

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

PRINTED: 07/24/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENOIR HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 NUWAY CIRCLE</b> <b>LENOIR, NC 28645</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 584 SS=B	<p>An unannounced COVID-19 Focused Infection Control Survey was conducted on 6/20/23 through 6/22/23. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# M32S11</p> <p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 6/20/23 through 6/22/23. The facility was found to be 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 #M32S11. The following intakes were investigated: NC00201373, NC00202557 and NC00203066. 2 of the 8 complaint allegations resulted in deficiency.</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident</p>	F 584		7/19/23	

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

TITLE

(X6) DATE

Electronically Signed

07/16/2023

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 584	<p>Continued From page 1</p> <p>independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to replace broken blinds in 3 of 13 resident rooms (rooms 214, 211 and 209) and replace stained and missing caulk around the base of the toilet and secure it to the floor in 1 of 10 bathrooms (room 215) reviewed for orderly interior on 1 of 3 halls.</p> <p>The findings included:</p> <p>1.a. An observation on 6/20/23 at 9:22 AM revealed the window blind in room #214 was</p>	F 584	<p>1) Blinds in 214, 211, and 209 were replaced on 6/26/23 by maintenance staff. The toilet was repaired in 215 and lobby bathroom on 6/23/23 by maintenance staff.</p> <p>2) An audit of all resident room blinds and toilets was performed on 7/13/23 to ensure there were no broken blinds, loose toilets or stained/missing caulk by the Administrator. If any were found needing repairs these were completed and/or</p>		

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F 584	<p>Continued From page 2</p> <p>missing three pieces of slat from the left side and one slat from the right side.</p> <p>b. An observation on 6/20/23 at 9:23 AM revealed room #211 had three broken window blind slats in the middle and one slat on the right side. Each of the missing pieces of slat measured about 2.5 inches.</p> <p>c. An observation on 6/20/23 at 9:35 AM revealed the window blind in room #209 was missing three slats on the right side.</p> <p>An interview with Nurse Aide (NA) #3 on 6/21/23 at 2:00 PM revealed she had noticed the blinds that needed repair, but she thought they had already been reported on another shift. She stated if any staff member noticed anything that needed to be repaired, they were supposed to write in the maintenance book or call and report it to Maintenance.</p> <p>An interview with Resident #10 in room 214 on 6/21/23 at 11:58 AM revealed she did not like that her blinds had missing pieces, but it had been like that ever since she was admitted to the facility. She did not report this to anyone because she thought the staff would see it whenever they went into the room.</p> <p>2. An observation on 6/20/23 at 9:20 AM of the bathroom in room #215 revealed the toilet had stained and missing caulk around base and was observed to slide from side to side when touched.</p> <p>An interview with NA #3 on 6/21/23 at 2:00 PM revealed the toilet in room #215 had been used by the prior resident with no issues but the current resident did not use the toilet. NA #3 stated she</p>	F 584	<p>replaced.</p> <p>3) Staff were educated on reporting items that need maintenance attention by completing a maintenance request in the maintenance book located at the nurse's station. All education was completed by the Administrator beginning on 7/12/23 and completed by 7/17/2023. Education regarding repair requests will be provided to all new hires beginning 7/14/2023. No employee will be allowed to work after 7/17/23 without education on repair requests.</p> <p>4) Beginning 7/17/23, the Maintenance Director or designee will audit resident room blinds and toilets weekly x 4 weeks then monthly x 3 months to ensure these items are in good repair. If any items are found in disrepair, they will be replaced and/or repaired.</p> <p>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>5) Completion date 7/19/2023</p>		

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F 584	Continued From page 3 had not noticed that the toilet was not secured to the floor or the stained and missing caulk. She further stated she was supposed to report if a commode needed to be fixed either by logging it in the maintenance book or telling Maintenance about it.  An interview and tour conducted on 6/21/23 at 2:20PM with the Maintenance Assistant revealed rooms 209, 211, and 214 had broken window blinds, and room #215 and a bathroom in the main hallway had a toilet that was not secure to the floor and would move when touched. He denied being aware of these issues prior to the interview. He stated the staff were supposed to write in the maintenance log or call him to come fix any issues immediately. He also stated that since the Maintenance Director had been out, he didn't have time to do daily rounds and look at each resident room. He had focused on working on what was reported in the maintenance book.  An interview with the Administrator on 6/21/23 at 4:00 PM revealed she was not aware of broken blinds or a resident toilet with broken and stained caulk not secured to the floor. She indicated there was a maintenance book located at the nurses' station to log any environmental concerns. She reported that the Maintenance Director had been out on leave since December. She stated the Maintenance Assistant tried hard to keep up.	F 584			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property,	F 602		7/19/23	

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F 602	<p>Continued From page 4</p> <p>and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interviews, the facility failed to protect the right of Resident #1 to be free from misappropriation of resident property. Nurse Aide #2 borrowed twenty dollars from Resident #1 on 6/14/23. This deficient practice affected 1 of 3 sampled residents reviewed for misappropriation of resident property (Resident #1).</p> <p>The findings included:</p> <p>A review of the Employee Handbook dated 12/11/17 indicated on page 9 that "employees will not receive money, gifts, or payments from residents or families." On page 26, the handbook indicated that accepting tips, money or gifts from residents or their families was subject to a disciplinary action of discharge.</p> <p>A review of the facility's Abuse policy revised in February 2023 defined misappropriation of resident property - the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of resident's belongings or money without resident's consent. Examples include, but are not limited to, stealing cash or property, misuse of checks, credit cards, or accounts, forgery of a signature and identity theft.</p> <p>Resident #1 was admitted to the facility on 3/9/20.</p> <p>The annual Minimum Data Set completed on</p>	F 602	<p>1) Resident #1 was reimbursed the \$20 on 6/21/2023 by the business office manager and social worker. The nursing assistant in question was suspended during the investigation and a 24/5 day report was completed and submitted to NC DHHSR Personnel Registry. The nursing assistant was re-educated to the facility policy on abuse and misappropriation on 6/21/2023 and was given a final disciplinary action.</p> <p>2) Other alert and oriented residents were interviewed by the social worker on 6/21/2023 related to if any staff member had ever asked to borrow money or accepted money from them with no other instances identified.</p> <p>3) All staff were re-educated on abuse policy with emphasis placed on misappropriation beginning 6/21/2023 and completed by 7/17/2023 by the Administrator. Education will be included in new hire orientation beginning 7/14/2023. Staff will not be allowed to work without this education after 7/17/2023.</p> <p>4) Beginning 7/17/2023 the social worker will interview 4 alert and oriented resident 5x/wk for a total of 20 residents per week</p>		

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F 602	<p>Continued From page 5</p> <p>5/16/23 indicated Resident #1 was cognitively intact.</p> <p>An interview with Resident #1 on 6/21/23 at 10:15AM revealed that Nurse Aide (NA) #2 was in her room on Wednesday, 6/14/23, and said to her that she was out of money and cigarettes. Resident #1 stated she offered to loan NA #2 twenty dollars because she felt bad that NA #2 did not have any money. The resident stated that she has had to loan NA #2 some money before at least three times because she was broke a lot. The resident stated she really liked NA #2 and felt bad that she struggled with money and wanted to help her out. Resident #1 reported that NA #2 was her favorite nurse aide, and she was the only one who she liked to shower her so she wanted to help her out when she could. Resident #1 confirmed NA #2 paid back the twenty dollars on 6/17/23.</p> <p>A phone interview with Nurse Aide (NA) #2 on 6/22/23 1:45PM revealed Resident #1 let her borrow twenty dollars on Wednesday (6/14/23) but she paid her back on Saturday (6/17/23). When she borrowed money from Resident #1 on Wednesday, she was talking to another worker (she couldn't remember who) in Resident #1's room and she was asking her if she could have a cigarette. The resident overheard her and offered to let her borrow twenty dollars and she could just pay her back, so she took her money. When she paid her back on Saturday, nobody else was in the room except her and the resident. NA #2 stated that Resident #1 was one of her peeps (favorite residents), so she took special care of her and Resident #1 wanted NA #2 to take care of her whenever she worked. NA #2 indicated she was the only one who could give Resident #1 her</p>	F 602	<p>x 4 weeks, then 5 resident bi-weekly x 4 weeks then monthly x 2 months to ensure that there are no other instance of staff borrowing or accepting money from residents.</p> <p>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>5) Completion date 7/19/2023</p>		

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F 602	<p>Continued From page 6</p> <p>shower and Resident #1 only liked for her to give her a shower. NA #2 denied borrowing any other money from the resident and stated she did not know why Resident #1 stated she loaned to her for a total of three times. NA #2 said this was the only time she had borrowed money from the resident. NA #2 stated Resident #1 might have thought this because sometimes she would take her bank card and go pick things up for Resident #1 like food and personal supplies. NA #2 further stated that she knew it was wrong to borrow money from residents and that she had been taught not only in her training to become a nurse aide but also in her training at the facility. NA #2 reported that she had been told multiple times in training at the facility that they were not allowed to take money from the residents under any circumstances. She stated that she knew what she did was wrong and that she made a mistake.</p> <p>During an interview on 6/21/23 at 10:10 AM, the Administrator stated that while interviewing Resident #1 on 6/19/23 she reported that she had loaned some money to NA #2 on 6/14/23 but it had been repaid on 6/17/23 at supper time. The Administrator stated when she finally contacted NA #2 on 6/20/23, NA #2 admitted Resident #1 had offered her twenty dollars to buy cigarettes with because she was telling a coworker she did not have money to buy any. The Administrator stated that she stressed to NA #2 that borrowing money or any items from a resident was not allowed. She reported that NA #2 was suspended on 6/20/23 pending investigation.</p> <p>An interview with the Regional Director of Operations (RDO) on 6/21/23 4:45PM revealed that the Administrator reported to him that Resident #1 had loaned money to NA #2 for</p>	F 602			

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F 602	Continued From page 7 cigarettes, but NA #2 had given the money back. The RDO stated that it was the company policy to follow the state guidelines when it came to employees borrowing money from the residents. He stated that the company frowned upon staff borrowing money from residents, but if the residents were willing to give money, then it was not a policy violation.	F 602			