STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345175	A. BUILDING _____ B. WING _____	C 03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHFIELD MANOR NURSING AND REHAB	902 BERKSHIRE ROAD SMITHFIELD, NC 27577

(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 An unannounced recertification and complaint investigation was conducted on 3/28/22 through 3/31/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID NXFV11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 3/28/22 through 3/31/22. Event ID# NXFV11. 2 of the 2 complaint allegations were not substantiated. Intake # NC00187403	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 656		4/18/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/12/2022

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F 656	Continued From page 1 treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop a comprehensive care plan for 1 of 5 residents reviewed for unnecessary medications (Resident #71). Findings included: Resident #71 was admitted to the facility on 7/1/18 and readmitted on 2/17/22 with a diagnoses of diabetes mellitus and Chronic Obstructive Pulmonary Disease (COPD). The quarterly Minimum Data Set (MDS) dated 2/17/22 revealed Resident #71 had moderate cognitive impairment and required extensive assistance with activities of daily living. The MDS	F 656	Resident #71 ensured by MDS Coordinator to have care plan, to include diabetes mellitus and COPD, present and completed on 3-31-22. All residents' medical records reviewed by MDS Coordinator on 3-31-22 to ensure presence, completion and accuracy of existing care plans. All MDS staff shall receive in-servicing by DON regarding RAI section 2.7 "The care area assessment process and care plan completion" no later than 4-18-22. Audit entitled "Care Plan Completion Audit" shall be conducted by MDS Coordinator to ensure ongoing compliance with care plan completion per RAI requirements. These	

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F 656	Continued From page 2 revealed Resident #71 had an active diagnosis of diabetes mellitus and indicated she had a pulmonary diagnosis. A review of Resident #71 ' s active medications revealed she was receiving blood glucose checks before meals and insulin as needed for diabetes. She was also receiving inhaled steroids and a bronchodilator inhaler for COPD. A review of the active care plans for Resident #71 revealed no care plan related to diabetes mellitus or COPD. An interview was conducted with the MDS nurse on 3/31/22 at 11:00 AM and she stated she noticed on Monday 3/28/22 some of Resident #71 ' s care plans were not in the system. She stated the care plans were reinstated when Resident #71 was readmitted on 2/17/22 but there was a computer glitch that caused them to disappear. The MDS nurse stated she could have developed the care plans herself but just didn ' t. They were trying the get the computer issue fixed. On 3/31/22 at 12:07 PM an interview was conducted with the Administrator, and she stated she expected all the residents to have a comprehensive person-centered care plan in place.	F 656	audits shall be completed weekly X 1 week, monthly X 1 quarter and quarterly thereafter. The "Care Plan Completion Audit" shall be reviewed quarterly by the QA committee in order to monitor facility performance to ensure solutions are sustained.	
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical	F 690		4/18/22

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F 690	Continued From page 3 condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to maintain a device to secure catheter tubing and prevent tension on the catheter for two of five resident ' s catheters observed (Residents #25 and #108). Findings included:	F 690	Residents #25 and #108 ensured to have catheter securement device in place by DON upon notification of missing devices on 3-29-22. All existing residents with indwelling foley catheters noted on "Foley Audit" assessed by DON on 3-29-22 to ensure catheter securement devices were in place and attached appropriately.	

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F 690	Continued From page 4 1.A review of records revealed Resident #25 was admitted on 7/6/2016 with diagnoses including Urinary Tract Infection (UTI), and urinary retention. The Significant Change Minimum Data Set (MDS) dated 10/26/21, noted an indwelling catheter. The care plan updated 1/28/22 noted a focus of indwelling catheter and risk of UTI. Interventions were listed and included ensure catheter is strapped to thigh to prevent pulling on urinary meatus. Resident #25 ' s catheter was observed on 3/29/22 at 8:30 AM. The catheter was in a cover, off the floor and below the level of the bladder. The catheter tubing was not kinked and was draining well. On 3/29/22 at 8:30 AM, NA #4 was in the room to assist Resident #25 and lifted the linen off the resident ' s legs to check for a strap. There was no strap and the NA stated she would tell the nurse so a strap could be applied. On 3/31/22 at 12:24 PM in an interview, the Director of Nursing stated if staff recognize that a strap is missing, they should see that it is replaced at that time. 2. Medical records were reviewed and revealed Resident #108 was admitted 9/30/2020 with diagnoses that included dementia, pressure ulcers and Urinary Tract Infection (UTI). The Annual Minimum Data Set (MDS) dated 12/1/21 noted a UTI with indwelling catheter.	F 690	In-servicing to nursing staff shall be completed no later than 4-18-22 to ensure knowledge of "Urinary Catheter Care" policy and expectations for catheter securement device attachment and need for immediate replacement if missing. Audit entitled "Foley Audit" shall be completed by QA Coordinator weekly X 1 month, monthly X 1 quarter and quarterly thereafter as to ensure ongoing compliance with catheter securement devices. These audits shall be reviewed quarterly by the QA committee in order to monitor facility performance to ensure solutions are sustained.	

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F 690	Continued From page 5 The care plan dated 12/23/20 included interventions for check tubing for kinks every shift, ensure catheter is strapped to thigh to prevent pulling on urinary meatus. On 3/28/22 at 2:06 PM Resident #108 was observed getting care, and the catheter tubing had no strap or attachment to the resident ' s leg. The NA who was assisting Resident #108 stated she would tell the nurse so a device could be applied to hold the catheter tubing. On 3/31/22 at 12:24 PM in an interview, the Director of Nursing stated if staff recognize that a strap is missing, they should see that it is replaced at that time.	F 690		