

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/10/2019
NAME OF PROVIDER OR SUPPLIER DEER PARK HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761		
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F 000	INITIAL COMMENTS The survey team entered the facility on 04/05/19 to conduct a revisit survey and exited on 04/05/19. Additional information was obtained on 04/10/19. Therefore, the exit date was changed to 04/10/19. The facility remains out of compliance.	F 000			
{F 677} SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff and resident interviews, the facility failed to keep 1 of 3 sampled residents' nails trimmed. (Resident #7). The findings included: Resident #7 was admitted to the facility most recently on 03/16/18. His diagnoses included chronic cognitive impairment and encephalopathy. The most recent Minimum Data Set, an annual dated 03/11/19 coded him with being usually understood, understands, intact cognition, requiring total assistance with hygiene and having no behaviors. A care plan for requiring staff assistance for all activities of daily living established on 05/30/16 included the goal for him to participate in part of his activities of daily living skills through 06/24/19.	{F 677}	Facility failed to provide necessary ADL services to one of three residents interviewed by failing to trim his nails. 100% of residents have the potential to be adversely affected by this deficient practice. 100% of residents were assessed for the need for nail trimming and/or cleaning and the results are documented as completed April 8th. All residents including new admissions, will be monitored by the DON and/or designee from nurse management staff weekly times four weeks for ongoing need for trimming and cleaning of nails. Observations will continue monthly times three months with trimming and cleaning occurring as needed. In-service training completed by DON on April 11 and 12, 2019 for ADL's has been provided to all licensed clinical staff, new hires and agency staff and is included in our Orientation program.	4/15/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/26/2019

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 677}	<p>Continued From page 1</p> <p>Interventions included to provide assistance as needed to complete activities of daily livings skills and encourage participation.</p> <p>On 04/05/19 at 9:37 AM, Resident #7 was observed with 7 long fingernails which extended over his fingertips 1/4 top 1/2 inch. They were clean. Resident #7 stated that he needed them trimmed and they "felt weird" being so long.</p> <p>His nails remained long when he was observed in the hallway on 04/05/19 at 4:04 PM. He again stated that he needed them trimmed ad denied ever refusing to have them cut. He stated that no one offered to trim them but that he needed them cut.</p> <p>On 04/05/19 at 4:35 PM Nurse Aide (NA) #2 observed Resident #7's fingernails and stated "his nails should be trimmed." On 04/05/19 at 7:44 PM, the nurse aide #2 stated that Resident #7 allowed her to trim his nails without any problem.</p> <p>On 04/05/19 at 4:38 PM an interview was conducted with Nurse #2 who was caring for Resident #7. After observing Resident #7's nails Nurse #2 stated they were cracking and peeling and were long and should be trimmed. He further stated he was not sure who was responsible for trimming his nails but would find out.</p> <p>During an interview on 04/05/19 at 4:58 PM, NA # stated Resident #7 received his showers on Wednesdays and Saturdays on 1st shift. She stated she had not trimmed his nails on Wednesday and that he sometimes refused his showers and nail care. Stated she had not gone</p>	{F 677}	All observations, interviews and reports will be reported to QAPI by DON and/or designee times three months to insure ongoing compliance		

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{F 677}	Continued From page 2 back and checked with him to see if he wanted them trimmed after his shower.	{F 677}			
{F 690} SS=D	<p>Interview with the Administrator on 04/05/19 at 7:03 PM revealed that Resident #7 will decline one person's offer to help him and then accept another person's offer to help him. When asked why his nails were so long if he would agree to care with some staff, she was unable to explain.</p> <p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p>	{F 690}		4/15/19	

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{F 690}	Continued From page 3 §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to ensure a resident's suprapubic catheter bag did not come into contact with the floor for 1 of 3 residents reviewed for catheter care. (Resident #6). The findings included: Resident #6 was admitted to the facility on 04/26/16 and readmitted on 03/12/19 with diagnoses which included traumatic brain injury, seizure disorder, and urinary retention with a suprapubic catheter. A review of Resident #6's most recent annual Minimum Data Set (MDS) dated 03/22/19 revealed he was severely cognitively impaired and coded as requiring extensive assistance of 1 to 2 staff with all activities of daily living. A review of Resident #6's care plan dated 03/22/19 revealed he was at risk for injury and infections due to his suprapubic catheter for diagnoses of urinary retention and benign prostatic hypertrophy (BPH). The goals was for the resident to experience no injury or infections related to catheter use through 06/22/19. The interventions included to observe the resident for acute behavioral changes that may indicate	{F 690}	Facility failed to insure Resident #6's (one of three reviewed during survey) suprapubic catheter tubing and CD catheter bag remained attached securely to his bed frame preventing contact with the floor. All residents with indwelling catheters have the potential to be adversely affected by this deficient practice and require all eyes aware to insure appropriate catheter placement in dignity bag and bag being hung according to best practices, remaining off the floor. 100% of licensed clinical staff, including new hires and agency staff, have been in serviced by the DON on proper procedure for securing catheter CD bags , use of dignity bags, staying aware daily to residents with catheters as of April 12, 2019. This training is included in our Orientation trainings, as well. DON and/or designee will be observing the seven catheters presently in the facility and any others as admitted, three times a week for four weeks and monthly times three months and reporting findings to QAPI times three months to insure ongoing compliance to this plan.		

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{F 690}	<p>Continued From page 4</p> <p>urinary tract infection, change tubing/bag per policy, cleanse suprapubic sit as ordered, monitor catheter tubing for kinks or twists in tubing, ongoing monitoring of color, clarity, and character of resident's urine, ongoing monitoring of symptoms of urinary tract infection, cleanse suprapubic catheter site as ordered and monitor and document urinary output.</p> <p>A review of Resident #6's physician orders dated 04/01/19 revealed he had orders for a #18 French suprapubic catheter with a 5 cubic centimeter (cc) bulb and catheter care to be performed each shift among others.</p> <p>On 04/05/19 at 9:49 AM, an observation was made of Resident #6 resting in bed with his head of bed (HOB) elevated, awake with eyes open and looking around the room. The resident was able to respond to simple questions that were yes/no questions. Resident #6's suprapubic catheter was noted to be on the left side of his bed with the bottom of the bag resting on the floor.</p> <p>On 04/05/19 at 11:40 AM, another observation of the resident's suprapubic catheter revealed it remained on the left side of his bed with the bottom of the bag resting on the floor.</p> <p>On 04/05/19 at 2:03 PM, a third observation of the resident's suprapubic catheter revealed it remained on the left side of his bed with the bottom of the bag resting on the floor.</p> <p>On 04/05/19 at 2:06 PM, an interview with Nurse Aide (NA) #3 revealed she had worked at the facility for a short period of time and she stated the tubing and bag should not be in contact with</p>	{F 690}			

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{F 690}	Continued From page 5 the floor and there should be a cover on the bag at all times to provide residents privacy. NA #3 stated the catheter bag should be attached securely to the bed frame while residents are in bed. NA #3 observed Resident #6's catheter bag and stated it should not be resting on the floor. NA #3 attempted to run her finger under the bag but was not able to do so without moving the catheter bag. NA #3 moved the catheter bag onto the bed frame and secured it so it was not touching the floor. During an interview with Nurse #5 who was assigned to Resident #6 on 04/05/19 at 2:17 PM she reported it was her expectation the catheter bag remain below the level of the bladder and be secured to the bed frame while residents are in the bed. She stated resident's catheter bags and tubing should not be in contact with the floor. During an interview with the Director of Nursing (DON) on 04/05/19 at 7:03 PM, the DON reported it was her expectation that catheter bags be secured to the bed frame while residents were in bed. She stated resident's catheter bags and tubing should never be in contact with the floor.	{F 690}			
F 865 SS=D	QAPI Prgm/Plan, Disclosure/Good Faith Atmpt CFR(s): 483.75(a)(2)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(h) Disclosure of information. A State or the Secretary may not require	F 865		4/15/19	

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F 865	<p>Continued From page 6</p> <p>disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, resident, and staff interviews, the facility's Quality Assessment and Performance Improvement (QAPI) Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following the recertification survey of 02/01/19. This was for two recited deficiencies. One recited deficiency was in the area of Quality of Life for activities of daily living (ADL) provided for dependent residents (F 677). A second recited deficiency was in the area of Quality of Care for bowel/bladder incontinence, catheter care, urinary tract infection (UTI) (F 690). The continued failure of the facility during a recertification survey and follow up survey show a pattern of the facility's inability to sustain an effective Quality Assessment and Process Improvement Program.</p> <p>Findings included:</p> <p>This tag is cross referred to:</p> <p>1. a. 483.24 Quality of Life F 677 - activities of daily living (ADL) for dependent residents: Based on observations, record reviews, resident and staff interviews, the facility failed to keep 1 of 3 sampled residents' nails trimmed. (Resident #7).</p>	F 865	<p>the Administrator was educated by the Regional Director of Operations on the facilities Quality Assurance Performance Improvement program (QAPI) on 4/10/2019. The education included identifying areas of continuous quality monitoring and the tools to be used.</p> <p>The Administrator educated facility staff later that same day, April 10, 2019 regarding the policy and procedures on the QAPI program. Education also included monitoring activities, a focus on the processes that effect resident outcomes and performance improvement.</p> <p>Ongoing monitoring will be used to re-establish the facilities outcomes. The Administrator is is accountable for the overall implementation and functioning of the QAPI program. The QAPI committee will meet monthly to continue to monitor and identify areas of improvement to include survey deficiencies. The Committee will address the identified needs through improvement, action plans and monitoring the effectiveness of such plans.</p> <p>The Regional Director of Operations (RDO) will review the facility QAPI</p>		

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F 865	<p>Continued From page 7</p> <p>During a recertification survey on 02/01/19, the facility was cited for failure to provide showers as scheduled for 6 of 7 sampled residents and provide nail care for 1 of 7 sampled residents reviewed for ADL.</p> <p>b. 483.25 Quality of Care F 690 - bowel/bladder incontinence, catheter, UTI: Based on observations, record review, and staff interviews, the facility failed to ensure a resident's suprapubic catheter bag did not come into contact with the floor for 1 of 3 residents reviewed for catheter care. (Resident #6).</p> <p>During a recertification survey on 02/01/19, the facility was cited for failure to ensure a resident's urinary catheter bag and tubing did not come into contact with the floor for 1 of 4 sampled residents reviewed for catheter care.</p> <p>During an interview with the Administrator on 04/10/19 at 11:28 AM, she confirmed she was responsible for the Quality Assessment and Process Improvement Committee, however, she was new to her role as Administrator. She acknowledged the citations but stated she was not in agreement that the facility had remained out of compliance for the two citations. She stated Resident #7 was not consistent with accepting help from staff and would refuse assistance at times; however, she could not explain why his nails remained long when he agreed to assistance from some staff. She stated she also was not in agreement with the catheter care and stated she had a written statement from the nurse aide caring for Resident #6 which stated she ran her hand under the bag and only the privacy flap was on the floor. When</p>	F 865	<p>Committee meeting minutes for up to six months to ensure ongoing compliance.</p>		

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F 865	Continued From page 8 asked if any part of the catheter bag should be resting on the floor she did not have an explanation. Additionally, she stated the facility had identified all the citations from the recertification process of 02/01/19 and they had all been discussed through their Quality Assessment and Process Improvement process.	F 865		