

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT LEXINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292	
(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	E 000		
F 000	INITIAL COMMENTS	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record review, manufacturer ' s manual review, and staff interviews, the facility failed to clean respiratory equipment for 1 of 3 residents reviewed for respiratory care (Resident #56). The findings included: The manufacturer ' s operator ' s manual for the oxygen concentrator contained a section titled, Routine Maintenance. Within the Routine	F 695	The facility failed to clean respiratory equipment for 1 of 3 residents. Resident #56 oxygen filter was cleaned immediately on 7/14/2022 by the maintenance director. On 07/14/2022 a 100% audit of oxygen concentrator filters was completed by the maintenance director any filters identified as having a buildup of debris on the filter were cleaned. On 7/25/2022 the maintenance director	7/25/22

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

TITLE

(X6) DATE

Electronically Signed

07/27/2022

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 695	<p>Continued From page 1</p> <p>Maintenance section was a sub-section titled, Cleaning the Cabinet Filter. The sub-section contained information clarifying there were two (2) cabinet filters one (1) located on each side of the oxygen concentrator. Further review of the cleaning section revealed each filter was to be removed and cleaned at least once a week depending on environmental conditions.</p> <p>Review of facility provided documents titled "Logbook Documentation" revealed one had a handwritten completed date of 6/1/22 and the other had a printed completed date of 7/1/22. The documents had a section titled, "Cleaning the Cabinet Filter" which included the directions to 1. Remove the filter and clean as needed. The section further described environmental conditions that may require more frequent inspection and cleaning of the filter included, but are not limited to: high dust, air pollutants, etc ...</p> <p>Resident #56 was admitted to the facility on 9/24/18. The resident ' s cumulative diagnoses included: Chronic Obstructive Pulmonary Disease (COPD), chronic respiratory failure with hypercapnia/hypoxia, obstructive sleep apnea, chronic Congestive Heart Failure (CHF), and atrial fibrillation (abnormal heart beat).</p> <p>Review of Resident #56 ' s most recent Minimum Data Set (MDS) assessments revealed a quarterly assessment with an Assessment Reference Date (ARD) of 6/5/22. Review of the assessment revealed the resident was coded as having severe cognitive loss and was coded as having received oxygen therapy.</p> <p>Resident #56 ' s Medication Administration Record (MAR) for 7/1/22 through 7/13/22 was</p>	F 695	<p>was educated by the Administrator on cleaning the oxygen cabinet filters on concentrators per the manufacturer's guidelines at least weekly and as needed when soiled.</p> <p>The Administrator or designee will audit 5 residents weekly x 3 months beginning 7/25/2022 Audits will be documented on oxygen concentrator monitoring log to ensure oxygen concentrator filters are cleaned per manufacturer schedule. The oxygen concentrator log will be brought to monthly Quality Assurance and Performance Improvement Committee x 3 months by the Administrator or designee for review. Any further action needed will be implemented by the committee as required.</p> <p>Date of Compliance: 7/25/2022</p>		

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

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F 695	<p>Continued From page 2</p> <p>reviewed. The review revealed the resident had an order, dated 6/2/22, to receive continuous oxygen at 3 liters per minute via a nasal canula every shift. The administration of the oxygen was signed by the nurse for the reviewed period.</p> <p>An observation conducted in the room of Resident #56, on 7/11/22 at 10:23 AM, revealed the oxygen concentrator in operation and the resident was wearing a nasal canula which was connected to the oxygen concentrator while the resident was resting in bed. Closer observation of the oxygen concentrator revealed a buildup of whitish/gray dust and debris on the filters on each side of the oxygen concentrator. The buildup was thick enough that some of it could be pulled off and it. The buildup was observed to cover the entirety of the rectangular shaped exposed filter from top to bottom and from side to side.</p> <p>A second observation conducted in the room of Resident #56, on 7/13/22 at 2:46 PM, revealed the oxygen concentrator in operation and the resident was wearing a nasal canula which was connected to the oxygen concentrator while the resident was resting in bed. Closer observation of the oxygen concentrator revealed a buildup of whitish/gray dust and debris on the filters on each side of the oxygen concentrator. The buildup was thick enough that some of it could be pulled off of it. The buildup was observed to cover the entirety of the rectangular shaped exposed filter from top to bottom and from side to side.</p> <p>A third observation conducted in the room of Resident #56 in conjunction with an interview with the Director of Nursing (DON), on 7/14/22 at 10:38 AM, revealed the oxygen concentrator in operation and the resident was wearing a nasal</p>	F 695			

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F 695	<p>Continued From page 3</p> <p>cannula connected to the oxygen concentrator while the resident was resting in bed. Closer observation of the oxygen concentrator revealed a buildup of whitish/gray dust and debris on the filters on each side of the oxygen concentrator. The DON stated maintenance checked the oxygen concentrators. She stated there was not a staff person who checked the oxygen concentrators and cleaned the filters on a weekly basis. She stated the filters on the oxygen concentrator and concentrators did not appear clean and needed to be cleaned.</p> <p>An interview with the Maintenance Director was conducted in conjunction with an observation on 7/14/22 at 10:43 AM. He said he went around and checked all of the oxygen concentrators at the beginning of each month as part of routine maintenance. He said he checked the filters on the oxygen concentrator in Resident #56 's room and the filters did not have dust on them earlier in the month. He further stated the nurses were responsible for wiping down the oxygen concentrators each week when the oxygen tubing/nasal canula was changed and if he would have been notified the filters needed to be cleaned, he would have cleaned them. He stated the filters on the oxygen concentrator did not appear clean and should be cleaned. The Maintenance Director was then observed to remove the filters and clean them.</p> <p>During an interview conducted on 7/13/22 at 2:08 PM with the facility Administrator she stated as evident on the logbook documentation, the filters had been cleaned on the first of the month by the Maintenance Director. She further stated it was her expectation for the filters on the oxygen concentrators to be cleaned according to</p>	F 695			

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F 695	Continued From page 4 manufacturer ' s guidelines.	F 695			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to properly store 2 of 2 food items in a refrigerator which were labeled refrigerate after opening. The Findings included: On 7/13/22 at 11:20 AM a follow up tour of the kitchen was completed with the Dietary Manager (DM). The follow up tour included observations of the facilities dry storage area which included a metal cart with shelves that included dried spices, oatmeal, grits, and flavor enhancements such as	F 812	The facility failed to properly store 2 out of 2 food items. On 07/13/2022 the Dietary manager disposed of the teriyaki sauce and lemon juice identified as not being stored properly. On 07/13/2022 a 100% audit of the marinades/sauces and flavor enhancing juices was completed by the dietary manager. Any items not properly stored per manufacturers label were disposed of. On 7/13/2022 100% of dietary staff were educated by the dietary manager on	7/25/22	

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F 812	<p>Continued From page 5</p> <p>hot sauce, soy sauce, lemon juice and marinades. On the top shelf was a one-gallon container of teriyaki marinade/sauce. It was labeled as opened on 5/11/22 and to be used by 11/16/22. The container had ¼ of a gallon of marinade remaining. The manufacturers label on the container read "refrigerate after opening". The container of marinade felt to be at room temperature and was shown to the DM.</p> <p>A 32 fluid ounce container of reconstituted lemon juice was on the top shelf. It was labeled as opened on 7/3/22 and to use by 1/3/23. The lemon juice was ¾ full. The manufacturers label on the container read "refrigerate after opening". The container of lemon juice felt to be at room temperature and was shown to the DM. The DM stated that both the teriyaki marinade/sauce and reconstituted lemon juice had remained on the shelf, and she was not aware the teriyaki marinade/sauce or the lemon juice needed to be refrigerated.</p> <p>An interview was completed with the administrator on 7/14/22 at 1:45 PM who stated that it would be her expectation that items in the kitchen be reviewed and have proper storage.</p>	F 812	<p>reviewing and following manufacturers guidelines for refrigerated items to include marinades/ sauces and flavor enhancing juices. Any new hires will be educated during orientation prior to working in the kitchen.</p> <p>The Dietary Manager or designee will audit marinades/sauces and flavor enhancing juices weekly x 3 months beginning 7/25/2022 Audits will be documented on storage monitoring log to ensure marinades and flavor enhancing juices are stored properly. The storage monitoring log will be brought to monthly Quality Assurance and Performance Improvement Committee x 3 months by the Dietary Manager or designee for review. Any further action needed will be implemented by the committee as required.</p> <p>Date of Compliance: 7/25/2022</p>		