

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER BLADEN EAST HEALTH AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 804 S POPLAR STREET ELIZABETHTOWN, NC 28337	
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E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 02/26/24 through 02/29/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #E6Z911. INITIAL COMMENTS	F 000		
F 550 SS=D	A recertification and complaint investigation survey was conducted from 02/26/24 through 02/29/24. Event ID# E6Z911. The following intakes were investigated NC00205751, NC00207798, NC00209025, NC00211038, NC00212476 and NC00213656. 2 of the 16 complaint allegations resulted in deficiency. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility	F 550		3/28/24

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

TITLE

(X6) DATE

Electronically Signed

03/21/2024

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 550	<p>Continued From page 1</p> <p>must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to maintain dignity for a resident with an uncovered urinary drainage bag, with urine visible for public view from the hallway. The reasonable person concept was applied as individuals have the expectation of being treated with dignity and would not want their urine visible to visitors, staff, and other residents, for 1 of 2 residents reviewed for dignity (Resident #27).</p> <p>The findings included:</p> <p>Resident #27 was admitted to the facility on 11/02/2020 with diagnoses including unspecified intellectual disabilities, mental disorder.</p>	F 550	<ol style="list-style-type: none"> 1. Catheter drainage bag for Resident #27 was changed to an appropriate drainage bag with cover on 2/26/2024. 2. Current residents, newly admitted residents, and residents requiring placement of an indwelling catheter have the potential to be affected. Current residents with indwelling urinary catheters were identified by the Director of Nursing through observation and record review. Staff education will be provided by the Staff Development Coordinator on resident rights/dignity and care of indwelling catheter drainage bags to preserve resident dignity. Newly admitted residents with indwelling catheters or 		

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F 550	Continued From page 2 The quarterly Minimum Data Set (MDS) dated 12/08/2023 had Resident #27 coded as moderately cognitively impaired was incontinent of bowel and bladder and had a foley catheter. The care plan dated 12/08/2023 had focus' of the residents impaired cognitive function or impaired thought processes and had a foley catheter in place. The interventions included to position catheter bag and tubing below the level of the bladder and away from the entrance room door. An observation of Resident #27 occurred on 02/26/2024 at 11:47 AM. Resident #27 was observed in his room, in Geri chair, in front of the door, with his urinary drainage bag uncovered and visible from the hallway with light amber urine noted. An observation of Resident #27 occurred on 02/26/24 01:48 PM. Resident #27 was observed in his room, in Geri chair, in front of the door, with his urinary drainage bag uncovered and visible from the hallway with light amber urine noted. An observation of Resident #27 occurred on 02/26/24 03:07 PM. Resident #27 was observed in his room, in Geri chair, in front of the door, with his urinary drainage bag uncovered and visible from the hallway with light amber urine noted. An interview with Nursing Assistant (NA) #1 was conducted on 02/27/2024 at 3:02 PM. The NA stated she was the aide for Resident #27 that day and was aware he had a foley catheter. The Aide stated the foley bag should have been covered. The Aide stated she did not know why it wasn't covered but reported it to the nurse earlier that	F 550	residents requiring new placement of an indwelling catheter will be added to the active list kept by the Director of Nursing as need is identified. 3. The Director of Nursing will maintain an active list of residents with indwelling catheters. The identified residents will be assessed weekly x 4 weeks, then monthly x 2 months to ensure drainage bags are covered appropriately and positioned away from public view. 4. The results of these weekly assessments will be reported to the facility's QAPI committee for review monthly x 3 months.		

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F 550	Continued From page 3 shift. The aide also stated she would get something to cover his foley drainage bag. An interview with Nurse #1 was conducted on 02/27/2024 at 3:07 PM. The Nurse stated the foley bag should have a cover over it or placed out of site to avoid dignity issues. The Nurse also stated she would get a new bag with a cover. An interview with the Director of Nursing (DON) was conducted on 02/27/2024 at 3:14 PM. The DON stated the residents' foley bags should be covered to avoid any dignity issues. The DON also stated the Residents foley bag is usually away from the door and out of site.	F 550			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition	F 690		3/28/24	

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F 690	<p>Continued From page 4</p> <p>demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record review, the facility failed to keep a catheter drainage bag from touching the floor to reduce the risk of infection for 1 of 2 sampled resident reviewed for the use of a urinary catheter (Resident #27).</p> <p>The findings included:</p> <p>Resident #27 was admitted to the facility on 11/02/2020 with diagnoses including unspecified intellectual disabilities, mental disorder.</p> <p>The quarterly Minimum Data Set (MDS) dated 12/08/2023 had Resident #27 coded as moderately cognitively impaired was incontinent of bowel and bladder and had a foley catheter.</p> <p>The care plan dated 12/08/2023 had focus' of the residents impaired cognitive function or impaired thought processes and had a foley catheter in place. The interventions included to position catheter bag and tubing below the level of the</p>	F 690	<ol style="list-style-type: none"> 1. Catheter drainage bag for Resident #27 was changed to an appropriate drainage bag with cover on 2/26/24 and positioned correctly to side of chair off of the floor. 2. Current residents, newly admitted residents, and residents requiring placement of an indwelling catheter have the potential to be affected. Current residents with indwelling urinary catheters were identified by the Director of Nursing through observation and record review. Staff education will be provided by the Staff Development Coordinator on correct positioning of indwelling catheter drainage bags to reduce the risk of infection. Newly admitted residents with indwelling catheters or residents requiring new placement of an indwelling catheter will be added to the active list kept by the Director of Nursing as need is identified. 3. The Director of Nursing will maintain an active list of residents with indwelling 		

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F 690	<p>Continued From page 5</p> <p>bladder and away from the entrance room door.</p> <p>A review of the urology report dated 07/14/2022 revealed Resident #27 had a diagnosis of urinary retention with urinary tract infections (UTI) episodes and likely secondary to not completely emptying bladder.</p> <p>An observation of Resident #27 occurred on 02/26/2024 at 11:47 AM. Resident #27 was observed in his room, in Geri chair, in front of the door, with his urinary drainage bag visible from the hallway. The catheter drainage bag was positioned on the floor.</p> <p>An observation of Resident #27 occurred on 02/26/24 01:48 PM. Resident #27 was observed in his room, in Geri chair, in front of the door, with his urinary drainage bag visible from the hallway. The catheter drainage bag was positioned on the floor.</p> <p>An observation of Resident #27 occurred on 02/26/24 03:07 PM. Resident #27 was observed in his room, in Geri chair, in front of the door, with his urinary drainage bag visible from the hallway. The catheter drainage bag was positioned on the floor.</p> <p>An interview with Nursing Assistant (NA) #1 was conducted on 02/27/2024 at 3:02 PM. The NA stated she was the aide for Resident #27 that day and was aware he had a foley catheter. The NA stated the foley bag should not have been touching the floor and she would adjust the drainage bag.</p> <p>An interview with Nurse #1 was conducted on 02/27/2024 at 3:07 PM. The Nurse stated the</p>	F 690	<p>catheters. The identified residents will be assessed weekly x 4 weeks, then monthly x 2 months to ensure drainage bags are positioned off the floor to reduce the risk of infection.</p> <p>4. The results of these weekly assessments will be reported to the facility's QAPI committee for review monthly x 3 months.</p>		

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F 690	Continued From page 6 foley bag is usually on the side of the chair and off the floor and did not understand why it was on the floor. The Nurse also stated she had not noticed the bag on the floor that shift when she cared for the resident. An interview with the Director of Nursing (DON) was conducted on 02/27/2024 at 3:14 PM. The DON stated the residents' foley bags should be positioned off the floor to avoid any infection control issues. The DON also stated the Residents foley bag is usually away from the door, out of site and off the floor.	F 690			
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, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff and physician interviews, the facility failed to administer oxygen at the prescribed rate for 1 of 2 residents reviewed for respiratory care (Resident #15). The findings included: Resident #15 was initially admitted to the facility on 2/25/23 with the last readmission on 10/16/23. Her diagnoses included chronic obstructive	F 695	1. Resident #15 oxygen adjusted to physician ordered rate of 2 liters per minute by the Staff Development Coordinator on 2/26/24. 2. Current residents and newly admitted residents requiring oxygen use have the potential to be affected. Licensed nurse education will be provided by the Staff Development Coordinator on management of residents requiring oxygen use to include visual assessment	3/28/24	

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F 695	<p>Continued From page 7</p> <p>pulmonary disease and heart failure.</p> <p>Resident #15's care plan initiated 2/25/23 indicated Resident #15 was on oxygen therapy related to congestive heart failure. Interventions included oxygen at 2 liters per minute via nasal cannula.</p> <p>A Physician's order dated 9/18/23 indicated administer oxygen at 2 liters/minute via nasal cannula for oxygen saturations less than 90%.</p> <p>Resident #15's quarterly Minimum Data Set (MDS) assessment dated 2/7/24 indicated Resident #15 was cognitively intact and received oxygen therapy. Diagnoses included heart failure and chronic obstructive pulmonary disease.</p> <p>During observation on 2/26/24 at 10:23 AM Resident #15 was observed with the oxygen nasal canula. Resident #15's oxygen regulator on the concentrator was set at 3.5 liters/minute when viewed horizontally at eye level.</p> <p>During observation on 2/26/24 at 12:24 PM Resident #15 was observed with the oxygen nasal canula. Resident #15's oxygen regulator on the concentrator was set at 3.5 liters/minute when viewed horizontally at eye level.</p> <p>During observation on 2/26/24 at 2:07 PM Resident #15 was observed with the oxygen nasal canula. Resident #15's oxygen regulator on the concentrator was set at 3.5 liters/minute when viewed horizontally at eye level. Resident #15's oxygen regulator was verified with the Staff Development Coordinator (SDC) to be set at 3.5 liters/minute.</p>	F 695	<p>of flow rate with each resident interaction and documentation of flow rate validation every shift. Current residents requiring oxygen use were identified by the Director of Nursing through record review. Newly admitted residents with oxygen use or residents requiring new oxygen use will be added to the active list kept by the Director of Nursing as need is identified.</p> <p>3. The Director of Nursing will maintain an active list of residents requiring oxygen use. The identified residents will be assessed weekly x 4 weeks, then monthly x 2 months to ensure oxygen is being administered at the physician ordered rate and licensed staff are documenting each shift's validation of correct oxygen administration.</p> <p>4. The results of these weekly assessments will be reported to the facility's QAPI committee for review monthly x 3 months.</p>		

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

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F 695	<p>Continued From page 8</p> <p>During an interview on 2/26/24 at 2:07 PM with the SDC, she stated Resident #15 had a physician order for oxygen at 2 liters/minute via nasal cannula for oxygen saturations less than 90% and oxygen regulator should have been set at the physician ' s ordered rate.</p> <p>During an interview on 2/26/24 at 3:00 PM with Nurse #1, she stated Resident #15 had a physician order for oxygen at 2 liters/minute via nasal cannula for oxygen saturations less than 90%. Nurse #1 stated she had not checked Resident #15 ' s oxygen regulator since she started her shift at 7:00 AM. She verbalized she should have checked the regulator earlier when she went to check on Resident #15 and ensured it was set at the physician ' s ordered rate.</p> <p>During an interview on 2/28/24 at 2:34 PM with facility Administrator she stated nurses were supposed to check the oxygen concentrator to make sure it was set at the doctor's ordered rate.</p> <p>An interview was conducted on 2/28/24 at 2:49 PM with the Director of nursing (DON). The DON explained Nurse #1 Nurse should have checked the oxygen concentrator upon entering Resident #15's room during earlier medication administration and assessment to ensure it was set per the doctor's orders. She verbalized nurses were to follow physician ' s orders and obtain another order if they needed to titrate the oxygen rate.</p> <p>An interview was conducted on 2/29/24 at 11:10 AM with the facility Physician. He stated Resident #15 was a hospice patient and was receiving oxygen for comfort. The Physician stated nursing staff were to follow physician orders as given and</p>	F 695			

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F 695	Continued From page 9 to call the physician if they needed to titrate the oxygen rate.	F 695			