

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2013
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 FULLWOOD LANE MATTHEWS, NC 28105	
(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 resident and staff interviews the facility failed to provide nail care to 1 of 2 sampled residents reviewed for activities of daily living (Resident #63).</p> <p>The findings included:</p> <p>Resident #63 was admitted to the facility on 10/29/12 with diagnoses including dementia. A quarterly Minimum Data Set (MDS) dated 06/29/13 revealed Resident #63 had severely impaired cognition and was able to make her needs known. The quarterly MDS further revealed Resident #63 required extensive assistance for personal hygiene and was totally dependent on staff for bathing. Rejection of care was not noted during the assessment period.</p> <p>The Care Area Assessment (CAA) Summary for activities of daily living (ADL) dated 11/08/12 revealed Resident #63 received staff assistance for toileting and incontinence needs and could feed herself after tray set up. The CAA Summary did not address assistance with personal hygiene and bathing.</p> <p>A care plan for ADL dated 07/03/13 indicated</p>	F 312	<p>CARRINGTON PLACE'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.</p> <p>• F-312:</p> <p><u>CORRECTIVE ACTION(S) THAT WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u></p> <p>As noted in the SOD, staff were aware of the need to trim Resident #63's fingernails, but due to resident preference and timing, her nails were not trimmed on 8/13/2013 when staff had initially planned on doing them. However, Resident #63's fingernails were trimmed by staff on the evening of 8/15/2013.</p> <p><u>HOW OTHER RESIDENTS HAVE BEEN IDENTIFIED FOR HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND THE CORRECTIVE ACTION(S) THAT HAVE BEEN OR WILL BE TAKEN:</u></p> <p>Any resident may have the potential to be affected by this practice. All residents in house were checked for nail care on 8/16/2013 and no other resident was found to be in need of nail care.</p>	9/12/13

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

TITLE

(X6) DATE

Cathy L. Almon

Administrator

September 6, 2013

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>Resident #63 required assistance with bathing, dressing, and grooming. The goal stated Resident #63 would continue to accept staff assistance with bathing, dressing, and grooming as evidenced by being clean and well groomed daily through the next review on 10/03/13.</p> <p>Review of a nurse aide assignment sheet updated on 08/12/13 revealed Resident #63 received her showers on Tuesday, Thursday, and Saturday during the 3:00 PM to 11:00 PM shift. The assignment sheet noted she required one person assistance for ADL and was able to make her needs known.</p> <p>During an initial observation on 08/12/13 at 4:28 PM Resident #63 was observed with nine fingernails which extended approximately 1/4 of an inch beyond her fingertips. The fingernail on the ring finger of her left hand was short and jagged. During an interview after this observation the resident stated she would like to have her fingernails trimmed. Subsequent observations on 08/13/13 at 8:40 AM and 08/13/13 at 4:37 PM revealed nine fingernails which extended approximately 1/4 of an inch beyond her fingertips and the fingernail on the ring finger of her left hand was short and jagged. On 08/14/13 at 8:51 AM Resident #63 was observed with nine fingernails which extended approximately 1/4 of an inch beyond her fingertips and the fingernail on the ring finger of her left hand was short and jagged.</p> <p>An interview was conducted with Nurse Aide (NA) #1 on 08/14/13 at 3:14 PM. NA #1 stated she typically cleaned and trimmed residents fingernails with their showers. NA #1 further stated she showered Resident #63 before supper</p>	F 312	<p><u>MEASURES AND/OR SYSTEMIC CHANGES MADE OR TO BE MADE TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR:</u></p> <p>All staff have been reinstructed through inservice of the need to perform routine nail care on all residents as part of daily ADL care. Facility Nurse Managers will conduct weekly QA checks of all residents to ensure that each resident has received proper nail care and that any resident in need of nail care is given that care immediately. The Nurse Managers will conduct these QA rounds weekly on a random basis of the 4 units, i.e. 100 hall on Monday, 300 hall on Tuesday, 200 hall on Wednesday, 400 hall on Thursday, on first and second shifts and will record the results of the QA checks on a QA check form. The order of these checks will be reversed and varied so that staff will not become accustomed to when the checks are to be conducted. These results will be discussed weekly in the Monday Morning Meeting.</p> <p><u>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THAT ITS SOLUTIONS ARE ACHIEVED AND SUSTAINED AND HOW THE PLAN WILL BE EVALUATED FOR IT'S EFFECTIVENESS:</u></p> <p>Facility Nurse Managers will conduct weekly QA checks of all residents to ensure that each resident has received proper nail care and that any resident in need of nail care is given that care immediately. The Nurse Managers will conduct these QA rounds on a random basis on first and second shifts and will record the results</p>	

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F 312	Continued From page 2 on 08/13/14 and Resident #63 had asked for her fingernails to be done. NA #1 recalled Resident #63's fingernails were long but she did not have time to provide nail care before supper. When NA #1 returned to hall after her assignment in the dining room Resident #63 wanted to go to bed. During an interview on 08/14/13 at 5:00 PM Nurse #1 stated nurses and NAs were responsible for monitoring residents' fingernails and trimming and filing fingernails as necessary. Nurse #1 observed Resident #63's fingernails at that time and agreed they needed to be trimmed. When Nurse #1 asked Resident #63 if she could look at her fingernails Resident #63 asked of she was going to get her nails done. When asked if she liked her fingernails that length Resident #63 stated she did not but she could not trim them herself. An interview with the Director of Nursing (DON) on 08/15/13 at 12:05 PM revealed she expected the NAs to monitor residents' fingernails daily during routine care and trim and file as needed.	F 312	of the QA checks on a QA check form. These results will be discussed weekly in the Monday Morning Meeting. Additionally, these results will be discussed and monitored by the facility Quality Assurance Committee to ensure that the corrective action is achieved, effective, and sustained. Any changes to the QA procedure will be discussed and initiated by the Quality Assurance Committee to ensure compliance. • F-469: <u>CORRECTIVE ACTION(S) THAT WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u>	9/12/13
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, resident, family, and staff interviews, and review of pest control services the facility failed to maintain a pest free	F 469	The facility had been in the process of trying to eliminate the flies that were noted in the dinning room during the survey. On 8/14/2013, the pest control company that the facility uses came out and placed fly bait in strategic areas. Kitchen staff had already been instructed to ensure that the pest fan above the kitchen door leading to the loading dock was turned on and operable. However, due to the warm weather and the time of year, fly activity did occur in the form of approximately 4 flies noted in the main dinning room. In an effort to rid the dinning room of flies, facility staff have been instructed	

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F 469	<p>Continued From page 3</p> <p>dining experience for 1 of 5 dining rooms with fly activity.</p> <p>The findings included:</p> <p>Observations and interviews made during dining in the main dining room revealed the following:</p> <p>a. On 08/12/13 at 12:05 PM a fly was noted on the lip of Resident #135's milk carton and then flew into her bowl of honey dew melon. At 12:07 PM Resident #135 waved her fork at a fly in her bowl of honey dew melon and then ate a piece of honey dew. At 12:18 PM a fly was observed sitting near the top of the straw in Resident #135's glass of iced tea.</p> <p>b. On 08/12/13 at 12:10 PM a fly was observed walking on Resident #89's plate of food. Resident #89 waved her hand over her plate to move the fly off her food.</p> <p>c. On 08/12/13 at 12:19 PM two flies were observed on a plate of food for a resident who required assistance with eating. Nurse Aide (NA) #2 was observed waving her hand over the plate to move the flies off the resident's food. At 12:30 PM, 12:35 PM, 12:40 PM, and 12:43 PM NA #2 was observed waving a piece of paper over the three meal trays at the table to keep two flies off the resident's meal trays. NA #2 was observed again at 12:46 PM and 12:47 PM waving a piece of paper over the three meal trays at the table to keep three flies off the resident's meal trays.</p> <p>During an interview on 08/12/13 at 12:50 PM NA #2 stated flies were not usually a problem in the dining room and she would just move them away from the table.</p>	F 469	<p>to stop using the exit doors located in the dinning room and to only use the exit doors located in the staff lounge to enter/exit the building. Additionally, following each meal, the housekeeping staff that cleans the dinning room will shut the main dinning room doors and will use fly swatters to kill any flies that they see in the dinning room at that time. The dinning room will also be checked prior to meal service by Kitchen staff to ensure that no flies are present at that time. As of September 4, 2013, no flies were noted in the dinning room during breakfast or lunch.</p> <p><u>HOW OTHER RESIDENTS HAVE BEEN IDENTIFIED FOR HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND THE CORRECTIVE ACTION(S) THAT HAVE BEEN OR WILL BE TAKEN:</u></p> <p>Any resident has the potential to be affected by this practice. On 8/14/2013, the pest control company that the facility uses came out and placed fly bait in strategic areas. Kitchen staff had already been instructed to ensure that the pest fan above the kitchen door leading to the loading dock was turned on and operable. In an effort to rid the dinning room of flies, facility staff have been instructed to stop using the exit doors located in the dinning room and to only use the exit doors located in the staff lounge to enter/exit the building.</p>	

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F 469	Continued From page 4 An interview with NA #5 on 08/12/13 at 12:52 PM revealed flies were a problem in the dining room during the summer months. During an interview on 08/12/13 at 1:15 PM Resident #142 stated flies were a problem in the dining room during the summer months. Resident #142 further stated the flies came into the dining room when staff opened the doors at the back of the dining room to eat outside. d. On 08/13/13 at 8:15 AM a partially consumed meal tray for a resident who had left the dining room was observed with a fly sitting in a bowl. e. On 08/13/13 at 12:24 PM Resident #89 was observed waving a fly off a bowl of her food with her hand. f. On 08/13/13 at 12:20 PM NA #3 was observed waving her hand near a resident's face to move a fly away. g. On 08/13/13 at 12:25 PM and 12:28 PM NA #2 was observed waving two flies off resident's meal trays at a table where she assisted two residents with lunch. h. On 08/13/13 at 5:15 PM NA #4 was observed waving her hand over two meal trays to move three flies off the resident's food. i. On 08/13/13 at 5:25 PM Resident #146 was observed eating supper in the dining room accompanied by a family member. Resident #146 was observed holding a paper towel over her plate with her left hand. A fly was observed walking on her plate of food and she waved the	F 469	Additionally, following each meal, the housekeeping staff that cleans the dinning room will shut the main dinning room doors and will use fly swatters to kill any flies that they see in the dinning room at that time. The dinning room will also be checked prior to meal service by kitchen staff to ensure that no flies are present at that time. As of September 4, 2013, no flies were noted in the dinning room during breakfast or lunch. <u>MEASURES AND/OR SYSTEMIC CHANGES MADE OR TO BE MADE TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR:</u> Since fly activity increases in the hotter summer months and is totally impossible to stop, the facility will initiate the following procedures in order to eliminate the fly activity to the best of its ability. Facility staff will no longer exit the doors located in the main dinning room and will exit the building using the staff lounge. Kitchen, Housekeeping, and Maintenance Staff will monitor the main dinning room to ensure that fly activity does not occur or is remedied immediately if activity is present. Additionally, Kitchen and Maintenance staff will do daily QA's prior to meal service in the main dinning room to ensure that there is no fly activity. The results of these QA checks will be recorded on a QA form and will be brought to the Department Head	

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F 469	<p>Continued From page 5</p> <p>paper towel to move the fly off her food.</p> <p>An interview with Resident #146's family was conducted on 08/13/13 at 5:25 PM. Resident #146's family revealed something should be done about the flies in the dining room. The interview also revealed the family had spoken with the Director of Nursing (DON) approximately two weeks ago regarding the flies being a problem in the dining room.</p> <p>An interview with Resident #146 on 08/14/13 at 11:30 AM revealed flies were a problem in the dining room when it was warm outside. Resident #146 stated she held a paper towel over her plate in the dining room to keep the flies off her food.</p> <p>During an interview on 08/14/13 at 3:40 PM the kitchen supervisor stated the maintenance supervisor called the pest control company some time that week and the technician came to the facility on 08/14/13. The kitchen supervisor further stated there was a fly fan over the door in the kitchen and fly strips were put up in the kitchen each night and removed each morning.</p> <p>An interview with the maintenance supervisor on 08/14/13 at 3:42 PM revealed he was notified that week regarding flies being a problem in the dining room and contacted the pest control company on 08/13/13. The maintenance supervisor stated there was a fluorescent bug light on the dining room wall that attracted flies, a fly fan over the exit door in the kitchen, and fans were placed just outside of the two doors leading into the kitchen to keep the flies out of the kitchen.</p> <p>An interview was conducted with the food service director (FSD) on 08/14/13 at 4:00 PM. The FSD</p>	F 469	<p>Meetings for review and re-evaluation of the measures effectiveness.</p> <p><u>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THAT ITS SOLUTIONS ARE ACHIEVED AND SUSTAINED AND HOW THE PLAN WILL BE EVALUATED FOR IT'S EFFECTIVENESS:</u></p> <p>Kitchen, Housekeeping, and Maintenance Staff will monitor the main dinning room to ensure that fly activity does not occur or is remedied immediately if activity is present. Additionally, Kitchen and Maintenance staff will do daily QA's prior to meal service in the main dinning room to ensure that there is no fly activity. The results of these QA checks will be recorded on a QA form and will be brought to the Department Head Meetings for review and re-evaluation of the measures effectiveness. These results will also be evaluated at the Quality Assurance Committee Meeting to ensure that the corrective action is achieved, effective, and sustained.</p>	

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F 469	<p>Continued From page 6</p> <p>stated flies had been a problem in the dining room for the past several weeks, but she felt the facility had done everything they could do to control the flies.</p> <p>An interview with NA #6 on 08/14/13 at 4:15 PM revealed flies were a problem in the dining room last week. NA #6 stated she did not report the problem to anyone she just killed the flies.</p> <p>During a follow up interview with the maintenance supervisor on 08/15/13 at 10:35 AM the monthly pest control reports dated 04/19/13, 06/04/13, 07/15/13 and 08/14/13 were reviewed. The pest control report for 05/2013 could not be located. The maintenance supervisor confirmed the facility had not been treated for flies prior to 08/14/13 nor had they contacted the pest control company prior to 08/13/13 regarding flies in the facility.</p> <p>An interview with the DON on 08/15/13 at 12:10 PM revealed Resident #146's family spoke with her approximately two weeks ago regarding a concern with flies in the dining room. The DON stated she spoke with the kitchen supervisor regarding the flies in the dining room and was informed of the current interventions in place. The interview further revealed staff members were asked at that time not to use the two doors at the back of the dining room to access the outside eating area as this was a potential means of entrance for the flies.</p>	F 469			