

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER VILLAGE GREEN HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and family and staff interviews, the facility failed to provide incontinence care for 1 of 3 dependent residents reviewed for the provision of activity of daily living (ADL) care (Resident # 1) for dependent residents. Findings included: Resident # 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #1 was cognitively intact and required extensive assistance for her Activities of Daily Living (ADL) and was frequently incontinent of bowels and bladder. A review of Resident #1 Care Plan last updated 3/12/20 indicated Resident #1 was frequently incontinent of bowel and bladder and required assist with ADL 's related to impaired mobility. Approaches for problem areas included provide incontinence care during routine rounds and as needed in a timely manner. During a telephone interview with the Responsible Party (RP) on 8/13/20 at 8:52 AM, she explained informed the facility of her concerns of Resident #1 not being toileted through the facility 's grievance system named Grasshopper on 2/14/20. The RP explained on the previous night (2/13/20), Resident #1 had not been toileted and there was urine still floating in the bed upon her early morning arrival to the facility for a visit. An email correspondence dated 2/14/20 at 9:21 AM from Grasshopper (the electronic grievance system) revealed the RP had identified concerns about Resident #1 care. Review of the Sanstone Inservice Training Report dated 2/14/20 all shifts, it is both C.N.A (Certified Nursing Assistants) and nurse responsibility to answer call lights in a timely manner, to help assist with residents care. When staff is on break or away from the floor, notify your floor nurse/C.N.A so your section can be covered in your absence. Residents should also be routinely asked if they need help toileting as this promotes increase in independence and dignity for our residents. In-services were conducted by the Assistant Director of Nursing. Response to the RP through Grasshopper dated 2/14/20 at 10:05 AM stated the issue is night shift CNAs didn 't change her appropriately last night. The Director of Nursing investigated and corrective action and retraining to the CNAs was completed. Attempts were made during the survey to contact the Nurse Assistance and the Director of Nursing involved; but they no longer worked at the facility and failed to return calls. In an interview with the former ADON on 8/13/20 at 1:30 pm, she remembered Resident #1; but, did not recall the incidence. She remembered training but could not remember when or why. She explained staff would have been trained and the incident would have been noted in the staffs ' files. In an interview on 8/14/20 at 2:00 PM, the current Director of Nursing stated she expected incontinence rounds to be completed every two hours and as needed on all shifts. She indicated she would not expect aides to leave residents floating in urine. A follow-up telephone interview with the Administrator on 8/14/20 at 3:30 PM, she expressed the incident did occur. She stated all residents should be toileted timely and routinely checked on all shifts.</p>		
F 0679 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interviews, the facility failed to provide an ongoing activities program for 1 of 1 sampled resident. (Residents # 4) The findings include: Review of chart revealed Resident # 4 was admitted to the facility on [DATE] was discharged on [DATE]. The resident's [DIAGNOSES REDACTED]. Review of the admission minimum data set ((MDS) dated [DATE] coded brief interview of mental status (BIMS) as intact, he required supervision with bed mobility and eating, limited assist with transfer, dressing and toileting. Care plan dated 12/29/2019 revealed the Resident # 4 was care planned to discharge home when rehab is completed, and he was at risk for falls. The goals were measurable, and the approach were appropriate. Resident # 6's admissions Activity Assessment/ History dated 7/14/2009 documented Resident #'s activity pursuit patterns was reading. Review of the resident's activities attendance record revealed the facility staff provided the activities to Resident # 4 only 5 times for the month of December 2019. Further review of the attendance record revealed the staff provided activities only 4 times for the month of January 2020. Resident # 4 was no longer at the facility, so no observation of the resident was completed. Other residents were observed in their rooms due to covid-19 social distancing. During an interview with the Activity Director (AD) on 08/12/2020 at 11:45 AM, she revealed Resident # 4 remained in her room most of the day and very rarely the staff took her out of the room for out of the room activities. AD further stated she provided 1:1 in room activities to the resident 4 times in the month of January 2020. During an interview on 08/12/2020 at 1:04 PM, the Administrator stated her expectation was for the Activity department to provide activities that would engage the resident both in room and outside his room. The administrator further indicated the AD was expected to document each time they invited the resident or offered an activity to a resident. They were expected to document any of the resident's refusal to participate in the activity.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.