

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/03/2018
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NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 515 BARBOUR ROAD SMITHFIELD, NC 27577
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(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
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F 561 SS=E	<p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, and record review the facility failed to get an alert and oriented resident out of bed according to his choice and failed to provide showers according to resident choice for 4 of 4 residents reviewed for choices. (Resident #1, Resident #3, Resident #4, and Resident #5)</p>	F 561	<p>F561</p> <p>The process that led to this deficiency was facility failed to get resident #1 out of bed as requested</p> <p>The resident #1 was interviewed by the</p>	7/23/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/20/2018
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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 561	Continued From page 1 Findings included: 1. Resident #1 was admitted to the facility on 5/13/13. His active diagnosis included diabetes mellitus. Review of Resident #1 ' s most recent minimum data set assessment dated 4/1/18 revealed he was assessed as cognitively intact. He had no behaviors of rejection of care. It was documented it was very important to Resident #1 that he choose his own bedtime. He was assessed to require two staff member extensive assistance with bed mobility and transfers. Review of Resident #1 ' s care plan dated 4/16/18 revealed he was care planned to require assistance for transferring from one position to the other by two persons with a lift. During an interview on 7/2/18 at 9:32 AM Nurse Aide (NA) #1 stated the whole facility was under staffed. NA #1 stated because of the high workload of the total care patients, she did not have enough time to turn and reposition residents, or get them out of bed. She further stated she had to tell residents they could not get out of bed because, for their safety, she needed another staff member to help her and she could not find anyone. She stated Resident #1 had requested to get out of bed this morning at about 8:20 AM, however, Resident #1 had to wait and was currently still in bed. She further stated she knew Resident #1 liked to get out of bed early, however there were not enough staff available to get him out of bed in the mornings and he had not gotten out of bed yesterday.	F 561	MDS nurse on 7/3/2018 in reference to resident #1 preference for waking hours, showers, and meal time preferences. Care plan/care guide for resident #1 was reviewed by the MDS nurse on 7/3/2018 for waking hours, showers, and meal time preferences. On 7/3/2018 a 100% questionnaire utilizing the Resident Preference Questionnaire was initiated by the Minimum Data Set nurses, Facility Liaison, and Social Workers with all alert and oriented residents to include resident #1 in regards to resident preferences to include: 1. Are you able to make choices about your daily life that are important to you? 2. Are you able to get up or go to bed when you want to? 3. Are you able to choose a bath or shower? 4. Are you able to choose how often and what time you bathe? 5. Does the facility honor your preference or requests regarding meal times, fluid and food choices? 6. Are you able to choose when you go to activities. All areas of concern or changes in resident preference was immediately addressed by the Director of Nursing and resident care plan/care guide updated by the Minimum Data Set nurse (MDS) to be completed by 7/23/2018 A 100% in-service for all licensed nurses, nursing assistants, Director of Nursing,		

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F 561	<p>Continued From page 2</p> <p>During observation on 7/2/18 at 9:40 AM Resident #1 was observed in bed.</p> <p>During an interview on 7/2/18 at 9:41 AM Resident #1 stated he requested to get up and out of bed at around 8:20 AM that morning. He stated his preference was to get out of bed around 8:30 AM and he had made the staff aware of his preference, but they did not have enough staff to get him up when he wanted. Resident #1 stated the nurse aide told him she needed to get someone to help get him get out of bed this morning. Resident #1 stated she came back around 9:15 AM and again told him she did not have any staff to assist her to get him out of bed. He stated it happened often that staff were unable to get him out of bed. He further stated yesterday he did not get out of bed because they could not get to him and told him they were short staffed.</p> <p>During observation on 7/2/18 at 10:00 AM Resident #1 was observed in bed.</p> <p>During an interview on 7/2/18 at 10:02 AM Nurse Aide #2 stated she felt she was unable to get all the care done for her residents on her shift due to the staffing levels of the facility. She stated the facility did not have enough staff and Resident #1 had wanted to get out of bed since 8:15 AM but there was not enough help for her to be able to get him out of bed so all she could do was keep checking on him. NA #2 stated when Resident #1 first requested to get out of bed she went to Nurse Aide #1 who was providing care to another resident and could not assist her. She further stated she had not been able to find anyone else to help her get Resident #1 out of bed that morning.</p>	F 561	<p>Assistant Director of Nursing, Accounts payable, Maintenance Department, Therapy Department, Housekeeping Department, Accounts Receivable, Social workers, Activity Department, and Medical records Department was initiated on 7/3/2018 by the Director of Nursing, Assistant Director of Nursing, and MDS nurse in regards to honoring residents' choices; in-service will be completed by 7/23/2018. Any staff that has not been in-serviced by 7/23/18 will not be allowed to work until in-service has been completed. All newly hired licensed nurses, certified nursing assistants, Director of Nursing, Assistant Director of Nursing, Accounts payable, Maintenance Department, Therapy Department, Housekeeping Department, Accounts Receivable, Social workers, Activity Department, and Medical records Department will be in-serviced on honoring resident choices during orientation.</p> <p>10% of all alert and oriented residents to include resident #1 will be interviewed utilizing the Resident Choice/Preference Interview Tool by the Social Workers and Resident Liaison for resident preferences to include getting out of bed \ going to bed per preference weekly x 8 weeks then monthly x 1 month. Care plan will be updated immediately for any new resident preferences. The Director of Nursing will initial the Resident Choice\Preference Interview Tool for completion and to assure all areas of concern were addressed weekly x 8 week's then</p>		

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F 561	<p>Continued From page 3</p> <p>During observation on 7/2/18 at 11:07 AM Resident #1 was observed in bed. Resident #1 stated he still had not gotten out of bed.</p> <p>During an interview on 7/2/18 at 12:25 PM the Director of Nursing stated that it was her expectation residents who wished to get out of bed would be gotten out of bed according to their choice. She stated it was her expectation the facility would have the staff available to get residents out of bed according to their choice.</p> <p>During an interview on 7/3/18 at 10:43 AM the Administrator stated it was her expectation that if a resident requested to get up and out of bed that staff would be available to assist with his transfer so that he could get out of bed within a timely manner. She further stated it should not have taken so long to get Resident #1 out of bed.</p> <p>2. Resident #3 was re-admitted to the facility on 06/13/2018 with original admit date of 12/30/2010 with diagnoses of Type 2 Diabetes Mellitus and Cerebral Infarction.</p> <p>Review of Quarterly Minimum Data Set dated 04/25/2018 had Resident #3 coded as cognitively impaired and totally dependent for eating, bed mobility, toilet use, and personal hygiene. Resident #3 also had Hospice services.</p> <p>The comprehensive care plan dated 06/25/2018 included assistance to maintain maximum function of self-sufficiency for bathing and Hospice due to disease process. The goal was to keep resident neat and clean.</p>	F 561	<p>monthly x 1 moth.</p> <p>The Director of Nursing will forward the results of the Resident Choice\Preference Interview Tool to the Executive Quality Assurance Committee monthly x 3 months. The Executive Quality Assurance Committee will meet monthly x 3 months and review the Resident Choice\Preference Interview Tool to determine trends and/or issues that may need further interventions put into place and determine the need for further and/or frequency of monitoring</p>		

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F 561	<p>Continued From page 4</p> <p>Review of the June 2018 shower schedule indicated shower days for Resident #3 were Tuesdays and Fridays. Record review indicated Resident #3 did not receive showers on 06/01 and 06/05/2018.</p> <p>During an interview with Nursing Assistant (NA) #4 on 07/03/2018 at 7:30 A.M., the NA stated there were nights when they were short staffed, having had one NA a piece for each hall and that was not enough staff to give showers.</p> <p>During an interview with Quality Improvement (QI) Nurse on 07/02/2018 at 2:51 P.M., the QI Nurse stated during the month of June 2018 Resident #3 missed two of four scheduled showers before he began hospice because there was not enough help to get showers done.</p> <p>During an interview with Director of Nursing (DON) on 07/03/2018 at 10:18 A.M., the DON stated her expectations were for her staff to give showers according to the shower schedule.</p> <p>During an interview with the Administrator on 07/03/2018 at 8:43 A.M., the Administrator stated she expected showers were to be given as scheduled. The Administrator also stated her staff were in the process of being audited and educated on scheduled showers. The Administrator further stated she felt the missed showers were not due to under staffing but because her staff were not doing the job that was expected of them.</p> <p>3. Resident #4 was admitted to the facility on 05/24/2018 with diagnoses of Epileptic Seizures, and Chronic Obstructive Pulmonary Disease.</p>	F 561			

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F 561	<p>Continued From page 5</p> <p>Review of Annual Minimum Data Set dated 05/31/2018 had Resident #4 coded as cognitively impaired with extensive assistance for personal hygiene, eating, toileting use, and dressing.</p> <p>Review of comprehensive care plan dated 06/06/2018 included activities of daily living. The goal was to complete personal care with staff support as appropriate to maintain or achieve highest practical level of functioning.</p> <p>During an observation of Resident #4 on 07/03/2018 at 9:10 A.M., Resident #4 was in bed eyes closed, both feet hanging off right side of bed, uncovered with disheveled hair and hospital gown and a faint smell of body odor.</p> <p>Review of the June 2018 shower schedule indicated Resident #4 was scheduled to have showers on Saturdays and Tuesdays. Record review indicated Resident #4 did not receive showers on 06/02, 06/05, 06/16, 06/19, and 06/30/2018.</p> <p>During an interview with NA #5 on 07/02/2018 at 11:44 A.M., the NA stated there was not enough staffing with 1-2 NA's on the hall and residents were complaining because there was not enough staff to get the showers done. NA #5 also stated she was unable to perform showers as scheduled due to lack of staffing.</p> <p>During interview with QI Nurse on 07/02/2018 at 2:51 P.M., the QI Nurse stated during the month of June 2018, Resident #4 missed five of nine showers because there was not enough help to get the showers done.</p> <p>During interview with DON on 07/03/2018 at</p>	F 561			

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F 561	<p>Continued From page 6</p> <p>10:18 A.M., the DON stated her expectations were for her staff to give showers according to the shower schedule.</p> <p>During an interview with the Administrator on 07/03/2018 at 8:43 A.M., the Administrator stated she expected showers were to be given as scheduled. The Administrator also stated her staff were in the process of being audited and educated on scheduled showers. The Administrator further stated she felt the missed showers were not due to under staffing but because her staff were not doing the job that was expected of them.</p> <p>4. Resident #5 was admitted to the facility 03/08/2018 with diagnoses of Chronic Subdural Hemorrhage, and Acute/Chronic Respiratory Failure.</p> <p>Review of Annual Minimum Data Set dated 05/31/2018 had resident #5 coded as cognitively impaired with extensive assistance for bed mobility, dressing, eating, toilet use and personal hygiene.</p> <p>Review of Comprehensive Care Plan dated 06/13/2018 had focused on activities of daily living with assisted care for bathing.</p> <p>Review of the June 2018 shower schedule indicated shower days for Resident #5 were Mondays and Thursdays. Record review indicated Resident #5 did not receive showers on 06/07, 06/18, 06/21, and 06/25/2018.</p> <p>During an interview with NA #5 on 07/02/2018 at 11:44 A.M., the NA stated there was not enough staffing with 1-2 NA's on the hall and residents</p>	F 561			

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F 561	Continued From page 7 were complaining because there was not enough staff to get the showers done. NA #5 also stated she was unable to perform showers as scheduled due to lack of staffing. During interview with QI Nurse on 07/02/2018 at 2:51 P.M., the QI Nurse stated during the month of June 2018 Resident #5 missed four of eight showers because there was not enough help to get the showers done. During interview with DON on 07/03/2018 at 10:18 A.M., the DON stated her expectations were for her staff to give showers according to the shower schedule. During an interview with the Administrator on 07/03/2018 at 8:43 A.M., the Administrator stated she expected showers were to be given as scheduled. The Administrator also stated her staff were in the process of being audited and educated on scheduled showers. The Administrator further stated she felt the missed showers were not due to under staffing but because her staff were not doing the job that was expected of them.	F 561			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(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: Based on record reviews, observation and staff interviews, the facility failed to provide scheduled showers for 3 of 3 residents sampled for activities	F 677	F677 The process that led to this deficiency was the facility failed to provide showers	7/23/18	

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F 677	<p>Continued From page 8 of daily living care for dependent residents. Residents #3, #4 and #5.</p> <p>Findings included:</p> <p>1. Resident #3 was re-admitted to the facility on 06/13/2018 with original admit date of 12/30/2010 with diagnoses of Type 2 Diabetes Mellitus and Cerebral Infarction.</p> <p>Review of Quarterly Minimum Data Set dated 04/25/2018 had Resident #3 coded as cognitively impaired and totally dependent for eating, bed mobility, toilet use, and personal hygiene. Resident #3 also had Hospice services.</p> <p>The comprehensive care plan dated 06/25/2018 included assistance to maintain maximum function of self-sufficiency for bathing and Hospice due to disease process. The goal was to keep resident neat and clean.</p> <p>Review of the June 2018 shower schedule indicated shower days for Resident #3 were Tuesdays and Fridays. Record review indicated Resident #3 did not receive showers on 06/01 and 06/05/2018.</p> <p>During an interview with Nursing Assistant (NA) #4 on 07/03/2018 at 7:30 A.M., the NA stated there were nights when they were short staffed, having had one NA a piece for each hall and that was not enough staff to give showers.</p> <p>During an interview with Quality Improvement (QI) Nurse on 07/02/2018 at 2:51 P.M., the QI Nurse stated during the month of June 2018 Resident #3 missed two of four scheduled showers before he began hospice because there was not enough</p>	F 677	<p>as scheduled for 3 of 3 residents (resident #3, resident #4 and resident #5)</p> <p>Resident #3 was offered a shower but given a bed bath on 7/3/2018 by the assigned certified nurse assistant. Resident # 4 was offered and given a shower on 7/4/2018 by the assigned certified nurse assistant. Resident #5 was offered and given a shower on 7/5/2018 by the assigned certified nurse assistant.</p> <p>On 7/9/2018 an 100% audit of showers x 30 days was completed by the Minimum Data Set Nurse to ensure all residents to include resident #3, resident # 4 and resident #5 had received or was offered a shower per shower schedule and/or resident preference. All areas of concern were immediately addressed by the Director of Nurse/Assistant Director of Nursing.</p> <p>On 7/18/2018 facility resident shower schedule was updated by the Clinical Nurse Consultant to ensure all residents are on shower schedule and/or resident preferences to include resident #5, resident #3 and resident #4. Shower schedule was posted at the Nurses Station and a copy provided to all alert and oriented residents by the Social workers.</p> <p>On 7/3/2018 an 100% in-service was initiated by the Director of Nursing with all licensed nurses, nursing assistants (NA), Assistant Director of Nursing, Staff Facilitator, Quality Assurance nurse (QA),</p>		

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F 677	<p>Continued From page 9 help to get showers done.</p> <p>During an interview with Director of Nursing (DON) on 07/03/2018 at 10:18 A.M., the DON stated her expectations were for her staff to give showers according to the shower schedule.</p> <p>During an interview with the Administrator on 07/03/2018 at 8:43 A.M., the Administrator stated she expected showers were to be given as scheduled. The Administrator also stated her staff were in the process of being audited and educated on scheduled showers. The Administrator further stated she felt the missed showers were not due to under staffing but because her staff were not doing the job that was expected of them.</p> <p>2. Resident #4 was admitted to the facility on 05/24/2018 with diagnoses of Epileptic Seizures, and Chronic Obstructive Pulmonary Disease.</p> <p>Review of Annual Minimum Data Set dated 05/31/2018 had Resident #4 coded as cognitively impaired with extensive assistance for personal hygiene, eating, toileting use, and dressing.</p> <p>Review of comprehensive care plan dated 06/06/2018 included activities of daily living. The goal was to complete personal care with staff support as appropriate to maintain or achieve highest practical level of functioning.</p> <p>During an observation of Resident #4 on 07/03/2018 at 9:10 A.M., Resident #4 was in bed eyes closed, both feet hanging off right side of bed, uncovered with disheveled hair and hospital gown and a faint smell of body odor.</p>	F 677	<p>Nurse Supervisor, treatment nurse, and MDS nurse in regards to Resident Showers to include:</p> <ol style="list-style-type: none"> 1. Shower schedules are posted at the nurses station and should be reviewed at the beginning of each shift to ensure all residents with scheduled showers are provided care appropriately 2. It is the responsibility of the assigned nursing assistant to ensure all residents are offered and receive a shower per the resident preference and/or according to facility protocol 3. It is the responsibility of the hall nurse to ensure nursing assistants have provided resident with shower/bath at resident preference and/or on assigned shower day. 4. When a resident refuses a shower the nursing assistant must notify the hall nurse and the hall nurse must attempt to encourage resident in receiving a shower. 5. If a resident continues to refuse a shower the hall nurse must document resident refusal of care and notify the resident responsible party if indicated. 6. Resident may have preference not to have showers. If so, the MDS nurse should ensure resident preference for bed bath is care planned and care guide reflects resident preference. 7. Staff should attempt to accommodate resident preference as to time of bath and shower. If at any time a resident voices a preference for an alternative time preference the staff must immediately notify the DON so preference can be accommodated appropriately. 8. Nursing assistants must document all 		

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F 677	<p>Continued From page 10</p> <p>Review of the June 2018 shower schedule indicated Resident #4 was scheduled to have showers on Saturdays and Tuesdays. Record review indicated Resident #4 did not receive showers on 06/02, 06/05, 06/16, 06/19, and 06/30/2018.</p> <p>During an interview with NA #5 on 07/02/2018 at 11:44 A.M., the NA stated there was not enough staffing with 1-2 NA's on the hall and residents were complaining because there was not enough staff to get the showers done. NA #5 also stated she was unable to perform showers as scheduled due to lack of staffing.</p> <p>During interview with QI Nurse on 07/02/2018 at 2:51 P.M., the QI Nurse stated during the month of June 2018, Resident #4 missed five of nine showers because there was not enough help to get the showers done.</p> <p>During interview with DON on 07/03/2018 at 10:18 A.M., the DON stated her expectations were for her staff to give showers according to the shower schedule.</p> <p>During an interview with the Administrator on 07/03/2018 at 8:43 A.M., the Administrator stated she expected showers were to be given as scheduled. The Administrator also stated her staff were in the process of being audited and educated on scheduled showers. The Administrator further stated she felt the missed showers were not due to under staffing but because her staff were not doing the job that was expected of them.</p> <p>3. Resident #5 was admitted to the facility 03/08/2018 with diagnoses of Chronic Subdural</p>	F 677	<p>showers/baths in POC</p> <p>9. Nursing assistants must document all care refusals in POC under behaviors.</p> <p>No licensed nurses, nursing assistants (NA), Director of Nursing, Staff Facilitator, Quality Assurance nurse (QA), Nurse Supervisor, treatment nurse, or MDS nurse will be allowed to work until in-service on Resident Showers is completed. In-service will be completed by 7/23/2018</p> <p>All newly hired all licensed nurses, nursing assistants (NA), Director of Nursing, Staff Facilitator, Quality Assurance nurse (QA), Nurse Supervisor, treatment nurse, and MDS nurse will be In-serviced during orientation in regards to Resident Showers.</p> <p>10% of assigned resident showers will be reviewed 3 times a week x 4 weeks, weekly for 4 weeks, then monthly for one month by the Nurse Supervisor to ensure all residents to include resident #3 , resident #4 and resident #5 are offered/provided a shower per resident preference and/or facility protocol, utilizing the Showers Audit Tool. Any areas of identified concern will be immediately addressed by the Resource Nurse\ Assistant Director of Nursing during the audit to include providing resident care per preference, notification of the resident representative of care refusals and/or additional staff training. The DON will initial the Showers Audit Tool 3 times a week x 4 weeks, weekly for 4 weeks, then monthly for one month for completion and</p>		

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F 677	<p>Continued From page 11</p> <p>Hemorrhage, and Acute/Chronic Respiratory Failure.</p> <p>Review of Annual Minimum Data Set dated 05/31/2018 had resident #5 coded as cognitively impaired with extensive assistance for bed mobility, dressing, eating, toilet use and personal hygiene.</p> <p>Review of Comprehensive Care Plan dated 06/13/2018 had focused on activities of daily living with assisted care for bathing.</p> <p>Review of the June 2018 shower schedule indicated shower days for Resident #5 were Mondays and Thursdays. Record review indicated Resident #5 did not receive showers on 06/07, 06/18, 06/21, and 06/25/2018.</p> <p>During an interview with NA #5 on 07/02/2018 at 11:44 A.M., the NA stated there was not enough staffing with 1-2 NA's on the hall and residents were complaining because there was not enough staff to get the showers done. NA #5 also stated she was unable to perform showers as scheduled due to lack of staffing.</p> <p>During interview with QI Nurse on 07/02/2018 at 2:51 P.M., the QI Nurse stated during the month of June 2018 Resident #5 missed four of eight showers because there was not enough help to get the showers done.</p> <p>During interview with DON on 07/03/2018 at 10:18 A.M., the DON stated her expectations were for her staff to give showers according to the shower schedule.</p> <p>During an interview with the Administrator on</p>	F 677	<p>to ensure all areas of concern were addressed.</p> <p>The Administrator will forward the results of the Showers Audit Tool to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months and review the Showers Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring. The Administrator and Director of Nursing will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.</p>		

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F 677	Continued From page 12 07/03/2018 at 8:43 A.M., the Administrator stated she expected showers were to be given as scheduled. The Administrator also stated her staff were in the process of being audited and educated on scheduled showers. The Administrator further stated she felt the missed showers were not due to under staffing but because her staff were not doing the job that was expected of them.	F 677			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge	F 725		7/23/18	

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F 725	<p>Continued From page 13</p> <p>nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff and resident interviews, and record review the facility failed to maintain sufficient staff to provide care for dependent residents for 4 of 4 residents reviewed for choices. Due to not having sufficient staff residents were not transferred out of bed at their preferred time and shower preferences were not honored. (Resident #1, Resident #3, Resident #4, and Resident #5)</p> <p>The findings included:</p> <p>This tag is cross referenced to:</p> <p>Tag F561- Based on observation, staff and resident interviews, and record review the facility failed to honor resident choices to transfer an alert and oriented resident out of bed according to his choice and failed to provide showers according to resident specified preferences for 4 of 4 residents reviewed for choices. (Resident #1, Resident #3, Resident #4, and Resident #5)</p>	F 725	<p>F 725</p> <p>The process that led to this deficiency was the facility failed to provide sufficient nursing staff by not providing showers for resident #1, #3, and #4, and #5. On 7/04/2018, the Director of Nursing (DON) and the Administrator reviewed the clinical staffing schedule to ensure that sufficient staff were on duty to meet the care needs of the residents to include providing showers to include Resident #1, #3, #4, and #5; transferring residents out of bed at their preferred time to include resident #1. The DON will review the daily clinical staffing needs 24 hours prior to the scheduled worktimes to ensure that clinical staff are on duty to meet the needs of the residents. The weekly case mix index will be reviewed weekly to ensure the acuity of the residents is taken into account with the clinical staffing patterns to meet the needs of the residents, including the needs of Resident #1, Resident #3, Resident #4, and Resident #5.</p> <p>On 7/4/2018, the Facility Nurse Consultant in-serviced the Administrator and the DON in regards to Sufficient Staff to include:</p> <ol style="list-style-type: none"> 1. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24 hour basis to provide nursing care to all residents in accordance with resident care plan. 2. The determination of sufficient staff will be made based on the staff's ability to 		

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F 725	Continued From page 14	F 725	<p>provide needed care to residents that enable them to reach their highest practicable physical, mental, and psychosocial well-being.</p> <p>The facility has hired additional licensed nurses and nursing assistants to fill the vacant position in the current schedule. The facility will utilize on call staff to ensure daily staffing is sufficient according to the acuity level of the residents and to ensure the needs of residents are met including for Resident #1, #3, #4, and #5. The scheduling coordinator will be notified of night and weekend call-ins and no shows promptly. The scheduling coordinator will make necessary arrangements to ensure adequate staff are on duty. If the scheduling coordinator is unable to obtain adequate staff or if it is outside of the scheduling coordinators normal working hours, the nurse on call or the DON will be notified promptly. The facility administrator and DON will provide ongoing monitoring daily to ensure that there is adequate clinical staff on duty to provide needed care to residents that enable them to reach their highest practical physical, mental and psychosocial wellbeing.</p> <p>On 7/4/2018 an in-service was initiated with all licensed nurses and nursing assistants in regards to that the scheduling coordinator is the first point of contact for any and all scheduling issues that arise while on shift and procedure for notifying on call nurse or DON after hours and on weekends for further scheduling issues. The scheduling coordinators contact information will be posted in</p>		

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F 725	Continued From page 15	F 725	<p>designated employee areas and will include subsequent points of contact which will be available 24/7 to avoid a single point of failure. In-service will be completed by 7/23/18.</p> <p>All newly hired licensed nurses and nursing assistants will be in-serviced during orientation by the Staff Facilitator that the scheduling coordinator is the first point of contact for any and all scheduling issues that arise while on shift and procedure for notifying on call nurse or DON after hours and on weekends for further scheduling issues. Copy of contact information for schedule related issues will be posted in designated areas.</p> <p>The Administrator and/ or the DON will audit staffing schedule at the beginning of each shift to include nights and weekends x 4 weeks then twice weekly x 4 weeks then monthly x 1 month utilizing the Sufficient Staff Audit Tool to ensure sufficient staff to meet the needs of the residents based upon the acuity level as identified by the Case Mix index score assuring the residents reach their highest practicable physical, mental and psychosocial well-being. All areas of concern will be immediately addressed by the DON/Administrator to include use of administrative nurses pulled to the hall to meet resident care needs.</p> <p>The Administrator will initial the Sufficient Staff Tool daily to assure the staffing patterns are appropriate to meet the needs of the resident care identified by their acuity level from the Case Mix Index Report.</p> <p>The Administrator will forward the results</p>		

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

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F 725	Continued From page 16	F 725	of Sufficient Staff Audit Tool to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months and review the Sufficient Staff Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring. The Administrator and the DON will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.		