

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425362</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEARTLAND OF WEST ASHLEY REHAB AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1137 SAM RITTENBURG BLVD CHARLESTON, SC 29407</b>	
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 0561  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review the facility failed to provide resident #15 with choices regarding bathing preferences. This affected one out of twentyeight sampled residents reviewed for choices. Resident #15 was offered a bed bath when her preference was for a shower. Findings include: The Admission History documented Resident #15 was admitted to the facility on [DATE] for essential hypertension, history of cerebral infarct, end stage [MEDICAL CONDITION] and left [MEDICAL CONDITION]. The admission Minimum Data Set (MDS) assessment, dated 01/22/2020, documented the resident had no memory impairment. Section F0400 of the MDS, question C, documented Resident #15's preference for a choice of bathing was very important. Section G0110 of the MDS, question J, documented Resident #15 needed extensive assist of two people for personal hygiene due to weight bearing issues. The care plan, dated 01/20/2020, documented Resident #15 had self-care deficit as evidenced by needs assistance with Activities of Daily Living (ADLs) related to weakness and for staff to assist with shower, as needed. On 03/17/2020 at 10:10 AM, Resident #15 was interviewed. Resident #15 stated she/he had been up since 6:00 AM waiting for a shower but no one had been able to assist him/her with a shower. At 2:45 PM, Resident #15 stated that she/he did not received a shower but did get a bed bath prior to getting dressed. On 03/18/2020 at 2:25 PM, Resident #15 was interviewed. Resident#15 stated that she/he did not get a bed bath or shower on his/her [MEDICAL TREATMENT] days. Resident #15 had just returned from [MEDICAL TREATMENT]. A record review of the bathing record for Resident #15 listed scheduled shower days on Mondays and Thursdays. The bathing record revealed the following: Thursday 01/23/2020 - resident refused a bed bath Monday 01/27/2020 - no documentation of bathing Thursday 01/30/2020 - resident received a bed bath Monday 02/02/2020 - resident received a bed bath Thursday 02/06/2020 - resident received a bed bath Monday 02/10/2020 - resident not available Thursday 02/13/2020 - resident received a bed bath Monday 02/17/2020 - resident received a bed bath Thursday 02/20/2020 - resident received a bed bath Monday 02/24/2020 - resident received a bed bath Thursday 02/27/2020 - resident received a bed bath Monday 03/02/2020 - resident received a bed bath Thursday 03/05/2020 - resident received a bed bath Monday 03/09/2020 - resident received a bed bath Thursday 03/12/2020 - resident received a bed bath Monday 03/16/2020 - resident received a bed bath On 03/19/2020 at 12:13 PM, Resident #15 was interviewed. Resident #15 stated that she/he had received another bed bath that morning and did not know why no one had offered to take him/her for a shower. She/he stated that she/he had asked about taking a shower and never received an answer. On 03/19/2020 at 12:20 PM, Licensed Practical Nurse (LPN) #3 was interviewed. LPN #3 stated on scheduled shower days, the CNAs should be offering a shower and not just a bed bath and that when a CNA signs into their Kardex (CNA daily task list), it immediately pops up if it is a shower day for an assigned resident. On 03/19/2020 at 12:26 PM, Certified Nursing Assistant (CNA) #4 was interviewed. CNA #4 stated resident #15 didn't ask her for a shower. If she wanted one, I guess I could have given her one. CNA #4 stated that she had not checked the resident's shower schedule. On 03/19/2020 at 2:19 PM, the Director of Nursing (DON) was interviewed. The DON stated it was his/her expectation a resident should be offered a shower on every one of their assigned shower days.</p>		
F 0947  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</b></p> <p>Based on record review and interview, the facility failed to ensure Certified Nursing Assistants (CNAs) received the required 12 hours of in-service training per year. The required training was to include abuse prevention and dementia management. This affected five out of five sampled CNAs. Findings include: Five randomly chosen Certified Nursing Assistant (CNA) records were requested for review of evidence of 12 hours of annual training to include abuse prevention and dementia management. The review revealed the following: CNA #6 had 2.39 hours of training; no evidence of abuse training and dementia training. CNA #7 had 3.27 hours of training; no evidence of abuse training and dementia training. CNA #8 had 7.63 hours of training; no evidence of abuse training and dementia training. CNA #9 had 7.53 hours of training; evidence of abuse training and not dementia training. CNA #10 had no record of training hours; no evidence of abuse training and dementia training. On 03/19/2020 at 9:55 AM, the Human Resources (HR) Director was interviewed. HR stated that the company had an online training system. Employees are required to complete assigned training's during each quarter of the calendar year. Abuse, Neglect and misappropriation of patient property was supposed to be completed during the first quarter. Dementia care had courses scheduled during the first and fourth quarters of the year. HR stated they were not aware that training was not consistently completed and that the staff neglected to complete the abuse training and dementia training. On 03/19/2020 at 11:22 AM the Nursing Home Administrator (NHA) and the Senior Nursing Home Administrator (SNHA) were interviewed. The NHA stated that S/he relied on HR to monitor that all employees were keeping up with their training. The SNHA stated it was a company requirement for employees to complete the abuse training and dementia training on an annual basis, as well as, the 12 hours of required in-service training. The NHA reviewed the training records of the five sampled CNAs and confirmed five out of five did not complete the required 12 hours of in-service training and dementia training, as well as, four out or five did not complete the required abuse training. On 03/19/2020 at 6:20 PM, CNA #15 was interviewed. CNA #15 stated s/he did not recall receiving dementia training in the two years she's worked at the facility. There was no mention of abuse training.</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.