

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTINGTON HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 S CAMPBELL STREET</b> <b>BURGAW, NC 28425</b>		
(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 248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to provide structured and meaningful activities of interest during 1 of 2 activities observations. Findings included: A review of the activities calendar revealed on 8/31/2016 at 10:00 AM the scheduled activity was " Morning News " . An observation of the scheduled activity located in the activity area connected to the main dining room occurred on 8/31/2016 at 10:15 AM. The observation revealed 13 residents seated around a long table and the Activities Director was seated at the end of the table. The Activities Director was observed with her head lowered reading a newspaper. The Activities Director looked up occasionally, but did not speak or interact with the residents. During the 15 minute observation the Activity Director did not interact in any way with the seated residents. There were 3 residents sleeping and the remainder of the residents did not interact with each other and looked around the room or out the window. An observation on 8/31/2016 at 10:45 revealed the Activity Director with her head lowered reading the newspaper and all of the residents were observed in the same position as the previous observation.</p>	F 248	<p>For all residents:</p> <p>" Activity Director in-serviced on 08/31/2016 by Administrator on providing structured and meaningful activities to ensure the residents in attendance have the ability to engage and maintain attention to the activity in order to meet the interests and physical, mental and psychosocial well-being of each resident. " Effective 09/16/2016, Audit initiated by Administrator of all current residents most recent MDS (Section F) to be conducted by Activity Director/Designee for identification of the resident interests, preferences and abilities to ensure ongoing activities match the skills, abilities, needs and preferences for each resident. Random audit of 25% of current resident's MDS (Section F) to continue weekly times four weeks to total 100% and monthly thereafter by Activity Director/Designee. " For continued monitoring, Administrator/Designee will observe one Activity per week to ensure activity provided is structured and meaningful while also meeting the interests, physical,</p>	9/23/16	

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

TITLE

(X6) DATE

Electronically Signed

09/23/2016

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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 248	Continued From page 1 An interview was conducted with the Activity Director on 8/31/2016 at 11:30. The Activity Director stated the 10:00 AM activity was " Morning News " and consisted of reading the daily news to the residents and afterwards the articles were discussed. The Activity Director stated she prepared for the activity by reading the newspaper prior to the activity and she selected articles of interest to the residents. The Activity Director indicated she did not have time prior to the activity to read the paper and did not select specific articles to read to the residents. The Activity Director indicated she read the weather to the residents when the activity began and stated she was unsure of the time she finished reading. The Activity Director stated there were more residents in the morning activity than usual and she felt a different environment would be considered an activity for some residents. The Activity Director stated she used " a lot " of the scheduled activity time on 8/31/2016 at 10:00 AM reading the paper to herself and did not have an explanation. The Activity Director stated not much of the activity time contained interactive, structured or meaningful activities and she had forgotten her glasses so she would not have been able to see if residents were sleeping during the activity. An interview was conducted with the Administrator on 8/31/2016 at 12:15 PM. The Administrator stated the expectation was activities would be interactive for the residents involved and the Activity Director would read loud the current events from the newspaper with encouraged participation from the residents.	F 248	mental, and psychosocial well being of each resident. " Results of audit and Activity observation to be presented at the next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES	F 253		9/23/16	

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F 253	<p>Continued From page 2</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resideent and staff interview, the facility failed to maintain a clean environment for their residents by allowing residents to reside in rooms that had damaged walls, unsecured privacy curtains, and common areas that had heavily soiled upholstered furniture and light fixtures that did not work in the facility ' s main dining room and in 2 of the facility ' s 4 hallways and by allowing the furniture on the facility front porch to become soiled and damaged. (100 hallway and the " middle " hallway) The front porch of the facility was observed to have three white wooden rocking chairs. Each of the chairs had arm rests that were heavily soiled and were gray in color from the dirt that had accumulated on the armrests. One of the three rocking chairs had two slats broken off and missing from the chair back. Observations of the front porch were made on 8/29/2016 at 11:40am, 8/30/2016 at 7:40am and 9/1/2016 at 8:07am. The main dining room of the facility was observed on 8/29/2016 at 12:15pm, 8/30/2016 at 12:55pm and 8/31/2016 at 12:25pm. The main dining room was observed to have burgundy-colored fabric tablecloths. Two of the tablecloths had numerous orange spots that were approximately 3 inches in diameter. These tablecloths were on tables that were being used for resident dining. Also noted in the main dining room were 3 large overhead lights that were burned out and not providing light. One resident was observed to be</p>	F 253	<p>For Resident # 1:</p> <p>" Wheelchair was cleaned on 09/19/2016. " In-service initiated by Administrator on 09/16/2016 of all facility staff to be conducted by Staff Development Coordinator/Designee focusing on facility/staff responsibility to provide effective housekeeping and maintenance services to ensure a sanitary and orderly environment specific to cleanliness of wheelchairs and timely reporting of the need for cleaning.</p> <p>For Resident # 86:</p> <p>" On 08/29/2016, replaced geri-chair and disposed of damaged geri-chair. " On 08/29/2016, Director of Nursing verified that resident was care planned for picking at items such as geri-chair, wall, and self. " In-servicing initiated by Administrator on 09/16/2016 of all facility staff to be conducted by Staff Development Coordinator/Designee focusing on facility/staff responsibility to provide effective housekeeping and maintenance services to ensure a sanitary and orderly environment specific to timely reporting of damaged equipment and the need for</p>		

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F 253	<p>Continued From page 3</p> <p>seated in a soiled wheel chair. Resident # 1 was being fed while seated in a heavily soiled wheel chair. This was observed on 8/29/2016 at 12:20pm and 8/31/2016 at 12:10pm. Another resident was observed on one day of the survey to be seated in a reclining geri-chair that was heavily damaged and soiled and appeared to have a seat cushion cover that had been picked off in many places. The same geri-chair was observed to have fabric completely worn off of the right armrest and the armrest was worn down to a wooden slat. Resident #86 was seated in this geri-chair during the noon meal on 8/29/2016 at 12:23pm. Another observation on the right side of the main dining room, was the air conditioning unit closest to the kitchen door and had a heavy accumulation of dust, dirt and trash. Another air conditioning unit near back of the activity area in the main dining room had a dried orange spill on left end of plastic grill. The air conditioning units were observed on 8/29/2016 at 12:28pm, 8/30/2016 at 1:09pm and 8/31//2016 at 12:38pm.</p> <p>In the main lobby area of the facility, observations noted 2 burgundy-colored chairs that have heavily soiled seat cushions and arm rests. The observations of these chairs were made on 8/29/2016 at 3:00pm, 8/30/2016 at 9:15am, and 8/31/2016 at 7:30am.</p> <p>Observations made in the middle hall dayroom that was referred to as the Rose Room revealed one gold fabric-covered chair with heavily-soiled arm rests. There was also one green sofa with brown circular stains and another green sofa with a torn seat cushion that revealed the white foam cushion. This room was observed on 8/29/2016 at 2:40pm, 8/30/2016 at 10:15am, and 8/31/2016 at 8:20am. Another day room that was located</p>	F 253	<p>replacement.</p> <p>For Resident #140:</p> <p>" On 09/19/2016, resident room and bathroom was deep cleaned.</p> <p>" In-servicing initiated by Administrator on 09/16/2016 of all facility staff to be conducted by Staff Development Coordinator/Designee focusing on facility/staff responsibility to provide effective housekeeping and maintenance services to ensure a sanitary and orderly environment specific to cleanliness of rooms/bathrooms to aide in elimination of odors.</p> <p>For Resident # 9:</p> <p>" On 09/19/2016, resident room and bathroom was deep cleaned.</p> <p>" In-servicing initiated by Administrator on 09/16/2016 of all facility staff to be conducted by Staff Development Coordinator/Designee focusing on facility/staff responsibility to provide effective housekeeping and maintenance services to ensure a sanitary and orderly environment specific to cleanliness of rooms/bathrooms to aide in elimination of odors.</p> <p>For residents #1, #86, #140, #9 and all other residents:</p> <p>" On 08/30/2016, a/c unit in room 123 was replaced.</p> <p>" On 09/01/2016, Environmental Services Director added/reattached hooks</p>		

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F 253	<p>Continued From page 4</p> <p>on the 100 hall referred to as the Daisy Room was observed on 8/29/2016 at 2:59pm, 8/30/2016 at 10:28am, and 8/31/2016 at 8:47am. In the Daisy Room there was one overhead light that did not come on, a green chair that had dried spills on the cushions, and a mauve-colored chair with soiled dark spots on the seat cushion and arm rests, as well as a coffee table with white matter, approximately 4 inches in length that was stuck to the top of the table.</p> <p>In observations made in individual resident rooms, observation was made of room 123, where there was a white bed spread on the floor beneath the air conditioning unit. This same room was also noted to have bent mini blinds at the window. These observations were made on 8/29/2016 at 3:38pm and 8/30/2016 at 1:40pm. Resident room 132 was noted on four days of the survey to have 2 overhead lights out in the room. Observation of room 132 was made on 8/29/2016 at 3:23pm, 8/30/2016 at 1:50pm, 8/31/2016 at 11:33am, and 9/1/2016 at 8:25am.</p> <p>There were several resident rooms that were observed to have privacy curtains that were missing hooks and were not completely attached to the track that held the privacy curtains. The resident rooms with missing hooks in the privacy curtains were: Room 125B, Room 132B, Room 134, and Room 135A.2016 These rooms were observed for three days of the survey: 8/29/2016 at 4:05pm, 8/30/2016 at 4:30pm, and 8/31/2016 at 2:10pm.</p> <p>Observation of these resident rooms were made on 8/29/2016 beginning at 3:50pm, 8/30/2016 at 4:20pm and 8/31/2016 beginning at 2:00pm. Resident room 132B was noted to have 2 areas</p>	F 253	<p>on privacy curtains in rooms 125, 132, 134, 135 and in all other rooms.</p> <p>" On 09/02/2016, all broken furniture on porches was removed/repared and all furniture remaining was cleaned.</p> <p>" Effective 09/02/2016, audit initiated by Administrator to be completed by Environmental Services Director/Designee on all facility tablecloths in dining rooms. Any tablecloths that had stains was discarded. New tablecloths were ordered on 09/22/2016.</p> <p>" On 09/02/2016, Maintenance Director repaired/replaced all overhead lights in the main dining room.</p> <p>" On 09/02/2016, housekeeping staff cleaned all a/c units in main dining room to include cleaning of filters and covers.</p> <p>" Effective 09/16/2016, Audit initiated by Administrator of all resident rooms and common areas to be conducted by Maintenance Director/Designee to identify any a/c units, mini blinds, over the bed tables, kick guards, and lighting in need of repair and replacement. Any damaged equipment found will be repaired/replaced/ordered by 09/23/2016.</p> <p>" On 09/19/2016, housekeeping staff began cleaning all wheelchairs in facility to be completed 09/23/2016.</p> <p>" On 09/19/2016, room 132 was painted</p> <p>" On 09/19/2016, furniture on porches were painted, if applicable.</p> <p>" On 09/19/2016, Kick guards on rooms 124, 125, 127, 128 and rose room was reattached to doors</p> <p>" On 09/19/2016, kick guards on all rooms and door were repaired/replaced</p>		

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F 253	<p>Continued From page 5</p> <p>where the yellow painted walls have green color showing through, Room 121 had two large white areas by the resident bed. The room walls were painted yellow and the areas on the wall have been picked or scraped to remove the wall paint. These white areas were noted to be approximately 8x12 inches and 5x2 inches. Another resident room was observed at the same times and had an area where the sheetrock is crumbling and the paint is peeling. This was observed in resident room 134. Room 405 had a bedside table that had peeling paint. Resident room 134 was observed to have scratches on the walls and there were places with missing paint.</p> <p>Several resident room doors to the hallway were noted to have a "kick guard" that reaches from the floor to almost waist level. These dark brownish/black "kick guards" were noted to be pulling away from the door. The resident room that had this problem were: Room 124, Room 125, Room 127, Room 128, also on the Rose Room Day Room on the middle hallway.</p> <p>Resident interview on 8/30/2016 at 4:38pm with Resident #140 revealed the resident felt the facility is not kept clean. This resident reported frequently dirty resident bathrooms and room floors.</p> <p>Resident #9 was interviewed on 8/30/2016 at 4:13pm and the resident reported they did not feel that the facility was clean. This resident reported frequently soiled bathrooms and trash and food particles that are allowed to remain in the resident room floor.</p> <p>Interview with the facility administrator on 9/1/2016 at 10:45am when a tour of the facility</p>	F 253	<p>as needed.</p> <p>" On 09/19/2016, all common area furniture (main lobby, daisy room, rose room and dining rooms) were deep cleaned and repaired. Any furniture that could not be repaired and/or eliminate stains was discarded.</p> <p>" On 09/20/2016, room 121 was painted.</p> <p>" On 09/21/2016, sheetrock repaired/replaced and room painted in room 134.</p> <p>" In-service initiated by Administrator on 09/16/2016 of all facility staff to be conducted by Staff Development Coordinator/Designee focusing on facility/staff responsibility to provide effective housekeeping and maintenance services to ensure a sanitary and orderly environment specific to cleanliness of wheelchairs and timely reporting of the need for cleaning; maintain sanitary and orderly environment specific to cleanliness and proper function / replacement of furniture on porches to include timely reporting of damaged furniture and/or the need for cleaning; maintain sanitary and orderly environment specific to timely reporting of damaged equipment and the need for replacement; maintain sanitary and orderly environment specific to cleanliness of rooms/bathrooms to aide in elimination of odors. Any staff not in-serviced by 09/17/2016 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift.</p> <p>" In-service initiated by Administrator on 09/19/2016 of all housekeeping staff to be</p>		

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F 253	<p>Continued From page 6</p> <p>was conducted and environmental concerns were identified. The administrator reported that they were aware of most of the concerns that were identified in the facility and have prioritized the needs for what they feel need to be taken care of first. In interview with the administrator on 9/2/2016 at 8:46am, the administrator reported the facility has systems in place for all staff to notify maintenance and housekeeping when they identify issues that need to be addressed by housekeeping or maintenance. There is a maintenance log where items are written in to communicate with the maintenance and housekeeping manager.</p> <p>In staff interview with the housekeeping supervisor on 9/2/2016 at 9:45am revealed that some of the environmental concerns that the surveyor pointed out as needing attention were things that she and the administrator had identified. When asked about the white rocking chairs on the front porch of the facility, she stated that she had never noticed the dirt on the white rockers because she does not come in the building from the front door. When asked if her staff would ever report to the front porch to clean and she stated that the floor techs go to the front porch to sweep each day. She reported that the sweeping was the only assigned task on the front porch. She also reported that the fabric on some of the furniture might be able to be cleaned, but they hesitated to put any kind of liquid on the cushions. She reported that they had identified the two soiled chairs at the main lobby, but stated the residents frequently sit in those chairs, making it difficult to try to clean them.</p>	F 253	<p>conducted by Environmental Services Director/Designee on 09/19/2016 on Handling of Clean linen to include removal of stained tablecloths. Any housekeeping staff not in-serviced by 09/20/2016 will be in-serviced by Environmental Services Director/Designee at beginning of next scheduled shift.</p> <p>" In-service initiated by Administrator on 09/19/2016 of all housekeeping staff to be conducted by Environmental Services Director/Designee on 5 and 7 step method for cleaning rooms and bathrooms. Any employee not in-serviced by 09/20/2016, will be in-serviced by Environmental Services Director/Designee at beginning of next scheduled shift.</p> <p>" All newly employed staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on responsibility of facility/staff to provide effective housekeeping and maintenance services to ensure a sanitary and orderly environment to include timely reporting of damaged equipment, room repairs, and cleanliness of furniture and building.</p> <p>" All newly employed housekeeping staff will be educated during Employee Orientation by Environmental Services Director/Designee on 5 and 7 step method for cleaning rooms and bathrooms; and Handling of Clean Linen to include removal of stained tablecloths.</p> <p>" For continued monitoring, Administrator implemented a Weekly Environmental Round sheet on 09/19/2016 for observation of interior and exterior of building and rooms to identify</p>		

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F 253	Continued From page 7	F 253	repairs needed to building and equipment to be completed by Administrator/Director of Nursing/Designee. Random audit of 25% of interior and exterior of building to continue weekly times four weeks to total 100% and monthly thereafter. " Results of Weekly Environmental Round Sheet to be presented at the next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280		9/23/16	



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F 280	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to update care plans for one of nineteen residents reviewed (Resident # 64), resulting in proper toileting care information not being available for direct care staff. Findings included:</p> <p>Resident # 64 was admitted on 3/8/16. A review of the cumulative record revealed diagnoses of general anxiety disorder, abnormal gait, and heart failure.</p> <p>The Admission 5 day Minimum Data Set (MDS) dated 3/15/16 noted Resident #64 was cognitively intact and needed extensive assistance for all Activities of Daily Living, with the physical assistance of one person for toileting. The Care Area Assessment (CAA) noted a focus area of urinary incontinence and this area went to care plan.</p> <p>The care plan dated 6/2/16 noted a revision for Resident #64 being unable to transfer to and from toilet and needed bed pan for assist and the intervention was Resident #64 was continent of bladder and was able to alert staff.</p> <p>The quarterly MDS dated 6/14/16 noted Resident #64 was frequently incontinent. The care plan was not updated for frequent incontinence.</p> <p>On 8/31/2016 at 2:00 PM, in an interview, the MDS nurse stated the look back period for incontinence indicated Resident #64 had three episodes of bladder incontinence and this was the change in the quarterly MDS.</p>	F 280	<p>For Resident #64:</p> <p>" On 08/31/2016, MDS Coordinator updated care plan to match most recent quarterly MDS assessment dated 06/14/2016.</p> <p>" MDS Supervisor and MDS Coordinators in-serviced on 08/31/2016 by Administrator on reviewing and revising resident plan of care after each assessment to ensure direct care staff has proper toileting care information available.</p> <p>For Resident #64 and all other residents:</p> <p>" MDS Supervisor and MDS Coordinators in-serviced on 08/31/2016 by Administrator on reviewing and revising resident plan of care after each assessment to ensure direct care staff has proper toileting care information available.</p> <p>" Effective 09/16/2016, Audit initiated by Administrator to be conducted by MDS Supervisor/Designee for review of all current residents most recent MDS assessment and Plan of Care to ensure both are consistent with toileting needs of each resident and is available for direct care staff. Random audit of 25% most recent MDS assessment and Plan of Care to continue weekly times four weeks to total 100% and monthly thereafter by MDS Supervisor/Designee.</p> <p>" For continued monitoring, random</p>		

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F 280	Continued From page 9  On 8/31/16 at 2:45 PM in an interview, the MDS coordinator stated her expectation was the care plans would be updated.	F 280	selection of 5 resident's most recent MDS assessment and Plan of Care to be reviewed by Director of Nursing/Designee in weekly "At Risk" meetings for verification of consistent toileting needs. " Results of MDS assessment/Plan of Care audit and "At Risk" meeting notes to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 309 SS=D	<b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews and record review, the facility failed to change a dressing as ordered for one of one residents (Resident #11) reviewed for wound care. Findings included:  Resident #11 was admitted 10/15/2013. A review of the medical record revealed cumulative diagnoses of congestive heart failure (CHF) and peripheral artery disease.	F 309	For resident #11:  " On 08/30/2016, Treatment Nurse performed dressing change. " On 08/31/2016, Treatment Nurse in-serviced on Wound Care - Residents out of Facility policy to include communicating any missed treatments to cart nurse with facility Missed Treatment Communication log.	9/23/16	

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F 309	<p>Continued From page 10</p> <p>The quarterly Minimum Data Set (MDS) dated 7/20/2016 noted Resident #11 to be cognitively intact and needed extensive assistance for all Activities of Daily Living, with the physical assistance of one person. The MDS indicated Resident #11 had an arterial ulcer.</p> <p>On 8/29/2016 at 11:00 AM, Resident #11 was observed in bed with feet uncovered and extended beyond the edge of the bed. Resident # 11 ' s right foot had a dressing with gauze wrap and tape with a date of 8/23.</p> <p>A review of physician orders revealed the dressing was to be removed, the ulcer was to be washed with soapy water, dried and Polymem (a type of absorbent dressing) applied, and wrapped with Kerlix (stretchy gauze). Change Tuesday/Friday.</p> <p>On 8/30/2016 at 8:45 AM, ulcer treatment was observed. The treatment nurse observed clean technique. The ulcer oozed blood throughout the treatment. The dressing was dated 8/30. Resident #11 tolerated the treatment without complaint of pain or discomfort.</p> <p>In an interview on 8/31/2016 at 2:15 PM, the treatment nurse stated Resident #11 was out of the facility on Friday, 8/26/ 2016 to the hospital. The treatment nurse also noted Resident #11 returned to the facility the same day (8/26/2016) and could have gotten a dressing change, but did not.</p> <p>On 9/1/2016 at 2:30 PM, the Director of Nursing stated the expectation was the dressing would be changed as ordered.</p>	F 309	<p>For resident #11 and all other residents:</p> <p>" On 09/16/2016, Wound Care - Residents out of Facility Policy was reviewed and revised if applicable by Director of Nursing.</p> <p>" In-servicing implemented by Director of Nursing on 09/16/2016 of all in-house Registered Nurses, Licensed Practical Nurses, and Medication Aides to be conducted by Staff Development Coordinator/Designee on facility Wound Care - Residents out of Facility Policy to include reporting missed treatments to cart nurse with Missed Treatment communication log to ensure any scheduled treatments are completed upon resident return to facility. Any staff not in-serviced by 09/17/2016 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift.</p> <p>" All newly employed Registered Nurses, Licensed Practical Nurses and Medication Aides will be educated during Employee Orientation by Staff Development Coordinator/Designee on facility Wound Care - Residents out of Facility policy to include reporting missed treatments to cart nurse with Missed Treatment Communication log to ensure treatments are completed upon resident return to facility.</p> <p>" Effective 09/16/2016, random audit initiated by Administrator of 25% review of resident's TAR to be conducted by Director of Nursing/Designee for any missed treatments due to resident being out of facility to ensure scheduled</p>		

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F 309	Continued From page 11	F 309	treatment is completed upon resident return to facility. Audit to continue weekly times four weeks to total 100% and monthly thereafter by Director of Nursing/Designee. " For continued monitoring, Missed Treatment Communication log will be reviewed by Interdisciplinary team in daily Clinical Meeting. " Results of Missed Treatment Communication log and TAR audit to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 356 SS=B	483.30(e) POSTED NURSE STAFFING INFORMATION  The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census.  The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format.	F 356		9/23/16	

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F 356	<p>Continued From page 12</p> <p>o In a prominent place readily accessible to residents and visitors.</p> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to post accurate daily staffing information for 4 of 5 days of the recertification survey from 9/6/2016 to 9/9/2016. Findings included: Upon initial tour of the facility on 8/29/2016 at 9:30 AM, the nurse staffing information was observed in a frame at the end of the administrative hall. The daily staffing sheet posted in the frame was dated Friday, July 29th 2016. The daily staffing sheet was observed on 8/29/2016 at 10:50 AM and was dated 8/28/2016. The daily staffing sheet was observed on 8/30/2016 at 10:30 AM and was dated 8/29/2106. The daily staffing sheet was observed on 8/31/2106 at 11:10 AM and was dated 8/30/2016. The daily staffing sheet was observed on 9/1/2016 at 8:40 AM and was dated 9/1/2016. An interview was conducted with Nurse #6 who was responsible for the daily staffing posting. Nurse #6 reported the responsibility for posting the daily staffing was assigned to her on 8/29/2016. Nurse #6 revealed the staff member</p>	F 356	<p>" On 09/01/2016, Director of Nursing in-serviced Clinical Care Coordinator on proper reporting of Nurse staffing information to include posting current shift in a prominent place readily accessible to residents and visitors and records are to be retained for a minimum of 18 months.</p> <p>" On 09/16/2016, Staff Development Coordinator and Administrative Assistant was in-serviced by Director of Nursing on proper reporting of Nurse Staffing information to include posting current shift in a prominent place readily accessible to residents and visitors to include designated staff member completing assignment sheet is responsible for hanging current/accurate information. Posting of Nurse staffing information is the responsibility of the ICF cart nurse on evenings and weekends. Records are to be retained for a minimum of 18 months.</p> <p>" In-service initiated by Director of Nursing on 09/16/2016 of all Registered Nurses, Licensed Practical Nurses and</p>		

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F 356	Continued From page 13 who previously posted the staffing was no longer an employee. Nurse #6 stated the staffing sheets were not been completed from July 29th, 2016 to August 29th, 2016. Nurse #6 reported she thought the staffing sheets were supposed to have the previous days staffing numbers. Nurse #6 stated she was instructed the morning of the interview how to correctly complete the sheets. An interview was conducted with the Administrator on 9/1/2016 at 3:45 PM. The Administrator stated the expectation was the daily nurse staffing sheet would be accurately posted daily.	F 356	Medication Aides by Staff Development Coordinator/Designee on proper reporting of Nurse Staffing information to include posting current shift in a prominent place readily accessible to residents and visitors. Posting of Nurse Staffing information is the responsibility of the ICF cart nurse on evenings and weekends. Records are to be retained for a minimum of 18 months. Any staff not in-serviced by 09/17/2016 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift. " All newly employed staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on proper reporting of Nurse Staffing information to include posting current shift in a prominent place readily accessible to residents and visitors. Staff member responsible for completing assignment sheet is responsible for hanging current/accurate information. Posting of Nurse Staffing information is the responsibility of the ICF cart nurse on evenings and weekends. Records are to be retained for a minimum of 18 months. " For continued monitoring, Administrator reviewed and revised the Weekly Round sheet to include monitoring Nurse Staffing Information to ensure current/accurate information is posted and retained for a minimum of 18 months. " Results of Weekly Environmental Round sheets to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance		

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

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F 356	Continued From page 14	F 356	Committee Meeting with determination at that time for continued need for monitoring.		