

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

PRINTED: 07/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE WILMINGTON, NC 28401		
(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 000	INITIAL COMMENTS A complaint investigation survey was conducted from 4/20/22 through 4/21/22. Event ID Z7X611. The following intakes were investigated: NC00188122, NC00188206, NC00187234. 2 of the 6 complaint allegations were substantiated resulting in a deficiency.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each	F 584		5/15/22	

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

TITLE

(X6) DATE

Electronically Signed

05/15/2022

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 584	<p>Continued From page 1</p> <p>resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation, staff and nurse practitioner (NP) interviews, and Restoration Company technician (RCT) interviews, the facility failed to maintain a clean and sanitary environment by mold growing on the wall in 1 of 3 rooms observed for environment (room 200).</p> <p>Findings included:</p> <p>A review of the Maintenance Log revealed a work order dated 3/15/22 was submitted by a staff member for "Mold in room 200 next to A/C unit" and the action taken was "cleaned" and initialed by the Maintenance Assistant.</p> <p>During an observation of room 200 on 4/20/22 at 10:45 AM revealed approximately a 6.5 inch x 4 inch black, shiny, moist feeling area on the wall located near the lower right corner of the packaged Terminal air conditioner (pTac). A resident was currently residing in the room at the time of this investigation.</p> <p>An interview and observation with the</p>	F 584	<p>Element 1</p> <p>Resident #2 moved from room 200P to room 400P. Room 200P affected wall area near PTAC unit was assessed by All Inclusive LLC and facility treated area per recommendations. Wall area reassessed by All Inclusive LLC and determined to be dry and free from mold. Resident #2 did not experience any adverse outcome secondary to affected wall area. Resident #2 has discharged home per planned discharge and is no longer residing at facility.</p> <p>Element 2</p> <p>100% audit of resident rooms assessed for mold near PTAC units; all walls found to be dry, without discoloration.</p> <p>Element 3</p> <p>Maintenance assistant in-serviced by Maintenance Director to report any wall areas near PTAC units with moistness and/or discoloration for further evaluation and treatment determination.</p> <p>Element 4</p> <p>All resident room walls will be assessed</p>		

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F 584	<p>Continued From page 2</p> <p>Maintenance Director (MD) was conducted on 4/20/22 at 1:30 PM. He stated he had never seen the black, moist area located near the bottom of the pTac. He stated the Maintenance assistant had cleaned the area with bleach and had not informed management about the area. He further stated the area would need to be tested to determine if it was mold.</p> <p>An observation and interview occurred on 4/21/22 at 9:45 AM with the Restoration Company Technician (RCT). He stated the moisture content for the area was 9.7% and this number indicated the black, shiny, moist area on the wall was mold. He further stated since the number was below 14%, the area could be treated and repainted, and the drywall would not need to be replaced at this time. He further indicated the resident in the room should be moved prior to applying the treatment.</p> <p>An interview was conducted with the Nurse Practitioner (NP) on 4/21/22 at 10:40 AM. She stated that mold could cause some breathing problems especially in immunocompromised residents.</p> <p>An interview was conducted with the Administrator on 4/21/22 at 10:50 AM. She stated she had not been aware of the mold until it was brought to her attention yesterday. She further stated she expected the residents ' rooms to be free from mold.</p>	F 584	<p>for moisture or discoloration near PTAC units weekly x 4 weeks, then monthly x 8 weeks by Maintenance Director or designee.</p> <p>Element 5 Findings will be overseen by the administrator and forwarded to the QAPI committee for sustained compliance and recommendations. All necessary actions and in-services will be completed by 05/16/2022.</p>		
F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and</p>	F 656		5/15/22	

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F 656	Continued From page 3 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 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.	F 656			

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F 656	<p>Continued From page 4</p> <p>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 3 residents reviewed for care plans (Resident #3).</p> <p>Findings included:</p> <p>Resident #3 was admitted to the facility on 3/3/22 with diagnoses to include hemiplegia and hemiparesis (paralysis on one side of the body) following cerebral infarction (stroke) affecting left non-dominant side.</p> <p>The admission Minimum Data Set (MDS) assessment dated 3/9/22 revealed Resident #3 was moderately cognitively impaired and required extensive assistance with activities of daily living (ADLs).</p> <p>The care plan dated 3/9/22 contained one plan of care for impaired cognitive function made by the Social Worker (SW).</p> <p>An interview was conducted with MDS Nurse on 4/21/22 at 3:15 PM. She stated her part of the care plan for Resident #3 was late. She further stated the care plan should have been completed by 3/23/22. She indicated she had been the only MDS Nurse until last week when they hired someone else to help her.</p> <p>An interview was conducted with the Administrator on 4/21/22 at 4:55 PM. She stated she expected the care plans to be completed within the regulatory timeframe.</p>	F 656	<p>Element 1 Resident #3 care plan completed. Resident #3 did not have any adverse outcomes secondary to lack of completed comprehensive care plan.</p> <p>Element 2 100% audit completed of active residents for incomplete care plans. No adverse outcomes noted secondary to lack of completed comprehensive care plan. Any incomplete admission care plans outside of regulatory completion date to be completed by 05/16/2022.</p> <p>Element 3 MDS nurses in-serviced on regulatory guidelines for care plan completion for MDS admission/comprehensive assessments. IDT to be educated on how to create/update/review Care Plans.</p> <p>Element 4 New and readmitted resident care plans will be monitored weekly for timely completion by the DON, Administrator, or designee for 4 weeks, then monthly for 8 weeks. Findings will be reviewed monthly during QAPI meetings.</p> <p>Element 5 Findings will be overseen by the administrator and forwarded to the QAPI committee for sustained compliance and recommendations. All necessary actions and in-services will be completed by 05/16/2022.</p>		