STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345514	A. BUILDING _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF NASH	**1210 EASTERN AVENUE NASHVILLE, NC 27856**

(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 An unannounced recertification and complaint investigation survey was conducted on 6/10/24 through 6/13/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #FB4Z11.	E 000		
F 000	INITIAL COMMENTS An unannounced recertification and complaint investigation survey was conducted on 6/10/24 through 6/13/24. Event ID #FB4Z11. The following intakes were investigated NC00211716, NC00211720, NC00205402, NC00205340, NC0024907, and NC00203867. 1 of 21 complaint allegations resulted in a deficiency.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis,	F 550		6/28/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/01/2024

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F 550	Continued From page 1 severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to maintain dignity when a resident had an uncovered urinary drainage bag with urine visible for public view from the hallway. The reasonable person concept was applied as individuals have the expectation of being treated with dignity and would not want their urine visible to visitors, staff, and other residents. This deficient practice was for 1 of 3 residents reviewed for dignity. (Resident #213) The findings included: Resident #213 was admitted to the facility on 5/29/24 with the diagnosis of urinary retention.	F 550	On 06/10/2024,resident with foley catheter was observed 3 times without privacy bag and visible urine seen from doorway. Nurse placed privacy bag immediately on foley catheter for resident #213 on 06/10/2024. All residents that have a foley catheter have the potential to be affected. On 6/10/24 all residents that have a foley catheter were audited by to ensure privacy bag was in place on 06/10/2024. All privacy bags covered.	

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F 550	Continued From page 2 An admission Minimum Data Set assessment dated 6/4/24 revealed the Resident was severely cognitively impaired, required substantial to maximum assistance from staff to complete activities of daily living, was incontinent of bowel, and was coded as having a urinary catheter. An observation of Resident #213 occurred on 6/10/24 at 9:45am. Resident #213 was observed in her room, in bed with her urinary drainage bag uncovered and visible from the hallway with light amber urine noted. An observation of Resident #213 occurred on 6/10/24 11:03am. Resident #213 was observed in her room, in bed with her urinary drainage bag uncovered and visible from the hallway with light amber urine noted. An observation of Resident #213 occurred on 6/10/24 12:36pm. Resident #213 was observed in her room, in bed with her urinary drainage bag uncovered and visible from the hallway with light amber urine noted. An interview was completed with Nurse #2 on 6/10/24 at 12:44pm. Nurse #2 verified she was Resident #213's nurse for that day and was aware the Resident had a urinary catheter. The Nurse stated the urinary catheter bag should have been covered. Nurse #2 revealed she did not know why it was not covered but stated she would retrieve a privacy cover for the Resident's catheter bag. An interview was completed with Nursing Assistant (NA) #1 on 6/11/24 at 1:14pm. The NA verified she was Resident #213's NA during the	F 550	To prevent this from recurring, on 6/28/24 all nursing staff were educated on ensuring that all foley catheters have a privacy bag. This education will be completed by the Director of Nursing/designee. Any nursing staff that cannot be reached by 06/28/2024 for their education will not take any assignment until they have received this education Newly hired nursing staff will have this education during their orientation. To monitor and maintain ongoing compliance, the DON/designee will audit all residents with a foley catheter to ensure they have a privacy bag twice a week for 12 weeks. Any foley catheters identified without a privacy bag will be covered immediately. Audits will be reviewed by the Quality Assurance Performance Improvement Committee for 3 months.	

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F 550	Continued From page 3 dayshift on 6/10/24. The NA stated she was unable to recall if the Resident's urinary catheter bag was covered on 6/10/24. An interview was completed with the Director of Nursing (DON) on 6/13/24 at 10:13am. The DON stated the residents' urinary catheter bag should be covered to avoid any dignity issues. The DON revealed Resident #213's urinary catheter bag was normally covered with a privacy bag and was unsure why the catheter bag was uncovered.	F 550		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-	F 655		6/28/24

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F 655	Continued From page 4 (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on interviews with staff and record review the facility failed to complete a baseline care plan within 48 hours of admission to address the immediate needs for 1 of 3 newly admitted residents reviewed (Resident #213). The findings included: Resident #213 was admitted to the facility on 5/29/24 with diagnoses that included diabetes, atrial fibrillation, and muscle weakness. An admission Minimum Data Set assessment dated 6/4/24 revealed the Resident was severely cognitively impaired, required substantial to maximum assistance from staff to complete activities of daily living, was incontinent of bowel and bladder, and was coded as having a urinary catheter.	F 655	On 06.10.2024, it was noted that resident did not have a baseline care plan. Baseline care plan completed for resident #213 on 06/10/2024 All new admission has the potential to be affected for not having a base line care plan initiated. On 06/26/2024, the Director of Nursing reviewed the medical record for all residents admitted since 06/10/2024 to ensure there was a baseline care plan completed for each one. Any resident missing the baseline careplan as well as the comprehensive care plan will have a baseline care plan completed by 06/27/2024.	

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F 655	Continued From page 5 A review of Resident #213's medical record revealed the 48-hour baseline care plan was completed on 6/10/24. An interview was completed on 6/11/24 with the Director of Nursing (DON). The DON indicated it was the receiving nurse's responsibility to initiate the baseline care plan within 48 hours to meet the Resident's immediate needs. The DON stated the facility had recently converted to a new electronic charting system and the baseline care plan was no longer automatically generated as before. An interview was completed with Nurse #1 on 6/12/24 at 2:48pm. The Nurse revealed she was the admitting nurse for Resident #213 on 5/29/24. Nurse #1 stated she was aware new admissions required a 48-hour baseline care plan. Nurse #1 indicated she believed the care plan was generated from information entered in each section of the admission assessment. An interview was completed on 6/13/24 at 10:11am with the Administrator. He indicated the baseline care plans should be completed within 48 hours of the admission of a new resident to meet their needs.	F 655	To prevent this from recurring, nursing staff were immediately educated by the DON/designee on completing baseline careplans and providing a copy to the resident and/or responsible party. Any nursing staff that cannot be reached by 06/28/2024 for their education will not take any assignment until they have received this education Newly hired nursing staff will have this education during their orientation To monitor and maintain ongoing compliance, the Director of Nursing/designee will audit all new admissions during the clinical morning meeting 5 x week for 12 weeks. Any incomplete baseline careplans will be completed once it has been identified and re-education will occur for the nurse. The audits will be reviewed by the Quality Assurance Performance Improvement committee for 3 months.	