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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345390</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>06/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COUNTRYSIDE MANOR</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7700 US 158 EAST</b><br><b>STOKESDALE, NC 27357</b>   |   |
| (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 557<br>SS=D  | <p>Respect, Dignity/Right to have Prsnl Property<br/>CFR(s): 483.10(e)(2)</p> <p>§483.10(e) Respect and Dignity.<br/>The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, observations, and staff interviews, the facility failed to provide dignity with dining by making one of three dependent residents wait to receive assistance with a meal while residents seat at the same table were provided assistance to eat and finish their meals. (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 10/10/14 with the current diagnosis of Alzheimer's dementia, and feeding difficulties.</p> <p>Resident #1's Minimum Data Set dated 3/14/18 revealed that the resident was rarely or never understood. The resident had short term and long-term memory problems. The resident required extensive assistance with eating with 1-person assistance. The resident had limited range of motion in her upper and lower extremities on both sides.<br/>Review of Resident #1's care plan revealed a care plan for nutrition dated 5/10/18.</p> <p>A meal was observed on 6/19/18 at 12:01 PM in</p> | F 557   | <p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited; Corrective action taken for Resident #1 was fed by Nursing Aide #1 at 12:40pm. For the following meal, resident #1 was fed by Restorative Aide at the same time as the other residents at the same table. As stated in the 2567: The facility failed to provide dignity for Resident #1 while feeding other residents and having the resident wait until all others were fed. The Administrator and Nurse Manager conducted an analysis on</p> | 7/24/18   |

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

TITLE

(X6) DATE

Electronically Signed

07/12/2018

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 557  | <p>Continued From page 1</p> <p>the dining room Resident #1 eats her meals. Resident #1 was observed sitting at a table with Resident #2 and Resident #3 at 12:01 PM. Staff were observed to begin passing out resident meal trays in this dining room at 12:07 PM. All trays were delivered by 12:17 PM to the 13 residents eating in this dining room. Nursing Assistant (NA) #1 was observed feeding Resident #2 and Resident #3 at the table where Resident #1's was seated table. Resident #1's covered meal tray was observed to be on the dining room table positioned in close proximity to Resident #1. Resident #1 was observed not being fed as the 2 other residents (Resident #2 and Resident #3) were being fed at her table by NA #1. Resident #1 verbalizing noises and sounds and had her eyes open as she sat at the table. Resident #1 tray remained covered and untouched as of 12:28 PM as the resident was unable to feed herself. NA #1 was observed to continue to feed Resident #2 and Resident #3. Resident #1's food was never offered to her as of 12:34 PM and the tray remained untouched. At 12:35 PM, Resident #2 and Resident #3 were finished with their meal. At 12:40 PM, NA #1 sat beside Resident #1 and began to feed her after Resident #2 and Resident #3 were finished with their meals. NA #1 finished feeding Resident #1 at 12:55 PM and she ate 80 percent of her meal.</p> <p>The NA #2 was interviewed on 6/19/18 at 1:55 PM. She stated that Resident #1 did not answer questions or talk to the staff. Resident #1 would holler out or keeps to herself. She stated that Resident #1 usually ate 30 to 40% but today ate a lot for lunch, which was unusual. She added that Resident #1 required total dependence for all care needs and had to be fed. She stated that usually another NA helped serve meals in this</p> | F 557   | <p>6/25 to determine how this occurred. Based on the analysis, the causal factors involved NA#1 did not follow facility process in obtaining other staff to assist with feeding Resident #1. Nursing assistants are instructed to either notify the Licensed Staff Nurse or one of the trained Feeding Assistants (available during meals) to assist when needed. The Dietary Manager reviewed this resident to ensure dietary needs are being met. The Dietician and Medical Director re-assessed this Resident #1 on 7/25 and 7/30 respectively. Based on the root cause analysis the following corrective action was taken:</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</p> <p>On 7/3, The Director of Nursing/designee and Administrator audited the dining room for 3 meals and the feeding schedule to ensure adequate staff were available to feed residents timely and with dignity. Aide #1 received training 7/11 by the MDS Coordinator regarding feeding schedules and practices to ensure timely meals and dignity for all residents. The training included topics such as feeding all residents timely to ensure food is at the right temp, all feeders at one table must be served and fed at the same time, and ensuring residents receives adequate assists with meals according to their care plan.</p> <p>All nursing staff to include Registered Nurses, Licensed Practical Nurses, Nursing Aides, and Medication Aides were reeducated by the MDS Coordinator on</p> |                      |   |

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| F 557  | <p>Continued From page 2</p> <p>dining room, but today there were only two NAs available. NA #2 further stated on a good day there would be 2 NAs and a nurse to fed residents in this dining room, but lately staffing has gotten worse. NA #2 stated there have been times when she had to feed all the residents in this dining room on her own and many times there have been only two NAs to feed residents in this dining room. She stated there is not enough NAs and it has been an issue since January 2018. NA #2 stated there are supposed to be two NAs scheduled on the memory care unit, but today only herself and another NA who is floating between two hallways are working on this hall. NA #2 further explained that she does the best she can, but many times she is the only NA working on this hallway.</p> <p>Nursing Assistant #1 was interviewed on 6/19/18 at 2:23 PM. She stated that today was the first day she has worked in the facility. She stated that she was the floating NA for 2 halls. She stated that she was told to feed the residents on the memory care unit. She stated she knew that residents who were seated at the same dining room table should all be fed at the same time. She stated that she could not fed resident #1 because she was feeding the 2 other residents seated at the table. She stated that after she fed the 2 residents at the table, she fed Resident #1 because Resident #1 had not eaten yet.</p> <p>Nurse #1 was interviewed on 6/19/18 at 2:37 PM. She stated that most of the time, the residents seated at the same dining room table are not all fed at the same time. She stated she feels like there needs to be more nurses and NAs on this hallway (memory care unit) to assist residents. She explained there are times it is just her and an</p> | F 557   | <p>7/11 regarding appropriate feeding schedules and practices to ensure timely meals and dignity for all residents. The training included topics such as feeding all residents timely to ensure food is at the right temp, all feeders at one table must be served and fed at the same time, and ensuring residents receives adequate assists with meals according to their care plan. This education will also be included in the orientation of any new Nurses, Medication Aides, and Nursing Aides. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;</p> <p>The Director of Nursing/designee will audit the dining room to ensure that residents are being feed timely with dignity and with adequate assistance. The Director of Nursing/designee will monitor compliance using the Feeding Audit Tool to include auditing 5 meals in the dining room a week for 4 weeks and then 5 meals a month for 2 months. Reports will be presented to the QA committee by the Administrator and/or Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The QA Meeting is attended by the Director of Nursing, MDS Coordinator, Clinical Manager, Therapy, Social Worker, Medical Director and the Administrator.</p> <p>The title of the person responsible for implementing the acceptable plan of correction;</p> <p>The Director of Nursing and/or</p> |                      |   |

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| F 557  | Continued From page 3<br>NA feeding residents in the memory care dining room so not all residents can be fed at the same time. She stated staffing has gotten worse in the last month and she is hoping more staff do not quit.<br><br>The Administrator was 6/20/18 at 3:00 PM. He stated that he hopes that if Resident #1 waited to be fed that they at least heated up the resident's food.   | F 557   | Administrator<br><br>Date of Compliance: 7/24/2018  |                      |   |
| F 561<br>SS=D  | Self-Determination<br>CFR(s): 483.10(f)(1)-(3)(8)<br><br>§483.10(f) Self-determination.<br>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.<br><br>§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.<br><br>§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.<br><br>§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.<br><br>§483.10(f)(8) The resident has a right to participate in other activities, including social, | F 561   |   | 7/24/18              |   |

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| F 561  | <p>Continued From page 4</p> <p>religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, and staff interviews, the facility failed to provide scheduled whirlpool baths or showers to 2 of 3 residents reviewed for Activities of Daily Living (Resident #4 and Resident #1).</p> <p>Findings included:</p> <p>1. Resident #4 was readmitted to the facility on 3/9/17 with the current diagnosis of Parkinson's disease, dementia, and hypertension.</p> <p>Resident #4 had a care plan in place dated 1/23/18 for a decline in physical &amp; cognitive functioning related to Parkinson's disease, lewy body dementia, dysphagia, and history of multiple falls. The resident required staff to assist with Activities of Daily Living (ADL) related to decrease in self performance, and increase in staff support.</p> <p>Documentation of Activities of Daily Living were reviewed from 5/15/18 to 6/20/18 for Resident #4 and revealed that there were no whirlpool baths documented from 5/15/18 through 6/20/18.</p> <p>Review of the bath schedule revealed that Resident #4 was to receive bathing on Monday and Thursday evening per the bath schedule.</p> <p>Nursing Assistant (NA) #3 was interviewed on 6/19/18 at 3:20 PM. He stated that he worked second shift and was usually the only NA on Guildford hall. He stated that staffing was an</p> | F 561   | <p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>Resident #4 received a whirlpool bath on 6/21</p> <p>Resident #1 received a shower on 6/21</p> <p>As stated in the 2567: The facility failed to provide scheduled whirlpool baths or showers to 2 of 3 residents reviewed for Activities of Daily Living (Resident # 4 and Resident # 1). Resident # 4 and Resident # 1 were given bed baths during this time as was stated in the 2567. Administrator and Nursing Management conducted a comprehensive review analysis on 6/26 to determine why this occurred and found the causal factor to be a lack of effort by the C.N.A staff to coordinate coverage of the unit with the licensed nursing staff and other C.N.A staff while absent from the unit to perform whirlpool baths/showers.</p> |                      |   |

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| F 561  | <p>Continued From page 5</p> <p>issue and he had a hard time giving residents showers/whirlpools now and instead he just gave them a bed bath. He stated that if he goes to give a shower or whirlpool then he has to leave the unit and then there would not be anyone on the dementia locked unit (Guildford) to work. He stated that Resident #4 was supposed to be getting whirlpools baths on Mondays and Thursdays but recently he just had to give him a bed bath instead because of staffing not being sufficient.</p> <p>NA #3 was interviewed again on 6/20/18 at 1:18 PM. He stated that he gave Resident #4 a bed bath on Monday (6/18/17). He stated that he didn't give Resident #4 a whirlpool on Monday (6/18/17) because there was no one to watch the hall while he gave the resident a whirlpool and that was the problem.</p> <p>Nurse #2 was interviewed on 6/20/18 at 8:53 AM. She stated that she had Guildford and Cardinal hall today. She stated that she did not think that residents on the dementia unit (Guildford hall) were getting whirlpools/shower because there would be no one on that unit if the staff member went to give a whirlpool/shower to a resident.</p> <p>The MDS nurse was interviewed on 6/20/18 at 11:20 AM. She stated that she had not heard that staff were not able to give showers and whirlpool baths due to staffing issues. She stated that the NA's should document baths in the kiosk but she thought they sometimes struggled with this. She stated that she sees the staff taking the residents to the whirlpools and showers. She stated that she had not heard any complaints about residents not getting showers or having care concerns.</p> | F 561   | <p>Based on this analysis the following corrective action was taken:</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</p> <p>The Director of Nursing/designee and Administrator audited all residents to ensure a shower/whirlpool bath was scheduled and completed timely on 7/11. A new shower/whirlpool schedule was created on 7/10 to ensure showers and whirlpools could be completed timely. The shower schedule will now also be documented on paper and initialed by the Aides after completion and signed off by the nurse on duty. All refusals and changes to the schedule must be approved by the nurse on duty.</p> <p>Nursing Aide #3 and Nurse #2 were educated on 7/11 by the MDS Coordinator on the expectation to complete showers and whirlpools according to the bath schedule and how to document refusals and/or changes.</p> <p>The CNAs will be retrained to provide a bath or shower going forward and that the door is to be opened and monitored by the nurse and/or CNA during this time. They have also been reminded of the importance of documentation. For residents requiring 2-person assist, they are to get the restorative aide stationed on the floor to assist them.</p> <p>All Registered Nurses, Licensed Practical Nurses, Medication Aides, and Nursing Aides were educated by the MDS Coordinator on 7/11 on the bath schedule and expectation to complete and document completion of baths and/or</p> |                      |   |

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| F 561  | <p>Continued From page 6</p> <p>The Administrator was 6/20/18 at 6/20/18 at 3:00 PM. He stated he thought showers/whirlpools were being completed for residents. He also stated that staff should have the nurse sit with the door open at the nurse's station (near Guildford hall) while showers/whirlpools were being completed by the NA so the nurse could watch the Guildford hall while the NA was gone. He stated that he was not sure why this was not being done.</p> <p>2. Resident #1 was admitted to the facility on 10/10/14 with the current diagnosis of Alzheimer's dementia.</p> <p>Resident's #1 annual Minimum Data Set dated 3/14/18 revealed that the resident was rarely or never understood and had short term and long-term memory problems. The resident had limited range of motion in her upper and lower extremities on both sides. The resident was totally dependent with bathing and required the assistance of 1 person.</p> <p>The shower schedule was observed in the cabinet of the Guildford hall living room. The schedule revealed that Resident #1 bathing schedule (for showers or whirlpools baths) was scheduled on Wednesday and Saturday evenings.</p> <p>Documentation of Activities of Daily Living was reviewed for this resident from 6/6/18 through 6/20/18 and revealed that the resident had a bed bath on 6/6/18 and 6/13/18 and 6/16/18. There was no other documentation of baths, showers or whirlpools being given from 6/6/18 through 6/20/18.</p> | F 561   | <p>whirlpools. The training included topics such as the expectation to complete showers and/or whirlpools according to the schedule and resident's preference, how the Aides are to document completion of each bath/whirlpool, and how the Nurses are to ensure that baths/whirlpools are being completed each shift and are to sign off on the bath schedule at the end of their shift.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;</p> <p>The Director of Nursing/designee will audit the bath schedule to ensure showers/whirlpool baths are being completed timely according to schedule and documented accordingly. The Director of Nursing/designee will monitor compliance using the Shower Completion Tool to include auditing the bath schedule sign off sheets 5 times a week for 4 weeks and then once a week for 2 months. Reports will be presented to the QA committee by the Administrator and/or Director of Nursing/designee to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The QA Meeting is attended by the Director of Nursing, MDS Coordinator, Clinical Manager, Therapy, Social Worker, Medical Director and the Administrator. The title of the person responsible for implementing the acceptable plan of correction;</p> <p>The Director of Nursing/designee and/or Administrator</p> |                      |   |

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| F 561  | Continued From page 7<br><br>Nursing Assistant (NA) #3 was interviewed on 6/19/18 at 3:20 PM. He stated that he worked second shift and was usually the only NA on Guildford hall. He stated that staffing was an issue and he had a hard time giving residents showers/whirlpools now and instead he just gave them a bed bath. He stated that if he goes to give a shower or whirlpool then he has to leave the unit and then there would not be anyone on the dementia locked unit (Guildford) to work. NA #3 further stated he tried to give Resident #1 a whirlpool or shower if there was extra staff member to help. Instead, he just gives Resident #1 a bed bath due to staffing. He stated that was really the only problem.<br><br>Nurse #2 was interviewed on 6/20/18 at 8:53 AM. She stated that she had Guildford and Cardinal hall today. She stated that she does not think that residents on the dementia unit (Guildford hall) were getting whirlpools/showers because there would be no one on that unit if the staff member went to give a whirlpool/shower to a resident.<br><br>The MDS nurse was interviewed on 6/20/18 at 11:20 AM. She stated that she had not heard that staff were not able to give showers and whirlpool baths due to staffing issues and didn't know of any care issues. She stated that the NA's should document baths in the kiosk but she thought they sometimes struggled with this. She stated that she sees the staff taking the residents to the whirlpools and showers. She hasn't got many complaints in care plan meetings about hygiene. She stated that she had not heard any complaints about residents not getting showers or having care concerns. | F 561   | Date of Compliance: 7/24  |                      |   |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345390</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>06/20/2018</b> |
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| F 561  | Continued From page 8<br>NA #5 was interviewed on 6/20/18 at 1:57 PM. She stated that she worked Guildford hall and She stated she gave Resident #1 a bed bath including washing her hair last week. NA #5 stated she gave Resident #1 a bed bath on Saturday but she didn't wash her hair. She stated that the Resident #1 gets showers when she can get to her. She stated that she worked Guildford hall on Saturday (6/16/18) and did not give the resident a shower on 6/16/18 but gave her a full bed bath because they just did not have enough staff.<br><br>The Administrator was 6/20/18 at 6/20/18 at 3:00 PM. He stated he thought showers/whirlpools baths they are being completed for residents. He also stated that staff should have the nurse sit with the door open at the nurse's station (near Guildford hall) while showers were being completed by the NA so the nurse could watch the Guildford hall while the NA was gone. He stated that he was not sure why this was not being done. | F 561   |   |                      |   |
| F 725<br>SS=D  | Sufficient Nursing Staff<br>CFR(s): 483.35(a)(1)(2)<br><br>§483.35(a) Sufficient Staff.<br>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).  | F 725   |   | 7/24/18              |   |

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| F 725  | <p>Continued From page 9</p> <p>§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:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§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 nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, and staff interviews, the facility failed to provide sufficient nursing staff to ensure one of three residents, who required feeding assistance, was fed meals at the same time as other residents eating at the same table (Resident #1) and by not providing scheduled whirlpool baths or showers to 2 of 3 residents reviewed for Activities of Daily Living (Resident #1 and Resident #4).</p> <p>Findings included:</p> <p>This citation of cross referenced to</p> <p>1. F 677: Based on record review, observations, and staff interviews, the facility failed to provide scheduled whirlpool baths or showers to 2 of 3 residents reviewed for Activities of Daily Living (Resident #4 and Resident #1).</p> <p>2. F 557: Based on record review, observations, and staff interviews, the facility failed to provide</p> | F 725   | <p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>Tag cross referenced to F677 and F557. Resident #1 was fed by Nursing Aide #1 at 12:40pm. For the following meal, resident #1 was fed by Restorative Aide at the same time as the other residents at the same table.</p> |                      |   |

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| F 725  | <p>Continued From page 10</p> <p>dignity with dining by making one of three dependent residents wait to receive assistance with a meal while residents seat at the same table were provided assistance to eat and finish their meals.</p> <p>The Minimum Data Set nurse, who was responsible for developing the facility's nursing schedule, was interviewed on 6/20/18 at 11:20 AM. She stated when she makes the schedule, she will schedule 3 nursing assistants (NAs) on the front hall and 3 NA's on the back for day shift. There would be 3 NAs on the front hall and then 2 NAs on the back hall and 1 floating NA for the entire back hall. She stated they were having a lot of call outs for a while and staff were staying over and working additional shifts to try and cover for that. Additionally, the facility is now using an agency staffing company to cover staffing shortages. She further explained that she thought staffing was adequate because she had not heard of any resident care not being performed due to staffing not being sufficient.</p> <p>The Administrator was interviewed on 6/20/18 at 3:00 PM. He stated he was not aware of staffing concerns and expected the needs of the residents to be met.</p> | F 725   | <p>Resident #4 received a whirlpool bath on 6/21</p> <p>Resident #1 received a shower 6/21</p> <p>As stated in the 2567 the facility failed to provide sufficient nursing staff to ensure one of here residents who required feeding assistance, was fed meals at the same time as other residents eating at the same table and by not providing scheduled whirlpool baths or showers to 2 of 3 resident reviewed for Activities of Daily Living. The facility conducted a root cause analysis from 6/26-28 that included a review of staffing available during the period of time the alleged citations occurred. The facility has resources/processes in place to address staffing needs that include: A) We use a 6-week schedule and submit vacancies to our contracted agency to fill weekly. Each morning in Stand Up we discuss the day's staffing to determine if there are call outs. B) Utilization of One Call Now system when call ins occur, which sends text messages to all nursing staff or C.N.A staff that coverage is needed and a bonus is offered. C) Access to Contract Agency to fill vacancies.</p> <p>Factors that lead to the instances cited occurred due to a) NA#1 did not follow facility process in obtaining other staff to assist with feeding Resident #1. Nursing assistants are instructed to either notify the Licensed Staff Nurse or one of the trained Feeding Assistants (available during meals) to assist when needed. b) a lack of effort by the C.N.A staff to coordinate coverage of the unit with the licensed nursing staff and other C.N.A</p> |                      |   |

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| F 725  | Continued From page 11   | F 725   | <p>staff while absent from the unit to perform whirlpool baths/showers. Corrective action was taken to address both instances (Cross Reference F 677 and F557 above).</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited; a) A fourth CNA was added to the day time shift roster who will be able to assist with meals, showers and other Activities of Daily Living. b) the Administrator and MDS Nurse audited the Nursing schedule to ensure adequate staffing was planned for the unit and to ensure staffing is adjusted to meet the residents care needs. c) the facility is also contracted with an agency staffing company to provide addition staffing support.</p> <p>On 7/3, The Director of Nursing/designee and Administrator audited the dining room for 3 meals and the feeding schedule to ensure adequate staff were available to feed residents timely and with dignity. Aide #1 received training 7/11 by the MDS Coordinator regarding feeding schedules and practices to ensure timely meals and dignity for all residents. The training included topics such as feeding all residents timely to ensure food is at the right temp, all feeders at one table must be served and fed at the same time, and ensuring residents receives adequate assists with meals according to their care plan.</p> <p>All nursing staff to include Registered Nurses, Licensed Practical Nurses, Nursing Aides, and Medication Aides were reeducated by the MDS Coordinator on</p> |                      |   |

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| F 725  | Continued From page 12   | F 725   | <p>7/11 on appropriate feeding schedules and practices to ensure timely meals and dignity for all residents. The training included topics such as feeding all residents timely to ensure food is at the right temp, all feeders at one table must be served and fed at the same time, and ensuring residents receives adequate assists with meals according to their care plan. This education will also be included in the orientation of any new Nurses, Medication Aides, and Nursing Aides. The Director of Nursing/designee and Administrator audited all residents to ensure a shower/whirlpool bath was scheduled and completed in the past week on 7/11. A new shower/whirlpool schedule was created on 7/10 to ensure showers and whirlpools could be completed timely. The shower schedule will now also be documented on paper and initialed by the Aides after completion and signed off by the nurse on duty. All refusals and changes to the schedule must be approved by the nurse on duty. Nursing Aide #3 and Nurse #2 were educated on 7/11 by the MDS Coordinator on the expectation to complete showers and whirlpools according to the bath schedule and how to document refusals and/or changes.</p> <p>All Registered Nurses, Licensed Practical Nurses, Medication Aides, and Nursing Aides were educated by the MDS Coordinator on 7/11 regarding the bath schedule and expectation to complete and document completion of baths and/or whirlpools. The training included topics such as the expectation to complete</p> |                      |   |

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| F 725  | Continued From page 13   | F 725   | <p>showers and/or whirlpools according to the schedule and resident's preference, how the Aides are to document completion of each bath/whirlpool, and how the Nurses are to ensure that baths/whirlpools are being completed each shift and are to sign off on the bath schedule at the end of their shift.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;<br/>The Administrator will audit the bath schedule to ensure showers/whirlpool baths are being completed timely according to schedule and documented accordingly once a week for 3 months. The Administrator will audit the dining room once a week for 3 months to ensure residents are being fed timely, with dignity and with adequate assistance according to their care plans. The Administrator will audit the Nursing staffing schedule once a week for 3 months with the MDS Nurse to ensure staffing is adequate to provide adequate care to the residents. Reports will be presented to the QA committee by the Administrator and/or Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The QA Meeting is attended by the Director of Nursing, MDS Coordinator, Clinical Manager, Therapy, Social Worker, Medical Director and the Administrator.<br/>The title of the person responsible for implementing the acceptable plan of</p> |                      |   |

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| F 725  | Continued From page 14   | F 725   | correction;<br>The Administrator<br>Date of Compliance: 7/24  |                      |   |