

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2016
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(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 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident, family and staff interviews, the facility did not offer showers to 1 of 3 sampled residents (Resident #3) who were interviewed about bathing and expressed the desire to have showers. Findings included:</p> <p>Resident #3 was admitted to the facility on 01/06/16. Diagnoses included atrial fibrillation, hypertension and cerebrovascular accident. Her admission Minimum Data Set (MDS) assessment of 01/13/16 noted she was cognitively intact and required total assistance with dressing, hygiene and bathing. The Care Area Assessment (CAA) for this assessment noted activities of daily living (ADLs) triggered and was addressed in the care plan. Resident #3's care plan for the 01/13/16 assessment noted several problem areas including activities of daily living. Staff were to provide assistance as needed for bathing.</p> <p>The Activities of Daily Living (ADL) book for the month of January 2016 was reviewed and revealed no showers were noted for Resident #3. It noted she was given a bed bath on 01/18/16, 01/19/16, 01/24/16, 01/26/16, and 01/27/16.</p>	F 242	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Mount Olive Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F-242</p> <p>1. Resident # 3 received a shower on 02/25/2016 with supporting documentation on resident ADL sheet.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *W. J. Marshall* TITLE: *Adm. W. Director* (X6) DATE: *3/6/16*

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 242	Continued From page 1 The Activities of Daily Living (ADL) book for the month of February 2016 was reviewed and revealed no showers were noted for Resident #3. It noted she was given a bed bath on 02/01/16, 02/02/16, 02/03/16, 02/08/16, 02/15/16 and 02/18/16. Resident #3 was observed in bed with family at bedside on 02/23/16 at 1:45 PM. It was noted that her hair appeared to be stringy and greasy. When questioned as to the last time she had been given a shower, Resident #3 responded that she had not had a shower since she was admitted. The family member stated he was not aware that the facility had a public shower room that residents could be given showers. Resident #3 stated she really liked showers but all she had been given was a bed bath. She also stated the therapist had been helping her with the bed bath early in the mornings but she really wanted a shower. Resident #3 also stated she would like a shower at least twice a week if that was possible. She stated none of the staff had ever offered to give her a shower and because of that she thought that she wasn't supposed to have a shower. The shower book for the hall that Resident #3 resided on was reviewed on 02/24/16 and reflected Resident #3 was listed for showers on Mondays and Thursdays on the day shift. Nurse Aide #1 (NA #1) was interviewed on 02/24/16 at 10:15 AM. She stated she worked with Resident #3 and had not been offering showers to Resident #3. She stated therapy was working with her first thing in the mornings and she figured that offering the shower was not	F 242	2. Shower sheet audit complete every shift according to the resident shower/bath schedule by C.N.A staff 6 days a week – Sunday is omitted. Shower sheet audits to be reviewed by the nursing supervisors weekly for four weeks; two times per week for four weeks and then monthly unless findings indicate more frequent reviews are necessary to maintain compliance. In-service training to nursing staff held on 3/10/16, 3/11/16, 3/14/16, 3/15/16, and 3/16/16 covering Resident's Rights to receive a shower/bath as scheduled, shower sheet completion with required documentation on resident ADL sheet.		

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F 242	<p>Continued From page 2</p> <p>necessary since she was getting a bed bath by the therapist. She stated she was aware of the shower book but wasn't sure which days Resident #3 was to have showers.</p> <p>Resident #3 was observed resting in bed on 02/25/16 at 11:00 AM. She stated she had received her first shower this morning and it felt wonderful. She stated she was so happy that she got a shower and had her hair washed. She added that NA #3 gave her the shower today. Resident #3 stated NA #3 had worked with her when she was on another hall and never offered to give her a shower.</p> <p>One of the therapist's (therapy #1) who was familiar with Resident #3 was interviewed on 02/25/16 at 1:40 PM. She stated Resident #3 had been admitted for therapy and therapy was working with her on her bathing skills. When questioned if there was any reason that Resident #3 would not be given showers, she responded that there was no reason and just because therapy was working with her on bathing did not mean that showers were not to be offered. Therapy #1 commented they could work around the shower if Resident #3 wanted to take showers.</p> <p>The Director of Nurses (DON) was interviewed on 02/25/16 at 4:45 PM. She stated there was a shower book located on each station in the facility. She stated the resident's room numbers were listed on certain days. She stated staff should go by the shower list and should be offering showers on the days noted in the book. She stated a resident could request showers more often if that was their choice.</p>	F 242	<p>3. Revised shower/bath schedules have been prepared for each resident to ensure shower/bath has been offered as required/requested. Review of ADL documentation 5 x week by Nurse Managers and Center Executive Director to ensure shower/bath given with supporting documentation.</p> <p>Nursing supervisors will visit new admissions and new transfers onto the unit to determine their preferences for a shower/bath and assure the preference is entered on the shower/bath schedule for the C.N.A. staff and will monitor to assure scheduled showers/baths are provided as scheduled or document reason for non-completion.</p> <p>4. Performance improvement plan implemented to monitor the shower/bath schedule to ensure showers/baths are provided with supporting ADL documentation.</p>		

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F 520 F 520 SS=D	Continued From page 3 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS 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. 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. 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. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident, family and staff interviews, the facility's Quality Assurance (QA) committee failed to maintain implemented procedures that the committee put into place in May 2015 to prevent the reoccurrence of deficient practice related to honoring choices which resulted in a repeat citation at F242. The citing of F242 during the	F 520 F 520	Results of the shower/bath audits, review of C.N.A. shower/bath documentation and the shower/bath Process Improvement Plan will be reviewed by the facility QA committee for a minimum of three months and review period will be extended as necessary. F-520 Please refer to F-242 Above and: Department Managers received inservice education on 3/11/16 to heighten awareness of each department's responsibility to honor the wishes of residents and afford them the opportunity to make as many choices as possible about their Activities of Daily Living (ADLs). Each department was provided with examples of the kinds of things that should trigger them to solicit input from the resident to afford them with a sense of control.	3/16/16	

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F 520	<p>Continued From page 4</p> <p>facility's recertification survey in May 2015 and re-citing of F242 during the facility's current complaint investigation survey showed a pattern of the facility's inability to sustain an effective QA program. Findings included:</p> <p>This tag is cross-referenced to:</p> <p>F242-Based on observation, record review, resident, family and staff interviews, the facility did not offer showers to 1 of 3 sampled residents (Resident #3) who were interviewed about bathing and expressed the desire to have showers.</p> <p>Review of the facility's survey history revealed F242 was cited during the facility's 05/09/15 annual recertification survey.</p> <p>During an interview with the Administrator, on 02/25/16 at 9:00 PM, he stated F242 was still in their Quality Assurance (QA) program. He stated the administrative team met on a regular basis and discussed the smoking issue which was cited during the last annual survey. He stated not offering showers to residents or not honoring their choice to have a shower had not been identified as an issue.</p>	F 520	<p>For Example:</p> <p>Activities: Assure staff are giving residents who don't always participate in larger group activities the opportunity to experience meaningful 1:1 activities or solo activities utilizing staff, volunteers or the It's Never 2 Late equipment.</p> <p>Maintenance/Housekeeping: Allow residents to have input whenever a room is scheduled for deep cleaning or when maintenance repairs/painting have to be accomplished. Staff will work with residents to the greatest degree possible to afford them a sense of control over their personal living space.</p> <p>Dietary: Nutritional services will continue to seek out resident food preferences including likes and dislikes and will follow up to assure wishes are being followed.</p> <p style="text-align: right;">3/16/16</p>

PAGE 6- Continuation of F-520

MOUNT OLIVE CENTER – Complaint Survey 2/25/16

F-520 – Continued from Page 5:

Social Services: Social Services staff will be alert to identify any concerns a resident may have regarding ability to make choices and will discuss at the daily staff meetings and incorporate into the QA process as necessary.

The elements of F-242 and F-520 will be reviewed by the facility QA Committee at for at least three months and the review period will be extended if necessary.