STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Forsyth County Department of Social Services conducted an annual survey on 9/08/16, 9/09/16, 9/12/16 and 9/13/16.	D 000		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to attend to personal care needs for 1 of 5 sampled residents (Resident #5) in the Memory Care Unit (MCU) who required assistance with compression stocking application and removal resulting in leg wounds and sepsis. The findings are: A. Review of Resident #5's current FL2 dated 4/06/16 revealed: -Diagnoses included dementia, generalized weakness and history of pneumonia. -The resident was assessed as incontinent of bowel and bladder. -The resident required assistance with bathing, feeding, and dressing.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 1 Review of Resident #5's Resident Register revealed she was admitted to the facility on 4/06/16. Review of Resident #5's facility Admission History and Physical dated 4/06/16 revealed: -Resident #5 was being admitted to the facility after having been hospitalized for pneumonia with hypoxia. -Resident #5 was diagnosed with dementia with behavioral and sleep disturbances. -Resident #5 had frequent attempts to get up from her wheelchair. -Skin was documented as intact and dry. -Extremities were documented as having no edema and no erythema. Review of Resident #5's current care plan dated 4/20/16 revealed: -The care plan was signed by the physician on 4/20/16. -Documentation "Resident has foot rests that are on her wheelchair so her feet can be elevated when in the wheelchair." -Documentation "Resident has TED hose to be put on in the AM and off in the PM." -Documentation "Resident has ample amount of swelling in lower extremities." -Skin was documented as being in normal condition with no pressure areas. -Resident #5 required extensive assistance with all activities of daily life. Review of Resident #5's facility Progress notes revealed: -Resident was admitted to the facility on 4/06/16 from the hospital and presented with confusion and agitation. -On 4/07/16 Resident #5 stayed up all night and	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 2	D 269		

was yelling at people that were not there. The Personal Care Aides (PCAs) took turns sitting with her to prevent a fall.
-On 4/10/16 Resident was not feeling well and her temperature was 99.4, pulse 99, respirations 20 and blood pressure was 120/54. Resident #5's right leg was swollen. The Medication Aide (MA) elevated her legs and put her on the doctor's list to be seen at the next visit.
-On 4/19/16 Resident #5 complained of not feeling good and was coughing. Facility staff called Resident #5's primary care physician and obtained new orders for Levaquin 500mg 1 tablet daily for 10 days. Reported the new order to the Responsible Party (RP).
-On 4/19/16 the facility's Registered Nurse assessed Resident #5 and determined it necessary to send Resident #5 to the local emergency room for physician evaluation. Resident #5 returned back to the facility the same day.

Review of Resident #5's Licensed Health Professional Support (LHPS)review dated 4/26/16 revealed:
-LHPS tasks included TED hose application in the AM and removal in the PM, able to self propel when legs are not elevated.
-Compression stockings were documented as in place and wrinkle free, non-pitting edema noted to both lower extremities.
-All "visible" skin was documented as clean, dry and intact with no breakdown noted.

Review of Resident #5's physician's Re-Admission History and Physical Progress Note dated 4/20/16 revealed:
-Resident #5 was being seen for an acute visit due to reported recent worsening cough with shortness of breath and fever.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 3	D 269		

-She was started on Levaquin (an antibiotic used to treat bacterial infections) for a respiratory infection on 4/19/16 and on this visit she was afebrile.
-Resident #5 was diagnosed with dementia with behavioral and sleep disturbances.
-Resident #5 had bilateral +1 pitting bilateral lower extremity edema and physical therapy was fitting resident with wheelchair leg rests and they were awaiting compression stockings for daily use.
-Resident #5's chest X-Ray was positive for infiltrates.
-Resident #5 had poor rehabilitation potential and poor prognosis.

Review of Resident #5's April 2016 physician's orders revealed:
-A physician's order dated 4/18/16 for compression stockings to be applied in the AM and removed in the PM daily and to document any refusals.
-A physician's order from the local hospital emergency department dated 4/19/16 for Levaquin 500mg 1 tablet daily for 10 days.
-A physician's order clarification dated 4/20/16 to apply knee high compression stockings every AM and remove in the PM and the size was specified as large/regular.

Review of compression stockings measurement form dated 4/20/16 revealed documented measurements of the calf circumference to be 8.5 x 7.5 inches and length 29 inches that indicated the size to be large/regular.

Review of Resident #5's April 2016 electronic Treatment Administration Record (eTARs) revealed:
-An entry for compression stockings to be applied

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 4	D 269		

every morning at 6:00 am and removed every evening at 10:00 pm and documented as applied 4/19/16 thorough 4/30/16 with documented refusals on 4/22 and 4/29/16. The stockings were documented as removed at 10:00 pm on 4/18/16 through 4/30/16 with documented refusals on 4/20 and 4/28/16.

Review of Resident #5's May 2016 physician orders revealed:
-A physician's order dated 5/02/16 to hold the compression stockings until Wednesday and to apply an ACE bandage to right leg for three days. Skin prep wipes to both legs on unopened blisters.
-A physician's order to start standard wound care, clean with normal saline, apply topical antibiotic ointment and cover with non-stick dressing to right heal until healed and then discontinue.
-A physician's order clarification dated 5/02/16 to apply an ACE bandage to right leg in the morning and remove in the evening. Skin prep wipes to unopened blisters on right and left upper legs.
-A physician's order dated 5/02/16 to start home health skilled nursing to evaluate and treat swelling and blisters to both legs.
-A physician's order dated 5/04/16 for a skilled nurse to cleanse right heel blister and top of right leg with wound cleaner, dress right heel with hydrogel, hydrocolloid cover right lower extremity with thick roll gauze and ace wrap toe to knee until resolved.
-A physician's order dated 5/04/16 to discontinue standard wound care and skin prep.
-A physician's order dated 5/04/16 to continue to hold the compression stockings.

Review of Resident #5's May 2016 eTAR revealed:
-An entry for compression stockings to be applied

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 5	D 269		

every morning at 6:00 am and removed every evening at 10:00 pm. Documented as applied 5/01/16 and 5/02/16 and documented as removed 5/01/16.
-The order was then held on 5/02/16.
-An entry dated 5/01/16 for wound care to clean with normal saline, apply topical antibiotic ointment and cover with non-stick dressing.
-Change dressing daily and as needed. Observe site for sign/symptoms of infection and to notify physician if uncontrolled bleeding and/or any signs or symptoms of infection, continue until healed and then discontinue.
-The wound care was documented as administered at 8:00 am on 5/03 and 5/04/16 and documented as held per MD/RN orders on 5/02/16.
-An entry dated 5/04/16 for a skilled nurse to cleanse right heel blister and top right leg with wound cleanser, dress right heal with hydrogel, hydrocolloid. Cover right lower extremity with thick roll gauze and ace wrap toe to knee until resolved. Facility staff documented as administered on 5/06 and 5/08/16 and documented resident refused on 5/05 and 5/07/16.

Further review of Resident #5's facility Progress Notes revealed:
-On 5/01/16 a PCA observed blood on Resident #5's sheets and the MA found a sore on Resident's right heel. RP was called and MA initiated standing order wound care protocol. Resident #5 refused to eat and complained she was sick.
-On 5/02/16, staff were getting Resident #5 up and noted blistering on both legs in the same area the compression stockings were worn on the legs.
She also had a quarter sized blister on the bottom

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 6	D 269		

of her right heel. The MA called the primary care physician and obtained orders for skin prep to be applied to the blisters, to hold the compression stockings for three days and to continue standard wound care until healed on the heel. Also, an order for a home health skilled nurse to evaluate both lower extremities and RP was notified.
-On 5/02/16 the Memory Care Unit Director (MCUD) spoke with RP about the current treatment orders.
-On 5/05/16 Resident #5 had a new spot on her left foot and reported to the MCUD. The MCUD was going to have the home health nurse evaluate the area.
-On 5/08/16 the RP came in and expressed concern about several things. The MA called the primary care physician to obtain a telephone order for Resident #5 to be sent to the hospital for a physician's evaluation per family request and Resident #5 was sent to the emergency room.

Review of contracted Skilled Nursing Progress notes for Resident #5 revealed:
-On 5/03/16 skilled nurse (SN) evaluated wound of right heel which measured 5.2 x 3 x .1. No signs or symptoms of infection. The SN applied hydrogel, hydrocolloid dressing and wrapped with thick roll gauze and ACE wrap.
-On 5/03/16 SN's computerized documentation, "blister around the right knee where the compression stockings had been on too long and too tight."
-On 5/04/16 the SN educated the MCUD to monitor and report increased swelling, drainage, odor, pain, fever and/or chills and to keep slippers off as they were cutting into the heel causing increased pressure.
-On 5/06/16 the SN educated the MCUD to make sure legs were elevated as much as possible and when in the bed to make sure heels were floated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 7	D 269		

as best as Resident #5 would allow.
-On 5/06/16 the SN noted Resident #5's feet were not elevated but she was not wearing slippers as she had educated the MCUD on her last skilled nursing visit.

Interview with the contracted Skilled Nurse on 9/09/16 at 1:07 pm revealed:
-Resident #5 had severe indentions around both of her legs below her knees.
-This was extremely concerning to her because it was clear the compression stockings had been cutting off her circulation.
-She assessed the sores the compression stockings were on too long and they were too small.
-A staff member at the facility reported to her the compression stockings were on too long and the compression stockings were too small.
-Something that was so constricting could have impeded blood flow and in turn impeded the healing of the wound on her heel.
-The constriction caused by the compression stockings could have contributed to the development of the wound on the heel.

Interview with the previous MCUD on 9/13/16 at 5:46 pm revealed:
-She was not aware of Resident #5 not having her compression stockings removed.
-When she saw Resident #5 it was during hours of the day that the compression hose should have been on (and they were).
She did not remember the SN giving instructions to elevate Resident #5's lower extremities, to float heels while in bed or not to wear slippers.
-When she learned about Resident #5's blisters around her calves she obtained a home health consult for skilled nursing and skilled nursing came in to evaluate the blisters around her calves

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 8	D 269		

the next day.

Interview with a PCA on 9/12/16 at 4:30 pm revealed:
-She had been a PCA for 6 years.
-She worked on the Memory Care Unit exclusively.
-Several months ago the PCAs removed and documented the removal of the compression stockings.
-She thought it was changed so the PCAs would remove and documented and the MA was responsible for checking behind them to make sure they were removed.
-She knew to remove compression stockings every night while assisting the residents to bed.
-She assumed any marks present would go away because the pressure would no longer be there.
-If she noted breakdown she would report to the MA.
-She did not know Resident #5 had her compression stockings on too long or that she had wounds on calves and heels.
-Resident #5 received her showers on first shift.

Interview with a second PCA on 9/13/16 on 9/13/16 at 6:55 am revealed:
-She worked third shift and had been employed as a PCA for about 1 and 1/2 years.
-She had seen compression stockings on residents in bed more than a handful of times.
-Second shift was responsible for taking Resident #5's compression stockings off. If Resident #5 stayed up past second shift, second shift did not remove them.
-"If I saw compression stockings on a resident I would report to the MA and leave a note for second shift and I would remove the compression stockings".
-She was never instructed to "float" Resident #5's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 9	D 269		

heels to displace pressure or to decrease swelling and she never saw padded booties for her heels.
-Resident #5 did not complain of pain to her.

Interview with a third PCA on 9/13/16 at 7:08 am revealed:
-She was hired on 5/31/16 and did not know Resident #5.
-She worked on third shift.
-She was never instructed to float Resident #5's heels to displace pressure or to decrease swelling and she never saw padded booties for her heels.

Interview on 9/13/16 at 9:44 am with the PCA who documented completion of Resident #5's shower and shampoo on 5/02/16 and 5/06/16 revealed:
-Resident #5 had a "red and swollen" left heel (unknown date), but the skin was not broken.
-The PCA reported the information about the left heel to the previous MCUD, who assessed the heel and "took it from there".
-The right heel had no redness or wounds.
-A "couple of days after discovering the left heel being red and swollen, both feet were really, really swollen" and the resident could not wear shoes.
-Because of the resident's swelling, it was "difficult" to get the compression stockings on her legs; the resident's legs were "huge to the knees.
-"There were no constriction rings below the resident's knees when I gave her a shower on 5/06/16 and those must have occurred after 5/06/16."
-She did not recall the area under Resident #5's knees looking "very much different" that they did on 5/02/16 and 5/06/16 when she gave the resident her shower; however, it had been so long she could not remember.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 10 Interview on 9/12/16 at 4:20 pm with a MA/PCA revealed: -He did not recall seeing any sores, blisters, or red areas on Resident #5's heels or any constriction rings below her knees. -He recalled seeing dressings on Resident #5's heels, but was unable to visualize the skin under the dressings at that time. -He routinely removed residents' compression stockings when he got them ready for bed each night. -The previous MCUD reported the rings around Resident #5's legs below the knees was from her being allergic to the compression stockings. -He recalled Resident #5's legs being edematous and the compression stockings left an indention or a "red crease" at the top when they were removed at night, but he never saw any broken skin, blisters, or wounds. Interview on 09/13/16 at 9:27 am with the MA/PCA who documented completion of Resident #5's sponge bath on 05/01/16 and 05/05/16 revealed: -The MA/PCA did not recall seeing any wounds on Resident #5's heels or legs. -The MA/PCA remembered when the wounds were discovered and it was after 05/05/16. -The MA/PCA and another staff member were the ones to discover the resident's right heel wound when they were providing care to the resident in bed. -The MA/PCA reported the heel wound to the Supervisor, who "got home health" to evaluate the resident. -The MA/PCA had not seen any evidence of compression stockings being left on too long. Interview on 9/13/16 at 12:06 pm with a second	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 11 MA/PCA revealed: -She mostly worked the night shift. -She had witnessed some residents' compression stockings being left on, but had "not come across it a lot". -The MA/PCA did not say how often she had seen residents' compression stockings left on. -She did not recall ever seeing Resident #5's compression stockings left on. -"If I ever catch anyone with (compression stockings) on, that's the first thing I do is take them off". -The MA/PCA did not recall anything about Resident #5's wounds. -The MA/PCA did not recall any exact instructions regarding the care of Resident #5's wounds, but any special instructions would have been on the electronic Medication Administration Record (eMAR). -"If we weren't documenting it, we weren't doing it." -The MA/PCA did not recall seeing Resident #5 with heel floats, but the PCA had a "really hard time remembering her (Resident #5) at all". Review of Physician's Progress Note signed by the Physician Assistant on 5/04/16 revealed: -Resident was seen due to blisters on right lower extremity and foot with an onset of approximately one week ago. -The edema of both lower extremities was stable and Resident #5 had no signs or symptoms of cough or shortness of breath. -Resident #5's right lower extremity had opened and intact blisters on the right foot and the right lower extremity and home health was to provide wound care daily. -The compression stockings were to be held due to wounds and ACE wraps would be used to decrease edema.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 12 Interview with a physician assistant from Resident #5's physician's office on 9/13/16 at 10:02 am revealed: -She was aware of Resident #5's poor nutritional intake. -Resident #5's impaired circulation, poor nutritional and hydration status led to a progression of impaired skin integrity. -Having compression stockings on too long would have increased the pressure on the wound(s). -If staff did not take compression stockings off they could not assess the integrity of the skin. -Resident #5 came to the facility after having been hospitalized for pneumonia, she continued to decline and she did not think she ever had a picture of Resident #5's baseline. Interview with Resident #5's RP on 9/08/16 at 10:30 am revealed: -Resident #5 was hospitalized for pneumonia at the end of March 2016 and admitted to this facility on 4/06/16. -Prior to hospitalization Resident #5 lived at home with another family member and she was independent with ADLs including ambulation but she did have dementia. -Resident #5 went to this facility to receive physical therapy so she could get stronger and they hoped she could return to her baseline. -Upon admission to this facility Resident #5's skin was intact and she could ambulate with a walker with assistance but spent the majority of the time in a wheelchair. -She had a poor appetite and there were only two PCAs that could get Resident #5 to eat. -The family provided a nutritional shake to supplement her nutrition. -Resident #5 went to the emergency department on 4/19/16 because she was coughing with chest	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 13	D 269		

congestion and they gave her an antibiotic and sent her back to the facility.
-The facility staff did not start Resident #5 on the antibiotic until the next evening (4/20/16).
-Resident #5 continued to decline and had a poor appetite.
-Each time she or another family member would visit Resident #5 was sitting in front of the TV. She did not think they were offering her enough assistance with eating and drinking the nutritional supplement.
-On 5/01/16 she received a phone call that Resident #5 had yellowish/bloody exudate on her sheets and this caused the staff member to inspect the skin and Resident #5 had blisters on her legs and a quarter size blister on her heel.
-Home health skilled nursing admitted Resident #5 for wound management and the nurse let her know the wound care plan and if staff noted drainage or any signs of infection they were to call the home health agency.
-On 5/08/16 Resident #5 was minimally responsive, would not eat and only wanted to sleep and she became very concerned.
-She called and called the facility to check on Resident #5 and no one would answer so she went back to the facility.
-At this point she asked the MA on duty to call for emergency transportation to the hospital.
-The RP was told by the MA that there was no medical reason to send her to the hospital Resident #5 was "just sleepy" and she would call the primary care doctor.
-The RP again "demanded" Resident #5 be sent to the local emergency department.
-Resident #5 went to the local emergency department and was seen by a physician.
-The wound on Resident #5's right heel had drained through the dressing and the drainage was a dark red/brown.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 14 -Both of her legs were to be wrapped toe to knee. The dressings were both down to her mid-calves and not covering the wounds that were just below the knees which were caused by the compression stockings. -Resident #5's buttocks was red and starting to break down. -The wound on Resident #5's right heel had dead tissue and was so progressed it caused a bone infection. -Resident #5 was admitted to the hospital on 5/08/16 for malnutrition, dehydration, osteomyelitis, a urinary tract infection and a bacterial blood infection. -She was discharged from the hospital to Hospice on 6/03/16 and Resident #5 died on 7/08/16. Telephone interview on 9/13/16 at 10:03 am with a PCA revealed: -She was Resident #5's PCA on the evening shift on 05/07/16 and 05/08/16. -She had not met or cared for the resident prior to this time and was unfamiliar with the resident. -She gave the resident a sponge bath on 05/07/16 and 05/08/16 but stated she did not think she touched her legs. -Anywhere the PCA touched Resident #5, the resident "yelled out" in pain, so the PCA was "nervous to touch" the resident. -The resident displayed "constant moans and groans" at the end of every breath. -The PCA did not remove Resident #5's compression stockings because she did not want to cause the resident further pain. - "I don't know how she was in so much pain." -On 05/07/16, the PCA reported the resident's pain to the MA on duty. -The MA stated, "Yeah, she's like that", meaning the "yelling out" was her normal way of reacting. -Resident #5 continued to react with pain to every	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 15 touch throughout the PCA's shift on 05/07/16 and 05/08/16. -One day, (not sure but thought it was 05/07/16) the PCA and another staff member was putting the resident on the toilet when the resident looked up at the PCA and clearly stated, "I wanna die" between moans and groans of pain". These were the only words the PCA had ever heard the resident speak and thought the resident could not talk. -On 05/08/16, the PCA saw Resident #5 was "drooling" on her clothes, so she put a clothing protector on her. -When the family visited, the family was upset about various issues such as the PCA had forgotten to elevate the resident's legs after taking her to the bathroom, the PCA had put the resident in the "wrong outfit", the resident was "coughing up stuff", the resident had not had a bowel movement, and "something about her legs". -The family member tried to show the PCA what she was upset about regarding the resident's legs, but the compression stockings were on and the PCA did "not see anything alarming". -The PCA did not recall seeing any blisters, but stated, "I think I saw something on her heel" but did not remember exactly what the heel looked like. -The PCA stated she did not think there was a dressing on the resident's heel because the family member was showing the heel to the PCA. -The PCA's recollection was "blurry" due to the passage of time, but she thought the heel looked like it had a "big callus". -The PCA checked the resident's temperature and oxygen saturation at the request of the family member, but the PCA "did not see anything acute. The temperature was not high (about 99 or 100 degrees Fahrenheit)."	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 16 -The family member told the PCA she wanted the resident sent out to the local Emergency Department. -The PCA told the family member the facility could not send the resident out without a physician's order and there had to be something medically wrong to get a physician's order to send the resident out. -The family member told the PCA that the resident's temperature was elevated for her because her temperature was usually lower than most people's temperature. -During lunch, the family member was "force feeding" the resident and saying, "Swallow. "You have to eat or you're gonna die". The resident was coughing and the family member was patting the resident's back and saying, "Swallow". -The PCA tried to intervene, but the family member insisted the resident "at least drink the (named nutritional supplement)". -The family member continued to put the supplement in the resident's mouth, tilting her head back because it was "running out". The resident continued to cough. -Later in the shift, the family member asked the PCA if the PCA thought the family member should take the resident to the Emergency Room. -The PCA told the family member the facility doctor would not be in the facility until Wednesday, 05/11/16 and told her, "I can't tell you what to do, but if you feel like something is wrong and (the resident) needs to be seen, you could take her to the Emergency Room". -The family member was going "back and forth" with another family member, who was the resident's Power-of-Attorney, trying to convince the POA that "something was wrong". -After a "couple of hours", the RP agreed and the family member took the resident to the hospital. -The PCA stated she could not recall if the	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 17	D 269		

resident was transported by ambulance or in the family member's car, but if it was by ambulance, "the family member called them because the facility did not initiate that call because nothing was wrong. So if we were to call the doctor, it would be confusing because it had only been a couple of days since the last bowel movement, the temperature was not alarming, and the resident couldn't talk, so we didn't know where her pain was coming from or if she was even having pain."

Review of the Emergency Room History and Physical dated 5/08/16 revealed:
-Resident #5 had a low blood pressure of 91/37, a rapid pulse of 113, a fever of 100.3 and an elevated white blood cell count of 18.7.
-She was admitted with a diagnosis of sepsis.
-Prognosis for Resident #5's recovery this admission was favorable and continued debilitation and death within the year was an expected outcome.
-Resident #5 presented with a stuporous mental status arousable to painful stimulus with no verbal response.
-She had extremely cloudy urine.
-She had +2 pitting edema on the right foot and lower leg, swelling and tenderness of right 4th toe.
-There was superficial ulceration covering the entire right heel and blackish eschar ulcer on the left heel.
-The urinalysis showed bacteria too numerous to count.

Interview with the Emergency Department Physician on 9/12/16 at 9:26 am revealed:
-Resident #5 presented with a left heel ulcer with eschar and a right 4th toe that he was concerned may have osteomyelitis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 18 -A wound with eschar is a chronic long term condition. -The wound would have been present over time to have developed to the stage of eschar. -Chronic is over a period of weeks and/or months. -Resident #5 had urosepsis from a vancomycin resistant enterococcus (VRE) and also had Methicillin Resistant Staphylococcus Aureus in her blood (MRSA). -If Resident #5 had an appallingly unkempt appearance he would have made note of it and he did not make note of her appearance. -If he observed signs of neglect he would have made note of it and reported it. -He could not comment on the care given by the facility as he was not there. -Leaving compression stockings on too long could contribute to all kinds of disease processes including decubitis ulcers. -If compression stockings are left on it is impossible to inspect the skin condition of the toes and the heels. -She had compromised arteries in her lower extremities. -She had multiple conditions that led to her state including Alzheimer's Disease, lack of circulation and general debility. Interview on 9/12/16 at 1:56 pm with the Executive Director (ED) revealed: -She began working at the facility on 5/02/16, just prior to Resident #5's discharge to the hospital on 5/08/16. -She was not aware of Resident #5's pressure ulcers or constriction rings until 5/10/16, when the resident's family member informed her about them. -Resident #5 was sent out to the hospital on 5/08/16 due to lethargy, but the resident's family	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 19	D 269		

member stated she was "comatose".
-The MCUD was responsible for overseeing care of residents in the MCU.
-When the MA/PCA gave a sponge bath, she did not bathe any areas with wounds, so it was possible Resident #5 had wounds on 05/01/16 or 05/05/16 and she would not have seen them because she would have only bathed the upper part of the body.

Review of the Inpatient history and Physical dated 5/10/16 revealed:
-Resident #5 was being treated for osteomyelitis of the right calcaneus (heel bone).
-She was diagnosed with bacteremia, a urinary tract infection, acute encephalopathy, debility, malnutrition, low blood protein due to protein calorie malnutrition, moderate to severe hypertension and she had a non-displaced right fibula fracture with indeterminate age.

Review of the Palliative Care Consultation dated 5/18/16 revealed:
-The organism identified as causing the bacteremia was MRSA and the origin could have come from the peripherally inserted central catheter (PICC) line but probably the heel wounds and sacral wounds.
-Resident #5's debility was gradually progressive, and became subacutely and acutely worse.
-Prior to hospitalization she was living at home with her family member, ambulating with a cane, dressing self, feeding self and now is essentially bed bound or maybe bed to wheelchair as a total lift.
-Pneumonia had been the precipitating event leading of the initial hospitalization in March and subsequently she had struggled.
-Upon assessment, Resident #5 was awake and engaged humorously at times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 20 -She was not oriented to place or circumstances and "cannot tell me who the children were in the room but later she called them by name." -At times during the conversation between the physician and the children Resident #5 would speak up and say amazingly relevant and responsive kinds of things and sometimes almost intentionally humorous. -Resident #5's "Life Limiting Illness" was identified as debility and associated wounds and infectious complications. -Resident #5 was not imminently dying when the consult took place but remained to be seen whether she could actually over come her infectious problems and wounds and the odds were against this. Review of Resident #5's Certificate of Death dated 7/08/16 revealed: -Resident #5's date of death was 7/08/16. -Resident #5's immediate cause of death was complications from Debility. -Underlying causes of death were osteomyelitis/right fibula fracture, urosepsis and pneumonia. The Facility provided a plan of protection on 9/13/16 as follows: -All resident records will be audited for healthcare referral and follow up needs that may be present. -All orders will be reviewed by the Wellness Director or designee to ensure that all healthcare referrals are implemented as ordered. DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED, OCTOBER 31, 2016.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 21	D912		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding personal care and supervision. The findings are: Based on observations, interviews, and record reviews, the facility failed to attend to personal care needs for 1 of 5 sampled residents (Resident #5) in the Memory Care Unit (MCU) who required assistance with compression stocking application and removal resulting in leg wounds and sepsis. [Refer to Tag 0269, 10A NCAC 13F .0901 (a) (Type B Violation).]	D912		