STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345003	A. BUILDING _____ B. WING _____	12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILAS CREEK REHABILITATION CENTER	3350 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103

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E 000	Initial Comments An unannounced recertification survey was conducted on 12/18/22 through 12/21/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #GP6911.	E 000		
F 000	INITIAL COMMENTS A recertification survey was conducted from 12/18/22 through 12/21/22. Event ID# GP6911.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to complete a Preadmission Screening and Resident Review (PASRR) application for a resident who exhibited	F 644	Plan of Correction PASARR 1. Address how the corrective action will be accomplished for those residents	12/22/22

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

Electronically Signed | 01/05/2023

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F 644	Continued From page 1 new behaviors which resulted in additional psychiatric diagnoses for 1 of 1 resident (Resident #38) reviewed for PASRR. Findings included: Resident #38 was admitted to the facility on 3/11/20 with diagnoses that included, in part, convulsions and congestive heart failure. She had a level one PASRR number upon admission. The medical record indicated Resident #38 was seen by psychiatry services in the facility on 10/7/21 and was noted to have "a new onset of auditory delusions ..." and subsequently diagnosed with brief psychotic disorder and major depressive disorder. Additional visits with psychiatry were completed 12/28/21 and 7/25/22 and resulted in diagnoses of psychosis and schizophrenia. The medical record revealed a PASRR application was not completed to determine if a level two PASRR referral (the purpose of the Level two screening is to assure that individuals with serious mental illness entering or residing in Medicaid certified nursing facilities receive appropriate placement and services) was needed due to newly identified serious mental illness. The quarterly Minimum Data Set (MDS) assessment dated 11/15/22 indicated Resident #38 had moderately impaired cognition. She reported mood symptoms that included feeling down, feeling tired/little energy, trouble sleeping, and having trouble concentrating. Resident #38 refused care 1-3 days out of the seven day look back period. Additionally, she received antipsychotic and antidepressant medications for 7 of 7 days during the MDS look back period.	F 644	found to have been affected by the deficient practice. Resident #1 has had information submitted for PASARR review due to a new diagnosis of schizophrenia. 2. How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice. Current residents who have new psychiatric diagnoses are at risk for this issue. Current resident diagnoses have been reviewed to identify if there are any psychiatric diagnoses that have been given after the admission date. This audit was completed by the Director of Nursing or designees. The audit was completed on 12/19/22. Current residents who met the criteria will have their application sent to NCMUST for review. Any change in PASARR level will result in updates to the resident care plan as is appropriate. 3. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The Social Services Director has been reeducated related to the expectation that any new psychiatric diagnosis requires a new application to NCMUST for PASARR review. This education was provided by the Administrator on 12/19/22 4. Monitoring	

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F 644	Continued From page 2 The care plan, updated 11/23/22, included focused areas of verbal outbursts and being resistive to care. Interventions included, "Observe for signs/symptoms of mania, racing thoughts, euphoria, increased irritability, frequent mood changes, pressured speech, and flight of ideas; psychiatric consult as needed." On 12/19/22 at 10:44 AM Resident #38's current PASRR number, dated 3/9/20, was provided by the Social Services Director and indicated a level one PASRR number. The cumulative diagnosis list was reviewed in the electronic health record and revealed diagnoses of major depressive disorder with an onset date of 5/5/21, psychotic disorder with delusion with an onset date of 4/23/22 and undifferentiated schizophrenia with an onset date of 7/25/22. On 12/19/22 at 2:23 PM an interview was completed with Nurse #1. She was familiar with Resident #38 and shared that the resident got angry at times, talked out loud to herself and demonstrated auditory hallucinations. She stated Resident #38 was successfully re-directed by staff when she hallucinated and was seen by psychiatry services every two weeks for therapy and medication management. MDS Nurse #1 was interviewed on 12/19/22 at 3:15 PM. She explained Resident #38's family member shared that the resident had exhibited psychiatric behaviors when at home but was never formally diagnosed with mental illness. MDS Nurse #1 said the resident exhibited visual and auditory hallucinations after she was admitted to the facility. The facility referred her to psychiatry and she was diagnosed with	F 644	The Social Services Director will review new diagnoses after medical appointments to identify any new diagnoses that may have been given during the appointment. Any new psychiatric diagnoses will result in an application being sent to NCMUST for a PASARR review. This will be documented for each medical appointment for 4 weeks and then 10 medical appointments a month for 2 months. An Ad Hoc committee has reviewed and accepted this plan on 12/20/22 The Administrator will share the results of the monitoring with the QAPI Committee for review and recommendations for the duration of the documentation of the monitoring or as the committee decides. 5. Date of Compliance for this plan is 12/22/22. The Administrator is responsible for the implementation and monitoring of this plan.	

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F 644	Continued From page 3 schizophrenia while at the facility. During an interview with the Social Services Director on 12/19/22 at 3:24 PM, she stated Resident #38 had diagnoses of psychotic disorder with delusions and schizophrenia and had "outbursts at times." She acknowledged a new PASRR application was not completed for Resident #38 and said she wasn't aware one needed to be completed when a resident was newly identified with mental illness. On 12/20/22 at 9:55 AM an interview was completed with Resident #38. She confirmed she felt down sometimes and told staff if she wasn't feeling well. She denied auditory or visual hallucinations and could not recall if she had seen psychiatry services while at the facility. The Administrator was interviewed on 12/20/22 at 9:34 AM. He said Resident #38 had auditory hallucinations at times but was well controlled with routine psychiatric services and medication management. He shared when a resident was newly diagnosed with mental illness, the interdisciplinary team met and discussed the symptoms and treatment, reviewed psychiatric consults and the Social Services Director was responsible to complete a new PASRR application for possible level two referral. The Administrator stated the Social Services Director had been educated about the PASRR process.	F 644		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and	F 677		12/22/22

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F 677	Continued From page 4 personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility failed to provide nail care to 1 of 2 residents reviewed for Activities of Daily Living (ADLs) (Resident #17). The findings included: Resident #17 was admitted to the facility on 02/05/21 with diagnoses which included: vascular dementia, generalized muscle weakness, transient cerebral ischemic attack, and cognitive communication deficit. Review of Resident #17's most recent Minimum Data Set (MDS) revealed a annual assessment with an Assessment Reference Date (ARD) of 11/23/22 revealed the resident's cognition was severely impaired. The resident required extensive or total staff assistance for all activities of daily living (ADLs). Review of Resident #17's care plan which was most recently reviewed on 11/23/22 revealed the resident was care planned as having required extensive assistance for all ADLs due to ADL self-care performance deficit related to weakness, cognitive deficit, and dementia. The goals listed for the resident were for the resident to be able to participate in part of ADLs as able and the resident would have her personal care needs met by staff daily through the next review. The interventions listed included one person to provide extensive assistance with personal hygiene, bathing, dressing, and grooming. An observation conducted on 12/18/22 at 2:22	F 677	Plan of Correction- Nail Care 1. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #17 had her nails cleaned and trimmed prior to the surveyor coming to the Director of Nursing with this concern. 2. How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice. Current residents are at risk for this issue. All were immediately observed for nail care issues on 12/20/22. Any resident found with dirty or overly long nails were immediately cared for to correct the issue identified. This audit was completed by the Director of Nursing or designee. The audit was completed on 12/20/22 3. Systemic Change Nursing staff have been reeducated starting on 12/20/22 concerning the expectation that nail care be done as needed and with every bath/shower to ensure the residents are free from dirt under their nails. Any nursing staff who were not able to be	

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F 677	Continued From page 5 PM revealed Resident #17's fingernails extended beyond her fingertips on all five fingers on each hand. All five fingernails on each hand were observed with dark debris caked under the free edge of each nail. An observation conducted on 12/19/22 at 4:04 PM revealed Resident #17's fingernails were freshly painted and extended beyond her fingertips on all five fingers on each hand. All five fingernails on each hand were observed with dark debris under the free edge of each nail. An observation of Resident #17 conducted on 12/20/22 at 9:25 AM revealed all five fingernails on each hand were observed with dark debris under the free edge of each nail. Resident #17 was up in chair, dressed appropriately and Nursing Assistant (NA) #1 was braiding Resident #17's hair. An interview with NA #1 was conducted on 12/20/22 at 9:30 AM. The NA stated Resident #17 was on her assignment. She further stated residents got a bed bath every day unless it was a shower day, or they refused. She explained a bed bath included cleaning nails. She further explained that residents received nail care during an activity provided by the Activity Department called Manicure Monday. The NA revealed during Manicure Monday a resident's nails got polished but sometimes they returned to the unit with food still under them. She said if she observed food under a resident's nails, she did the best she could at that time to clean them. An interview was conducted with the Activity Manager on 12/20/22 at 10:02 AM. She explained that during the Manicure Monday	F 677	contacted during the initial education period will be reeducated prior to taking their next assignment. This reeducation will be completed by the Director of Nursing or designee. Newly hired nursing staff will receive this education during the orientation period. 4. Monitoring Residents will be observed for appropriate nail care. This will be documented for 5 residents a week for 12 weeks. An Ad Hoc committee will review this plan and accept when all recommendations have been accommodated. The Director of Nursing will share the results of the monitoring with the QAPI Committee for review and recommendations for the duration of the documentation of the monitoring or as the committee decides. 5. The allegation of compliance date for this plan is 12/22/22	

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F 677	Continued From page 6	F 677		

activity included filing, clipping, painting, and cleaning under the nails. She stated they did every resident who wanted to participate. If the resident couldn't go to the activity, they went to them and did a manicure.

On 12/20/22 at 11:02 AM Resident #17 was observed in the dining room. An observation revealed her nails were neatly trimmed and no dark debris was observed under the free edge of the resident's nails.

An interview was conducted with the Activity Manager on 12/20/22 at 11:20 AM. The Activity Manager revealed she painted Resident #17's nails on Manicure Monday. She said she may have missed cleaning under her nails. She stated I didn't have a stick and cleaned them with a wipe. The Activity Manager explained when a resident's nails are very caked with debris, they would need to soak and it was hard to do all that in one hour, when she had about 15 people to manicure. She further explained for Resident #17, she would have to sit and hold the resident's hands the whole time because of her cognition.

An interview with the Director of Nursing (DON) was conducted on 12/20/22 at 11:31 AM. The DON stated the residents' nails should be checked and cleaned every day. She further stated it was her expectation for the residents' fingernails to be kept trimmed and clean. She explained nail care would be addressed with staff immediately.