>	<p><i>Account Manager 5/12/2012 completed</i></p> <p><i>Dietary Manager District Mgr District Dietitian 4/27/2012</i></p> <p><i>Dietary Manager 5/5/12</i></p>

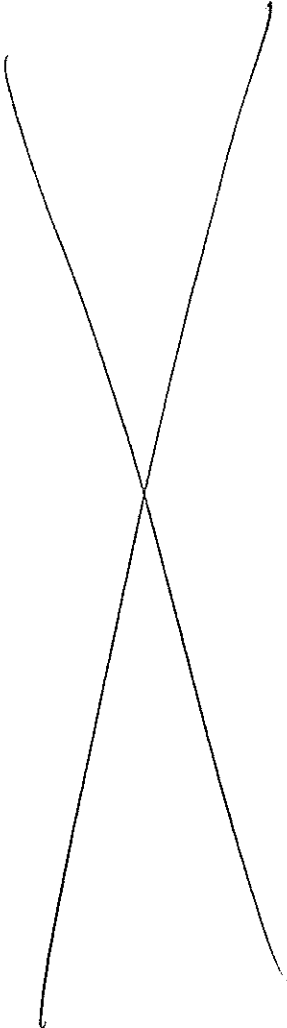
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F 363	<p>Continued From page 9</p> <p>after the meals had been distributed. Interview with Nursing Assistant #1 (NA#1), at this time, revealed Resident #3 refused her breakfast because there was no sausage. She added that Resident # 3 often refused breakfast. She further indicated that she did not get Resident #1 sausage from the kitchen that morning because there was no sausage or other breakfast meat available that morning and no one else had it on their tray either. She stated that there had been other occasions when Resident # 3 did not have any sausage on her meal tray for breakfast, even when her meal ticket said she was supposed to have it.</p> <p>On 4/24/12 at 9:03 AM, Resident #3 's meal tray had the following food items on observation: grits, two slices of white bread, margarine, grape jelly, Raisin Bran cereal (without milk), grape juice and a hot beverage (coffee or tea). There was no sausage on the meal tray. Review of the meal ticket on Resident #3 's breakfast tray, at this time, revealed she was supposed to receive chopped instead of sliced bread. In addition, she was to have chopped sausage (2 ounces) and 2 individual pancakes which were not on her untouched meal tray. Resident #3 also had two beverages on her tray and was only to have one 8 ounce beverage, as she was on a fluid restriction. All the other items on her tray were correct according to the meal ticket.</p> <p>Interview with Resident #3 on 4/24/12 at 9:05 AM revealed she refused her breakfast because she did not think it looked good and because she was supposed to get sausage, but did not. She stated that she did not request an alternate as she did not know what else they could bring her that she</p>	F 363	<p><i>F363 CONT →</i></p> <p>b. Continue, 1 meal per day 7 days a week, x 4 weeks. Started 6-2-12. New Dietary Manager or designee is responsible.</p> <p>c. Continue 1 x weekly x 4 weeks. Started 7-7-12 New Dietary Manager or designee is responsible.</p> <p>4. Results of Tray Accuracy audits will be presented to Quality Assurance committee for review 1 x per month x 12 months. Presented by New Dietary Manager.</p> <p><i>Dietary Mgr</i></p>	

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F 363	<p>Continued From page 10 would want.</p> <p>Interview with Cook #1 on 4/24/12 at 9:20 AM revealed she had cooked the breakfast meal that morning. She stated that she did not cook any sausage or bacon as it was not listed on the main menu and she was only supposed to cook what was listed there. Review of the breakfast menu for 4/24/12 with the cook revealed no meat products listed. The items listed were: scrambled eggs, wheat toast, jelly and margarine. The Cook added that she had looked at the meal tickets and did not see sausage or bacon listed on any of them. She was shown the breakfast meal ticket for Resident #3 and acknowledged that it listed chopped sausage as one of the items that was to be on the breakfast tray.</p> <p>On 4/24/12 at 10:30 AM the Dietary Manager stated that she expected the cook to make a small amount of bacon, sausage and pancakes every morning. She added that these items were to be cooked because they were listed daily on the breakfast meal ticket for some residents, like Resident #3, even though they was not necessarily on the main menu every day. The Dietary Manager stated that the cook had been made aware of this requirement. In addition, she stated that she expected Resident #3 and all other residents to receive the food items as listed on their meal ticket, or to receive a substitute if necessary. The Dietary Manager indicated that since Resident #3 was on a mechanical diet she should not have received the sliced bread and should have had the chopped bread. She added that because Resident #3 was on a fluid restriction, she only should have had one beverage on her tray.</p>	F 363			

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F 363	<p>Continued From page 11</p> <p>Interview with the Administrator on 4/24/12 at 6:50 PM indicated it was her expectation that Residents receive the food items listed on their meal ticket, or a substitute in accordance with their needs and diet orders.</p> <p>2. Resident #6 was admitted on 2/24/12 with diagnoses Alzheimer ' s disease and diabetes.</p> <p>The Admission Minimum Data Set (MDS) dated 3/8/12 revealed Resident #6 was severely cognitively impaired, had no swallowing problems and no or unknown weight loss.</p> <p>Review of the Care Plan dated 3/8/12 revealed Resident #6 had a care plan for risk of weight loss and one of the approaches listed was " provide diet as ordered. "</p> <p>Review of the Physician ' s Orders dated 3/22/12 revealed, in part " add sugar free ice cream to each meal. "</p> <p>Interview with Resident #6 on 4/24/12 at 6:15 PM revealed she did not receive the ice cream she was supposed to have on her dinner tray but she would like to have it. Review of the dinner meal ticket for Resident #6, at that time, revealed sugar free ice cream was listed but not present on her meal tray.</p> <p>Interview with Cook # 2 on 4/24/12 at 6:25 PM revealed Resident #6 did not receive her ice cream today as they had run out and there was no sugar free ice cream available.</p> <p>Interview with the Dietary Manager on 4/24/12 at</p>	F 363			

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F 363	<p>Continued From page 12</p> <p>6:30 PM revealed she was aware the facility was out of sugar free ice cream and that Resident #6 did not receive it. She also stated that a substitute had not been provided but should have been and she would provide the resident with sugar free sherbet. The Dietary Managed added that she was uncertain when they had run out of the sugar free ice cream but knew that Resident #6 did not have it for lunch on 4/24/12 either. She said the shipment with sugar free ice cream was not due until Thursday.</p> <p>Interview with the Administrator on 4/24/12 at 6:50 PM indicated it was her expectation that Residents receive the food items listed on their meal ticket, or a substitute in accordance with their needs and diet orders.</p> <p>3. Resident #4 was admitted on 2/27/12 for rehabilitation services following a fall and had diagnosis including diabetes.</p> <p>The Admission Minimum Data Set dated 3/5/12 revealed Resident #4 was moderately cognitively impaired, had no swallowing problems and no or unknown weight loss. It also indicated she was on a mechanically altered diet.</p> <p>Review of the Care Plan dated 3/4/12 revealed Resident #4 had a care plan for risk of weight loss and one of the approaches listed was " provide diet as ordered. "</p> <p>Interview with Resident #4 on 4/22/12 at 7:15 PM revealed that one day for breakfast she only received bread on her plate and that there wasn't even any margarine or jelly on her tray. She stated that the Nursing Assistant (NA), whose</p>	F 363			

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F 363	<p>Continued From page 13</p> <p>name she did not recall, went to the kitchen to get her some grits, margarine and jelly but told her there was no sausage or bacon that day, so she just had bread and grits which she found unsatisfying.</p> <p>Interview with NA #1 on 4/24/12 at 9 AM revealed that no one received sausage or bacon on their breakfast meal tray on 4/24/12 and that there had been other mornings when no one received sausage or bacon, even if it was listed on their meal ticket.</p> <p>Interview with the Administrator on 4/24/12 at 6:50 PM indicated it was her expectation that Residents receive the food items listed on their meal ticket, or a substitute in accordance with their needs and diet orders.</p>	F 363	