

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/12/2019
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405		
(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 On 09/12/19 an onsite complaint investigation was completed during a revisit from a recertification survey. 1 of 7 allegations was substantiated with deficiency. 2 of 7 allegations were substantiated without deficiency. One of the allegations was dropped per the complainant for NC00154105.	F 000			
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 observation, record review and staff interviews, the facility failed to cleanse the perineal area using front to back strokes to reduce the potential for infection and failed to rinse body wash from the perineal area per manufacturer's instructions for 1 of 3 dependent residents reviewed for activities of daily living (Resident #7). Findings included: Resident #7 was admitted to the facility on 07/15/19 and had diagnoses of dementia without behaviors, muscle weakness, and major depressive disorder. The resident's admission Minimum Data Set (MDS) dated 07/22/19 revealed Resident #7 was cognitively intact and needed the extensive assistance of one person for hygiene and was dependent on one person for bathing. Resident #7 was frequently incontinent of bladder but was always continent of bowel.	F 677	On 9/13/19, resident # 7 was provided incontinent care by the certified nursing assistant NA #1 with oversight by the Registered Nurse Staff (RN) Development Coordinator. The RN Staff Development Coordinator ensured the nursing assistant cleansed the resident using front to back strokes and rinsed resident's perineal area after using body wash per manufacturer's instructions. On 9/13/19, the Facility Consultant and Staff Facilitator initiated a Perineal Care Quiz with 100% of all nurses and nursing assistants to include NA # 1. The purpose of the Quiz is to validate staff knowledge and understanding of cleansing the peri area using front to back strokes and rinsing when using body wash or soap per manufacturer's instruction. Any nurse or nursing assistant that does not answer a question correctly on the quiz, will be	10/8/19	

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

TITLE

(X6) DATE

Electronically Signed

10/02/2019

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 677	Continued From page 1 Resident #7's Care Plan initiated 07/17/19 revealed a focus of urinary incontinence with interventions of monitoring for signs and symptoms of urinary tract infection (UTI) and to provide peri care after each incontinence episode. In an observation and interview with Nursing Assistant (NA) #1 on 09/11/19 at 10:33 AM, NA #1 provided incontinent care for Resident #7. A basin of warm water was brought to the bedside. After removing the incontinence brief from the area, wipes were used on Resident #7's peri area. Resident #7 was then assisted onto her side and blood was noted on the brief that had been against the buttocks. NA #1 used a wipe to remove the blood. NA #1 then used a body wash that had been provided by Resident #7 to cleanse the buttocks and the peri area. While cleansing the peri area with the body wash, NA #1 used a back to front motion to make several cleansing swipes. When asked, NA #1 stated she should have used a front to back motion for cleansing the area and proceeded to re-wash the area. The directions for the body wash read in part "For daily use in bath and shower. Lather and rinse off." NA #1 did not use clear water to rinse the soap off Resident #7. When questioned about rinsing the soap, NA #1 got clear water from the bathroom and rinsed the soap from Resident #7's buttocks. She got clean water again and rinsed the soap from Resident #7's peri area using a back to front motion several times. When asked about the back to front motion she had used again, NA #1 stated she was nervous, and that she really did know what she was doing. She proceeded to re-rinse Resident #7's peri area.	F 677	immediately retrained by the Staff Facilitator. The Quizzes will be completed by 10/8/19. On 9/13/19, the Facility Consultant and Staff Facilitator initiated a 100% return demonstration on Perineal Care/Incontinent Care with all nurses and nursing assistants to include NA # 1. The purpose of the return demonstrations is for all nurses and nursing assistants to demonstrate knowledge and understanding of cleansing the peri area using front to back strokes and rinsing when using body wash or soap per manufacture's instruction. The return demonstrations will be completed by 10/8/19. 100% in-service was initiated by the Facility Consultant and Staff Facilitator on 9/13/19 with all nurses and nursing assistants to include NA # 1 in regards to: (1) Using a front to back motion for perineal/incontinent care on residents for all incontinent episodes. (2) Rinse after applying soap per manufacture's instruction. In-services will be completed by 10/8/19. All newly hired nurses and nursing assistants will be in-serviced by the Staff Facilitator during orientation in regards to Perineal Care/Incontinent Care. 10% of all nursing assistants to include nursing assistant #1 will be observed by the Clinical Coordinator, Staff Facilitator, Quality Assurance nurse and Nurse Supervisors performing perineal care weekly x 8 weeks then monthly x 1 month utilizing a Resident Care Audit Tool. Perineal Care on resident #1 will be		

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F 677	<p>Continued From page 2</p> <p>In a follow-up interview on 09/11/19 at 10:57 AM NA #1 stated that she had used the body wash on Resident #7 before and knew what the directions were. She indicated that she knew she was supposed to rinse the soap off but that she had not. NA #1 stated she knew she was supposed to provide peri care to a female resident using a front to back motion because wiping back to front could cause bacteria to get into the vagina. She indicated that not rinsing soap off the body could cause irritation, redness, or itching. NA #1 stated she had just recently gone through an in-service where she had to demonstrate how to perform incontinent care correctly.</p> <p>In an interview on 09/12/19 at 12:03 PM the Director of Nursing (DON) stated that soap should be rinsed from resident's bodies unless a "no rinse" type of soap was used to prevent irritation. She indicated that a front to back motion should be used when wiping the peri area to prevent bacteria from being brought into the vaginal area.</p>	F 677	<p>include in the observations. This audit is to ensue staff are cleaning the entire perineal area using front to back strokes for all incontinent episodes to prevent infection and soap is rinsed off of the resident per manufactures instructions. Any areas of identified concern will be addressed by the Clinical Coordinator, Staff Facilitator, Quality Assurance nurse and Nurse Supervisor to include providing perineal/incontinent care and/or additional staff training. The Director of Nursing will review and initial the Resident Perineal/Incontinent Care Audit Tools weekly x 8 weeks then monthly x 1 month to ensure all areas of concern have been addressed.</p> <p>The Director of Nursing will present the findings of the Resident Care Audit Tools to the Executive Quality Assurance (QA) committee monthly for 3 months. The Executive QA Committee will meet monthly for 3 months and review the Resident Care Audit Tools to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		