

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2023
NAME OF PROVIDER OR SUPPLIER LENOIR HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 322 NUWAY CIRCLE LENOIR, NC 28645	
(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
E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 04/16/23 through 04/19/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 230L11. INITIAL COMMENTS	F 000		
F 580 SS=B	A recertification and complaint investigation survey was conducted from 04/16/23 through 04/19/23. Event ID# 230L11. The following intakes were investigated NC00194409, NC00196954, NC00196969, NC00198206, NC00199966, NC00200021, NC00200718, and NC200941. 1 of the 21 complaint allegations resulted in deficiency. Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (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- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (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); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or	F 580	5/12/23	

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

TITLE

(X6) DATE

Electronically Signed

05/09/2023

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 580	<p>Continued From page 1</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(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.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) 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). This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident interviews the facility failed to notify a Resident's responsible party of a change in condition when Resident #288 pulled out his drain used to help empty fluid from the body after surgery (JP drain) for 1 of 1 resident reviewed for notification (Resident #288).</p>	F 580	<p>1) Resident #288 was discharged from Lenoir Health Care on 9/22/22</p> <p>2) An audit of all residents with change in condition for the past 30 days was conducted on 5/5/23 by the Director of Nursing and/or Administrator to ensure</p>		

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F 580	<p>Continued From page 2</p> <p>The findings included:</p> <p>Review of the hospital discharge summary dated 8/4/2022 revealed an order to document JP drainage every shift and to use saline 0.9% wound wash around JP drain site, pat dry and apply abdominal pad to JP drain site. Record drainage every shift. JP drain to remain in place until follow-up surgical appointment on 9/16/2022.</p> <p>Resident #288 was admitted to the facility on 8/4/2022. His diagnoses included diverticulitis of the large intestine with perforation and abscess and dementia.</p> <p>Review of the Minimum Data Set (MDS), an admission assessment, dated 8/5/2022 revealed Resident #288 was moderately cognitively impaired.</p> <p>Review of the nursing progress notes for September 2022 revealed a note dated 9/6/2022 at 10:28 PM, drain in place. Note dated 9/11/2022 at 6:52 PM, resident pulled out drain. No documentation of notification of responsible party. Note written by Nurse #2.</p> <p>Review of the Nurse Practitioner note dated 9/16/2022 revealed under the Assessment and Plan: Diverticular Abscess. Follow up with surgery next week. Drain pulled by resident. No signs of infection, drainage, or erythema (swelling) around the area. Had likely been displaced before fully removed.</p> <p>Several attempts to notify Nurse #2 for an interview was conducted on 4/19/2023 at 8:30 AM, 9:22 AM and 12:30 PM. Voice messages left</p>	F 580	<p>resident, physician and responsible parties were notified of any changes in condition. The audit revealed some additional findings where Responsible Parties were not notified <input type="checkbox"/> calls were made to these families with updates</p> <p>3) All Licensed Nurses, including contract staffing, were in-serviced by the Administrator and/or Director of Nursing (DON) on the policy and procedures for notification of change of condition with an emphasis on notifying the physician, resident and responsible party. All newly hired employees will receive this education upon new hire orientation. No employee will be allowed to work without this education after 5/9/23</p> <p>4) Beginning 5/10/23, the Director of Nursing and/or designee will monitor nurses <input type="checkbox"/> notes, physician orders and incident reports to ensure that resident responsible parties were notified of any changes in condition. This monitoring will occur Mon-Fri x 4 weeks then twice weekly x 4 weeks then weekly x 4 weeks.</p> <p>5) Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI committee by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance</p> <p>6) Completion Date: 5/12/2023</p>		

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F 580	Continued From page 3 for return call. An interview was conducted with the Treatment Nurse on 4/17/2023 at 4:58 PM. The Treatment Nurse stated she remembered Resident #288. She stated he had a JP drain. She did not know if anyone was notified when he pulled out the drain. The Treatment Nurse stated the Resident's responsible party, and the medical provider should have been notified when Resident #288 pulled out his drain. An interview was conducted with the Director of Nursing (DON) on 4/19/2023 at 12:34 PM. She revealed she was familiar with Resident #288. The DON stated that Resident #288 had pulled out his JP drain. She reviewed the medical record and stated there was no note regarding Resident #288's responsible party being notified that he had pulled out his drain. The DON indicated that the nurse was responsible for notification to the responsible party and to the medical provider when anything out of the ordinary happens with a resident. The DON stated that since there was no documentation that the responsible party was notified when Resident #288 pulled out his drain, then she had to assume that the responsible party was not notified.	F 580			
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and	F 583		5/12/23	

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F 583	<p>Continued From page 4</p> <p>telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews and record review, the facility failed to provide privacy for 1 of 1 resident (Resident #12) reviewed for privacy when staff discussed Resident #12's financial matters with the roommate present.</p> <p>The findings included: Resident #12 was admitted to the facility on 11/22/2022.</p>	F 583	<p>1) The Administrator provided one on one education to the SW on 5/5/23 on resident privacy and confidentiality with emphasis on discussing private issues such as payment, discharge planning and care plan in a private location.</p> <p>2) The SW/Administrator conducted a verbal audit on 5/5/23 with alert residents to verify that discussions of private issues such as payment, discharge planning</p>		

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F 583	<p>Continued From page 5</p> <p>Review of the Minimum Data Set (MDS), a significant change assessment, dated 4/11/2023, revealed Resident #12 was cognitively intact.</p> <p>An interview conducted with Resident #12 during resident council meeting conducted on 4/18/2023 at 11:20 AM revealed resident was concerned when the Social Work Director, Activity Director, and another staff member came to her room on 4/14/2023, woke her up and advised her that the facility would be issuing a 30-day discharge notice to her for non-payment of her bill. Resident stated her roommate was present in the room during the meeting.</p> <p>A follow-up interview was conducted with Resident #12 on 4/19/2023 at 11:11 AM. Resident #12 stated that the Social Worker and 2 other ladies came into her room on 4/14/2023, in the morning, and woke her up. She was groggy from being woke up. She stated the Social Worker explained to her that they would be issuing a 30-day discharge notice, because she had not paid her bill. Resident #12 stated it made her feel sad and embarrassed because she had nowhere to go, and they had discussed this in front of her roommate. She revealed that this was an unplanned care plan meeting and should have been discussed with her in private.</p> <p>An interview was conducted with the Activities Director (AD) on 4/19/2023 at 10:31 AM. The AD stated she was familiar with Resident #12. She revealed she was asked to go with the Social Worker and Business Office Manager to see Resident #12 for a care plan meeting last Friday (4/14/2023). The AD stated they went to Resident #12's room. The AD stated the roommate was in the room during the meeting with Resident #12.</p>	F 583	<p>and/or care plans had not been conducted in a manner that made them uncomfortable or violated their privacy.</p> <p>3) All members of the Interdisciplinary teams were educated on resident privacy and confidentiality and appropriate locations to hold care plan meetings, to ensure each resident privacy and confidentiality, by the Administrator on 5/8/23.</p> <p>4) The DON and/or Administrator will monitor care plan meetings Mon-Fri x 4 weeks, then twice weekly x 4 weeks then weekly x 4 weeks to verify all care plan meetings are held in a private area or area of resident's choosing.</p> <p>5) Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI committee by the Administrator monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance</p> <p>6) Completion date 5/12/23</p>		

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F 583	<p>Continued From page 6</p> <p>Resident #12's roommate was watching TV during the meeting. She did not offer Resident #12 another place to meet, that would be in private.</p> <p>An interview was conducted with the Business Office Manager on 4/19/2023 at 10:36 AM. The Business Office Manager stated she was familiar with Resident #12. She stated the Social Worker, and the Activities Director went to Resident #12's room last Friday, April 14th to have a care plan meeting. She revealed the meeting was to discuss non-payment of her liability bill. The Business Office Manager stated that Resident's roommate was up in her wheelchair watching TV when they entered the room. They had to wake up Resident #12. She indicated she did not ask Resident #12 if she wanted to go somewhere else to have the meeting.</p> <p>An interview was conducted with the Social Work (SW) Director on 4/19/2023 at 10:43 AM. The SW Director revealed she was familiar with Resident #12. She stated that she and the Activities Director and Business Office Manager went to Resident #12's room on the morning of April 14th to talk to her about a 30-day discharge notice for non-payment of her bill. The SW Director stated they did not ask Resident #12 if she preferred to have the meeting somewhere in private. When they entered the room, Resident #12's roommate was watching TV and they didn't think to ask her to leave or ask Resident #12 if she wanted to go elsewhere for the meeting.</p> <p>An interview was conducted with the Administrator on 4/19/2023 at 12:09 PM. The Administrator stated she was familiar with Resident #12. The Administrator stated she was</p>	F 583			

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F 583	Continued From page 7 not aware that the discussion for discharge and non-payment had been held with another resident present or that the meeting was unscheduled. The Administrator explained that she would expect staff to conduct any meeting with residents in private.	F 583			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to ensure leftover food items stored for use in the reach-in cooler and walk-in freezer were labeled, dated and sealed. The failure occurred in 2 of 4 cold storage units and had the potential to affect food served to residents.	F 812	1) All food items that were found unlabeled,not dated or unsealed were discarded immediately by the Dietary cook on 4/16/23 by cook 2) An observation audit of all food storage areas was completed on 5/4/23 by the Dietary Manager and Assistant	5/12/23	

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F 812	<p>Continued From page 8</p> <p>The findings included:</p> <p>An observation occurred on 04/16/23 at 9:55 AM with Cook#1, of the kitchen's reach-in cooler revealed the following leftover food items stored for use:</p> <ul style="list-style-type: none"> - an opened undated container of barbeque sauce - an opened undated container of chicken broth - an opened undated container of beef broth - an opened undated container of ham base - a container of opened Caesar salad dressing dated 11/27/22 <p>An observation occurred on 04/16/23 at 10:15 AM in the walk-in freezer of a sealed plastic bag with opened undated broccoli inside of the bag.</p> <p>An interview conducted with Cook #1 on 4/16/23 at 10:15 AM revealed all items in the reach in cooler and walk in freezer should have a label on them with the date the items were opened.</p> <p>An interview with the Certified Dietary Manager (CDM) on 04/19/23 at 11:46 AM revealed she expected staff to label foods after opening with the date opened and store all foods in sealed containers. She stated that dietary staff were expected to round daily prior to starting their shift to monitor refrigeration units for unlabeled, undated foods. The interview revealed staff were supposed to monitor the cold items daily prior to starting the day for any undated, unlabeled items. The CDM stated these items were missed when staff monitored cold storage that day. She stated Caesar salad dressing should be removed from the reach in cooler 3 months from the opened date.</p>	F 812	<p>Dietary Manager to ensure there were no more opened food items without being sealed, labeled, or dated.</p> <p>3) All dietary staff were in-serviced by the Dietary Manager and/or Assistant Dietary Manager beginning on 4/16/2023. Staff were educated on the facility policy for food storage, specifically proper labeling and dating items when opened. New employees will receive this education upon new hire orientation. No dietary staff will be allowed to work with this education after 5/9/23.</p> <p>4) Beginning 5/10/23, the Dietary manager and/or designee will monitor food storage areas Mon-Fri x 4 weeks, twice weekly x 4 weeks then weekly x 4 weeks to ensure there are no opened food items without proper labeling and dating.</p> <p>5) Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI committee by the Dietary Manager monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>6) Completion date 5/12/23</p>		

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F 812	Continued From page 9 An interview with the Administrator on 04/19/23 at 12:43 PM revealed she expected dietary staff to label, date and seal all foods before storage.	F 812			