

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINDRED HOSPITAL EAST GREENSBORO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2401 SOUTH SIDE BOULEVARD GREENSBORO, NC 27406</b>		
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F 241 SS=D	<p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews with residents, resident ' s family member, resident ' s sitter and staff, the facility failed to answer resident call bells in a timely manner and provide assistance, for residents needing assistance, to maintain dignity for 2 of 4 residents (Residents #15 and 11) reviewed for dignity. Findings included: 1. Resident #15 was admitted on 2/20/15 with diagnoses that included respirator dependence, chronic respiratory failure, weakness, congestive heart failure, hypertension, cerebral palsy, and anxiety. The Minimum Data Set (MDS) dated 2/27/15 indicated the resident had adequate hearing, clear speech, made himself understood and understood others. He was cognitively intact, and had no behaviors or rejection of care. He required extensive assist of 2+ persons with activities of daily living, was occasionally incontinent of bladder and always continent of bowel. He was on a diuretic 6 of 7 days and required oxygen, suctioning, trach care, and a ventilator.</p> <p>During an interview on 3/23/15 at 3:13 pm, when asked about being treated with dignity, Resident #15 stated, " There is one time you just don ' t [use the call bell] - that's at 7 at change of shift. [Sometimes I have called] and it seemed like it</p>	F 241	<p>F-241- This plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies . The plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law.</p> <p>1) How corrective action will be accomplished for those residents affected by the deficient practice. Resident # 15 had a planned discharge home on 4/3/15 before we received our 2567 with the resident sample. Resident # 11 had a planned discharge home on 4/8/15 before we received the 2567 or residents sample.</p> <p>2) How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice. The DNS or Nurse Manager will assess residents personal hygiene by observation of residents appearance and resident interviews related to personal hygiene and address any issues where residents feel</p>	4/18/15	

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

TITLE

(X6) DATE

Electronically Signed

04/20/2015

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>took forever. [Two of my family members] spoke with the [Director of Nursing (DON)] about it. My [family member] was here recently when I had to wait so long that I had a [bowel movement] in the bed. I was upset and so was my [family member]. I know they are shorthanded. " Resident indicated that he frequently had to wait more than 30 minutes for his call bell to be answered.</p> <p>During an interview on 3/23/15 at 3:20 pm, Resident #15 ' s family member indicated she had been visiting the resident recently, the resident had a bowel movement " accident " and pushed the call bell at 3:00 pm for assistance. She stated, " We waited and waited until I went and got nurse in hallway. Someone came in, [indicated she would get someone to assist the resident], and turned off the call light. She came back about 15 minutes later and said ' No one has been in yet? ' It was about 50 minutes before he was finally cleaned up. I have talked to the DON about his call light not being answered. No grievance form was filled out and one said anything else about it. " The family member indicated the call bell wait times have not gotten better, even after speaking with the DON.</p> <p>During an interview on 3/25/15 at 1:11 pm with the Administrator she stated, " We have not had anything brought up recently about call bells. We have had in-services about call bells and it is my expectation that call lights are answered timely. "</p> <p>Record review revealed the nurse training record dated December 2014 included training about answering call lights.</p> <p>2. Resident #11 was admitted on 2/28/15 with</p>	F 241	<p>their call lights are not answered in a timely manner . The Social Services Director will identify through individual interviews those who feel their call lights are not answered in a timely manner and report findings to the DNS for follow through.</p> <p>3) What measures will be put in place or systemic changes made to ensure that the deficient practice will not occur . The SDC or DNS will provide an in-service to the current licensed and un-licensed staff population on providing timely call bell response and hygiene to maintain the resident's dignity and respect. The Social Services Director will conduct individual interviews to ascertain if residents call lights are answered timely and report any complaints to the DNS for follow though.</p> <p>4) How the facility plans to monitor its performance to make sure that solutions are sustained. The DNS will monitor the current resident population weekly x 3 months through observation , call bell audits , record reviews and residents to assure that the residents receive assistance with hygiene and timely call bell response to their needs in order to maintain their dignity. The Administrator will file concern/ grievance reports and provide appropriate follow through. The Activity Director will address call lights in the residents Council Meeting monthly x 3 months to assure that the residents call lights are answered timely. The Residents Council Minutes will be</p>		

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F 241	<p>Continued From page 2</p> <p>diagnoses that included respiratory failure, muscular dystrophy, tracheostomy, and anxiety. The Minimum Data Set (MDS) dated 3/6/15 indicated the resident had adequate hearing, clear speech, made herself understood and understood others. She was cognitively intact, and had no behaviors or rejection of care. She required extensive assistance of 2+ people with toilet use, was always continent of bowel and bladder. She required oxygen, suctioning, and trach care.</p> <p>During an interview on 3/23/15 at 11:58 am, when asked about being treated with dignity, Resident #11 stated, " Sometimes I wait for over an hour when I push my call bell. That is bad when you have to go to the bathroom. I have sometimes had to start pounding my call bell on the table to make noise to get someone to come in. I know the time on my clock and on my iPad. " The resident indicated she felt very frustrated about the amount of time she has to wait for her call bell to be answered and it caused her to worry.</p> <p>An observation of the resident ' s room on 3/23/15 at 11:58 am revealed a clock on the left wall beside her bed. The clock was working and indicated the correct time. The resident ' s iPad was sitting on her bedtable, directly in front of her and indicated the time.</p> <p>During an interview on 3/23/15 at 12:05 pm with Resident #11 ' s sitter, she stated, "[Staff] have turned off the call light and didn ' t even ask what she needed. No one came back in and she had to push the call bell again and wait over 30 minutes." She indicated a wait time of at least 20-30 minutes for the resident to receive assistance when she pushes her call bell was not</p>	F 241	<p>reviewed in the Performance Improvement Committee monthly x 3 months.</p> <p>The Administrator is responsible for the overall compliance.</p>		

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F 241	Continued From page 3 uncommon. During an interview on 3/25/15 at 1:11 pm with the Administrator she stated, " We have not had anything brought up recently about call bells. We have had in-services about call bells and it is my expectation that call lights are answered timely. "	F 241			
F 356 SS=C	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 of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors.  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.	F 356		4/18/15	

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F 356	<p>Continued From page 4</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 interview, the facility failed to maintain a daily posting of nurse staffing and failed to maintain the staffing data for a minimum of 18 months.</p> <p>Finding included:</p> <p>During initial tour of the facility on 3/23/15 at 9:30 am, an observation revealed there was no nurse staffing posted of licensed and unlicensed staff.</p> <p>During an interview on 3/23/15 at 9:45 am with the Director of Nursing (DON) when asked about posted nurse staffing he stated, " We have the schedule posted. " He indicated a posting of the " Weekly Assignment " sheet and the " Daily Census/Resident Activity " sheet. There was no daily sheet that indicated the census, the total number and actual hours worked by licensed and unlicensed staff, or the facility name. The DON further stated, " What we have are the hours worked on the staffing schedule."</p> <p>During an interview on 3/23/15 at 12:30 pm with the DON he indicated the nurse staff posting had not been done for several months but the posting would be started on 3/23/15.</p> <p>During an interview with the Administrator on 3/25/15 at 1:11 pm she stated, " There is supposed to be a posting daily. That is my expectation. I don ' t remember when the last time was that it was posted. " She further</p>	F 356	<p>F-356 This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies . The plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law.</p> <p>1) Corrective action for those residents found to be affected by the deficient practice. No residents were affected and the Nurse posting was placed on the wall at the Nurses Station . (3/25/15) The Nurse Posting will be posted on the wall at the Nurses Station daily as required by the RN Manager. The DNS set up a book for copies of the Nurse Staffing Reports which were posted . New Nurse Staffing Reports will be posted daily by the RN Manager daily and the old ones given to the DNS to be maintained in his book in his office for 18 months as required. The DNS will audit daily and maintain copies of the Nurse Staffing Reports in a notebook in his office for 18 months.</p>		

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

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F 356	Continued From page 5 indicated the posting was previously maintained and the daily posting sheets should be kept for 18 months. A request was made to the Administrator for the most recent posting of nurse staffing. No nurse staffing sheets were provided.	F 356	(4/14/15) The DNS in-serviced the licensed Nursing Staff on the requirements and expectation of the Nurse Staffing Report being posted on the wall of the Nurses Station. The DNS or Nurse Manager will monitor daily that the Nurse Posting has been placed on the wall of the Nurses Station. The SDC will in-service all new licensed Nursing Staff on completing and posting the Nurse Staffing Report on the wall of the Nurses Station. The DNS will bring any findings to the Performance Improvement Committee monthly x 3 months. The Performance Improvement Committee will review and make any recommendations. The Performance Improvement Committee has reviewed and approved this plan of correction. (4/17/15)		