

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

PRINTED: 07/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/28/2021
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-ELKIN			STREET ADDRESS, CITY, STATE, ZIP CODE 560 JOHNSON RIDGE ROAD ELKIN, NC 28621		
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F 000	INITIAL COMMENTS An unannounced complaint investigation and follow up survey entry was conducted on site 5/26/2021. The investigation continued through 5/28/2021 offsite. There were 2 intakes with 6 allegations. See Event ID #V1FC11	F 000			
F 557 SS=D	4 of the 6 compliant allegations were substantiated resulting in deficiencies. Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation and staff and resident interviews, the facility failed to knock and/or announce entry before entering a resident ' s room for 2 of 2 resident room entry observations completed (Rooms 607 and 611). Findings included: On 5/26/2021 while observing on Hall 600 at 2:35 pm, there were 2 housekeepers working (cleaning). Housekeeper (HK) #1 was observed to step into resident Room #607, the lights were out, and both the residents appeared to be sleeping. HK #1 did not knock on the door and called while in the room for HK #2. HK #2	F 557	Immediately in-serviced both housekeepers on knocking on doors or calling out to residents prior to entering room. Talked with both patients in room 611 on 06/27/21 about the housekeepers entering room without knocking and both residents had no concern. Resident A bed stated- "they can come in to see me anytime they want without knocking." Random audits done for all staff on 5/27; 5/28; and 5/29/2021 by administrator with	7/1/21	

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

TITLE

(X6) DATE

Electronically Signed

06/21/2021

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 557	Continued From page 1 answered from the hall after exiting another resident room. Both HKs #1 and #2 entered resident Room #611 without knocking or announcing themselves to wash their hands in the resident ' s bathroom. While in the resident ' s bathroom, HK #1 and #2 were talking to each other and had not addressed the residents upon exit. The hand sanitizer dispensers were noted to be empty on Hall 600. An interview of HKs #1 and #2 was conducted on 5/26/2021 at 2:37 pm. HK #1 commented that she was required to knock before entering a resident ' s room and HK #2 did not respond. HK #1 acknowledged that she had forgotten to knock before entry. Both HK #1 and #2 both stated that they would knock and announce before entering a resident ' s room. On 5/26/2021 at 4:05 pm an interview was conducted with the Administrator. She stated that all staff were required to knock and/or announce before entry into a resident ' s room and would follow up with HK #1 and #2.	F 557	no other issues noted. In-services started for all staff on prior to entering resident room they would knock or call out to the residents allowing time for them to answer when appropriate. In-services will be conducted by DHS, Clinical Care Coordinator and administrator. Facility admin staff will monitor 5 staff members daily for 1week, three times a week for 1week then monthly thereafter to ensure resident privacy is not being violated. Date of Compliance July 1 2021 Findings will be taken to quality Assurance Committee meeting monthly times 3 then quarterly for 3 months		
F 677 SS=E	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 observation, record review, and staff and resident interviews, the facility failed to provide scheduled showers and bathing for activities of daily living (ADL) dependent residents for 3 of 4 residents reviewed for showers and	F 677	Resident #2 received the sponge bath on 5/26/21 instead of shower but received her shower the next day on 05/27/21. Patient presented well with no hygiene issues identified on 5/26/21.	7/1/21	

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F 677	<p>Continued From page 2</p> <p>bathing (Residents #2, #4, and #6). Findings included:</p> <p>1. Resident #2 was admitted to the facility on 3/27/19 with the diagnosis of stroke.</p> <p>The resident ' s care plan dated 5/8/20 documented to assist with activities of daily living.</p> <p>A review of the resident ' s current Minimum Data Set (MDS) documented an intact cognition and assistance for bathing.</p> <p>Review of ADL care sheets for Resident #2 documentation from 4/27/2021 to 5/25/2021. Showers were documented as given for 4/30/2021, 5/2/2021, 5/7/21, 5/12/21, 5/19/21, 5/21/21, and 5/24/21. There were 7 showers in a 30-day period. Scheduled showers were Monday, Wednesday, and Friday. No refusals were documented.</p> <p>On 5/26/2021 at 3:30 pm an interview was conducted with Resident #2. The resident stated she was supposed to get a shower on Monday, Wednesday, and Friday. The resident commented she had not gotten a shower this week, and today (5/26/2021) NA #3 assigned informed the resident there was not enough staff for her to assist with a shower and provided a "sink bath." The resident also commented that this was not the first time she had not received her shower.</p> <p>On 5/27/2021 at 9 pm an interview was conducted with NA #3. The NA was very familiar and assigned to Resident #2. The resident was scheduled to have a shower three times a week. The facility was under-staffed, and it was hard to</p>	F 677	<p>Resident #4 received bed baths on a regular basis on second shift which was his assigned shifts for baths. Family visited on regular basis but never had complaints with how he looked. Resident #6 also received her baths on evening shift but could be very difficult to do ADL□S with depending on her mood.</p> <p>Audit was done on Thursday 6/27/21 on dependent residents, which included nurse consultant, with no odors or patients appearing unkept.</p> <p>Nursing assistants will be in-serviced on importance of making sure bed baths or showers are done routinely and documentation is complete. Facility admin nursing staff has looked at assignments and made changes where needed, When unable to give showers or bed baths the nurse on unit will be notified of refusal.</p> <p>Each resident will have shower sheets with assigned days, type of bath and will be initialed by CNA. Nurse will review at end of their shift. This will be kept in notebook at nurses station and will be uploaded at end of each month in matrixcare.</p> <p>Audits will be done by DHS and/or designee on daily basis times 1 week, then three times/week for two weeks then weekly.</p> <p>Findings will be taken to quality assurance committee meeting by DHS/Admin monthly times three then quarterly times three.</p>	

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F 677	<p>Continued From page 3</p> <p>get all the assignments done. As a result, the resident did not always receive her shower 3 times a week. The resident asked for her shower and was informed of the staffing shortage. Most of the residents have not been getting their showers three times a week due to staffing problems (shortage).</p> <p>2. Resident #4 was admitted to the facility on 9/30/19 with the diagnosis of rheumatoid arthritis.</p> <p>The resident ' s annual MDS dated 4/13/2021 documented an intact cognition and assistance for bathing.</p> <p>The resident ' s care plan dated 4/27/21 documented the resident required assistance with his activities of daily living (bathing). The review of ADL care sheets for Resident #4 documented from 4/27/2021 to 5/25/2021 was done. Bed baths were documented as given for dates 5/1/2021, 5/2/2021, 5/12/21, 5/14/21, 5/15/21, 5/21/2021, 5/24/2021, and 5/25/2021. There were 8 bed baths in a 30-day period. Scheduled bathes (3 times a week) were scheduled for Monday, Wednesday, and Friday. No refusals were documented.</p> <p>On 5/26/2021 at 2:10 pm an interview was conducted with Resident #4. The resident stated he felt that sometimes the shifts were understaffed by comments staff would make (there was not enough staff) and he had not always received his bed bath and many times I received my bath on evening shift. The resident commented "I have not had my hair washed in a while."</p> <p>On 5/26/2021 at 2:10 pm an observation was</p>	F 677	Date of Compliance July 1 2021		

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F 677	<p>Continued From page 4</p> <p>done of Resident #4. The resident ' s hair was noted to appear greasy with strands segmented. His skin also appeared shiny/greasy. The resident ' s nails on the left hand were dirty.</p> <p>3. Resident #6 was admitted to the facility on 3/27/19 with the diagnosis of dementia.</p> <p>The resident ' s care plan was initiated on 1/1/20 and reviewed on 4/14/21. The resident can have behaviors of care refusal secondary to bipolar disorder.</p> <p>The resident ' s quarterly MDS dated 4/14/21 revealed behaviors none and cognition was severely impaired with memory deficit. ADLS were extensive assistance of 1 staff.</p> <p>Nurses ' notes reviewed documentation for the past 30 days (4/27/21 through 5/25/2021) revealed the resident declined 1 meal and 1 shower. A shower was not repeated.</p> <p>A review of ADL care sheets for Resident #6 documented from 4/27/2021 to 5/25/2021 was done. Showers were documented as given for dates 4/27/2021, 5/1/2021, 5/6/2021, 5/11/2021, 5/13/2021, 5/21/2021. Scheduled showers were for Tuesday, Thursday, Saturday. Six showers in a 30-day period were documented. No refusals were documented on the sheets.</p> <p>On 5/26/2021 at 4:10 pm the Resident #6 was observed in her bed. Her hair appeared unkempt.</p> <p>On 5/27/2021 at 9 pm an interview was conducted with Nursing Assistant (NA) #3. The NA stated she was very familiar and frequently</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>assigned to Resident #6. The resident was scheduled to have a shower three times a week. The NA commented that the facility was under-staffed, and it was hard to get all the assignments completed. As a result, the resident did not always receive her shower 3 times a week. Most of the residents had not been getting their showers three times a week due to staffing problems (shortage and call outs). The problem had been going on for a couple of months.</p> <p>On 5/28/2021 at 11:25 am an interview was conducted with Nurse #3. The Nurse stated that she was assigned to Resident #6. The resident can refuse care occasionally, but had not refused medications, meals, etc. for Nurse #3. Residents received shower three times a week. If a shower was not received on the scheduled day, it could be given the next day but that would possibly cause the schedule to decrease to 2 times a week. If the resident refused a shower, the NA was required to inform the assigned nurse. If a resident continued to have refusals the Administrator and/or social work and family or resident representative would be informed for intervention. If a resident refused showers, it would be documented in the nursing progress notes.</p> <p>On 5/28/2021 at 4:55 pm an interview was conducted with NA #4. The NA was usually assigned to halls 400 and 500 but was familiar with the care of Residents #2 and #4. The NA commented that the day shift NA to resident ratio was as high as 1 to 20 and the NA worked alone and did not have a partner except for 2-person assist. The NAs priority was incontinence care. There were 2 meals on day shift and showers had a low priority. There were days when</p>	F 677			

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F 677	Continued From page 6 Resident #2 was asked to have her shower before breakfast at 7:00 am and declined. This was not considered a refusal, but if there was not enough time that day, the shower was not done. 5/27/2021 at 12:10 pm interview with Director of Nursing (DON). The DON stated that alert and oriented residents that request a shower should receive a shower or bath. If there was a reason that the shower was not provided, this information was required to be documented and the assigned nurse notified to follow up.	F 677			
F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §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 observation and staff and resident interviews, the facility failed to provide activities as scheduled when the Activities Director (AD) was placed in the Nursing Assistant (NA) role for 3 of 5 residents interviewed for facility activities (Resident #1, #2. and #4). Findings included: 1. Resident #1 was admitted to the facility on 11/27/2020 with the diagnosis of chronic kidney disease.	F 679	Resident #1is alert and oriented and ambulates all over facility as she desires. She is in and out of resident's room socializing with them as well as well as department managers. She also uses our computer in front lobby as she desires. Resident #2 has phone at beside and socializes with family and friends frequently as well as sits in hallway and	7/1/21	

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F 679	<p>Continued From page 7</p> <p>A review of the resident ' s quarterly Minimum Data Set (MDS) dated 4/2/2021 documented an intact cognition.</p> <p>The resident ' s care plan dated 4/6/2021 documented that the resident was independent with most of her activities of daily living and activities as desired.</p> <p>On 5/26/2021 at 3:30 pm an interview was conducted with Resident #1. Resident #1 stated she felt there was not enough staff and commented that the AD was pulled to the nursing assistant role frequently and residents were not getting activities as scheduled (they were cancelled). This had been going on for a long time. She commented that all last week there were no activities because the AD was working as an NA.</p> <p>2. Resident #2 was admitted to the facility on 3/27/19 with the diagnosis of stroke.</p> <p>The resident ' s care plan dated 5/8/20 documented to assist with activities of daily living and activities as desired.</p> <p>A review of the resident ' s last completed MDS documented an intact cognition.</p> <p>On 5/26/2021 at 3:30 pm an interview was conducted with Resident #2. Resident #2 stated that activities were frequently cancelled because the AD was pulled to the nursing assistant job when there was not enough staff. There was no one else (staff) to run the activities. She commented that all last week there were no activities, group or individual and this had been going on for months.</p>	F 679	<p>socialize with residents as she desires. She also visits other dept managers and spends one on one time with social worker.</p> <p>Resident #4 did not wish to attend group activities and did not want to leave his room. He would listen to music and would have visits daily by family that works here. He expired 06/20/2021.)</p> <p>Interviews have been conducted on alert-oriented patients with no complaints voiced over activities other than 3 patients requesting off site activities- awaiting corporate response on how we can safely make this happen. They are allowed to go offsite with family that meets criteria and both parties are aware of this. Both responses are happy to have in house visitation again and the fact they can be out of their rooms socializing.</p> <p>In the event Activity Director is needed on the unit as certified nursing assistant the activity will be carried out by dept manager and/or prn non-certified staff due to patient care is a priority.</p> <p>Day activities will be discussed in morning meeting to identify if replacement is needed to ensure activity for the day is carried out as scheduled.</p> <p>Findings will be taken to quality assurance committee meeting monthly times three then quarterly times three.</p> <p>Date of Compliance July 1 2021</p>		

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F 679	<p>Continued From page 8</p> <p>3. Resident #4 was admitted to the facility on 9/30/19 with the diagnosis of rheumatoid arthritis.</p> <p>The resident ' s annual MDS dated 4/13/2021 documented an intact cognition.</p> <p>The resident ' s care plan dated 4/27/21 documented the resident required assistance with his activities of daily living and activities as desired.</p> <p>On 5/26/2021 at 2:10 pm an interview was conducted with Resident #4. The resident stated he felt that sometimes the shifts were understaffed by comments staff would make (short staffed today) and the activities were cancelled (bingo).</p> <p>On 5/26/2021 at 2:20 pm an observation on Hall 600 was done of the activities calendar. There were activities scheduled each weekday, including bingo twice a week.</p> <p>On 5/26/2021 at 4:05 pm an interview was conducted with the Administrator. The Administrator stated she was aware that activities were cancelled because the AD was pulled to the role of NA. The Administrator commented that the AD was placed in the role of NA (prior role) when there were call outs. When the AD was placed in the NA role, there were no replacement staff for the scheduled activities, and they were not held.</p> <p>On 5/26/2021 at 3:45 pm an interview was conducted with the AD. The AD stated that she was responsible for facility activities. The activities were posted on a calendar on each resident hall. Since COVID-19 there was an</p>	F 679			

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F 679	Continued From page 9 increased need to replace staffing shortage and call outs for NA coverage. The AD commented my prior role was an NA and I have been pulled periodically to NA duties for several months, more lately. The AD stated she was in the NA roll for 4 weekday shifts last week and the activities were cancelled because there were no replacement staff to hold the scheduled activity. On 5/27/2021 at 12:10 pm an interview was conducted with the Director of Nursing (DON). The DON stated she was aware that the AD was pulled from her duties to cover nursing assistant duties for staffing shortages and call outs and that there were full time employee (FTE) positions open. On 5/28/2021 at 11:25 am an interview was conducted with Nurse #1. The nurse stated the AD was also an NA and had been pulled from her activities duties to perform an NA role quite a few times, more lately. When the AD was placed in the NA role, the scheduled activities were cancelled because there was not a replacement (staff).	F 679			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in	F 725		7/1/21	

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F 725	<p>Continued From page 10</p> <p>accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and staff and resident interviews, the facility failed to have sufficient nursing staff to ensure residents received scheduled showers and bathing for 3 of 3 sampled dependent residents (Residents #2, #4, and #6). In addition, the insufficient staffing resulted in the frequent lack of activities for 3 of 3 sampled residents (Residents #1, #2 and #4). Findings included:</p> <p>Cross referenced to tags:</p> <p>F677: Based on observation, record review and staff and resident interviews, the facility failed to provide scheduled showers and bathing for activities of daily living (ADL) dependent residents for 3 of 4 residents reviewed for showers and bathing (Residents #2, #4, and #6).</p> <p>F679: Based on observation and staff and resident interviews, the facility failed to provide</p>	F 725	<p>Daily census at time of survey on 05/26/21 was 86- average MTD 85 with year to date 80.</p> <p>Staffing on 05/08/21 night shift we had 4 nursing assistants instead of 2 which can show time cards if needed- we never work with less than 4 on 11-7 shift due to lay out of facility</p> <p>We utilize LPN's and admin nursing staff to assist nursing assistants when needed and other dept managers help as needed with job duties they can do within their scope.</p> <p>We are actively recruiting for CNA's by placing ads on indeed, Pruitt Website, local paper and working with the community college. We also hire PCA'S and send them to Surry Community College for their CNA training.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/28/2021
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F 725	<p>Continued From page 11</p> <p>activities as scheduled when the Activities Director (AD) was placed in the Nursing Assistant (NA) role for 3 of 5 residents interviewed for facility activities (Resident #1, #2. and #4).</p> <p>A review of the May 2021 documented daily staffing revealed the average was 90. The average NA total for each shift was as follows: 7 NAs for days 6 NAs for eves 4 NAs for nights (low was 2 on 5/8/21) Total of six halls and cross-connect with resident rooms</p> <p>On 5/27/2021 at 12:10 pm an interview was conducted with the Director of Nursing (DON). The DON stated she was aware that the AD was pulled from her duties to cover nursing assistant duties for staffing shortages and call outs and that there were full time employee (FTE) positions open.</p> <p>On 5/26/2021 at 4:05 pm interview was conducted with the Administrator regarding staffing and concerns voiced by residents regarding staffing which had impacted resident ' s showers/bathing and lack of activities. The Administrator commented that the average census for the facility had been 90. The Administrator stated that the AD was pulled to the floor placed in the role of Nursing Assistant (NA) [prior role] when there were call outs. When the AD was placed in the NA role, there was no replacement staff for the scheduled activities, and they were not held. Licensed and administrative nurses were also placed in the role of nursing assistant when needed. Alternate weekends were short staffed and current staff were volunteering for overtime. The facility had not</p>	F 725	<p>We are also working with corporate on developing incentives for both in-hse and new hire nursing assistants. We are also very transparent with families and our residents on our struggles but our main concern is meeting the needs of our patients.</p> <p>In the event Activity Director is needed on the unit as certified nursing assistant the activity will be carried out by dept manager and/or prn non-certified staff due to patient care being a priority.</p> <p>Daily activities will be discussed in morning meetings to identify if replacement is needed to ensure activity for the day is carried out as scheduled.</p> <p>Nursing assistants will be in-serviced on importance of making sure bed baths or showers are done routinely and documentation is complete. Facility admin nursing staff has looked at assignments and made changes where needed, When unable to give showers or bed baths the nurse on unit will be notified of refusal.</p> <p>Each resident will have shower sheets with assigned days, type of bath and will be initialed by CNA. Nurse will review at end of their shift. This will be kept in notebook at nurses station and will be uploaded monthly into matrixcare. Audits will be done by DHS and/or designee on daily basis times 1 week, then 3 times/week for 2 weeks then weekly. Findings will be taken to quality assurance</p>		

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

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F 725	Continued From page 12 utilized outside staffing replacement. Two NAs were out on FMLA and cannot be replaced. There were currently nursing assistant FTE positions open for night shift 2, evening shift 4, and day shift 3. The Administrator commented that she took in new admissions based on staffing and had turned some potential admissions away.	F 725	committee meeting by DHS/admin monthly times three then quarterly times three Date of Compliance July 1 2021		