

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2019
NAME OF PROVIDER OR SUPPLIER SALISBURY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147	
(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
F 658 SS=B	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to avoid a conflict of interest when 1 of 1 (Resident #1) resident ' s Family Member (FM), an employee of the facility, completed resident assessment for the Minimum Data Set (a tool used for resident assessment), revised Resident #1 ' s care plan and provided Resident #1 with wound care.</p> <p>Findings included:</p> <p>The facility ' s conflict of interest policy dated 6/1/2002 and revision date of 4/1/2016 read, in part: "A conflict of interest situation means any decision, action or other situation that involves or will involve an actual conflict, or the appearance of a conflict between the interests of (the facility) and the financial or other personal interests of an employee or any member of (their) immediate family is associated; A conflict of interest situation exists even if there is no reason to believe that the individual involved would resolve the situation to his or her own person advantage; All (facility) employees must refrain from conflicts of interest; all employees must: immediately bring to the attention of (their) supervisor any questions about actual, potential or perceived conflict of interest; the conflict must be documented and maintained in the employee ' s personnel file."</p>	F 658	<p>F658</p> <p>Element 1: The employee is no longer documenting or providing care on/for resident #1.</p> <p>Element 2: The Human Resource (HR) Director and Scheduler will do 100% audit of all current staff to identify any employees that have family members that reside in the facility to ensure no employees are taking care of or providing documentation on a family member within the facility by 5/20/19.</p> <p>Element 3: All Department Heads, Center Executive Director (CED), Center Nurse Executive (CNE), Unit Manger (UM), Charge Nurse (CN) will re-educate all staff on facilities Conflict of Interest Policy as outlined in the company's Employee Handbook by 5/20/19.</p> <p>Element 4: The HR Director and Scheduler will audit current employee work schedules 1 x monthly x 3 months to ensure identified staff with family members currently residing in the facility staff are not providing care to or documenting on their family member.</p>	5/15/19

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

TITLE

(X6) DATE

Electronically Signed

05/09/2019

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/28/2019
FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 1</p> <p>The 2017 Code of Conduct was reviewed, and read, in part, "Unless detailed below, I acknowledge that of this date I have no knowledge of any transactions or events that appear to violate the Code of Conduct." An acknowledgement of the facility ' s 2017 Code of Conduct training was signed by the FM and dated 4/24/2017 and no additional information was added to the acknowledgement by the FM.</p> <p>Resident #1 was admitted to the facility on 3/4/2016 and the most recent readmission of 3/21/2019 with diagnoses to include fracture of the right femur, fracture of the left femur, Alzheimer ' s Disease and osteoporosis. The most recent significant change Minimum Data Set (MDS) assessment dated 2/16/2019 assessed Resident #1 to be moderately cognitively impaired.</p> <ol style="list-style-type: none"> 1. A review of the MDS completed for Resident #1 revealed her FM completed a significant change MDS dated 2/16/2019, sections A, B, C, G, GG, H, I, J, L, M, N, O and P. 2. A care plan for Resident #1 dated 7/10/2016 addressed urinary incontinence and the care plan was revised on 2/22/2019 by the FM. 3. An interview was conducted with the FM on 4/23/2019 at 10:00 AM. The FM reported she was completing the wound care on Resident #1 daily Monday through Friday. <p>A review of the Treatment Administration Record (TAR) for Resident #1 revealed Nurse #1 initials 4/16-19/2019 and 4/22-24/2019 as completed the wound care.</p>	F 658	The HR Director will bring to QA on a monthly basis X 3 months. HR Director is responsible for implementing the acceptable plan of correction.		

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F 658	<p>Continued From page 2</p> <p>An interview was conducted with the Administrator on 4/24/2019 at 5:27 PM. The Administrator reported the FM had completed wound care on Resident #1 with Nurse #1 in the room assisting, but the FM was not signing the TAR.</p> <p>The FM was interviewed on 4/24/2019 at 6:46 PM and she reported she had been employed with the facility for 24 years, and the last 8 years she had been performing MDS assessments. The FM further reported she had completed MDS assessments for her mother, Resident #1 over the past 9 months because of low staffing in the MDS department. The FM described completing the significant change of status MDS dated 2/16/2019. The FM went on to report she had revised the care plan for Resident #1 regarding urinary incontinence on 2/22/2019 because Resident #1 had a change in her status and the care plan needed to be revised. The FM continued by reporting she and Nurse #1 would perform wound care on Resident #1, Nurse #1 would hold her leg and FM would perform the wound care, and Nurse #1 would document in the TAR the wound care was completed. The FM agreed her care of Resident #1 would be a conflict of interest.</p> <p>An interview was conducted with the Unit Manager, (who was acting Director of Nursing), on 4/24/2019 at 7:49 PM and she reported the FM had Nurse #1 hold Resident #1 's leg while the FM completed the wound care and Nurse #1 would sign the TAR. An interview was conducted with the Administrator at the same time as the Unit Manager. He reported in the past, employee family members had been admitted to the facility and the facility had decided the employee would</p>	F 658			

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F 658	Continued From page 3 not work with the family member resident. The Administrator reported it was his expectation staff would not provide care to their family members to avoid a conflict of interest.	F 658			