STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345302	A. BUILDING ______ B. WING ______	C 01/06/2022

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VERO HEALTH & REHAB OF SYLVA	417 CLOVERDALE ROAD SYLVA, NC 28779

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F 000	INITIAL COMMENTS An unannounced on-site complaint survey was conducted from 1/4/22 through 1/5/22. Additional information was obtained offsite on 1/6/22. Therefore, the exit date was changed to 1/6/22. Event ID# PJUD11. 2 of the 11 complaint allegations were substantiated resulting in deficiencies.	F 000		
F 580 SS=D	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 (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (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. (iii) The facility must also promptly notify the resident and the resident representative, if any,	F 580		2/3/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 01/28/2022

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 Continued From page 1

when there is-
(A) A change in room or roommate assignment as specified in §483.10(e)(6); or
(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

§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 family and staff interviews, the facility failed to notify a resident's representative of left shoulder x-rays that were obtained and a subsequent transfer to the hospital for 1 of 3 residents (Resident #1) reviewed for notification of change.

The findings included:

Resident #1 was admitted to the facility on 6/16/2021 with diagnoses that included chronic obstructive pulmonary disease and chronic respiratory failure.

Progress note dated 12/2/2021 written by Nurse #2 indicated Resident #1's left shoulder x-ray results were received, and an order was received

F 580

F 580
It is the policy of this facility to notify the responsible party when there has been changes that involves changes (injury/Decline/Transfer/Significant Change in Condition/Room, etc…) with a resident.

1. Corrective actions taken for resident found to have been affected by alleged deficient practice

Resident #1 is alert and orientated. She had been assessed for potential injury. Xray(s)were ordered and obtained, and orders were written for her to see an Orthopedic doctor based on the results.

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F 580

Continued From page 2

for Resident #1 to be seen by an Orthopedic doctor the next morning. Further review of the progress notes did not reveal the resident's representative was notified of the x-ray that was obtained or the results.

Progress note dated 12/3/2021 written by the previous Director of Nursing (DON) indicated Resident #1 was to be sent to the emergency room because she was not able to be seen by the Orthopedic doctor. Further review of the progress notes did not reveal the resident's representative was notified of Resident #1's transfer to the hospital.

Hospital discharge summary dated 12/7/2021 revealed Resident #1 was admitted to the hospital on 12/3/2021 due to respiratory failure.

Quarterly MDS dated 12/14/2021 revealed Resident #1 was cognitively intact.

A progress note dated 12/25/2021 revealed Resident #1 was discharged from the facility.

During a telephone interview on 1/5/2022 at 10:45 AM, Nurse #1 indicated she vaguely remembered Resident #1 getting an x-ray. Nurse #1 further indicated she did not take the orders for the x-ray and if she did not write a note in the chart, then she would not have notified the family.

An interview with Nurse #2 on 1/5/2022 at 11:35 AM revealed Nurse #2 did not remember if she had notified the family of the x-ray results. Nurse #2 further stated she would have given the results to the nurse on the hall who would have been responsible for notification of the family.

F 580

During resident #1s stay there had been periods of time when the resident did not want her family notified and times when she did want them notified and involved in her care.

Nurses received in-service on family/responsible party notification procedures on 1/28/2022, 1/29/2022, 2/1/2022, 2/2/2022, and 2/3/2022 by the DON, ADON, Unit Manager, and MDS Coordinator.

2. Corrective actions taken for other residents having the potential to be affected by alleged deficient practice:

Incident / Accident reports from 1/1/22 through 1/31/22 were reviewed by the DON and/or designee to ensure that the requirements were met for 483.10(g)(14) (i) – (iv)(15) Notify of Changes. This audit will be completed by 2/1/2022. Any areas of non-compliance will be reviewed with each nurse and additional education will be provided. Any education will be provided by the DON, ADON, Unit Manager or MDS Coordinator.

3. Measures taken and systems changed to prevent repeat of alleged deficient practice.

The DON and Administrator reviewed the facility policy for “Change in Resident Condition or Status” to ensure all the requirements were met in the current policy relating to F580 regulation 483.10(g) (14) (i) – (iv)(15) Notification of

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F 580	Continued From page 3 An interview with the DON on 1/5/2022 at 2:32 PM revealed the nurse on the hall was typically responsible for notification of family members. The DON further revealed resident's family members should be notified of emergencies even if the resident is their own Responsible Party. The DON indicated Resident #1's family should have been notified of the 12/2/2021 x-rays that were obtained. A telephone interview with the previous DON on 1/5/2022 at 4:12 PM revealed the previous DON had received the order to send Resident #1 to the hospital, however she did not notify the family. The previous DON further revealed the nurse on the hall should have notified Resident #1's family. The previous DON further indicated Resident #1 was her own Responsible Party and transferred willingly to the hospital. A telephone interview with Nurse #1 on 1/5/2022 at 4:30 PM revealed she did typically call family members when a resident was transferred to the hospital, however if she was extremely busy, she may have forgotten to put a note in the residents' chart. Nurse #1 further revealed she could not remember if she notified Resident #1's family of the transfer to the hospital on 12/3/2021. A telephone interview with Resident #1's emergency contact revealed she was not notified by the facility of Resident #1's left shoulder x-ray or the results and was also not notified of the resident's transfer to the hospital on 12/3/2021. Resident #1's emergency contact further revealed she was notified of the hospital transfer by the hospital staff the next day and at that time Resident #1 was already in the Intensive Care Unit. Resident #1's emergency contact indicated	F 580	Changes. The current facility policy includes (Injury/Decline/Transfer/Room Change/Significant Change in Condition/etc…) and it does meet the requirement and was used for the in-service education for the licensed nurses. In-Service training was initiated on 1/28/2022 by the DON, ADON, Unit Managers, and MDS Coordinator for nurses concerning requirements for family/responsible party notification when there has been changes that involve changes (injury/Decline/Transfer/Significant Change in Condition/Room, etc…). The licensed nurses were required to receive and acknowledge the family/responsible party notification in-service training prior to beginning his/her next scheduled work shift. Director of Nursing and/or designee will review 24-hour nursing report generated from PCC this includes nurses notes from the past 24 hours, new physician orders, lab/diagnostic orders as well as incident/accident information. The 24-hour report is reviewed each morning to ensure, when applicable, that notification to resident and or resident representative has been made with any incident accident or significant change. Unit Managers and/or charge nurse will be responsible to ensure that appropriate notifications are made on weekends. Notification to resident and/or resident representative will be noted in in progress notes.	

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F 580	Continued From page 4 she should have been notified when the facility transferred Resident #1 to the hospital.	F 580	4. Facility plans to monitor its performance to make sure that solutions are sustained. The Director of Nursing, ADON, Unit Manager, MDS Coordinator or designee will monitor the PCC 24 hour report weekly for one (1) month, then 2 per week for one (1) month, tapering to 1 per week for two or more consecutive months to ensure Physician notification has occurred when there is an accident involving a resident which results in injury and has the potential for requiring physician intervention. Results of the monitor/audits will be reported by the DON in the monthly Quality Assurance Performance Improvement monthly meetings. The results will be reviewed and discussed and the QAPI committee will assess and modify the action plan as needed to ensure continued compliance. Date: 2/3/2022	
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,	F 695		2/3/22

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F 695	Continued From page 5 and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to obtain a physician's order for the use of supplemental oxygen for 1 of 2 residents reviewed for respiratory care (Resident #1). The findings included: Resident #1 was admitted to the facility on 6/16/2021 with diagnoses which included chronic obstructive pulmonary disease (COPD) and chronic respiratory failure. Hospital discharge summary dated 10/29/2021 reviewed and revealed an order to continue home oxygen at 4-5 liters. Progress notes revealed a nursing note dated 10/29/2021 which indicated Resident #1 returned from the hospital on 10/29/2021 on 4 liters/minute of supplemental oxygen. Further review of progress notes revealed Resident #1 did receive supplemental oxygen therapy in November and December of 2021. Progress note review also revealed Resident #1 had discharged from the facility to the hospital on 12/25/2021. A quarterly Minimum Data Set dated 12/14/2021 revealed Resident #1 did receive supplemental oxygen therapy. A care plan initiated on 6/18/2021 and last updated on 12/14/2021 revealed a focus area for end stage COPD and chronic respiratory failure with an intervention included to administer oxygen via nasal cannula as needed and ordered.	F 695	F 695 It is the policy of this facility to provide respiratory care consistent with professional standards of practice, the comprehensive person-centered care plan, the resident resident's goals and preferences. 1. Corrective actions taken for resident found to have been affected by alleged deficient practice Resident # 1 was in the hospital at the time of the survey. She returned to the facility on 1/13/2022. She was transferred back out to the hospital on 1/14/2022 and has not returned. An oxygen order was obtained for 1/13/2022. 2. Corrective actions taken for other residents having the potential to be affected by alleged deficient practice: A list of residents using oxygen and the liters of oxygen administered was compiled. The list was then used to review the medical records to determine if a Physician's order was written for the oxygen therapy and liters to be administered. This was started on 1/28/2022 and completed on 1/31/2022. Nurses were educated on 2/1/2022, 2/2/2022 & 2/3/2022 on putting in orders for residents with oxygen. The education was conducted by the DON, ADON, Unit	

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F 695 Continued From page 6

Physician order review revealed no order for supplemental oxygen administration.

A telephone interview with the Director of Nursing (DON) on 1/6/2022 at 9:10 AM revealed there was no supplemental oxygen order in place for Resident #1. The DON further revealed when Resident #1 returned from a hospital stay on 10/29/2021, the supplemental oxygen order was not transcribed from the hospital discharge summary into Resident #1's orders. The DON indicated she thought it was the previous Assistant DON's (ADON) responsibility because she was the one that transcribed the hospital discharge orders into Resident #1's chart on 10/29/2021. The DON revealed Resident #1 should have had an order for supplemental oxygen therapy in her chart.

A telephone interview with the previous ADON on 1/6/2022 at 10:22 AM revealed the previous ADON did typically start to transcribe admission orders for residents, however she did not remember this specific incident. The previous ADON indicated although she would start transcription of admission orders, sometimes the nurse on the hall would have to activate the orders once the resident was in the facility. The previous ADON further indicated with supplemental oxygen orders she would typically wait until the resident was in the facility before she would transcribe a supplemental oxygen order because it would typically change. The previous ADON reported it was the hall nurse's responsibility to ensure all the resident's orders were transcribed. The previous ADON indicated Resident #1 should have had a supplemental oxygen order in her chart.

F 695

Managers and MDS Coordinator.

3. Measures taken and systems changed to prevent repeat of alleged deficient practice.

Through investigation, it is noted that the missed order for O2 was due to an error in transcription. Beginning 2/3/2022 for all new admissions and readmissions, the chart will be reviewed for accuracy / medication reconciliation. This will be done within 24 hours of admission/readmission. Within 24 hours of the admission/readmission the DON, ADON, Unit Manager, MDS Coordinator or designee will compare the DC summary to the orders placed into PCC. If the resident admits/readmits on the weekend, the night shift nurse will perform the 24 hour reconciliation and report any discrepancies to the administrative nurse on call. DON, ADON, unit manager or MDS Coordinator. MD should be updated as needed.
The Administrator or designee will bring a list of all new admits and readmits to each morning meeting. The 24-hour medication/order audits for each new admit/readmit will be reviewed in the morning meetings by DON, ADON, Unit Manager or MDS Coordinator or designee. This review of the audits at morning meetings will be completed for the next 8 weeks.

4. Facility plans to monitor its performance to make sure that solutions are sustained.

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F 695	Continued From page 7 A telephone interview with Nurse #1 on 1/6/2022 at 1:29 PM revealed she did recall Resident #1's return from a hospital stay on 10/29/2021. Nurse #1 further revealed she did not check the orders with the discharge summary because she did not see the discharge summary. Nurse #1 further revealed either the ADON or DON at the time typically transcribed orders for new admissions in their chart. Nurse #1 reported she remembered she did not have to activate any orders for Resident #1 because they had already been activated. Nurse #1 further reported she did not remember who transcribed the orders into Resident #1's chart on that date, but it would have been their responsibility to ensure the supplemental oxygen order was transcribed into her chart.	F 695	Results of the 24-hour review will be reported to the Quality Assurance Performance Committee by the Director of Nursing for the next two meetings and results reviewed and discussed. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance. Date: 2/3/2022	