


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

PRINTED: 03/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/24/2016
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NAME OF PROVIDER OR SUPPLIER HILLCREST RALEIGH AT CRABTREE VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612
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(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	This plan of correction constitutes Hillcrest Raleigh at Crabtree, LLC's (Hillcrest's) written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of records the facility failed to clean between the toes and failed to correctly provide perineal care for 1 of 3 dependent residents (Resident #4) whose care was observed. Findings included: Resident #4 was re-admitted on 5/22/15 with diagnoses that included stroke with left sided hemiplegia. His most recent Minimum Data Set, an annual assessment, dated 12/17/15 indicated the resident was cognitively intact and required extensive to total assistance with activities of daily living. He was identified as having impaired movement on one side involving both his lower and upper extremities. On 2/22/16 at 4:00 PM Resident #4 was observed receiving a shower given by Nursing Assistant (NA) #1 and NA #2. At different points during the shower, NA #1 and NA #2 washed the top of the resident's toes and washed the bottoms of both feet. At no time did either NA wash, dry and inspect the skin between the resident's toes. NA #1 was observed washing the resident's male</p>	F 312	<p>F312</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The DON returned to Resident #4 with NA 1 and NA 2 and re-educated both aides on washing between the toes and proper cleaning of a male resident's genitalia. Resident 4 was provided proper cleaning during the education process.</p> <p>2. Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice.</p> <p>A review of residents ADL/skin care found no other residents with black matter between the toes nor found cleanliness issues with genitalia of male residents. Nursing staff were educated on ADL care to include skin assessments and bathing techniques.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>Unannounced audits performed at least weekly x4, bi-monthly x2, and monthly x1 of ADL care in regards to foot care and male per care will be performed by the DON/designee.</p>	3-23-16 3-23-16 3-23-16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 03/11/2016
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A 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 312	<p>Continued From page 1</p> <p>genitalia. NA #1 did not retract the foreskin and cleanse the male genitalia thoroughly. NA #2 acknowledged after the completion of the shower, after the resident had returned to his room, that she had not washed between the resident's toes. She retrieved a towel, sliding the towel between each toe and removed a large amount of black matter.</p> <p>During an interview with NA #1 and NA #2 on 2/22/16 at 4:45 PM, both NAs acknowledged that had not washed between the resident's toes, inspected the skin and dried the skin. NA #1 stated he had been taught to wash the male genitalia of an uncircumcised male by retracting the foreskin, washing and then sliding the skin back in place. He added it would be important to clean any build up that may be under the foreskin. NA #1 and NA #2 had no reason why they had not washed the resident's feet thoroughly. NA #1 stated he had forgotten to retract Resident #4's foreskin for cleaning.</p> <p>The DON was interviewed on 2/23/16 at 9:41 AM, and stated she would have expected the NAs to wash between the resident's toes, rinse the toes and dry the toes thoroughly. She added inspecting the toes closely would be important to identify any change in skin integrity. The DON stated she expected NAs to retract the foreskin of uncircumcised males, clean the penis and replace the foreskin.</p>	F 312	<p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assurance system of the facility.</p> <p>Audits of the cleaning of feet and the perineal care of males, will be performed by the DON/designee weekly x4, bi-monthly x2, and monthly x1. The facility QA committee and administrator/designee will review the monitoring results during QA meetings for 3 months. DON/designee will be responsible for monitoring and reporting.</p>	3-23-16