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	345489	A. BUILDING _____ B. WING _____	C 09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING AND REHABILITATION CENTER	1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262

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F 166 SS=D	483.10(j)(2)-(4) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES (j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. (j)(3) The facility must make information on how to file a grievance or complaint available to the resident. (j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their	F 166		10/18/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/18/2017

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conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;

(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;

(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;

(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;

(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement

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F 166	Continued From page 2 Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide 2 of 2 sampled residents a written copy of their grievances, investigations and conclusions (Residents # 8 and #9) and failed to include in their grievance policy that a report would be issued in writing. The findings included: Review of the Grievance policy last revised in March 2017 included: "The resident or person filing the grievance and/or complaint on behalf of the resident will be informed of the findings of the investigation ad the actions that will be taken to correct any identified problems. Such report will be made orally or writing by the administrator or his designee with 5 working days of the filing of the grievance or complaint with the facility." 1. Resident #8 initiated a grievance on 06/06/17 per the Grievance/Concern Form. Resident #8's grievance was that a 6 pack of drinks were missing. The form indicated the drinks were replaced. The resolution of the grievance section marked that the grievance was resolved and the resident was pleased with the action. This form also indicated that there were 3 ways to notify the resident of the resolution as follows:	F 166	This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirement under state and federal law, and to demonstrate the good faith attempts by the provider to continue to improve the quality of life of each resident. F166 Root Cause Analysis Based on root cause analysis by facility administrative staff, facility social worker did not follow the revised grievance procedures that require a written response to be given to the resident; however the facility investigated and resolved the grievances in a timely manner as required by regulation. Immediate Action On 9/28/17 the facility Grievance Policy	

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F 166	Continued From page 3 *written notification *phone notification; and *one to one discussion. This part of the form indicated the Social Worker notified Resident #8 of the resolution during a one to one discussion on 06/06/17. The Social Worker was interviewed on 09/27/17 at 4:27 PM. She stated that she received grievances, then distributed the grievance to the appropriate department manager for investigation. Once they returned the form following an investigation, she discussed the resolution with the resident. She stated she did not give a written response to the resident. She stated she recalled speaking to Resident #8 personally about the action taken and showed them the completed form. She further stated she was not aware she needed to give the resident a written copy. Interview with the Administrator on 09/27/17 at 6:15 PM revealed he had trained the social worker to provide a written summary to the residents and even changed the form so it would be documented that a written copy was provided. 2. Resident #9 initiated a grievance on 08/01/17 with the social worker concerning missing pants and shirts per the Grievance/Concern Form. The form indicated that the items were not located. The resolution section noted Resident #9 was made aware that the items were not located. She was informed of the facility's policy re: missing items would not be replaced. The resident was given the option of going trough unclaimed clothing to keep but she declined. This form also indicated that there were 3 ways to notify the	F 166	was reviewed with the social workers by the Administrator. Resident #8 and #9 on 9/29/17 were informed of their right to obtain a written decision regarding their grievance filed on 6/1/2017 and 8/1/2017 by the Director of Social Services. Both residents declined a copy. Identification of Others 100% audit of all grievances filed in the facility by residents or resident's representative from 9/1/2017 until 10/10/2017 completed by social service staff on 10/10/2017 to determine if all residents received a written response per facility policy. There were no other residents identified with a filed grievance without written response given to them and 5 residents that had refused a written response. Systemic Changes Measures put into place to ensure the plan of correction is effective and remains in compliance are: Effective 10/13/2017 all grievances voiced by resident, or resident representative will be documented per facility policy and procedure, a written response will be provided to resident per facility policy. Any refusal to receive a written response by any resident will be documented in the resident's medical records by facility social services. Administrator, Director of	

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F 166	Continued From page 4 resident of the resolution as follows: *written notification *phone notification; and *one to one discussion. This part of the form indicated the Social Worker notified Resident #9 of the resolution during a one to one discussion on 08/02/17. The Social Worker was interviewed on 09/27/17 at 4:27 PM. She stated that she received grievances, then distributed the grievance to the appropriate department manager for investigation. Once they returned the form following an investigation, she discussed the resolution with the resident. She stated she did not give a written response to the resident. She stated she recalled speaking to Resident #9 personally about the action taken and showed them the completed form. She further stated she was not aware she needed to give the resident a written copy. Interview with the Administrator on 09/27/17 at 6:15 PM revealed he had trained the social worker to provide a written summary to the residents and even changed the form so it would be documented that a written copy was provided.	F 166	Nursing (DON), Assistant Director of Nursing (ADON), Staff Development Coordinator (SDC), and/or Social Services will complete 100% education on the facility grievance policy for all active staff, to include full time, part time and as needed employees. The education will be completed by 10/18/2017. Any staff member not educated by 10/18/2017 will not be allowed to work until receiving education. The education will also be added to the new hires orientation process effective 10/1/2017. Monitoring Process Starting 10/16/17 a weekly Grievance Audit Form for Grievance Policy awareness will be conducted weekly for 6 residents. The Grievance Audit will be conducted by the nursing administrative staff, social service staff and other facility department heads weekly for 8 weeks or until a pattern of compliance is maintained. Any negative findings will be addressed immediately with staff/resident for corrective action. Effective 10/16/2017, Monthly for 6 months or until the pattern of compliance is maintained the Administrator and or the DON will report findings of this monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance.	
F 253 SS=E	483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES	F 253		10/13/17

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F 253	Continued From page 5 (i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to store personal care equipment in a sanitary, orderly manner by covering, labeling and storing items appropriately; failed to maintain floors free of stains around the base of commodes; failed to maintain toilets in a clean manner and failed to maintain a resident's bathroom sink in good working order so that it drained. This affected 4 shared resident bathrooms (Rooms #165, #170, #171, and #178) on 1 of 2 units (West). The findings included: 1. Room 165's shared bathroom was observed on 09/27/17 at 10:22 AM. Issues included: *the seat extender over the commode was splattered with brown matter and odorous; *multiple bottles including body wash, deodorant, mouth wash, hydrogen peroxide, and two tubes of denture adhesive were unlabeled at the sink; and *an unlabeled denture cup with an unlabeled denture brush was at the sink. These items were still present, unlabeled and the commode remained soiled during observations made on 09/27/17 at 1:01 PM, 2:32 PM and at 2:47 PM. During observations at 1:01 PM and 2:32 PM a soiled urinal was uncovered hanging on the hand rail.	F 253	F 253 Root Cause Analysis Based on root cause analysis by the corporate and facility staff, housekeeping staff were not adequately trained or monitored. Immediate Action Corrective action was accomplished 09/27/17 for the 4 shared bathrooms #165, #170, #171 and #178 with personal items being removed and appropriately stored, floor cleaned free of stain, toilets cleaned and sink unstopped. Housekeeping staff in serviced 8/28/17 on correct cleaning procedures, items not stored in floor and appropriate storage of personnel items. Identification of Others An audit on 9/29/17 of 100% all facility bathrooms by Administrator, Environmental Service Director, Corporate QA Nurse and Regional Environmental Manager was conducted. Corrections for deficiencies from audit were made by 10/4/17. Systemic Changes Measures put into place to ensure the plan is effective and remains corrected are: In service 9/28/17 by the Environmental Service Director for	

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F 253	Continued From page 6 Interview with a housekeeper on 09/27/17 at 2:22 PM revealed there were 3 housekeepers from 7 AM to 2 PM and then 1 housekeeper from 2 PM to 9 PM. She stated that each room and bathroom were cleaned daily including the sinks and commodes. She stated some rooms needed extra attention and she revisited those rooms when observed in need of care. She further stated she did not store or do anything with personal care equipment other than pick them up dust under them and return them to their original location. Interview with a nurse aide on 09/27/17 at 2:38 PM revealed urinals should be stored in a bag and wash basins can be on the floor if that was where the residents usually kept them. She stated each room was maintained differently and that personal care items should be kept in resident drawers and closets but some drawers and closets may be too crowded for them. During environmental tour with the charge nurse, housekeeping manager and Administrator on 09/27/17 at 2:47 PM, the charge nurse stated toothbrushes and other personal care items should be in bedside drawers and urinals should be covered. She immediately removed the hydrogen peroxide. She further stated the aide should have gotten housekeeping to clean the commode. 2. Room 170's shared bathroom was observed on 09/27/17 at 11:00 AM. The seat extender over the commode was heavily soiled with brown splatter. There were 2 covered wash basins stacked on the floor under the sink and neither were labeled. This remained the same when observed on 09/27/17 at 12:50 PM, at 2:34 PM	F 253	housekeeping staff on proper bathroom cleaning and storage of personal items. All new employees after 9/28/17 will receive the same training before allowed to work by them self's. A General Observation audit form was started 10/4/17 and will be conducted 4 times a week on 3 rooms by 6 different administrative staff for a total of 72 rooms a week. General Observation audits will continue for 2 months, and then monthly till compliance is maintained. Starting 10/4/17 the audit results will be reviewed by the Administrator and administrative staff at the daily morning administrative meeting with concerns being addressed. Monitoring Process Starting 10/13/2017 results will be evaluated weekly in the Nursing Standards Committee for effectiveness with necessary changes being made to ensure compliance. The Plan of Correction will be integrated and monitored monthly by the Quality Assurance Committee with necessary changes being made to ensure corrective action is achieved and sustained. The Administrator will be responsible for implementing the plan of correction.	

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and again at 2:47 PM.

Interview with a housekeeper on 09/27/17 at 2:22 PM revealed there were 3 housekeepers from 7 AM to 2 PM and then 1 housekeeper from 2 PM to 9 PM. She stated that each room and bathroom were cleaned daily including the sinks and commodes. She stated some rooms needed extra attention and she revisited those rooms when observed in need of care. She further stated she did not store or do anything with personal care equipment other than pick them up dust under them and return them to their original location.

Interview with a nurse aide on 09/27/17 at 2:38 PM revealed urinals should be stored in a bag and wash basins can be on the floor if that was where the residents usually kept them. She stated each room was maintained differently and that personal care items should be kept in resident drawers and closets but some drawers and closets may be too crowded for them.

During environmental tour with the charge nurse, housekeeping manager and Administrator on 09/27/17 at 2:47 PM, the charge nurse stated that staff should have gotten housekeeping to clean the commode and that wash basins should be labeled and in a resident's closet and or bedside table.

3. Room 171's share bathroom was observed on 09/27/17 at 12:29 PM with a rusty colored rings on the floor at the base of the commode and the underside of the seat and frame of the seat extender had brown marks. In addition, there were 3 stacked wash basins located on the floor under the sink, a labeled uncovered urinal on

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back of the commode. These items remained the same when observed on 09/27/17 at 2:35 PM and at 2:47 PM.

Interview with a housekeeper on 09/27/17 at 2:22 PM revealed there were 3 housekeepers from 7 AM to 2 PM and then 1 housekeeper from 2 PM to 9 PM. She stated that each room and bathroom were cleaned daily including the sinks and commodes. She stated some rooms needed extra attention and she revisited those rooms when observed in need of care. She further stated she did not store or do anything with personal care equipment other than pick them up dust under them and return them to their original location.

Interview with a nurse aide on 09/27/17 at 2:38 PM revealed urinals should be stored in a bag and wash basins can be on the floor if that was where the residents usually kept them. She stated each room was maintained differently and that personal care items should be kept in resident drawers and closets but some drawers and closets may be too crowded for them.

During environmental tour with the charge nurse, housekeeping manager and Administrator on 09/27/17 at 2:47 PM, the charge nurse stated the wash basins should be labeled and kept in a resident's closet or bedside table and the urinal should be covered. The housekeeping supervisor stated the seat extender and seat needed attention and the floor was rusty.

4. Room 178's shared bathroom was observed on 09/27/17 at 10:52 AM with rusty colored stains around the base of the commode, water along the side of the commode and the sink with water

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and black debris that was not draining. In addition there was an unmarked toothbrush lying on the sink edge. This remained the same, including the stopped up sink when observed on 09/27/17 at 2:38 PM and at 2:47 PM.

Interview with a housekeeper on 09/27/17 at 2:22 PM revealed there were 3 housekeepers from 7 AM to 2 PM and then 1 housekeeper from 2 PM to 9 PM. She stated that each room and bathroom were cleaned daily including the sinks and commodes. She stated some rooms needed extra attention and she revisited those rooms when observed in need of care. She further stated she did not store or do anything with personal care equipment other than pick them up dust under them and return them to their original location.

Interview with a nurse aide on 09/27/17 at 2:38 PM revealed urinals should be stored in a bag and wash basins can be on the floor if that was where the residents usually kept them. She stated each room was maintained differently and that personal care items should be kept in resident drawers and closets but some drawers and closets may be too crowded for them.

During environmental tour with the charge nurse, housekeeping manager and Administrator on 09/27/17 at 2:47 PM, the charge nurse stated personal care equipment such as toothbrushes should be stored at the residents' bedside table. The housekeeping supervisor stated staff should have reported the stopped up sink which he was unaware of . All stated the flooring around the commode needed to be addressed.