| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345283 | A. BUILDING _____ B. WING _____ | C 02/07/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| THE CITADEL MOORESVILLE | 550 GLENWOOD DRIVE MOORESVILLE, NC 28115 |

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| E 000 | Initial Comments<br><br>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 02/06/23 through 02/07/23. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# VC4P11. | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>An unannounced focus infection control and complaint investigation survey were conducted on 02/06/23 through 02/07/23. Event ID #VC4P11. The following intakes were investigated: NC00194660, NC00194980, NC00196955, NC00197126 and NC00197684. Two (2) of 11 complaint allegations resulted in deficiencies. | F 000 | | |
| F 580 SS=E | Notify of Changes (Injury/Decline/Room, etc.)<br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to | F 580 | | 2/28/23 |

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

Electronically Signed | 03/01/2023

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| F 580 | Continued From page 1<br>commence a new form of treatment); or<br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.<br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).<br><br>§483.10(g)(15)<br>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff and Medical Director interviews the facility failed to notify the physician when a medication was unable to be administered for 1 of 3 residents (Resident #2) reviewed for medications. | F 580 | F580<br>On February 7, 2023, the Director of Nursing communicated to our Medical Director Resident #2 did not receive her eye drops on 1-5-2023, 1-7-2023, 1-8-2023, and 2-5-2023. | |

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| F 580 | Continued From page 2<br>The finding included:<br><br>Resident #2 was admitted to the facility on 01/06/22 with diagnoses that included glaucoma.<br><br>Review of Resident #2's physician order dated 01/06/22 revealed Dorzolamide (used to treat increase pressure in the eye related to glaucoma) 2-0.5% instill one drop in each eye twice a day for glaucoma.<br><br>A review of Resident #2's Medication Administration Record (MAR) for January 2023 revealed the Dorzolamide was scheduled for 8:00 AM and 8:00 PM. The MAR indicated the eye drops were documented as not given by the Nurse on 01/05/23 at 8:00 AM, 01/07/23 and 01/08/23 at both 8:00 AM and 8:00 PM.<br><br>A review of Resident #2's Medication Administration Record for February 2023 revealed the Dorzolamide was scheduled for 8:00 AM and 8:00 PM. The MAR indicated the eye drop was not given by the Medication Aide on 02/05/23 at 8:00 AM.<br><br>A review of Resident #2's medical record revealed there was no documentation that the physician was notified of the above omissions of the eye drops.<br><br>An interview conducted with Nurse #1 on 02/06/23 at 4:05 PM revealed she confirmed she worked on 01/05/23 at 8:00 AM and did not give Resident #2 the Dorzolamide eye drop. The Nurse stated she did not notify the Medical Director of not being able to administer the eye drop but knew that was the facility's policy to notify them if they were unable to administer a | F 580 | Corrective action for those potentially affected. On February 18, 2023, the Director of Nursing/Assistant Director of Nursing ran a report of current residents missed medications and four Residents were identified. The physician was made aware of Medication not administered. . On February 7, 2023, The Director of Nursing/Assistant Director of Nursing/Unit Managers begin educating all licensed staff, to include agency, on notifying physicians when a medication was unable to be administered.<br><br>Systemic Changes. Starting February 22, 2023, the Director of Nursing/Assistant Director of Nursing/Unit Manager will run a medication audit report daily for missed medications on hold, refused, or other to ensure physician notification and appropriate follow-up. The Director of Nursing/Assistant Director of Nursing/Unit Manager will began in-servicing all licensed staff, to include agency, on physician notification when a medication was unable to be administered. The Director of Nursing/Assistant Director of Nursing/Unit Manager will ensure newly hired staff, to include agency, will receive education during facility orientation in-person or via telephone prior to working. Any staff who have not received this education by February 28, 2023, will not be allowed to work until education is completed.<br><br>Quality Assurance Performance Improvement. The Administrator/Director | |

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| F 580 | Continued From page 3<br>medication in case there was a substitute that could be given.<br><br>On 02/06/23 at 4:30 PM an interview was conducted with Nurse #2 who confirmed she worked on 01/07/23 and 01/08/23 for 8:00 AM and 8:00 PM. The Nurse explained that she remembered not having the Dorzolamide eye drops to administer to Resident #2 on that weekend. The Nurse continued to explain that the facility policy was to notify the Medical Director if a medication was not available to give the residents, but she did not notify the Medical Director.<br><br>An interview was conducted with Nurse #3 on 02/06/23 at 8:00 AM who explained that she was responsible for the Medication Aide on 02/02/23 and the Medication Aide did not inform her that she was unable to administer the Dorzolamide eye drop to Resident #2. The Nurse continued to explain that if she had she would have notified the Medical Director for a substitute medication if available and made sure it was reordered from the pharmacy.<br><br>On 02/07/23 at 10:40 AM an interview was conducted with the Director of Nursing (DON) who explained that if a medication was unable to be administered then the nurse should notify the Medical Director to see if a substitute could be given instead.<br><br>On 02/07/23 at 12:20 PM during an interview with the Medical Director (MD) she explained the nurses should contact the Medical Director for a substitute if possible and for notification that the medication could not be administered. The MD stated she was not notified of Resident #2 not | F 580 | of Nursing/Unit Manager will monitor using a Quality Assurance tool. The monitoring will include physician notification of missed medications. The QA monitoring will be conducted weekly x 4 weeks, then biweekly times 4 weeks and then monthly times one month. The Director of Nursing/Assistant Director of Nursing/Unit Manager will report the results of the QA monitoring monthly to the Quality Assurance Performance Improvement (QAPI) committee for continued compliance and/or revision. | |

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| F 580 | Continued From page 4<br>receiving her Dorzolamide eye drops.<br><br>An interview was conducted with the Administrator on 02/07/23 at 12:25 PM. The Administrator stated she expected the nurses to abide by the facility's policy and notify the Medical Director when a medication was unable to be administered. | F 580 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify | F 880 | | 2/28/23 |

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| F 880 | Continued From page 5<br>possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, staff, | F 880 | F880 | |

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| F 880 | Continued From page 6<br>Wound Nurse, and Medical Director interviews the facility failed to perform hand hygiene between glove changes during pressure ulcer wound care for 1 of 3 residents (Resident #1) reviewed for pressure ulcers.<br><br>The finding included:<br><br>Review of the facility's policy for "Hand Hygiene" dated 01/25/23 revealed "all staff will perform proper hand hygiene (washing your hands with soap and water or the use of an antiseptic hand rub) procedures to prevent the spread of infection to other personnel, residents, and visitors.<br><br>Review of an undated facility policy for "Non-Sterile Dressing Change Competency" revealed: Step 7. Put on non-sterile gloves. 8. Cleanse wound per physician's orders. 9 Remove gloves and discard. Wash and dry hands. 10. Put on non-sterile gloves. 11. Apply dressing and secure per physician's order.<br><br>A continuous observation was made of a pressure ulcer wound dressing change on Resident #1's left gluteal fold (lower buttock) 02/06/23 at 10:45 AM by the Wound Nurse. The Nurse sanitized her hands, donned clean gloves, and brought the wound care supplies into Resident #1's room and laid the supplies on the over bed table. The Wound Nurse proceeded to remove the Resident's brief to expose the gluteal fold and cleansed the open wound with a saline wound cleanser and gauze and then applied Medi honey and a border dressing to the open wound without removing her gloves and washing her hands or using hand sanitizer after she cleansed the wound and before she applied the ordered dressing. The Nurse then removed her gloves | F 880 | Corrective actions. On February 6, 2023, the Director of Nursing educated the Wound Nurse on infection control regarding hand hygiene during wound care.<br><br>Corrective action for those potentially affected. On February 7, 2023, The Director of Nursing/Assistant Director of Nursing/Unit Managers begin educating all licensed staff, to include agency, on hand hygiene during wound care. On February 8, 2023, all current Residents with wounds were assessed by the wound Physician and no worsening of wounds were identified as a result of deficient practice.<br><br>Systemic Changes. On February 7, 2023, the Director of Nursing/Assistant Director of Nursing/Unit Manager began in-servicing all current Licensed nursing staff, to include agency staff, on hand hygiene during wound care. The Director of Nursing/Assistant Director of Nursing/Unit Manager will ensure newly hired staff, to include agency staff, will receive education during facility orientation in person or via telephone prior to working. Any staff who have not received this education by February 28, 2023, will not be allowed to work until education is completed.<br><br>Quality Assurance Performance Improvement. The Administrator/Director of Nursing/Unit Manager will monitor using a Quality Assurance tool. The monitoring will include observation of | |

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| F 880 | Continued From page 7<br>and sanitized her hands.<br><br>During an interview with the Wound Nurse on 02/06/23 at 10:46 AM the Nurse explained that she was only filling in for the full time Wound Nurse. The Nurse stated she did not realize that she did not remove her gloves and use hand sanitizer after she cleansed the pressure ulcer but then stated she could not have because she only brought one set of gloves into the room and that was the pair, she was wearing to perform the treatment. The Nurse indicated she should have sanitized her hands and changed her gloves between cleansing the open wound and applying the new dressing to prevent cross contamination.<br><br>An interview was conducted with the Director of Nursing on 02/06/23 at 11:20 AM who explained that the Wound Nurse should have removed her gloves and used hand sanitizer after she cleansed the pressure ulcer and before she donned a clean pair of gloves and applied the ordered treatment to the pressure ulcer.<br><br>An interview was conducted with the Administrator on 02/06/23 at 11:00 AM who explained that she expected the Wound Nurse to abide by the policy and change her gloves and wash her hands between cleansing the wound and applying the new ordered dressing. | F 880 | hand hygiene during wound care. The QA monitoring will be conducted weekly x 4 weeks, then biweekly times 4 weeks and then monthly times one month. The Administrator/Director of Nursing/Unit Manager will report the results of the QA monitoring monthly to the Quality Assurance Performance Improvement (QAPI) committee for continued compliance and/or revision. | |