NOV 1 8 2013

PRINTED: 11/01/2013
FORM APPROVED
OMB NO. 0938-0391

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
	345514	A. BUILDING _______ B. WING _______	C 10/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF NASH	1210 EASTERN AVENUE PO BOX 167 NASHVILLE, NC 27856

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey. Event ID# IVO511.	F 000	Preparation and submission of the plan of correction is in response to HCFA 2567 for the 10/21/13-10/24/13 survey and does not constitute an agreement or admission by Autumn Care of Nash of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirements under state and federal laws. Autumn Care of Nash contends that it was in substantial compliance with the requirements 42 CFR, Part 483, Subpart B throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, Autumn Care of Nash submits this plan of correction to address the statement of deficiencies and to serve as its allegation of compliance with the pertinent requirements as of	
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and record review, the facility failed to provide in room activities for 2 of 3 residents. (Resident #30 and #147) Findings include: #1. Resident #30 was admitted to the facility on 4/3/13 with diagnoses of: hip fracture, dementia, cerebrovascular disease, congestive heart failure, urinary tract infection, atrial-fibrulation, depression, vitamin-D deficiency, glaucoma, Osteoporosis, esophageal reflux, and hyperlipidemia. Psychiatrist note dated 10/4/13 stated resident presents with the diagnosis of anxiety, dementia, depression, insomnia, and psychosis. Minimum Data Set (MDS) Admission/5 day dated 4/10/13 section F, listed the following activity preferences as very important: have books,	F 248		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/14/13

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 248	Continued From page 1 newspapers, and magazines to read, listen to music you like, be around animals such as pets, keep up with the news, do things with groups of people, do your favorite activities, go outside to get fresh air when the weather is good, and participate in religious services or practices. Five minute observation was made of resident on 10/23/13 at 9:55 am, noted resident sitting in a wheelchair in the Activity Director ' s office listening to gospel music. An interview with the Activity Director (AD) on 10/23/13 at 10:00 am, the AD stated she has been using gospel music with resident for the last 3 weeks, 2-3 times per week. One progress note was found in the computer note section dated 10/10/13 at 12:22 pm stating " resident sit with me in my office and listen to gospel music and looked at a magazine. She said she appreciated me spending time with her ". No in-room activities were noted in the progress notes for resident #30 or resident #147. The AD stated she takes resident #30 to in-house church weekly, and tries to bring her out of her room as much as possible, stating " if she is in her room too much - all she wants to do is go to bed ". The AD stated that the facility just started " the music and memory program " 10/2013, she purchased 4 iPods for the residents, and is ready to download the songs once they buy a lap-top computer for iTunes downloading. The AD was asked if they have set up an in-room activity program for residents ' who are room bound or find it difficult to get out of their rooms, she said no. Five minute resident observation on 10/23/13 at 3:20 pm, noted resident resting with bed in low position, fall mat on right side of bed,1/2 side rails	F 248	the dates stated in the plan of correction and as fully completed in all areas as of November 11, 2013. FOR THOSE RESIDENTS AFFECTED: Resident #30's activity care plan was updated by the activity director on 10/29/13 to reflect the individual needs of the resident with information gained via interview of resident. Activity care plan goal was updated on 11/08/13 and 11/11/13 for Resident #30 by the activity director and the Q. A. nurse. For resident #147, the activity care plan was updated on 10/29/13 by the activity director to reflect individual needs of the resident with information gathered by interview of resident and family. Activity care plan goal was updated on 11/11/13 by the Q.A. nurse. Activity Director is responsible for implementation of the care plans. Residents #30 and #147 both have interventions of in-room activities at least twice weekly by activity	11/11/13

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F 248	Continued From page 2 up, and a call light within reach. An interview with the facility AD on 10/24/13 at 10:11 am, the AD stated the resident's family has taken the resident to activities in the past, but he never stayed long. The AD stated she did not document this; stating, it would take her all day to document every residents ' refusal. Five minute observation was made of resident on 10/24/13 at 2:28 pm. Resident was resting in bed, lights were out, side rails up, call light within resident ' s reach, baby doll at bedside, head of bed elevated, bed in low position, and fall mat was on the floor on the right side of the bed. Staff interview with the facility AD on 10/24/13 at 2:39 pm, who stated " we will be starting an in room activity program for all residents ' 5 days per week starting 11/1/2013. Her activity-assistant will make in-room visits and do activities in residents ' rooms, and that today she set up an activity cart to take to the residents rooms. Also, the AD said she is working on starting the Music in Memories Program. NA Care guide dated 10/14/13, noted " ambulation with assistance, ambulates with walker, ensure proper foot ware worn for ambulation. Bed mobility, uses 1/2 side rails. Restorative, physical therapy, occupational therapy, and speech therapy by certified nursing assistants ' ". 2. Resident #147 was admitted 8/28/13 with a diagnosis of: bladder neck obstruction, gastrointestinal hemorrhage, pneumonia, congestive heart failure, dysphasia, acute kidney	F 248	personnel or volunteers. FOR THOSE RESIDENTS WITH THE POTENTIAL TO BE AFFECTED: All other residents were reviewed who were assessed for the need for in-room activities by the activity director completed 11/8/13. Updating of care plan focus and goals was completed on 11/11/13 by the activity director and the Q.A. nurse. Activity director is responsible for implementation of care plans. Those residents needing in-room interventions have been interviewed by the activities director to determine interests for activities. Each resident will receive in room activities at least twice weekly and documented. MEASURES PUT IN PLACE TO PREVENT RECURRENCE: Activity personnel in-serviced 11/8/13 by Regional MDS/Care Plan Nurse in reference to the formalizing of resident care plans to include individualized focus.	11/11/13 11/11/13

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F 248	Continued From page 3 failure, dementia, urine retention, personal history of fall, stomach ulcer, muscle weakness, esophageal reflux, hypertension, with a status of do not resuscitate. Review of resident ' s medical record, medical data set dated 9/27/13 under section C revealed a total cognitive (BIMS) summary score of 3. Minimum Data Set (MDS) Admission/5 day dated 9/5/13 section F, under activity preferences listed the following activities as very important: have books, newspapers, and magazines to read, listen to music you like, be around animals such as pets, keep up with the news, do things with groups of people, do your favorite activities, go outside to get fresh air when the weather is good, and participate in religious services or practices. Staff interview with the facility Activity Director on 10/23/13 at 10:00am. The AD stated resident #147 ' s wife takes him to in-house church weekly. She also stated he has asked to participate in activities, but gets agitated, and that his wife who visits daily usually takes him to the activities. Resident observation on 10/23/13 at 3:28 pm, resident resting in room, bed in low position, 1/2 side rails up, fall mat present on left side of floor, and the TV was on. The resident was not watching the TV; he just kept staring at the ceiling. Staff interview with Activity Director on 10/24/13 at 10:11 am, who stated resident's family have taken resident to activities in the past, but he never stayed long. The AD stated she did not document this; stating, it would take her all day to document every residents ' refusal.	F 248	as it pertains to resident choice and measurable goals. In addition, an individualized activity roster will be maintained on each resident to document activity attendance, designating group or in-room activities. Q.A./MONITORING: Administrator or designee will audit four residents who have been assessed to need in-room visits weekly for 4 weeks and then monthly for 4 months to insure that care plan focus is individualized to meet resident choices of activities and to insure that the goal is measurable. Documentation will be reviewed by administrator or designee to check for activity occurrences and resident/family will be interviewed to determine satisfaction with provision/appropriateness of activities. Any area of identified concern will be addressed at the time. Results of all audits will be discussed quarterly at the facility's Q.A. meetings to	11/11/13

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F 248	Continued From page 4 Resident interview on 10/24/13 at 11:08 am, resident stated he likes to go to the activities when taken, and does not know the last time he was taken to an activity. Staff interview on 10/24/13 at 11:12 am with the Facility Administrator who stated " it is the facilities role to help assist the resident to meet his/hers activity needs as a group or individually." Resident observation 10/24/13 at 2:28 pm, resident resting in bed, lights out, side rails up, call light within reach, baby doll at bedside, head of bed elevated, bed in low position, fall mat on right side of bed. Staff interview with Activity Director on 10/24/13 at 2:39 pm, who stated they will be starting 11/1/2013 an in room activity program 5 days per week, with the activity assistant to visit and implement activities in residents ' room. She also stated that today she set up an activity cart for the activity assistant to take to the residents ' rooms. Also, she said she is working to start the Music in Memories Program. NA Care Guide dated 10/14/13 listed "Activities, inform resident of daily activities, resident is non-ambulatory. Speak to resident calmly and with simple terms, monitor agitation/restlessness, monitor for pain and report to nurse, monitor for changes in mental status and report to nurse. Monitor for risk for falling. Communication - Speech, use simple direct questions/answers, repeat/re-phrase as needed, allow adequate time for resident to express self ".	F 248	determine if any further action is needed.	

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F 248	Continued From page 5 Activity Progress notes: 8/30/13 - Resident is interested in attending some activities. 9/2/13 - He has not attended any activities, but is willing to try. His family is very supportive in his care. 9/10/13 - He has not attended any activities but is willing to try. His family is very supportive in his care. 9/24/13 - He has not attended any group activities. His family is very supportive. 10/23/13 - Went to offer to play music for resident. He did not want to hear music at this time. He said he wanted to rest. 10/24/13 - He has not attended any group activities. We will continue to check and see if he would like to listen to some music. His brother comes and plays music for him sometimes. His family is supportive.	F 248		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to assess elevated blood sugars for 1 of 5 residents (resident # 19). The findings include: A review of the Progress Notes for resident # 19 was conducted on 10/23/2013 and 10/24/2013. The notes revealed the nursing staff failed to document the assessment and the insulin coverage of elevated blood sugars for 15	F 281	FOR THE RESIDENT AFFECTED: On 10/23/13, the R.N. Nursing Supervisor scheduled the sliding scale insulin for Resident #19 in the electronic health record to insure nurses document each time sliding scale dose is administered according to blood sugar parameters given by the attending physician. FOR THOSE RESIDENTS WITH THE POTENTIAL TO BE AFFECTED: Four	11/11/13

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F 281	Continued From page 6 opportunities over a three month period. The dates and time included: 10/20/13 at 6:30AM, 10/17/13 at 4:30PM, 10/15/13 at 4:30PM, 10/14/13 at 4:10PM, 9/23/13 at 4:30PM, 9/22,13 at 6:19AM, 9/22/13 at 4:30PM, 9/21/13 at 6:30AM, 9/18/13 at 4:30PM, 9/15/13at 4:30PM, 9/11/13 at 3:42PM, 9/10/13 at 4:30PM, 9/9/13 at 4:30PM, 8/16/13 at 4:00PM, 8/10/13 at 4:30PM. A review of the physician ' s orders for resident #19 was conducted on 10/23/2013. The review revealed an active order stating " Blood Glucose monitoring BID continuous, schedule note: Accu-Check BID with Sliding Scale Humulin R as follows: Less than 199=None, 200-300= 5 Units, 301-400=10 Units, 401-500=15. " On 10/24/2013 telephone interviews were conducted with Nurse #2, Nurse #3, Nurse #5 and Nurse #6. The nurses all stated they were unable to recall if resident # 19 had an elevated blood sugar on the above mentioned dates. The nurses also stated they were unable to recall documenting the assessment of elevated blood sugars or the administration of insulin in the nurses ' notes for resident # 19 on the above mentioned dates. On 10/23/2013 at 3:45PM a telephone interview was conducted with Nurse #4. The nurse stated	F 281	other residents were identified as having orders for sliding scale insulin based upon blood sugars. On 10/23/13 and 10/24/13, the R.N. supervisor reviewed all residents to determine existence of orders for sliding scale insulin. During the audit, 4 residents were identified to have been affected, and orders were correctly scheduled in the electronic health record by the R.N. Supervisor to insure nurses document each time sliding scale dose is administered according to blood sugar parameters given by the attending physician. MEASURES PUT IN PLACE TO PREVENT RECURRENCE; Licensed staff in-serviced by the Staff Development Coordinator(R.N.)beginning 10/23/13 in regards to proper entry of blood sugar readings and subsequent use of sliding scale insulin into the electronic health record.	11/11/13 11/11/13

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F 281	Continued From page 7 resident # 19 had an elevated blood sugar on 10/20/2013 at 6:30AM. She was unable to recall documenting the assessment of the elevated blood sugar or the administration of insulin in the nurses' notes for the resident on 10/20/2013. On 10/23/2013 at 11:45AM an interview was conducted with the Director of Nursing (DON). The DON stated the order for Humulin R Sliding Scale Insulin for resident # 19 was "incorrectly not recorded on the medication administration record." She stated the order was recorded on the monitoring assessment which did not provide a place for the nurses to record the amount of insulin administered. She further stated some of the nurses record the amount of insulin administered in the nurses' notes.	F 281	Q.A./MONITORING: Director of Nursing or designee will monitor all residents receiving sliding scale insulin for two weeks, then will monitor 4 residents on sliding scale insulin weekly for two weeks and then monthly for 4 months to insure sliding scale insulin is entered into the electronic health record accurately. Audit includes checking to insure residents with sliding scale insulin orders have the orders correctly entered into the electronic health record insuring proper documentation of sliding scale insulin as related to documented blood sugars. During daily clinical conferences, all new orders will be reviewed to insure residents with sliding scale insulin are entered correctly in the electronic health record by the D.O.N./designee. Any area of identified concern will be corrected at that time. Results will be reviewed monthly by the Q.A. team to determine sustained compliance and any continued area of concern will be reviewed for further action plan.	11/11/13

RECEIVED NOV 26 2013 CONSTRUCTION SECTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	345514	A. BUILDING 01 - MAIN BUILDING B. WING ______	11/15/2013

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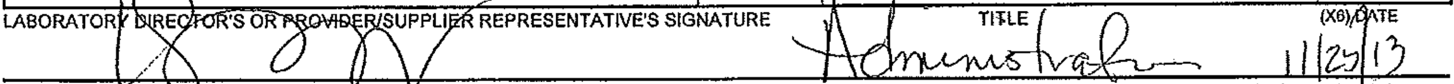
K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is TypeVI (111) construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	This plan of correction will serve as the facility's allegation of compliance with requirements of 42CFR, Part 483, Subpart B for long term care facilities. Preparation and submission of the plan of correction is in response to HCFA 2567 for the survey conducted 11/15/2013 and does not constitute an agreement or admission by Autumn Care of Nash of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirements under state and federal laws.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: A. Based on observation on 11/15/2013 the door	K 018	For the resident found to be affected: Door to Room 105 was repaired 11/16/13. For the residents having the potential to be affected: All doors checked and repaired as needed for proper closing and latching as of 11/17/13. Measures put in place: Staff in-serviced to alert maintenance or administration of any doors which do not close/latch properly for immediate repair. Monitoring: Environmental Services Director or his designee will perform audits to check 10 doors for proper door latching/closings weekly for 4 weeks and then monthly for 5 months to ensure they continue to operate appropriately. Any problems will be addressed immediately. Results of these audits will be brought to Quality Assurance team quarterly for review and any necessary further action.	11/16/13 11/17/13 11/22/13 11/22/13



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 11/25/13

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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K 018	Continued From page 1 to bed room 105 failed to latch when closed. 42 483.70 (a)	K 018		