

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

PRINTED: 04/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2616 E 5TH ST CHARLOTTE, NC 28204
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<p>F 000</p> <p>F 312 SS=D</p>	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation. Event ID # 4SLI11</p> <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 observations, resident and staff interviews and medical record review, the facility failed to remove facial hairs to the eye brows, mouth and chin for 1 of 4 sampled residents dependent on staff for assistance with activities of daily living. (Resident #38)</p> <p>The findings include:</p> <p>Resident #38 was admitted to the facility in February 2013. Diagnoses included dementia, depressive disorder, and osteoarthritis.</p> <p>An annual Minimum Data Set Assessment dated 2/8/13 assessed Resident #38 with intact short and long-term memory and daily decision-making. Resident #38 was also assessed as requiring extensive assistance with dressing and personal hygiene.</p> <p>A care plan dated 2/24/12 identified Resident #38 as requiring limited to extensive staff assistance with her activities of daily living (ADL), staff</p>	<p>F 000</p> <p>F 312</p>	<p><u>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements</u></p> <p>F312 ADL Care Provided for Dependant Residents</p> <p>- The resident was provided assistance with grooming immediately upon discovery.</p> <p>Departments Heads did rounds to ensure that any other residents in need of assistance with grooming received it immediately.</p> <p>- All Staff will be in-serviced on proper ADL care including proper grooming techniques of facial hair including hair around mouth, chin and eye brows.</p>	<p>4/21/13</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 4/12/13

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>assistance with dressing/hygiene and reminders and cues due to a diagnosis of dementia.</p> <p>A quarterly interdisciplinary resident review dated 3/5/13 also assessed Resident #38 as alert with memory deficits, requiring staff assistance with decision-making and extensive assistance with ADL.</p> <p>Review of the facility's shower schedule book revealed that Resident #38 had refused showers to date for March 2013, but received daily bed baths.</p> <p>Resident #38 was observed on 03/19/13 at 09:30 AM, 03/20/13 at 09:09 AM, 10:07 AM and 4:29 PM and 03/2/13 at 08:42 AM with approximately 4 long chin hairs (each about 1 inch in length), approximately 2 to 3 long hairs extending from each corner of her mouth (each about 2 inches in length) and from her eye brows (each about 1 inch in length). The eye brow hairs curled downward and touched her eye lids.</p> <p>On 03/20/13 at 04:29 PM Resident #38 felt her chin, pulled on her chin hairs and stated "I would like to have these cut." Resident #38 further stated that staff had not offered to trim her chin hairs. She also felt the eye brow hairs on her right eye brow and stated "it's long." Resident #38 replied "Yes" when asked if she wanted to also have her eye brow hairs trimmed, and again that staff had never offered to trim them.</p> <p>On 03/21/13 at 1:50 PM an interview with nurse aide #1 (NA #1) revealed that she gave Resident #38 a bed bath that morning which included washing the Resident's face. During the interview</p>	F 312	<p>- Assigned Department Heads will complete rounds of all resident rooms completing a check list of items to include "Resident Presentation" which will include resident grooming and facial hair. Department Heads will be asked to inform the staff of any residents that need assistance with there ADL's.</p> <p>These will be submitted 5x weekly for 2 weeks. Then 3x weekly for 2 weeks. Then 1x week for four weeks. These Round Reports will be submitted to the ED or designee accordingly.</p> <p>- ED, DNS, DCE, & Unit Manager will conduct audits of Round Reports to verify accuracy. This will be done 5x week for 4 weeks, 3x week for 4 weeks 1x week for 4 weeks.</p>	
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F 312	<p>Continued From page 2</p> <p>when asked if she noticed the Resident's long facial hairs or offered to trim them, NA #1 stated "Oh does she, well then I should have trimmed it." Resident #38 was observed with NA #1 who confirmed that the Resident's facial hairs were long and needed to be trimmed. NA #1 was observed to ask Resident #38 if she wanted her chin hairs trimmed, the Resident stated "It needs to be trimmed" and to the eye brow hairs, the Resident also stated "It needs to be done."</p> <p>Resident #38 was observed with nurse #1, unit coordinator, on 03/21/13 at 1:53 PM who stated "Yes she needs to have this trimmed, the aides should trim facial hair with AM (morning) care."</p> <p>An interview on 03/21/13 at 2:45 PM with NA #2 revealed she was assigned to assist Resident #38 with her ADL on 03/20/13 during the 7A-3P shift and had done so in the past. NA #2 stated she gave Resident #28 a bed bath on 03/20/13 and washed her face but did not notice her long facial hairs. NA #2 stated she would not know how to trim eye brow hairs for a resident. NA #2 further stated that because Resident #38 refused care at times, she allowed the Resident to advise of the care she wanted.</p> <p>An interview on 03/21/13 at 04:50 PM with the director of nursing revealed she expected the facial hairs for residents to be trimmed with morning care or during showers if the resident was agreeable and that trimming facial hairs should at least be offered during care and as needed.</p>	F 312			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431			

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F 431	<p>Continued From page 3</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility failed to check and discard</p>	F 431	<p>F 431 Drug Records, Label/Store Drugs & Biologicals</p> <p>The identified medication was removed from storage and disposed of by the unit manager. No residents were affected.</p> <p>An audit of all facility designated areas for the storage of medications was completed by the Director of Nursing and Unit Manager on 3/22/13 to identify potentially expired medications. No other medications were identified.</p> <p>The Central Supply Clerk to be educated by 04/15/13 by the Director of Nursing on the storage and supplying of over the counter medications. Licensed nursing staff will be in-serviced by the Director of Nursing and/or the Director of Clinical Education by 04/19/13 on the storage, dating, and expiration of medications and related processes. All new licensed nursing staff will be in-serviced on this procedure during orientation.</p>	4/21/13
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F 431	<p>Continued From page 4</p> <p>the out-dated over-the-counter stock pharmaceutical (Aspirin 81 mg Enteric Coated tablets) for one (1) of 2 medication storage areas.</p> <p>The findings include:</p> <p>A review of the facility Pharmacy policy and procedures on Storage of Medication (including house stock medications) section 4.1 dated 09/10 pages 1 to 3 included that all out-dated medications were to be removed immediately from the stock including products in medication storage areas.</p> <p>Medication storage areas including medication storage rooms, medication carts and the central supply room storage area were observed for medication storage requirements. A review of the stock medications (over-the-counter medications) stored in the East hall medication room revealed the following:</p> <p>On 03/21/2013 at 1:44 PM observation of the stock medications in the medication storage room revealed one unopened bottle of one hundred tablets of Aspirin 81 mg Enteric Coated tablets out-dated on November 2012. This bottle was mixed up with currently used and not out-dated stock medications.</p> <p>An interview with the nursing unit coordinator on 03/21/13 at 1:45 PM revealed that she was not sure who should have checked and removed the out-dated medications and stated that all nurses were responsible for checking for out-dated medications. Further interview revealed that the central supply staff who replenished the stock checked monthly and removed all the out-dated</p>	F 431	<p>The Director of Nursing Services, Director of Clinical Education and/or the Unit Managers will audit facility medications to ensure that there are no expired medications . This audit will be conducted two times per week for four weeks, then once weekly for four weeks.</p> <p>The results of this audit will be reviewed by Director of Nursing and/or</p> <p>the Executive Director and then brought to the Quality Assessment and Assurance Committee Meeting. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to ensure continued compliance.</p>		

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F 431	<p>Continued From page 5</p> <p>products. The unit manger was not sure how this bottle missed the attention of all staff members for over 5 months.</p> <p>An interview with the Director of Nursing (DON) on 03/21/13 at 2:02 PM confirmed that it was the responsibility of the unit coordinator and the central supply staff member to pull all out-dated pharmaceuticals and the expectation was to check the medication stock every month for out-dated medications.</p>	F 431		