

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

PRINTED: 11/05/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345441</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GASTONIA HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1770 OAK HOLLOW ROAD</b> <b>GASTONIA, NC 28054</b>	
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E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 10/21/24 through 10/24/24. The facility was found in compliance with the requirement CFR 483.73. Emergency Preparedness. Event ID #0XR211. INITIAL COMMENTS	F 000		
F 656 SS=D	A recertification and complaint investigation was conducted from 10/21/24 through 10/24/24. Event ID #0XR211. The following intakes were investigated: NC00209757, NC00212427, NC00212686, NC00213420, NC00214759, NC00216622 and NC00220425.  4 of the 24 allegations resulted in deficiencies. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 656		11/8/24

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

TITLE

(X6) DATE

Electronically Signed

11/04/2024

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 656	<p>Continued From page 1</p> <p>treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews, the facility failed to develop comprehensive individualized care plans in activities of daily living (ADL) for 1 of 4 residents (Resident #47).</p> <p>Findings included:</p> <p>Resident #47 was admitted to the facility on 6/21/24 with diagnoses which included non-Alzheimer's dementia.</p>	F 656	<p>"Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.</p> <p>F 656 Develop/Implement Comprehensive Care Plan</p> <p>On 10-22-2024 the Minimal Data Set nurse added that the resident #47 had dentures and to provide oral care on the</p>		

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F 656	<p>Continued From page 2</p> <p>Resident #47's quarterly Minimum Data Set (MDS) dated 9/24/24 revealed he had moderately impaired cognition and displayed no moods or rejection of care. He was coded for partial assistance with oral hygiene.</p> <p>Resident #47's care plan dated 6/30/24 had a problem category for ADL Functional Status related to weakness and limited mobility. Approaches included assisting with activities of daily living, dressing, grooming, toileting, feeding and oral care. There was no denture care noted on the care plan.</p> <p>Resident #47 was not interviewable.</p> <p>An interview with Nurse #1 conducted in conjunction with an observation of Resident #47 on 10/22/24 at 12:49 PM revealed she was unaware if Resident #47 had dentures. She stated if he had dentures, they should be on his care plan so the Nursing Assistants were aware they should provide denture care. Nurse #1 asked Resident #47 if he had dentures and the resident removed the upper plate but did not remove the lower plate. The upper plate was coated with food debris and had black areas between the teeth. She stated the Nursing Assistants should remove his dentures every night to be cleaned, placed in a cup to soak during the night, and they should be placed back in his mouth every morning before breakfast.</p> <p>An interview on 10/23/24 at 4:42 PM with the MDS Nurse revealed she was aware Resident #47 had dentures. She stated his denture should have been included in his care plan. The MDS Nurse stated it was human error and she had overlooked his dentures when she developed his</p>	F 656	<p>Care Plan.</p> <p>The Assistant Director of Nursing and Unit Manager completed 100% audit of residents to determine who had dentures and that oral care was completed on all residents on 10-23-2024. On 11-4-2024 The Minimal Data Set Nurse updated all residents care plan to include dentures and oral care.</p> <p>The Regional Director of Clinical Services educated the Director of Nursing, the Assistant Director of Nursing, the Unit Manager and the Minimal Data Set Nurse on ensuring residents with dentures are on the care plan and oral care is care planned for all residents. This education was completed on 10-24-2024. This education will be added to orientation for any newly hired Director of Nursing, Assistant Director of Nursing, Unit Managers and Minimal Data Set nurses.</p> <p>Beginning 11-4-2024 the Director of Nursing and or Designee will audit 2 current residents and 2 new admissions weekly for 12 weeks to ensure if they have dentures, it is care planned and oral care is care planned. Any negative findings will be immediately corrected. Results of audits will be submitted to the QAPI committee for further review and recommendation monthly for 3 months.</p> <p>Date of compliance: 11-8-2024</p>		

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F 656	Continued From page 3 care plan.  An interview on 10/23/24 at 11:22 AM with the Director of Nursing stated Resident #47 should receive oral, or denture care every morning and evening. She stated that he required assistance with his dentures which included cleaning and soaking them, but he could put them in and take them out of his mouth. She also stated that she was aware he had dentures based on his admission assessment, but it should have been on his care plan.	F 656			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide oral care for 1 of 4 dependent residents reviewed for activities of daily living (Resident #47).  Findings included:  Resident # 47 was admitted to the facility on 6/21/24 with diagnoses which included non-Alzheimer's dementia.  Resident #47's quarterly Minimum Data Set (MDS) dated 9/24/24 revealed he had moderately	F 677	•Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.  F677: ADL Care Provided for Dependent Residents	11/8/24	

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F 677	<p>Continued From page 4</p> <p>impaired cognition. He was coded for partial staff assistance with oral hygiene. He was coded for no behaviors or rejection of care.</p> <p>Resident #47's care plan dated 6/30/24 had a problem category for ADL Functional Status related to weakness and limited mobility. Approaches included assisting with activities of daily living to include oral care. There was no other oral care or denture care noted on the care plan.</p> <p>Resident #47 was not interviewable.</p> <p>An interview with Nurse #1 conducted in conjunction with an observation of Resident #47 on 10/22/24 at 12:49 PM revealed she was unaware if Resident #47 had dentures. She stated if he had dentures, they should be on his care plan so the Nursing Assistants (NA) were aware they should provide oral denture care. Nurse #1 asked Resident #47 if he had dentures and the resident removed the upper plate but did not remove the lower plate. The upper plate was coated with debris and had black areas between the teeth. She stated the Nursing Assistants should remove his dentures every night, they should be cleaned, placed in a cup to soak during the night and they should be placed back in his mouth every morning before breakfast.</p> <p>An interview on 10/23/24 at 1:05 PM with Nursing Assistant (NA) #5 revealed she had been assigned to provide care for Resident #47 on the 7 PM to 7 AM shift which started at 7 PM on 10/21/24 and ended at 7 AM on 10/22/24. She stated she was frequently assigned to provide care for him. She stated she was unaware if he had dentures and had not provided oral care for</p>	F 677	<p>Oral care was provided by Certified Nursing Assistant on 10-23-2024 for resident #47.</p> <p>On 10-23-2024 the Director of Nursing and Unit Manager audited all other residents in the facility to ensure that oral care had been provided, no other issues were identified.</p> <p>The Director of Nursing and or Designee educated all Licensed Nurses and Certified Nursing Assistants on the requirement to provide ADL care (activities of daily living) to include oral care. This education was completed on 10-31-2024. The education will be provided in orientation for newly hired Licensed Nurses and Certified Nursing Assistants. The Department Heads will observe to ensure oral care has been completed during concierge rounds.</p> <p>Beginning 11-4-2024 the Director of Nursing or Designee will observe 5 residents per week to ensure that they have been provided oral care weekly for 12 weeks. The results of the audits will be reviewed by the QAPI committee and changes to the plan of correction will be made as needed, Results of audits will be submitted to the QAPI committee for further review and recommendation monthly for 3 months.</p> <p>Alleged Compliance date: 11-8-2024</p>		

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F 677	<p>Continued From page 5</p> <p>him when she was assigned to him on 10/21/24 into 10/22/24 or any other night. She stated on 10/21/24 night shift she had not removed his dentures or provided him oral or denture care. She stated that she was able to tell if a resident had dentures by looking in their mouth, but she had not looked at his teeth and was unable to state if he had dentures. She was unable to clarify if he required assistance with oral or denture care.</p> <p>An interview on 10/22/24 at 3:28 PM with NA #6 revealed she was assigned to provide care for Resident #47 sometimes and was assigned to provide care for him on 10/22/24 on the 7 AM to 7 PM shift. She stated she did not know if he had dentures and had not provided oral care for him that morning. She stated she usually asked the resident if they had dentures or looked in the nightstand for the denture cup. NA #6 stated Resident #47 required assistance with oral care and residents should be given oral care in the morning and at bedtime.</p> <p>An interview on 10/23/24 at 11:22 AM with the Director of Nursing revealed she was aware Resident #47 had not received oral care on 10/21/24 and 10/22/24. She stated he should receive oral or denture care every morning and evening. She stated that Resident #47 required assistance with his dentures which included cleaning and soaking them, but he could put them in and take them out of his mouth. She also stated that she was aware he had dentures based on his admission assessment.</p> <p>An interview on 10/23/24 at 5:19 PM with the Administrator revealed she expected Resident #47 to received oral care every morning and</p>	F 677			

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F 677	Continued From page 6 evening. She stated that dentures should be included on the resident's care plan to ensure staff were aware when residents have dentures, so they provide proper care. She felt lack of staff education had resulted in Resident #47 not receiving adequate oral hygiene.	F 677			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove an unidentified resident's	F 761		11/8/24	
			•Preparation and submission of this POC is required by state and federal law. This		

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F 761	<p>Continued From page 7</p> <p>medications, failed to remove loose and unsecure pills and failed to remove debris of paper shavings and rubber bands from medication cart (medication cart #2) and failed to remove loose and unidentified pills and debris of paper shavings and rubber bands from medication cart (medication cart #1) for 2 of 2 medication carts reviewed for medication storage.</p> <p>The findings included:</p> <p>a. On 10/23/24 at 3:12 PM an observation was made of medication cart #2 along with Nurse #1. Stored in the narcotic drawer was a resident's personal weekly medication container that contained no resident name or information that had 6 pills in the Thursday's slot, 7 pills in the Friday's slot and 7 pills in the Saturday's slot. The medication cart also had 21 loose and unidentifiable pills in the bottom of the drawers along with debris of paper shavings and rubber bands.</p> <p>An interview was conducted with Nurse #1 on 10/23/24 at 3:12 PM. The Nurse explained that the medication container was in the narcotic box when she accepted the keys to the medication cart that morning and when she asked the nurse who reported off to her who's medications they were, the nurse did not know. Nurse #1 stated she should dispose of the medications because they were unidentifiable, and she did not know who they belonged to. The Nurse also explained that every nurse was responsible for keeping the medication carts clean but that was the first time in a long time she was on medication cart #2 and did not have time to clean the medication cart.</p> <p>b. An observation was made on 10/23/24 at 3:39</p>	F 761	<p>POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.</p> <p>F 761 Label/Storage Drugs and Biologicals</p> <p>The Director of Nursing and Unit Manager removed the unlabeled container with medications from the medication cart and removed the loose pills from the medication carts on 10/23/2024.</p> <p>The Director of Nursing and Unit Manager audited all medication carts to ensure no loose pills were found in the medications carts and no unlabeled medications were in carts. This audit was completed on 10-25-2024.</p> <p>The Director of Nursing and or Designee educated all Licensed Nurses all Medication Storage Policy to include no unlabeled medication is in the medication carts and no loose pills and debris were in the medication carts. This education was completed on 10-31-2024. This education will be added in orientation for newly hired Licensed Nurses.</p> <p>Beginning 11-4-2024 the Director of Nursing and or Designee will audit one medication cart 2 times per week for 12 weeks for proper medication labeling and storage to include no loose pills or debris and no unlabeled medications were in the medication cart. . Any negative findings will be immediately corrected. Results of audits will be submitted to the QAPI</p>		



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F 761	<p>Continued From page 8</p> <p>PM of medication cart #1 along with Nurse #2. The cart yielded 4 loose and unidentifiable pills in the bottom of the drawers as well as debris of paper shavings and rubber bands.</p> <p>During an interview with Nurse #2 on 10/23/24 at 3:39 PM the Nurse explained that the night shift was responsible for keeping the medication carts clean and orderly. She indicated the loose pills should be discarded since she did not know who they belonged to.</p> <p>An interview was conducted with the Director of Nursing on 10/23/24 at 3:50 PM who explained that she thoroughly cleaned and organized both medication carts about a month ago. She stated there should not be any unidentified medications stored on the medication carts and each nurse should keep their medication carts clean and orderly. The DON also stated each nurse was responsible for keeping the medication carts clean and orderly</p>	F 761	<p>committee for further review and recommendation monthly for 3 months.</p> <p>Date of compliance: 11-8-2024</p>		