

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

PRINTED: 06/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/10/2014
NAME OF PROVIDER OR SUPPLIER LIBERTYWOOD NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1028 BLAIR STREET THOMASVILLE, NC 27360		
(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 observation, record review, and interviews with residents and staff, the facility failed to provide showers in a manner to maintain personal hygiene for 1 of 7 residents (Resident #16) who needed extensive assistance to total assistance with personal hygiene.</p> <p>Findings included:</p> <p>Resident #16 was admitted to the facility on 9/23/13 with diagnoses that included hypertension, anemia, anxiety, depression, and spinal stenosis.</p> <p>The MDS dated 9/27/13 indicated the resident had moderately impaired cognition, did not reject care, was able to understand others and was understood. She was totally dependent with bathing.</p> <p>The care plan dated 10/1/13 indicated Resident #16 was at risk for decreased functioning related to impaired cognition. Interventions included assist with bathing. She was also at risk for impaired skin integrity due to decreased mobility and incontinence. Interventions included: provide a shower twice a week and provide a bed bath on non-shower days.</p>	F 312		2/3/14	

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

TITLE

(X6) DATE

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>A record review of the Activities of Daily Living Flowsheet dated December, 2013 revealed Resident #16 did not receive a shower twice a week, as care planned, for the weeks of December 1st, December 15th , December 22nd , and December 29th.</p> <p>The monthly nursing summary dated 1/5/14 indicated Resident #16 was alert and required total care for grooming. It further indicated the resident should have her hair shampooed weekly and she was incontinent of bowel and bladder.</p> <p>During an interview on 1/6/14 at 12:05 pm, Resident #16 stated, "I am supposed to have a shower twice a week on Monday and Thursday. They haven't given me a shower in over a week. I told them I usually wash my hair at least once a week. It starts itching when they don't wash it. It has been over a week since they have washed it. I don't remember why they said I couldn't have a shower."</p> <p>An observation of Resident #16 on 1/6/14 at 12:05 pm revealed she was lying in bed. Her hair was noticeably oily throughout. During the interview with Resident #16, she became tearful and was visibly upset only when speaking of her hair being oily and not getting a shower.</p> <p>Nurse's note dated 1/6/14 at 10:00 pm indicated resident received a shower.</p> <p>During an interview on 1/7/14 at 10:30 am, Resident #16 indicated she received a shower the previous night and stated, "I got a shower last night, but I had to fuss to get one. I am supposed to have 2 a week." She indicated she felt better</p>	F 312			

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F 312	<p>Continued From page 2 after receiving her shower.</p> <p>During an interview on 1/9/14 at 3:47 pm, Resident #16 stated, "I was told I would get a shower tonight. I really want two showers a week if i can get them. It makes you feel better than just a bed wash."</p> <p>During an interview on 1/10/14 at 6:55 am with NA #2, she indicated Resident #16 is scheduled to get a shower on Mondays and Thursdays and stated, "She is supposed to get [a shower] twice a week and get her hair washed at the same time. She was supposed to have a shower yesterday [on second shift], but did not get it. She wears her own clothes and she still has on the same clothes that I put on her yesterday morning." NA #2 indicated that, on 12/30/13, she was not able to get Resident #16, who required a sling-lift, out of bed for a shower. She stated, "She did not get [a shower] because the batteries in the lift were dead. The batteries take 1-2 hours to charge."</p> <p>During an interview on 1/10/14 at 7:25 am with Resident #16, she stated, "I didn't get a shower yesterday because they said the water or something was messed up."</p> <p>During an interview on 1/10/14 at 9:04 am with the DON, she stated, "[Resident #16] should have gotten a shower [on 12/20/13] when the [sling-lift] battery was charged. She could have gotten a shower on 2nd shift. We had a water problem yesterday. The plumbers were coming last night so we stopped the hot water. The part is coming today and should be fixed. She should get a shower today."</p>	F 312			