

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

PRINTED: 02/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

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>01/13/2022</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>	
(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  A complaint investigation was conducted from 1/12/2022 through 01/13/2022. Event ID# N4K311.	F 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.	F 561		2/2/22

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

TITLE

(X6) DATE

Electronically Signed

02/03/2022

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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff and resident interviews the facility failed to provide showers as scheduled for 1 of 3 residents reviewed for activities of daily living (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 4/26/18. His active diagnoses included cerebral infarction, hypertension, hyperlipidemia, hemiplegia, and contracture of the left hand.</p> <p>Resident #2 ' s quarterly Minimum Data Det assessment dated 12/9/21 revealed he was assessed as cognitively intact. He had no moods or behaviors. He required limited assistance with bed mobility and personal hygiene. He was required extensive assistance with transfers, dressing, and toilet use. He was totally dependent on staff for bathing.</p> <p>Resident #2 ' s care plan dated 12/2/21 revealed he was care planned to require one person assistance with bathing and showering.</p> <p>The shower schedule revealed Resident #2 was to receive showers on Tuesdays, Thursdays, and Saturdays on 7 PM to 7 AM shift.</p> <p>The shower documentation for Resident #2 revealed he was documented to have not received a shower on 12/18/21, 1/6/22, and 1/11/22.</p> <p>The schedule provided by the facility revealed Nurse Aide #2 was responsible for Resident #2 ' s shower on 12/18/22. Nurse Aide #1 was</p>	F 561	<p>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 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>F561 Self Determination of shower How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Resident #2 is getting showers as per resident preference. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: Current residents in the center have the potential to be affected. Measures to be put in place or systemic changes made to ensure practice will not re-occur: Licensed nurses and certified nursing assistants will be educated by Director of Nursing or designee that residents are given the choice of bed bath or shower and showers will be offered on scheduled</p>		

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F 561	<p>Continued From page 2</p> <p>responsible for Resident #2 's shower on 1/11/22. It was not documented who was responsible for his shower on 1/6/22.</p> <p>During observation on 1/12/22 at 11:35 AM Resident #2 was observed to have no odors.</p> <p>During an interview on 1/12/22 at 11:35 AM Resident #2 stated he requested to speak with the surveyor because he was upset he had not received his showers according to his schedule and would miss many showers. He stated he could not remember every day he missed; however, he knew he had not received a shower as he should have yesterday on night shift. He concluded he should get showers on his scheduled days on Tuesday, Thursday, and Saturday on 7 PM to 7 AM shift.</p> <p>During an interview on 1/12/22 at 2:55 PM Nurse Aide #1 stated she was Resident #2 's nurse aide on the 7 AM to 7 PM shift on 1/11/22 through 1/12/22. She further stated the shower schedule was in a book at the nurse 's station. The nurse aide indicated she did not offer Resident #2 a shower that night even though it was his night to get a shower. She stated it was no excuse, but she was weak that night and giving a shower was not on her mind, so she did not offer him a shower. Resident #2 had accepted her giving him showers before but she did not offer that night. She concluded she did not attempt to get anyone else to provide him a shower or notify anyone she had not given a shower to him.</p> <p>During an interview on 1/13/22 at 8:17 AM Nurse Aide #2 stated she had cared for Resident #2 but could not remember what days she worked with him in the past thirty days. She had him on</p>	F 561	<p>shower days, completion date February 2, 2022</p> <p>Any Licensed Nurse or certified nursing assistant who is not educated by February 2, 2022, will not be allowed to work until education received.</p> <p>Any new Licensed Nurses or certified nursing assistant will be educated by Staff Development Nurse or Director of Nursing or designee during orientation that all residents are given the choice of bed bath or shower and showers will be offered on scheduled shower days.</p> <p>Director of Nursing or designee will audit 10 residents to ensure preference and completion of shower weekly X 4, Bi-weekly X 1 month, and monthly X 1. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur:</p> <p>Results of all audits will be reviewed at Quarterly Quality Assurance Meeting X 1 for further resolution if needed.</p> <p>Completion Date: 02/02/2022</p>		

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F 561	Continued From page 3 multiple shower days in the past thirty days. She had not offered him showers or documented his showers during that time. She indicated the reason for this was showers were not a priority for her at the time, and she did not notify anyone he had not received his shower because she forgot. She concluded she should have offered him showers but forgot during the past months.  During an interview 1/13/22 at 8:33 PM the Director of Nursing stated if a resident is on the shower schedule, they should be offered a shower by the nurse aide on that shift. She further stated if the nurse aide felt she could not provide the scheduled shower she should report this to her supervisor, and they would decide if someone else would give the shower. The nurse aides should have provided the shower as scheduled on the 7 PM to 7 AM shifts and they would be educating the nurse aides. She concluded on 1/6/22 she did not know who would have been responsible for his shower as there was no documentation.	F 561			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to follow the physician order to remove staples in a resident ' s left hip for 1 of 1 resident (Resident #5) reviewed for professional standard.	F 658	F658 Failed to remove sutures How corrective action will be accomplished for each resident found to have been affected by the deficient practice:	2/2/22	

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F 658	<p>Continued From page 4</p> <p>Findings included:</p> <p>Resident #5 was admitted to the facility on 9/9/2021 with diagnoses that included total hip replacement.</p> <p>The Minimum Data Set (MDS) dated 9/15/2021 indicated Resident #5 was cognitively intact, had a surgical wound and received surgical wound care.</p> <p>A physician order dated 9/23/2021 to remove staples from Resident #5 ' s left hip, clean wound with normal saline and apply steri- strips one time only for one day.</p> <p>A Treatment Administration Record for the Month of September 2021 revealed the blank for suture removal was initialed on 9/24/2021 by Nurse #1.</p> <p>Attempted to reach Nurse #1 that initialed the suture removal order. The nurse was unavailable. Review of a nursing progress note dated 9/28/2021 revealed Resident #5 ' s Resident Representative (RR) signed him out of the facility against medical advice.</p> <p>The Emergency room progress note dated 9/28/2021 revealed a computer tomography (CT) scan was done that showed the staples remained in Resident #5 ' s left hip. There were no further documentation concerning the left hip staples.</p> <p>During an interview with the Administrator on 1/13/2021 10:00 am she stated she expected the nurses to follow the physician ' s orders.</p>	F 658	<p>Resident #5 no longer resides at facility as of 09/28/2021</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: Current residents in the center have the potential of being affected Measures to be put in place or systemic changes made to ensure practice will not re-occur: Licensed nurses will be educated by the Director of Nursing/designee on following physicians orders and signing off on the EMAR/ETAR. In addition, the education included signing off on the ETAR only after the treatment has been completed by February 2, 2022 Any Licensed Nurse who is not educated by February 2, 2022, will not be allowed to work until education received. Any new Licensed Nurses will be educated by Staff Development Nurse or Director of Nursing on following physicians orders and signing off on the EMAR/ETAR. In addition, the education included signing off on the ETAR only after the treatment has been completed by February 2, 2022</p> <p>The Director of Nursing/designee will monitor 3x weekly treatment orders, specifically for suture removal to ensure the treatments are completed and/or sutures are removed as per MD orders. Audits will be 3x weekly x 4 weeks, then weekly x 4 weeks and monthly x 1</p>		

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F 658	Continued From page 5	F 658	How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: Results of all audits will be reviewed at Quarterly Quality Assurance Meeting X 1 for further resolution if needed. Completion Date: 02/02/2022		