

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

PRINTED: 08/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		
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E 001 SS=F	<p>Establishment of the Emergency Program (EP) CFR(s): 483.73</p> <p>§403.748, §416.54, §418.113, §441.184, §460.84, §482.15, §483.73, §483.475, §484.102, §485.68, §485.625, §485.727, §485.920, §486.360, §491.12</p> <p>The [facility, except for Transplant Programs] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility, except for Transplant Programs] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>* (Unless otherwise indicated, the general use of the terms "facility" or "facilities" in this Appendix refers to all provider and suppliers addressed in this appendix. This is a generic moniker used in lieu of the specific provider or supplier noted in the regulations. For varying requirements, the specific regulation for that provider/supplier will be noted as well.)</p> <p>*[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>*[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The</p>	E 001		8/1/22	

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

TITLE

(X6) DATE

Electronically Signed

08/04/2022

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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E 001	<p>Continued From page 1</p> <p>CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and a fire department dispatch report the facility failed to implement fire emergency procedures by not pulling the fire alarm during a fire emergency where one (Resident #1) of ninety-one residents were on fire.</p> <p>Findings included:</p> <p>Documentation on a facility Fire and Disaster Preparedness Plan/Fire Emergency Procedures, a part of the facility Emergency Preparedness plan, included the following procedure for critical actions at the discovery of fire. First, remove the person in immediate danger while calling out the facility fire code word for assistance. Second, close the door to contain the fire. Third, Activate the fire alarm. Fourth, close all remaining doors in the fire zone.</p> <p>Documentation in a nursing note written by Nurse #5 in the electronic medical record of Resident #1 dated 7/11/2022 at 8:20 PM stated, "Nurse was on hall passing out her medications. This nurse overheard someone yelling help, help. This nurse turned around and started walking towards [where] the yelling was coming from. This nurse observed resident rolling out her room in her wheelchair. Resident was engulfed in flames. While on fire resident was continuously yelling help, help. this nurse immediately grabbed fire extinguisher from wall and immediately paged</p>	E 001	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>E001: Establishment of the Emergency Program (EP) (Emergency Preparedness)</p> <p>1) Resident #1 no longer resides at the facility.</p> <p>2) All residents have the potential to be affected.</p> <p>3) Staff re-education was completed 7/13/22-8/1/22, which included fire alarm activation in the event of a fire. This education was added to the orientation education and the agency orientation packet. Fire Drills were conducted every shift for 7 days beginning 7/13/22. These drills included fire alarm activation.</p> <p>4) Fire Drills will be conducted twice a week (to include various shifts and weekends) for 4 weeks, weekly for 2</p>		

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E 001	<p>Continued From page 2</p> <p>over the intercom to alert staff for help. This nurse observed other staff coming down the hall with fire extinguisher also. The fire was immediately put out by staff and resident was immediately wrapped in a blanket. Other staff was down the hall on the phone calling on phone for 911."</p> <p>An interview was conducted with Nurse #5 on 7/14/2022 at 5:28 PM. Nurse #5 stated at about 8:15 PM she heard a resident calling out for help and she headed toward the sound. Nurse #5 observed Resident #1 wheeling out of her room engulfed in flames. Nurse #5 stated she paged overhead there was fire on her hall and went to grab a fire extinguisher. Before she could operate the fire extinguisher, NA #2 ran onto the hall, grabbed a fire extinguisher, and sprayed Resident #1 with the extinguisher. Nurse #5 stated other staff members acted to close resident doors, call 911, and bring blankets. Nurse #5 stated it was her priority in the situation to assist the resident and call for help from the other staff.</p> <p>NA #2 was interviewed on 7/14/2022 at 3:16 PM. NA #2 stated, after 8:00 PM, he was on the South hall when he heard an overhead page by Nurse #5 there was an emergency on West hall. NA #2 stated he ran to West hall, visualized Resident #1 sitting in the hallway in her wheelchair in flames. NA #2 stated upon Resident #1 visualizing NA #2 she cried out, "Help Me [NA #2] I'm on fire!" NA #2 revealed he grabbed the fire extinguisher and sprayed her entire body with the fire extinguisher. NA #2 indicated he pulled the wheelchair of Resident #1 into her room. NA #2 explained then NA #8 observed the chair of Resident #1 was still smoking and he grabbed the fire extinguisher</p>	E 001	<p>weeks and then monthly. Re-education will be provided with any concerns. The fire drill documentation will be reviewed in monthly QA. The QA committee will evaluate the need for further monitoring.</p>		

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E 001	Continued From page 3 spraying her an additional time to put out any lingering flames. NA #2 stated that at that point the fire alarm went off and the doors closed to the hallway. Documentation in a fire department report dated 7/11/2022 revealed at 8:30 PM an emergency medical services call alerted them to a burn victim at the facility. At 8:33 PM a call was received from the fire alarm company referencing a fire at the facility location. It was noted at 8:33 PM fire rescue was already in route to the facility. Documentation on the fire department report also revealed the nursing staff closed the doors to the hallway prior to the arrival of emergency medical services and the fire department. An interview was conducted with the facility Administrator on 7/15/2022 at 11:40 AM. The Administrator stated she thought during the fire, which occurred on 7/11/2022, the staff were focused on the safety of the residents first, but she was unsure why no one pulled the fire alarm. The Administrator stated that later the facility staff realized no one pulled the fire alarm but they should have.	E 001			
F 000	INITIAL COMMENTS A complaint investigation survey was conducted on 7/14/2022 through 7/20/2022. Event ID # 1FPK11 Two of two complaint allegations were substantiated resulting in a deficiency. The following intakes were investigated: NC00190893 and NC00190921.	F 000			

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F 000	Continued From page 4 Past non-compliance was identified at: CFR 483.25 at tag F689 at a scope and severity (K) CFR 483.70 at tag F835 at a scope and severity (K) The tag F689 constituted Substandard Quality of Care. A partial extended survey was conducted.	F 000			
F 689 SS=K	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, resident interview, Vice President of Clinical Services interview, and Regional Clinical Director interview the facility failed to maintain a systematic approach to identify residents as smokers, failed to assess smoking safety ability on a routine basis, failed to follow the smoking policies and procedures, and failed to provide supervision of residents smoking in the smoking area for two (Residents #1 and Resident #3) of three residents who were identified as smokers on 7/11/2022. Resident #1 caught herself on fire in her room on 7/11/2022 sustaining second and third degree burns on her body. Resident #1 expired as a result of this incident.	F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 5</p> <p>Findings included:</p> <p>Documentation on the facility smoking policy and procedure dated as last revised on 4/23/2019 stated in part, "Residents that are active smokers will be identified on admission and reviewed when there is a significant change of status, quarterly, and annually thereafter. Documentation in the smoking procedure in the same document stated in part, "All smoking materials will be stored by staff (e.g., Cigarettes, pipes, lighters, matches, e-cigarettes, etc.) Smoking materials found in residents' rooms, or on their person will be confiscated and stored appropriately." An additional procedure in the same document stated, "Residents are instructed not to share any smoking materials or lighted cigarettes with other residents."</p> <p>1. Resident #1 was originally admitted to the facility on 3/9/2020 with multiple diagnoses which included dementia.</p> <p>Documentation on the most recent safe smoking evaluation dated 3/29/2021 revealed Resident #1 was a safe smoker.</p> <p>Documentation on the most recent annual MDS assessment dated 2/25/2022 coded Resident #1 as not using tobacco.</p> <p>Documentation on the most recent quarterly Minimum Data Set (MDS) assessment dated 4/26/2022 coded Resident #1 as having moderately impaired cognition. Resident #1 was also coded as independent with locomotion on the unit with no range of motion impairment. Resident #1 was assessed as using a wheelchair.</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>The care plan for Resident #1, dated as initiated on 3/29/2021, had a focus area for the resident being an unsafe smoker. The care plan focus area for unsafe smoking was last updated on 5/11/2022 when the Director of Nursing added the intervention of education of the patient not to smoke in her room. Additional interventions under the same focus area included the provision of protective equipment referring to a smoking apron, orientation to the facilities designated smoking area and times, scheduled smoking times per facility protocol, and review of the smoking policy with the resident and the responsible party.</p> <p>An interview was conducted with the Director of Nursing (DON) on 7/14/2022 at 3:02 PM. The DON stated she was only aware of "one time a long time ago" when the husband of Resident #1 brought cigarettes for Resident #1 and the receptionist stopped it. The DON indicated she had no knowledge of a recent time, within the last year, when Resident #1 was found with cigarettes or a lighter on her person inside the building. The DON stated if the smoking policy was followed Resident #1 would not have been left alone to smoke with her husband and Resident #1 absolutely should have been monitored more closely.</p> <p>An interview was conducted with the Vice President of Clinical Services on 7/15/2022 at 1:10 PM. The Vice President of Clinical Services revealed she had previously questioned the Director of Nursing (DON) as to why she had updated the care plan of Resident #1 on 5/11/2022 with the intervention to educate the patient not to smoke in her room. The Vice President of Clinical Services revealed the DON</p>	F 689			

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F 689	<p>Continued From page 7</p> <p>had explained to her that on 5/11/2022 she had found Resident #1 with an unlit cigarette in her hand and a lighter in her room but was not actually smoking. The DON further explained to the Vice President of Clinical Services she had removed the cigarette and the lighter from the possession of Resident #1 and added the education intervention to the care plan. The DON did not respond to interview requests to verify this information from the Vice President of Clinical Services.</p> <p>The MDS nurse was interviewed on 7/15/2022 at 1:27 PM. The MDS nurse confirmed Resident #1 was a smoker and her smoking ability was reviewed at every care plan meeting she had with each MDS assessment. The MDS nurse stated that per the smoking policy Resident #1 was not allowed to have cigarettes or a lighter in her possession and was to have these items locked up at the nursing station. The MDS nurse explained it was her understanding the smoking residents, to include Resident #1, would meet a staff member at the nursing station who would obtain smoking supplies from the locked drawers and then go to the smoking courtyard with the residents.</p> <p>Documentation on the Resident Smoking Support schedule, dated as effective 7/15/2021, listed the following smoking times and departmental coverage for Mondays, the day of the week on 7/11/2022: 9:30 AM -9:45 AM - Admissions, 11:00 AM -11:15 AM- Scheduler/Central Supply, 1:15 PM-1:30 PM- Nursing Management, 3:00-3:45 PM - Food Services, 6:30 PM -6:45 PM - Nursing, 8:30-8:45 PM - Nursing.</p> <p>An interview was conducted with the Admissions</p>	F 689			

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F 689	<p>Continued From page 8</p> <p>Director on 7/15/2022 at 10:13 AM. The Admissions Director explained she was aware of the smoking policy and procedures. The Admissions Director admitted she was not following the resident smoking support schedule prior to 7/12/2022 and she was not monitoring the residents who smoked when she was on the schedule to do so. The Admissions Director also admitted she did not monitor the smoking residents on Monday, 7/11/2022 at 9:30 AM to 9:45 AM as stipulated by the schedule. The Admissions Director indicated she did not know if Resident #1 was outside smoking at 9:30 AM to 9:45 AM on 7/11/2022.</p> <p>An interview was conducted with the Staff Scheduler on 7/15/2022 at 10:02 AM. The Staff Scheduler explained that she was not following the smoking support schedule and monitoring the residents who smoked at her appointed time and day of the week. The Staff Scheduler explained that the only resident who smoked and needed monitoring was Resident #2 and he was monitored continuously one on one already, therefore she did not need to do so. The Staff Scheduler did not know if Resident #1 was outside smoking unsupervised on 7/11/2022 at 11:00 AM to 11:15 AM.</p> <p>An interview was conducted with the Vice President of Clinical Services on 7/15/2022 at 9:22 AM. The Vice President of Clinical Services revealed the DON was the staff member responsible for the scheduling of a nursing staff member to monitor the smoking residents in the smoking courtyard when the nursing department was scheduled to do so. The Vice President of Clinical Services acknowledged that prior to 7/12/2022, the nursing department did not have</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>anybody scheduled to supervise the smoking residents when it was assigned to nursing on the smoking support schedule on Monday, 7/11/2022 at 1:15 PM - 1:30 PM, 6:30 PM - 6:45 PM, and 8:30 -8:45 PM.</p> <p>An interview was conducted with the Dietary Manager on 7/15/2022 at 11:04 AM. The Dietary Manager stated that she appointed the evening cook to the 3:30 PM to 3:45 PM time slot on the resident smoking support schedule when Food Services was listed to monitor the smoking residents on Mondays.</p> <p>The evening cook (Cook #1) was interviewed on 7/15/2022 at 12:20 PM. Cook #1 confirmed she was aware of the smoking policies and procedures and she had been monitoring the smoking residents per the resident smoking support schedule but had stopped "probably around September 2021." Cook #1 indicated she was not aware if Resident #1 was smoking in the smoking courtyard at 3:30 PM to 3:45 PM on 7/11/2022.</p> <p>Documentation in a nursing note written by Nurse #5 in the electronic medical record of Resident #1 dated 7/11/2022 at 8:20 PM stated, "Nurse was on hall passing out her medications. This nurse overheard someone yelling help, help. This nurse turned around and started walking towards [where] the yelling was coming from. This nurse observed resident rolling out her room in her wheelchair. Resident was engulfed in flames. While on fire resident was continuously yelling help, help. this nurse immediately grabbed fire extinguisher from wall and immediately paged over the intercom to alert staff for help. This nurse observed other staff coming down the hall</p>	F 689			

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F 689	<p>Continued From page 10</p> <p>with fire extinguisher also. The fire was immediately put out by staff and resident was immediately wrapped in a blanket. Other staff was down the hall on the phone calling on phone for 911."</p> <p>An interview was conducted with Nurse #5 on 7/14/2022 at 5:28 PM. Nurse # 5 stated she routinely worked on Resident #1's hallway during the 3:00 PM to 11:00 PM shift. Nurse #5 revealed she had seen Resident #1 with cigarettes in her "black bag" she carried with her but that had "been a while ago." Nurse #5 explained the following details occurring on 7/11/2022 regarding Resident #1. Nurse #5 stated she started her nursing shift at 3:00 PM and noted Resident #1 was outside in the smoking area with her husband. Nurse #5 noted Resident #1 and her husband returned from the smoking area to her room at the time the evening meal was being served. Nurse #5 indicated she noted Resident #1 had her black bag with her when she returned to the room with her husband but could not recall when the husband of Resident #1 left the facility. Nurse #5 stated at approximately 8:05 PM she was at her medication cart at the end of the hallway Resident #1 resided. Nurse Aide (NA) #3 had told Nurse #5 she was going to the employee break room. NA #1 told Nurse #5 she would be in the activity room documenting on her residents but was in view of the hall if she was needed. NA #2 told Nurse #5 he was going to the South hallway, another hallway, to assist other residents he was assigned to. Nurse #5 stated at about 8:15 PM she heard a resident calling out for help and she headed toward the sound. Nurse #5 observed Resident #1 wheeling out of her room engulfed in flames. Nurse #5 stated she paged overhead there was fire on her hall and went to</p>	F 689			

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F 689	<p>Continued From page 11</p> <p>grab a fire extinguisher. Before she could operate the fire extinguisher, NA #2 ran onto the hall, grabbed a fire extinguisher, and sprayed Resident #1 with the extinguisher. Nurse #5 explained Resident #1 had her clothes burned off and was in extreme pain but coherent and talking. Resident #1 promised she was not smoking in her room. Nurse #5 stated other staff members acted to close resident doors, call 911, and bring blankets. Nurse #5 saw Resident #1 had a blue lighter in her hand and after the fire department and emergency medical services left with Resident #1, she took the black bag and the blue lighter to the nursing station. Nurse #5 stated she did not think anyone needed to watch Resident #1 when she was smoking and knew Resident #1 would smoke with her husband outside in the smoking area. Nurse #5 revealed she knew the husband of Resident #1 would bring her cigarettes without telling anybody.</p> <p>NA #2 was interviewed on 7/14/2022 at 3:16 PM. NA #2 indicated he routinely worked on Resident #1's hallway during the 3:00 PM to 11:00 PM shift. NA #2 explained that he did not usually go out to the smoking area to monitor the smoking residents because none of the residents on his hall smoked and needed monitoring. NA #2 stated on 7/11/2022 he was getting ready to provide care to a resident on another hall prior to the evening meal tray delivery and as he closed the blinds, he saw Resident #1, the husband of Resident #1, and Resident #3 in the smoking courtyard together without any staff member present. NA #2 stated he observed Resident #1 was smoking at that time in the courtyard with her husband. NA #2 stated he saw Resident #1 and her husband return from the smoking courtyard at approximately 5:20 PM, when he delivered the</p>	F 689			

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F 689	Continued From page 12 evening meal tray to Resident #1 in her room but did not know what time her husband left the building. NA #2 stated he saw Resident #1 had her black bag with her but did not note any smoking material in her possession when he delivered her meal tray. NA #2 stated he saw Resident #1 again that evening after the meal service when he was charting in the dining room. NA #2 explained Resident #1 let herself back into the building from the smoking courtyard and she had her black bag. NA #2 did not know if Resident #1 had been smoking in the courtyard at that point. NA #2 stated later, after 8:00 PM, he was on the South hall when he heard an overhead page by Nurse #5 there was an emergency on West hall. NA #2 stated he ran to West hall, visualized Resident #1 sitting in the hallway in her wheelchair in flames. NA #2 stated upon Resident #1 visualizing NA #2 she cried out, "Help Me [NA #2] I'm on fire!" NA #2 revealed he grabbed the fire extinguisher and sprayed her entire body with the fire extinguisher. NA #2 indicated Resident #1 had her clothes burned off her and her entire front arms, torso, and legs were burned red, so he pulled her wheelchair into her room out of the hallway. NA #2 stated Resident #1 told him, "[NA #2] I promise I was not smoking. I swear I wasn't smoking." NA #2 observed Resident #1 had her hand closed tight and asked her what she had in her hand. When NA #2 opened the hand of Resident #1 inside was a blue lighter. NA #2 stated he put the blue lighter on the bed side table. NA #2 explained then NA #8 observed the chair of Resident #1 was still smoking and he grabbed the fire extinguisher spraying her an additional time to put out any lingering flames. NA #2 stated that at that point the fire alarm went off and the doors closed to the hallway.	F 689			

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F 689	Continued From page 13 An interview was conducted with NA #1 on 7/14/2022 at 1:48 PM. NA #1 stated she was assigned to care for Resident #1 on 7/11/2022 and routinely worked on Resident #1's hallway during the 3:00 PM to 11:00 PM shift. NA #1 explained on 7/11/2022 she worked the 7:00 AM to 3:00 PM shift and the 3:00 PM to 11:00 PM shift on the hall Resident #1 resided. NA #1 revealed the following events on 7/11/2022. Resident #1 and her husband returned from being outside in the smoking courtyard at about 5:30 PM as the evening meal was being served. NA #1 heard the husband of Resident #1 tell Resident #1 he would be leaving and would return the next day. NA #1 saw Resident #1 had her black bag with her but did not see the contents of the bag or any smoking materials in her room. NA #1 was busy assisting residents with eating and when the evening meal service was over, Resident #1 was not in her room. NA #1 went to the activity room to chart on her residents at approximately 7:45 PM. NA #1 saw Resident #1 propel her wheelchair by her coming from the outside smoking courtyard and she spoke to her telling her she would soon come on the hall to assist her to bed and check on her. Twenty minutes later NA #1 heard an overhead page of an emergency on her hallway. NA #1 went to the hallway and observed Resident #1 on fire in the hallway with NA #2 and Nurse #5 with fire extinguishers. NA #2 went to the nursing station and called 911 and then the Maintenance Director. The Maintenance Director told NA #2 the fire alarm would not stop until the smoke cleared and directed her to tell everyone to keep the doors closed to the rooms and to open the windows. NA #2 opened the door for the emergency medical services and led them to	F 689			

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F 689	<p>Continued From page 14 Resident #1.</p> <p>An interview was conducted with NA #3 on 7/14/2022 at 4:03 PM. NA #3 stated she routinely worked on Resident #1's hallway during the 3:00 PM to 11:00 PM shift. NA #3 stated she saw Resident #1 with a lighter "a couple of days" before 7/11/2022 but could not be certain which day it was on the week prior. NA #3 revealed Resident #1 removed the lighter from her black bag and she happened to notice. NA #3 asked Resident #1 why she had a lighter and Resident #1 replied that it was to light cigarettes. NA #3 noted Resident #1 was on her way to the smoking courtyard. NA #3 stated she did not tell anyone because she had heard previously from other people Resident #1 kept cigarettes and a lighter in her purse although she had never seen it before that day. NA #3 said she saw Resident #1 when she picked up her evening meal tray on 7/11/2022. NA #3 stated she did not see any lighter or cigarettes at that time and the husband of NA #3 was not with her at that time. NA #3 revealed at 8:02 PM she "punched out" and went for a break in the employee break room on the service hall. NA #3 stated she heard the overhead page of an emergency on her hall, so she headed toward the hall. NA #3 explained she saw only "dust" from the fire extinguisher before she even came around the corner.</p> <p>An interview was conducted with NA #4 on 7/14/2022 at 4:45 PM. NA #4 stated on 7/11/2022 she was assigned to monitor Resident #2 one on one due to wandering/behavior concerns on the 3:00 PM to 11:00 PM shift. NA #4 confirmed Resident #2 was a resident who smoked which required her to monitor him while he smoked but she was never instructed or assigned to monitor</p>	F 689			

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F 689	<p>Continued From page 15</p> <p>anybody else who was smoking. NA #4 stated on 7/11/2022 she went with Resident #2 to the smoking area and saw Resident #1, the husband of Resident #1, and Resident #3 already smoking with lit cigarettes. She stated they were all sitting at the table smoking and she was the only staff member present as she entered the smoking area with Resident #2. NA #4 revealed she lit two cigarettes for Resident #2 and then NA #4 and Resident #2 left the smoking courtyard and returned inside. NA #4 indicated Resident #1, the husband of Resident #1, and Resident #3 remained outside in the smoking courtyard unsupervised. NA #4 also revealed she never saw the residents wearing smoking aprons while smoking and she had never been given any instruction they were required to do so.</p> <p>Nurse #1, the Unit Coordinator, was interviewed on 7/14/2022 at 2:30 PM. Nurse #1 stated on 7/11/2022 she was notified by phone of the fire at the facility and when she came to the facility the fire department personnel were still in the building but Resident #1 had been taken by ambulance to the hospital. Nurse #1 explained the black bag of Resident #3 was opened at the nursing station and the contents verified in the presence of Nurse #3. Nurse #1 stated that inside the bag were six unopened packages of cigarettes and two lighters (one red and one blue). Nurse #1 stated the black bag was locked up in a file cabinet in her office after the contents were verified.</p> <p>Nurse #3, the Regional Clinical Director, was interviewed on 7/14/2022 at 3:49 PM. Nurse #3 stated the DON called her on the evening of 7/11/2022 and notified her of the fire at the facility. Nurse #3 stated when she arrived at the facility on 7/11/2022 Resident #1 was no longer at the</p>	F 689			

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F 689	<p>Continued From page 16</p> <p>facility. Nurse #3 stated she verified the contents of the black bag of Resident #1 at the nursing station in the presence of Nurse #1. Nurse #3 confirmed in the black bag of Resident #1 were six unopened packages of cigarettes and two lighters.</p> <p>An interview was conducted with the Administrator on 7/15/2022 at 11:40 AM. The Administrator stated she thought the facility staff were following the smoking policies and procedures prior to 7/11/2022. The Administrator stated it was her understanding that the nursing staff were assigning someone to watch the smoking residents after the administrative staff had left for the day and she had never been told anything different. The Administrator revealed that none of the staff or the residents had alerted her to any issues with residents handling of smoking materials or issues with the smoking support schedule. The Administrator acknowledged the facility was not following the smoking policies and procedures which led to the fire.</p> <p>Documentation on an emergency medical services report dated 7/11/2022 initiated at 8:42 PM revealed in the narrative Resident #1 was found to have severe burns to the front of her body including her face. Due to the environment and the severity of the residents condition the decision was made to get the resident out of the facility before completing a full assessment. Resident #1 was noted to be in severe pain with second degree burns to her face, neck, chest, abdomen, both arms, both hands, and both legs. Resident #1 was documented as having third degree burns to both her forearms, her left hand, her abdomen, and the inside of her thighs.</p>	F 689			

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F 689	<p>Continued From page 17</p> <p>Resident #1 was administered Morphine intravenously for pain management while in route to the hospital.</p> <p>Documentation in a hospital discharge summary revealed Resident #1 was admitted to the Burn and Critical care unit of the hospital on 7/11/2022 with second and third degree burns to her face, neck, trunk, bilateral upper extremities, and bilateral lower extremities. Resident #1 was determined to not be a good surgical candidate, palliative care was consulted, and she expired on 7/12/2022.</p> <p>2. The most recent admission of Resident #3 was on 6/14/2022.</p> <p>Resident #3 had multiple diagnoses one of which included hemiplegia, or a severe loss of strength on the dominant right side.</p> <p>Documentation in the most recent Admission Minimum Data Set (MDS) assessment dated 6/20/2022 coded Resident #3 as being cognitively intact and currently using tobacco.</p> <p>There was no documentation of a safe smoking evaluation for Resident #3 for his 6/14/2022 admission.</p> <p>Documentation on the care plan dated 6/22/2022 revealed Resident #3 had a focus area for being an un-safe smoker. The interventions included supervised smoking, use of a smoking apron while smoking, orientation to the facilities designated smoking areas and times, and review of the smoking policy with the resident and/or family.</p>	F 689			

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F 689	<p>Continued From page 18</p> <p>Documentation on the Resident Smoking Support schedule, dated as effective 7/15/2021, listed the following smoking times and departmental coverage for Mondays, the day of the week on 7/11/2022: 9:30 AM -9:45 AM - Admissions, 11:00 AM -11:15 AM- Scheduler/Central Supply, 1:15 PM-1:30 PM- Nursing Management, 3:00-3:45 PM - Food Services, 6:30 PM -6:45 PM - Nursing, 8:30-8:45 PM - Nursing.</p> <p>An interview was conducted with the Admissions Director on 7/15/2022 at 10:13 AM. The Admissions Director explained she was aware of the smoking policy and procedures. The Admissions Director admitted she was not following the resident smoking support schedule prior to 7/12/2022 and she was not monitoring the residents who smoked when she was on the schedule to do so. The Admissions Director also admitted she did not monitor the smoking residents on Monday, 7/11/2022 at 9:30 AM to 9:45 AM as stipulated by the schedule.</p> <p>An interview was conducted with the Staff Scheduler on 7/14/2022 at 10:02 AM. The Staff Scheduler explained that she was not following the smoking support schedule and monitoring the residents who smoked at her appointed time and day of the week to do so. The Staff Scheduler explained that the only resident who smoked and needed monitoring was Resident #2 and he was monitored continuously one on one already, therefore she did not need to do so. The Staff Scheduler stated that Resident #3 was never in the smoking area and she never saw him smoking.</p> <p>An interview was conducted with the Vice President of Clinical Services on 7/15/2022 at</p>	F 689			

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F 689	<p>Continued From page 19</p> <p>9:22 AM. The Vice President of Clinical Services revealed the DON was the staff member responsible for the scheduling of a nursing staff member to monitor the smoking residents in the smoking courtyard when the nursing department was scheduled to do so. The Vice President of Clinical Services acknowledged that prior to 7/12/2022, the nursing department did not have anybody scheduled to supervise the smoking residents when it was assigned to nursing on the smoking support schedule on Monday, 7/11/2022 at 1:15 PM - 1:30 PM, 6:30 PM - 6:45 PM, and 8:30 -8:45 PM.</p> <p>An interview was conducted with the Dietary Manager on 7/15/2022 at 11:04 AM. The Dietary Manager stated that she appointed the evening cook to the 3:30 PM to 3:45 PM time slot on the resident smoking support schedule when Food Services was listed to monitor the smoking residents on Mondays.</p> <p>The evening cook (Cook #1) was interviewed on 7/15/2022 at 12:20 PM. Cook #1 confirmed she was aware of the smoking policies and procedures and she had been monitoring the smoking residents per the resident smoking support schedule but had stopped "probably around September 2021." Cook #1 confirmed she was not monitoring the smoking residents on 7/11/2022 at 3:30 PM to 3:45 PM and did not know if there was anybody in the smoking courtyard during that time frame.</p> <p>Documentation on the smoking support schedule dated 7/15/2021 listed the Activity Department was to cover the smoking time of 11:00 AM to 11:15 AM on Wednesdays and 3:30 PM to 3:45 PM on Fridays.</p>	F 689			

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F 689	Continued From page 20 An interview was conducted with the Activities Manager on 7/14/022 at 10:24 PM. The Activity Manager stated she was aware of the smoking policies and procedures prior to 7/12/2022 and she did adhere to the resident smoking support schedule. The Activities Manager stated she never saw Resident #3 in the smoking area, and she did not know he smoked. Documentation on the smoking support schedule dated 7/15/2022 listed the Business Office was to cover the smoking time of 9:30 AM to 9:45 AM on Tuesdays. An interview was conducted with the Business Office Manager on 7/14/2022 at 10:35 AM. The Business Office Manager indicated Resident #3 had not been in the facility for a long time and she did not know that he smoked until 7/12/2022. An interview was conducted with NA #4 on 7/14/2022 at 4:45 PM. NA #4 stated on 7/11/2022 she was assigned to monitor Resident #2 one on one for a wandering/behavior concern on the 3:00 PM to 11:00 PM shift. NA #4 confirmed Resident #2 was a resident who smoked which required her to monitor him while he smoked but she was never instructed or assigned to monitor anybody else who was smoking. NA #4 stated on 7/11/2022 she went with Resident #2 to the smoking area and saw Resident #1, the husband of Resident #1, and Resident #3 already smoking with lit cigarettes. She stated they were all sitting at the table smoking and she was the only staff member present as she entered the smoking area with Resident #2. NA #4 revealed she lit two cigarettes for Resident #2 and then NA #4 and Resident #2 left the smoking courtyard and	F 689			

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F 689	<p>Continued From page 21</p> <p>returned inside. NA #4 indicated Resident #1, the husband of Resident #1, and Resident #3 remained outside in the smoking courtyard unsupervised. NA #4 also revealed she never saw the residents wearing smoking aprons while smoking and she had never been given any instruction they were required to do so.</p> <p>An interview and observation were conducted with Resident #3 while he was in his room on 7/15/2022 at 2:30 PM. The outside door frame to the room in which Resident #3 resided had a sign designating it as a room in which oxygen was used. It was also observed at the time of the interview Resident #3 had an oxygen concentrator in his room that was not in use at that time. Resident #3 explained that his usual smoking habits in the facility were to smoke at 6:00 AM, after breakfast, after lunch, and after dinner. Resident #3 stated he had been in the facility for rehabilitation services on multiple occasions and had always kept his cigarettes and lighter in a drawer in his room, going out to smoke whenever he wanted to until 7/12/2022. Resident #3 stated that prior to 7/12/2022 he had never had a smoking evaluation, never told to wear a smoking apron, was never told he could not keep a lighter or cigarettes in his room. Resident #3 indicated he was able to come and go as he pleased, smoking whenever he wanted for as long as he wanted while he was in the facility on each of his admissions. Resident #3 confirmed he did not smoke in his room on any of his admissions. Resident #3 revealed the smoking residents and family members, prior to 7/12/2022, would give cigarettes to each other or a lighter whenever they needed or desired them while in the smoking courtyard.</p>	F 689			

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F 689	<p>Continued From page 22</p> <p>An interview was conducted with the facility Administrator on 7/15/2022 at 2:40 PM. The facility Administrator stated she did not know Resident #3 had been keeping his cigarettes and lighter in his room prior to 7/12/2022. The Administrator stated she thought the facility policy to keep lighters and cigarettes under lock and key with them only being obtained by the facility staff at appointed times was being followed. The Administrator thought all the smoking materials were always kept locked up at the nursing station and the smoking support schedule was being followed. The Administrator indicated she wished Resident #3 had told her he was keeping smoking supplies in his room but acknowledged the staff should have recognized the smoking policies and procedures were not being followed with regard to assessment of smoking ability, securing smoking materials, and monitoring of residents who smoked.</p> <p>The facility provided the following corrective action plan with a completion date of 7/13/2022.</p> <p>The facility did not evaluate residents for smoking. The facility did not adhere to the supervised smoking schedules. The facility did not ensure safe keeping of resident smoking materials. The facility failed to ensure the implementation and staff understanding of the smoking policy.</p> <p>Resident #1 was discharged to the hospital on 7/11/2022 and did not return.</p> <p>Resident #3 was evaluated for safe smoking on 7/12/22 and deemed an unsafe smoker. A room sweep was conducted in Resident #3 room to ensure no smoking materials were in the room.</p>	F 689			

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F 689	<p>Continued From page 23</p> <p>Resident #3 smoking materials were removed and locked for safe keeping. Resident #3 was re-educated regarding the smoking policy on 7/12/2022. Resident #3 signed a safe smoking agreement on 7/12/22.</p> <p>On 7/12/22 a QAPI was initiated for the smoking policy and procedure to ensure residents who wish to smoke can do so safely following the guidelines outlined in the facility policy and procedure. An ad hoc QAPI meeting was held on 7/12/22 at 1:45am. The following immediate actions that occurred after the incident were reviewed by the committee to include room sweeps on all residents who smoke to verify no unsafe materials were present, review of the designated resident smoking courtyard verifying the proper fire blanket, fire extinguisher, ashtrays, waste receptacles and smoking aprons were in place, posting of the smoking schedule, verification of secured storage area for smoking materials at the nurses station, education for all staff on the smoking policy and procedure, smoking evaluation, care plan updates, and resident / resident representative education for residents who smoke to be completed in am when they are awake.</p> <p>Immediate education to staff on the smoking policy and procedure was initiated on 7/11/22 after the incident and continued until all staff received the education by 7/12/22. The education included detailed review of the smoking policy and procedure with a posttest to verify understanding. On 7/12/22 additional retention questions were performed randomly to validate continued understanding on the policy and procedure and are continuing as part of the QAPI monitoring. On 7/13/22 additional retention</p>	F 689			

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F 689	<p>Continued From page 24</p> <p>questions for nurses were performed randomly to validate continued understanding of the documentation associated with the smoking policy and procedure and are continuing as part of the QAPI monitoring. Staff did not work unless they received the education.</p> <p>On 7/12/22 the Guardian Angel program was educated to the participating managers to ask residents permission to randomly look for any unsafe materials in their rooms or on their person and document this review on their guardian angel form for any assigned residents who smoke. An audit to review the guardian angel reports was initiated on 7/13/22 and continues as part of the QAPI monitoring. Administrator is designated to review the reports.</p> <p>On 7/12/22 the residents who smoke were re-evaluated using the safe smoking evaluation. The smoking schedule was reviewed and revised on 7/12/22 to reflect the evaluations. The care plan for residents who smoke was updated to reflect the results of the resident's evaluation on 7/12/22. All residents who smoke resigned their smoking agreements on 7/12/22. Residents that smoke and their representatives were educated on the smoking policy and procedure on 7/12/22. A secondary education to residents who smoke was completed on 7/13/22 to include smoking times under staff supervision, staff maintaining smoking materials, and use of a smoking apron. Residents that smoke will continue to receive quarterly safe smoking evaluations using the nursing data set evaluation in conjunction with their quarterly MDS. On 7/12/2022 licensed nurses were educated that they will evaluate resident who smoke upon admission, quarterly, and with significant changes in condition using</p>	F 689			

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F 689	<p>Continued From page 25</p> <p>the nursing data set or safe smoking evaluation form.</p> <p>On 7/12/22 an audit was conducted to validate if any resident has a desire to smoke now or potentially in the future to ensure that they are aware that we must evaluate the resident prior to them being allowed to participate in the designated smoking times. No other residents were identified as wishing to smoke at this time. On 7/12/22 an audit to evaluate the smoking policy and procedure was implemented as described in the policy and procedure for new admissions who wish to smoke was completed and continues as part of the QAPI monitoring. On 7/12/22 a sign was posted at the facility entrance reminding staff, visitors, and residents that no smoking is permitted in the facility and please do not provide any resident smoking materials to include cigarettes, lighters, electronic cigarettes, or other tobacco products.</p> <p>A current list of the smokers and their status of safe or unsafe smoker was reviewed and revised on 7/12/22 and will be maintained and updated as needed and is located with the smoking materials. On 7/12/22 an audit tool to review the supervision provided and management of smoking materials by staff was initiated and continues ongoing as part of the QAPI monitoring. Administrator is responsible for reviewing this audit tool.</p> <p>The onsite validation was completed on 7/15/2022 through observation, resident interview, staff interviews, and record review.</p> <p>Observations were made on 7/14/2022 at 9:00</p>	F 689			

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F 689	<p>Continued From page 26</p> <p>AM of a sign on the front door of the facility alerting visitors of the smoking policy and procedures within the building and warning visitors to not give lighters or cigarettes to the residents.</p> <p>Observations were made on 7/14/2022 at 1:29 PM and 7/15/2022 at 9:47 AM of the signage at the nursing station cabinet for smoking materials and the smoking courtyard area. The top of the cabinet for the smoking materials was observed to be have the list of smoking residents, reminders of the smoking procedures, and a smoking schedule. The cabinet with the smoking materials was observed to be kept locked with a key. Inside the cabinet were bins for each resident with their smoking materials. During both observations the residents were observed to be supervised by a staff member who obtained smoking materials from the locked cabinet at the nursing station, assured residents were wearing smoking aprons, and lit the cigarettes for the residents. The residents had large metal ashtrays for their use at the table. In the smoking courtyard area was a fire blanket and a fire extinguisher readily available.</p> <p>Observations were made on 7/15/2022 beginning at 9:01 AM to verify signage was in place on all the doors of the residents who used oxygen.</p> <p>Interviews were conducted on 7/14/2022 and 7/15/2022 with staff members to determine if training was performed and knowledge retained on smoking policies and procedures. These interviews confirmed staff had received training and were knowledgeable regarding policies and procedures.</p>	F 689			

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F 689	Continued From page 27 An interview was conducted with an alert and oriented resident who smoked cigarettes on a routine basis to verify education, smoking assessments, and the smoking policies and procedures being followed as of 7/12/2022. The following documentation was provided by the facility and was reviewed. Documentation was reviewed of a Quality Assurance and Improvement Plan for smoking policies and procedures dated 7/11/2022 and 7/12/2022. Documentation was reviewed of room sweeps conducted on 7/11/2022 during which two additional residents were added to the list of residents who smoked. The facility provided an oxygen sign audit dated 7/12/2022, resident council minutes dated 7/12/2022, resident smoking evaluations and acknowledgments, resident smoking schedule dated 7/12/2022, updated care plans for residents who smoke dated 7/12/2022, resident/family education dated 7/12/2022, and resident safe smoking agreements dated 7/12/2022. The facility provided documented evidence 100% of the staff in the facility were provided education on the facility policies and procedures for smoking with the focus on notification of administration if the procedures were not being followed. Documentation of education on updated guardian angel round forms for observation of smoking supplies in resident rooms was dated 7/12/2022. Resident intention to smoke and supervised smoking area audits were initiated on 7/12/2022. The facility's corrective action plan was validated to be completed on 7/13/2022.	F 689			
F 835 SS=K	Administration CFR(s): 483.70	F 835			

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F 835	Continued From page 28 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, resident interview, Vice President of Operations interview, Vice President of Clinical Services interview, and Regional Clinical Director interview the facility administration failed to implement and monitor systems for keeping smokers safe for two (Residents #1 and Resident #3) of three residents who were identified as smokers on 7/11/2022. Resident #1 caught herself on fire in her room on 7/11/2022 sustaining second and third degree burns on her body. Resident #1 expired as a result of this incident. Findings included: Cross Refer: F689 Based on observation, staff interview, record review, resident interview, Vice President of Clinical Services interview, and Regional Clinical Director interview the facility failed to maintain a systematic approach to identify residents as smokers, failed to assess smoking safety ability on a routine basis, failed to follow the smoking policies and procedures, and failed to provide supervision of residents smoking in the smoking area for two (Residents #1 and Resident #3) of three residents who were identified as smokers on 7/11/2022. Resident #1 caught herself on fire in her room on 7/11/2022 sustaining second and third degree burns on her	F 835	Past noncompliance: no plan of correction required.		

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F 835	<p>Continued From page 29</p> <p>body. Resident #1 expired as a result of this incident.</p> <p>An interview was conducted with the Vice President of Operations and the Vice President of Clinical Services on 7/15/2022 at 3:59 PM. The Vice President of Operations and the Vice President of Clinical Services explained how they addressed the entire administrative team on the responsibilities of the administration to work together to protect the residents. The Vice President of Operations stated he specifically addressed the Administrator and the Director of Nursing on communication and the systematic approach required to address the needs of the smoking residents.</p> <p>The facility provided the following corrective action plan with a completion date of 7/13/2022.</p> <p>The facility Administrator and Director of Nursing failed to ensure the implementation and staff understanding of the smoking policy as evidenced by the facility did not: evaluate the residents for smoking, adhere to the supervised smoking schedule, ensure safe keeping of resident smoking materials.</p> <p>Resident #1 was discharged to the hospital on 7/11/2022 and did not return.</p> <p>Resident #3 was evaluated for safe smoking on 7/12/22 and deemed an unsafe smoker. A room sweep was conducted in Resident #3 room to ensure no smoking materials were in the room. Resident #3 smoking materials were removed and locked for safe keeping. Resident #3 was re-educated regarding the smoking policy on 7/12/2022. Resident #3 signed a safe smoking</p>	F 835			

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F 835	<p>Continued From page 30 agreement on 7/12/22.</p> <p>On 7/12/22 a QAPI was initiated for the smoking policy and procedure to ensure residents who wish to smoke can do so safely following the guidelines outlined in the facility policy and procedure. An ad hoc QAPI meeting was held on 7/12/22 at 1:45am. The following immediate actions that occurred after the incident were reviewed by the committee to include room sweeps on all residents who smoke to verify no unsafe materials were present, review of the designated resident smoking courtyard verifying the proper fire blanket, fire extinguisher, ashtrays, waste receptacles and smoking aprons were in place, posting of the smoking schedule, verification of secured storage area for smoking materials at the nurses station, education for all staff on the smoking policy and procedure, smoking evaluation, care plan updates, and resident / resident representative education for residents who smoke to be completed in am when they are awake.</p> <p>Immediate education to staff on the smoking policy and procedure was initiated on 7/11/22 after the incident and continued until all staff received the education by 7/12/22. The education included detailed review of the smoking policy and procedure with a posttest to verify understanding.</p> <p>On 7/13/22 department manager training was conducted by VP of Operations and VP of Clinical Services and included the DON and Administrator regarding the policy and procedure and oversight of supervision of the policy.</p> <p>On 7/12/22 additional retention questions were</p>	F 835			

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F 835	<p>Continued From page 31</p> <p>performed randomly to validate continued understanding on the policy and procedure and are continuing as part of the QAPI monitoring.</p> <p>On 7/13/22 additional retention questions for nurses were performed randomly to validate continued understanding of the documentation associated with the smoking policy and procedure and are continuing as part of the QAPI monitoring. Staff did not work until they received the education.</p> <p>On 7/12/22 the Guardian Angel program was educated to the participating managers to ask residents permission to randomly look for any unsafe materials in their rooms or on their person and document this review on their guardian angel form for any assigned residents who smoke. An audit to review the guardian angel reports was initiated on 7/13/22 and continues as part of the QAPI monitoring. Administrator is designated to review the reports.</p> <p>On 7/12/22 the residents who smoke were re-evaluated using the safe smoking evaluation. The smoking schedule was reviewed and revised on 7/12/22 to reflect the evaluations. The care plan for residents who smoke was updated to reflect the results of the resident's evaluation on 7/12/22. All residents who smoke resigned their smoking agreements on 7/12/22. Residents that smoke and their representatives were educated on the smoking policy and procedure on 7/12/22. A secondary education to residents who smoke was completed on 7/13/22 to include smoking times under staff supervision, staff maintaining smoking materials, and use of a smoking apron. Residents that smoke will continue to receive quarterly safe smoking evaluations using the</p>	F 835			

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F 835	<p>Continued From page 32</p> <p>nursing data set evaluation in conjunction with their quarterly MDS. On 7/12/2022 licensed nurses were educated that they will evaluate resident who smoke upon admission, quarterly, and with significant changes in condition using the nursing data set or safe smoking evaluation form.</p> <p>On 7/12/22 an audit was conducted to validate if any resident has a desire to smoke now or potentially in the future to ensure that they are aware that we must evaluate the resident prior to them being allowed to participate in the designated smoking times. No other residents were identified as wishing to smoke at this time. On 7/12/22 an audit to evaluate the smoking policy and procedure was implemented as described in the policy and procedure for new admissions who wish to smoke was completed and continues as part of the QAPI monitoring. On 7/12/22 a sign was posted at the facility entrance reminding staff, visitors, and residents that no smoking is permitted in the facility and please do not provide any resident smoking materials to include cigarettes, lighters, electronic cigarettes, or other tobacco products.</p> <p>A current list of the smokers and their status of safe or unsafe smoker was reviewed and revised on 7/12/22 and will be maintained and updated as needed and is located with the smoking materials. On 7/12/22 an audit tool to review the supervision provided and management of smoking materials by staff was initiated and continues ongoing as part of the QAPI monitoring. Administrator is responsible for reviewing this audit tool.</p>	F 835			

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F 835	<p>Continued From page 33</p> <p>Onsite validation was completed on 7/15/2022 through record review, observation, resident interview, and staff interviews.</p> <p>Observations were made on 7/14/2022 at 9:00 AM of a sign on the front door of the facility alerting visitors of the smoking policy and procedures within the building and warning visitors to not give lighters or cigarettes to the residents.</p> <p>Observations were made on 7/14/2022 at 1:29 PM and 7/15/2022 at 9:47 AM of the signage at the nursing station cabinet for smoking materials and the smoking courtyard area. The top of the cabinet for the smoking materials was observed to be have the list of smoking residents, reminders of the smoking procedures, and a smoking schedule. The cabinet with the smoking materials was observed to be kept locked with a key. Inside the cabinet were bins for each resident with their smoking materials. During both observations the residents were observed to be supervised by a staff member who obtained smoking materials from the locked cabinet at the nursing station, assured residents were wearing smoking aprons, and lit the cigarettes for the residents. The residents had large metal ashtrays for their use at the table. In the smoking courtyard area was a fire blanket and a fire extinguisher readily available.</p> <p>Observations were made on 7/15/2022 beginning at 9:01 AM to verify signage was in place on all the doors of the residents who used oxygen.</p> <p>Interviews were conducted on 7/14/2022 and 7/15/2022 with staff members to determine if training was performed and knowledge retained</p>	F 835			

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F 835	<p>Continued From page 34</p> <p>on smoking policies and procedures. These interviews confirmed staff had received training and were knowledgeable regarding policies and procedures.</p> <p>An interview was conducted with an alert and oriented resident who smoked cigarettes on a routine basis to verify education, smoking assessments, and the smoking policies and procedures being followed as of 7/12/2022.</p> <p>Interviews were conducted with the Regional Clinical Director and the Director of Nursing to confirm education regarding smoking policies and procedures were conducted with all staff members by 7/12/2022.</p> <p>The following documentation was provided by the facility and was reviewed. Documentation was reviewed of a Quality Assurance and Improvement Plan for smoking policies and procedures dated 7/11/2022 and 7/12/2022. Documentation was reviewed of room sweeps conducted on 7/11/2022 during which two additional residents were added to the list of residents who smoked. The facility provided an oxygen sign audit dated 7/12/2022, resident council minutes dated 7/12/2022, resident smoking evaluations and acknowledgments, resident smoking schedule dated 7/12/2022, updated care plans for residents who smoke dated 7/12/2022, resident/family education dated 7/12/2022, and resident safe smoking agreements dated 7/12/2022. The facility provided documented evidence 100% of the staff in the facility were provided education on the facility policies and procedures for smoking with the focus on notification of administration if the procedures were not being followed.</p>	F 835			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		
(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 835	Continued From page 35 Documentation of education on updated guardian angel round forms for observation of smoking supplies in resident rooms was dated 7/12/2022. Resident intention to smoke and supervised smoking area audits were initiated on 7/12/2022. The facility's corrective action plan was validated to be completed on 7/13/2022.	F 835		