

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

PRINTED: 12/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2015
NAME OF PROVIDER OR SUPPLIER WILKES SENIOR VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659		
(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 000	INITIAL COMMENTS	F 000			
F 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>	F 278		11/11/15	

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

TITLE

(X6) DATE

Electronically Signed

11/11/2015

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 278	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code resident ' s Minimum Data Set (MDS) for 2 of 25 residents (Resident #36 and #37).</p> <p>Findings:</p> <p>#1. Resident 36 was admitted to the facility 7/9/2013. Cumulative diagnosis include: Hypothyroidism, Non-dementia Alzheimer's disease, Parkinson's disease, Seizure Disorder and/or Epilepsy.</p> <p>A (MDS) dated 8/27/2015 indicated the resident had no dental problems; her missing teeth/edentulous status was not coded. The Care Area Assessment (CAA) did note her edentulous status under the dental care section. Her care plan dated 9/16/15 did not include her dental status.</p> <p>10/28/2015 3:46 PM interview with the MDS Coordinator was conducted. The MDS Coordinator stated she completed the MDS assessment with the Assessment Reference Date (ARD) of 9/16/15 for resident #36, and she did complete section L- Oral/Dental Status. She stated she did make a mistake on the MDS (ARD of 9/16/15). She stated "I know she is edentulous, I don't know why I didn't code it".</p> <p>#2. Resident 37 was admitted to the facility 12/11/2014. Cumulative diagnosis include: Altered mental status, Urinary tract infection, Acute kidney failure unspecified, Dehydration, Hypothyroidism, Rheumatoid Arthritis, Essential Hypertension.</p>	F 278	<p>Plan of Correction Re: 483.20(g)-(j) Assessment Accuracy/ Coordination/ Certified</p> <p>F278</p> <p>1. During our annual recertification survey, surveyor and MDS coordinator discussed possible miscoding of oral care section for resident #36 and resident #37. MDS coordinator maintained during interview that her coding was based on her previous understanding of coding for this section. Upon careful review of RAI manual, it was felt that coding for residents #36 and #37 was erroneous. Correction for coding on residents #36 and #37 occurred on 11/9/2015. On 11/9/2015, corrections were submitted on respective MDS assessments. For resident #36, her edentulous status was coded. For resident #37, her broken teeth were coded. Completion Date 11/9/2015</p> <p>2. In an effort to assure all current residents had appropriate coding for the oral care section of the MDS, an audit of all residents at risk in the facility for being miscoded was started on 11/6/2015 and was completed on 11/9/2015. The goal of the audit was to assure all current residents coding for oral status was correct, and that care plans addressed any concerns. All MDS assessments for respective residents were corrected as needed from 11/9/2015 through 11/11/2015.</p>		

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F 278	Continued From page 2 A comprehensive MDS dated 2/27/15 indicated the resident had no dental problems; her broken and missing teeth were not coded. The CAA did not trigger her dental status and her care plan did not include her dental status. 10/28/2015 12:51 PM interview with the MDS coordinator was conducted. The MDS coordinator stated she did complete the MDS assessment dated 2/27/15, and did complete section L- dental/oral status. She stated that she "should have coded her dental status on her MDS, because she knows she has missing teeth".	F 278	Completion Date 11/11/2015 3. Systemic changes are ongoing by involving all MDS staff in the previous audit, and completing signed education with the attached definitions of the RAI manual, specifically section L. Completion Date 11/6/2015 4. We will assure accurate coding of MDS assessments is sustained through monthly audits for a period of three months. The audit will include a review of the oral care section on any comprehensive MDS completed for that respective month. The results of these audits will be reviewed in the monthly QAPI meeting beginning on 11/18/2015. This process will be reviewed for a period of three months, ending January 20, 2016, if 100% compliance is attained. Completion Date Current and Ongoing (First QAPI Review 11/18/15)		
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 observations, staff interview, record review and a review of the facility 's policy, the facility failed to complete incontinent care for 1 of	F 312	Plan of Correction Re: 483.25(a)(3) ADL Care for Dependent Residents	11/11/15	

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F 312	<p>Continued From page 3</p> <p>5 residents observed receiving incontinent care (Resident #74), and failed to complete catheter care for 1 of 2 residents observed receiving catheter care (Resident # 175). Findings included: A review of the facility ' s policy titled " Perineal Care " was conducted on 10/28/15. The policy reads: " Male resident- wet wash cloths and apply soap or skin cleaning agent, wash perineal area wiping from front to back, begin at the top of the penis, washing downward from front to back, retract foreskin of the uncircumcised male. Wash and rinse urethral area using circular motion, continue to wash the perineal area including the penis, scrotum and inner thighs. Do not reuse the same washcloth or water to clean the urethra. Gently dry perineum following the same sequence. Reposition foreskin of uncircumcised male " .</p> <p>A review of the facility ' s policy titled " perineal care " reads: " wash perineal area, wiping from front to back, separate labia and wash downward from front to back, for indwelling catheters, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area. Continue to wash the perineum moving from inside outward to and including thighs. Alternate from side to side. Use downward strokes. Do not reuse same washcloth or water to clean the urethra or labia. Rinse perineum thoroughly in same direction, using fresh water and a clean washcloth. If the resident has an indwelling catheter, hold the tubing to one side and support and tubing against the leg to avoid traction or unnecessary movement of the catheter " .</p> <p>#1. Resident #74 was admitted on 11/01/2013</p>	F 312	<p>F312</p> <p>1. The deficient practice cited at 483.25 was corrected utilizing the following actions. Correction occurred on 10/29/2015. On 10/28/2015, NA #1 demonstrated her understanding of appropriate perineal care procedure by performing the appropriate process to the state surveyor during return recollection/ demonstration. On 10/29/2015, the Director of Nursing and Staff Development RN provided proper perineal care procedure education with NA #1 and required return demonstration, which was completed successfully. Deficient practice was also noted during the survey by NA#2 while providing indwelling catheter care to resident #175. Correction occurred on 10/29/2015. On 10/28/2015, NA #2 demonstrated her understanding of appropriate indwelling catheter care by providing the correct demonstration of catheter care for the state surveyor when asked the proper procedure. On 10/29/2015, the Director of Nursing and Staff Development RN provided proper indwelling catheter care procedure education with NA #2 and required return demonstration, which was completed successfully. Previous to the date of deficient practice, both NA #1 and NA #2 had been provided education on perineal care. NA #1 and NA #2 had also been assessed for proper perineal care through audits conducted by the nurse administration staff on several occasions over the past 10 months. This audit information was provided to the state</p>		

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F 312	<p>Continued From page 4</p> <p>with diagnoses that include: Methicillin resistant staph infection; Restless/Agitation, Hemiplegia following cerebral disease, Dysarthria, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Essential Hypertension, Urinary Tract Infection, Type II Diabetes Mellitus. Review of the Minimum Data Set (MDS) dated 7/27/2015, identified the resident as incontinent of bowel and bladder, and completely dependent upon staff for toileting.</p> <p>The care plan for Resident #74, last reviewed on 7/27/15, indicated the resident ' s incontinence is managed through protection and containment, and the staff are to provide him with peri-care.</p> <p>10/28/2015 at 8:25 AM an observation was made of Resident #74 receiving incontinence care. The resident was lying in bed on his back. Nursing Assistant (NA) #1 entered the room and approached the left side of the resident ' s bed, Nursing Assistant (NA) #2 entered the room and approached the resident ' s right side of his bed. Nursing Assistant (NA) #3 entered the room and handed NA #2 a washcloth she stated " has soap on it " and a wet washcloth " to rinse with " . NA #1 & NA #2 pulled down the resident ' s brief and then rolled him on his left side, facing NA #1. NA #2 used the soapy washcloth to clean the resident ' s buttocks and rectal region, then she used the wet washcloth to wash the buttocks and rectal region. Then NA #1 and NA #2 turned the resident onto his back, retracted the foreskin of his penis, and used the same soapy washcloth to cleanse his urethral opening of his penis that she had used to cleanse his buttocks and rectal region, and then washed it off with the same wet washcloth she had used on his buttocks and rectal region. She then repositioned the foreskin of the penis.</p>	F 312	<p>surveyor at the time of occurrence. Completion Date 10/29/2015</p> <p>2. The facility's efforts to assure no further perineal/ indwelling catheter care was provided outside of facility's policies are listed below. The staff was educated on proper perineal and indwelling catheter care procedures, perineal care policy was reviewed, indwelling catheter care policy was reviewed, and instructor demonstration of both perineal and indwelling catheter care was provided. Education began on 11/5/2015 and is ongoing. The education was provided by the staff development/ quality assurance nurse (RN) and the Director of Nursing. One hundred percent of all CNAs have been educated as of 11/13/2015. All CNAs must attend education prior to 11/13/2015 to be eligible for continued employment. Completion Date 11/13/2015</p> <p>3. The facility will assure perineal and indwelling catheter care continues to be performed adequately and that residents have no negative impact by performing weekly perineal care audits and weekly indwelling catheter care audits randomly. These audits will be completed by the administrative nursing team and designees at a rate of at least 10 audits per week on perineal care and at least 5 audits per week on indwelling catheter care, for a total of 4 weeks. Weekly audits began on 11/6/2015. Currently the audits have indicated 100% compliance in performing perineal and indwelling</p>		

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F 312	Continued From page 5 10/28/2015 2:37 PM an interview with NA #2 was conducted in regards to how she provides incontinence care. She stated "I would start in the front with pericare and then go to the buttocks and rectal region". States "I realized when you asked me that I did start in the back and then went to the front, but I did use a clean part of the washcloth". #2. Resident #175 was admitted 6/01/2015 with diagnoses that include: Anemia, Hypertension, and Urinary tract infections in last 30 days, Diabetes Mellitus, Hyperlipidemia, Depression, Gastrointestinal Reflux Disease, and Urinary Retention Review of the Minimum Data Set dated 9/04/2015 indicated the resident has an indwelling Foley catheter, and requires extensive assistance for toileting and activities of daily living (ADLs). Review of the resident 's care plan indicated resident #175 has an indwelling Foley catheter for a diagnosis of Urinary Retention, and she should receive catheter care every shift, change the Foley catheter every 30 days and secure with a leg strap. 10/28/2015 at 8:04 AM an observation of resident #175 receiving Foley catheter care was made. NA #3 was observed cleaning the Foley catheter using a disposable wipe with an up and down-repetitive motion to cleanse the tubing of the catheter (from the exit of the Foley catheter at the urethral opening away from the resident). 10/28/2015 at 2:27 PM an interview with NA#3 was conducted in regards to catheter care. She	F 312	catheter care, which is in compliance with facility policies/procedures. Additional training/disciplinary actions will be provided to any CNA performing peri-care outside of the facility's written policies. Completion Date Current with first week completion on 11/13/15 (Ongoing) 4. The facility plans to continue to monitor perineal and indwelling catheter care via the QAPI process. Random audits will be completed at least 1 times per week for 3 months after the initial 4 week period. The QA Committee will review the results of these audits at the monthly QAPI meeting and ascertain the effectiveness of current training and interventions, as well as assess the need for further intervention. The first review by QA Committee will be 11/18/2015. Completion Date 11/18/2015 (First review)		

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F 312	Continued From page 6 stated " you make sure you hold on to it (catheter tube) so you don't pull it out- essentially just make sure the tubing is clean. States she does not remember if she went up and down when she was cleaning her catheter tubing- stated "If that is what you remember then I probably did it because I was nervous". 10/29/15 9:40 AM an interview with the ADM, Director of Nursing (DON) and the Executive Director (ED) was conducted. The ED stated the staff were so focused on breakfast trays when you all were observing am care that they (NAs) just got nervous. The ADM stated that the facility had conducted several in-services regarding pericare and catheter care, and had also conducted pericare audits.	F 312			