

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2013
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NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443
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F 000	INITIAL COMMENTS 12/16/13 The facility provided additional information on this date for the survey team to review. Based on that information F 157 is deleted; F 314 is deleted; and F 312 is lowered from a G to a D.	F 000		
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, staff interview, and record review the facility failed to provide care in a manner that maintained a resident ' s dignity by bathing a resident with dementia with his body totally uncovered in a cold room during a bed bath for 1 of 1 resident (Resident #101) observed being bathed. The findings included: Resident #101 was admitted to the facility on 8/10/10 with diagnoses of advanced Alzheimer ' s Dementia, congestive heart failure (CHF), anemia, hypertension, peripheral vascular disease (PVD), and depression. A review of the annual Minimum Data Set (MDS) dated 4/10/13 and the most recent quarterly MDS dated 9/14/13 revealed Resident # 101 had short and long term memory problems. Review of his assessment for activities of daily living (ADL)	F 241	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 11/21/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance. Tag F241 - Dignity and Respect of Individuality For Resident #101: "At time bed bath care was provided by NA1, Licensed Nursing staff present	12/13/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/04/2013
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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	<p>Continued From page 1</p> <p>revealed he required extensive assistance with toileting, bathing and for bed mobility.</p> <p>A review of the Care Area Assessment Summary (CAAS) dated 4/10/13 revealed Resident #101 triggered for cognitive loss and behaviors due to his diagnoses of advanced Alzheimer ' s Dementia and refusing care. Staff were to use a calm, unhurried approach with him and attempt to explain what they are going to do.</p> <p>Review of the resident's care plan dated 4/10/13 revealed as an intervention staff were to approach the resident in a calm, unhurried approach when working with him and to attempt to explain what they were going to do.</p> <p>During an observation on 11/20/13 at 10:07 AM Resident #101 was observed in bed receiving a bed bath. Treatment nurse # 1,treatment nurse #2 and a nursing assistant (NA#1) were observed in the resident ' s room during the procedure. NA#1 was observed pulling the resident's covers from him with his whole body uncovered. The resident was observed to be laying in stool and urine. NA #1 took a wash cloth and started bathing the resident ' s back without explaining to him she was going to bath him. When she finished bathing his back she rolled him over and started cleaning his front side without explaining she was going to clean his front side. The resident was observed with a frown on his face, his eyes wide open and his arms and hands covering his chest and shaking. When NA#1 rolled him over she continued to leave him uncovered. On 11/20/13 at 10:12 AM treatment nurse #1 was observed turning on the heat to warm the room.</p>	F 241	<p>covered resident, spoke to resident and adjusted heat setting in resident room.</p> <p>"NA1 was removed from care unit, counseled and suspended on November 20, 2013 and terminated from employment on November 25, 2013 by Director of Nursing.</p> <p>"Inservicing of Direct Care staff initiated on November 20, 2013 by Staff Development Coordinator/Designee on Resident Rights to include dignity and respect, as well as facility policy for giving a bedbath.</p> <p>"Resident #101 discharged from facility on November 27, 2013.</p> <p>For all in-house residents with dementia: "NA1 was removed from care unit, counseled and suspended on November 20, 2013 and terminated from employment on November 25, 2013 by Director of Nursing.</p> <p>"Inservicing of Direct Care staff initiated on November 20, 2013 by Staff Development Coordinator/Designee on Resident Rights to include dignity and respect, as well as facility policy for giving a bedbath.</p> <p>For all in-house residents with dementia and all future residents with dementia: "Facility policy for Giving a Bedbath reviewed and revised, if indicated, by Director of Nursing "CNAs responsible for providing care will be in-serviced by Staff Development Coordinator/Designee on maintaining dignity and respect of residents and facility policy on Giving a Bedbath to</p>		

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F 241	<p>Continued From page 2</p> <p>During an interview on 11/20/13 at 10:20 AM treatment nurse #1 stated NA #1 bathed the resident in a freezing cold room and he was soaked in urine. The treatment nurse further stated she did go and turn on the heat to warm the resident.</p> <p>During an interview on 11/20/13 at 10:23 AM the Administrator stated she expected nursing assistants to cover each section as they bathed the residents.</p> <p>During an interview on 11/20/13 at 10:30 AM NA #1 stated Resident # 101 did not resist care today (11/20/13) but the resident does resist care sometimes and she had to get his bath done as fast as she could. NA#1 stated she did not cover him because she rushed through the bath and wanted to get him done as quickly as she could because he usually was resistant to care. She stated she did not cover him because sometimes he would pull at the covers.</p> <p>During an interview on 11/20/13 at 10:55 am the Director of Nursing (DON) stated the nursing assistant should have not been in a hurry and that staff cannot forget about dignity. He stated she should have covered the resident's body parts and only uncovered the area that was being cleaned.</p>	F 241	<p>include :</p> <ul style="list-style-type: none"> " Approaching resident in a calm, unhurried manner; " Explaining purpose of visit and what they will be doing prior to initiation and during the process; " Proper procedure for performing bed baths for dependent residents with dementia to include keeping resident covered; " Importance of adjusting room temperature prior to beginning care <p>Any Cna responsible for care not inserviced by December 9, 2013 will be inserviced on next scheduled shift by Staff Development Coordinator/Designee. Inservice information will be included in new employee orientation by Staff Development Coordinator for new hires. "Resident Rights inservice by Regional Ombudsman scheduled for December 11, 2013.</p> <p>"Review of most recent completed MDS to compile listing of in house residents with Diagnosis of Dementia to be completed by MDS Coordinator and submitted to Director of Nursing/Designee.</p> <p>"Charge Nurse/Designee to observe bed bath of random selection of 25% of listed residents weekly times 4 weeks and monthly times 3 months to ensure maintaining of Dignity and Respect and following of facility Bedbath policy during care.</p> <p>"Director of Nursing/Designee to observe bed bath of random selection of 10% of listed residents weekly times 4 weeks and monthly times 3 months to ensure</p>		

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F 241	Continued From page 3	F 241	maintaining of Dignity and Respect and following of facility Bedbath policy during care. "Results of Charge Nurse and Director of Nursing audits will be reviewed in next scheduled Quality Assurance committee meeting, and again the following quarter, with determination at that time for continued need for monitoring.		
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interview the facility failed to ensure the altered elimination pattern/Pressure Ulcers/Skin Care Plan and goals of keeping the resident clean and odor free and for his skin to remain in tact by failing to carry out the preventative measures for 1 of 3 sampled residents (Resident #101) who were observed receiving pressure ulcer treatment.</p> <p>The findings included:</p> <p>Resident #101 was admitted to the facility on 8/10/10 with diagnoses of advanced Alzheimer ' s Dementia, congestive heart failure (CHF), anemia, hypertension, peripheral vascular disease (PVD), and depression.</p>	F 282	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 11/21/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance.</p> <p>F282 <input type="checkbox"/> Services by Qualified Persons/Per Care Plan</p>	12/13/13	

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F 282	<p>Continued From page 4</p> <p>A review of the annual Minimum Data Set (MDS) dated 4/10/13 and the most recent quarterly MDS dated 9/14/13 revealed Resident # 101 had short and long term memory problems. Review of his assessment for activities of daily living (ADL) revealed he required extensive assistance with toileting, bathing and for bed mobility. He was assessed as always incontinent of bowel and urine.</p> <p>A review of the Care Area Assessment Summary (CAAS) dated 4/10/13 revealed Resident #101 triggered for pressure ulcers due to a history of pressure ulcers, being incontinent of bowel and bladder, limited mobility and his diagnoses of PVD.</p> <p>Review of the resident's care plan up-dated on 10/1/13 revealed for a goal that the resident 's current skin impairment would heal and have decreased risk of further compromise to skin integrity. Staff were to assess skin care carefully with daily care. Resident # 101 also had a care plan for altered elimination pattern, incontinent of bowel and bladder. For a goal the resident would be clean and odor free and for his skin to remain intact. An intervention was to provide peri-care after an incontinence episode.</p> <p>Review of the medical record revealed on 10/30/13 the resident developed 3-stage 2 pressure ulcers to his buttocks. The number 1 pressure ulcer to the left upper buttocks measured 1 centimeter (cm) in length by 0.5 cm in width and 0.1 cm in depth. The second pressure ulcer to the left buttocks beneath the 1st ulcer measured 0.5 cm in length by 0.5 cm in width and 0.1 cm in depth. The third pressure ulcer to the right buttocks measured 0.3 cm in</p>	F 282	<p>For resident #101: "Incontinent care provided to resident #101 by Cna " NA1 was removed from care unit, counseled and suspended on November 20, 2013 and terminated from employment on November 25, 2013 by Director of Nursing. "Inservicing of Direct Care staff initiated on November 20, 2013 by Staff Development Coordinator/Designee on facility practice of routine incontinent rounds. "Resident #101 discharged from facility on November 27, 2013.</p> <p>For all other in-house residents: "Inservicing of Direct Care staff initiated on November 20, 2013 by Staff Development Coordinator/Designee on facility practice of routine incontinent rounds.</p> <p>For all other in-house residents and future residents: "Resident Care Guide reviewed and revised, if applicable, by Director of Nursing/Designee to ensure awareness of cnas of residents that have been care planned for pressure ulcers. " Facility Wound Care Protocol to be reviewed/revised by Director of Nursing/Designee if indicated. "Facility policy on Prevention of Pressure Ulcers reviewed and revised, if indicated, by Director of Nursing "Inservicing of all Direct Care staff by Staff Development Coordinator/Designee on Facility Wound Care Protocol and</p>		

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F 282	<p>Continued From page 5</p> <p>length by 0.3 cm in width and 0.1 cm in depth. The treatment was for the resident to receive an ointment for pressure ulcers. A review of the weekly skin assessments revealed they were completed and the pressure ulcers had no depth or drainage on the 11/5/13 and 11/12/13.</p> <p>During an interview with the treatment nurse on 11/19/13 at 3:00 pm revealed Resident #101 had PVD and Alzheimer ' s disease. He had a superficial area on his bottom that had closed and staff were treating it with an ointment for pressure ulcers.</p> <p>On 11/20/13 at 10:00 am Resident #101 was observed receiving a pressure ulcer treatment to his left buttocks. Resident #101 was observed in his bed with treatment nurse #1 and treatment nurse #2 present. The resident ' s left buttocks was observed with a 1 cm in length by .2 cm in width open bloody area. The resident was also observed with a strong urine odor and with loose stool and urine on his bottom, draw sheet, his fitted sheet and on his two pillow cases.</p> <p>On 11/20/13 at 10:12 am a Nursing Assistant (NA#1) was called into the resident ' s room to clean and bath the resident. During an interview with NA#1 she stated she had not changed the resident since she had come to work at 7:00 am. She stated that she was assigned to Resident #101 the day before (November 18, 2013) and his bottom had no open areas when she had last cared for him.</p> <p>On 11/20/13 at 10:20 am treatment nurse #1 stated NA #1 should have changed Resident #101 before 10:00 am because he was soaked in urine. She stated the resident had skin break</p>	F 282	<p>facility policy on Prevention of Pressure Ulcers as it relates to preventative measures by cna staff regarding Bowel and Bladder incontinence of residents with pressure ulcers wounds and revised Care Guide. Any Direct Care staff not inserviced by December 9, 2013 will be inserviced during next scheduled shift. . Inservice information will be included in new employee orientation by Staff Development Coordinator for new hires. "Resident Care Guide updated by MDS Coordinator/Treatment Nurse for any in-house residents with current Pressure Ulcer wound treatments and/or have been care planned for pressure ulcers. Care Guides will be updated by MDS Coordinator/Treatment Nurse ongoing "A current resident list will be compiled based on most recent MDS assessments of residents triggered and care planned for pressure ulcers. MDS Coordinator will submit list to Director of Nursing/Designee. "Treatment Nurse/Designee to audit Resident Care Guides of 25% of residents care planned for pressure ulcers weekly times 4 weeks and monthly thereafter to ensure awareness of cnas of residents care plan. "Treatment Nurse/Designee to audit 25% of residents with pressure ulcer wound treatments daily times two weeks and weekly thereafter to monitor that care planned interventions for altered elimination/pressure ulcers/skin care plan are followed related to incontinent care. "Director of Nursing/Designee to audit the care guide and incontinent care of 25% of</p>		

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F 282	Continued From page 6 down and should not have been left wet in urine. She further stated the area to his buttocks was closed and due to Resident #101 lying in urine the area had opened up. During an interview on 11/20/13 at 10:25 am the Director of Nursing (DON) stated the resident was dry when he checked on him at 7:00 am. He stated staff had been in the room all morning and no one had reported a urine odor. He stated an X-ray technician had come in to do a chest X-ray and the resident 's sitter had helped him move the resident with a draw sheet. No one had reported that the resident had any odors. The DON further stated NA#1 should have changed him after 2 hours. During an interview on 11/20/13 at 10:30 am Nursing Assistant #1 stated she had been busy with other residents and had not had time to check on Resident #101 since coming to work at 7:00 am.	F 282	residents with pressure ulcer wound treatments weekly times four weeks and monthly thereafter. "Results of Treatment Nurse/Director of Nursing audits will be reviewed in next scheduled Quality Assurance committee meeting, and again the following quarter, with determination at that time for continued need for monitoring.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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. This REQUIREMENT is not met as evidenced by: Based on medical record review, observations, and interviews the facility failed to provide timely incontinence care for one of one resident (Resident 101), resulting in an open area on the	F 312	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 11/21/13 survey. It does not constitute an agreement or	12/13/13	

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F 312	<p>Continued From page 7 resident's buttocks.</p> <p>The findings included:</p> <p>Resident #101 was admitted to the facility on 8/10/10 with diagnoses of advanced Alzheimer ' s Dementia, congestive heart failure (CHF), anemia, hypertension, peripheral vascular disease (PVD), and depression.</p> <p>A review of the annual Minimum Data Set (MDS) dated 4/10/13 and the most recent quarterly MDS dated 9/14/13 revealed Resident # 101 had short and long term memory problems. Review of his assessment for activities of daily living (ADL) revealed he required extensive assistance with toileting, bathing and for bed mobility. He was assessed as always incontinent of bowel and urine.</p> <p>A review of the Care Area Assessment Summary (CAAS) dated 4/10/13 revealed Resident #101 triggered for incontinence care due to the resident was frequently incontinent of urine and bowel and was at risk for skin impairment.</p> <p>Review of the resident's care plan dated 4/10/13 revealed for a goal the resident would be clean and odor free and skin to remain intact. Intervention was to provide peri-care after incontinence episode.</p> <p>On 11/20/13 at 10:00 AM Resident #101 was observed in his bed receiving treatments for his pressure ulcers. Treatment nurse #1 and treatment nurse #2 were providing care and after pulling down the covers the resident ' s bottom was observed with a 1 centimeter (cm) by 0.2 cm open bloody draining area. The resident was also</p>	F 312	<p>admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance.</p> <p>Tag F312 <input type="checkbox"/> ADL Care Provided for Dependent Residents</p> <p>For resident #101: "Incontinent care provided to resident #101 by Cna " NA1 was removed from care unit, counseled and suspended on November 20, 2013 and terminated from employment on November 25, 2013 by Director of Nursing. "Inservicing of Direct Care staff initiated on November 20, 2013 by Staff Development Coordinator/Designee on facility practice of routine incontinent rounds "Resident #101 discharged from facility on November 27, 2013.</p> <p>For All in-house ADL Dependent incontinent residents: "NA1 was removed from care unit, counseled and suspended on November 20, 2013 and terminated from employment on November 25, 2013 by Director of Nursing. "Inservicing of Direct Care staff initiated on November 20, 2013 by Staff</p>		

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F 312	<p>Continued From page 8</p> <p>observed with a strong urine odor and with loose stool and urine on his draw sheet and his bottom fitted sheet. Two pillows were observed by the resident ' s bottom with loose stool and urine on the pillow cases.</p> <p>During an interview on 11/20/13 at 10:12 AM the Nursing Assistant (NA#1) assigned to Resident #101 stated she had not changed the resident since she had come to work at 7:00 am. She stated that she was assigned to Resident #101 on Monday (November 18, 2013) and had been off yesterday (November 19, 2013) and his bottom had no open areas when she had last cared for him (November 18, 2013).</p> <p>On 11/20/13 at 10:20 am treatment nurse #1 stated NA #1 should have changed him before 10:00 am because he was soaked in urine. She further stated the area to his buttocks was closed and due to Resident #101 lying in urine the area had opened up.</p> <p>During an interview on 11/20/13 at 10:30 AM NA #1 stated she had been busy with other residents and had not had time to check on Resident #101 since coming to work at 7:00 am.</p> <p>The Director of Nursing (DON) stated during an interview on 11/20/13 at 11:52 am that NA#1 should have changed Resident #101 after two hours.</p>	F 312	<p>Development Coordinator/Designee on facility practice of routine incontinent rounds</p> <p>For all in-house ADL dependent incontinent residents and all future ADL dependent incontinent residents: "A current inhouse resident list will be compiled based on most recent MDS assessments of ADL dependent incontinent residents. MDS Coordinator will submit list to Director of Nursing/Designee. "Facility policy for incontinent care reviewed and revised, if applicable, by Director of Nursing "Facility policy for Prevention of Pressure Ulcers reviewed and revised, if applicable, by Director of Nursing "Inservicing of all Direct Care staff by Staff Development Coordinator/Designee on facility policy on Prevention of Pressure Ulcers as it relates to preventative measures by cna staff regarding Bowel and Bladder incontinence of residents with pressure ulcers wounds and facility policy on incontinent care. Any Direct Care staff not inserviced by December 9, 2013 will be inserviced during next scheduled shift. Inservice information will be included in new employee orientation by Staff Development Coordinator for new hires. "Charge Nurse/Designee to observe random selection of 10% each day of residents that are identified as ADL dependent incontinent residents 5 times weekly for four weeks with continued random weekly monitoring thereafter to</p>		

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F 312	Continued From page 9	F 312	ensure that facility policy for Prevention of Pressure Ulcers as it applies to incontinent care and Facility policy for incontinent care is observed. "Director of Nursing/Designee to observe random selection of residents that are identified as ADL dependent incontinent residents 3 times weekly times 2 weeks and weekly thereafter ensure that facility policy for Prevention of Pressure Ulcers as it applies to incontinent care and Facility policy for incontinent care is observed. "Results of Charge Nurse/Director of Nursing audits will be reviewed in next scheduled Quality Assurance committee meeting, and again the following quarter, with determination at that time for continued need for monitoring.		
F 356 SS=B	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning	F 356		12/13/13	

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NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443		
(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 356	<p>Continued From page 10 of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to ensure that the nurse staffing data was posted for 9 of 31 days in October 2013 and 18 of 18 days in November 2013.</p> <p>The findings include:</p> <p>On 11/18/13 at 11:20 AM an initial tour of the facility was conducted and the staff posting was not observed in the facility. The Director of Nursing (DON) was questioned about the location of the staff posting and the DON stated that the staffing coordinator was responsible for the posting and the staffing coordinator had been out sick for a couple of days and was not sure where she usually posted the nurse staffing information.</p> <p>On 11/18/13 at 11:50 AM the DON stated in an interview that he had spoken with the staffing coordinator and that she had moved the staff posting outside her office door which was on the</p>	F 356	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 11/21/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance.</p> <p>Tag F356 <input type="checkbox"/> Posted Nurse Staffing Information</p> <p>For all in-house and future residents: "On November 18, 2013, Daily Nurse Staffing Form posted by Director of Nursing upon observation noted by</p>		

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F 356	Continued From page 11 main hallway in the building. There was not a posting of the nurse staffing observed in the hallway outside of the door of the staffing coordinator ' s office during the initial tour of the facility. On 11/20/13 at 3:15 PM the DON stated in an interview that the staffing coordinator was still out sick and he would see that the daily staffing was posted in her absence. The DON stated that the nursing supervisor was responsible for the staff posting on the weekends. On 11/21/13 at 3:38 PM the Staffing Coordinator stated in an interview that she had been in the position for about one month. The Staffing Coordinator stated that she was not aware that there was a regulation that the nurse staffing was to be posted every day until now and that she had not been consistently posting the nurse staffing data. On 11/21/13 at 10:05 AM the DON presented a copy of the daily nurse staffing form dated 10/22/13 and stated this was the most recent nurse staffing form he could find prior to the survey.	F 356	survey. Director of Nursing ensured posting of Daily Nurse Staffing Form until Staffing Coordinator's return on November 21, 2013 at which time Staffing Coordinator resumed responsibility. " Inservice of Staffing Coordinator on November 18, 2013 by Director of Nursing on responsibility for posting of Daily Nurse Staffing Form. " Daily Nurse Staffing Assignment Sheet reviewed and revised by Director of Nursing/Designee to include Staffing Coordinator/Designee acknowledgement that Daily Nurse Staffing Form is completed and posted in the designated area. "Director of Nursing/Designee to audit Daily Nurse Staffing Assignment Sheet and Daily Nurse Staffing Forms weekly times four weeks and at least monthly thereafter to ensure posting. "Results of Director of Nursing/Designee audits will be reviewed in next scheduled Quality Assurance committee meeting, and again the following quarter, with determination at that time for continued need for monitoring.		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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.	F 431		12/13/13	

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F 431	<p>Continued From page 12</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 observation, record review and staff and pharmacist interviews the facility failed to store refrigerated medications between 36 to 46 degrees Fahrenheit for 1 of 2 medication refrigerators.</p> <p>The findings included:</p> <p>The facility policy titled Medication Storage in the Facility dated April 2011 read: " Medications requiring refrigeration or temperatures between</p>	F 431	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 11/21/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of</p>		

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F 431	<p>Continued From page 13</p> <p>36 degrees F (Fahrenheit) and 46 degrees F are kept in a refrigerator with a thermometer to allow temperature monitoring. "</p> <p>On 11/20/13 at 10:13 AM an observation of the medication refrigerator in the medication room on the 500 and 600 halls revealed that the refrigerator temperature was 32 degrees F and the temperature was confirmed by Nurse #1. Stored in the refrigerator were thirteen boxes, each containing one vial of Flu Vaccine. The label on the box read: " Store refrigerated between 36-46 degrees F. The refrigerator also contained seven bags of 100cc (cubic centimeters) of normal saline containing 3.1 grams of Timentin (an antibiotic). The label on the bags read: " Refrigerate. " The package insert for Timentin revealed that once Timentin was mixed with normal saline, the solution was stable for up to 4 days when refrigerated at 40 degrees Fahrenheit. There were eleven pre-filled syringes of Hepatitis B Vaccine stored in the refrigerator. The label read: " Store refrigerated between 36-46 degrees F. " Also stored in the refrigerator were 3 unopened vials of Lantus Insulin and 3 unopened vials of Humalog Insulin. The package insert for Lantus Insulin under storage read: " Unopened lantus vials should be stored in a refrigerator 36 degrees F to 46 degrees F. " The package insert for Humalog Insulin under storage read: " Unopened Humalog should be stored in a refrigerator 36-46 degrees F. The medications stored in the refrigerator were not observed to be frozen or crystallized.</p> <p>The refrigerator temperature log in the medication room read: " Daily Refrigerator Check. (Temp (temperature) must be between 32-40 degrees.) " The temperature log revealed temperatures were</p>	F 431	<p>Correction (and the attached documents) also functions as the facility's credible allegation of compliance.</p> <p>Tag F431 <input type="checkbox"/> Drug Records, Label/Store Drug and Biologicals</p> <p>For 500/600 Hall Medication Refrigerator and all other NF Medication Refrigerators: "Pharmacy Consultant present and notified of Medication Refrigerator temperature on November 20, 2013. "Pharmacy Consultant inspected medications stored in refrigerator on 500/600 Hall and all others to confirm medications were not compromised, to include freezing or crystallization, and discard any, if indicated. Pharmacy Consultant confirmed that all stored medications were safe for use on November 20, 2013. "Temperature adjusted on Medication Refrigerator on 500/600 hall and all others to cool between 36 and 46 degrees by Director of Nursing/Designee on November 20, 2013. "Daily Refrigerator Check log revised by Director of Nursing/Designee to indicate Medication Refrigerator and indicate temperature parameters of 36-46 degrees "Revised Daily Refrigerator Check log implemented December 5, 2013. "Daily Refrigerator Check Log to be audited 2 times per week times 4 weeks by Charge Nurse/Designee to ensure proper temperature log and temperature parameter monitoring "Pharmacy Consultant will monitor</p>		

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F 431	Continued From page 14 documented for days in May 2013, July 2013, August 2013, September 2013, October 2013 and November 2013. Temperatures were recorded for 79 days on the temperature log and there were 50 days that the temperature was recorded between 32 and 35 degrees Fahrenheit. The Consulting Pharmacist stated in an interview on 11/20/13 at 12:20 PM that when the staff started checking the resident ' s personal refrigerators the staff probably put the food safe temperatures on the log. The Pharmacist stated that the medication refrigerator temperature should be between 36-46 degrees Fahrenheit. The Pharmacist stated that when she comes in she checks the medication refrigerator temperature but does not check the temperature log that the nurses fill out. In an interview with the Administrator and DON on 11/20/13 at 4:05 PM the Administrator stated that the nurse ' s check the refrigerator temperature daily and the pharmacist comes in at least once a month and checks the refrigerator temperatures though she does not check the temperature log. The Administrator stated that at one point the nurses started checking the refrigerator temperatures for resident ' s personal refrigerators and the nurse ' s probably pulled the temperature log for the food refrigerators.	F 431	medication Refrigerator temperate monthly as per policy to ensure proper storage of medications. "Director of Nursing/Designee to review audits weekly times four weeks and at least monthly thereafter to ensure proper storage of refrigerated medications. "Results of Director of Nursing/Designee audits will be reviewed in next scheduled Quality Assurance committee meeting, and again the following quarter, with determination at that time for continued need for monitoring.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.	F 441		12/13/13	

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F 441	<p>Continued From page 15</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to ensure the sanitary removal of soiled linens after providing incontinence care by staff placing 2 urine and stool soiled pillow cases on the floor for 1 of 1 sampled resident (Resident</p>	F 441	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 11/21/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center</p>		

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F 441	<p>Continued From page 16</p> <p>#101) whose personal care was observed.</p> <p>Findings include:</p> <p>On 11/20/13 at 10:00 am Resident #101 was observed in his bed with a strong urine odor and with loose stool and urine on his draw sheet and his bottom fitted sheet. Two pillows were observed beside the resident 's bottom with loose stool and urine. Observed in Resident #101 's room was treatment nurse #1 and treatment nurse #2 and Nursing Assistant (NA#1). On 11/20/13 at 10:12 AM, NA#1 was observed placing the two pillow s with the stool and urine on the floor. On 11/20/13 at 10:14 AM treatment nurse #1 was observed placing the soiled pillow cases in a plastic bag.</p> <p>On 11/20/13 at 10:20 am treatment nurse #1 stated NA #1 did put the urine soaked pillow cases on the floor and treatment nurse #1 stated she did go and pick the soiled linens off the floor and put them in a plastic bag.</p> <p>During an interview on 11/20/13 at 10:30 AM Nursing Assistant #1 stated she always brings a plastic bag to place soiled laundry in and was not sure that she placed the soiled pillow cases on the floor.</p> <p>During an interview on 11/20/13 at 10:30 AM the Director of Nursing (DON) stated that NA#1 should have placed the soiled linens in a plastic bag and not on the floor.</p> <p>During an interview on 11/20/13 at 2:36 pm, with the Administrator , the DON and the consultant present the Administrator stated staff saw her place the soiled linen on the floor and did know to</p>	F 441	<p>of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance.</p> <p>Tag F441 <input type="checkbox"/> Infection Control, Prevent Spread, Linens</p> <p>For resident #101: "Incontinent care provided to resident #101 by Cna. Soiled linen (pillow cases) placed on floor were removed from floor and bagged by Nurse present at time of care. "Room for resident #101 was cleaned by housekeeping supervisor immediately following completion of care. " NA1 was removed from care unit, counseled and suspended on November 20, 2013 and terminated from employment on November 25, 2013 by Director of Nursing. "Inservicing of Direct Care staff initiated on November 20, 2013 by Staff Development Coordinator/Designee on facility policy on handling of soiled linen (Laundry and Bedding, Soiled). "Resident #101 discharged from facility on November 27, 2013.</p> <p>For all other in-house residents and all future residents: "Inservicing of Direct Care staff initiated on November 20, 2013 by Staff</p>		

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F 441	Continued From page 17 pick it up and placed it in a plastic bag to correct it. The Nursing Assistant does know the resident and he is very combative and she was trying to get him cleaned up as quickly as she could because he will fight	F 441	Development Coordinator/Designee on facility policy on proper handling of soiled linen (Laundry and Bedding, Soiled) related to ADL care. "Director of Nursing reviewed and revised, if applicable, facility policy for Infection Control/Laundry and Bedding, Soiled "Director of Nursing reviewed and revised, if applicable, Weekly Infection Control Round sheet to include observation of handling of soiled linen related to ADL care. "Inservicing of all Direct Care staff by Staff Development Coordinator/Designee on facility policy on Infection Control/Laundry and Bedding Soiled. Any Direct Care staff not inserviced by December 9, 2013 will be inserviced during next scheduled shift. Inservice information will be included in new employee orientation by Staff Development Coordinator for new hires. "Nursing Weekly Infection Control Round sheet to be completed by Charge Nurse/Designee daily times 2 weeks, then weekly times 2 weeks. Only section applicable to handling of Soiled Linen related to ADL care to be completed. "Nursing Weekly Infection Control Round sheet to be completed by Staff Development Coordinator/Designee weekly times four weeks and continuing weekly thereafter to include handling of Soiled Linen related to ADL care. "Results of Nursing Infection Control Round Sheet to be reviewed by Director of Nursing weekly times four weeks, and at least monthly thereafter. "Results of Nursing Weekly Infection Control Round Sheets will be reviewed in		

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F 441	Continued From page 18	F 441	next scheduled Quality Assurance Committee Meeting and again the following quarter with determination at that time for need of continued monitoring.		