SEP 2 1 2012

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345509	A. BUILDING ______ B. WING ______	C 08/29/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSWOOD NURSING CENTER	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 241 SS=D	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 observation, resident and staff interview and record review the facility failed to ensure that 1 of 4 residents (#5) had her facial hair removed. The findings include: Resident #5 was admitted to the facility on 04/27/12 with cumulative diagnosis that included S/P (status post) repair of the right hip, Hypertension, Asthma and Seizure Disorder. The resident was coded on the most recent MDS (minimum data set) dated 07/31/12 as being cognitively intact and as requiring extensive assistance with her ADLs ' (activities of daily living). During an observation of the resident on 08/28/12 at 11:40 AM, the resident was in her room sitting in a chair. There was white hair stubble along her chin and white hairs were noted on her upper lip at the sides of her mouth. During an interview with the resident at that time it was revealed "I asked a few days ago for someone to shave me, they won't let me have a razor. I guess they were busy because they have not come back to do that for me." The resident then made a face and frowned as if she was embarrassed and said "I don ' t like how that looks.".	F 241	F 241 1. All residents are potentially at risk. 2. Resident #5 was shaved on 8/29/12 at around 11:10 am. 8/29/12 3. Department Heads have each been assigned a set of residents to monitor so that all residents are included. 8/30/12 4. Department Heads will do comprehensive rounds on their assigned residents at least 3 times per week using the attached ***Department Head Rounds Sheet.*** 9/21/12 5. Department Heads will do random checks on assigned residents on all other days. 9/21/12 6. ***Department Head Rounds Sheets*** will be turned into DON for review each week. Department Head Rounds Sheets will be monitored by DON each week x1 month and then monthly. 9/21/12	CNA 8/29/12 Dept. Heads 8-30-12 Dept. Heads 9/21/12 Dept. Heads 9/21/12 D.O.N. 9/21/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Reba Juanita Frazier
TITLE: Administrator
(X6) DATE: 9/19/2012

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 241	Continued From page 1 The resident was observed on 08/29/12 at 10:15 AM. Some of the chin hair had been removed but the upper lip at the sides of her mouth still had hair. During an interview with the resident at that time it was revealed "I got a razor from a friend, doesn ' t it look much better?" The resident had a big smile on her face. During an interview with nurse aide #1 on 08/29/12 at 10:30 AM it was revealed "when you do morning care you should shave a resident if it is needed. I did not shave (name of resident #5) today, I should have shaved her yesterday but I didn't." Nurse aide #1 did not give any reason why she did not shave the resident. During an interview with the Director of Nursing (DON) on 08/29/12 at 11:25 AM it was revealed "residents should be shaved on their shower days and whenever necessary."	F 241	Cont. - Page 1 7. The Staff Development Coordinator wil in-service Nursing Staff about expectations related to resident personal care including showers, nail and mouth care, and shaving. 9/7/12 8. DON will address any issues noted during her review of the Department Head Rounds Sheets and will report results of rounds in Monthly QA every month times 3 months, and quarterly thereafter. 9/21/12	Staff Development Coordinator 9/7/12 D.O.N. 9/21/12
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to assess and monitor interventions to prevent falls of one of two resident ' s (Resident #1).	F 323	**F323** 1. All residents are potentially at risk. 2. Resident #1 is no longer a resident of facility. 3. The DON and/or ADON will audit the charts of all current residents of facility to ensure a ***Falls Risk Assessment*** has been completed for each resident.. 9/21/12	D.O.N. or A.D.O.N. 9/21/12

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F 323	Continued From page 2 Resident #1 was admitted to the facility on 6/4/2012 with cumulative diagnosis of metastases of prostate cancer, pituitary cancer and bone cancer, stroke syndrome and cataracts. Review of the Minimum Data Set (MDS) dated 6/11/2012 indicated the resident had severe impaired cognition, with memory problems and inattention. The MDS indicated the resident needed supervision for transfers and extensive assist of one person for toileting. The MDS indicated the resident was not steady but able to stabilize balance with staff assistance and had used a wheel chair. The MDS indicated the resident had falls documented after admission to the facility. Review of the Care Area Assessment Summary dated 6/11/2012 revealed falls had triggered as an area of concern and indicated a Care Plan would be developed for fall prevention. Review of the Care Plan dated 6/4/2012 with updates had a problem area of risk for decreased functioning related to metastases of cancer with approaches of the staff to assist with activities of daily living of bathing, dressing, bed mobility, transfers, and assist the resident with toileting routinely. There was no care plan related to falls. Review of the admission nursing assessment dated 6/4/2012 indicated the resident had been alert and cooperative. The Falls Risk Assessment form had not been filled out, it was left blank.	F 323	Cont. - Page 2 4. ***Falls Risk Assessments*** will be completed by DON and/or ADON for all residents found not to have an assessment in their chart. All new admissions will have a Falls Risk Assessment completed on admission and they will be completed quarterly by MDS nurse. 9/21/12 5. All residents found to be at risk for falls will have Care Plans audited to ensure an appropriate Care Plan is completed. The MDS/Care Plan Coordinator will complete this audit. . This will be monitored by the DON/designee monthly x3 months and then prn. 9/21/12 6. Risk for Falls Care Plans will be completed on all residents that are found to be at Moderate or High risk for falls. The MDS/Care Plan Coordinator will complete all Risk for Fall Care Plans. This will be monitored by the DON/designee monthly x3 months and then prn. 9/21/12	D.O.N. or A.D.O.N. 9/21/12 D.O.N. MDS 9/21/12 M.D.S. D.O.N. 9/21/12

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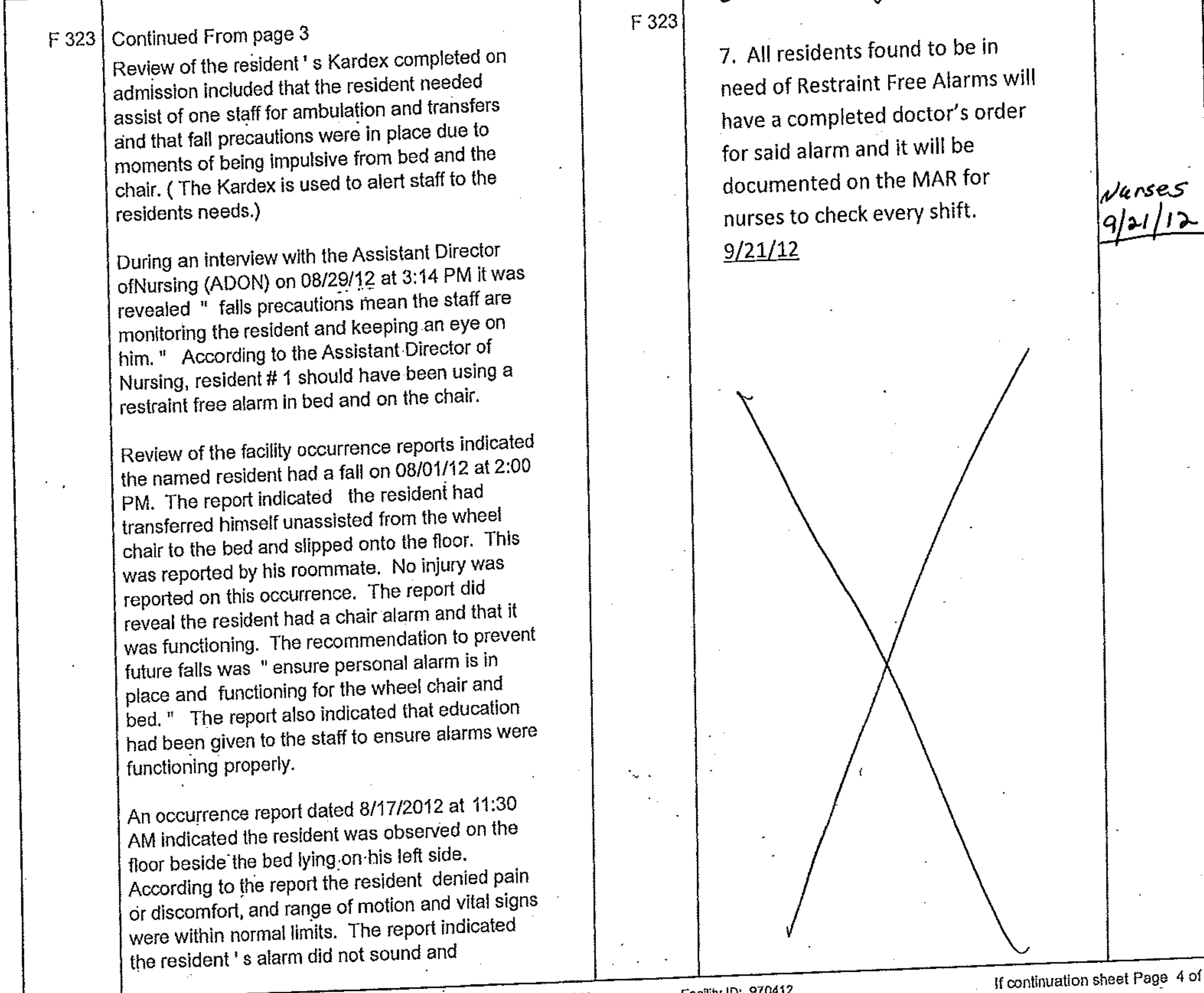

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F 323	Continued From page 3 Review of the resident ' s Kardex completed on admission included that the resident needed assist of one staff for ambulation and transfers and that fall precautions were in place due to moments of being impulsive from bed and the chair. (The Kardex is used to alert staff to the residents needs.) During an interview with the Assistant Director ofNursing (ADON) on 08/29/12 at 3:14 PM it was revealed " falls precautions mean the staff are monitoring the resident and keeping an eye on him. " According to the Assistant Director of Nursing, resident # 1 should have been using a restraint free alarm in bed and on the chair. Review of the facility occurrence reports indicated the named resident had a fall on 08/01/12 at 2:00 PM. The report indicated the resident had transferred himself unassisted from the wheel chair to the bed and slipped onto the floor. This was reported by his roommate. No injury was reported on this occurrence. The report did reveal the resident had a chair alarm and that it was functioning. The recommendation to prevent future falls was " ensure personal alarm is in place and functioning for the wheel chair and bed. " The report also indicated that education had been given to the staff to ensure alarms were functioning properly. An occurrence report dated 8/17/2012 at 11:30 AM indicated the resident was observed on the floor beside the bed lying on his left side. According to the report the resident denied pain or discomfort, and range of motion and vital signs were within normal limits. The report indicated the resident ' s alarm did not sound and	F 323	Cont. - Page 3 7. All residents found to be in need of Restraint Free Alarms will have a completed doctor's order for said alarm and it will be documented on the MAR for nurses to check every shift. 9/21/12	Nurses 9/21/12

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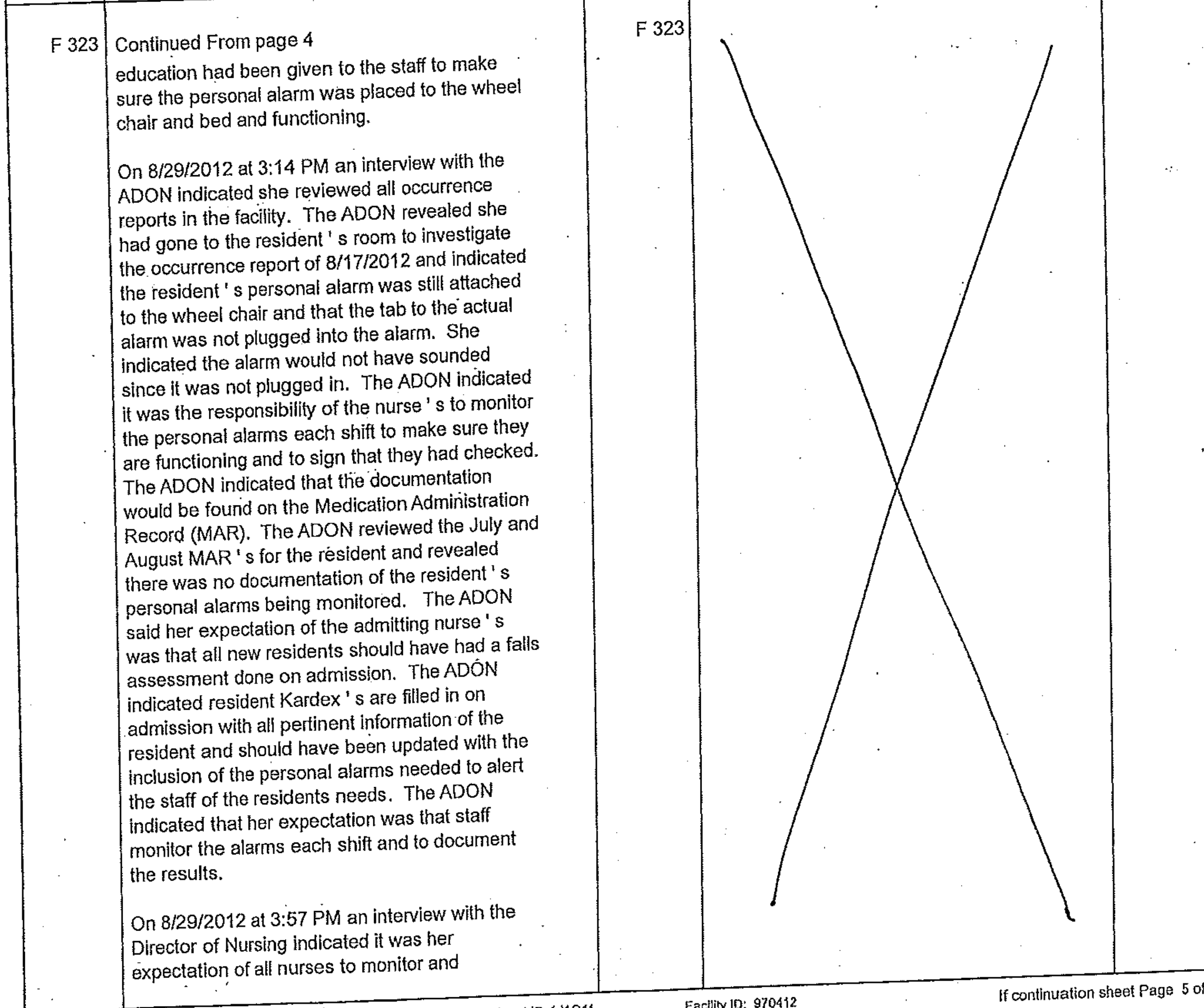

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F 323	Continued From page 4 education had been given to the staff to make sure the personal alarm was placed to the wheel chair and bed and functioning. On 8/29/2012 at 3:14 PM an interview with the ADON indicated she reviewed all occurrence reports in the facility. The ADON revealed she had gone to the resident ' s room to investigate the occurrence report of 8/17/2012 and indicated the resident ' s personal alarm was still attached to the wheel chair and that the tab to the actual alarm was not plugged into the alarm. She indicated the alarm would not have sounded since it was not plugged in. The ADON indicated it was the responsibility of the nurse ' s to monitor the personal alarms each shift to make sure they are functioning and to sign that they had checked. The ADON indicated that the documentation would be found on the Medication Administration Record (MAR). The ADON reviewed the July and August MAR ' s for the resident and revealed there was no documentation of the resident ' s personal alarms being monitored. The ADON said her expectation of the admitting nurse ' s was that all new residents should have had a falls assessment done on admission. The ADON indicated resident Kardex ' s are filled in on admission with all pertinent information of the resident and should have been updated with the inclusion of the personal alarms needed to alert the staff of the residents needs. The ADON indicated that her expectation was that staff monitor the alarms each shift and to document the results. On 8/29/2012 at 3:57 PM an interview with the Director of Nursing indicated it was her expectation of all nurses to monitor and	F 323		

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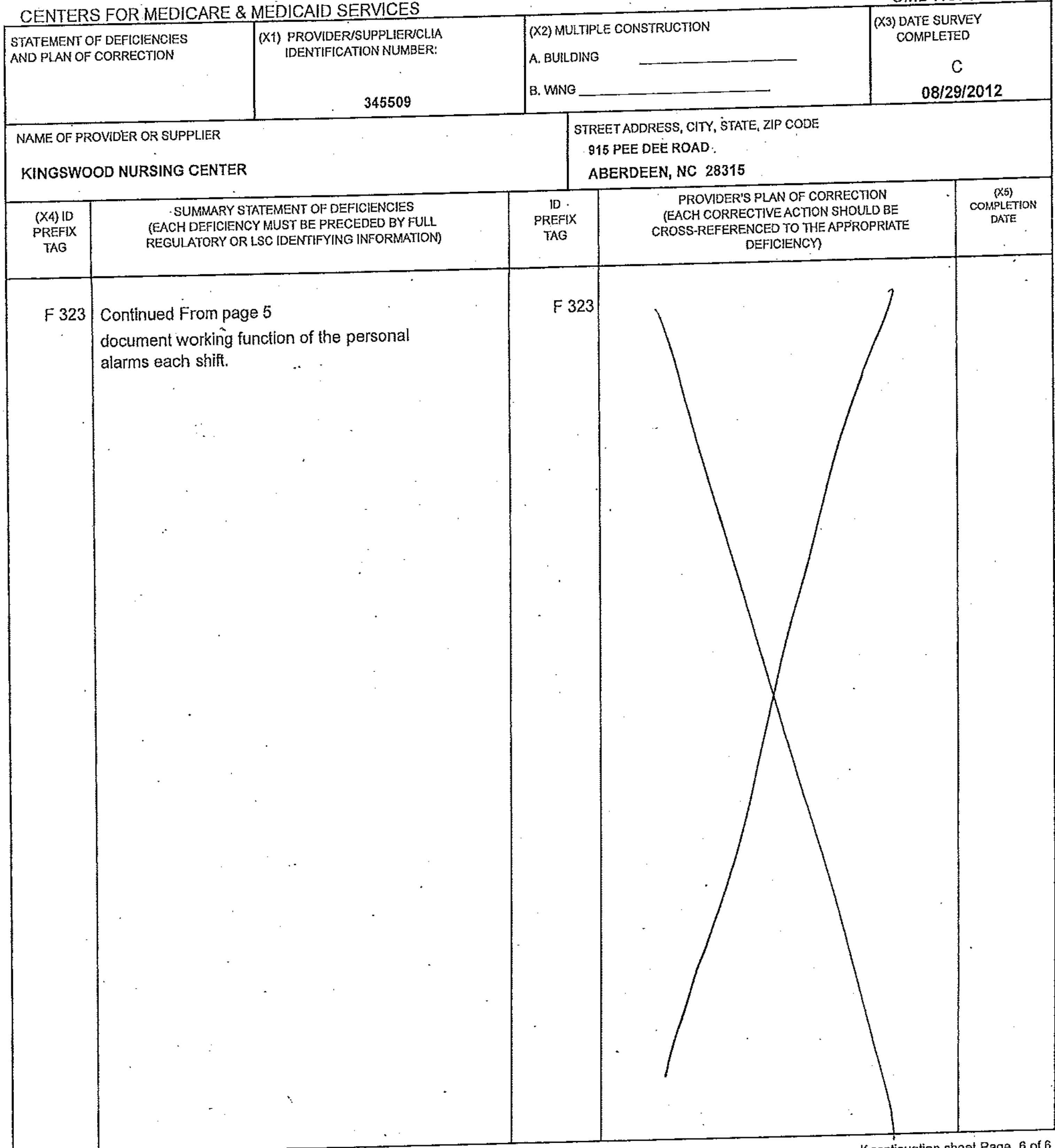

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F 323	Continued From page 5 document working function of the personal alarms each shift.	F 323		