STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345011	A. BUILDING _____ B. WING _____	C 01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT LEXINGTON	279 BRIAN CENTER DRIVE LEXINGTON, NC 27292

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F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580		2/1/19

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

Electronically Signed | 01/25/2019

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.

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F 580	Continued From page 1 §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, family and staff interviews, the facility failed to notify a family member of a downgrade in a resident ' s diet (Resident #1) for 1 of 3 residents reviewed for notification of change. Findings included: Resident #1 was admitted to the facility on 7/5/2018 with diagnoses to include Alzheimer ' s Disease, dysphagia and cognitive communication deficit. Physician orders for Resident #1 were reviewed and an order for speech therapy evaluation was dated 7/5/2018. A physician order dated 7/10/2018 clarified the speech therapy visit schedule and ordered speech therapy to see Resident #1 for 5 days per week for 4 weeks to address dysphagia (difficulty swallowing) and cognitive communication. Speech therapy notes were reviewed and documentation on 7/9/2018 revealed Resident #1 required moderate to maximum cueing for completing tasks directed by the speech	F 580	Accordius at Lexington acknowledges receipt of the Statement of Deficiencies and purpose of this Plan of Correction to the extent the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance. Preparation and submission of this Plan of Correction is in response to the CMS 2567 from the survey conducted on January 2-4, 2019. Accordius at Lexington response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Accordius at Lexington reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures. F580	

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F 580	Continued From page 2 therapist. Speech therapy notes dated 8/2/2018 revealed Resident #1 was using the maroon spoon (small spoon used to reduce bite size), however the therapist noted signs of aspiration (coughing and wet vocal quality). Resident #1 was not compliant with speech therapy ' s instructions to reduce choking. Speech therapy notes dated 8/3/2018 were reviewed and it was noted Resident #1 had signs of aspiration with intake from the mechanical soft diet and due to agitation and inability to follow speech therapist instructions, the diet for Resident #1 was downgraded to pureed. A physician ' s order dated 8/3/2018 ordered a pureed diet with thin liquids and the use of a maroon spoon at all times. Aspiration precautions were ordered for Resident #1. A review of Resident #1 ' s medical record revealed no documentation that staff notified Resident #1 ' s family of the diet downgrade from mechanical soft to pureed or the ordered use of the maroon spoon and aspiration precautions on 8/3/2018. Speech therapy notes dated 8/6/2018 revealed an observation of Resident #1 during lunch. Resident #1 consumed 100% of his pureed diet and had no signs of aspiration. The note concluded by documenting a pureed diet appeared to be appropriate for Resident #1. Speech therapy notes dated 8/8/2018 documented the discharge of Resident #1 from speech therapy.	F 580	1. The alleged non-compliance occurred when the facility failed to notify Resident #1 responsible party of downgrade in a Resident #1 diet. Resident #1 is no longer at facility. 2. Audit of current residents with diet order changes in the last 30 days was completed on 1/30/19 to ensure responsible parties had been notified of any downgrades in diet. 3. Licensed staff will be educated regarding notification of responsible party when any downgrades in a resident□s diet occurs. This education will occur by 1/30/19 and provided by Director of Nursing/Unit Managers. Director of Nursing/Nurse Managers will audit current residents to determine if any downgrades in diets were ordered and if so, the responsible party notified. This audit will occur weekly x 12 weeks. 4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 5. Person Responsible: Administrator and Director of Nursing	

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F 580	Continued From page 3	F 580		

The most recent quarterly Minimum Data Set (MDS) assessment dated 12/6/2018 assessed the resident to be severely cognitively impaired with physical behaviors documented 1-3 days. The resident required supervision of one person for eating meals and was noted to require a mechanically altered diet.

A phone interview was conducted on 1/2/2019 at 10:47 AM with Resident #1 ' s family member. She reported she had not been informed of the diet change and was not certain why Resident #1 had a dietary change.

An interview was conducted with Speech Therapist (ST) on 1/3/2019 at 1:32 PM. The ST reported she had provided speech therapy for Resident #1 for cognition and dysphagia. The ST went on to report Resident #1 was very confused and had difficulty following instructions from ST and he continued to choke on the food provided in mechanically altered foods. ST went on to report she had spoken briefly to Resident #1 ' s family member about his cognition, but the family member wanted to spend time with Resident #1 and had not wanted to discuss his treatment. ST concluded by reporting she had downgraded Resident #1 ' s diet to pureed and he did not demonstrate signs of aspiration with that diet change, and ST did not discuss the diet change with Resident #1 ' s family member because the diet change was to improve the safety of the resident.

An interview was conducted with Nurse #2 on 1/3/2019 at 2:45 PM. Nurse #1 reported she had entered the order for Resident #1 ' s diet change on 8/3/2018, but she did not remember if she had

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F 580	Continued From page 4 called the family member to report the diet change. Nurse #2 went on to note Resident #1 ' s family member brought food in for other residents (the "smokers") and Resident #1 smoked, but Nurse #2 wasn ' t certain if Resident #1 ate that food. The Therapy Director (TD) was interviewed on 1/4/2019 at 2:16 PM. The TD reported therapists, including speech therapy, would obtain orders and notify nursing for entry into the system, but therapist would not notify family of changed orders. The Director of Nursing (DON) was interviewed on 1/4/2019 at 3:58 PM. The DON reported it was her expectation that family members were notified of order changes.	F 580		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on family interview and interviews with Physician, Nurse Practitioner and staff, the facility failed to provide a resident with Bilevel positive pressure machine (BiPap) as ordered by the physician for sleep apnea for 1 of 3 residents reviewed for use of Bilevel Positive Pressure	F 695	F695 1. The alleged non-compliance occurred when the facility failed to provide a resident with Bilevel positive pressure machine (BiPap) as ordered by the	2/1/19

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F 695	Continued From page 5 Machine, Resident #7. Findings included: Resident #7 was admitted to the facility on 9/4/18 with diagnoses of Respiratory Failure, Sleep Apnea, Dementia, Parkinson's Disease, and Heart disease. His most recent Minimum Data Set Assessment on 9/24/18 revealed he was severely cognitively impaired. A review of Resident #7's Physician's orders revealed a Physician's Order written 10/5/18 for BiPap for sleep apnea. During an interview on 1/3/19 at 9:00 am, a Family Member of Resident #7 stated the resident had a BiPap machine but the facility had not used it since he was admitted in September. She stated she had told the staff during a care plan meeting that the BiPap machine was supposed to be used at night due to sleep apnea but they had not used it. The Family Member of Resident #7 opened the nightstand door and showed me a Bipap machine that she stated the hospital had sent to the facility with Resident #7. An interview with Nurse #1 on 1/4/19 at 2:30 pm revealed she received an order from Nurse Practitioner #1 in October for a BiPap machine every night for Resident #7 due to sleep apnea. She stated she put the order in the computer and it did not transfer over to the Medication Administration Record as it should have. She stated the computer system sometimes had a "glitch". Nurse #1 stated the Director of Nursing gave her an in-service on double checking all orders with another nurse to ensure they transferred over to the Medication Administration	F 695	physician for sleep apnea for resident #7. The order for the BiPap was entered in the system incorrectly, therefore did not transfer to the medication administration record properly. Respiratory therapist assessed resident #7 on 1/4/19. Order for BiPap for resident #7 discontinued on 1/4/19. 2. Audit of all residents with orders for bilevel positive pressure machines (BiPap) to ensure Bipap is in place was completed on 1/4/19. Respiratory therapist assessed current residents with orders for BiPap□s on 1/4/19. 3. Licensed staff educated by Director of Nursing/Unit Managers regarding following physician orders for BiPap□s. This education will occur by 1/30/19 and provided by Director of Nursing/Unit Managers. Audits will be conducted to review orders written for current residents to verify the orders were entered correctly in the system and transferred correctly to the medication administration record. This audit will be conducted during clinical morning meeting x 12 weeks. 4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of interventions to determine if continued auditing is necessary to maintain compliance.	

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F 695	Continued From page 6 Record in the computer system. An interview on 1/4/19 at 10:14 am with the Director of Nursing revealed Resident #7 had an order written 10/5/18 for the BiPap machine to be used at night for sleep apnea written by Nurse Practitioner #1. She stated the Nurse that processed the order had not put the order into the computer correctly and the order did not transfer over to the Medication Administration Record. The Director of Nursing stated she had educated Nurse #1 on ensuring that all orders are double checked by two nurses when put into the computer. The Director of Nursing stated her expectation of the nursing staff is that all physicians' orders are processed and carried out as ordered. During an interview with the Nurse Practitioner #1 on 1/4/19 at 2:45 pm he stated he had ordered the BiPap machine in October 2018 after Family Member had reported it had not been ordered on admission. Nurse Practitioner #1 stated Resident #7's oxygen saturation levels have been within normal limits since admission and his bloodwork had been within normal limits. Nurse Practitioner #1 stated that not having the BiPap machine had not caused any harm to Resident #7. An interview with the Respiratory Therapist on 1/4/19 at 10:30 am revealed he had been asked today to set up Resident #7's Bilevel Positive Pressure Machine and had reviewed the orders and set the parameters on the machine. During an interview with the Administrator on 1/4/19 at 5:30 pm he stated his expectation of staff is that all physician's orders are to be followed.	F 695	5. Person Responsible: Administrator and Director of Nursing	

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F 695	Continued From page 7 An interview with the Physician on 1/7/19 at 1:15 pm revealed he was made aware on 1/4/19 by Nurse Practitioner #1 that Resident #7's BiPap machine had not been used as ordered since he had ordered it on 10/5/18. The Physician stated the resident had not been harmed by the order not being followed for the BiPap during sleep.	F 695		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or	F 732		2/1/19

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F 732	Continued From page 8 written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on review of the daily nurse staffing forms and nursing schedules and staff interviews, the facility failed to accurately report care hours provided by licensed and unlicensed personnel for 5 out of 5 daily posted nurse staffing forms reviewed. Findings included: 1. Review of the facility ' s daily nursing staffing forms and daily nursing schedules for 10/30/2018, 11/23/2018, 12/17/2018 and 1/1/2019 revealed the daily nursing staffing forms were not accurate on the following 5 of 5 days: a. The nursing schedule for the facility dated 10/30/2018 was reviewed and no Registered Nurses (RN) were scheduled to work. The daily posted nurse staffing forms for 10/30/2018 indicated 2 RNs were working day shift (6:00 AM to 6:00 PM) with 16 hours of care provided. b. The nursing schedule for the facility dated 11/23/2018 was reviewed and 4 Licensed Practical Nurses (LPN) were documented as scheduled to work day shift. The daily posted nurse staffing form for 11/23/2018 documented 5 LPN provided 56 hours of care.	F 732	F732 1. The alleged deficient practice occurred when the facility failed to accurately report care hours provided by licensed and unlicensed personnel. Staffing Coordinator was educated regarding the staffing posting accurately reporting care hours provided by licensed and unlicensed personnel. Education was provided by the Administrator on 1/7/19. 2. Audit of staffing postings for the last 30 days to ensure that the posting accurately reports care hours provided by licensed and unlicensed personnel. 3. Licensed staff will be educated on the process of checking the daily staffing posting to ensure proper census and staff hour are correct. This education will occur by 1/30/19 and provided by Director of Nursing/Unit Managers. The staffing posting from the prior day will be reviewed by the Nurse Manager to ensure accurate care hours were posted for nursing staff.	

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F 732	Continued From page 9 c. The nursing schedule for the facility dated 12/17/2018 was reviewed and no RN were scheduled to work, 4 LPN were scheduled to work and 8 nursing assistants (NA) were on the schedule to work that date. The daily posted nurse staffing form documented 1 RN provided 8 hours of care, 3 LPN provided 36 hours of care and 9 NA provided 108 hours of care on that date. The nursing schedule for night shift (6:00 PM to 6:00 AM) documented 5 ½ NA scheduled, and the posted nurse staffing form for the night shift that date documented 7 NA provided 84 hours of care. d. The nursing schedule for 12/25/2018 for the facility was reviewed and it was noted the shifts had been changed from 12 hours to 8 hours. Four LPN were noted for day shift (6:00 AM to 2:00 PM), with 2 LPN worked the afternoon shift (2:00 PM to 10:00 PM). The daily posted nurse staffing form documented 3 LPN provided 36 hours of care for day shift. No documentation for the afternoon shift was on the posted daily staffing form. The daily nursing schedule documented 3 NA scheduled to work the night shift (10:00 PM to 6:00 PM) and the posted nurse staffing form documented 6 NA provided 72 hours of care. e. The nursing schedule dated 1/1/2019 was reviewed and it was noted the shifts had been changed from 12 hours to 8 hours. One RN was on the schedule to work from 2:00 PM until 10:00 PM. The posted nurse staffing form for 1/1/2019 documented 1 RN for day shift providing 8 hours of care. The nursing schedule documented 4	F 732	Director of Nursing/Nurse Managers will audit the staffing postings for 12 weeks. 4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 5. Person Responsible: Administrator and Director of Nursing	

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LPNs worked from 6:00 AM until 2:00 PM and 1 LPN worked 2:00 PM until 10:00 PM. The daily posted nurse staffing form for 1/1/2019 documented 4 LPNs provided 32 hours of care for day shift. NAs scheduled to work on that date were 6 ½ scheduled from 6:00 AM until 2:00 PM and 4 ½ scheduled to work from 2:00 PM until 10:00 PM. The daily posted nurse staffing form indicated 13 ½ NA provided 108 hours of care on that date.

The scheduling coordinator was interviewed on 1/4/2019 at 4:05 PM. The scheduling coordinator reported that she made corrections to the daily posted nurse staffing form when she was in the building but did not realize the form should be updated on night shift with schedule changes. The scheduling coordinator further reported the schedule had been split into 8 hour shifts for holidays, but the posted nurse staffing form was not changed to reflect the change.

The Administrator was interviewed on 1/4/2019 at 5:10 PM. He reported it was his expectation that staffing is accurately reported on the daily posted nurse staffing form and updated to reflect the current care hours provided by the facility.