

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/25/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS ROAD</b> <b>WILSON, NC 27893</b>		
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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 staff interviews the facility failed to provide complete incontinent care for 1 of 4 dependent residents (Resident #88) whose personal care was observed. Findings included:</p> <p>The facility's "Peri Care/Handwashing Checkoff Tool", which was undated, outlined the procedure for providing pericare as follows:</p> <ol style="list-style-type: none"> <li>1. Provide privacy.</li> <li>2. Wash hands, gather supplies.</li> <li>3. Remove soiled brief, wash front to back and change sides of the cloth with each swipe.</li> <li>4. For females' front part of body, wash the middle first and then down the sides.</li> <li>5. Wash buttocks first then the middle.</li> </ol> <p>Resident #88 was admitted to the facility on 09/27/11. Cumulative diagnoses included alzheimer's disease, hypertension and abnormal posture.</p> <p>The most recent annual Minimum Data Set (MDS) assessment of 06/25/14 noted the resident had impaired decision making skills and required total assistance with toilet use and hygiene. She was incontinent of both bowel and</p>	F 312	<p>This Plan of Correction(POC)constitutes my written allegation of compliance for the deficiency cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to meet requirements established by Federal and State Law.</p> <p>F-312: 483.25 (a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS.</p> <ol style="list-style-type: none"> <li>1. For resident #88, identified CNA was individually in-serviced on proper incontinent care techniques with supervised return demonstration observed by nursing management. CNA was further required to take an on-line continuing education course on proper incontinent care prior to being allowed to returning to work.</li> <li>2. All residents have the potential to be affected by improper incontinent care techniques. Therefore, unlicensed and licensed nursing staff at Avante has been re-in-serviced on proper incontinent care</li> </ol>	10/8/14	

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

TITLE

(X6) DATE

Electronically Signed

10/07/2014

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>bladder. According to the Care Area Assessment (CAA) she triggered in urinary incontinence and it was to be addressed in her care plan. The care plan identified Resident #88 as being at risk for decline due to bowel and bladder incontinence.</p> <p>An observation of personal care was conducted beginning at 11:35 AM on 09/24/14. Nurse Aide #1 (NA #1) lifted Resident #88's slacks out from her body to check to see if she was soiled. After doing this, NA #1 stated she needed to be changed. NA #1 assisted by NA #2 lifted Resident #88 from the broda chair onto her bed. NA #1 pulled her slacks down below her knees and untaped her soiled brief. NA #1 pulled the drawers open on Resident #88's night table in search of a package of disposable wipes but there were none. She asked NA #2 to look in the roommate's drawers to see if there was a package of wipes. NA #2 reported there were none. NA #1 went over to the sink in the room and pulled a paper towel from the paper towel dispenser. She wet the paper towel with water and squirted soap from the wall hand soap dispenser onto the wet paper towel. NA #1 then pulled several dry paper towels from the towel dispenser. and walked back over to Resident #88's bed. She used the wet paper towel to briefly cleanse between her legs in a front to back method without opening the legs to visualize the perineum. NA #1 did not spread the labia to ensure adequate cleaning. She assisted Resident #88 to roll onto her side and used the same wet paper towel to wash her buttocks in a circular manner. She did not rinse the hand soap from the body. She used several dry paper towels to dry her and then applied a barrier cream to the buttocks. NA #1 placed a clean brief and pulled her slacks back up. She along with the</p>	F 312	<p>techniques with return demonstration. This was initiated on 9/25/2014.</p> <p>3. Nursing management has begun performing, and will continue to perform, and document results of three (3) random caregiver incontinent care observations each shift for the next 30-days. Any caregiver demonstrating inappropriate incontinent care techniques, will be stopped from providing care and will receive immediate re-education/training with follow-up demonstration observation.</p> <p>4. Results of the nursing management teams random staff monitoring of incontinent care technique will be reviewed daily and weekly as part of the facility QAPI and Quality of Life meetings. Findings and any trending results from these daily/weekly QAPI and Quality of Life audits/reviews will be presented for discussion and feedback direction/instruction at the monthly QAPI Committee meeting for one month and then on an as needed basis as directed by the Committee membership.</p> <p>5. Corrective Action will be achieved by October 8, 2014.</p>		

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

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F 312	<p>Continued From page 2</p> <p>assistance of NA #2 then lifted Resident #88 back into the broda chair.</p> <p>NA #1 was interviewed on 08/24/14 at 11:45 AM about the observation. She reported Resident #88 as needing total assistance from staff for her care. She commented that she had provided a complete bed bath for Resident #88 earlier this morning. NA #1 reported she could use either disposable wipes or wash cloths to provide incontinent care to the residents. She stated if she used a disposable wipe she would clean the front part of the resident's body twice in a front to back manner and discard the wipe. She stated she would obtain a clean disposable wipe to cleanse the back part of the resident's perineal and buttocks regions. NA #1 stated if she used wash cloths to provide incontinent care she would use the body wash provided by the facility. She added that after she cleaned with the wash cloth she would rinse and dry the resident's body. She commented she had been taught to wash front to back. NA #1 reported she would apply barrier cream after she cleansed the resident's body. When questioned about using the paper towel, she responded that she had used the last wipe earlier today and had not restocked the room. She stated the extra packages of disposable wipes were kept in a building outside of the facility. When questioned as to why she had not restocked, she responded that she was too busy to go outside to get the wipes.</p> <p>During an interview with the Unit Manager (UM) on 09/25/14 at 3:00 PM, he stated residents were to be checked about every 2 hours for incontinence and more often if necessary. He stated staff had been taught to use disposable wipes or soap and water for providing incontinent</p>	F 312			

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F 312	<p>Continued From page 3</p> <p>care. The UM stated if the disposable wipes were used staff had been taught to use one wipe to clean one area and discard it if cleansing a female resident. He stated if soap and water was used he expected the aides to cleanse all areas of the vaginal region as well as the back side of the resident's body. When questioned as to whether it was acceptable for staff to use a wet paper towel to provide care, he responded it was definitely not acceptable and no one had been given permission to do that. He stated paper towels were too rough to be used on the perineum. The UM also stated NA #1 should have gone out to the building and obtained more wipes if she had run out. He also stated that the soap in the hand dispensers was an antibacterial hand soap and was not to be used on the resident's sensitive perineal area. The UM stated if she was out of wipes she could have used soap and water with wash cloths rather than a paper towel.</p> <p>Nurse #1 stated at 4:00 PM on 09/25/14 that staff were required to complete skills check off sheets upon hiring and annually.</p>	F 312			