

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

PRINTED: 11/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2020
NAME OF PROVIDER OR SUPPLIER HUNTER HILLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7369 HUNTER HILL ROAD ROCKY MOUNT, NC 27804	
(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	000tag An unannounced COVID-19 Focused Survey was conducted on 10/6/20 through 10/9/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 8IY111.	F 000		
F 580 SS=D	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/9/2020. The facility was found to be 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. 3 of the 18 complaint allegations were substantiated resulting in deficiencies. 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	F 580		10/30/20

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

TITLE

(X6) DATE

Electronically Signed

10/26/2020

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 580	<p>Continued From page 1</p> <p>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).</p> <p>§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, staff and family interviews the facility failed to notify a resident's responsible party regarding a resident's positive COVID-19 test results for 1 of 3 residents reviewed for notification of a significant changes in condition. (Resident # 4)</p>	F 580	<p>F-580 §483.10(g) – Notify of Changes (injury/Decline/Room, etc.) Corrective Action or the Resident Affected For Resident #4, a grievance was created on 10/05/2020 from residents' spouse.</p>		

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F 580	<p>Continued From page 2</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on 2/5/2019 with diagnoses that included, non-alzheimer's dementia and chronic obstructive pulmonary disease.</p> <p>A review of Resident #4's Annual Data Minimum Set (MDS) dated 1/9/2020 revealed her cognition to be moderately impaired.</p> <p>A review of the Health Status progress note dated 9/29/2020 revealed Resident #4 was tested for COVID-19.</p> <p>A review of the test results log revealed Resident #4 tested positive for the COVID virus 10/01/20.</p> <p>Resident #4's medical record revealed the resident's Responsible Party (RP) was not notified that Resident #4 had tested positive for COVID-19 or was moved to the facility's COVID unit on 10/01/20.</p> <p>A review of the social narrative progress notes dated 10/5/2020 revealed the social worker had called Resident #4's RP to update him on her condition since she'd been moved to COVID unit. The note further revealed the RP requested a meeting to discuss Resident #4's current care.</p> <p>On 10/8/2020 at 2:22 PM an interview was conducted with the social worker (SW). The social worker stated that she was responsible for calling the resident RPs to inform them of resident COVID test results and room changes. The SW stated she did not remember to call Resident #4's RP on 10/01/20 to inform the RP</p>	F 580	<p>Family meeting was scheduled on 10/08/2020 by Social Worker with family. Family was updated with residents' current condition.</p> <p>On 10/23/2020, the Administrator re-educated the Social Worker on notification of a resident's responsible party regarding a resident's positive COVID-19 test results within 24 hours and notification of a room change to the COVID Unit.</p> <p>Corrective Action for the Resident Potentially Affected All residents have the potential to be affected.</p> <p>An audit was initiated on 10/23/2020, by the Director of Nursing reviewing residents testing positive for COVID-19. Any resident's responsible parties that had not been notified of positive results were notified immediately.</p> <p>An audit was initiated on 10/26/20, by the Administrator reviewing residents with room changes since 10/01/2020/ Any resident's responsible parties that were not notified of a room change by the Social Worker were notified and documentation provided.</p> <p>Systemic Changes On 10/23/2020, an in-service was initiated by the Director of Nursing, Assistant Director of Nursing and or Unit Managers to the Social Workers and Licensed Nursing Staff. The in-service consisted of Notification of Changes (injury/Decline/Room, etc.) and specifically when a resident test positive for COVID-19.</p> <p>On 10/23/2020, an in-service was initiated</p>		

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F 580	<p>Continued From page 3</p> <p>that Resident #4 had tested positive for COVID-19 and was moved to the facility's COVID unit.</p> <p>An interview was conducted with the Director of Nursing on 10/8/2020 at 2:32 PM. The DON revealed that Resident #4 was tested for COVID-19 on 9/29/2020 and the facility received the positive results on the morning of 10/1/2020.</p> <p>An interview was conducted with Resident #4's RP on 10/9/2020 at 1:19 PM. The RP stated he did not receive a call from the facility to notify him that Resident #4 tested positive for COVID-19 and she was moved to the facility's COVID unit on 10/1/2020. The RP stated he was not informed that Resident #4 had tested positive for COVID-19 until he called the facility on 10/02/20 to inquire about Resident #4 and a nurse told him about the resident's positive test results and that she was move to the facility's COVID unit. The RP stated the facility had a meeting with him on 10/8/2020 and apologized for not notifying him of Resident #4's positive test result for COVID-19.</p> <p>On 10/9/2020 at 2:25 PM an interview was conducted with Nurse #1. The nurse stated on 10/2/2020 Resident #4's RP informed her that he had been trying to get in contact with Resident #4 and was unsuccessful. The nursed stated the RP asked for the unit where Resident #4 resided and asked her why Resident #4 had been transferred to another unit. The nurse stated she informed the RP that Resident #4 had tested positive for the coronavirus and was transferred to the COVID unit.</p> <p>An interview was conducted with the Director of Nursing on 10/9/2020 at 2:32 PM. The DON</p>	F 580	<p>by the Administrator to the Social Workers. The in-service consisted of notification to the responsible party when there is a room change to the COVID Unit.</p> <p>Quality Assurance The Director of Nursing and or Assistant Director of Nursing will monitor COVID-19 positive test results of residents, daily utilizing the QI Monitoring Tool for Notification of Changes, daily times 4 weeks, then 2 times a week for 4 weeks, then monthly to ensure their responsible party was notified within 24 hours of positive results.</p> <p>The results of these reviews will be submitted to the QAPI Committee by the Director of Nursing for review by IDT members each month. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate the effectiveness and amend as needed.</p> <p>The Director of Nursing and or Assistant Director of Nursing will monitor residents social services notes for residents that are moved to the COVID Unit to ensure their responsible party was notified utilizing the QI Monitoring Tool for Notification of Changes, daily times 4 weeks, then 2 times a week for 4 weeks, then monthly. The results of these reviews will be submitted to the QAPI Committee by the Director of Nursing for review by IDT members each month. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate the effectiveness and amend as needed.</p>		

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F 580	Continued From page 4 stated she expected resident's and their RPs to be notified within 24 hours of a significant change.	F 580			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to update the care plan with interventions in the area of falls prevention for 2	F 657		10/30/20	
			F-657 §483.21(b)(2)(i)-(iii) – Care Plan Timing and Revision		

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F 657	<p>Continued From page 5</p> <p>of 3 (Resident #5, and Resident #8) reviewed for accidents. (Residents #5, #8)</p> <p>The findings included:</p> <p>1. Resident #5 was admitted to the facility on 8/3/2020 with a history of falling.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Admission 5 Day) dated 8/10/2020 revealed the resident had moderate cognitive impairment and required extensive to total assistance with activities of daily living.</p> <p>Review of the clinical record revealed a nursing note dated 8/20/2020 that stated resident was found on floor and 8/21/2020 that stated Resident #5 was found on floor between bed and wheelchair. There was no documentation to indicate the cause of resident's fall.</p> <p>Review of the facility's falls incident report did not list any falls for Resident #5.</p> <p>Resident #5's care plan last reviewed on 8/19/2020 revealed a focus problem history of falls/actual falls, injury, multiple risk factors related to weakness and cerebrovascular accident. The goal for resident #5's stated focus problem was "the resident will not sustain serious injury through next review." Care plan approaches included "Falls Risk Protocol, have commonly used articles withing easy reach, keep call light within reach and answer timely, resident to wear proper and non-slip footwear." The resident's care plan did not note the resident had any falls after 8/10/2020.</p> <p>On 10/8/2020 at 11:07 AM an interview was conducted with Nurse #1. The nurse stated</p>	F 657	<p>Corrective Action or the Resident Affected Resident #5 was discharged home on 08/28/20</p> <p>For Resident #8, the fall risk protocol was initiated, and care plan updated on 10/23/2020 by the Director of Nursing.</p> <p>Corrective Action for the Resident Potentially Affected</p> <p>All residents at risk for fall have the potential to be affected.</p> <p>An audit was initiated on 10/23/2020, by the Director of Nursing reviewing residents that have had falls in the last 23 days. Any resident that had a fall, the fall risk protocol was initiated, and care plan was updated.</p> <p>Systemic Changes</p> <p>On 10/23/2020, an in-service was initiated by the Administrator to the Director of Nursing, Assistant Director of Nursing and MDS Nurses. The in-service included review of falls, initiating the falls risk protocol and updating the care plan when a fall occurs.</p> <p>Quality Assurance</p> <p>The Administrator will monitor residents with falls to ensure that the falls risk protocol was initiated and the care plan was updated utilizing the QI Monitoring Tool for Care Plan Timing and Revision 2 times a week for 4 weeks, then weekly times 4 weeks, then monthly</p> <p>The results of these reviews will be submitted to the QAPI Committee by the Director of Nursing for review by IDT members each month. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate the effectiveness and amend as needed.</p>		

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F 657	<p>Continued From page 6</p> <p>Resident #5 had some confusion and required assistance with walking. Nurse#1 stated Resident #5 was moved to a room closer to the nurse's station and could sit in the general area to assist with falls prevention.</p> <p>On 10/9/2020 at 9:08 AM an interview was conducted with the Director of Nursing (DON). The DON indicated that when a resident fell, the nurse caring for the resident initiated the fall risk assessment with supporting documentation in the progress note. The DON stated that all falls were reviewed daily during the cardinal interdisciplinary team meeting and care plans updated with new interventions.</p> <p>An interview was conducted with the DON on 10/9/2020 at 9:22 AM. The DON stated she expected an intervention would be in place with each fall to keep resident safe.</p> <p>2. Resident #2 was admitted to the facility on 9/13/2020 and readmitted on 10/8/2020 with medical diagnoses to include cerebral infarction and osteoporosis.</p> <p>The most recent MDS Assessment (Admission 5 Day) dated 9/18/2020 revealed the resident had moderate cognitive impairment and required extensive to total assistance with activities of daily living. Further review of the MDS assessment revealed Resident #8 had an unsteady gait and was only able to stabilize with staff assistance.</p> <p>Review of the clinical record revealed a nursing note dated 9/16/2020 that stated the resident was found on floor beside bed. There was no documentation to indicate what happened to</p>	F 657			

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F 657	<p>Continued From page 7 cause resident's fall.</p> <p>Review of the facility's falls incident report did not list any falls for Resident #8.</p> <p>Resident #8's care plan last updated 9/18/2020 revealed a focus problem characterized by history of falls/ actual falls, injury, multiple risk factors related to osteoporosis, arthritis, neuropathy, and right leg weakness. The goal for resident #8's fall was stated focus problem was "the resident will not sustain serious injury through next review." Care plan interventions included "Falls Risk Protocol, have commonly used articles within easy reach, keep call light within reach and answer timely. The resident's care plan did not include an intervention for resident fall on 9/16/2020.</p> <p>An interview was conducted with Nurse #2 on 10/6/2020 at 12:07 PM. The nurse stated Resident #8 was alert with periods of confusion. Nurse #2 stated Resident #8 used a walker and required staff assistance while transferring because she had a very unsteady gait. On 10/9/2020 at 9:08 AM an interview was conducted with the Director of Nursing (DON). The DON indicated that when a resident fell, the nursing caring for the resident initiated the fall risk assessment with supporting documentation in the progress note. The DON stated that all falls were reviewed daily during the cardinal interdisciplinary team meeting and care plans updated with new interventions.</p> <p>An interview was conducted with the DON on 10/9/2020 at 9:22 AM and she stated that she expected an intervention would be in place with each fall to keep the resident safe.</p>	F 657			

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