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
	345313	A. BUILDING _____ B. WING _____	C 05/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHAMPTON NURSING AND REHABILITATION CENTER	HWY 305 NORTH JACKSON, NC 27845

(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 interviews, and record reviews the facility failed to provide a dignified meal experience for 1 (Resident #2) of 2 sampled residents served a meal tray when the resident was incontinent. Findings included: Resident #2 was re-admitted to the facility on 4/29/13. Diagnoses included Congestive Heart Failure, Atrial fibrillation, and chest pain. Review of the resident ' s most recent Minimum Data Set (MDS), a 30-day assessment, revealed the resident was mildly cognitively impaired, required extensive assistance of two or more person physical assistance for bed mobility, transfer, and toileting. The resident was assessed as having required the total care of one person physical assistance for personal hygiene; was occasionally incontinent of bowel and bladder; and was not on a toilet training program. An observation was made of Resident #2 on 5/3/13 at 12:45 PM. The resident was picking at her lunch with her fork and stated she was " wet. " The resident reported she told the Nursing Assistant (NA) she was wet when the NA	F 241	Northampton Nursing acknowledges receipt of the Statement of Deficiencies and proposes this plan of corrections to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality care of the residents. The plan of correction is submitted as a written allegation of compliance. Northampton Nursing's response to the Statement of Deficiencies and the Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Northampton Nursing reserves the right to submit documentation to refute any of the deficiencies through the Informal Dispute Resolution, formal appeal procedure, and/or legal proceedings. Resident #2 continues to receive a dignified meal experience and is not served a meal tray when she is incontinent. NA #1 has been in-serviced on 5/3/13 by the DON that Residents should be checked for incontinence prior to meals being served and if during meals or meal set-up, if a resident becomes wet or soiled, you should cover the tray and remove tray from area of care then provide incontinent care and then provide the meal. All residents to include resident #2 were observed on 5/4/13 by nursing administration or designee to ensure they were checked for incontinence prior to meals and not served a meal while incontinent.	5/31/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Melonie Peterson, Administrator 5-15-13

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 241	Continued From page 1 delivered her lunch tray, but the NA did not stop to clean her and change her brief. Resident #2 stated it didn't make her feel very good to be wet and try to eat her lunch. During an interview with NA #1 on 5/3/13 at 12:50 PM, the NA stated the resident reported to her that she was wet when she delivered the resident ' s meal tray for lunch. The NA stated she didn't change her at that time because she was taught that once meal trays were on the hall, they were not to do any incontinent care because it would be cross contamination. The NA stated she had not checked the resident before the meal since therapy was treating the resident in her room around 11 AM and thought they would have provided incontinent care. An observation was made of incontinent care for Resident #2 on 5/3/13 at 1 PM. NA #1 removed the resident's pants. The back left hip area of the pants was wet in a circle 6 inches in diameter. The resident reported her bed linen was wet as well. The NA removed the resident's pull up brief and reported the brief was somewhat heavy.	F 241	All nursing assistants will be in-serviced by the DON or designee to provide incontinent care prior to meals being served and if during meals or meal set-ups, if a resident becomes wet or soiled, you should cover tray and remove tray from area of care then provide incontinent care and then provide the meal. This in-service will be completed by 5/24/13. This information will be provided during orientation for newly hired nursing assistants by the Staff Development Facilitator or designee. Nursing administration or designees to include the DON, MDS Nurse, Treatment Nurse, Charge Nurse, Staff Development Facilitator, and Medication Nurses will perform random checks for incontinent episodes on all residents prior to each meal, breakfast, lunch and supper; to prevent residents from being fed wet or soiled. Observation of nursing assistants to include NA #1 will occur daily for 4 weeks then weekly for 4 weeks then monthly utilizing a Resident Rounds QI tool. The Resident Rounds QI tool will be evaluated by the Administrator monthly during our monthly QI meetings.	