

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

PRINTED: 09/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/14/2020
NAME OF PROVIDER OR SUPPLIER VILLAGE GREEN HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304		
(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	An unannounced COVID-19 Focused Survey was conducted on 08/14/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID#HT9Y11. INITIAL COMMENTS	F 000			
F 677 SS=D	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/14/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. There were 27 allegations in the complaint investigations. Event ID # HT9Y11. [X] 2 of the 27 complaint allegations were substantiated resulting in deficiencies. 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 record reviews and family and staff interviews, the facility failed to provide incontinence care for 1 of 3 dependent residents reviewed for the provision of activity of daily living (ADL) care (Resident # 1) for dependent residents.	F 677	Resident #1's incontinent care was performed by the Certified Nursing Assistant on 02/14/2020. The Director of Nursing reeducated the Certified Nursing Assistants on how and when to perform incontinent care to residents.	8/31/20	

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

TITLE

(X6) DATE

Electronically Signed

08/28/2020

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>Findings included:</p> <p>Resident # 1 was admitted to the facility on 5/07/18 with diagnoses of lack of coordination, abscess of bursa, thrombosis of lower extremity, muscle weakness, fracture of left femur, and difficulty of walking.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 4/02/20 revealed Resident #1 was cognitively intact and required extensive assistance for her Activities of Daily Living (ADL) and was frequently incontinent of bowels and bladder.</p> <p>A review of Resident #1 Care Plan last updated 3/12/20 indicated Resident #1 was frequently incontinent of bowel and bladder and required assist with ADL ' s related to impaired mobility. Approaches for problem areas included provide incontinence care during routine rounds and as needed in a timely manner.</p> <p>During a telephone interview with the Responsible Party (RP) on 8/13/20 at 8:52 AM, she explained informed the facility of her concerns of Resident #1 not being toileted through the facility ' s grievance system named Grasshopper on 2/14/20. The RP explained on the previous night (2/13/20), Resident #1 had not been toileted and there was urine still floating in the bed upon her early morning arrival to the facility for a visit.</p> <p>An email correspondence dated 2/14/20 at 9:21 AM from Grasshopper (the electronic grievance system) revealed the RP had identified concerns about Resident #1 care.</p>	F 677	<p>All residents that require incontinent care were checked to ensure incontinent care was provided timely on 08/27/2020. Any resident found to need incontinence care received it and additional care if needed was provided.</p> <p>All Certified Nursing Assistants were in-serviced by the Director of Nursing and designee on the policy for providing frequent and timely incontinent care to all residents in need. All as needed (PRN) Certified Nursing Assistants will be in-serviced on the policy for providing frequent and timely incontinent care to all residents in need prior to their next shift.</p> <p>The Director of Nursing or designee will perform random incontinent care audits on 10 residents on a Quality Improvement tool weekly x4 weeks, then monthly thereafter to ensure compliance.</p> <p>The results of each month's audits will be reviewed in the monthly Quality Assessment Process Improvement (QAPI) meeting monthly x3 months, then quarterly x 3 quarters.</p>		

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F 677	<p>Continued From page 2</p> <p>Review of the Sanstone Inservice Training Report dated 2/14/20 all shifts, "it is both C.N.A (Certified Nursing Assistants) and nurse responsibility to answer call lights in a timely manner, to help assist with residents care. When staff is on break or away from the floor, notify your floor nurse/C.N.A so your section can be covered in your absence. Residents should also be routinely asked if they need help toileting as this promotes increase in independence and dignity for our residents. In-services were conducted by the Assistant Director of Nursing."</p> <p>Response to the RP through Grasshopper dated 2/14/20 at 10:05 AM stated "the issue is night shift CNAs didn ' t change her appropriately last night." The Director of Nursing investigated and corrective action and retraining to the CNAs was completed.</p> <p>Attempts were made during the survey to contact the Nurse Assistance and the Director of Nursing involved; but they no longer worked at the facility and failed to return calls.</p> <p>In an interview with the former ADON on 8/13/20 at 1:30 pm, she remembered Resident #1; but, did not recall the incidence. She remembered training but could not remember when or why. She explained staff would have been trained and the incident would have been noted in the staffs ' files.</p> <p>In an interview on 8/14/20 at 2:00 PM, the current Director of Nursing stated she expected incontinence rounds to be completed every two hours and as needed on all shifts. She indicated she would not expect aides to leave residents floating in urine.</p>	F 677			

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F 679 SS=D	<p>Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)</p> <p>§483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to provide an ongoing activities program for 1 of 1 sampled resident. (Residents # 4)</p> <p>The findings include:</p> <p>Review of chart revealed Resident # 4 was admitted to the facility on 12/18/2019 was discharged on 01/30/2020. The resident's diagnosis included hypertension, hyperlipidemia, lack of coordination and muscle weakness. Review of the admission minimum data set (MDS) dated 12/21/2019 coded brief interview of mental status (BIMS) as intact, he required supervision with bed mobility and eating, limited</p>	F 679	<p>Resident #4 was discharged from the facility on 01/31/2020.</p> <p>All Resident's activity assessments were audited, reviewed, and updated with the resident/RP for activity program preferences/interest, by the Activities Director.</p> <p>All Activity personnel were in-serviced, by the Administrator, on inviting residents to participate in activities of their choice and to record participation, refusal, or unavailability on the individual participation record. If resident refuses, the activity staff member will record the</p>	8/31/20	

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F 679	<p>Continued From page 4</p> <p>assist with transfer, dressing and toileting. Care plan dated 12/29/2019 revealed the Resident # 4 was care planned to discharge home when rehab is completed, and he was at risk for falls. The goals were measurable, and the approach were appropriate.</p> <p>Resident # 6's admissions Activity Assessment/ History dated 7/14/2009 documented Resident #'s activity pursuit patterns was reading.</p> <p>Review of the resident's activities attendance record revealed the facility staff provided the activities to Resident # 4 only 5 times for the month of December 2019. Further review of the attendance record revealed the staff provided activities only 4 times for the month of January 2020.</p> <p>Resident # 4 was no longer at the facility, so no observation of the resident was completed. Other residents were observed in their rooms due to covid-19 social distancing.</p> <p>During an interview with the Activity Director (AD) on 08/12/2020 at 11:45 AM, she revealed Resident # 4 remained in her room most of the day and very rarely the staff took her out of the room for out of the room activities. AD further stated she provided 1:1 in room activities to the resident 4 times in the month of January 2020.</p> <p>During an interview on 08/12/2020 at 1:04 PM, the Administrator stated her expectation was for the Activity department to provide activities that would engage the resident both in room and outside his room. The administrator further indicated the AD was expected to document each time they invited the resident or offered an activity</p>	F 679	<p>refusal on the individual log and report it to the Activity Director. The Activity Director will follow-up with resident on continued refusals and update resident's preferred interest as needed.</p> <p>The Activity Director will audit the individual participation records on a Quality Improvement tool weekly x4 weeks, then monthly thereafter to ensure compliance.</p> <p>The results of the monthly audits will be reviewed in the monthly Quality Assessment Process Improvement (QAPI) meeting monthly x3 months, then quarterly x3 quarters.</p>		

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F 679	Continued From page 5 to a resident. They were expected to document any of the resident's refusal to participate in the activity.	F 679			