STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345553	A. BUILDING _____ B. WING _____	C 06/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF FAYETTEVILLE	1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314

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E 000	Initial Comments The surveyor entered the facility on 6/23/22 to conduct an unannounced COVID-19 Focused Survey and complaint investigation and exited on 6/24/22. Additional information was obtained on 6/27/22 and 6/28/22. Therefore, the exit date was changed to 6/28/22. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# ZL3O11.	E 000		
F 000	INITIAL COMMENTS The surveyor entered the facility on 6/23/22 to conduct an uannounced COVID-19 Focused Infection Control Survey and complaint investigation and exited on 6/24/22. Additional information was obtained on 6/27/22 and 6/28/22. Therefore, the exit date was changed to 6/28/22. The facility was found to be out of compliance with 42 CFR §483.80 infection control regulations. Two of six allegations were substantiated. (NC 189658 and NC 189279)	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each	F 550		7/8/22

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

Electronically Signed | 07/08/2022

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F 550	Continued From page 1 resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, student nurse aide interview, student nurse aide instructor interview, and ombudsman interview, the facility failed to treat Resident #1 with respect during incontinence care. Nurse Aide #1 was observed labeling and trying to hush the resident when she expressed pain. This was for one	F 550	1. a skin audit was performed on the Resident found to be affected by the deficient practice. No signs of mistreatment have been identified. She appears content with her stay at the facility. 2. On June 27, 2022, skin checks were	

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F 550	Continued From page 2 (Resident # 1) of four residents reviewed for dignity issues. The findings included: Resident # 1 was admitted to the facility on 11/9/20. One of the resident's diagnoses included dementia with behavioral disturbance. Resident # 1's quarterly minimum data set assessment, dated 4/28/22, revealed the resident was cognitively impaired and needed extensive assistance with her hygiene needs. Review of schedules for Nurse Aide Students revealed students were in the facility for their clinical rotation on Monday through Thursday during the dates of 5/11/22 to 5/24/22. Resident # 1 was interviewed on 6/24/22 at 10:04 AM and was not able to account for any past events from staff. Resident # 1 appeared confused and quickly went from one unrelated topic to another. Student Nurse Aide (SNA) # 1 was interviewed on 6/24/22 at 9:15 AM and reported that during clinical rotations she and other student Nurse Aides had some concerns with how Nurse Aide (NA) # 1 cared for residents. SNA # 1 reported NA # 1 was not respectful to Resident # 1. SNA # 1 also reported she had witnessed NA # 1 say in front of Resident # 1 that she was a "drama queen" when the resident complained of hurting from a perineal rash. SNA # 2 was interviewed on 6/24/22 at 10:03 AM and reported the following. She and SNA # 3 were together with NA # 1 while NA # 1 was caring for Resident # 1 during their clinical rotation. Resident # 1's private area was very red	F 550	performed on the other residents that are not alert and oriented and interviews were performed with the alert and oriented Residents to ensure there are no concerns of mistreatment. 3. Re-education on abuse, neglect and resident rights is being completed for all staff by the Administrator. Any employee not trained in the initial time frame will be re-educated prior to taking their next assignment. Newly hired staff or agency employees will be educated during their orientation. 4. Random audits (10 per week) will be performed on staff interactions with the residents weekly times 6 weeks to ensure the residents are being treated with dignity and respect and to ensure the resident's rights are being protected. The audits will be reviewed by the administrator in monthly QAPI meetings for review and recommendations for the time period of the monitoring.	

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F 550	Continued From page 3	F 550		

and she appeared to have a yeast infection. When NA # 1 was cleaning Resident # 1, NA # 1 was not gentle and the resident was in pain from the irritation and rash as she was being cleaned. Resident # 1 would complain of pain and NA # 1 would say "She is just being a baby" or "she is just dramatic" in the presence of Resident #1.

SNA # 3 was interviewed on 6/24/22 at 10:16 AM and reported the following. She had also been in the room when SNA # 2 and NA # 1 were with Resident # 1. Student NA # 3 reported that Resident # 1 had a very bad rash and she perceived that NA # 1 was cleaning Resident # 1 too hard. The rash was painful and she heard facility NA # 1 say, "You're fine-don't worry. You need to hush."

Review of Resident # 1's record revealed she was started on Ketoconazole cream 2% two times per day to the groin area on 5/20/22. (This is an antifungal cream and the date corresponded to the time the student NAs were doing clinical in the facility.)

NA # 1 was interviewed on 6/27/22 at 3:53 PM and reported the following. She had never told a resident to hush and did not speak to residents disrespectfully. She reported she would never do that.

The Student NA Instructor was interviewed on 6/24/22 at 4:15 PM and reported the following. Although she had not witnessed a facility staff member talk disrespectfully to residents or care for them inappropriately, she felt SNA # 2 and SNA # 3 were credible students regarding anything they were reporting.

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F 550	Continued From page 4	F 550		

The DON (Director of Nursing) was interviewed on 6/24/22 at 1:45 PM and reported the following. She recalled the ombudsman calling her and asking her to look at Resident # 1's bottom while the SNAs were there. She had looked at it and saw she had what appeared to have a yeast infection. She had talked to the SNA Instructor who indicated that the instructor felt that one of her students may have called the ombudsman. The DON did not recall any reports of any of her staff talking disrespectfully and she had not identified that this may have been happening by talking further to the SNAs to gain further information about her staff being disrespectful.

The Regional Ombudsman was interviewed on 6/28/22 at 8:00 AM and reported the following. He had talked to the DON in May, 2022 when he received a report that student nurse aides were concerned regarding how facility staff were interacting with residents and being dismissive of the residents' concerns when caring for them. He had let the DON know this. He knew there had been a particular concern with Resident # 1's rash being dismissed.

The facility Administrator was interviewed on 6/24/22 at 6:05 PM and again on 6/27/22 at 3:40 PM and reported the following. NA # 1 was a part time employee who had worked with Resident # 1 on the dates of 5/12/22; 5/13/22; 5/17/22; and 5/18/22. This would have corresponded to the times that the SNAs were in the facility. She perceived NA # 1 to be a very good employee and had never personally known her to be disrespectful to anyone. The Administrator reported that she did recall the ombudsman had talked to the DON about Resident # 1's rash not being treated but she thought that was the issue

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F 550	Continued From page 5 and taken care of. According to the Administrator if she had known that there were corroborating statements from two SNAs that NA # 1 was making the comments that she had allegedly said, then the Administrator would have investigated further and taken appropriate action.	F 550		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880		7/8/22

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F 880	Continued From page 6 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to assure a readmitted resident (Resident # 9) was placed on	F 880	1. On June 23, 2022, the resident identified at the time of the survey was placed on Transmission-Based	

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F 880	Continued From page 7 transmission-based precautions for COVID-19 per infection control standards of practice. This was for one of three sampled residents reviewed for COVID precautions. This occurred during a coronavirus pandemic. The findings included: Resident # 9 was initially admitted to the facility on 6/13/22 and hospitalized again on 6/14/22. Resident # 9 was readmitted to the facility after his hospitalization on 6/21/22 at 5:05 PM. Review of Resident #9's record revealed he was not vaccinated for COVID-19. Resident # 9 was observed on 6/23/22 to be in his room without any transmission-based precautions (TBP) being taken by staff. There was no signage on the door denoting that Resident #9 was on TBP. Interview with the Director of Nursing on 6/23/22 at 5:00 PM revealed the resident should be on TBP and she would investigate why he had not been placed on TBP. A follow up interview was conducted with the DON on 6/24/22 at 1:30 PM and she reported that the nurse who had readmitted Resident # 9 thought the date of his precautions should be over since he had initially started them on 6/13/22. The nurse had not taken into account the resident had been back to the hospital, and not placed him on TBP on his readmission date of 6/21/22. The DON stated she had tested all residents and staff on the night of 6/23/22 after learning that this had occurred. None of the residents were positive. At the current time of the survey, the DON stated she had two staff members out due to obtaining COVID while within the community, and proper precautions had been taken to deal with the staff members per CDC (Centers for Disease Control)	F 880	Precautions. 2. To ensure no other residents were affected by the same deficient practice, all residents were tested on 6/23/22. every resident tested negative for COVID 19. Medical records were reviewed for all residents that admitted within the previous 7 days to ensure they were on the appropriate Transmission-based Precautions. 3. The Admissions Coordinator was re-educated by the Director of Nursing on the Admission COVID Vaccine Policy and Procedure as it relates to Transmission Based Precautions. A handout for reference was provided. All nurses, including administrative nurses will receive education on Transmission Based precautions and identifying those residents that will require Transmission Based Precautions by the Director of Nursing or designee. This education will be documented with an attestation signed by the individual doing the education. A root cause Analysis has been performed to assist in identifying the cause of the system failure. This root cause has informed what education was completed. 4. Admissions will be audited daily 5x week for 8 weeks to ensure proper Transmission based precautions is being used. The audits will be completed by the DON/designee. The audits will be reviewed in weekly resident review meetings and in the monthly QAPI meetings. Changes will be made by the QAPI team if necessary to ensure compliance.	

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F 880	Continued From page 8 guidelines.	F 880		