

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/05/2014
NAME OF PROVIDER OR SUPPLIER SOUTH VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2221 W RALEIGH BLVD ROCKY MOUNT, NC 27803		
(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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide incontinent care for 1 of 2 sampled residents (Resident #14) whose care was observed.</p> <p>Findings included:</p> <p>Resident #14 was admitted to the facility on 04/08/11 with cumulative diagnoses of cerebrovascular accident, hemiplegia and hypertension.</p> <p>Resident #14's Quarterly Minimum Data Set (MDS) dated 01/18/14 indicated that Resident #14 was totally dependent on one person for her toileting needs. Resident #14 was always incontinent of both bladder and bowel.</p> <p>In an observation on 02/04/14 at 3:38 PM Nursing Assistant #1 (NA) provided incontinent care to Resident #14. NA #1 pulled down the incontinent brief of Resident #14 and wiped between her legs with a washcloth using a downward and then upward stroke. When the washcloth was brought up from this motion a moderate amount of a brownish colored substance was observed. NA #1 disposed of the washcloth and Resident #14 was rolled to her right side. The brief was</p>	F 312	<p>Resident #14 was provided incontinent care on 02/04/14. Resident has remained without complaints.</p> <p>Residents identified as unable to carry out activities of daily living and in need of assistance with ADL's will receive necessary services to maintain good personal hygiene.</p> <p>Nurses aides were retrained on the facility's incontinent/peri care and handwashing protocols by the DON/ADON/Charge Nurse on 02/12/14.</p> <p>The DON/ADON/Charge Nurse completed 1 on 1 return demonstrations on perineal care and handwashing with nurse aides on 02/12/14 utilizing both a Peri-care for An Incontinent Episode audit tool and a Handwashing Audit Tool.</p> <p>Any staff not available for this training or return demonstrations will not be allowed to work until training/demonstration is complete.</p>	2/13/14	

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

TITLE

(X6) DATE

Electronically Signed

02/14/2014

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 312	<p>Continued From page 1</p> <p>removed at that time. NA #1 then cleansed Resident #14's buttocks of the same brownish colored substance using a front to back motion. A new brief was placed in position under Resident #14 and she was rolled onto her back. The brief was then brought up between Resident #14's legs and NA #1 went to attach the tabs. NA #1 stated she had completed the incontinent care for Resident #14. When the brief was pulled down to check and make sure Resident #14's perineal area was clean, a moderate amount of a brownish substance was noted on the resident. NA #1 left the room to get more linens and when she returned, she wiped Resident #14's perineal area back to front two times and then front to back once.</p> <p>In an interview on 02/04/14 at 4:08 PM NA #1 stated she did not completely clean Resident #14 when providing incontinent care. She indicated she had seen the brownish colored substance on the washcloth but felt she had removed it all. After completing Resident #14's care she indicated when she was asked by the surveyor to recheck the resident she saw the same brownish colored substance on the resident. She indicated when she provided Resident #14 with incontinent care for the second time she made two swipes back to front and she thought the third swipe was front to back. NA #1 stated she should have wiped Resident #14's perineal area from front to back and should have made closer observations of the resident's skin to ensure that she was completely clean.</p> <p>In an interview on 02/05/14 at 10:30 AM the Assistant Director of Nursing (ADON) indicated NA #1 had had a skills and knowledge check completed on 01/01/14 and had an incontinent</p>	F 312	<p>All new hires will be in-serviced on the facility incontinent care and handwashing policies and be required to complete the return demonstrations for incontinent care and handwashing before accepting an assignment.</p> <p>The DON/ADON/charge nurse will complete random Perineal Care for An Incontinent Episode Audits with nurse aides. One audit per week per shift will be completed for 3 months and monthly on an on-going basis.</p> <p>The results of the audits will be forwarded to the QA ommittee monthly x 3 months for review and further recommendations.</p>		

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

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F 312	Continued From page 2 care in-service on 01/23/14. She stated she felt the incontinent care provided to Resident #14 by NA #1 was a problem. The ADON indicated NA #1 should have cleansed the resident with a front to back motion when cleaning the resident's perineal area.	F 312			