STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345468	A. BUILDING _____ B. WING _____	C 05/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS REHABILITATION CENTER	121 RACINE DRIVE WILMINGTON, NC 28403

(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 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 record review, family and staff interviews the facility failed to provide timely incontinence care for 1 of 3 sampled residents reviewed for activities of daily living (Resident #2). The findings included: Resident #2 was admitted to the facility on 6/2/14 and had a diagnosis of Dementia. The Care Area Assessment (CAA) for Urinary Incontinence dated 6/23/15 revealed the resident had frequent bowel and bladder incontinence The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 3/21/16 revealed the resident was severely cognitively impaired and required extensive assistance with toileting and was occasionally incontinent. The resident ' s Care Plan updated on 3/17/16 revealed the resident had bowel and bladder incontinence and was incontinent during the night. The Care Plan directed staff to check for incontinence every 2-3 hours. An interview with a family member on 5/24/16 at 1:13 PM revealed on 5/11/16 the family member visited Resident #2 around lunch time and the resident had not had a bath and was lying in stool. On 5/25/16 at 9:34 AM the Unit Manager stated in an interview the NAs (nursing assistants) should make rounds every 2 hours and change	F 312	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F 312 A corrective action for Resident #2 has been accomplished by: For resident #2, incontinence care was provided by the Nursing Assistant during the residents bath on 05/11/2016. All incontinent residents have the potential to be affected by the alleged deficient practice.	6/10/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/04/2016

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F 312	Continued From page 1 incontinent residents. An interview was conducted with the NA assigned to Resident #2 on 5/11/16 on the 7 AM to 3 PM shift. On 5/25/16 at 1:20 PM, NA #1 stated on 5/11/16 around lunchtime a family member came in and complained that Resident #2 had not had a bath that morning so she went in to give the resident a bath and the resident had soiled herself. The NA stated she started her shift that morning at 7:00 AM and had not checked the resident for incontinence until she went in to give her a bath around 12:30 PM. The NA stated she was getting other residents bathed and out of bed and had not gotten around to Resident #2. The Director of Nursing (DON) stated in an interview on 5/25/16 at 3:00 PM that the NAs should be checking incontinent residents during the morning while providing AM care to other residents.	F 312	All current residents were assessed by the Unit Mangers to identify residents that are incontinenet of bowell or bladder. This was accomplished by reviewing each residents Point of Care documentation in Point Click Care for the past 14 days. This assessment will be completed by 06/10/16. Residents noted with any bowell or bladder incontinence atleast once during the 14 day look back were careplanned by the MDS Coordinator for incontinence and interventions to manage the incontinent episodes were care planned. This process will be completed by 06/10/2016. Systemic changes made were: Inservice education on providing timely incontinence care will be completed by the Staff Development Coordinator by 06/10/2016. All full time, part time and PRN Nurses and CNA's will be educated. The facility specific in-service was sent to each Hospice Provider whose employees give residents care in the facility to provide training for staff prior to returning to the facility to provide care. Any in-house staff member who did not receive in-service training will not be allowed to work until training has been completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance process to verify that the change has been sustained.	

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F 312	Continued From page 2	F 312	The facility plans to monitor its performance by: The Director of Nurses will monitor this issue using the Incontinence Care Quality Assurance Tool for monitoring timely incontinence care. This will be completed weekly for 2 weeks monitoring 7 residents weekly for timely incontinence care then monthly times 3 months or until resolved by Quality of Life/Quality Assurance committee. Reports will be given to the weekly Quality of Life Committee and corrective action initiated as appropriate. The Quality of Life Committee consists of the Administrator, Director of Nursing, Staff Development Coordinator, Unit Managers, Support Nurses, Social Workers, Dietary Manager and the Business Office Manager. Compliance date: 06/10/2016	