

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Autumn Care of Nash		STREET ADDRESS, CITY, STATE, ZIP CODE  1210 Eastern Avenue Nashville, NC 27856	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45044</b></p> <p>Based on observations, record review, and staff interviews the facility failed to maintain dignity when a resident had an uncovered urinary drainage bag with urine visible for public view from the hallway. The reasonable person concept was applied as individuals have the expectation of being treated with dignity and would not want their urine visible to visitors, staff, and other residents. This deficient practice was for 1 of 3 residents reviewed for dignity. (Resident #213)</p> <p>The findings included:</p> <p>Resident #213 was admitted to the facility on [DATE] with the diagnosis of urinary retention.</p> <p>An admission Minimum Data Set assessment dated [DATE] revealed the Resident was severely cognitively impaired, required substantial to maximum assistance from staff to complete activities of daily living, was incontinent of bowel, and was coded as having a urinary catheter.</p> <p>An observation of Resident #213 occurred on 6/10/24 at 9:45am. Resident #213 was observed in her room, in bed with her urinary drainage bag uncovered and visible from the hallway with light amber urine noted.</p> <p>An observation of Resident #213 occurred on 6/10/24 11:03am. Resident #213 was observed in her room, in bed with her urinary drainage bag uncovered and visible from the hallway with light amber urine noted.</p> <p>An observation of Resident #213 occurred on 6/10/24 12:36pm. Resident #213 was observed in her room, in bed with her urinary drainage bag uncovered and visible from the hallway with light amber urine noted.</p> <p>An interview was completed with Nurse #2 on 6/10/24 at 12:44pm. Nurse #2 verified she was Resident #213's nurse for that day and was aware the Resident had a urinary catheter. The Nurse stated the urinary catheter bag should have been covered. Nurse #2 revealed she did not know why it was not covered but stated she would retrieve a privacy cover for the Resident's catheter bag.</p> <p>An interview was completed with Nursing Assistant (NA) #1 on 6/11/24 at 1:14pm. The NA verified she was Resident #213's NA during the dayshift on 6/10/24. The NA stated she was unable to recall if the Resident's urinary catheter bag was covered on 6/10/24.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Autumn Care of Nash		STREET ADDRESS, CITY, STATE, ZIP CODE  1210 Eastern Avenue Nashville, NC 27856	
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 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	An interview was completed with the Director of Nursing (DON) on 6/13/24 at 10:13am. The DON stated the residents' urinary catheter bag should be covered to avoid any dignity issues. The DON revealed Resident #213's urinary catheter bag was normally covered with a privacy bag and was unsure why the catheter bag was uncovered.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Autumn Care of Nash		STREET ADDRESS, CITY, STATE, ZIP CODE  1210 Eastern Avenue Nashville, NC 27856	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45044</p> <p>Based on interviews with staff and record review the facility failed to complete a baseline care plan within 48 hours of admission to address the immediate needs for 1 of 3 newly admitted residents reviewed (Resident #213).</p> <p>The findings included:</p> <p>Resident #213 was admitted to the facility on [DATE] with diagnoses that included diabetes, atrial fibrillation, and muscle weakness.</p> <p>An admission Minimum Data Set assessment dated [DATE] revealed the Resident was severely cognitively impaired, required substantial to maximum assistance from staff to complete activities of daily living, was incontinent of bowel and bladder, and was coded as having a urinary catheter.</p> <p>A review of Resident #213's medical record revealed the 48-hour baseline care plan was completed on 6/10/24.</p> <p>An interview was completed on 6/11/24 with the Director of Nursing (DON). The DON indicated it was the receiving nurse's responsibility to initiate the baseline care plan within 48 hours to meet the Resident's immediate needs. The DON stated the facility had recently converted to a new electronic charting system and the baseline care plan was no longer automatically generated as before.</p> <p>An interview was completed with Nurse #1 on 6/12/24 at 2:48pm. The Nurse revealed she was the admitting nurse for Resident #213 on 5/29/24. Nurse #1 stated she was aware new admissions required a 48-hour baseline care plan. Nurse #1 indicated she believed the care plan was generated from information entered in each section of the admission assessment.</p> <p>An interview was completed on 6/13/24 at 10:11am with the Administrator. He indicated the baseline care plans should be completed within 48 hours of the admission of a new resident to meet their needs.</p>		