

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

PRINTED: 02/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345564	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/31/2020
NAME OF PROVIDER OR SUPPLIER SHARON TOWERS			STREET ADDRESS, CITY, STATE, ZIP CODE 5100 SHARON ROAD CHARLOTTE, NC 28210		
(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	
E 000	Initial Comments A recertification survey was conducted on 01/29/2020 through 01/31/2020. The facility is in compliance with the requirements of CFR. 483.73 Emergency Preparedness. Event ID: GS6111.	E 000			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §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. §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. §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. §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. §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:	F 561			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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	<p>Continued From page 1</p> <p>Based on observation, record review, resident and staff interviews the facility failed to honor a resident's choice to have a shower before breakfast and eat breakfast in the dining room for 1 of 2 residents reviewed for choices regarding significant aspects of life. (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was readmitted to the facility on 1/14/2020 with a primary medical diagnosis of dislocation of internal right hip prosthesis. Resident #1's admission Minimum Data Set (MDS) dated 1/17/2020 specified the resident's cognition was intact, she had clear speech, able to herself be understood and understood others.</p> <p>Resident #1's comprehensive admission care plan included a focus area identifying she had an activities of daily living (ADL) self-care performance deficit related to impaired balance, limited mobility and range of motion, and musculoskeletal impairment. The goal for the focus area was she maintain current level of ADL function. Interventions were inclusive of providing sponge bath when a full bath or shower cannot be tolerated and allow enough time for dressing and undressing.</p> <p>A review of the undated nurse aide assignment sheet for day shift (7:00 AM - 3:00 PM) on 1/29/2020 revealed Resident #1's shower days were Wednesdays and Saturdays 7-3 (day shift), regular diet, hall tray.</p> <p>An observation and interview were conducted with Resident #1 on 1/29/20 at 8:55 AM. She reported during the admission process, she identified to the staff her preference to shower</p>	F 561			

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F 561	<p>Continued From page 2</p> <p>and dress before breakfast and eat breakfast in the dining room. Resident #1 was waiting for her breakfast tray to be brought to her room since she had not received assistance with taking a shower and getting dressed in order to eat breakfast in the dining room.</p> <p>During an interview with the Medical Records Assistant (MRA) on 1/30/20 at 11:47 AM, she reported she was responsible for updating the assignment sheet for nurse aides after receiving report from the nurses. The MRA indicated updates to the assignment sheet were made the day prior, printed the day of to be used by the day shift nurse aides regarding resident profile and care.</p> <p>During an interview with Nurse Aide (NA) #1 on 1/29/20 at 3:07 PM, NA #1 indicated she was not given a change of shift report by the night shift nurse aide or the day shift nurse regarding her assignment. NA #1 reported on the morning of 1/29/2020, she began making morning rounds and Resident #1 was the last resident she contacted on her assignment. NA #1 stated when she greeted Resident #1, the resident shared her expectation to have had a shower and dressed before breakfast. NA #1 reported she apologized to the Resident #1 and informed her another nurse aide would assist her with a shower after breakfast. NA #1 also reported she informed Resident #1 she was not aware of her preference to eat in the dining room. NA #1 stated Resident #1 commented and questioned if NA #1 had reviewed her assignment.</p> <p>An interview with NA #2 was conducted on 1/29/2020 at 2:11 PM. NA #2 reported she was reassigned to Resident #1 and assisted her with</p>	F 561			

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F 561	<p>Continued From page 3</p> <p>a shower and a change of clothes after the resident ate breakfast in her room. NA #2 stated she was aware of Resident #1's preference to have received assistance with a shower and dressed before breakfast in order to eat in the dining room.</p> <p>On 1/31/2020 at 7:57 AM an interview was conducted with NA #3 who reported she was aware Resident #1 preferred to receive assistance with a shower and get dressed before breakfast, and eat in the dining room. NA #3 also reported when she was assigned to Resident #1's room, she would start her morning rounds by first providing care and assisting Resident #1 to get dressed so that she eats breakfast in the dining room.</p> <p>On 1/31/2020 at 8:33 AM, during a follow up interview with the MRA, she reported updates on the assignment sheet were made two to three days after a resident's admission regarding preferences. The MRA also stated Resident #1's preference to shower before breakfast and eat breakfast in the dining room should have been reflected on the assignment sheet. The MRA stated she was aware of Resident #1's preference to have a shower, get dressed and eat breakfast in the dining room and she should have updated the assignment sheet.</p> <p>An interview was conducted on 1/30/20 at 11:37 with Nurse #1. Nurse #1 stated when she gave report to NA #1, the nurse aide had started her morning rounds. Nurse #1 stated she informed NA #1 there were not additional updates regarding residents other than what was on the assignment sheet. Nurse #1 stated she was aware Resident #1 preferred to have her shower</p>	F 561			

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F 561	<p>Continued From page 4</p> <p>and dressed before breakfast and to eat breakfast in the dining room. Nurse #1 reported she had not shared those preferences for Resident #1 with NA #1.</p> <p>The Director of Nursing (DON) was interviewed on 1/30/20 at 11:34 AM. The DON indicated a report was given at shift change between the nurses and the nurses were expected to give a report to the nurse aides regarding their assignment. The DON stated there was no formal shift change report for nurse aide to nurse aide. The DON also stated nurse aides should be provided with an updated assignment sheet before starting care. The DON expected NA #1 to have requested a report from Nurse #1 before she began morning rounds to assure residents were provided with consistent care.</p> <p>The Administrator was interviewed on 1/30/20 at 12:12 PM. The Administrator stated resident preferences were obtained during the admission meeting. The Administrator stated Resident #1 shared her preferences regarding taking a shower and getting dressed before breakfast and to eat breakfast in the dining room.</p>	F 561			