

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

PRINTED: 03/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2016
NAME OF PROVIDER OR SUPPLIER HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H			STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC 27401		
(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 253	Continued From page 1 revealed the bathroom floor tile was stained around the base of the toilet bowl in Room #217. E. Observation on 02/24/2016 at 8:08 AM revealed in Room #130 the bathroom floor tile was stained with a brown colored substance. The corners of the floor under the sink had an accumulation of a brown colored substance. F. Observation on 02/24/2016 at 8:27AM revealed a heavy stained carpet outside of Room #101. G. Observation on 02/24/2016 at 8:28 AM revealed the hallway carpet was soiled with an accumulation of a brown colored substance near the entrance to Room #103. H. Observation on 02/24/2016 at 8:28 AM revealed the carpet was soiled with an accumulation of a brown colored substance at the entrance to Room #104. I. Observation on 02/24/2016 at 8:31AM revealed the carpet at the entrance to Room #105 had a dried white substance with an accumulation of a brown colored substance. J. Observation on 02/24/2016 at 8:36 AM revealed the floor corners under the sink in Room #202 had an accumulation of a brown colored substance. K. Observation on 02/24/2016 at 8:47AM revealed the hallway carpet was soiled with an accumulation of a brown colored substance at the entrance to Room #204. Interview on 02/24/2016 at 5:00 PM with the Regional Vice President revealed housekeeping and maintenance services were a contracted service as far back as 2011 and he had identified a week or 2 ago (from 2/24/16 but no specific date provided) that floors needed cleaning. The Regional Vice President indicated that a training session was held on 2/22/16. Record review of	F 253	cleaning and detailed cleaning of resident rooms. Facility housekeeping, administrative and nursing staff was educated regarding the process for entering repairs into the facility work order system. District manager for plant operations and environmental services or designee will conduct a detail audit of facility and resident rooms so that facility and each resident room is audited at least once monthly. The audit will address ceilings in need of painting, walls in need of repair, tile in need of repair, molding in need of repair, cove base in need of repair, cracked tile in need of repair, and resident room floors, resident bathroom floors and carpet in need of cleaning. Identified areas will be cleaned, repaired and painted. A QI tool will be utilized. Monitors Facility administrative staff will conduct resident room audits weekly ongoing to ensure continued compliance. Audits will be submitted to the facility quality committee for review. Facility quality committed will review audits for concerns and revise plan as indicated.	3-24-16 3-24-16 3-24-16 3-24-16	

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F 253	<p>Continued From page 2</p> <p>the training session with the Regional Vice President revealed on 2/22/16 a training session was held regarding the weekly housekeeping procedure and safety reminders. An inquiry was made about what floors had been cleaned and the response was he does not keep track but would start.</p> <p>Interview on 02/25/2016 at 8:13 AM with the administrator revealed on 10/19/15 housekeeping and maintenance was identified with dirty floors on the 100 hall (South). As a result a plan was in place to strip all the floors on the 100 hall and staff training. The completion date for all floors clean was 11/16/15. Additionally, the administrator indicated that the housekeeping supervisor was replaced in December 2015 (no specific date provided) and the Regional vice president was monitoring in the facility twice a week.</p> <p>Interview on 02/25/2016 at 4:03 PM with the administrator revealed her expectation was to have clean resident rooms.</p> <p>2. A. Observation on 2/23/16 at 8:48 AM revealed the molding on the wall near the bathroom was partially intact with metal exposed in Room #107</p> <p>B. Observation on 2/23/16 at 9:33 AM revealed rough and unfinished plaster repair on the wall near Room #310 B bed.</p> <p>C. Observation on 02/24/2016 at 9:32 AM foot of bed has cracked floor tile and the cove molding was partially separated from the wall. Room #229. Observation on 02/25/2016 at 9:39 AM revealed the cove molding continued to be partially detached from the wall in the bathroom</p>	F 253			

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F 278	<p>Continued From page 4</p> <p>Based on observation, interview with staff and record review the facility failed to accurately assess the eating status of 1 of 3 resident's reviewed for activities of daily living. (Resident #87) 2. The facility failed to accurately assess the urinary incontinence of 1 of 3 residents in the sample reviewed for urinary incontinence (Resident #35). 3. The facility failed to code the assessment for constipation for 1 of 1 resident reviewed for constipation. (Resident #85)</p> <p>Findings included:</p> <p>1. Review of Resident #87 quarterly Minimum Data Set (MDS) assessment tools dated 10/21/16 and 1/15/16 quarterly revealed Resident #87 had a decline in eating from being independent to requiring supervision from staff.</p> <p>Interview on 02/24/2016 at 12:54 PM with the MDS nurse #2 revealed the coding on the activities of daily living (ADL) form documented by the nursing assistant (NA) maybe inaccurate. They (referring to NA) are documenting so fast or maybe he needed assistance that day. MDS nurse #2 also indicated Resident #87 was independent in eating as of this survey.</p> <p>Observation on 02/24/2016 at 1:49 PM revealed Resident #87 had his lunch tray in front of him and eating without staff assistance.</p> <p>Interview on 02/24/2016 at 3:19 PM with NA #14 revealed it was an error in documentation and coding on the ADL form. NA #14 indicated Resident #87 can fed himself and does not need cueing during meals.</p>	F 278	<p>System Changes</p> <p>Facility MDS staff were educated regarding RAI guidelines for coding of ADL's, urinary incontinence and constipation.</p> <p>CNA staff were educated regarding accurate documentation of resident ADL's and resident voiding.</p> <p>Monitors</p> <p>Facility MDS nurses will audit 100% of all completed MDS's in the areas of ADL's, urinary incontinence, and constipation weekly for four weeks. A QI audit tool will be utilized.</p> <p>Results of audits will be submitted to the facility Quality committee monthly for review.</p>	<p>3-24-16</p> <p>3-24-16</p>	

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F 278	Continued From page 5 2. Resident #35 was admitted on 08/27/15, with the diagnosis in part of vascular dementia. The most recent minimum data set (MDS) revealed severe impairment and always incontinent of bowel and bladder. Review of - Admission assessment dated 09/03/2015 revealed, frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding). Compared To: 90-Day MDS Assessment: dated 11/22/2015, always incontinent (no episodes of continent voiding). Review of the bowel and bladder data collection data form for the assessment period revealed on 8/28/15 at 1:55 PM Resident #35 was continent of urine. During an interview on 02/24/2016 1:39:38PM, MDS Nurse #2 indicated Resident#35 had always been incontinent. She indicated it was a coding error. The C.N.A #2 documentation was wrong. She indicated she reviewed the bowel and bladder data form and interviewed the staff to obtain an assessment. MDS Nurse #2 indicated any errors made by the aides were corrected on the MDS assessment. During interview on 02/24/2016 2:41:45PM, C.N.A. #1 indicated Resident #35 was on a check and change program for incontinence at least every two hours. She was never able to communicate her needs and was always incontinent. During an interview on 02/25/2016 11:57:46 AM, C.N.A #1 indicated she remembered Resident#35 when she had first arrived. She indicted she had documented Resident#35 as incontinent. If she had documented her as continent it was an error. During an interview on 02/25/2016 1:58:09 PM,	F 278			

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F 278	Continued From page 6 MDS Nurse #1 indicated when the C.N.A incorrectly documented. The C.N.A. was asked if it was accurate. Once it is documented it cannot be changed, but it was coded accurately on the MDS. 3. Resident #85 was admitted to the facility on 4/30/15. The medical record revealed that she was prescribed , Amitiza 24 mcg (micrograms) by mouth twice daily on 7/3/15, Senokot with Senna 1 by mouth daily on 12/31/15, Lactulose 15 ml by mouth daily on 1/22/16, and Miralax 17 g (grams) by mouth twice daily on 1/30/16. All of these medications are used to treat constipation and/or bowel irregularities, and all used together indicated that the resident had a severe issue with bowel movements. The Minimum Data Sets (MDS) since 7/2015 were reviewed and none indicated that Resident #85 had any issues with constipation or any sort of bowel irregularities. The resident was interviewed on 2/25/16 at 12:30 PM and confirmed that she has had a long standing issue with her bowel movements. The MDS #1 nurse was interviewed on 2/25/16 at 3:00 PM about coding for constipation and/or bowel irregularities on Resident #85's MDS. She replied "It isn't on the MDS because 'as needed' Milk of Magnesia was only used once during the look back period. I did not look at the scheduled medications."	F 278			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of	F 332			

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F 332	<p>Continued From page 8</p> <p>hypokalemia complications as a result of concurrent long standing use of a diuretic medication for the treatment of congestive heart failure.</p> <p>Medication administration observation was conducted on 2/24/16 at 8:00 AM. Medication Aide #2 was observed administering 20 meq of KCl, throwing away the empty blister pack of potassium, and then requesting the nurse to obtain more KCl 10 meq from the pharmacy to give to Resident #145.</p> <p>Upon questing Medication Aide #2 on 2/24/16 at 11:00 AM, she revealed that she thought that she had given only KCl 10 meq to Resident #145 and needed more of the KCl 10 meq to make a total of 20 meq KCl. The Medication Aide #2 was requested to obtain the empty blister pack from the recycle bin and confirm the dose given to Resident #145. Medication Aide #145 obtained the empty blister pack, confirmed that it was the total prescribed dose of KCl 20 meq, as was prescribed, and confirmed that there was no need to order or administer any more KCl to Resident #145, as the total dose for the day had been administered.</p> <p>The Director of Nursing was interviewed on 2/24/16 at 5:00 PM. She stated "We have recently changed pharmacies. We used to get KCl 10 meq and administer two tablets to Resident #145, but now we are supposed to only administer one tablet of the full 20 meq KCl dose. My expectation is that the medications are given according to the 3 rights of medication administration; the right medication, the right dose, the right route."</p>	F 332			

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F 332	Continued From page 9 3. Resident #193 was admitted to the facility on 2/5/16 with orders to Take Aspirin 325 mg by mouth daily as preventative treatment for a cerebral vascular accident. Resident #193 also had orders, from admission, to crush medications that could be crushed for easy administration. Medication Administration observations was conducted on 2/24/16 at 8:00 AM. Medication Aide #2 was observed taking one Enteric Coated Aspirin 325 mg from a stock bottle and crushing the medication prior to administering it to Resident #193 by mouth. Upon interviewing Medication Aide #2, she stated "I did not know that enteric coated aspirin could not be crushed." She was readily able to provide a copy of Do Not Crush Medication list and realized that enteric coated items were listed on it. The Director of Nursing was interviewed on 2/24/16 at 5:00 PM. She stated "My expectation is that the medications are given according to the 3 rights of medication administration; the right medication, the right dose, the right route."	F 332			
F 371 SS=E	483.35(j) 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	F 371	The facility will ensure food is stored, prepared, distributed and served under sanitary conditions. For Residents Cited and All Residents	3-24-16	

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F 371	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to label and date food items. The facility failed to store food items off the floor. The facility failed to have floors, carpets and walls in the kitchen, dining room and dry storage area that were clean, free from cracks and free from an accumulation of dark brown colored substance.</p> <p>Findings included: Observation with the Food Service Manager (FSM) during the initial kitchen tour on 2/22/16 at 10:35 AM revealed: Walk in refrigerator: · There was 1 (5 pounds) opened containers of pimento cheese spread that was undated. 32 ounce container of liquid whole eggs that were opened and undated. An open package of pre-boiled eggs that were not dated when opened. There was a plastic bag that had a labeled to use by 2/2/16. There was no label of the contents. The FSM indicated the contents in the plastic bag was sliced corn beef. The corn beef was brown in color. Further interview with the FSM indicated that the corn beef needed to be throw away. There was a plastic bag with sliced meat out of the original container that was not labeled or dated. There was a plastic bag labeled American cheese. The actual contents was sliced turkey per FSM. There was a plastic bag with slices of meat that was undated and not labeled. FSM indicated the slices of meat was ham.</p>		<p>F 371 Food identified as unlabeled or incorrectly labeled, dated or stored, was discarded at the time of survey. The cabinet under the ice machine in the dining room was cleaned at the time of survey. The drain underneath the cabinet where the ice machine is located was repaired at the time of survey. The outside of the cabinets in the dining room were cleaned at the time of survey.</p> <p>The floors in the kitchen and dining room including the accumulation of red substance under the bread shelf and accumulation of black substance at the entrance to the kitchen, around the perimeter of the kitchen, and in the dry storage area were cleaned. The carpet in the dining area, and the area where the steam table is stored were cleaned.</p> <p>The trays used to store the drinking glasses in the dining area were replaced.</p> <p>The cracked floor tile in the dining area, the front panel of the stove, the water supply to the tilt skillet, and the cove base missing on the corners in the dining room, and the door frame where entering and exiting the kitchen was repaired.</p>	3-24-16	3-24-16

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F 371	Continued From page 12 detached from base of the stove. Observation on 2/24/16 at 11:20 AM the front panel of the stove was still partially detached. · The floor tile at the entrance to the kitchen had an accumulation of a black substance in the corners. Observation on 2/24/16 at 12:30 PM continued to reveal the floor tile at the entrance to the kitchen had an accumulation of a black substance in the corners. · Observation on 2/22/16 at 10:45 AM revealed the perimeter of the kitchen floor in the corners of the floor had an accumulation of a black colored substance. Observation on 2/24/16 at 12:35 PM revealed the perimeter of the kitchen floor remained with an accumulation of a black colored substance. · Observations on 2/22/16 at 11:45 AM during the lunch meal revealed the drinking glasses were stored on a red tray which had permanent black stains. · Observation on 2/24/16 at 11:42 AM continued to reveal drinking glasses were stored on a red tray which had permanent black stains. · Observation on 2/22/16 at 11:50 AM of the dining room revealed the corners of the floor had cove molding missing with broken plaster. The floor tile was cracked with multiple areas of black colored stains. The metal strip between the floor tile and carpet had an accumulation of a black colored substance within the grooves. The multiple colored carpet at the metal strip was black colored. · Observations on 2/22/16 at 11:45 AM revealed the food in the dining Room was served from a portable steam table. This table was moved so that the cook could plate the food. In the corner where the steam table was stored an accumulation of a black substance and a dead crawling insect was embedded in dust. After the	F 371			

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F 371	<p>Continued From page 13</p> <p>dining service the steam table was placed in the corner were the accumulation of the black substance and dead insect were observed.</p> <p>Observation on 2/22/16 at 11:55 AM revealed in the cabinet under the ice machine in the dining room had a white colored cloth that had dried to a brown/orange color. There was an offensive odor. The base of the cabinet was crumbling. Continued observation on 2/23/16 at 11 AM and 5:35 PM revealed the status under the cabinet continued. By 2/23/16 at 5:45 PM the administrator observed the condition under the cabinet. Interview on 2/24/16 at 11:41 AM with the FSM revealed she noticed the white cloth in December 2015 (no specific date) because the ice machine in the dining area was leaking with dripping from the tea container. Interview on 2/24/16 at 12:15 PM with the director of housekeeping revealed he noticed the cloth in the cabinet when he arrived 3 weeks ago (from 2/24/16 no specific date provided). " The cloth was there to catch what was leaking. "</p> <p>Continued interview revealed the administrator requested the area be cleaned and repaired on 2/23/16. The director of housekeeping services indicated the leak from the ice machine was fixed on 2/23/16. Further interview revealed drippings of tea occurs when the staff obtained liquids during meals.</p> <p>Observation on 2/24/16 at 11:15 AM with the FSM revealed:</p> <p>Observation of the dry storage area revealed the accumulation of brown colored substance in the corners and perimeter of the floor. Under 8 shelves in the dry storage area was an accumulation of dust. Interview with the FSM on 2/24/16 at 11:20 AM indicated she was not sure when the area was thoroughly cleaned but was aware that mopping was done on the visible</p>	F 371			

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F 371	Continued From page 14 areas in front of the shelves. Observation on 2/24/16 at 12:30 PM continued to reveal the two doors when entering and exiting the kitchen were chipped and scratched. The frame of the doors had peeling and chipped paint. The floor tile at the entrance to the kitchen had an accumulation of a black substance in the corners. Interview on 2/24/16 at 2:08 PM with FSM and the Area Support Manager for Nutrition Services was held. The FSM revealed she conducted a five minute sanitation /compliance walk through audits starting 12/30/15. As a result a training session was done on 1/27/16. Further interview on 2/24/16 at 2:28 PM with the FSM indicated her expectations for staff were to label and date food items once opened and any staff who see out of date food items should be thrown away. Additionally, the Cook was responsible for the floor being cleaned in the production area, the storage stock position was responsible for the dry storage floor being clean and dietary aides were responsible for the dishwashing area. Continued interview revealed the staff should make sure the floors are cleaned daily. Record review revealed a training session was conducted on 1/27/16 which included " all food is covered and properly labeled (double check walk-in) " Interview with the administrator on 2/25/16 at 8:57 AM revealed her expectations were that open items should be labeled and dated and the kitchen be kept clean.	F 371			
F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly.	F 372			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2016
NAME OF PROVIDER OR SUPPLIER HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H		STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC 27401		
(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 520	<p>Continued From page 16 QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility's Quality Assurance and Assessment Committee failed to maintain effective monitoring processes that the facility had put into place on 6/26/15 to ensure that the general environment of the facility remained clean and orderly. This was for one recited deficiency that was originally cited on an annual recertification survey conducted on 5/29/15, and again on the current recertification survey. The deficiency was in the area of</p>	F 520	<p>The facility will maintain an effective quality assurance program</p> <p>For Residents Cited and All Residents</p> <p>Sr. district manager for facility plant operations and environmental services conducted a full audit of resident rooms and facility hallways to identify ceilings in need of painting, walls in need of repair, tile in need of repair, cove base in need of repair, molding in need of repair and resident room floors, resident bathroom floors and carpet in need of cleaning. Identified areas were cleaned, repaired and painted.</p> <p>System Changes</p> <p>Facility staff will be inserviced on identifying issues with the resident environment and the process for reporting issues with the resident environment into the facility work order system for housekeeping and maintenance. Facility staff will also be inserviced on how to report issues with the resident environment directly to a member of the facility quality committee.</p> <p>The facility administrator, district manager and facility plant operations director will monitor issues reported in the facility work order system weekly for four weeks and develop plans of action as needed for correction of identified concerns. A QI audit tool will be utilized.</p>	<p>3-24-16</p> <p>3-24-16</p> <p>3-24-16</p>

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F 520	Continued From page 17 housekeeping and maintenance. The continued failure of the facility during the two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program. Findings included: Cross refer this citation to F253: Based on observations, record review and staff interviews the facility failed to maintain clean floors and carpet. The facility failed to maintain walls and floor tile in good repair. This was evident in 3 of 4 resident units (Units 100, 200, and 300). The facility was recited for F253 when they failed to develop and implement procedures and monitor these interventions to ensure the housekeeping and maintenance maintained a clean and orderly environment, as it related to the maintenance of the general environment. During an interview with the Administrator on 2/25/16 at 4:00 PM, she indicated that the facility's QA Committee consisted of herself, the Director of Nursing, the Medical Director, the pharmacist, and all of the facility's department heads, including maintenance and housekeeping. The Administrator indicated that the QA Committee met on a quarterly basis and more often if necessary. For the citation dated 6/26/15, the Administrator stated that the committee "focused on monitoring and fixing things in relation to shower heads only."	F 520	Monitors Facility administrative staff will conduct resident room audits weekly ongoing to ensure continued compliance. A QI audit tool will be utilized. Facility quality committee will meet monthly to monitor quality audit tools related to issues with resident environment. Plans of actions will be developed and revised by the facility quality committee as needed.	3-24-16	