STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345159	A. BUILDING ______ B. WING ______	C 02/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNTON REHABILITATION CENTER	1410 EAST GASTON STREET LINCOLNTON, NC 28092

(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 327 SS=D	483.25(g)(2) SUFFICIENT FLUID TO MAINTAIN HYDRATION	F 327		3/20/17

(g) Assisted nutrition and hydration.
(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-

(2) Is offered sufficient fluid intake to maintain proper hydration and health.
This REQUIREMENT is not met as evidenced by:
Based on observations, record review, and staff interviews, the facility failed to offer fluids to a resident that was diagnosed with dehydration for 1 of 3 residents reviewed for hydration (Resident #1).

The findings included:

Resident #1 was admitted to the facility 01/11/13 with diagnoses which included atrial fibrillation and dementia.
A quarterly Minimum Data Set (MDS) dated 01/27/17 described Resident #1 with severe cognitive impairment. The MDS coded the resident required limited staff assistance for eating and extensive staff assistance for transfers, toileting, and person hygiene.
A care plan regarding weight loss and hydration was updated 01/31/17. The care plan specified Resident #1 recently returned to the facility from a hospital stay, currently received thickened liquids, and was fed by staff. The care plan goal was for the resident to consume 75% of meals and fluids. Interventions included observe for signs and symptoms of dehydration such as dry mucous

The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by dates indicated.

Interventions for affected resident:

Resident #1 was reviewed by the Registered Dietician on 02/26/17. New recommendations received and implemented on 02/26/17.

Interventions for residents identified as having the potential to be affected:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 03/15/2017

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 327	Continued From page 1 membranes, administer honey thick liquids, and offer fluids during care. Review of Resident #1's medical record revealed an additional hospitalization from 02/12/17 to 02/19/17. The hospital discharge summary dated 02/19/17 specified the resident was admitted with a drug resistant urinary tract infection, dehydration, and a cardiac arrhythmia related to chronic atrial fibrillation. The discharge summary further specified the resident was treated and stabilized during the hospital stay and was able to return to the facility. A physician's order dated 02/19/17 specified Resident #1's diet was to consist of pureed food with honey thick liquids. An observation of Nurse Aide (NA) #1 providing care to Resident #1 was conducted on 02/26/17 at 11:30 AM. NA #1 began providing care and noted the resident's mouth was dry. The NA told the resident she was going to get her some water. During an interview at that time NA #1 explained the resident was on honey thick liquids which she would have to obtain from the nurse's medication cart. No fluids were provided to Resident #1 when care was completed. When leaving Resident #1's room after NA #1 provided care, the meal tray cart was observed in the hallway. The meal cart contained Resident #1's lunch tray. At 12:35 PM on 02/26/17, Nurse #1 was observed preparing medications for Resident #1. The medications were crushed and mixed with applesauce. Nurse #1 was observed going into the resident's room with a small cup of medication and a spoon that held 5 cc (cubic centimeters) of fluid. The nurse realized she did not have thickened water in the room and asked Nurse #2 that was in hallway to bring her a container of honey thick water from the cooler on	F 327	By 03/20/17, Licensed Nurses and Certified Nursing Assistants (CNA) will be re-educated on ensuring fluids are offered at intervals throughout the shift. Systemic Change: By 03/20/17, Residents requiring thickened liquids will have fluids stored in a cooler readily available at the bedside. Education will be provided to Licensed Nurses and CNAs concerning process of coolers being placed in the rooms of residents on thicken liquids. Observations will be completed by the facility Director of Nursing to ensure fluids are readily available and offered to residents at intervals throughout the shift. Observations will be performed on (3) residents three times weekly (across all shifts including weekends) for 12 weeks. Monitoring of the change to sustain system compliance ongoing: Monthly for a minimum of three (3) months, the DON will report the results of the audits to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three (3) months.	

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F 327	Continued From page 2 the medication cart. Nurse #2 was unable to find honey thick water in the cooler and had to go to the medication room at the nurses' station to obtain a container of honey thick water. Nurse #1 took a 4 ounce (equivalent to 120 cc) container of thickened water from Nurse #2 and opened it. Nurse #1 was observed giving Resident #1 a spoonful of medication in applesauce. She then took the spoon and filled it with the thickened water and administered it to the resident. Nurse #1 repeated this procedure with remaining medication followed by a spoonful of honey thick water. Resident #1 was observed taking the medications and water without resistance. Nurse #1 was observed throwing the empty medication container and the remaining thickened water (110 cc) into the trashcan. Nurse #1 was observed washing her hands and leaving Resident #1's room. As Nurse #1 left the room, Resident #1's lunch tray was observed on the meal tray cart in the hallway. At 12:50 PM on 02/26/17 Resident #1's lunch tray was observed sitting on the over bed table in the resident's room. The plate and side dishes still contained the cover and plastic wrap that came from the kitchen. At 12:55 PM, NA #1 was observed going into the resident's room and began feeding the resident. NA #1 gave a 240 cc glass of thickened tea to the resident. Resident #1 was observed drinking approximately ¼ of the tea from the cup. An interview at 3:00 PM on 02/26/17 with Nurse #1 revealed she did give Resident #1 two spoons full of honey thick water with the midday medications. The nurse added they tried to give Resident #1 as much fluid as the resident would allow. An interview at 3:30 PM on 02/26/17 with NA #1 revealed the NA also fed Resident #1 her	F 327		

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F 327	Continued From page 3 breakfast. The NA stated the resident took 480 cc of fluid with breakfast, 360 cc of fluid with her lunch and another 120 cc of honey thick water before taking a nap at 3:00 PM which totaled 960 cc of fluid by 3:00 PM. An interview with the Registered Dietician (RD) at 3:35 PM on 02/26/17 revealed she had calculated Resident #1 needed 1900 cc of fluid daily. The RD stated it was difficult to send enough thickened fluids on a meal tray to provide that much fluid. She explained a lot of thickened fluid at meal times made residents feel full and kept them from eating the protein and other nutrients received in food. Therefore thickened fluids were limited at meal time. The RD also stated it was customary for the older residents in the facility to go to sleep for the night after the 8:00 PM medication pass which related to less time on the evening shift to provide fluids to the residents. The RD added she planned to write an order for the facility to provide additional fluids for Resident #1 at designated times between meals. An interview with the Director of Nursing (DON) at 4:05 PM on 02/26/17 revealed she expected facility staff to offer honey thick fluids to Resident #1 throughout the day. The DON explained the facility used to keep coolers filled with ice and thickened fluids in residents' rooms. They found if residents were able, they would drink the water from the coolers created by melting ice. The DON added at present, thickened fluids were kept in the coolers on the nurses' medication carts. The DON stated the refrigerator in the medication room at the nurses' desk was always stocked with thickened fluids. An interview was conducted via phone with Resident #1's Physician at 2:46 PM on 02/27/17. The physician stated Resident #1 was always an avid fluid drinker and it was important that she got	F 327		

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

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F 327	Continued From page 4 her fluids. The physician further stated Resident #1 did have mild dehydration when she was admitted to the hospital 12/23/16 and 02/12/17.	F 327		