

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Autumn Care of Raeford		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N Fulton Street Raeford, NC 28376	

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)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43798</p> <p>Based on observation, record review and staff interviews, the facility failed to apply left hand splint as ordered for 1 of 3 sampled residents with limited range of motion/contractures (Resident #61).</p> <p>Findings included:</p> <p>Resident #61 was admitted to the facility on [DATE] with diagnoses that included generalized muscle weakness, dementia, need for assistance with personal care, reduced mobility, lack of coordination, and contracture of muscle, multiple sites.</p> <p>Resident #61's quarterly Minimum Data Set Assessment (MDS) dated [DATE] coded the resident as moderately cognitively impaired. He was coded as dependent with personal hygiene, bathing and toileting. He required setup/clean-up assistance with eating and oral hygiene.</p> <p>Review of Resident #61's medical records revealed an occupational therapy (OT) order dated 8/2/24 that indicated left hand roll with finger separators at all times except during hand hygiene daily.</p> <p>OT discharge note dated 8/2/24 indicated discharge recommendations: left hand roll with finger separators on at all times except during ROM (range of motion) and hand hygiene. Patient referred to restorative nursing program.</p> <p>A physician order dated 8/7/2024 indicated monitor splint to left hand. Left hand splint to stay in place at all times except during hand hygiene.</p> <p>Resident #61 was observed on 10/15/24 at 12:41 PM, 10/16/24 at 10:49 AM and 10/17/24 at 2:43 PM without a splint to the left hand and the left hand was noted to be contracted.</p> <p>During an interview with Restorative Aide #1 on 10/17/24 at 2:48 PM, she stated that she had Resident #61 on her case load for passive range of motion and application of the left-hand roll. Restorative Aide #1 stated that she thought Resident #61 was supposed to have a rolled washcloth in the palm of his left hand and that she had never applied a splint or finger separators to Resident #61's left hand.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the facility Occupational Therapist (OT) on 10/18/24 at 9:59 AM. The OT explained that a splint or hand roll with finger separators is used to decrease the risk of worsening contractures and developing skin breakdown. She further stated that if a splint or hand roll with finger separators is not utilized as ordered then there was potential for skin breakdown, wounds developing and worsening contractures. The OT indicated she had just evaluated Resident #61 prior to this interview and that Resident #61's left hand contracture had not gotten worse since the last evaluation on 8/2/24 and he had not developed any skin breakdown to the left-hand palm. OT further stated she had found Resident #61's hand roll in his room drawer and applied it to his left hand with the finger separators shortly before this interview.</p> <p>During an interview with Nurse #1 on 10/17/24 at 2:43 PM, the order for left hand splint for Resident #61 was verified with Nurse #1. Nurse #1 verified that Resident #61 did not have a splint on and indicated the restorative nurse aides were responsible for applying the splint to the left hand.</p> <p>During an interview on 10/17/24 at 2:55 PM with the Director of Nursing (DON), she stated nursing staff should have utilized a splint on Resident #61's left hand as ordered.</p> <p>During an interview with the facility Administrator on 10/17/24 at 2:58 PM, he indicated that if Resident #61 had an order for a splint his expectation was for nursing staff to use it.</p>