

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2021
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 215 LASH DRIVE SALISBURY, NC 28147	
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F 000	INITIAL COMMENTS A compliant investigation survey was conducted from 3/10/2021 through 3/12/2021. Event ID #G32E11. 3 of 22 complaint allegations were substantiated resulting in deficiencies.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, observation, resident and staff interviews, the facility failed to follow physician's orders by failing to complete treatments for 3 of 3 sampled residents (Residents #2, 7 and 4) reviewed for skin treatments A review of the Treatment Administration Record (TAR) for all 3 sampled residents had blanks where staff were to indicate if a treatment was administered or an indication that the treatment was not administered with an explanation on the reverse side. The findings included: Example #1 Resident #2 was admitted to the facility on 11/16/2018 and readmitted on 07/21/2019 with diagnoses of multiple myeloma, chronic kidney	F 684	The Laurels of Salisbury wishes to have this submitted plan of correction stand as its written allegation of compliance. Our date of compliance is on or before April 7, 2021. Preparation and/or execution of this plan does not constitute admission to nor agreement with either existence of or scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements. The facility will continue to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive	4/7/21

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

TITLE

(X6) DATE

Electronically Signed

04/02/2021

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 684	<p>Continued From page 1</p> <p>disease stage 4, anemia, peripheral vascular disease (PVD), venous insufficiency and hypertension.</p> <p>A review of the Minimum Data Set (MDS) dated 01/04/2021 revealed the resident was a 15 out of 15 on the brief interview for mental status (BIMS) assessment and was identified by staff as interviewable.</p> <p>A review of the Treatment Administration Record (TAR) for November 2020 revealed Resident #2 had a treatment to cleanse the wound of the left distal posterior calf with normal saline and pat dry. Staff were to paint the wound with betadine and change daily and as needed. The order ended on 11/24/2020. The TAR was blank for the 1st, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 21st, and 22nd.</p> <p>A review of the TAR for November 2020 revealed Resident #2 had a treatment to cleanse the venous wound of the left dorsal foot with normal saline and pat dry. Staff were to paint the wound with betadine. The order ended on the 26th. The TAR was blank for the 1st, 4th, 5th, 6th, 7th, 8th, 10th, 21st, and 22nd.</p> <p>A review of the TAR for November 2020 revealed Resident #2 had a treatment starting on 11/27/2020 to cleanse the venous wound of the left dorsal foot with normal saline and pat dry. Staff were to pain the wound with betadine and change the dressing every other day. The TAR was blank for the 29th.</p> <p>A review of the wound evaluation and management summary for 11/02/2020 revealed Resident #2 was seen at the facility by the wound</p>	F 684	<p>person-centered care plan, and the resident's choices.</p> <p>Residents number two, number seven, and number four will continue to have treatments administered per physician orders and documented per the facility policy. No negative outcome was identified relating to this observation.</p> <p>Current residents with orders for treatments have the potential to be affected. Current residents with orders for treatments were reviewed to ensure that they are receiving treatment and care in accordance with professional standards of practice. No negative outcome was identified relating to this observation.</p> <p>All licensed nurses were in-serviced by the Director of Nursing on ensuring that treatments are administered per physician orders and documented per facility policy.</p> <p>A Quality Assurance monitoring tool will be utilized to ensure ongoing compliance by the Director of Nursing. The Director of Nursing will randomly observe treatment records five times per week for two weeks then three times per week for two weeks then once per week for four weeks then randomly for one month. Variances will be corrected at the time of observation and additional education provided when indicated.</p> <p>Observation results will be reported to the Administrator weekly for the next three months and concerns will be reported to</p>		

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F 684	<p>Continued From page 2</p> <p>physician. The wound physician documented that the left dorsalis pedis pulse was not detected, nor the posterior tibial pulse was detected. The venous wound of the left dorsal foot measured 0.5 centimeter (cm) by 1.1 cm by 0.1 cm depth with 100 percent granulation tissue. The wound of the left distal posterior calf measured 5.5 cm by 5.8 cm by .2 cm with 30 percent slough and 70 percent granulation tissue. The wound physician removed necrotic tissue and biofilm. The additional comments for the plan of care recommendation was for Resident #2 to elevate his legs.</p> <p>A review of the wound evaluation and management summary dated 11/18/202 revealed that there was a telemedicine visit provided to ensure COVID-19 infection control and prevention as in-person visit was not possible due to COVID-19. The venous wound of the left, dorsal foot measured 0.6 cm by 1.0 cm with depth not measurable. There was 100 percent granulation tissue and the wound had remained the same. The wound of the left, distal, posterior calf measured 4.6 by 5.0 by 0.1 cm with 30 percent slough and 70 percent granulation tissue. There was no debridement due to telemedicine.</p> <p>On 03/08/2021 at 10:55 AM, Resident #2 stated that he tested positive COVID-19 on November 5, 2020 and was moved from his private room on the 200 hall to a semiprivate room on the 100 hall into isolation. He stated that he did not get some of his treatments in November and other times mostly on weekends due to agency staff having to fill in. He stated that the Administrator had spoken to him and that he was able to let staff know when he wanted his dressing changed and that he should request the agency nurse to</p>	F 684	<p>the Quality Assurance Committee during the monthly meetings.</p> <p>Continued compliance will be monitored through the facility's Quality Assurance Program.</p> <p>Compliance will be monitored by the Quality Assurance Committee for three months or until resolved and additional education and/or training will be provided for any issues identified.</p>		

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F 684	<p>Continued From page 3</p> <p>complete his wound treatment if it did not get changed. Resident #2 further stated that he had his wound treatment done on both Saturday and Sunday this past weekend (March 6 and 7, 2021) by the agency nurse after he had requested his wound to be changed.</p> <p>03/09/2021 at 9:00 AM, an interview with the Administrator revealed that on 11/05/2020, Resident #2 tested positive for COVID-19 and was placed on isolation. She further stated that most of their residents tested positive on the same day and that the resident was moved onto isolation and it took staff on the new hall time to get things sorted out. Resident #2 was alert and could make his needs known and would let the facility staff know when he wanted his wounds changed. The Administrator stated that she had talked with the resident at the end of February 2021, about his treatments not getting done on the weekends and had discussed that agency staff had been reminded that the treatments had to be completed on the weekends and documented on the TAR. The Administrator further stated that she had discussed with the resident the best solution for him to make sure his wounds were changed, and they agreed, that when the resident was available, he would ask medical staff to change his dressings. The Administrator further stated that she expected all nurses including the agency nurses to complete all treatments and document that they were done.</p> <p>On 03/09/2021 t 9:15 AM, the Treatment Nurse during an observation revealed that Resident #2's treatments were completed according to the Physicians' orders and documented on the TAR. During an interview with the Treatment Nurse revealed she had been at the facility for about a</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>month and that she only worked on Monday through Friday. She stated that she would go into Resident #2's room and ask him a good time to do his treatments and they would agree on a time. Resident #2 had PVD and vascular wounds on his left leg. He was up all day without his legs elevated and he did not want to get in bed to have his wounds changed.</p> <p>On 03/09/2021 at 1:10 PM, Agency Nurse #1 during an interview stated that she worked at the facility this past weekend (March 6 and 7, 2021). Agency Nurse #1 further stated that if a resident had not requested to have their wound treatments completed, that she had not changed their dressings. She further stated that no one at the facility had informed her that all treatments were to be done by her and thought that a treatment nurse was doing the treatments.</p> <p>On 03/09/2021 at 3:10 PM, Director of Nursing (DON) during an interview stated that Resident #2 had notified her at the end of January 2021, that the dressings on his leg and foot were not being changed daily. The DON stated that she did look at all the dressing changes for all residents and did notice a pattern that the dressing changes were not being documented as completed mostly on the weekends. She stated that she had spoken with the nurses on 7:00 AM to 3:00 PM and had posted that the weekend nurses had to make sure all the treatments were done per physicians' orders. The DON stated that she had assumed that all nurses knew to do treatments and thought the issue had been resolved.</p> <p>On 03/10/2021 at 9:06 AM, the Medical Director during an interview stated that there had been an</p>	F 684			

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F 684	<p>Continued From page 5</p> <p>outbreak of COVID-19 during November 2020 and if staff had not provided the treatments, all the residents would have declined. The facility had a COVID-19 outbreak of 58 residents and staff and agency nurses were hired to fill in. Resident #2 had comorbidities of PVD, anemia, end stage renal disease and was refusing to elevate his legs. His wounds were healing which indicated his treatments were being done. The resident was alert and oriented and liked certain nurses to change his treatments. He refused to elevate his legs and would refuse to let the agency nurses change his dressings.</p> <p>On 03/10/2021 at 10:18 AM the MDS Coordinator stated that she was on call during February 2021 and was called to come in on some weekends. The MDS Coordinator further stated that she did assist the agency nurse with treatments and expected the agency nurse to document on the TAR that the treatments were given.</p> <p>On 03/10/2021 at 10:21 AM Charge Nurse #1 stated that she worked weekends in February 2021 and made sure all treatments were completed before she left at the end of her shift. Charge Nurse #1 further stated that she checked the electronic system and pulled up the MARs and TARs to review all the treatments and if a treatment had not been completed, she would complete it before she left the facility. On the weekends Resident #2 preferred her to do his treatments. The resident was up at 7:00 AM and would sit in the hallway and as she passed by, he would say he needed to talk with her and would ask Charge Nurse #1 to do his treatments. Charge Nurse #1 further stated that Resident #2 did not like for the agency nurses to do his treatments.</p>	F 684			

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F 684	<p>Continued From page 6</p> <p>On 03/10/2021 at 10:30 AM Charge Nurse #2 stated that Resident #2 when she would ask him about getting his dressing changed, would inform her that she could do it later. Charge Nurse #2 stated that she worked on the weekends and would check the electronic system and find out that Resident #2 had not had his treatment done and she would ask to do the treatment and he would tell her that he would get the treatment done that night, or get someone in the morning shift to change the dressing. Resident #2 refused to elevate his legs. Charge Nurse #2 further stated that she worked the weekends and when Charge Nurse #1 did not do the dressing changes, she would make sure the treatments were done.</p> <p>Example #2 Resident #7 was admitted to the facility on 05/22/17 and readmitted on 01/08/21 with diagnoses of Alzheimer's, diabetes mellitus with a none pressure chronic ulcer, hemiplegia, cerebral infarction, and anemia.</p> <p>A review of the admission Minimum Data Set (MDS) dated 2/8/2021 revealed the resident was severely cognitively impaired.</p> <p>A review of the Treatment Administration Record (TAR) for March 2021 revealed starting on 01/26/2021 staff were to cleanse the wound to the left 2nd toe with normal saline and pat dry, apply TAO and xeroform and padded dry dressing and change daily and as needed for missing or soiled dressing until the wound healed. On Saturday, March 6, 2021, on the TAR there was an empty space indicating the treatment was not completed.</p>	F 684			

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F 684	<p>Continued From page 7</p> <p>On 03/09/2021 at 1:10 PM, Agency Nurse #1 during an interview stated that she worked for an agency at the facility this past weekend. She stated that a treatment nurse completed all the dressing treatments. Agency Nurse #1 further stated that if a resident had not requested to have their wound treatments completed, that she had not changed their dressings. She further stated that no one at the facility had informed her that all treatments were to be done by her and thought that a treatment nurse was doing the treatments.</p> <p>On 03/09/2021 at 9:00 AM an interview with the Administrator revealed that she expected all nurses including agency nurses were to complete all treatments and document that the treatments were done.</p> <p>Example #3</p> <p>Resident #4 was admitted to the facility on 07/12/2015 and readmitted on 8/23/2018 with diagnoses of epilepsy, schizophrenia, vascular dementia, iron deficiency anemia, obesity, peripheral vascular disease and muscle weakness.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 12/10/2020 revealed the resident was 9/15 on the Brief Interview for Mental Status (BIMS) Assessment, meaning the resident was moderately cognitively impaired.</p> <p>A review of the Treatment Administration Record (TAR) for March 2021 revealed starting on</p>	F 684			

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F 684	Continued From page 8 12/9/2020 staff were to apply Nystatin-Triamcinolone Cream 1000000-0.1 UNIT/GM-% to lower back topically every day and evening shirt for xerosis. On Saturday, March 6, 2021, the TAR contained an empty space for the evening treatment indicating the treatment had not been completed. An empty space was also found on the TAR for the evening on Sunday, March 7, 2021. On 03/09/2021 at 1:10 PM, Agency Nurse #1 during an interview stated that she worked for an agency at the facility this past weekend. She stated that a treatment nurse completed all the dressing treatments. Agency Nurse #1 further stated that if a resident had not requested to have their wound treatments completed, that she had not changed their dressings. She further stated that no one at the facility had informed her that all treatments were to be done by her and thought that a treatment nurse was doing the treatments. On 03/09/2021 at 9:00 AM an interview with the Administrator revealed that she expected all nurses including agency nurses were to complete all treatments and document that the treatments were done.	F 684			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition	F 686		4/7/21	

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F 686	<p>Continued From page 9</p> <p>demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility failed to provide pressure ulcer care per physician orders for three of three residents reviewed for pressure ulcers (Residents #5, #6 and #3).</p> <p>The findings included:</p> <p>Example #1</p> <p>Resident #5 was admitted to the facility on 12/21/2018 with diagnoses of cerebral palsy, chronic obstructive pulmonary disease, Type 2 Diabetes mellitus, hypertensive chronic kidney disease, persistent asthma and epilepsy.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 2/10/2021 revealed the resident was 7/15 on the Brief Interview for Mental Status (BIMS) Assessment, meaning the resident was severely cognitively impaired.</p> <p>The medical record review showed that the resident had a visit on 2/22/2021 to the Wound clinic due to a stage 3 pressure ulcer on the resident's sacrum. It was noted that the resident appeared to be in no acute distress, was immobile and contracted.</p> <p>The wound size was noted to be 1.3 x 0.5 x 0.1 cm. The treatment plan was as follows:</p>	F 686	<p>The Laurels of Salisbury wishes to have this submitted plan of correction stand as its written allegation of compliance. Our date of compliance is on or before April 7, 2021.</p> <p>Preparation and/or execution of this plan does not constitute admission to nor agreement with either existence of or scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.</p> <p>The facility will continue to ensure that residents receive pressure ulcer care per physician orders.</p> <p>Resident number six no longer residents at the facility.</p> <p>Residents number five and number three will continue to receive pressure ulcer care per physician orders. No negative outcome was identified relating to this observation.</p> <p>Current residents with pressure ulcers have the potential to be affected. Current residents with pressure ulcers were reviewed to ensure that they are receiving</p>		

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F 686	<p>Continued From page 10</p> <p>Leptospermum honey applied once daily for 23 days. Gauze island apply once daily for 23 days.</p> <p>It was noted that the wound required treatment for removal of necrotic tissue and to establish the margins of viable tissue. Per the procedure note, the wound was cleansed with normal saline and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, curette was used to surgically excise 0.10 cm² of devitalized tissue including slough, biofilm and non-viable subcutaneous fat and surrounding connective tissues were removed at a depth of 0.15 cm and healthy bleeding tissue was observed. Hemostasis was achieved and a clean dressing was applied.</p> <p>A review of the Treatment Administration Record (TAR) for March 2021 revealed starting on 2/23/2021, staff were to cleanse area with normal saline, pat dry, apply medihoney to affected area, cover with dry dressing daily for pressure wound. On Saturday, March 6, 2021, the TAR contained an empty space indicating the treatment had not been completed.</p> <p>On 03/09/2021 at 1:10 PM, Agency Nurse #1 during an interview stated that she worked for an agency at the facility this past weekend. She stated that a treatment nurse completed all the dressing treatments. Agency Nurse #1 further stated that if a resident had not requested to have their wound treatments completed, that she had not changed their dressings. She further stated that no one at the facility had informed her that all treatments were to be done by her and thought that a treatment nurse was doing the treatments.</p>	F 686	<p>pressure ulcer care per physician orders. No negative outcome was identified relating to this observation.</p> <p>All licensed nurses were in-serviced by the Director of Nursing on ensuring that residents receive pressure ulcer care per physician orders.</p> <p>A Quality Assurance monitoring tool will be utilized to ensure ongoing compliance by the Director of Nursing. The Director of Nursing will randomly observe treatment records five times per week for two weeks then three times per week for two weeks then weekly for four weeks then randomly for one month. Variances will be corrected at the time of observation and additional education provided when indicated.</p> <p>Observation results will be reported to the Administrator weekly for the next three months and concerns will be reported to the Quality Assurance Committee during monthly meetings.</p> <p>Continued compliance will be monitored through the facility's Quality Assurance Program.</p> <p>Compliance will be monitored by the Quality Assurance Committee for three months or until resolved and additional education and/or training will be provided for any issues identified.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/10/2021
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 215 LASH DRIVE 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 686	<p>Continued From page 11</p> <p>On 03/09/2021 at 9:00 AM an interview with the Administrator revealed that she expected all nurses including agency nurses were to complete all treatments and document that the treatments were done.</p> <p>Example #2</p> <p>Resident #6 was admitted to the facility on 02/18/2021 with diagnoses of pneumonia, sepsis metabolic encephalopathy, chronic kidney disease, hyperlipidemia, peripheral vascular disease atherosclerotic heart disease and renal agenesis.</p> <p>A review of the admission MDS dated 2/25/2021 revealed the resident was 9/15 on the Brief Interview for Mental Status (BIMS) Assessment, meaning the resident was moderately cognitively impaired.</p> <p>The medical record review showed that the resident had a visit on 2/22/2021 to the Wound clinic due to a stage 2 pressure ulcer on the resident's sacrum with moderate serous exudate with no indication of pain.</p> <p>For Wound #1, the wound size was noted to be 1.1 x 0.3 x not measurable cm. The treatment plan was as follows: Alginate calcium with silver apply once daily for 30 days. Secondary treatment was gauze island apply once daily for 30 days. It was also recommended that the would be off loaded and reposition per facility protocol.</p> <p>For Wound #2, the would size was documented to be 1.3 x 0.8 x 0.4 cm. The treatment plan was</p>	F 686			

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F 686	<p>Continued From page 12</p> <p>as follows: Alginate calcium with silver apply once daily for 30 days. Secondary treatment was gauze island apply once daily for 30 days. It was noted that Wound #2 required treatment for removal of necrotic tissue and to establish the margins of viable tissue. Per the procedure note, the wound was cleansed with normal saline and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, curette was used to surgically excise 0.16 cm² of devitalized tissue including slough, biofilm and non-viable subcutaneous fat and surrounding connective tissues were removed at a depth of 0.4 cm and healthy bleeding tissue was observed. Hemostasis was achieved and a clean dressing was applied.</p> <p>A review of the Treatment Administration Record (TAR) for March 2021 revealed starting on 3/2/2021, staff were to cleanse area with normal saline, pat dry, apply alginate calcium with silver to right buttock cover with dry dressing daily every day shift for PRESSURE WOUND. On Saturday, March 6, 2021, the TAR contained an empty space indicating the treatment had not been completed.</p> <p>On 03/09/2021 at 1:10 PM, Agency Nurse #1 during an interview stated that she worked for an agency at the facility this past weekend. She stated that a treatment nurse completed all the dressing treatments. Agency Nurse #1 further stated that if a resident had not requested to have their wound treatments completed, that she had not changed their dressings. She further stated that no one at the facility had informed her that all treatments were to be done by her and thought that a treatment nurse was doing the treatments.</p>	F 686			

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F 686	<p>Continued From page 13</p> <p>On 03/09/2021 at 9:00 AM an interview with the Administrator revealed that she expected all nurses including agency nurses were to complete all treatments for pressure wounds and document that the treatments were done.</p> <p>Example #3 Resident #3 was admitted to the facility on 02/01/2021 with diagnoses of osteoarthritis, chronic obstructive pulmonary disease, diabetes mellitus with diabetic neuropathy and major joint replacement surgery. A review of the admission MDS dated 2/8/2021 revealed the resident was a 13/15 on the brief interview for mental status (BIMS) and was identified by staff as interviewable.</p> <p>A review of the Treatment Administration Record (TAR) for March 2021, revealed staff were to clean the wound with normal saline, pat dry and apply medihoney to the affected area, starting on February 23, 2021. On Saturday, March 6, 2021 there was an empty space on the TAR indicating the treatment was not completed.</p> <p>On 03/09/2021 at 9:50 AM, Resident #3 was observed receiving treatment to the sacrum and right buttocks according to the physician's orders. The resident stated that this past weekend she thought she had not received a treatment during the weekend.</p> <p>On 03/09/2021 at 1:10 PM, Agency Nurse #1 during an interview stated that she worked at the facility this past weekend (March 6 and 7, 2021). Agency Nurse #1 further stated that if a resident had not requested to have their wound treatments completed, that she had not changed their dressings. She further stated that no one at the</p>	F 686			

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

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