

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, and record review the facility failed to cut and file long and jagged fingernails for 1 of 6 sampled residents (Resident #5) who required at least extensive assistance from staff with their hygiene. Findings included: Record review revealed Resident #5 was admitted to the facility on [DATE]. The resident's documented [DIAGNOSES REDACTED]. Record review revealed 03/23/20 was the last time Resident #5 experienced a skin tear. A skin tear was identified on the back of the resident's left hand on 03/23/20, and the skin tear was documented as healed on 04/14/20. Resident #5's care plan problem for assistance with activities of daily living (ADLs) was last revised on 03/25/20, and documented, Requires assistance with Activities of Daily Living/Personal Care; decline in functional ability d/t (due to) cognitive impairment and impaired mobility secondary to Alzheimer's, mental illness, and pain due to cervicalgia and arthritis. Interventions to this problem included Personal hygiene/grooming: Provide one person extensive physical assistance, i.e., comb hair, shave, and perform oral hygiene (edentulous, no dentures). The resident's 06/18/20 annual minimum data set (MDS) documented his cognition was severely impaired, he required extensive assistance from a staff member with hygiene, and he exhibited no behaviors including rejection of care. Review of the facility's grievance log revealed on 07/02/20 a grievance was filed on behalf of Resident #5 by his family. It was documented the family had concerns that the resident's hair was long and dirty and his fingernail were long. The facility documented in its investigation that the resident's hair was long, his nails were clean, and his nails were not yet long enough to clip. The grievance was documented as resolved on 07/06/20 when staff were in-serviced about nails, hair, and hygiene. During an observation with Nursing Assistant (NA) #2 on 07/14/20 at 1:43 PM Resident #5 was in bed, and his fingernails extended beyond the end of his fingertips by as much as 1/8 of an inch on several fingers. Several of his fingernails on both hands were rough and jagged. NA #2 commented the resident's fingernails needed to be cut, and they were jagged. She reported she was unsure when the resident last had his fingernails cut. She remarked that NAs could cut fingernails unless the resident was diabetic, and then the NAs informed the nurses that they needed to cut them. NA #2 commented Resident #5 could not cut his own fingernails, and was cooperative when care was provided. During an interview with Resident #5 on 07/14/20 at 1:54 PM he stated he would like to have his fingernails cut. During an interview with Nurse #2 on 7/14/20 at 2:02 PM she stated resident fingernails were cut as needed. She explained direct care staff were supposed to check resident fingernails when they were providing providing baths, showers, care, and administering medications. She commented NAs were able to cut resident fingernails, but they could let nurses know if they did not feel comfortable doing so. According to Nurse #2, Resident #5 was pleasant and cooperative, depending on staff for his personal hygiene. She commented jagged fingernails increased the risk that residents could experience skin tears. During an interview with the facility's Assistant Director of Nursing (ADON) on 07/15/20 at 10:25 AM she stated Resident #5's family expressed a grievance on 07/02/20 based on a window visit they had with the resident. She reported the concern was that the resident's hair was long and dirty and his fingernails were long. She commented when she went to visit the resident she found his nails were clean and not long enough to clip. According to the ADON, she spoke to the direct care staff who were assigned to care for the resident on the day and shift of the window visit. She stated she told this staff to keep an eye on the resident's fingernails and make sure they did not grow long. She explained Resident #5 became a target resident meaning the staff were to devote special attention to making sure the resident's hygiene was acceptable. The ADON reported Resident #5 was cooperative with having his fingernails cut after surveyor intervention on 07/14/20. She commented the resident's fingernails needed cutting and filing on 07/14/20, and the resident did not resist while having his fingernails worked on. During a follow-up interview with NA #2 on 07/15/20 at 1:21 PM she stated Resident #5 did not reject care. She explained because of his dementia it was best to approach the resident slowly, and tell him what kind of care needed to be provided.</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.