STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345175	A. BUILDING _____ B. WING _____	C 09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHFIELD MANOR NURSING AND REHAB	902 BERKSHIRE ROAD SMITHFIELD, NC 27577

(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 An unannounced recertification and complaint investigation survey was conducted on 9/25/23 through 09/28/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #GAIL11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 9/25/23 through 09/28/23. Event ID# GAIL11. The following intakes were investigated NC00194813, NC00197815, NC00201062, NC00201651, and NC00206644. 22 of the 22 complaint allegations did not result in deficiency.	F 000		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and facility staff and Dialysis staff interviews the facility failed to have a system in place to monitor for complications before and after dialysis treatments and to ensure there was ongoing communication, coordination, and collaboration between the nursing home and the dialysis staff for 1 of 1 residents reviewed for dialysis (Resident #46). Findings included:	F 698	Resident # 46 shall have the "Hemodialysis Communication" form initiated in order to install a system to monitor for complications before and after dialysis treatments as well as ensure ongoing communication, coordination and collaboration between Smithfield Manor and the dialysis center. This form shall be completed by the unit nurse before and after each dialysis visit.	10/20/23

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

Electronically Signed | 10/12/2023

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F 698	Continued From page 1 Resident #46 was admitted into the facility on 4/8/2021 with a readmission on 8/21/2023 that included following diagnosis: coronary artery disease, end stage renal disease requiring hemodialysis. Resident #46's quarterly Minimum Data Set dated 8/27/23 revealed Resident #46 was moderately cognitively impaired and received dialysis. Resident #46's comprehensive care plan dated 4/29/2021 included the problem of resident required dialysis for renal disease. Dialysis on Monday/Wednesday/Friday, a goal of no complications related to hemodialysis. Interventions of: document dialysis shunt site when documenting, monitor for peripheral edema and capillary refill notify Medical Doctor of abnormal findings, no blood pressure or blood draws from left arm due to dialysis shunt placement. Nurse to assess shunt site for bleeding, bruit and thrill daily and as needed, and provide transportation to and from dialysis as ordered. A review of the physician orders date 9/2023 included an order for hemodialysis on Monday, Wednesday and Friday, staff to check thrill/bruit every shift. (A thrill is a vibration felt over the dialysis shunt and a bruit is a swishing sound heard with a stethoscope when placed on the dialysis shunt. A shunt is a surgically created connection between vein and artery. It allows direct access to the bloodstream for dialysis.) An interview was conducted on 9/27/2023 with Nurse #1 at 11:45 AM who stated that she was not aware of any protocol for assessments	F 698	All other current and future dialysis residents shall also have the "Hemodialysis Communication" form initiated in order to install a system to monitor for complications before and after dialysis treatments as well as ensure ongoing communication, coordination and collaboration between Smithfield Manor and the dialysis center. This form shall be completed by the unit nurse before and after each dialysis visit. Education shall be completed by the Staff Development Coordinator to all current and future nursing staff through direct in-servicing and new employee orientation. Education shall include, but not be limited to, monitoring for complications before and after dialysis treatments and ongoing communication, coordination and collaboration between Smithfield Manor and the dialysis center through completion of the "Hemodialysis Communication" form. Audits entitled "Hemodialysis Communication Form Audit" shall be completed by the Quality Assurance Coordinator in order to ascertain compliance with completion of the form to ensure monitoring, communication, coordination and collaboration between Smithfield Manor and the dialysis center. These audits shall be completed weekly X 1 month, monthly X 1 quarter and quarterly thereafter. These audits shall also be included in the quarterly Quality Assurance Committee meetings and	

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F 698	Continued From page 2	F 698		

completed by a nurse pre and post dialysis treatments. She indicated that prior to leaving for dialysis and upon the residents return vital signs were obtained by the nursing assistant. She revealed that there was no system in place for assessment of the dialysis site for bleeding, ensuring a dressing was in place, thrill/bruit were present or cognition post dialysis. She further revealed that prior to dialysis there was no system in place for assessment of the dialysis shunt, current weight, incidents or acute problems since the last dialysis treatment, order or medication changes, or any laboratory tests to be drawn at the dialysis center. Nurse #1 acknowledged there was an order to check Resident #46's thrill and bruit every shift however they did not always correspond to pre and post dialysis treatments and could be checked at any point during the shift. Nurse #1 was asked what the protocol was for communication, coordination, and/or collaboration between the facility and the dialysis clinic. She revealed that there was no routine communication, coordination, and/or collaboration between the facility and the dialysis clinic. She clarified that there was no written communication or verbal communication between the facility and dialysis clinic unless there was an issue. Nurse #1 verified that Resident #46 had outpatient dialysis on Monday, Wednesdays, and Fridays. She further verified that there was no protocol in place for assessments pre and post dialysis treatment for Resident #46 nor was there any routine communication with the dialysis clinic. Nurse #1 further revealed that she did not know of any communication forms that were sent with Resident #46. Nurse #1 had not called report to the dialysis center prior to Resident #46 leaving the nursing facility for the dialysis center, nor had she received any communication from the dialysis

begin the next meeting scheduled October 17th, 2023.

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F 698	Continued From page 3	F 698		

center unless there was an issue.

An interview Nursing Assistant #1 on 9/27/2023 at 11:30 AM who was caring for Resident #46 revealed that she had received no training on what to look for when Resident #46 goes to or returns from dialysis. She further stated that if something had changed with Resident #46 the nurses would let the Nursing Assistants know.

Nurse #2 was interviewed on 9/27/2023 at 11:55 AM who stated that there were no written forms of communication taken to or received from the dialysis facility. She further revealed that the dialysis facility would call and notify them of any issues, if they did not hear from the dialysis facility then the assumption was that everything was fine. Nurse #2 stated that there was no oral report given to the dialysis facility prior to the resident leaving the nursing facility. Nurse #2 indicated that the nursing staff was responsible for checking dialysis patients thrill/bruit every shift. Nurse #2 also stated that there is no system in place for an assessment of dialysis patients either pre or post dialysis treatments.

An interview with the Dialysis Staff on 9/27/2023 at 12:17 PM indicated that if a facility wanted a communication form filled out the dialysis facility would do so. She further stated that the dialysis facility called the nursing facility if there were any issues with the dialysis session but other than that there was no communication between the nursing facility and the dialysis center.

An interview with the Director of Nursing on 9/27/2023 at 1:00 PM indicated that there was no communication between the nursing facility and the dialysis facility unless there was an issue

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F 698	Continued From page 4	F 698		

during the dialysis treatment. He further revealed that the nursing facility had never had any type of communication with the dialysis facility for any of the dialysis residents as far back as he could remember nor a process for the nurse to complete pre and post dialysis assessments. He acknowledged there was in place an order to check the thrill/bruit every shift but that there were times that it did not correlate with dialysis treatments either pre or post. He further stated that vital signs were taken by the nursing assistants pre and post dialysis. He stated that a system of pre and post dialysis communication between the nursing facility and the dialysis center would ensure that the continuity of care, reduce hospital readmissions related to hemodialysis, and improving resident outcomes.

An interview with the Medical Director on 9/28/2023 at 10:00 AM revealed that she expected there to be communication regarding any changes in the resident's conditions, vital signs and/or changes in orders to be communicated to the dialysis facility prior to a dialysis session and for the facility to receive communication back from the dialysis facility regarding the amount of fluid removed, weights, vital signs, and any other pertinent information regarding the resident during the dialysis treatment when the resident returned. She further stated that the dialysis center needed to be aware of medication changes, condition changes, and anything else pertinent to the resident. She further stated that the nursing facility needed to be aware of any complications during the dialysis treatment, new orders, how much fluid was removed during treatment, and how the resident tolerated the treatment. She stated that she was unaware that communication was not taking

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F 698	Continued From page 5 place between the nursing facility and the dialysis center.	F 698		