STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345441	A. BUILDING _____ B. WING _____	C 12/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDRIA PLACE	1770 OAK HOLLOW ROAD GASTONIA, NC 28054

(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 No deficiencies were cited as a result of the CI investigation of 12/14/2017 NC00128719, Event #AMZO11.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews and record review the facility failed to provide the assistance of two person staff with transfers which resulted in a fall without injury for 1 of 2 residents reviewed for falls. (Resident #37) Findings included: Resident #37 was admitted to the facility on 11/3/09 and his most recent re-admission to the facility was on 5/2/17. His active diagnoses included heart failure, hypertension, diabetes mellitus, hyperlipidemia, Parkinson's disease, muscle weakness, and depression. Review of Resident #37's most recent assessment of risk for falls dated 10/19/17 revealed the resident required maximum assistance with transfers. Resident #37 was assessed to be at high risk for falls.	F 689	Alexandria Place's response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are submitting the POC because it is required by law. A. Address how corrective action will be accomplished for each resident found to be affected by the deficient practice and what led to this deficiency being cited. It is the policy of Alexandria Place to ensure that residents who are unable to carry out independent transfers receive the necessary services to prevent accidents. Resident #37 was assessed for falls and level of assistance with transfers prior to 12/08/17. It was determined that Resident #37 needs to have a two person assist with transfers. It has been determined that on 12/8/17 nurse aide #1	1/11/18

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

Electronically Signed | 12/28/2017

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F 689	Continued From page 1 Review of Resident #37's most recent minimum data set (MDS) assessment dated 10/20/17 revealed he was assessed as cognitively intact. Resident #37 required extensive, two person physical assistance with transfers. Resident #37 was assessed to have impairment in his range of motion on both sides of his lower extremities. Review of Resident #37's care plan updated 10/20/17 revealed the resident had a care plan for risk of falls and required assistance from staff with transfers. The interventions included to provide assistance with all transfers as needed. Review of a nurse's note dated 12/8/17 revealed Nurse Aide #1 notified Nurse #1 that Resident #37 had fallen in the shower when transferring from the shower chair to his wheelchair. Both the wheelchair and shower chair were locked and in appropriate position. Resident #37 attempted to lift himself out of the shower chair and fell. Nurse Aide #1 told the Nurse #1 that Resident #37 did not hit his head and she was standing by for supervision when the fall occurred. Resident #37 was assessed for injury and none were noted. He was assisted back into his wheelchair. Resident #37 denied pain and the Physician, the Director of Nursing and family were notified. Review of an incident report dated 12/8/17 revealed Resident #37 sustained a fall without injury while transferring from the shower chair to his wheelchair. The wheelchair and shower chair were both locked and in their correct positions. Resident #37 attempted to transfer himself and fell to the floor. Nurse Aide #1 was documented to be standing by for supervision when the fall occurred and was the only staff member present when the fall occurred.	F 689	did not consult the resident care sheet provided to all nursing assistants every shift. Therefore nurse aide #1 did not have another nurse aide with her to assist the resident with a transfer as was noted to be required per the resident care sheet. The resident care sheet informs the nurse aides of the level of care each resident is to receive and should have been reviewed by nurse aide #1 at the start of the shift. All nurse aides will be retrained and in serviced on the usage of the care sheets provided to them by Alexandria Place as well as the proper way to transfer residents needing two persons assistance. B. Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice. Because all residents receiving physical assistance with two persons assist transfers are potentially affected by the alleged deficient practice, on 12/27/17, the Director of nursing assessed all residents that require two persons assistance with transfers. All nurse aides will be retrained and in serviced on the usage of the care sheets provided to them by Alexandria Place as well as the proper way to transfer residents needing two persons assistance. The Director of Nursing completed the retraining and in servicing on 12/29/17. The nurse managers observed all two person assisted transfers on 12/27/17. No other residents were affected. C. Address what measures will be put	

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F 689	Continued From page 2 During an interview on 12/11/17 at 4:29 PM Resident #37 stated that last week he fell in the shower room because the wheelchair slipped while he was transferring. He stated that there were two nurse aides providing him his shower but one left to get something. He further stated that the nurse aide who remained attempted to help him transfer to his wheelchair. He stated the wheelchair moved back because the floor was wet and he slipped to a sitting position in front of his wheelchair and denied having any injuries from the fall. He stated that the nurse came and they used a lift to get him back into his wheelchair. He further stated he did not want to get any more showers because he did not like the floor in the shower room. Resident #37 stated there were normally two staff present when he was being transferred. Resident #37 declined surveyor observation of his transfers. During an interview on 12/13/17 at 11:02 AM Nurse Aide #1 stated she was the nurse aide who was with Resident #37 when he fell in the shower. She stated he had completed his shower and was transferring from the shower chair to his wheelchair. Nurse Aide #1 stated Resident #37 told her he could transfer himself so she was providing supervision. She stated when he put his weight on the wheelchair it slipped back due to the floor being wet and the break not fully stopping the wheelchair from moving. Nurse Aide #1 further stated she was the only staff member in the room because her partner had gone home for the day. Nurse Aide #1 continued, stating Resident #37 slide down in front of his wheelchair into a seated position and Nurse Aide #1 called Nurse #1 to assess the resident. She further stated he was found to have no injuries and	F 689	into place or systematic changes made to ensure that the deficient practice will not occur To enhance currently compliant operations and under the direction of the Director of nursing, resident care sheets will be updated weekly and as needed to reflect the correct transfer technique. These sheets will be given out to each nurse aide at each shift. The Director of Nursing will also perform weekly observations of two persons assisted transfers. These observations will be reported to the monthly Quality Assurance meetings. D. Indicate how the facility plans to monitor the measures to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility. On a weekly basis The Director of Nursing will report observations of transfer techniques for residents with falls to the weekly falls committee meetings. The weekly observations will be completed 5 days a week for 2 weeks, 3 days a week for 2 weeks, once a week for 2 weeks and finally monthly for 6 months. The Director of nursing will report these random observations that were completed for the month to the Quality Assurance committee. If no issues are identified by the Quality Assurance Committee, the Director of nursing will report the	

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F 689	Continued From page 3 wanted to get back up into his wheelchair. Nurse Aide #1 stated he appeared comfortable transferring by himself. She further stated she was usually on the shower team and had not cared for Resident #37 on the hall. She concluded she had not seen his care plan or assessments and had not been aware Resident #37 was assessed to require extensive two person assistance with transfers. During an interview on 12/13/17 at 11:24 AM Nurse #2 stated she cared for Resident #37 and knew him well. She further stated he needed extensive assistance due to his condition and he required two staff present during transfers in the shower. During an interview on 12/13/17 at 11:28 AM Nurse #1 stated that Nurse Aide #1 called her to the shower room and told her Resident #37 fell while attempting to transfer from the shower chair to his wheelchair. She further stated when she arrived Resident #37 was sitting in front of the wheelchair on the floor. Nurse #1 stated he did not have injuries or complaints of pain. Nurse #1 stated they brought the lift and got him back into the wheelchair. She further stated Nurse Aide #1 was the only staff member present at the fall. During an interview on 12/13/17 at 1:43 PM the Director of Nursing stated it was her expectation that the staff would provide assistance with transfers according to the resident ' s assessed needs for transfers. She further stated that Resident #37 required two person assistance during transfers and there should have been two staff present during his transfer on 12/8/17 when he sustained his fall with no injuries.	F 689	observations on a quarterly basis to the Quality Assurance Committee. The Quality Assurance committee will be charged with the responsibility to ensure that the correction is achieved and substantiated.	

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F 812	Continued From page 4	F 812		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to provide a barrier between ready to eat foods or silverware and the server's bare hands for 2 staff members (Nurse Aids #3 and #4) during 3 of 3 dining observations (Residents #9, #21, #22 and #16). The findings included: 1. During an observation on 12/11/2017 at 5:57 PM, Nurse Aide (NA) #4 was observed assisting Resident #9. Resident #9's dinner plate contained two pieces of bread stacked together with tomato slices on the top piece of bread. NA #4 held the top piece of bread with the tomato slices in place	F 812	Alexandria Place's response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are submitting the POC because it is required by law. A. Address how corrective action will be accomplished for each resident found to be affected by the deficient practice and what led to this deficiency being cited. It is the policy of Alexandria Place to ensure that all safe food handling practice are carried out. All nurse aides have been	1/11/18

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F 812	Continued From page 5 with a fork and moved the bottom piece of bread from under the top piece of bread with his fingers. An interview with NA #4 was conducted on 12/11/2017 at 6:00 PM. The NA stated he had been unaware he had touched the bottom piece of bread with his hand. The NA stated he usually used the knife and fork to move the pieces of bread. The NA stated food should not be touched with bare hands. On 12/13/2017 at 12:14 PM the Dietary Manager (DM) stated bread or any ready to eat food item should not be handled with bare hands. On 12/14/2017 at 12:22 PM the Director of Nursing (DON) stated it was her expectation that staff not the touch bread with bare hands. 2. During an observation in the dining room on 12/12/17 at 12:22 PM Nurse Aide (NA) #3 was observed assisting resident #21 with his meal set up. NA #3 was observed to remove the bread from the paper bread bag by placing her bare hand into the bag and removing the bread. NA #3 was interviewed on 12/13/17 at 8:15 AM. She stated she had touched the bread when she removed it from the bag but she had not realized it was not the correct way to handle the bread. On 12/13/17 at 12:14 PM the Dietary Manager (DM) stated bread or any ready to eat food item should not be handled with bare hands. On 12/14/17 at 12:22 PM the Director of Nursing (DON) stated it was her expectation that staff not touch bread with their bare hands. 3. During an observation in the dining room on	F 812	retrained on the proper handling of ready to eat foods and the handling of clean silverware on 12/29/17. This training has been done by the Director of Nursing. For resident #9, nurse aide #4 was immediately re-educated and made aware of the mishandling of ready to eat food. For residents #21, #22 and #16, nurse aide #3 was immediately re-educated and made aware of the mishandling of ready to eat food and the mishandling of clean silverware by the Director of Nursing. No negative outcomes were noted by the alleged deficient practice. It has been determined that the alleged deficient practice was caused by nurse aides who were not following safe handling policies of Alexandria Place. B. Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice. Any resident has the potential to be affected by this practice. All current nursing staff will be in serviced on the proper way to serve ready to eat foods and the proper way to handle clean silverware on 12/29/17 by the Director of Nursing. All future hires will be observed demonstrating proper safe food handling techniques during their week of floor orientation to ensure that they are aware and are proficient in using proper food handling techniques by the Director of Nursing. The Dietary manager will conduct weekly observations for proper food and silverware handling. These observations will be recorded on a Quality Assurance form.	

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F 812	Continued From page 6 12/13/17 at 12:28 PM NA #3 was observed assisting resident #22 with her meal set up. She was observed to remove the bread from the paper bread by placing her bare hand inside the bag and removing the bread. NA #3 was interviewed on 12/13/17 at 8:15 AM. She stated she had touched the bread when she removed it from the bag but she had not realized it was not the correct way to handle the bread. On 12/13/17 at 12:14 PM the Dietary Manager (DM) stated bread or any ready to eat food item should not be handled with bare hands. On 12/14/17 at 12:22 PM the Director of Nursing (DON) stated it was her expectation that staff not touch bread with their bare hands. 4. During an observation in the dining room on 12/14/17 at 8:10 AM NA #3 was observed assisting Resident #21 with his meal set up. She was observed to remove the bread from the paper bread bag using her bare hand. She then held the bread in her hand as she applied jelly to the bread. NA #3 was interviewed on 12/13/17 at 8:15 AM. She stated she had touched the bread when she removed it from the bag but she had not realize it was not the correct way to handle the bread. On 12/13/17 at 12:14 PM the Dietary Manager (DM) stated bread or any ready to eat food item should not be handled with bare hands. On 12/14/17 at 12:22 PM the Director of Nursing (DON) stated it was her expectation that staff not touch bread with their bare hands.	F 812	C. Address what measures will be put into place or systematic changes made to ensure that the deficient practice will not occur The dietary manager will conduct weekly checks of ready to eat food handling and the handling of clean silverware. These weekly checks will be done 5 times a week for 3 weeks, 3 times a week for 2 weeks, once a week for 2 weeks and monthly for a year. The Quality assurance form will be submitted to the monthly Quality assurance committee meeting for review. D. Indicate how the facility plans to monitor the measures to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility. The dietary manager will conduct weekly checks of ready to eat food handling and the handling of clean silverware. These weekly checks will be done 5 times a week for 3 weeks, 3 times a week for 2 weeks, once a week for 2 weeks and monthly for a year. The Quality assurance form will be submitted to the monthly Quality assurance committee meeting for review. If no issues are identified by the Quality Assurance Committee, the Dietary manager will report the observations on a quarterly basis to the Quality Assurance Committee. The Quality Assurance committee will be charged with the	

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F 812	Continued From page 7 5. During an observation in the dining room on 12/14/17 at 8:15 AM NA #3 was observed assisting resident #16 with her meal set up. She was observed to remove the silverware from the silverware bag and while doing so she touched the eating ends of the silverware with her bare hands. NA #3 was interviewed on 12/13/17 at 8:15 AM. She stated she was unaware of touching the eating end of the silverware but she may have as it slipped through her hand while she was placing it on the resident ' s tray. On 12/13/17 at 12:14 PM the Dietary Manager (DM) stated the eating part of the silverware and any ready to eat food item should not be handled with bare hands. On 12/14/17 at 12:22 PM the Director of Nursing (DON) stated it was her expectation that staff not touch the eating part of the silverware.	F 812	responsibility to ensure that the correction is achieved and substantiated.	
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor interventions previously	F 867	Alexandria Place's response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an	1/11/18

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F 867	Continued From page 8 put in place following the recertification survey of 10/19/16. This was for one deficiency that was originally cited in October of 2016 and subsequently recited on the current recertification survey of 12/14/17. The repeated deficiency was in the area of Food Safety Requirements. The facility's continued failure during the recertification survey showed a pattern of the facility's inability to sustain an effective QAA program. Findings included: F812: Based on observations and staff interviews the facility failed to provide a barrier between ready to eat foods or silverware and the server's bare hands for 2 staff members (Nurse Aids #3 and #4) during 3 of 3 dining observations (Residents #9, #21, #22 and #16). This tag is cross referenced to: During the recertification survey of 10/19/16 the facility was cited for failing to maintain the kitchen ice machine in clean and sanitary condition and air dry plastic cups and bowls before stacking in storage. An interview was conducted on 12/14/2017 at 1:20 PM with the Administrator who also headed the QAA committee. She stated deficiencies were addressed by the department heads responsible for the deficiencies. The department heads oversee the monitoring and bring findings to the QAA committee for discussion and revisions. She stated it was unfortunate for dietary to receive another citation due to nurse aide error.	F 867	admission that any stated deficiency is accurate. We are submitting the POC because it is required by law. A. Address how corrective action will be accomplished for each resident found to be affected by the deficient practice and what led to this deficiency being cited. It is the policy of Alexandria Place for the Quality Assurance Committee to meet at least quarterly and to include the Administrator, Director of Nursing, Pharmacist, Medical director and at least three other staff members. This has been achieved by meeting monthly and reviewing all quality assurance forms completed by each department head. While this tag denotes a repeat of a prior deficiency, the citation noted in F812 is a different deficiency than was cited last year. The Quality Assurance plans initiated for the prior year citation has been effective in ensuring that the corrections initiated for that deficiency have been accomplished and sustained as evidenced by the fact that the previous deficiency was not cited again during this survey. Alexandria Place will add the corrections noted in our response for tag F812 to our Quality Assurance process to ensure that these correct ions are also effective and sustained. B. Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice. Any resident has the potential to be affected by this practice. All current nursing staff will be in serviced on the	

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F 867	Continued From page 9	F 867	proper way to serve ready to eat foods and the proper way to handle clean silverware on 12/29/17 by the Director of Nursing. All future hires will be observed demonstrating proper safe food handling techniques during their week of floor orientation to ensure that they are aware and are proficient in using proper food handling techniques by the Director of nursing. The Dietary manager will conduct weekly observations for proper food and silverware handling. These observations will be recorded on a Quality Assurance form. C. Address what measures will be put into place or systematic changes made to ensure that the deficient practice will not occur The dietary manager will conduct weekly checks of ready to eat food handling and the handling of clean silverware. These weekly checks will be done 5 times a week for 3 weeks, 3 times a week for 2 weeks, once a week for 2 weeks and monthly for a year. The Quality assurance form will be submitted to the monthly Quality assurance committee meeting for review. D. Indicate how the facility plans to monitor the measures to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility.	

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F 867	Continued From page 10	F 867	The dietary manager will conduct weekly checks of ready to eat food handling and the handling of clean silverware. These weekly checks will be done 5 times a week for 3 weeks, 3 times a week for 2 weeks, once a week for 2 weeks and monthly for a year. The Quality assurance form will be submitted to the monthly Quality assurance committee meeting for review. If no issues are identified by the Quality Assurance Committee, the Dietary manager will report the observations on a quarterly basis to the Quality Assurance Committee. A quarterly in service will be completed with all nursing staff on proper food handling techniques including return back demonstration. This in service will be reviewed in the quarterly Quality Assurance meeting. The Quality Assurance committee will be charged with the responsibility to ensure that the correction is achieved and substantiated.	