| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 345535 | A. BUILDING _____ B. WING _____ | C 11/21/2018 |

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| ADAMS FARM LIVING & REHABILITATION | 5100 MACKAY ROAD JAMESTOWN, NC 27282 |

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| F 000 | INITIAL COMMENTS<br><br>The Statement of Deficiencies was amended on 12/18/18 to change tag F561 at G to tag F550 G. | F 000 | | |
| F 550 SS=G | Resident Rights/Exercise of Rights<br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.<br><br>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.<br><br>§483.10(b) Exercise of Rights.<br>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.<br><br>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. | F 550 | | 12/26/18 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/12/2018

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| F 550 | Continued From page 1<br><br>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, staff interviews and resident interview, the facility staff failed to treat a resident with dignity and respect when a resident asked the cook for an alternative dinner meal. This was evident in 1 of 3 sampled residents (Resident #1) that had a verbal altercation with an employee which resulted in the resident feeling intimidated and anxious.<br><br>Findings included:<br><br>Resident #1 was admitted to the facility on 7-25-18 with multiple diagnoses which included a right femur fracture, major depression, anxiety and insomnia.<br><br>The quarterly Minimum Data Set (MDS) dated 10-28-18 revealed that Resident #1 was cognitively intact and did not have any mood or behaviors issues. He was coded as being independent with set up help for eating, toileting and personal hygiene and supervision with set up help for transfers.<br><br>A review of Resident #1's care plan dated 8-6-18 revealed a goal that the resident would show no significant weight changes and maintain hydration. The interventions for the that goal were as followed; dietician to evaluate and follow up per facility protocol, determine food preferences, | F 550 | F550<br>CORRECTIVE ACTION FOR AFFECTED RESDIENT:<br>Resident #1 received his preference at the dinner meal of 9/16/2018, when dietary employee served him a hamburger with condiments of his liking. Residents preferences were included on the resident's meal ticket to include his dislike for pork. Resident #1 was interviewed on 9/17/18, by the facility SW to ensure that he had no psychosocial issues related to verbal altercation on 9/16/18 with a contract employee that worked with the contract Dietary Services. He voiced no feelings of intimidation or anxiety during this interview with facility Social Worker. Interviews were completed with facility staff that provided care for resident #1 and there was no evidence of any psychosocial issues with this resident, evidenced by no change in his behavior Resident #1 was discharged from this facility, as planned, December 1, 2018<br><br>Dietary Cook was removed from the facility on September 16, 2018 and his employment terminated as of 9/20/2018 by the Contract Dietary Services. | |

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| F 550 | Continued From page 2<br>offer between meal supplements as ordered and promptly offer resident food alternatives when appropriate for any meal served.<br><br>A review of the initial allegation report dated 9-17-18 revealed the following information; On 9-16-18, nursing assistant (NA) #1 reported Resident #1 had gone to the kitchen requesting an alternate dinner meal and the dietary cook told the resident he would make him a burger. NA #1 also reported that Resident #1 and the dietary cook started "exchanging words and became very loud." The report revealed the dietary cook was counseled by his immediate supervisor and that the dietary cook apologized to Resident #1. The dietary cook was suspended on 9-16-18 pending further investigation.<br><br>The investigation report dated 9-19-18 revealed the dietary cook was employed by the facility's contract dietary service and was suspended on 9-16-18 and terminated on 9-20-18. The report also revealed an interview with Resident #1 who confirmed he felt intimidated by the actions of the dietary cook.<br><br>An interview with Resident #1 conducted by the facility's Social Worker during the facility's investigation on 9-17-18 revealed in part the following; Resident #1 "took his tray back to the kitchen thinking that the cook was just trying to be funny because this error has happened before. The cook came out and said here you go again with that "s ...." I placed the tray on the counter and he told me you don't have to throw the "m ...f ...." I said to him I did not throw it. The resident felt the cook was aggressive with him." The interview continued "The cook started tapping his chest and invading my space as if he was trying | F 550 | FOR ALL RESIDENTS POTENTIALLY AFFECTED:<br>Interviews were completed 12/7/2018, by the facility Social Workers with current interviewible<br>residents to ensure the residents felt they have support of their choices and issues related to feeling intimidation or anxious. Findings were documented on the Resident Audit tool. No issues regarding intimidation, anxiety, or lack of dignity were identified. The facility QAPI IDT Members have completed observations of staff/resident interaction to ensure residents are treated with dignity, choices were recognized and residents were not intimidated.<br><br>SYSTEMIC CHANGE:<br>The Dietary Cook was removed from the facility on September 16, 2018 and his employment terminated as of 9/20/2018 by the Contract Dietary Services<br>Compliance rounds will be conducted by the QAPI Team members (nursing, dietary, activities, SW, business office, admissions, maintenance, & HK/Laundry) daily and documented on the Resident Observation / Audit Tool. The rounds will include interviewing and/or observation of 10 random residents (5 interviewable, 5 non-interviewable/ non-verbal) daily for 4 weeks, then monthly for 6 months, to ensure residents feel they are being treated with dignity and respect. The observations of non-verbal residents will focus on body language during resident / staff interactions. The Resident Observation/Audit Tool will be reviewed | |

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| F 550 | Continued From page 3<br>to intimidate me and saying he was from D.C."<br><br>On 11-19-18 at 4:53pm an interview was conducted with NA #1. She stated she saw Resident #1 coming down the hall in his wheel chair with his tray on his lap and when she asked him what was wrong she stated the resident told her he was upset because he had pork on his tray again. NA #1 stated she took the tray to the kitchen and asked if the cook could give Resident #1 something else to eat and walked away. She stated she saw the resident and the cook exchange words and then the cook gave the resident a plain hamburger. NA #1 stated she heard the resident ask for something to be put on the hamburger and then more words were exchanged between the cook and the resident. NA #1 denied remembering what was said during the exchange between the cook and the resident.<br><br>During an interview with Resident #1 on 11-19-18 at 5:34pm he stated he had told the kitchen that he did not eat pork and that it was on his dietary card but that he was given pork on his tray that day. He stated when he asked for something else, the cook came out into the dining room and began pacing telling the resident he was not going to keep making different food for him every meal. The resident stated the cook did get him a hamburger, but it was plain and when he asked for something to be put on the hamburger the cook became upset. Resident #1 stated the cook hovered over him while beating on his chest telling the resident he was from D.C. He also stated he felt the cook was aggressive with him and that he felt intimidated by the cook because he was suffering from Post-Traumatic Stress Disorder from recently being shot 5 times, so he felt anxious and intimidated when the cook | F 550 | by the Social Service Department weekly and negative comments noted will brought to the Executive Director for immediate follow up. Corrective action will be implemented by the ED as deemed necessary.<br><br>The facility sends My Innerview web based and paper customer service survey's to our residents, family members and other involved individuals at the time of Admission, Discharge, and every 6 months to identify any issues of service concern, including choices & preferences being honored, care and staff interaction, and dignity being ensured. These surveys are collected by our outside vendor and comments, positive or negative, are forwarded to the facility Executive Director. These comments are reviewed and action plans are implemented based on any negative comments or suggestions for improvement.<br><br>Current facility staff, including contract staff (HK/Laundry & Dietary) have received re-training on intent of F550 Resident Rights, including ensuring resident choices are honored related to aspects of his or her life in the facility, that residents are treated with dignity and that intimidation and anxiety of a resident is unacceptable and will result in immediate termination of their employment. This re-training was completed by the SDC and Administrator on 12/17/2018. Any employee who did not complete this training as 12/17/18 will not be allowed to | |

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| F 550 | Continued From page 4<br>invaded his space. The resident was not diagnosed by a physician with Post Traumatic Stress Disorder.<br><br>An interview occurred on 11-20-18 at 8:15am with the Regional Dietary Manager who stated he was informed of the altercation by the facility's Administrator on 9-16-18, the day of the altercation. He stated he immediately came to the building and suspended the cook and the cook was escorted out of the building till an investigation could be completed.<br><br>The Administrator was interviewed on 11-20-18 at 10:26am. She stated she did not come to the facility the evening of the altercation. She stated she was informed by NA #1 of the altercation by phone right after the altercation and she in return called the Regional Dietary Manager to have the employee suspended and removed from the building. The Administrator stated that Resident #1 was not assessed till the next day by the social worker because there was no physical contact.<br><br>During an interview with the Social Worker on 11-20-18 at 11:56am she stated she interviewed Resident #1 the next day (9-17-18) and that the resident appeared calm and initially did not want to discuss the altercation. The Social Worker stated she did not assess Resident #1's mental state during the interview but that the resident did tell her he was upset and felt that the cook was trying to intimidate him.<br><br>Two attempts were made to contact nursing assistant (NA) #2; 11-19-18 at 2:45pm and 11-20-18 at 2:47pm. Messages were left for a return call. | F 550 | work. New employees will receive this training at orientation.<br><br>PLANS TO MONITOR:<br>The Residents will be interviewed / observed by the QAPI Team members daily. This will include observations of staff/resident interaction of 5 interviewable , 5 non-interviewable /nonverbal residents daily for 4 weeks, and then monthly for 6 months. A summary of audit results will be analyzed for patterns and trends of compliance and opportunities for improvement. This summary will be reported to the Quality Assurance Performance Improvement (QAPI) Team by the Executive Director each month for 3 months, at which time, the QAPI Committee will evaluate the effectiveness of the interventions to determine if additional auditing is necessary to maintain compliance.<br><br>DATES FOR CORRECTIVE ACTION:<br>12/26/18 | |

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| F 550 | Continued From page 5<br>An attempt was made on 11-20-18 at 11:28am to contact the dietary cook involved in the altercation and received a call back at 2:30pm on 11-20-18 from another person stating the phone no longer belonged to the dietary cook.<br><br>An interview with the Dietary Supervisor occurred on 11-21-18 at 12:14pm. The Dietary supervisor stated she no longer worked at the facility but was working there at the time of the altercation. She stated she was not present when the altercation between the dietary cook and Resident #1 occurred. The supervisor stated she was called by the facility's Administrator about the altercation and that she arrived at the facility a short time later. She stated she spoke with the cook about the altercation and that he told her the resident came to the door of the kitchen and words were exchanged. She stated the dietary cook finished out the evening in the kitchen cleaning and was suspended the next day (9-17-18). The supervisor denied that the cook had any further contact with residents that evening. | F 550 | | |
| F 686 SS=G | Treatment/Svcs to Prevent/Heal Pressure Ulcer<br>CFR(s): 483.25(b)(1)(i)(ii)<br><br>§483.25(b) Skin Integrity<br>§483.25(b)(1) Pressure ulcers.<br>Based on the comprehensive assessment of a resident, the facility must ensure that-<br>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and<br>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to | F 686 | | 12/26/18 |

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| F 686 | Continued From page 6<br>promote healing, prevent infection and prevent new ulcers from developing.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, family interview and staff interview the facility failed to provide treatment to an open area on a resident's sacrum for 4 days for 1 of 3 residents (Resident #3).<br><br>Findings included:<br><br>Resident #3 was admitted to the facility on 9-14-18 with multiple diagnoses that included aftercare from joint replacement, muscle weakness and an unstageable pressure ulcer.<br><br>A review of Resident #3's discharge record dated 9-14-18 from the hospital revealed no documentation or orders related to a sacral wound.<br><br>Resident #3's admission notes to the facility dated 9-14-18 was reviewed and revealed that nurse #1 documented the resident had a reddened and "open area on sacrum area." The nurse also documented that the resident did not have any complaints of pain or discomfort.<br><br>A review of Resident #3's physician orders revealed there was no order to treat the sacral pressure ulcer from 9-14-18 to 9-17-18.<br><br>A review of the care plan for Resident #3 dated 9-15-18 revealed a goal that the resident would not have any skin breakdown, surgical wound would heal, and his sacral wound would show positive signs and symptoms of healing. The interventions for those goals were as followed; weekly skin assessment, administer treatments | F 686 | F686<br>CORRECTIVE ACTION FOR AFFECTED RESDIENT:<br>Resident #1 is no longer a resident at this facility.<br>FOR ALL RESIDENTS POTENTIALLY AFFECTED:<br>An audit was conducted of current resident medical records to ensure all treatment orders have been initiated on admission and are being completed timely. This audit was completed on 12/3/2018, by the Director of Nursing Services and Administrative Nurses. Any opportunities were corrected by the Administrative Nurses on 12/3/2018. Observations were completed of all new pressure ulcers to ensure that the treatment orders were initiated and that the order matches the order given by the attending physician. These observations were conducted by the Director of Nursing Services, Staff Development, Clinical Care Coordinator and the ADON. These observations will continue weekly for the next 3 months.<br>SYSTEMIC CHANGE:<br>For any new admission to the facility the charge nurse will complete an admission assessment which includes a skin assessment. The charge nurse will be responsible to notify an Administrative nurse (DNS, ADON, Clinical Care Coordinator and/or SDC/IP) of any noted skin condition identified during the | |

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| F 686 | Continued From page 7<br>as ordered by the physician, administer pain medication as ordered, encourage and assist with frequent positioning.<br><br>A review of Resident #3's medical record revealed no documentation regarding Resident 3's sacral pressure ulcer on 9-15-18 and 9-16-18.<br><br>A review of Resident #3's September 2018 Treatment Administration Records (TAR) revealed there was no treatment of the resident's sacral pressure ulcer documented on the TAR from 9-14-18 to 9-17-18.<br><br>A review of the physician progress notes revealed Resident #3 was seen by the facility's physician on 9-17-18 as a new admission. The physician documented the resident had an area of "yellow slough on his sacrum per nursing" and it caused the resident pain. The assessment and plan documented by the physician for the resident's sacrum revealed a diagnosis of a "sacral ulcer unstageable", he was admitted to the facility with the wound and would be "followed by wound care" at the facility.<br><br>A review of the physician orders revealed on 9-18-18 an order was written to treat Resident #3's sacral pressure ulcer. The order specified for the sacral pressure ulcer to be cleaned with normal saline, apply Santyl and cover with foam dressing daily.<br><br>The documentation by the wound care nurse dated 9-18-18 revealed her first assessment of Resident #3's pressure ulcer to his sacrum with slough tissue and a small amount of serous drainage. She measured the wound as being 4 centimeters wide and 2 centimeters long. The | F 686 | assessment. The Administrative nurse will assist the charge nurse in reviewing the wound protocol to select the appropriate treatment if not indicated from the hospital discharge summary, until the skin condition can be evaluated by the treatment NP and/or treatment nurse. The Administrative nurse will be responsible to ensure that the wound is assessed, treatment orders are obtained, orders are added to the TAR and treatment is initiated. MD/family will be notified of all new admissions, new pressure ulcers and new treatment orders for all resident identified with wounds. Nurses and physicians were trained and educated on how to check electronic alerts for new pressure ulcers and verify that standing orders/treatment orders were initiated by evaluating changes on the resident's My Story page on 09/26/18. This training has been repeated for all licensed nursing staff and completed by 12/17/2018. This training will be conducted by the Staff Development Coordinator and/or DNS. Any licensed nurse who did not complete this training as 12/17/18 will not be allowed to work. New employees will receive this training at orientation.<br><br>PLANS TO MONITOR:<br>The Administrative nurses will review all new admissions medical record daily to ensure treatment orders were obtained, placed on the TAR, and initiated to ensure resident are receiving appropriate and timely wound care. An audit tool will be used to record compliance and the results | |

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| F 686 | Continued From page 8<br>note also revealed there was no signs or symptoms of infection.<br><br>The admission Minimum Data Set (MDS) dated 9-21-18 revealed that Resident #3 was cognitively intact but coded as having a poor appetite for 2-6 days and trouble sleeping for 7-11 days. Resident #3 was also coded as needing extensive assistance with 2 people for bed mobility and transfers and extensive assistance with one person for dressing, toileting and personal hygiene. Resident was coded for a pressure ulcer.<br><br>A review of the treatment record dated 9-18-18 to 9-24-18 reflected the wound care nurse provided wound care to Resident #3's sacral area beginning on 9-18-18 and continued until his discharge on 9-24-18.<br><br>The nurse's notes dated 9-24-18 at 2:57pm revealed Resident #3 went to an Orthopedic doctor's appointment at 9:00am and was prescribed Doxycycline (antibiotic) 100mg twice a day for 14 days for an infection of the residents sacral wound and at 8:00pm the resident was sent to the hospital with a fever.<br><br>A review of the wound measurements, documented by the wound care nurse on 9-24-18 were 6 centimeters wide and 5 centimeters long and 4 centimeters deep.<br><br>A review of Resident #3's hospital record dated 9-24-18 revealed that the resident was admitted to the hospital with septic shock due to an infected stage 4 sacral pressure ulcer requiring intravenous antibiotics. The hospital record indicated the resident had to receive surgery to | F 686 | will be reviewed by the QAPI Team.<br>A QI monitoring tool has been developed to track new admissions with wounds and the initiation of appropriate wound care and treatments. The monitoring tool will be utilized by the QA Nurse and the results of the monitoring tool will be presented to the QAPI committee for review and recommendations monthly for 3 months, and then quarterly for 12 months.<br>DATES FOR CORRECTIVE ACTION: 12/26/2018 | |

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| F 686 | Continued From page 9 | F 686 | | |

have the wound debrided with final wound measurements as followed; 10 centimeters long x 10 centimeters wide x 4 centimeters deep with 5 centimeters tunneling bilaterally exposing bone in the base of the wound. The record also revealed Resident #3 was to continue to receive intravenous antibiotic therapy for the infection upon discharge.

During an interview with Resident #3's family member on 11-20-18 at 12:21pm she stated she had informed the facility when the resident was admitted on 9-14-18 that the resident had a pressure ulcer starting that was red and opened and needed treatment.

The wound care nurse was interviewed on 11-20-18 at 1:27pm. She stated she would typically complete a skin assessment on every new resident within 24 hours unless it was a weekend and then she would follow up on the following Monday. The wound care nurse stated she was off on 9-17-18 so she was not able to assess or obtain orders for the residents wound till 9-18-18 when she returned to work. She also stated she was not able to state what the wound looked like prior to 9-18-18. The wound care nurse stated Resident #3 did not receive any treatment for his sacral wound till he was assessed by her and the wound care doctor on 9-18-18. She denied that there were any signs or symptoms of infection and stated when she was not working, that it was the responsibility of the hall nurse to provide wound care.

The wound care Physician Assistant was interviewed on 11-20-18 at 1:27pm. The Physician Assistant stated she believed when the treatment that was provided to the resident from

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345535 | A. BUILDING _____ B. WING _____ | C 11/21/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADAMS FARM LIVING & REHABILITATION | 5100 MACKAY ROAD JAMESTOWN, NC 27282 |

| (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) COMPLETION DATE |
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9-18-18 to 9-23-18 removed the slough an underlining infection became relevant. She was unable to state if not having treatment for 4 days caused the infection or not since she did not see the wound prior to 9-18-18.

An interview was conducted with the Director of Nurses (DON) on 11-20-18 at 2:07pm. The DON stated the admission nurse does not measure or stage a wound upon a resident's admission but does identify if there was a wound and what it looked like. The DON also stated the admission nurse would then leave a message for the wound care nurse to follow up, but the admission nurse would not call the doctor for orders to treat the wound. She stated she expected the admission nurse would follow the orders from the hospital or the standing orders on the facilities wound care protocol. The DON stated she was not aware that the wound care for Resident #3 was not completed for 4 days or that the wound was getting progressively worse.

During an interview with nurse #1 on 11-20-18 at 3:36pm she stated she was the nurse who admitted Resident #3 but did not remember specific details. The nurse stated if a resident came to the facility with no wound care orders but had a wound on his sacral area that was reddened and opened. The nurse denied measuring the area but "put a foam dressing on and let the wound care nurse know." The nurse denied calling the doctor for orders "I believe this is the wound care nurses job." She stated she did not know how orders were received if the wound care nurse was not working for several days "I guess who ever was working that cart would have to call the doctor." Nurse #1 could not remember providing any treatment to Resident #3's sacral

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| F 686 | Continued From page 11<br>wound.<br><br>There were several attempts made over a 3-day period to reach the emergency room physician and the attending physician who cared for Resident #3.<br><br>During the exit interview on 11-20-18 at 4:15pm the Administrator and DON stated they were aware after speaking with the surveyor that "there is a breakdown in the system." The Administrator stated the employees had received training on the facility's computer system and believed the documentation would improve. The Administrator and the DON stated they were unaware that treatment was not provided to the resident and expected with the new computer system prompting the employee in the proper procedure the breakdown in wound care would improve. | F 686 | | |