

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/11/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALAMANCE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1987 HILTON ROAD</b> <b>BURLINGTON, NC 27217</b>	
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E 000	Initial Comments  An unannounced COVID-19 Focused Survey was completed on 10/11/2021. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# O82C11.	E 000		
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were completed on 10/11/2021. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. One of the four complaint allegations were substantiated resulting in deficiencies.	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 record review, resident and staff interview the facility failed to provide baths and showers for two (Resident #3 and Resident #4) of three dependent residents reviewed for the provision of assistance with activities of daily living.  Findings included:  1. Resident #3 was admitted to the facility on	F 677	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth	10/25/21

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

TITLE

(X6) DATE

Electronically Signed

10/20/2021

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>8/17/2021 with a diagnosis of stroke with hemiplegia.</p> <p>Documentation on a quarterly minimum data set assessment dated 9/16/2021 coded Resident #3 as cognitively intact with a range of motion impairment on one side of upper and lower body. The bathing ability of Resident #3 was not assessed.</p> <p>Documentation on the care plan dated 10/8/2021 had a focus area for Resident #3 for an activity of daily living self-care performance deficit relative to activity intolerance and left sided hemiplegia. One of the interventions stated Resident #3 required staff assistance with baths and shower. Shower days were not listed in the care plan interventions.</p> <p>Resident #3 was interviewed on 10/8/2021 at 10:00 AM. Resident #3 stated he been living at the facility for about two months and in that time period he had received one shower. He stated if he wanted a bed bath, he would have to wait all day. He stated he had three bed baths in the last two months. He explained if he requested a shower or a bath from his nurse aide, he or she would agree but not come back to help. Resident #3 was observed at the time of the interview to be dressed in clean clothing, without odor, and a small amount of facial hair.</p> <p>Nurse #1, who was assigned the 7:00 AM to 7:00 PM shift for the hallway where Resident #3 resided, was interviewed on 10/8/2021 at 12:30 PM. Nurse #1 explained there was a shower book which listed on which days and on which shift each resident received a shower. She stated when the facility switched to having two</p>	F 677	<p>in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F 677</p> <p>1. How corrective action will be accomplished for those residents found to have been affected: Resident #3 received a shower on 10/14/2021. Resident # 4 received a shower on 10/16/2021.</p> <p>F677 How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>" All residents have the potential to be affected by this practice. " All residents will be offered a shower by 10/21/2021</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>" The director of nursing or designee will educate all nursing staff on resident's rights related to resident choice to be provided showers by 10/25/2021. " Any nursing staff who has not completed the education by 10/25/2021 will be removed from the schedule. " All new hire nursing staff will receive this education during the orientation</p>		

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F 677	<p>Continued From page 2</p> <p>twelve-hour shifts, the shower book was taken to the Director of Nursing office for the shower schedule to be incorporated into the new nursing shift schedule. Nurse #1 went to go find the shower book.</p> <p>Nurse #1 was interviewed again on 10/8/2021 at 1:51 PM. Nurse #1 stated she was unable to locate the shower book but, the information on which days and times each resident was to receive a shower was in the resident's care plan.</p> <p>The nurse aide (NA #2), who was assigned to care for Resident #3 on 10/8/2021 for the 7:00 AM to 7:00 PM shift, was interviewed on 10/8/2021 at 2:02 PM. NA #2 explained the facility had a shower book at the nurse's station which listed the days and times for which each resident was to be given a shower. NA #2 was unable to locate the shower book at the nurse's station. NA #2 was asked specifically which days and at what time Resident #3 was supposed to get a shower. NA #2 stated he worked on as needed basis all over the facility and he did not know if Resident #3 was supposed to get a shower on his shift or not.</p> <p>The nurse aide (NA #1), who was assigned to work on the same hall as Resident #3 on 10/8/2021 for the 7:00 AM to 7:00 PM shift, was interviewed on 10/8/2021 at 12:18 PM. NA #1 stated she was employed by an agency and did not know if she needed to give any showers or baths to the residents on the hall.</p> <p>Nurse aide (NA #3), who was observed assisting NA #1 on the hallway Resident #3 resided, was interviewed on 10/8/2021 at 1:29 PM. NA #3 stated he was employed by an agency and he did</p>	F 677	<p>process</p> <p>" Unit Coordinator/Manager or designee will audit showers daily 5 x weekly x 4 weeks, 3x weekly x 4 weeks and weekly x 4 weeks.</p> <p>F677 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>Findings from audits will be reviewed at the Quarterly Quality Assurance meeting x1 for any further problem resolution if needed.</p> <p>Completion date 10/25/2021</p>		

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F 677	<p>Continued From page 3</p> <p>not know anything about baths or a shower schedule for the residents.</p> <p>An interview was conducted with the facility Nurse Consultant on 10/8/2021 at 4:45 PM. The nurse consultant explained the current care plan for Resident #3 did not address shower days, shower frequency, or preferences for a shower or a bath. The Nurse Consultant also explained there was no nurse aide documentation of the provision of any showers or baths for Resident #3. The Nurse Consultant was unable to provide information on the shower schedule.</p> <p>An interview was conducted with the facility Administrator on 10/8/2021 at 5:13 PM who acknowledged all the residents should have the expectation they could receive assistance in taking a shower or bath per their preference.</p> <p>2. Resident #4 was admitted to the facility with a diagnosis of a stroke with hemiplegia.</p> <p>Documentation on a significant change minimum data set assessment dated 9/7/2021 coded Resident #4 as cognitively intact with a range of motion impairment on one side of both upper and lower extremities. The bathing ability of Resident #4 was coded as requiring physical assistance of one person with physical help in part of the bathing activity.</p> <p>Documentation on the care plan dated 9/17/2021 had a focus area for Resident #4 for an activity of daily living self-care performance deficit relative to limited mobility and hemiplegia affecting the left side. One of the interventions revealed Resident #4 required assistance from one person for bathing and showering. Shower days were not</p>	F 677			

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F 677	<p>Continued From page 4 listed in the care plan interventions.</p> <p>An interview was conducted with Resident #4 on 10/8/2021 at 11:30 AM. Resident #4 stated he had not had a shower in 4 to 6 weeks. He stated he received a good bed bath on that day with the assistance of the nurse aide. Resident #4 explained he was supposed to get a shower three times a week on Tuesday, Thursday and Saturday on the evening shift. Resident #4 was unsure why, but the staff stopped offering showers. Resident #4 stated he brought this concern to the Director of Nursing two weeks ago, but the issue was not resolved. Resident #4 was observed at the time of the interview to be dressed in clean clothing and without odor. Resident #4 appeared well groomed.</p> <p>Nurse #1, who was assigned the 7:00 AM to 7:00 PM shift for the hallway where Resident #4 resided, was interviewed on 10/8/2021 at 12:30 PM. Nurse #1 explained there was a shower book which listed on which days and on which shift each resident received a shower. She stated when the facility switched to having two twelve-hour shifts, the shower book was taken to the Director of Nursing office for the shower schedule to be incorporated into the new nursing shift schedule. Nurse #1 went to go find the shower book.</p> <p>Nurse #1 was interviewed again on 10/8/2021 at 1:51 PM. Nurse #1 stated she was unable to locate the shower book but, the information on which days and times each resident was to receive a shower was in the resident's care plan.</p> <p>The nurse aide (NA #2), who was assigned to care for Resident #4 on 10/8/2021 for the 7:00</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>AM to 7:00 PM shift, was interviewed on 10/8/2021 at 2:02 PM. NA #2 explained the facility had a shower book at the nurse's station which listed the days and times for which each resident was to be given a shower. NA #2 was unable to locate the shower book at the nurse's station. NA #2 was asked specifically which days and at what time Resident #4 was supposed to get a shower. NA #2 stated he worked on as needed basis all over the facility and he did not know if Resident #4 was supposed to get a shower on his shift or not.</p> <p>The nurse aide (NA #1), who was assigned to work on the same hall as Resident #3 on 10/8/2021 for the 7:00 AM to 7:00 PM shift, was interviewed on 10/8/2021 at 12:18 PM. NA #1 stated she was employed by an agency and did not know if she needed to give any showers or baths to the residents on the hall.</p> <p>Nurse aide (NA #3), who was observed assisting NA #1 on the hallway Resident #3 resided, was interviewed on 10/8/2021 at 1:29 PM. NA #3 stated he was employed by an agency and he did not know anything about baths or a shower schedule for the residents.</p> <p>An interview was conducted with the facility Nurse Consultant on 10/8/2021 at 4:45 PM. The nurse consultant explained the current care plan for Resident #4 did not address shower days, shower frequency, or preferences for a shower or a bath. The Nurse Consultant also explained there was no nurse aide documentation of the provision of any showers or baths for Resident #4. The Nurse Consultant was unable to provide information on the shower schedule.</p>	F 677			

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F 677	Continued From page 6 An interview was conducted with the facility Administrator on 10/8/2021 at 5:13 PM who acknowledged all the residents should have the expectation they could receive assistance in taking a shower or bath per their preference.	F 677		