

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

PRINTED: 07/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2013
NAME OF PROVIDER OR SUPPLIER JESSE HELMS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1411 DOVE STREET MONROE, NC 28111		
(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 observations, record review, and staff, resident, and family interviews the facility failed to provide nail care to 1 of 3 residents reviewed for nail care. (Resident #4)</p> <p>The findings included:</p> <p>Review of an addendum to the facility Nursing Care Guide updated 05/23/13 revealed care of fingernails should be provided to residents on shower day and as needed.</p> <p>Resident #4 was readmitted to the facility 05/27/13 with diagnoses which included encephalopathy (disorder of the brain), anxiety, and muscle weakness. An Admission Minimum Data Set (MDS) dated 06/03/13 coded the resident with moderately impaired cognition, able to make needs known, and understands others. The MDS indicated extensive staff assistance was required for activities of daily living (ADL) such as transfers, person hygiene, and bathing. A Care Area Assessment (CAA) documented Resident #4 experienced short and long term memory loss and had poor safety awareness. The CAA also specified nursing staff was to provide assistance as needed to complete ADL.</p>	F 312	<p>Disclaimer: Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>The resident's grooming was immediately evaluated and nail care was provided on (7/9/2013).</p> <p>Residents of the facility were evaluated to ensure that appropriate care had been provided which included nail care on (7/10/13).</p> <p>Residents are to receive nail care at the time of their shower/bath as well as on an as needed basis. Education has been conducted for Nursing staff regarding the provision of appropriate care to include nail care. (7/9/13-8/6/13 and as needed on an ongoing basis)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

[Signature] MHA, LNA

Administrator

7/29/13

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 patient. (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>A care plan dated 06/07/13 identified Resident #4 as needing assistance with ADL related to weakness from recent hospital stay and encephalopathy. The care plan goal specified the resident would be able to reach and maintain the need for limited assistance to supervision with completion of ADL. Interventions included assist with personal hygiene, dressing, and bathing.</p> <p>A review of the facility shower log revealed Resident #4 was scheduled to have a shower on the evening shift on Saturdays.</p> <p>A review of nurse aide documentation revealed bed baths were provided on 06/30/13 and 07/06/13 by Nurse Aide (NA) #1. No other documentation of baths or showers was provided on these Saturdays.</p> <p>An observation on 07/09/13 at 11:29 AM revealed Resident #4 was sitting in her wheel chair in the hallway. The resident was observed nicely dressed with hair recently shampooed and set. The resident held out her hands and looked at her fingers. All 10 fingernails were observed extending approximately ¼ inch above each fingertip. Resident #4 stated her fingernails needed to be cut. She added she had never worn her nails so long. Resident #4 explained she was unable to cut her nails due to weakness in her right arm and hand.</p> <p>An interview with Resident #4's family member was conducted on 07/09/13 at 2:48 PM. The family member confirmed the resident's fingernails were too long and needed to be cut. The family member stated 2 weeks ago he had</p>	F 312	<p>The Nursing Supervisors on the 7-3 and the 3-11 shifts will monitor, at a minimum, 10% of residents each week to ensure that appropriate nail care has been provided.</p> <p>Results of this monitoring will be shared with the Administrator and the Director of Nursing weekly and with the facility Quality Assessment Process Improvement Committee on a monthly basis, for 90 days at which time the Committee will determine the frequency of continued monitoring.</p>	8/6/13	

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F 312	<p>Continued From page 2</p> <p>tried to set up an appointment with a lady that visits the facility and does nail manicures but had been unable to locate her.</p> <p>An interview with the Director of Nursing (DON) was conducted on 07/09/13 at 2:52 PM. The DON stated the facility had a volunteer that does nail care which consisted of filing and polishing. The DON explained facility nurse aides were expected to do nail care with resident showers. She stated facility nail care included cutting the nails. The DON added the nails were soft and easier to cut following a shower or bath.</p> <p>An interview with NA #1 was conducted via phone on 07/10/13 at 8:38 AM. The NA stated she worked the 11:00 PM to 7:00 AM night shift. She had provided bed baths to Resident #4 on 06/30/13 and 07/06/13 as part of her daily care of getting dressed for the day. NA #1 explained nail care should be provided with weekly showers which were not done on the night shift. She added if she had realized Resident #4's nails had needed cutting, she would have provided the service.</p>	F 312			