

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

PRINTED: 01/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/30/2022
NAME OF PROVIDER OR SUPPLIER HUNTERSVILLE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 13835 BOREN STREET HUNTERSVILLE, NC 28078		
(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 000	INITIAL COMMENTS A complaint investigation survey was conducted from 12/29/22 through 12/30/22. Event ID# 357311. 1 of the 29 complaint allegations was substantiated resulting in a deficiency. Intakes NC00192260, NC00192978, NC00193314, NC00193815, NC00194086, NC00194729, NC00196091, and NC00196512 were investigated.	F 000			
F 609 SS=B	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 609		1/27/23	

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

TITLE

(X6) DATE

Electronically Signed

01/19/2023

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 609	<p>Continued From page 1</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to report an allegation of misappropriation of resident property to the state agency within 24 hours for 1 of 2 sampled residents reviewed for abuse investigations (Resident #11).</p> <p>The findings included:</p> <p>The facility policy, Abuse, Neglect, Misappropriation, Crime, effective 1/23/20, recorded in part, "Any and all suspected or witnessed incidents of patient abuse, neglect, theft and/or exploitation or any reasonable suspicion of a crime against a patient brought to the attention of the Center's Administration will result in internal investigation, appropriate and timely reporting to the State Survey Agency and other legally designated agencies as well as staff corrective action."</p> <p>Resident #11 was admitted to the facility 7/7/22 and discharged home on 8/4/22.</p> <p>Review of Resident #11's Resident Property List, dated 7/7/22, recorded that Resident #11 had \$2205 at the time of his admission to the facility, preferred to keep the money and have a family member come pick it up.</p> <p>A 24-hour Initial Abuse Report, dated 8/4/22 (Thursday), recorded that Resident #11 alleged on the morning of 8/4/22, he had \$2000 taken from him and that he was upset that he was not able to locate the money. The Report recorded</p>	F 609	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F609</p> <p>1. For Resident #11, the facility reportable incident was reported by the Director of Nursing (DON) but was outside of the regulatory allowable timeframe. The incident was investigated and a follow-up summary sent to the regulatory agency of the findings. Since that time, the DON and Administrator, who were responsible for reporting and investigating timely are no longer with the organization.</p> <p>2. All residents have the potential to be affected by deficient practice. On 1/17/2023, all residents were interviewed by the current DON and Administrator to determine if there were any uncommunicated alleged violations involving abuse, neglect, exploitation, mistreatment, injuries of unknown sources and/or misappropriation of resident property that had not been reported or investigated. There were none.</p>		

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F 609	<p>Continued From page 2</p> <p>the allegation was reported to law enforcement on 8/4/22 at 12:30 PM. The Report was signed by the prior Director of Nursing (DON) on 8/8/22 (Monday). Review of the fax confirmation revealed the 24-hour Initial Abuse Report was faxed to the state agency on 8/9/22 (Tuesday) at 12:17 PM.</p> <p>Review of a written statement by Nurse #2 dated 12/30/22 recorded that Resident #11 reported to staff on 8/4/22 that he had approximately \$2000 the night before, but that on the morning of 8/4/22 his money was no longer in his bag of belongings.</p> <p>A telephone interview with prior DON on 12/30/22 at 1:30 PM revealed when Resident #11 discharged home from the facility on 8/4/22, Resident #11 alleged that \$2000 was taken from him. Resident #11 stated that he had his money the night before, but that now the money was no longer in his bag. The DON stated that she began the investigation and spoke to his family who confirmed that Resident #11 often sold his personal belongings and kept large sums of cash. The DON further stated that she thought that was also the day she left the facility immediately after obtaining a positive COVID 19 test result. She stated she failed to delegate the task of faxing the 24-hour Initial Report to the state agency and did not fax it until 8/9/22.</p> <p>A telephone interview with the prior Administrator on 12/30/22 at 1:15 PM revealed he was notified of the allegation of misappropriation of resident property on 8/4/22, but that he did not fax the 24-hour Initial Report to the state agency as he expected the DON to complete that task.</p> <p>The current Administrator stated in interview on</p>	F 609	<p>The facility will assure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation if the even that cause the allegation involve abuse or results in serious bodily injury. All other allegations will be reported within 24 hours.</p> <p>3. On 1/17/2023 education was provided to all staff by the Staff Development Coordinator (SDC) to include review of abuse policy, defining timeliness of reporting abuse, types of abuse and definition, and reporting requirements for allegations of abuse. Any staff member that did not receive this education will receive it before beginning their next assigned shift by the SDC, DON or designee. This education will be given to all new employees during orientation by the SDC or designee.</p> <p>On 1/17/2023, the administrator completed education to the nursing leadership team on correct completion and documentation for any allegation, including the reportable incident and timeframes for reporting.</p> <p>4. a. All grievances, service concerns, change of condition reports and the daily clinical reviews to include progress notes will be reviewed daily x4 weeks, weekly x4 weeks then monthly thereafter or until significant compliance has been achieved. Compliance will be determined by the</p>		

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F 609	Continued From page 3 12/30/22 at 1:05 PM that he spoke to the prior DON regarding the allegation of misappropriation of resident property for Resident #11 and she informed him that the incident occurred over the weekend, that she was notified on Monday 8/8/22 so she submitted the 24-hour Initial investigation to the state agency the next day. The Administrator stated when an allegation of missing property was reported to the facility, he expected staff to notify the unit manager, the DON and Administrator immediately. He expected the DON and/or Administrator would complete the investigation and submit a 24-hour Initial Report to the state agency per the facility policy.	F 609	monthly QAPI committee. b. All allegations and reportable incidents will be discussed during the center's QAPI to ensure timely reporting. 5. Completion Date 1/27/2023		
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 record review, Medical Director and staff interviews, the facility failed to ensure the resident had an order for use of a Continuous Positive Airway Pressure (CPAP) machine with oxygen for 1 of 2 residents reviewed for providing respiratory care. Findings included: Resident #5 was admitted to the facility on	F 695	F695 1. At the time of survey, Resident #5 was discharged. 2. All residents who admit to the cent with CPAP/BiPAP have a potential to be affected by this deficient practice. At the time of survey, on 12/29/22, an audit was completed by the	1/27/23	

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F 695	<p>Continued From page 4</p> <p>9/28/22 with diagnoses that included obstructive sleep apnea and chronic obstructive pulmonary disease (COPD).</p> <p>A review of Resident #5's hospital discharge orders dated 9/28/22 revealed he needed CPAP with oxygen at 2 liters continuously while sleeping. The hospital discharge summary stated to not discontinue the oxygen concentrator.</p> <p>A review of Resident #5's admission orders dated 9/28/22 did not indicate an order for CPAP with oxygen at 2 liters per minute continuously while sleeping.</p> <p>A review of Resident #5's interim care plan dated 9/28/22 revealed Resident #5 was not care planned for CPAP with continuous oxygen during sleeping.</p> <p>A review of the discharge Minimum Data Set (MDS) dated 10/3/22 indicated Resident #5 was cognitively intact. The MDS documented he had shortness of breath while lying flat.</p> <p>An interview with Nurse #1 on 12/29/22 at 2:54 PM revealed she was the admitting nurse for Resident #5. Nurse #1 stated she did not recall Resident #5 very well but believed he was alert and oriented and had a CPAP in his room upon admission but needed an oxygen concentrator to hook up to it. Nurse #1 was unaware if Resident # 5 had an order for CPAP when he was admitted to the facility. Nurse #1 said the Admissions person reviewed the discharge information for each resident and then sent the discharge summary to the admitting nurse to enter orders and have them verified by the MD. Nurse # 1 stated the order for the CPAP indicated on the</p>	F 695	<p>Director of Nursing of all current resident with CPAP/BIPAP to assure that orders were entered properly.</p> <p>3. On 1/17/2023 The Staff Development Coordinator began education for all licensed staff. This education included: <ul style="list-style-type: none"> ¿ Appropriate reconciliation of D/C summary for newly admitted resident. ¿ Correct order entry of respiratory orders ¿ Correct procedure for reconciliation of new admission charts per facility policy ¿ Education on respiratory care to include CPAP/BIPAPs. ¿ Physicians order policy and procedures Any staff member that did not receive this education will receive it before beginning their next assigned shift by the SDC, DON or designee. This education will be given to all new employees during orientation by the SDC or designee.</p> <p>4. The Director of Nursing or designee will do a random audit for 10 new admissions to assure any orders for respiratory orders are transcribed appropriately. This monitoring will be conducted weekly for 4 weeks then bi-weekly x 4, then monthly thereafter. Findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee for recommendations and modification until a pattern of compliance is achieved.</p> <p>5. Completion Date 1/27/2023</p>		

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F 695	<p>Continued From page 5</p> <p>discharge summary should have been added to Resident # 5's admitting orders.</p> <p>A review of the Medical Director (MD) progress note dated on 9/30/22 indicated Resident #5 was alert and oriented to both year and place and denied any shortness of breath or cough. The resident indicated he needed a concentrator for his CPAP. The DON was aware of his need for a concentrator and was obtaining one at that time.</p> <p>Attempts to interview previous DON were unsuccessful.</p> <p>The MD was interviewed on 12/30/22 at 9:33 AM and stated she believed Resident #5 had a CPAP in his room but not an oxygen concentrator in his room when she saw him on 9/30/22. The MD stated Resident #5 indicated to her on 9/30/22 that he needed a concentrator for his CPAP and that the Director of Nursing was aware and was getting a concentrator for him. The MD stated typically resident families will provide a CPAP for residents who need one and if the family does not have one, the facility will rent a CPAP to the resident. Normally, the admitting nurse would add the CPAP orders to the Medication Administration Record (MAR) based upon the hospital discharge summary. The MD recalled Resident #5 was alert and oriented and was able to set up the CPAP himself. Resident #5's oxygen saturation levels were within normal range for a diagnosis of COPD with his lowest registered at 88. The MD stated his blood pressure was good and he had no difficulty with his breathing. Resident #5 would have benefited from using the CPAP without the oxygen concentrator hooked to it.</p>	F 695			

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F 695	Continued From page 6 The current Director of Nursing (DON) and Administrator were interviewed on 12/30/22 at 1:07 PM. They stated the admissions person received the orders from the hospital and then gave them to the unit manager to place into the MAR and verify them with the facility provider. The order for the CPAP should have been placed on the MAR.	F 695		