

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

PRINTED: 08/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/23/2015
NAME OF PROVIDER OR SUPPLIER KENANSVILLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
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F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</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 observation and staff interviews, the facility failed to maintain resident ' s dignity while transporting residents from the shower room for one of thirty five residents sampled for dignity (Resident #12).</p> <p>Findings included:</p> <p>Resident # 12 was admitted on 4/7/15.</p> <p>The 5 day Minimum Data Set (MDS) dated 6/27/2015 noted Resident #12 was severely impaired for cognition and needed extensive assistance for all Activities of Daily Living (ADLs) with the physical assistance of one to two persons.</p> <p>On 7/23/2015 at 9:15 AM an observation was made of Resident #12 being transferred from the shower room to the resident ' s room in a shower chair. Resident #12 was wrapped with a blanket that only covered part of his back and left his buttocks exposed and could be seen as the shower chair was pushed down the hall and into his room. Nurse Aid (NA) #2 was pushing Resident #12 in the shower chair.</p> <p>On 7/23/2015 at 11:08 AM in an interview, NA #2 stated sometimes she brought residents back to</p>	F 241	<p>On 7/23/2015 certified nursing assistant caring for resident #12 was in-serviced on procedure for transferring resident to shower in shower chair to include providing privacy to ensure that dignity was respected by Assistant Director of Nursing.</p> <p>The Director of Nursing and Assistant Director of Nursing observed direct care nursing staff transferring residents to shower to ensure that each staff member provided dignity and privacy during transport to shower on 8/12/2015 and documented the observation on 8/12/2015.</p> <p>Facility direct care staff will be in-serviced on procedure for transferring resident to shower via shower chair/gurney/or chair to include providing privacy by 8/14/2015 by Director of Nursing or Assistant Director of Nursing. Facility direct care nursing staff that does not receive in-service by 8/14/2015 will receive training prior to working a shift. Newly hired staff will be provided education regarding privacy and dignity during orientation.</p>	8/14/15	

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

TITLE

(X6) DATE

Electronically Signed

08/18/2015

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	Continued From page 1 their rooms to dress them because it was easier to dress them in bed. NA #2 stated she gave Resident #12 a bath that morning. NA #2 stated the Assistant Director of Nursing came into Resident #12 's room and told NA #2 the resident was not completely covered and the residents must be completely covered when transferring to their rooms after bathing if they are not dressed. In an interview on 7/23/2015 at 11:13 AM, the Director of Nursing (DON) stated her expectation was the residents would be completely covered when they are taken from the shower room and not dressed in the shower room. On 7/23/2015 at 11:20 AM the Administrator stated her expectation was residents always be covered when they were brought out of the shower room.	F 241	The Director of Nursing or Assistant Director of Nursing will observe 2 to 3 observations of nursing staff transporting residents to shower to ensure that dignity and privacy is maintained weekly times four weeks, biweekly times four weeks, then monthly times one month. Results will be documented on the shower audit tool. The Director of Nursing will report findings of audits to Quality Assurance Committee (QA&A) weekly times four weeks, then bi-weekly times four weeks then monthly times one month. The QA&A Committee will evaluate results and implement additional interventions as needed to ensure continued compliance.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: 2. Resident #3 was admitted 6/6/2014 with diagnoses of Diabetes, Coronary Artery Disease (CAD), acute kidney failure, Congestive Heart Failure (CHF) and was on renal dialysis three times weekly. The annual Minimum Data Set (MDS) dated 4/12/2015 noted Resident #3 was severely impaired for cognition and needed supervision for all Activities of Daily Living (ADLs) with set up	F 281	On 7/22/2015 the doctor of resident #3 was notified of transcription error and order received to discontinue fluid restriction. The supplement for resident #80 was started by licensed nurse on 4/11/2015. Audit was completed by Director of Nursing on 7/22/2015 of all residents identified with an order for fluid restriction	8/20/15	

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F 281	<p>Continued From page 2 help only.</p> <p>The care plan for hemodialysis dated 7/13/2015 noted a focus of resident receives dialysis 3 days per week and a goal of the resident will have fluid balance maintained till next review. Fluid balance was maintained by stable vital signs, weights and labs within ranges deemed acceptable by the dialysis clinic.</p> <p>A review of dietary notes revealed a recommendation for fluid restriction and an order was written on 6/18/2015 for fluid restriction of 1500 cc daily. 40 cc for dietary and 660 for nursing.</p> <p>A review of the Medication Administration Record (MAR) revealed no order for fluid restriction for the month of June 2015 or July 2015. There was an order for discontinue (dc) fluid restriction. This order was dated 7/22/2015.</p> <p>On 7/23/2015 at 4:00 PM, in an interview, Nurse #1 stated she did not recall Resident #3 being on a fluid restriction.</p> <p>On 7/23/2015 at 4:20 PM, in an interview, Nurse #2 stated she did not recall ever giving Resident #3 any medications, but the fluid restriction would be written on the MAR.</p> <p>On 7/23/2015 at 4:52 PM, in an interview, Nurse Aid (NA) #2 stated she did not remember Resident #3 being on a fluid restriction. The NA stated that she would know by the meal tray slip and she would record the intake in the Care Tracker and tell the nurse.</p> <p>A review of the Care Tracker for June and July,</p>	F 281	<p>to ensure that fluid restriction was maintained.</p> <p>Director of Nursing will complete audit on 8/20/2015 of dietary recommendations received in last 90 days to ensure recommendations were addressed and transcribed to medication administration record.</p> <p>Facility licensed nurses will be in-serviced on facility policy on fluid restriction and transcribing physician orders by 8/14/2015. Facility licensed nurses that does not receive the in- service by 8/14/15 will receive prior to working a shift. Newly hired nursing staff will be provided education fluid restrictions and transcribing physician orders.</p> <p>Director of Nursing or designee will review previous day orders to ensure residents identified with fluid restrictions have been initiated to include Intake/Output sheets.</p> <p>Director of Nursing or designee will review previous day orders to ensure dietary recommendations have been transcribed to medication administration record once approved by attending physician.</p> <p>Director of Nursing or Assistant Director of Nursing will review 1 to 2 resident identified with fluid restriction orders to ensure that Intake and Output records are completed weekly times four weeks, then bi-weekly times four weeks then monthly times one month.</p>		

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F 281	<p>Continued From page 3</p> <p>2015 revealed Resident #3 did not exceed the fluid that was listed for the restriction.</p> <p>On 7/23/2015 at 5:15 PM, in an interview, the Director of Nursing (DON) stated she expected orders to be carried out by the staff.</p> <p>Based on record review and staff interviews the facility failed to initiate a recommendation by the Registered Dietitian for a dietary supplement for one of one resident sampled (Resident #80) and the facility failed to initiate an order for fluid restriction for one of one resident sampled (Resident #3).</p> <p>Findings included:</p> <p>1. The record review indicated Resident #80 was admitted on 4/20/2012 with diagnoses of cerebrovascular accident, hypertension, hyperlipidemia and reflux disease. The Minimum Data Set (MDS) dated 5/24/2015 noted Resident #80 was cognitively intact.</p> <p>The Registered Dietitian (RD) note dated 2/19/2015 revealed Resident #80 had continued weight loss and had decreased in appetite with average intake of 54% of meals. The RD recommended nutritional supplement of Medpass 2.0 at 90 milliliters (ml) four times per day.</p> <p>The RD note dated 4/9/2015 revealed Resident #80 had 4.5 % weight loss in the past month with Body Mass Index (BMI) 17.5 which indicated underweight status. The RD notes also indicated nutritional supplement Medpass 2.0 at 90 ml four times per day was recommended on 2/19/2015. According to the documentation the supplement</p>	F 281	<p>Director of Nursing or Assistant Director of Nursing will review medication administration record of residents with supplement orders received from dietary recommendation weekly times four weeks, then bi-weekly times four weeks then monthly times one month.</p> <p>The Director of Nursing will report findings of audits to Quality Assurance Committee (QA&A) weekly times four weeks, then bi-weekly times four weeks then monthly times one month. The QA&A Committee will evaluate results and implement additional interventions as needed to ensure continued compliance.</p>		

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F 281	Continued From page 4 was not started. The RD recommended Medpass 2.0 at 90 ml four times per day again on 4/9/2015. At 11:46 AM on 07/23/2015, the Director of Nursing (DON) stated RD recommendations would be reported to her after each RD visit and would be transcribed under physician order by DON or charge nurse. The DON stated she received the RD ' s recommendation on 2/19/2015 for the resident to receive Medpass 2.0 at 90 ml four times per day, but it was not transcribed under the physician ' s order. The DON confirmed Resident #80 did not receive the nutritional supplement from 02/09/15 to 04/09/15 as recommended by the RD on 02/09/15.	F 281			
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 and resident interviews, the facility failed to provide nail care for one of one resident sampled for nail care. (Resident #137). Findings included: The resident #137 was admitted on 7/9/2015. The resident's diagnoses included Alzheimer's disease.	F 312	Resident #137 nails were observed by Director of Nursing to be hard, discolored, with black discoloration or substance under nail on 7/23/2015. The physician was notified on 7/23/2015. The attending physician examined the resident's nails on 8/11/2015 and confirmed that the residents nail condition was fungal. Facility residents nails were examined by	8/14/15	

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F 312	<p>Continued From page 5</p> <p>The Minimum Data Set (MDS) dated 7/16/2015 noted Resident #137 was severely cognitively impaired and needed extensive to total assistance for all Activities of Daily Living (ADLs), with the physical assistance of one or two persons.</p> <p>On 7/21/2015 at 2:40 PM, Resident #137 was observed in his wheelchair. All of Resident 137's nails were long and four nails on the left hand had black matter underneath, also three nails on the right hand had black matter underneath.</p> <p>On 7/22/2015 at 8:20 AM, Resident #137 was observed with untrimmed fingernails with black matter underneath.</p> <p>At 8:30 AM on 7/22/2015, in an interview, Nurse Aide (NA) #1 stated residents received showers or bed baths according to their schedule. ADL care, including washing hair and trimming nails, was provided during that time to residents. NA #1 stated Resident #137 was scheduled for a shower that day.</p> <p>On 7/22/2015 at 9:17 AM, Resident #137 was observed with untrimmed fingernails with black matter underneath. NA #1 stated Resident #137 had shower today.</p> <p>On 7/23/2015 at 9:59 AM, Resident #137 was observed. The resident had untrimmed fingernails with black matter underneath.</p> <p>At 10:01 AM on 7/23/2015, in an interview, the Director of Nursing (DON) stated her expectation was ADL care would be a bath or shower, shave, hair care, nail care, oral care and dressing, and</p>	F 312	<p>licensed nurse on 7/23/2015 to ensure all residents had received proper nail care.</p> <p>Nursing staff will be in-serviced on procedure for nail care by 8/14/2015. Facility direct care nursing staff that does not receive the in-service by 8/14/15 will receive prior to working a shift. Newly hired nursing staff will be provided education regarding nail care during orientation.</p> <p>Nails will be checked weekly during skin assessment and trimmed if needed.</p> <p>Director of Nursing and Assistant Director of Nursing will audit skin assessments daily times four weeks, then biweekly times 4 weeks, then monthly times one month.</p> <p>The Director of Nursing will report findings of audits to Quality Assurance Committee (QA&A) weekly times four weeks, then bi-weekly times four weeks then monthly times one month. The QA&A Committee will evaluate results and implement additional interventions as needed to ensure continued compliance.</p>		

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F 312	Continued From page 6 the resident would be provided ADL care as scheduled and as needed. On 7/23/2015 at 10:28 AM, in an interview, the Administrator stated all residents had their nails checked weekly with their skin assessment. The resident #137 had skin assessment done on 7/15/2015. The Administrator noted her expectation was all residents would receive proper nail care when needed and not only during weekly skin assessment.	F 312			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to use sanitary practices in food preparation when staff failed to discard spilled meat on the food processor and the food preparation table during meat pureeing. Observation was made of food processor lid placed facing down in the sink during pureeing and reused lid while pureeing foods. Findings included:	F 371	The facility cook was provided re-education regarding sanitary practices on 7/22/2015 by District Dietary Manager. Facility dietary staff were provided re-education on importance of sanitary/safe food preparation service on 7/22/2015 by District Dietary Manager. Dietary Manager will conduct food preparation audit 2 to 3 times weekly	8/14/15	

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F 371	<p>Continued From page 7</p> <p>At 9:55 AM on 7/22/2015, the cook was observed pureeing meat in the food processor. During the process, some meat spilled out of the food processor on to the food preparation table and food processor. The cook picked up the spilled meat, added it back into the food processor and continued to puree the food. The cook then placed the food processor with the lid facing down in the food preparation sink and reused the lid while pureeing the meat.</p> <p>At 10:23 AM on 7/22/2015, the cook again placed the food processor lid facing down into the sink and continued to process the food. During this observation, the cook placed the lid into the sink and replaced the lid on the processor.</p> <p>At 12:56 PM on 7/22/2015, the cook stated spilled meat should not go back into the food processor, but today the spilled meat was added back into the food processor. The cook also stated the food processor lid should be held in the hand or should be kept facing up during the pureeing process.</p> <p>At 1:03 PM on 7/22/2015, the dietary manager (DM) stated the dietary staff were expected not to put spilled food back into the food processor and to hold the food processor lid in their hand or place the lid facing up between food preparations. If the food processor lid was placed facing down, the staff was expected to sanitize it before reuse.</p> <p>At 1:11 PM on 7/22/2015, the district dietary manager stated dietary staff were expected to follow proper sanitary processes during food preparation and in-service would be provided to staff.</p> <p>At 2:52 PM on 7/22/2015, the Administrator</p>	F 371	<p>times four weeks, bi-weekly times four weeks, monthly times one month at varying times to ensure that sanitary/safe preparation is adhered.</p> <p>Dietary Manager will report findings of weekly audits to Quality Assurance Committee (QA&A) weekly times four weeks, then bi-weekly times four weeks then monthly times one month. The QA&A Committee will evaluate results and implement additional interventions as needed to ensure continued compliance.</p>		

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F 371	Continued From page 8 stated the cook was expected to follow proper sanitary processes.	F 371			
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide dental services for one of two residents needing dentures (Resident #87). Findings included: Resident #87 was admitted to the facility on 3/2/2013 with diagnoses of Diabetes, stroke and depression. The annual Minimum Data Set (MDS) dated 10/15/2014 noted Resident #87 to be cognitively intact and needed extensive to total assistance for all Activities of Daily Living (ADLs). On 7/20/2015 Resident #87 was observed to have no teeth and no denture. Resident #87 stated his denture was broken and he would like new dentures. Resident #87 stated he had seen	F 412	Resident #87 received consultation for dentures at dental office on 8/4/2015. Dental consults for last six months will be audited by the Director of Nursing to ensure dental consult recommendations have been reviewed and carried out by 8-14-15. New Dental consults will be reviewed by Director of Nursing or designee weekly times four weeks, biweekly times four weeks, then monthly times one month.. Director of Nursing will validate any dental consults received for the week have been reviewed by physician and if appropriate recommendation have been implemented weekly times four weeks,	8/14/15	

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F 412	<p>Continued From page 9</p> <p>the dentist in the facility and requested new dentures but nothing had been done.</p> <p>A review of records revealed Resident #87 was seen by the dentist in the facility on 3/27/2014 and again on 10/23/2014. The dental visit sheets noted the dentist had written " t & g (tongue and gums) normal " and " wants dentures " on both sheets.</p> <p>On 7/22/2015 at 2:36 PM, in an interview, the Assistant Director of Nursing (ADON) stated the facility is in the process of scheduling Resident # 87 with his former dentist for new dentures.</p> <p>On 7/22/2015 at 3:46 PM, in an interview, the Social Worker (SW) stated Resident #87 ' s family members had requested the SW to find out if Resident #87 was eligible for new dentures. The SW stated she had contacted the Resident ' s former dentist and found Resident #87 was eligible for new dentures. The SW noted the family members had inquired about this the week of July 13, 2015.</p> <p>On 7/23/2015 at 9:40 AM, in an interview, the Administrator stated the dental sheets from the dentist visits to the facility were handled by the former Director of Nursing (DON) who was no longer employed by the facility. The Administrator stated she did not know if the present DON looks at them.</p> <p>On 7/23/2015 at 10:55 AM, in an interview, the DON stated she or the ADON looked at the dental visit sheets to determine if a resident needed an appointment. The DON stated she had only been employed at the facility since January, 2015.</p>	F 412	<p>bi-weekly times four weeks, them monthly times one month.</p> <p>The Director of Nursing will report findings of audits to Quality Assurance Committee (QA&A) weekly times four weeks, then bi-monthly times two months. The QA&A Committee will evaluate results and implement additional interventions as needed to ensure continued compliance .</p>		