

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2017
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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	<p>483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>(a)(2) 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:</p> <p>Based on observation, record review and staff interviews, the facility failed to thoroughly cleanse urine and stool off Resident's #4 skin during incontinence care. This was evident in 1 of 4 sampled residents who were dependent on staff for activities of daily living (ADL).</p> <p>Findings included:</p> <p>Resident #4 was readmitted on 3/14/17 to the facility with cumulative diagnoses which included cerebral vascular accident (stroke) and diabetes.</p> <p>Review of the May 2017 monthly physician orders included to apply Zinc Oxide cream (Zinc oxide cream is used for preventing and treatment of minor skin irritations and works by providing a skin barrier.)</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 5/3/17 revealed Resident #4 was cognitively impaired, incontinent of bladder and bowel, required total assistance from one staff person for bathing, toileting and personal hygiene. Continued review of the MDS coding revealed Resident #4 required total dependence on two (2) staff members for bed mobility.</p> <p>Review of the weekly skin sheet dated 5/4/17 revealed skin excoriation to the right and left sides of the buttocks that were present on</p>	F 312	<p>1. Activities of Daily Living Care was provided to Resident #4 by CNA #1 and CNA #2 to remove the soiled brief. Education was provided to Certified Nursing Assistant #1 and #2 on 5/10/2017 by the Staff Development Coordinator following care provided to ensure they understood how to adequately provide incontinent care, as well as the importance of providing good hygiene.</p> <p>2. Facility rounds by the Director of Nursing (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) were completed to ensure that no other residents in the center were affected by this alleged deficient practice on 5/12/2017. No other residents were found to be affected in this manner. Activities of Daily Living Care education has been completed by 5/31/2017 by the SDC and DON to certified nursing assistants. Monitoring has been executed daily by the DON, SDC or ADON to ensure incontinent care is adequately provided for residents within the center. These rounds are to include residents that are not able to provide their own ADL care, or make their needs known. Any concerns were immediately addressed and corrected by the observing nurse manager that was executing the</p>	6/2/17	

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

TITLE

(X6) DATE

Electronically Signed

05/31/2017

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 312	<p>Continued From page 1 readmission to the facility.</p> <p>Review of the care plan revised 5/9/17 addressing ADL care revealed a goal that Resident #4 would be kept clean, dry and comfortable through the next review. The intervention included staff to meet all the resident's ADL needs.</p> <p>Observation on 5/10/17 at 2:30 PM during incontinence care performed by Nursing Assistant (NA) #1 and NA #2 was done. The resident was repositioned on her back. The soiled brief was partially removed and the resident had experienced an episode of bladder and bowel incontinence. Urine and stool were noted on the resident's skin as the soiled brief was removed. NA #1 used disposable personal cleansing cloths to cleanse both sides of the resident's groin. NA #1 did not open the resident's legs to provide incontinence care. Resident #4 was then repositioned on her left side. NA #2 partially cleansed stool off the resident's right thigh, right buttock, and rectum with disposal personal cleansing cloths. Zinc oxide cream was then applied to the resident's skin that had not been thoroughly cleansed of urine or stool until an inquiry was made. Immediately after the inquiry NA #2 cleansed the resident's skin of the remaining stool and urine.</p> <p>Interview on 5/10/17 at 2:45 PM with NA #1 and NA #2 was held. NA #2 stated she had no response of why the resident's skin was not thoroughly cleansed. NA #1 indicated "I just did not open the resident's legs but I should have."</p> <p>Interview on 5/11/17 at 5:10 PM with the Administrator and Corporate Representative was</p>	F 312	<p>rounds.</p> <p>3. Education to Certified Nursing Assistants was provided by the DON, SDC, or ADON; this education was complete by 5/31/2017. This training will also be provided to Certified Nursing Assistants upon hire during orientation and at least annually through a skills review.</p> <p>4. Ongoing audits by the DON, SDC, ADON and licensed nurses for observation and review of proper ADL care provided to residents of the facility. 5 audits will be conducted 3 days per week for two weeks, then weekly for two weeks, then monthly for three months. All data will be summarized and presented to the facility QAPI meeting monthly by the DON or SDC. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, SDC, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.</p>		

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

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F 312	Continued From page 2 held. The Administrator stated she expected the resident's skin be cleansed and double checked to ensure that all stool and urine were removed and the protective barrier not be applied until the skin was properly cleansed.	F 312		