

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

PRINTED: 10/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/05/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT MIDWOOD, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 SHAMROCK DRIVE CHARLOTTE, NC 28205		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 576 SS=C	<p>Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9)</p> <p>§483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.</p> <p>§483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail.</p> <p>§483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:</p>	F 576		11/2/19	

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

TITLE

(X6) DATE

Electronically Signed

10/24/2019

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 576	<p>Continued From page 1</p> <p>(i) Privacy of such communications consistent with this section; and</p> <p>(ii) Access to stationery, postage, and writing implements at the resident's own expense.</p> <p>§483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research.</p> <p>(i) If the access is available to the facility</p> <p>(ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident.</p> <p>(iii) Such use must comply with State and Federal law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident and staff interviews, the facility failed to provide residents with the right to receive mail when delivered on Saturday. This had the potential to affect 70 of the 70 residents who resided in the facility.</p> <p>The findings included:</p> <p>During an interview on 10/02/19 at 9:06 AM, Resident #46, resident council president, explained the Activity Director (AD) or the receptionist gave her resident mail to deliver Monday through Friday. Resident #46 reported mail delivery to residents did not occur on Saturday.</p> <p>Interview on 10/03/19 at 10:15 AM with the receptionist revealed the mail was sorted upon delivery. The receptionist gave resident mail to the AD or Resident #46 for delivery Monday through Friday.</p>	F 576	<p>Accordius Health at Midwood POC Deficiency Statement: Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.</p> <p>F576</p> <p>Based on resident and staff interviews, the facility failed to provide residents with the right to receive mail when delivered on Saturday. This had the potential to affect 70 of the 70 residents who resided in the facility.</p>		

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F 576	<p>Continued From page 2</p> <p>Interview with the AD on 10/03/19 at 10:26 AM revealed the receptionist sorted the mail. The AD explained Resident #46 delivered the mail Monday through Friday. The AD reported the weekend nursing staff placed Saturday's mail delivery aside for delivery to residents on Monday.</p> <p>Telephone interview with the weekend nursing supervisor on 10/03/19 at 10:42 AM revealed mail delivered on Saturday was set aside for the Activity Director to deliver on Monday.</p> <p>Interview with the Administrator on 10/03/19 at 11:13 AM revealed residents should receive mail delivered on Saturday.</p>	F 576	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>" All resident mail will be delivered to residents on the weekend. Assigned Manager-On-Duty, which consists of IDT, will be responsible for handing out all mail to the respective residents.</p> <p>" All IDT members received in-service education prior to being Manager-On-Duty.</p> <p>" Completion 10/04/19</p> <p>Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice;</p> <p>" All resident mail will be delivered to residents on the weekend. Assigned Manager-On-Duty, which consists of IDT, will be responsible for handing out all mail to the respective residents. (Completion on 10/06/19)</p> <p>" All residents with mail will receive their mail on the weekends, in addition to weekdays.</p> <p>" Weekly audits will be conducted by the Administrator.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;</p> <p>" In-service education will be completed for all Managers-On-Duty by the Administrator regarding these practices to ensure that residents receive mail on the weekends. In-service education completed on 10/04/19.</p> <p>" Manager-On-Duty will report the</p>	

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F 576	Continued From page 3	F 576	<p>status of mail delivery during morning meeting (Monday <input type="checkbox"/> Friday).</p> <p>" Any issues identified will be corrected immediately and will also be addressed during daily morning meetings (Monday <input type="checkbox"/> Friday) and monthly QAPI. (Completion 11/02/19)</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility.</p> <p>" Facility will include Mail delivery on the Manager-On-Duty checklist effective October 5, 2019. Auditing and monitoring will remain in place as outlined, adhering to the timeframe and guidelines.</p> <p>" Administrator and/or designee will audit weekly x 1 month to ensure compliance. Any issues identified will be corrected at that time. Results of the monitoring will be shared with the Administrator and/or Director of Nursing on a weekly basis and with QAPI monthly.</p>		
F 697 SS=D	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p>	F 697		11/2/19	

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F 697	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff, Nurse Practitioner (NP) and Medical Doctor (MD) interviews the facility failed to administer pain medication prior to wound care in accordance with Resident #42's care plan for 1 of 3 resident (Resident #42) observed for wound care.</p> <p>The findings included:</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 8/8/2019 Resident #42 was assessed as cognitively impaired and unable to participate in daily decision making. The MDS revealed the Resident #42 received pain medication as needed. It documented a stage 3 pressure ulcer.</p> <p>Resident #42 was readmitted to the facility 09/26/2019 with diagnoses that included bleeding from the gastrointestinal tract, cerebral infarct, altered mental status, pressure ulcer sacral region, and dementia with behavioral disturbance.</p> <p>The pain assessment dated 9/26/2019 revealed Resident #42 was assessed as unable to respond to the questions during the assessment. It did not document she was having any non-verbal indicators of pain such as grimacing.</p> <p>Review of the physician's orders dated 9/26/2019 revealed dressing changes were ordered daily and as needed to the wound on the sacrum.</p> <p>Review of the nurse practitioner's orders 6/3/2019 revealed Resident #42 had an order for acetaminophen syrup 160 milligrams (mg)/5 milliliters (ml) give 15.6 ml via the feeding tube</p>	F 697	<p>F697</p> <p>Based on observation, record review, and staff, Nurse Practitioner (NP) and Medical Doctor (MD) interviews the facility failed to administer pain medication prior to wound care in accordance with Resident #42's care plan for 1 of 3 resident (Resident #42) observed for wound care.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; " Resident #42 will receive a pain assessment prior to and after treatment, will receive pain medication if needed, will have progress notes documented in his/her record, as well as a review of their MARs and TARs. " All Nurses received one-on-one in-service education on Pain Management (F697) to ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, and the comprehensive person-centered care plan. " Completion by 11/02/19.</p> <p>Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice; " All residents that require wound treatment were identified. An initial audit was completed by the DON to determine</p>		

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F 697	<p>Continued From page 5</p> <p>every 6 hours as needed for pain. A new order for Tylenol 325mg 2 tablets was ordered 10/1/2019 as needed for pain.</p> <p>The care plan dated 9/4/2019 for Resident #42 revealed an intervention for treating pain per orders prior to, during and after wound care.</p> <p>Review of the Sept. 29-30, 2019 Medication Administration Record (MAR) revealed no pain medication was administered to Resident #42. Review of the Oct. 1, 2019 the MAR revealed a new order for Tylenol 325mg 2 tablets via g-tube every six hours as needed for pain.</p> <p>An observation on 10/1/2019 at 10:50 AM Nurse #2 entered Resident #42's room with dressing supplies to change Resident #42's dressing on her sacral wound. Nurse #2 positioned the resident on her left side, removed her incontinence brief and soiled dressing, provided incontinence care for a bowel movement before beginning wound care to the sacral wound. Nurse #2 began to apply skin prep around the edge of the wound to a wider area around the wound and Resident #42 yelled out loudly and grimaced as Nurse #2 continued with applying the skin prep to the wider area around the wound. This yelling out was a sharp contrast to the softer moaning that had occurred with repositioning for the dressing change. Nurse #2 was asked if Resident #2 had been medicated prior to beginning her dressing change and he stated he did not know if she had been medicated prior to wound care but, "she usually doesn't call out like that." Nurse #2 stopped the dressing change, but he did not assess the resident for her pain.</p> <p>The nursing progress note entered on date</p>	F 697	<p>if all residents were assessed for pain prior to and after treatment, if pain medication was provided to subside the pain during treatment, if progress notes were documented, as well as an audit of the MARs and TARs. (Completion by 10/04/19).</p> <p>" All residents requiring wound treatment will be assessed prior to and after for pain, will receive pain medication if needed, will have progress notes documented in their record, as well as a review of their MARs and TARs. (Completion 11/02/19)</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;</p> <p>" An in-service will be completed for all Nurses (Licensed) by the Director of Nursing regarding these practices to ensure residents are being assessed for pain, provided pain medications if needed prior to wound treatment, progress notes documented, as well as thorough review of the patients' MARs and TARs.</p> <p>" Director of Nursing will report any new wound and pain management assessment during morning clinical meetings (Monday-Friday) and/or to the weekend Charge nurse.</p> <p>" Any issues identified will be corrected immediately and will also be taken to the daily clinical stand-up meeting (Monday - Friday) and/or reported to the weekend Charge nurse and QAPI (Completion 11/2/19)</p>		

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F 697	<p>Continued From page 6</p> <p>10/1/2019 10:50 AM by Nurse #2 documented Resident #42 called out as if in pain and the treatment was unable to be completed at that time.</p> <p>An interview on 10/01/19 at 12:55 PM with Nurse #2 revealed he had completed the dressing change for Resident #42 after she had received pain medication and she had little discomfort during the completion of the dressing change.</p> <p>An interview on 10/3/2019 at 6:25 AM with Nurse #3 revealed since Resident #42 had returned from the hospital she was "moaning" more frequently, but it was not loud moaning. She stated the resident had been medicated last with Tylenol at bedtime last night for comfort so she could rest well.</p> <p>An interview on 10/3/2019 at 11:04 AM with the Nurse Practitioner (NP) revealed Resident #42 could not express her needs so staff thought she did not need the pain medication she had been receiving. She stated she had had a stronger pain medication ordered but with her being in and out of the hospital it had gotten dropped. Nurse #2 told me she was "moaning more, so possibly having more pain. The NP further stated she would want Resident #42 to be medicated before dressing changes each day. The NP further stated she ordered the pain medications "as needed" since she did not know the specific time when the dressing change would be each day.</p> <p>An interview on 10/3/2019 at 3:30 PM with the Director of Nursing (DON) revealed that the nurses should stop the dressing change if the resident seemed to be having pain and confirm or assess if the resident was medicated for pain</p>	F 697	<p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility.</p> <p>" Facility will ensure that all residents requiring wound treatment will be assessed prior to and after for pain, will receive pain medication if needed, will have progress notes documented in their record, as well as a review of their MARs and TARs. Auditing and monitoring will remain in place as outlined, adhering to the timeframe and guidelines.</p> <p>" Director of Nursing and/or designee will audit 100% of residents requiring wound treatment and pain assessments daily x 1 month, and then weekly x 2 months to ensure compliance. Any issues identified will be corrected at that time. Results of the monitoring will be shared with the Administrator and/or Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.</p>		

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F 697	Continued From page 7 prior to the dressing change. The nurses would need to give the pain medication time to be effective before beginning the dressing change. If the resident did not have an order for pain medication the nurse needed to contact the NP or doctor. An interview on 10/4/2019 at 9:26 AM with the Medical Director (MD) revealed he would expect if a resident was having pain during a dressing change the staff would see if they had something ordered and give it to the resident. If they did not have an order, he stated he would expect them to call him and get an order for pain medication. If there was pain while the resident was having their dressing changed the nurse should stop and reassess. The MD further stated the resident should have pain medication, so they are comfortable during the dressing change.	F 697		