STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345156	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HALL NURSING AND REHABILITATION CENTER	312 WARREN AVENUE KINSTON, NC 28502

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E 000	Initial Comments An unannounced recertification and complaint survey was conducted on 04/10/2022 - 04/13/2022. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID: LJ1Q11	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted on 04/10/2022 through 04/13/2022. The following intakes were investigated: NC00173681, NC00174930, NC00175030, NC00180749, NC00182227, NC00183505, NC00184947, NC00186893. Event ID# LJ1Q11. 13 of the 13 complaint allegations were not substantiated.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult	F 578		5/3/22

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

Electronically Signed | 04/28/2022

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F 578	Continued From page 1 residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to have an advance directive in the medical record for 1 of 1 resident reviewed for advanced directives (Resident #48). Findings included: Resident #48 was re-admitted to the facility on 2/10/22 with diagnoses of diabetes mellitus and cerebral infarction. A review of Resident #48's physician orders revealed no order for advance directives.	F 578	On 4/12/2022, the Director of Nursing clarified the code status/advance directive wishes of resident #48 and notified the physician of resident desire to be a Full Code status. The staff nurse updated resident advance directive to Full Code in the electronic record. On 4/12/2022 the Director of Nursing initiated an audit with all resident/resident representative to include resident #48 regarding Code Status. This audit was to verify the desired code status per resident preference. The Social Worker,	

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F 578	Continued From page 2 An interview with Nurse #1 was conducted on 4/12/22 at 9:20 AM. She stated Resident #48's code status should be in the electronic medical record. Resident #48's electronic record was reviewed with Nurse #1, and she indicated the code status should be at the top of the resident's electronic record which would have populated when the code status order was entered. Nurse #1 confirmed there was no code status in Resident #48's electronic medical record. The Social Worker was interviewed on 4/13/22 at 12:25 PM and stated she was responsible for ensuring the advance directive orders were documented in the resident medical record. She stated the order wasn't placed in the medical record because of an oversight on her part when Resident #48 was re-admitted to the facility. On 04/13/22 at 2:12 PM an interview was conducted with the Administrator, and she stated she expected all residents to have an advance directive order in their chart.	F 578	Administrator and/or Director of Nursing will address all concerns identified during the interviews to include notification of the physician for changes in preference for code status and updating resident electronic record. Audit will be completed by 5/3/2022. On 4/14/2022 the Staff Facilitator initiated an in-service with all nurses and Social Worker in regard to Code Status/Advance Directive. Emphasis is on verification of code status upon admission/readmission, notification of the when a resident/resident representative verbalizes a desire to change code status/advance directive, nurse's responsibility of notifying the physician immediately for any resident who desires a change in code status/advance directive, obtaining new order when indicated and updating resident electronic record. In-service will be completed by 5/3/2022. After 5/3/2022, any nurse or Social Worker who has not received the in-service will receive in-service upon next scheduled shift. All newly hired Social Worker, and nurses in regard to Code Status/Advance Directive. The IDT team to include DON, Administrator, Social Worker, and Nurse Supervisor will review all admissions/readmissions to include resident # 48 utilizing Advance Directive Audit Tool. This audit is to ensure the nurse verifies resident code status upon admission/readmission and to ensure the physician order and electronic record accurately reflects the resident and/or	

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F 578	Continued From page 3	F 578	resident representative desired code status/advanced directive. The Nurse Supervisor and/or assigned hall nurse will address all concerns identified during the audit to include notification of the physician of desired code status/changes in desired code status, obtaining physician order as indicated and updating the electronic record to accurately to reflect code status. The DON will review and initial the Advance Directive Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed. The Administrator will forward the results of the Advance Directive Audit Tool to the Executive Quality Performance Improvement Committee (QAPI) monthly x 2 months. The Executive QAPI Committee will meet monthly x 2 months and review the Advance Directive Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.	
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	F 656		5/3/22

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F 656	Continued From page 4 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 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 observation, staff interview and record review, the facility failed to develop a care plan for a resident on an anticoagulant (blood thinner) (Resident #6). This affected one of two residents reviewed for being on anticoagulants. Findings included:	F 656	On 4/12/2022, the Minimum Data Set (MDS) nurse updated care plan for resident #6 for use of anticoagulant therapy. On 4/13/2022 the Minimum Data Set (MDS) initiated an audit of all care plans for residents to include resident #6	

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F 656	Continued From page 5 A review of the medical record revealed Resident #6 was admitted on 10/30/20 with diagnoses including dementia, Diabetes Mellitus, and paroxysmal atrial fibrillation. A review of physician orders revealed an order dated 11/24/2020 for Xarelto 10 milligram (mg) to be given daily. The Five-day Minimum Data Set (MDS) dated 1/10/22 noted Resident #6 was severely impaired for cognition and needed total assistance for all daily care with the help of one to two persons. The MDS indicated Resident #6 received an anticoagulant each day for the seven-day lookback period. The care plan was reviewed and did not address the anticoagulant use. An interview was conducted with the Administrator on 4/13/22 at 2:20 PM. The Administrator stated she would expect any resident on an anticoagulant to have a care plan for it.	F 656	receiving anticoagulant medication. This audit is to ensure that all residents to include resident #6 are care planned for use of anticoagulant medications. The assigned nurse and/or Minimum Data Set (MDS) nurse will address all concerns identified during the audit to include updating care plan as indicated. Audit to be completed by 5/3/2022. On 4/14/2022 the Staff Facilitator initiated an in-service with all nurses in regards Care Plan for Medications with emphasis on ensuring resident care plan is updated for use of medications to include but not limited to anticoagulants. The in-service also include the responsibility of the Minimum Data Set nurse (MDS) to ensure care plan reflects use of medications to include but not limited to anticoagulants when completing assessments. In-service to be completed by 5/3/2022. All newly hired nurses and nursing assistants will be in-serviced by the Staff Facilitator during orientation regarding Care Plan for Medications. 10% of care plans for residents receiving anticoagulants to include resident #6 will be completed by the Minimum Data Set Nurse (MDS) weekly x 4 weeks then monthly x 1 month utilizing the Care Plan Audit Tool. This audit is to ensure care plans reflect use of anticoagulant therapy. The MDS nurse and assigned hall nurse will address all areas of concern identified during the audit to include updating care plan as indicated. The Director of Nursing (DON) will review and initial the Care Plan	

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F 656	Continued From page 6	F 656	Audit Tool weekly x 4 weeks then monthly x 1 month to ensure completion and that all areas of concerns were addressed. The DON will forward the results of the Care Plan Audit Tool to the Executive Quality Assurance Performance Improvement (QAPI) Committee monthly x 2 months. The Executive QAPI Committee will meet monthly x 2 months to review the Care Plan Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring	