STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345499	A. BUILDING _____ B. WING _____	C 01/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITCHFORD FALLS HEALTHCARE	8200 LITCHFORD ROAD RALEIGH, NC 27615

(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 The surveyor entered the facility on 1/11/18 to conduct a complaint survey and exited on 1/12/18. Additional information was obtained on 1/16/18. Therefore, the exit date was changed to 1/16/18.	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 observation, record review, and staff interviews the facility failed to assure safety measures were taken for one (Resident # 3) of three sampled residents with a history of falls. The resident's nurse aide was unaware the resident was at risk of falling, and the nurse aide left the resident's bedside while the bed was in an elevated care position with the resident in it. The findings included: Record review revealed Resident # 3 was admitted to the facility on 7/28/16. The resident had diagnoses of dementia, cerebrovascular disease with aphasia, diabetes, osteoarthritis, chronic kidney disease, hypertension, atrial fibrillation, glaucoma, and contracture of the right knee. Review of the resident's quarterly minimum data	F 689	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 or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident. ROOT CAUSE Nurse Aide (NA) #1 was hired by the facility on 12/13/2017. During NA #1 new employee orientation process, she was	1/30/18

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

Electronically Signed | 01/24/2018

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F 689	Continued From page 1 set assessment, dated 10/31/17, revealed the resident was severely cognitively impaired and was dependent on staff for her activities of daily living. Review of the resident's care plan, last reviewed on 10/31/17, revealed the resident was identified as being at risk for falls. Two of the interventions on the care plan were to maintain the bed in a low position, and to provide a mat beside the bed for safety. Review of nursing notes revealed an entry on 11/7/17 noting the resident was found on the floor between the bed and her wall. The nurse documented the resident was not injured. On 1/16/18 at 1:55 PM the DON (director of nursing) was interviewed regarding the circumstances of the resident's 11/7/17 fall. According to the DON the fall was unwitnessed. The DON stated the resident had a history of jerking movements, initiating movement when stimulated by music, and she was also on an air mattress. According to the DON, the facility's investigation into the fall revealed these three things may have contributed to the resident falling out of her bed on 11/7/17 although the fall was unwitnessed. On 1/12/18 at 9:20 AM Nurse Aide (NA) # 1 was observed as she arranged Resident # 3's room in preparation for a transfer. The NA had just completed the resident's morning care and was observed to have Resident # 3's bed in an elevated care position. Prior to leaving the bedside to arrange the room for transfer, the NA did not lower the resident's bed from the elevated care position. Resident # 3 was observed during	F 689	not educated on the process of identifying residents at risk for falling in Scheduled Task Care Guide and the process for identifying current fall interventions in the Care Guide Safety Devices and Appliances. IMMEDIATE ACTION On 01/12/2018, the Director of Nursing and Nurse Aide #1 went to Resident #3 room and placed bed in low position and fall mat at the bedside. Nurse Aide #1 was educated by the Director of Nursing on 01/12/2018 on the process of locating if residents are at risk for falls and their current fall interventions under the Scheduled Task Care Guide and Care Guide Safety Devices and Appliances in the electronic health record. IDENTIFICATION OF OTHERS Starting 01/24/2018-01/26/2018, the Director of Nursing, Staff Development Coordinator and/or designated licensed nurse will complete 100% audit of all current residents to ensure current fall interventions are in place. This audit will be documented on Current Fall Interventions Audit Tool. Starting 01/24/2018-01/26/2018, the Director of Nursing, Staff Development Coordinator and/or designated licensed nurse will complete 100% of all current licensed nurses and certified nursing assistants to identify if staff are able to	

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F 689	Continued From page 2 this time to be in the bed farthest from the doorway. During the preparation, the NA walked to the opposite side of the room in close vicinity to the doorway. There was no other NA in the room at the time NA # 1 was preparing the room. Resident # 3 was still observed in an elevated bed position and unattended while NA # 1 was on the opposite side of the room. Also during this time the resident's floor mat was observed not in place by the bedside. It was rolled up and on the floor at the head of the roommate's bed. On 1/12/18 at 9:40 AM NA # 1 was interviewed about leaving the resident in the elevated position. The NA stated she began working at the facility in December, 2017 and did not know the resident could move or that she had fallen in November, 2017. According to the NA, Resident # 3's floor mat had been at the head of the roommate's bed when she (NA # 1) first saw Resident # 3 at the beginning of her shift. The NA did not know why it had not been at Resident # 3's bedside. Interview with the NA revealed she did not know where to find information related to residents who had a history of falls or were considered at high risk of falling. Interview with the DON (Director of Nursing) on 1/12/18 at 9:50 AM revealed there was a computer care guide for NAs to reference for each resident's care needs. A review of Resident # 3's NA care guide with the DON at this time revealed Resident # 3 was identified to be at risk for falls. According to the DON, NA # 1 was a newer NA and may not have known about the computer care guide.	F 689	locate if residents are at risk for falls and their current fall interventions under the Scheduled Task Care Guide and Care Guide Safety Devices and Appliances in the electronic health record. This audit will be documented on the Scheduled Task Care Guide and Care Guide Safety Devices and Appliances Knowledge Audit Tool. SYSTEMATIC CHANGES Director of Nursing (DON) and/or Staff Development Coordinator (SDC) will complete 100% education for all licensed nurses and certified nursing aides, to include full time, part time and as needed staff. The education will include, staff being able to identify the location of the resident's fall risk and any current fall interventions under the Scheduled Task Care Guide and Care Guide Safety Devices and Appliances in the electronic health record. The education will also include that current fall interventions are in place when licensed nurse and/or certified nursing aides are not at bedside. This education will be completed by 01/30/201/8. Any licensed nurse or certified nursing aide not educated by 01/30/2018 will not be allowed to work until educated. This education will also be added to new hire orientation process for all new Licensed nurses and certified nursing assistants effective 01/30/2018. Effective 01/30/2018, all new hire licensed nurses and certified nursing assistants will receive orientation education on being	

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F 689	Continued From page 3	F 689		

able to locate if residents are at risk for falls and their current fall interventions under the Scheduled Task Care Guide and Care Guide Safety Devices and Appliances in the electronic health record.

MONITORING PROCESS

Effective 01/30/2018, the Director of Nursing and/or Staff Development Coordinator, will monitor compliance of the Scheduled Task Care Guide and Care Guide Safety Devices and Appliances orientation and education by auditing 100% new hired licenses nurses and certified nursing assistants to ensure it was completed. This audit will be completed on all new hires daily for 2 weeks, weekly X 2 weeks, then monthly X 3 months or until the pattern of compliance is achieved.

Effective 01/30/2018, the Director of Nursing and/or Staff Development Coordinator, will monitor compliance of licensed nurses and certified nursing assistant knowledge on locating the Scheduled Task Care Guide and Care Guide Safety Devices and Appliances. This audit will be completed on all new hires daily for 2 weeks, weekly X 2 weeks, then monthly X 3 months or until the pattern of compliance is achieved.

Effective 01/30/2018, the Director of Nursing and/or Staff Development Coordinator, will monitor compliance of current fall risk interventions are in place when licensed nurses and/or certified

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F 689	Continued From page 4	F 689	nursing assistants are away from the bedside on 5 residents for daily 2 weeks, 5 residents weekly X 2 weeks, then 5 residents X 3 months or until the pattern of compliance is achieved. Effective 01/30/2018, Director of Nursing 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 monthly X3 months, or until the pattern of compliance is maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance. RESPONSIBLE PARTY Effective 01/30/2018, the center Administrator and the Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance.	