STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345128	A. BUILDING _____ B. WING _____	R-C 08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT STATESVILLE	520 VALLEY STREET STATESVILLE, NC 28677

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F 000	INITIAL COMMENTS An onsite revisit was conducted on 08/03/22 with exit from the facility on 08/05/22. Additional information was obtained on 8/10/22. Therefore, the exit date was changed to 8/10/22. Tags F888 and F925 were corrected as of 08/10/22. A repeat tag was cited. New tags were also cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance. Event ID# Q7EH12.	F 000		
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions that the committee put in place for a deficiency for Grievances which was cited during a complaint investigation survey conducted on 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for Accuracy of Assessments which was cited during the recertification and complaint investigation survey completed on 9/3/21, the complaint investigation completed 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for Quality of Care	F 867		

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

Electronically Signed

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which was cited during the recertification and complaint investigation survey completed on 9/3/21, the complaint investigation completed 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for Dental Services which was cited during the recertification and complaint investigation survey completed on 9/3/21 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for Administration which was cited during the recertification and complaint investigation survey completed on 9/3/21, the complaint investigation completed 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for QAPI/QAA which was cited during a complaint investigation survey conducted on 2/23/22, the revisit and complaint investigation survey conducted on 4/1/22 and 5/25/22, and the facility's current revisit and complaint investigation survey conducted on 8/10/22. The continued failures of the facility during five federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program.

The findings included:

This tag is cross referred to:

F585- Based on observations, record reviews, resident, family and staff interview, the facility failed to provide written response for resolutions to grievances for 2 of 2 residents reviewed for grievances (Resident #1 and Resident #2).

During the complaint survey dated 2/23/22, this regulation was cited for failure to address filed grievances for 1 of 1 resident reviewed for

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grievances.

F641- Based on observation, record reviews, and resident and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) for 2 of 2 resident's reviewed for dental services (Resident #1 and Resident #2).

During the complaint survey dated 2/23/22, this regulation was cited for failure to accurately code an admission minimum data set assessment for height and discharge planning for 1 of 3 residents reviewed.

During the recertification survey on 09/03/21, this regulation was cited for failure to accurately code the Minimum Data Set (MDS) for 1 of 2 residents reviewed for discharge, for 1 of 5 residents reviewed for unnecessary medications, and for 1 of 5 residents reviewed for resident assessment.

F684- Based on observations, record reviews and resident, staff, Nurse Practitioner (NP), and Medical Director (MD) interviews, the facility failed to ensure residents' well-being by not providing care and services to prevent oral abscesses and unresolved dental pain for 2 of 3 residents (Resident #1 and Resident #2). Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. Resident #2 reported a pain level of 7 on a scale of 1-10 (10 being the worst pain) several days before and while the abscess was being treated. A dentist note dated 6/14/22 indicated Resident #2 had swelling around a tooth #21 which was inflammation but not currently an abscess. Resident #2 reported a pain level of 7

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on two occasions after this visit from the dentist. Resident #1 was seen by NP #1 on 10/21/21 and was prescribed antibiotics for a tooth abscess and a STAT (without delay) dental appointment for the abscess was requested. Resident #1 reported a pain level ranging from 7-10 from 10/21/21 through 10/27/21. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #1 was seen by the dentist on 4/11/22 and reported pressure similar to when a previous abscess had occurred. Resident #1 was prescribed an antibiotic for the abscess and reported a pain level ranging from 8-10 from 04/07/22 through 4/15/22. Resident #2's dental appointment was scheduled on 8/4/22 (after the survey began) for 8/16/22 and Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22.

During the complaint survey dated 2/23/22, this regulation was cited for failure to follow physician orders for treatment to a venous stasis ulcer, to follow physician order for treatment to a diabetic foot ulcer and to follow physician order for treatment of surgical wounds for 3 of 5 residents reviewed.

During the recertification survey on 09/03/21, this regulation was cited for failure to hold an anticoagulation medication as ordered for 1 of 5 residents reviewed for unnecessary medications and failed to provide a daily treatment as ordered for 1 of 1 resident reviewed for skin condition.

F791- Based on observations, record reviews and Nurse Practitioner (NP), Medical Director (MD),

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oral surgeon office manager (OM), staff, family, and resident interviews, the facility failed to obtain STAT (without delay) dental services for Resident #1 as ordered by NP #1 on 10/21/21 due to a tooth abscess. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. The facility failed to obtain dental services for extractions. Both Resident #1 and Resident #2 were treated for tooth abscesses with oral antibiotics and they experienced pain from the infections which decreased their appetite per resident interviews. Despite subsequent requests by the dentist and the medical providers, Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22 and Resident #2's was scheduled on 8/4/22 (after the survey began) for 8/16/22. The delay in dental services put Resident #1 and Resident #2 at risk for sepsis or endocarditis. This deficient practice occurred for 2 of 3 residents reviewed for dental services (Resident #1 and Resident #2).

During the recertification survey on 09/03/21, this regulation was cited for failure to obtain dental care by a dentist for a resident with broken teeth or teeth with dental caries for 1 of 1 resident reviewed for dental services.

F835- Based on observation, record reviews, and interviews of residents, staff, and the Medical Director, the Administration failed to provide leadership and oversight to the facility staff to

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F 867	Continued From page 5 ensure that physician ordered dental consults was conducted. During the complaint survey dated 2/23/22, this regulation was cited for failure to provide leadership and oversight to ensure effective systems were in place for obtaining PT/INRs (Prothrombin Time Test/ International Normalized Ratio) as ordered by the MD/NP and communicating laboratory results of the PT/INRs for monitoring and regulating of Coumadin (an oral blood thinner) dosage. The facility also failed to have the supplies needed for staff to obtain the PT/INRs for 1 of 1 resident reviewed for unnecessary medication. During the recertification survey on 09/03/21, this regulation was cited for failure to have sufficient housekeeping and laundry staff to ensure the residents had clean clothes available, clean linen for their bed, and clean gowns available as the resident had become accustom to wearing, the facility also failed to have enough staff to clean resident rooms on 2 of 4 hallways.	F 867		