STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345293	A. BUILDING _____ B. WING _____	C 05/08/2014

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RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	HIGHWAY 177 S BOX 1489 HAMLET, NC 28345

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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 observation, record review and staff interviews, the facility failed to provide scheduled showers and daily bed baths for 1 of 3 sampled residents reviewed for assistance with activities of daily living.(Resident #1). Findings included: Resident #1 was admitted into the facility on 3/26/2014 with diagnosis including, cerebrovascular accident and hemiplegia. The admission minimum data set (MDS) dated 3/26/2014 revealed the resident had severely impaired cognition and was not able to make needs known. The MDS further revealed Resident #1 was totally dependent on the staff for personal hygiene and required one person to assist with the care. The MDS did not reveal any rejection of care during the assessment period. The care plan developed for activity of daily living (ADL) dated 3/26/2014 indicated Resident #1 required assistance to restore or maintain function of self-sufficiency for personal hygiene which included daily maintaining of appearance. The goals in part read " the resident will be neat, clean and odor free. "	F 312	F 312 ADL Care provided for Dependent Residents. Richmond Pines Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain appliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Richmond Pines Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Richmond Pines Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceedings.	5/27/14

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

Electronically Signed | 05/21/2014

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F 312	Continued From page 1 Review of the Nurse ' s Aide assignment sheet for the months of April 2014 and May 2014 revealed the resident was to receive her showers on Tuesdays and Fridays between 7: 00 AM-3:00 PM .The shower schedule sheet revealed Resident # 1 did not receive a shower on the following days: 4/18/2014, 4/22/2014, 4/25/2014, 4/29/2014 and 5/2/2014. Further review of the schedule revealed the resident did not receive daily bed baths on the following days: 4/21/2014, 4/24/2014, 4/27/2014, 4/28/2014, 4/30/2014, 5/5/2014, 5/7/2014 and 5/8/2014. During an observation on 5/7/2014 at 11:00 AM, Resident #1 was observed lying in the bed with eyes open. The resident was wearing a hospital gown and her hair was uncombed During an interview on 5/7/2014 at 11:30 AM, Nurse ' s Aide (NA) #1 who was regularly assigned to Resident #1 reported that she did not provide the resident a shower on her scheduled shower days because she did not have time. NA #1 added that due to the number of residents on her assignment, she was not able to provide Resident #1 daily baths and showers on her scheduled days. NA #1 concluded the resident was not resistive to care. During an interview on 5/8/2014 at 2:00 PM, the charge nurse reported the Nurse ' s Aides at the facility were expected to give showers to the residents on schedule days and in addition, give the residents bed baths daily. The charge nurse added he was not aware that Resident #1 was not receiving scheduled shower and daily baths. During an interview on 5/8/2014 at 3:00 PM, the Director of Nursing (DON) reported her	F 312	What measures the facility put into place for the resident affected: On 5/8/14, a shower was provided for resident #1 at 2:43 PM. On 5/9/14 a partial bed bath was provided for resident #1. On 5/9/14, the facility reviewed the shower schedule for resident #1. On 5/9/14, an in-service was initiated by director of nursing to all CNA□s that all residents are to receive showers on their shower days and document in the electronic medical record. If the shower is not given, it must be documented in the electronic medical record. On 5/10/14 a full bed bath was provided for resident #1. On 5/11/14 a partial bed bath was provided for resident #1. On 5/12/14 assistance for ADL□s was provided for resident #1 as per electronic medical record documentation. On 5/13/14 a shower was provided for resident #1. On 5/14/14 a partial bed bath was provided for resident #1. On 5/15/14 assistance for ADL□s was provided for resident #1 as per electronic medical record documentation. On 5/15/14, The Director of Nursing audited the electronic medical record to ensure a shower was offered, as scheduled, for resident # 1. On 5/16/14 a shower was provided for resident #1. On 5/17/14 a full bed bath was provided for resident #1. On 5/18/14 a full bed bath was provided for resident #1.	

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F 312	Continued From page 2 expectation of the staff at the facility was to give showers to the residents as scheduled and give daily bed baths to the residents. The DON also added if at any time a staff member was unable to give a shower on the scheduled day or bed bath, then she or he was expected to report to the supervisor, so that another staff can plan to give a shower on the next shift.	F 312	On 5/19/14 a partial bed bath was provided for resident #1. On 5/20/14 a shower was provided for resident #1. On 5/20/14, the ADL Care Provided for Dependent Care Residents in-service was initiated by the director of nursing to ensure resident #1 receives a shower, full bed bath, or partial bed bath twice weekly. On non-shower/bed bath days, resident #1 is offered assistance to ensure resident is neat, clean, and odor free. This in-service will be completed for all nursing staff by 5/27/14. On 5/20/14 an electronic medical record bath type report was reviewed as well as progress notes from 5/5/14 through 5/20/14. The director of nursing validated the resident received a shower or bath at least twice weekly and care as needed to ensure resident is neat, clean, odor free, and dignity is maintained. WHAT MEASURES WERE PUT IN PLACE FOR RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED: A shower audit was initiated on 5/9/14. The audit form was expanded and completed on 5/21/14. A 100 % audit of all electronic medical records, bath type report, and shower sheets, was completed by the director of nursing, quality improvement nurse, and corporate consultants. The director of nursing and quality improvement nurse reviewed each electronic medical record and/or shower sheet from the previous 72 hours to ensure residents were receiving care as needed. The 100% audit was completed on 5/21/14. Any resident	

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F 312	Continued From page 3	F 312	identified during the audit as not having a bed bath or a shower as scheduled was offered a shower or bed bath. The audit and any follow-up was documented on the Shower/Bath Type Audit form. On 5/9/14, an in-service was initiated by director of nursing to all CNA□s that all residents are to receive showers on their shower days and document in the electronic medical record. If the shower is not given, it must be documented in the electronic medical record. The director of nursing initiated an in-service on 5/20/14 for all RNs, LPNs, and certified nursing assistants. The RNs and LPNs will review the electronic medical record daily to validate the nursing assistants□ documentation in the electronic medical record of showers and bath type. This in-service will be completed for all nursing staff by 5/27/14. The director of nursing initiated the Shower/Bath Type Audit form on 5/20/14 for the director of nursing, quality improvement nurse, MDS nurse, and/or the treatment nurse to audit the electronic medical records to ensure completion of documentation for bath type. WHAT SYSTEMS WERE PUT IN PLACE TO PREVENT THE DEFICIENT PRACTICE FROM RE-OCCURRING: A shower audit form was initiated on 5/12/14. The audit form was expanded and completed on 5/21/14 to include bath type. On 5/20/14 the director of nursing initiated an audit that will review all current residents for bath type. An in-service was	

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F 312	Continued From page 4	F 312	developed that educates nursing staff on proper documentation in the electronic medical record regarding bath type. In the event that a resident refuses a shower or other bath type, the CNA will notify the assigned nurse for appropriate intervention and documentation. On 5/20/14 the Shower/Bath Type Audit form was initiated by the director of nursing to monitor shower and bath type compliance. The director of nursing, assistant director of nursing, staff development coordinator, quality improvement nurse, treatment nurse, or MDS Nurse will complete the Shower/Bath Type Audit form five times a week for two weeks and two times a week for two weeks then one time per week for four weeks. HOW THE FACILITY WILL MONITOR SYSTEMS PUT IN PLACE: The Administrator and/or director of nursing will review the Shower/Bath Type Audit form to ensure all areas are reviewed as necessary. This review will take place five times a week for two weeks and two times a week for two weeks then one time per week for four weeks. The Administrator and/or director of nursing will report the results of the review of the Shower/Bath Type form findings to the Quality Improvement Executive Committee. The Quality Improvement Executive Committee will review for monitoring, assessment and recommendation of needs to further monitor these systems, and to ensure	

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F 312	Continued From page 5	F 312	continued compliance in these areas.	