

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

PRINTED: 12/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536	
(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	F 000		
F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§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 observations, staff and resident interviews, and record review the facility failed to rinse soap from a resident ' s skin per manufactures directions during a bath for 1 of 3 resident reviewed for activities of daily living care. (Resident #2)</p> <p>Findings included: Resident #2 was admitted to the facility on 5/6/19. His active diagnoses included non-traumatic spinal cord dysfunction, and hemiplegia or hemiparesis.</p> <p>A review of Resident #2 ' s care plan dated 9/30/2020 revealed Resident #2 was care planned for having an alteration in self-care and activities of daily living deficit related to a history of cerebrovascular accident with left hemiparesis, ataxia, and other comorbid conditions. The interventions included to provide assistance with bathing to Resident #2.</p> <p>A review of Resident #2 ' s quarterly minimum</p>	F 677	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our resident.</p> <p>1) How corrective action will be accomplished for resident(s) found to have been affected - On 11/23/2020 DON asked resident if he wanted to have his skin rinsed off to remove soap residue. Resident advised the DON that he did not want to be rinsed off, he does not like a lot of water on his</p>	11/27/20

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

TITLE

(X6) DATE

Electronically Signed

12/16/2020

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	<p>Continued From page 1</p> <p>data set assessment dated 10/23/2020 revealed he was assessed as cognitively intact. He required extensive assistance with bed mobility, dressing, and personal hygiene. He was totally dependent on staff for bathing.</p> <p>Upon observation on 11/23/2020 at 9:00 AM of the soap used for Resident #2 ' s bath the directions on the back of the bottle read, "DIRECTIONS: Squeeze shower gel onto a washcloth, sponge or hands. Work into a rich, skin conditioning refreshing lather, rinse off."</p> <p>During observation on 11/23/2020 at 9:02 AM Nurse Aide #1 and Nurse Aide #2 were observed providing a bath to Resident #2. Nurse Aide #1 was observed to collect warm water in a basin. She then took a washcloth, dampened it with water, and put soap on the washcloth and then rung it out into the basin. There were soap suds visible in the basin. She then washed Resident #2 ' s arms and chest. Soap suds were visible on Resident #2 ' s skin. Nurse Aide #2 then dabbed Resident #2 dry with a dry towel and did not rinse the soap from Resident #2 ' s skin. Nurse Aide #1 and Nurse Aide #2 washed the rest of Resident #2 ' s body in this manner. Soap suds were visible on Resident #2 ' s skin each time Nurse Aide #2 dabbed him dry with a dry towel.</p> <p>During an interview on 11/23/2020 at 9:36 AM Nurse Aide #1 and Nurse Aide #2 stated normally they used a no rinse soap for residents which is provided by the facility, but Resident #2 had his own soap brought into the facility. Nurse Aide #1 and Nurse Aide #2 stated they were using the same technique they used with all residents. They both concluded they had not read the instructions on the soap.</p>	F 677	<p>skin and he is ok with how they bathed him. And CarePlan was updated for the resident to reflect his preferences.</p> <p>-On 11/23/2020 DON in-serviced the 2 CNA performing the bath immediately on the difference between no rinse body wash and the residents personal body washed and when using the residents personal body wash, you must rinse the soap off the skin and using the no rinse body wash you do not have to rinse the skin off.</p> <p>-On 11/26/2020 Treatment nurse completed a skin assessment, no skin issues identified.</p> <p>2) How corrective action will be accomplished for resident(s) having potential to affected by the same issue needing to be addressed:</p> <p>- On 11/23/2020 DON and Nurse Managers in-serviced clinical (Nurses, CNA, Therapy) staff across all shifts on the difference between no rinse body wash and the residents personal body washed and when using the residents personal body wash, you must rinse the soap off the skin and using the no rinse body wash you do not have to rinse the skin off.</p> <p>- On 11/23/2020 DON educated the agency staff assigned to the building in person or via phone. Education will be shared with each agency contact to share with their staff prior to working in the building. Reinforcement of education will be followed up by a call or text prior to agency staff working their 1st shift in the building.</p>		

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F 677	Continued From page 2 During an interview on 11/23/2020 at 9:40 AM Resident #2 stated it was his soap being used for his bath. He stated to the best of his memory, staff not rinsing him after using his personal soap was how he was bathed every day. He concluded he did not want them to come back and rinse him as he had enough of water for that day. During an interview on 11/23/2020 at 9:45 AM the Director of Nursing stated the facility utilized no rinse soap and nurse aides were used to not having to rinse soap from residents. She continued to state Nurse Aide #1 and Nurse Aide #2 should have rinsed the soap from Resident #2 's skin prior to drying him per the directions on the soap bottle Resident #2 provided. She concluded she would begin educating staff immediately.	F 677	3)What measure will be put in place or systemic changes made to ensure that the identified issue does not occur in the future - All certified nursing assistants will be educated upon hire, on the difference between no rinse body wash and the residents personal body washed and when using the residents personal body wash, you must rinse the soap off the skin and using the no rinse body wash you do not have to rinse the skin off. 4)Indicate how the facility plan to monitor its performance to make sure that solutions are achieved and sustained. - DON, Treatment nurse, Unit managers, and/or designee: will randomly select 2 certified nursing assistant and watch them perform a bath daily for 1 week, then 3x a week for 1 week, weekly for 2 weeks, and monthly for 2 months, or until compliance is accomplished. - Ongoing random audits will also be conducted by nurse management, and negative findings will have corrective actions and present to the next QAPI meeting.		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date.	F 732		11/27/20	

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F 732	<p>Continued From page 3</p> <p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to post the required daily nurse staffing information for 5 of 5 consecutive days (11/18/20, 11/19/20, 11/20/20, 11/21/20 and 11/22/20) prior to entry for a survey conducted on 11/22/20.</p>	F 732	<p>1) How corrective action will be accomplished for resident(s) found to have been affected - 11/22/2020, Medical Records posted the daily nursing staff sheet with the current date</p>		

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F 732	<p>Continued From page 4</p> <p>The findings included:</p> <p>An observation conducted on 11/22/20 at 6:10 PM revealed the daily nurse staffing information was posted in a glass display case located in a common hallway of the facility. The posting was dated 11/17/20. A tour of the facility revealed no other nurse staffing information was posted.</p> <p>An interview was conducted on 11/22/20 at 7:25 PM with the facility ' s Administrator. Upon inquiry, the Administrator reported he thought the current nurse staffing information was posted "somewhere else." He reported he would check to see where else it might be posted. During a follow-up interview conducted on 11/22/20 at 7:45 PM, the Administrator reported the current nurse staffing information had not been posted. He stated he would get the key to the display case and post it.</p> <p>Accompanied by the facility ' s Director of Nursing (DON), an interview was conducted on 11/24/20 at 12:02 PM with the facility ' s nursing staff scheduler. The scheduler was identified as having responsibility to complete and post the required daily nurse staffing information. During the interview, the scheduler reported she worked on 11/16/20 and 11/17/20 and was off the remaining days during the previous week. The scheduler stated she was typically the person who posted the nurse staffing information. However, she reported these nurse staff postings were kept at her desk. She also reported both the postings and key to the display case were accessible for "back up" staff members to post the daily nurse staffing information on days when she was off. The scheduler stated there may have been "a mix-up" when the nurse staffing</p>	F 732	<p>2) How corrective action will be accomplished for resident(s) having potential to affected by the same issue needing to be addressed: - 11/22/2020, DON completed 100% audit of the last 4 months, no staffing sheets were found to be missing.</p> <p>3) What measure will be put in place or systemic changes made to ensure that the identified issue does not occur in the future - 11/23/2020, Nurse Managers (Unit Coordinators, Treatment Nurse, SDC) educated all licensed nurses on posting and updating the daily nursing staffing hours sheet. This was completed 11/27/2020. - On 11/23/2020 DON educated the agency staff assigned to the building in person or via phone. Education will be shared with each agency contact to share with their staff prior to working in the building. Reinforcement of education will be followed up by a call or text prior to agency staff working their 1st shift in the building. - 11/23/2020, 3rd Shift Nurse was tasked to post nursing hours in locked glass case after midnight. A key was provided to add to nurse's cart key ring.</p> <p>4) Indicate how the facility plan to monitor its performance to make sure that solutions are achieved and sustained: - Unit managers, Director of Nursing, weekend manager on duty will audit the staffing sheet to ensure it is current daily for 1 week, 3x a week x 1-week, weekly x</p>		

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F 732	Continued From page 5 information was not posted during her absence. An interview was conducted on 11/24/20 at 1:40 PM with the DON. When asked, the DON reported her expectation regarding the nurse staff posting was, "It should be there."	F 732	2 weeks, and monthly x 2 months - Ongoing random audits will also be conducted by nurse management, and negative findings will have corrective actions and present to the next QAPI meeting.	