

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2017
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NASH			STREET ADDRESS, CITY, STATE, ZIP CODE 1210 EASTERN AVENUE NASHVILLE, NC 27856	
(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 000	INITIAL COMMENTS There were no deficiencies cited as a result of the Complaint investigation survey conducted on 10/6/17. Event ID#7WVO11. Complaint intake# NC00131016.	F 000		
F 244 SS=E	LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION CFR(s): 483.10(f)(5)(iv)(A)(B) (f)(5) The resident has a right to organize and participate in resident groups in the facility. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. This REQUIREMENT is not met as evidenced by: Based on Resident Council Minutes, resident interview (Resident #60) and staff interviews, the facility failed to address grievances voiced in Resident Council Meetings regarding staffing, for four of four months of Resident Council Minutes reviewed. (July, August, September and October). The findings include: Review of Resident Council Minutes dated 7/5/17 , read in part, "Residents expressed they felt like	F 244	F 244 1. How was corrective action accomplished for the resident found affected by deficient practice The facility called to order a second resident council at 3pm on October 12, 2017 and explained what adequate nursing staffing targets were and where each resident could visit daily to review daily nursing staffing actual numbers. Facility also demonstrated that based on	10/27/17

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

TITLE

(X6) DATE

Electronically Signed

10/26/2017

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 244	<p>Continued From page 1</p> <p>there is a continuing problem of understaffing."</p> <p>Review of Resident Council Minues dated 8/2/17, under Old Business, read in part, "Residents expressed concern with understaffing and needing more help on the halls. Nursing has been made aware of this." Under New Business: Residents state that they do not have enough help with staffing on the halls. Especially on weekends."</p> <p>Review of Resident Council Minutes dated 9/6/17, under Old Business, read in part, "Residents expressed concern with understaffing and needing more help on the halls. Nursing has been made aware of this."</p> <p>Review of Resident Council Minutes dated 10/4/17, under Old Business, read in part, "(Follow-up on concerns, if any expressed last month. State status of concern resolution). Weekend staff." Under Department Review: "Short staffed on weekends."</p> <p>During an interview on 10/4/17 at 10:15 AM, Resident #60 revealed residents needed more staff to take care of them especially on weekends. He stated the issue had been discussed in Resident Council Meetings, however there had not been a solution. He revealed no management staff had come to meetings to discuss staffing.</p> <p>During an interview on 10/05/2017 at 3:57 PM, the facility Activity Director revealed after Resident Council Meetings were held, a copy of the minutes were sent to each department. She stated the department responsible for addressing the concern would respond back to her and the</p>	F 244	<p>targeted staffing goals, at no time within the last 45 days, had staffing dipped below minimum levels during the weekend.</p> <p>2. How was corrective action accomplished for residents having the potential to be affected by the same deficient practice</p> <p>Facility has communicated to all residents who are alert and oriented where they can locate daily staffing numbers. This was completed by the activities director and social services director on 10/25/17. Starting 10/27/17, a facility designee, will randomly select 10 residents/week for 4 weeks and ask them where they can locate daily staffing numbers as well as ask them how they feel facility is doing with week-end staffing.</p> <p>3. Measures put into place to ensure deficient practice will not occur.</p> <p>After each monthly resident council, the minutes will be reviewed during the morning daily assurance meeting. Resident council minutes will be completed within 48 hours of resident council meeting by the activities director. Each department which has noted concerns will develop a QAPI plan to address concern within 10 calendar days of the review of the resident council minutes. QAPI will be reviewed in daily quality assurance meeting, if approved, QAPI will be implemented and will be shared in next resident council meeting</p>		

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F 244	<p>Continued From page 2</p> <p>facility Social Worker. She stated she would also go to each department and talk to them about the issues discussed in the meetings.</p> <p>During an interview on 10/5/17 at 4:03 PM, with the Administrator, Director of Nursing and the Assistant Director of Nursing, the Administrator stated they had not communicated staffing protocol to let the residents know they post staffing daily and staffing was the same on weekends as during the week. He stated they would address how many staff they had per shift per resident and what to expect.</p> <p>During another interview on 10/06/2017 at 9:50 AM, the Activity Director stated after Resident Council Meeting, she typed up the minutes a day or two after the meeting and within a few days they would try to get the issues resolved. She explained that each department took care of their own issues. The Activity Director did not explain why the issue regarding staffing had not been resolved in Resident Council Meetings.</p> <p>During another interview on 10/06/2017 at 10:10 AM, the Administrator stated they talked about answering call lights. He revealed a Manager was on duty every weekend and handled coverage if a replacement was needed. He stated they looked at the root cause of the problem and the issue was not related to care of the residents. He stated the expectation was that staff responded to call lights. He revealed the issue was staff response to call lights versus being understaffed. The Administrator reported that they talked to individual residents about staffing, but they had not discussed the issue in Resident Council Meetings.</p>	F 244	<p>for feedback from residents on its effectiveness. All information and communication will then be documented in the resident council minutes for that month.</p> <p>4. The facility will perform the following in order to ensure that solutions are effective and sustained.</p> <p>Each QAPI program generated from resident council concerns will be monitored for three months of effectiveness during monthly QAPI. On-going monitoring through QAPI will ensure that we do not fail to communicate and address resident concerns and recommendations. Residents will be well informed on their concerns with respect to their care and quality of life.</p> <p>Preparation and submission of this Plan of correction is required by state and federal law. This Plan of correction does not constitute an admission for purposes of general liability, professional malpractice or any other proceeding.</p>		

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

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F 244	Continued From page 3 During an interview on 10/6/17 at 10:21 AM, the Director of Nursing revealed she had not attended Resident Council Meetings to discuss staffing.	F 244		