STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

(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
F 695 SS=E	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 observation, record review, and staff interviews the facility failed to provide services for three (Residents # 1, # 2, and #3) of three sampled residents with tracheostomies. For three of the residents (#1, #2, and # 3), the facility failed to assure a system was in place for nurses to have supplies and guidance related to individualized tracheostomy needs. For one (Resident # 1) of three residents the facility failed to assure infection control methods were observed during suctioning. The findings included: 1. Record review revealed Resident # 1 was initially admitted to the facility on 11/8/17. The resident had diagnoses of anoxic encephalopathy, history of cardiac arrest, chronic respiratory failure with history of tracheostomy placement, chronic obstructive lung disease, history of pneumonia, severe congestive heart failure, dysphagia with history of gastrostomy placement, diabetes, seizure disorder, and decubitus ulcers. Record review revealed the resident had experienced multiple hospitalizations since his	F 695	Based on observation, record review, and staff interviews the facility failed to provide services for three (Residents # 1, # 2, and #3) of three sampled residents with tracheostomies. For three of the residents (#1, #2, and # 3), the facility failed to assure a system was in place for nurses to have supplies and guidance related to individualized tracheostomy needs. For one (Resident # 1) of three residents the facility failed to assure infection control methods were observed during suctioning. The plan for correcting the specific deficiency and the process that led to the alleged deficiency: On 3/7/18 the Director of Nurses revised the tracheostomy order set and care plan to include the tracheostomy size and specific care related to the residents inner cannula and revised the order set and care plans for each resident with a tracheostomy. On 3/9/18 The Director of Nurses and	4/5/18

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

Electronically Signed | 03/22/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 695	Continued From page 1 initial facility admission of 11/8/17. According to the record, the resident was readmitted to the facility between the hospitalizations. His facility admissions ranged in length from less than 24 hours to six days between his hospitalizations. His most recent readmission date to the facility was 3/5/18. Review of the resident's most recent minimum data set assessment, dated 11/8/17, revealed the resident did not communicate and was dependent on staff for assistance. Review of the resident's care plan, last reviewed on 3/5/18, revealed the "focus" area entitled, "I have tracheostomy with risk for complications." There were six interventions listed for this "focus" area. They were as follows. "Assist with coughing as needed. Ensure that trach ties are secured at all time. Give humidified oxygen as prescribed. Observe for and document for restlessness, agitation, confusion, increased heart rate. Observe for and document level of consciousness, mental status, and lethargy PRN (as needed). Provide good oral care daily and PRN. Provide reassurance to me to reduce my anxiety. Suction as necessary." Record review revealed a physician's order, dated 3/5/18, for tracheostomy care to be performed daily on day shift and as needed. There were also orders, dated 3/5/18, for the resident to be suctioned every two hours. There was no written information within the orders or care plan regarding the size of tracheostomy and specific care related to the resident's tracheostomy inner cannula. Nurse # 1 was observed on 3/7/18 at 11:15 AM	F 695	Nurse Consultant developed a process to assure that each resident with a tracheostomy will have tracheostomy supplies maintained at the bedside, on the emergency cart and individually labeled in central supply for each resident with a tracheostomy. As well a process was developed to assure that any newly admitted or re-admitted residents with a tracheostomy will have the ordered tracheostomy equipment on hand prior to their admission or readmission to the facility. These processes will be fully implemented as of 3/30/18. On 3/7/18 the Director of Nurses re-educated Nurse #1 and on 3/08/18 Nurse# 2, on facility policy related to tracheostomy suctioning and care with return demonstration of Nurse #1 and Nurse #2's practice observed by the Director of Nurses. On 3/08/18 Nurse #1 and #2 were additionally re-educated by the Director of Nurses regarding the practice of having all needed supplies at the bedside prior to initiating resident care. The procedure for implementing the acceptable plan of correction for the specific deficiency cited: On 3/9/2018, the Director of Nursing began re-education, with observation by return demonstration, of all full time, part time and per-diem nurses. Education will be focused on tracheostomy process changes made to the tracheostomy order set, care plan, location of ordered tracheostomy supplies and having	

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	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

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F 695	Continued From page 2 as she provided tracheostomy suctioning for Resident # 1. Before the provision of suctioning, the resident was observed to have large amounts of thick tannish colored secretions. The secretions covered approximately half of the resident's tracheostomy dressing, and the secretions extended to a washcloth lying below the dressing. Before suctioning the resident, Nurse # 1 stated she had last suctioned Resident # 1 about 1.5 hours before, and the resident tended to have large amounts of secretions. During the procedure, the nurse was observed to use an opened suction catheter, which was located by the suction machine, to perform tracheostomy suctioning. Upon completion of the suctioning it was verified with the nurse that this suction catheter was the same suction catheter she had used to suction the resident earlier that morning. The nurse stated she did not always change the suction catheter, and she routinely used it a couple of times before discarding the catheter. Following the suctioning procedure, Nurse # 1 stated she would also do the resident's tracheostomy care while she was in the room. The nurse was observed to prepare her supplies and don her gloves. The nurse attempted to remove the resident's inner cannula, but could not remove it. The nurse stated she would need to get assistance from another nurse. On 3/7/18 at 11:35 AM, Nurse # 2 was observed as she prepared to assist Nurse # 1 with the resident's tracheostomy care. According to Nurse # 2 she did not routinely work with Resident # 1, but was there to assist Nurse # 2. The following observations were made. Nurse # 1 set up a tracheostomy care kit in preparation to clean the resident's inner cannula. After donning gloves, Nurse # 2 removed the resident's inner cannula	F 695	ordered supplies at the bedside prior to initiating care. On 3/8/2018, the Director of Nursing began re-education with return demonstration observation of all full time, part time and per-diem nurses related to facility policy on tracheostomy suctioning and care. As of 3/19/18 all full time, part time and per diem nurses will be educated by the Contracted Respiratory Consultant/Director of Nurses and the Contracted Respiratory Consultant/Director of Nurses will observe a return demonstration of tracheostomy care and suctioning by 04/05/18. The Director of Nurses will educate all department managers as to the process changes made to the admission/readmission process and supply process for all residents with tracheostomies via the daily clinical meeting by 3/22/18. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements: The Director of Nurses will randomly observe nurse practice for adherence to tracheostomy care/suctioning policy and tracheostomy process revisions. This will be done on all shifts including weekends. The supply manager’s adherence to maintaining tracheostomy supplies will be directly observed by the Director of	

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F 695	Continued From page 3 and placed it in the prepared tray for Nurse # 1 to clean. Nurse # 1 began cleaning the inner cannula with a brush and peroxide. While cleaning the inner cannula, Nurse # 1 commented that the inner cannula was different than the one the resident had previously before he was hospitalized. Nurse # 1 looked at the inner cannula closer and commented that according to the directions on the inner cannula, this inner cannula was not to be cleaned and needed to be replaced. Nurse # 2 stated she would go and find an inner cannula to use for the resident. After leaving the room for a short time, Nurse # 2 returned with a new inner cannula which was inserted by Nurse # 1. According to Nurse # 2, the size she had removed was a 7 mm (millimeter) disposable inner cannula. On 3/7/18 at 12:30 PM the Director of Nursing (DON) was interviewed regarding facility suctioning policies and the facility system to assure nurses were prepared with correct supplies and directions for tracheostomy care. Regarding suctioning, the DON referenced the facility suctioning policy and confirmed nurses were to dispose of suctioning catheters after completing tracheostomy suctioning, and they were to use a new catheter each time a suctioning procedure was done. Regarding supplies, the DON stated the hospital was supposed to provide information regarding the type of tracheostomy supplies needed for each individual resident upon admission. This information was then relayed to the supply clerk, and the supply clerk set up all needed tracheostomy supplies in the supply room. The supplies were to be labeled with each resident's name, and that was the way nurses knew which individualized supplies were needed for each	F 695	Nursing weekly. Compliance with the revised admission/readmission process for residents with tracheostomies will be monitored via the Daily Clinical Meeting by the Director of Nurses. The Director of Nurses will complete the Quality Assurance audit tool for adherence to facility policy and process weekly x 4 then monthly x 3. The Director of Nursing will present reports to the Administrator weekly, that in turn will be shared with the Quality Assurance Committee to ensure that corrective action for any identified trends or ongoing concerns are initiated and monitored as appropriate. The Director of Nursing, Minimum Data Set Coordinator, Support Nurse, Therapy Manager, Health Information Manager, Dietary Manager, Administrator and Medical Director attend the weekly Quality Assurance Meeting. Deficiencies that are identified during the monitoring process will be addressed through the facility Quality Assurance process. The title of the person responsible for implementing the acceptable plan of correction: The Director of Nursing 4/05/2018	

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F 695	Continued From page 4	F 695		

resident. Directly following this interview, the DON was accompanied to the supply room. There were no inner cannulas labeled in the supply room for Resident # 1. The DON stated she would review the resident's record to determine if it noted the individualized instructions for Resident # 1's tracheostomy supplies and care.

On 3/7/18 at 1 PM, the DON was interviewed again. She stated she was unable to find directions in the resident's orders, care plan, or other parts of the medical record for the type of inner cannula he needed. The DON stated the nurses should have looked at the resident's actual tracheostomy and been prepared with the right supplies when they entered the room.

On 3/8/18 at 9:15 AM, Nurse #2 was interviewed again. The nurse stated when she had assisted to remove the resident's inner cannula on 3/7/18 at 11:35 AM, she had not been able to tell what type of inner cannula it was until she removed it. The nurse stated she had gone to the supply room and found one like it, but there had been nothing labeled for the resident in the supply room. According to the nurse, the size and type of inner cannula was not routinely written on the orders or care plan.

An interview on 3/8/18 at 10:30 AM with the supply clerk revealed the following information. The hospital had initially sent the resident on 11/15/17 without any instructions regarding the type of inner cannula he needed. They had sent a picture of the tracheostomy replacement kit, but she had not understood from the picture of the tracheostomy replacement kit which type of inner cannula to order for the resident. According to the supply clerk she had contacted a facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

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F 695	Continued From page 5	F 695		

corporate employee to assist her. On 11/16/17, the hospital had sent a picture of an 8 MM inner cannula for her to order. The resident was soon discharged following 11/16/17, and returned for periods of only a few days. When he returned on 3/5/18, she had not been provided with specific information again about exactly what type of supplies he needed, and she had not yet set up his individualized supplies in the supply room. The supply clerk confirmed that the information which had last been sent by the hospital was for an 8 mm inner cannula, and the nurses were using a 7 mm inner cannula. The supply clerk was not sure if the resident's tracheostomy had been changed at some point from an 8 mm to a 7 mm inner cannula and when this had occurred.

An interview with a corporate nurse consultant on 3/8/18 at 9:45 AM revealed the following information. The nurses should verify needed supplies by looking at the actual tracheostomy and coincide the information stamped on the tracheostomy with some type of written information in the resident's medical record.

Interview with Resident # 1's nurse practitioner on 3/8/18 at 10:15 AM revealed it was her medical opinion that the resident's hospitalizations had not been attributed to any lack of care at the facility, but were attributed to other factors.

2. Record review revealed Resident # 2 was admitted to the facility on 6/24/15. The resident had multiple diagnoses. Some of these diagnoses included chronic respiratory failure with a history of tracheostomy placement and chronic obstructive pulmonary disease.

Review of the resident's minimum data set

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

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GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

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F 695	Continued From page 6	F 695		

assessment, dated 12/13/17, revealed the resident could communicate, was cognitively intact, and required assistance with her care.

Review of the resident's care plan, last reviewed on 1/3/18, revealed the "focus" area entitled, "I have a tracheostomy with risk for complications, impaired breathing mechanics." There were four listed interventions for this focus area on the resident's care plan. These were as follows. "Ensure that trach ties are secured at all time. Give humidified oxygen as prescribed. I may apply PMSV (Passy-Muir speaking valve) or cap to trach as desired. Provide good oral care daily and PRN (as needed)."

Review of physician orders, dated 1/3/18, revealed the resident was to have tracheostomy care on day shift every day and as needed. There was no written information within the orders or care plan regarding the size of tracheostomy and specific care related to the resident's tracheostomy inner cannula.

Record review revealed on 2/16/17 at 8:52 AM the resident was transferred to the hospital when her tracheostomy tube started to come out. According to a nursing note the resident returned on 2/16/18 at 9:30 PM, and the tracheostomy tube had been replaced with a "size 4 Shiley trach."

Interview with the resident on 3/7/18 at 9:05 AM and again on 3/8/18 at 8:35 AM revealed the following information. The resident had her tracheostomy for many years, and did not attribute the tracheostomy dislodgement to facility care. At the time of the dislodgement, the resident stated she had a 6 mm (millimeter)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

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GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

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F 695	Continued From page 7	F 695		

tracheostomy in place. The resident was sent to the hospital, and the tracheostomy was replaced with a 4 mm tracheostomy, which was smaller in size.

Interview with Nurse # 2 on 3/8/18 at 9:15 AM and again on 3/8/18 at 11:45 AM revealed the following information. When the resident had returned from the hospital the previous month, the tracheostomy was different. The tracheostomy inner cannula was a disposable cannula, and the facility had no inner cannulas with which to replace hers. According to the nurse, the inner cannula was continuing to work for the resident although it was disposable, and therefore she continued to clean it since the facility did not have any with which to replace it.

Interview with the facility supply clerk on 3/8/18 at 10:30 AM revealed she had not been aware the size of Resident # 2's tracheostomy had changed on 2/16/18, and she had not ordered any new inner cannulas for the resident.

The facility's policy, entitled "Tracheostomy Care" and last revised in April 2011, was reviewed with a facility nurse consultant on 3/8/18 at 11:20 AM. According to the policy, care procedures were noted to be different for residents with "re-usable inner cannulas" versus "disposable/ single use inner cannulas." There were no directions to clean disposable inner cannulas. Under the directions for both the "Re-usable Inner Cannula Care," and "disposable/single use inner cannulas" there were no guidelines when to replace them and how long it was acceptable to keep using inner cannulas without replacing them. According to the facility nurse consultant, this information was not included in the current policy and they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

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GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

(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
F 695	Continued From page 8	F 695		

were working to set up a contract with a respiratory care service provider which would have more policies and procedures. The facility had not finalized the contract with the respiratory care service provider as of the survey.

3. Record review revealed Resident # 3 was admitted to the facility on 2/13/18. The resident had multiple diagnoses. Some of these included history of cardiac arrest with anoxic brain damage, persistent vegetative state, history of respiratory failure with tracheostomy placement.

Review of the resident's minimum data set (MDS) assessment, dated 2/21/18, revealed the resident did not communicate and relied on staff for all his care needs.

Review of the resident's care plan, dated 2/14/18, revealed the "focus" area entitled, "I have Tracheostomy with risk for complications." There were seven interventions listed on the care plan to address this focus area. These were as follows. "Ensure that trach ties are secured at all times. Give humidified oxygen as prescribed. Observe for and document for restlessness, agitation, confusion, increased heart rate, and bradycardia. Observe for and document level of consciousness, mental status, and lethargy PRN (as needed). Provide good oral care daily and PRN. Provide means of communication and procedural information. Reassure that help is available immediately. Suction as necessary."

Review of physician orders, dated 2/13/18, revealed the resident was to have tracheostomy care on dayshift every day and then as needed. There was no written information within the orders or care plan regarding the size of

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	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

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F 695	Continued From page 9	F 695		

tracheostomy and specific care related to the resident's tracheostomy inner cannula.

Interview with Nurse # 2 on 3/8/18 at 9:15 AM and again on 3/8/18 at 11:45 AM revealed the following information. The hospital had not sent correct inner cannulas for his tracheostomy when he was admitted. The resident had an inner cannula which the nurse was not accustomed to using for other residents. According to the nurse the tracheostomy cannula had "81.0" on it, and this was not commonly used. The inner cannula did not have markings on it regarding whether it was disposable or reusable. The facility had not been able to obtain any replacements for the inner cannula since the resident was admitted on 2/13/18. Therefore she cleaned the inner cannula daily, and replaced the inner cannula.

Interview with the supply clerk on 3/8/18 at 10:30 AM revealed she had contacted a facility corporate employee to alert them that inner cannulas were needed for the resident and she needed assistance in knowing what to order for him, but still had not been able to verify exactly what to order and obtain the cannulas. According to the supply clerk, the inner cannula was not a type of inner cannula typically used and routinely ordered.

The facility's policy, entitled "Tracheostomy Care" and last revised in April 2011, was reviewed with a facility nurse consultant on 3/8/18 at 11:20 AM. Care was noted to be different for residents with "re-usable inner cannulas" versus "disposable/ single use inner cannulas." There were no directions to clean disposable inner cannulas. Under the directions for both the "Re-usable Inner Cannula Care," and "disposable/single use inner

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

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F 695	Continued From page 10 cannulas" there were no guidelines when to replace them and how long it was acceptable to keep using inner cannulas without replacing them. According to the facility nurse consultant, this information was not included in the current policy and they were working to set up a contract with a respiratory care service provider which would have more policies and procedures. The facility had not finalized the contract with the respiratory care service provider as of the survey.	F 695		
F 835 SS=E	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility failed to provide leadership to implement effective systems, policies, and procedures to assure three (Resident #1, Resident # 2, and Resident # 3) of three sampled residents received services related to their tracheostomies. The findings included: Cross Refer to F 695. Based on observation, record review, and staff interviews the facility failed to provide services for three (Residents # 1, # 2, and #3) of three sampled residents with tracheostomies. For three of the residents (#1, #2, and # 3), the facility failed to assure a system was in place for nurses to have supplies and guidance related to individualized tracheostomy needs. For one	F 835	Based on observations, record reviews, and staff interviews the facility failed to provide leadership to implement effective systems, policies, and procedures to assure three(Resident #1, Resident # 2, and Resident # 3) of three sampled residents received services related to their tracheostomies. The plan for correcting the specific deficiency and the process that led to the alleged deficiency: On 3/9/18 the Facility Administrator, Director of Nurses and Nurse Consultant reviewed and revised facility policy and procedures related to tracheostomy care. As of 03/19/18 facility policy will be utilized	4/5/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS NURSING HOME	7348 NORTH WEST STREET FALCON, NC 28342

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F 835	Continued From page 11 (Resident # 1) of three residents the facility failed to assure infection control methods were observed during suctioning.	F 835	in conjunction with the procedures of the Contracted Respiratory Consultant to guide tracheostomy care practices. At least annually, the Quality Assurance committee, in conjunction with the contracted respiratory consultant, will review and approve all tracheostomy related policies and procedures. On 3/9/18 the Director of Nurses and Nurse Consultant developed a process to assure that each resident with a tracheostomy will have tracheostomy supplies maintained at the bedside, on the emergency cart, as well as individually labeled in central supply for each resident with a tracheostomy. This process will be fully implemented by 3/30/18. On 3/9/18 the Director of Nurses and Nurse Consultant developed a process to assure that any newly admitted or re-admitted residents with a tracheostomy will have the ordered tracheostomy equipment on hand, prior to their admission or readmission to the facility. These processes will be fully implemented as of 3/30/18. The procedure for implementing the acceptable plan of correction for the specific deficiency cited: On 3/9/2018, the Director of Nursing began re-education of facility policy, with observation by return demonstration, of all full time, part time and per-diem nurses. Education will be focused on tracheostomy process changes made to the tracheostomy order set, care plan and the location of ordered tracheostomy	

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	345367	A. BUILDING _____ B. WING _____	C 03/08/2018

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F 835	Continued From page 12	F 835		

supplies, along with facility policy related to tracheostomy suctioning /care and the importance of having ordered supplies at the bedside prior to initiating care. All full time, part time and per diem nurses will be educated by the Director of Nurses and Contracted Respiratory Consultant and have the Director of Nurse or Contracted Respiratory Consultant observe a return demonstration of tracheostomy care and suctioning by 3/30/18.

The Director of Nurses will educate all department managers and fulltime, part time and per diem nurses as to the process changes made to the admission/readmission process and supply process for all residents with tracheostomies by 3/22/18.

The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements:

The Director of Nurses will randomly observe nurse practice for adherence to facility policy related to tracheostomy care/suctioning/infection control and tracheostomy process revisions. This will be done on all shifts including weekends. The supply manager's adherence to maintaining adequate tracheostomy supplies will be directly observed by the Director of Nursing weekly. Compliance with the revised admission/readmission process for residents with tracheostomies

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F 835	Continued From page 13	F 835	will be monitored via the Daily Clinical Meeting by the Director of Nurses. The Director of Nurses will complete the Quality Assurance audit tool for adherence to facility policy and process weekly x 4 then monthly x 3. The Director of Nursing will present reports to the Administrator weekly, that in turn will be shared with the Quality Assurance Committee to ensure that corrective action for any identified trends or ongoing concerns are initiated and monitored as appropriate. The Director of Nursing, Minimum Data Set Coordinator, Support Nurse, Therapy Manager, Health Information Manager, Dietary Manager, Administrator and Medical Director attend the weekly Quality Assurance Meeting. Deficiencies that are identified during the monitoring process will be addressed through the facility Quality Assurance process. The title of the person responsible for implementing the acceptable plan of correction: The Administrator 4/05/2018	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and	F 880		4/5/18

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F 880	Continued From page 14	F 880		

comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the

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F 880	Continued From page 15 circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, for one (Resident # 1) out of three sampled residents the facility failed to assure infection control practices were followed during tracheostomy suctioning. The findings included. On 3/8/18 at 11:20 AM CDC (Centers for Disease Control) guidelines were reviewed with a facility nurse consultant. Under "Guidelines for Preventing Health Care Associated Pneumonia," it was noted the recommendations by the CDC were "if the open system suction is employed, use a sterile, single use catheter." Nurse # 1 was observed on 3/7/18 at 11:15 AM as she provided tracheostomy suctioning for	F 880	Based on observation, record review, and staff interviews, for one (Resident #1) out of three sampled residents in the facility failed to assure infection control practices were followed during tracheostomy suctioning. The plan for correcting the specific deficiency and the process that lead to the alleged deficiency: On 3/7/18 the Director of Nurses re-educated Nurse #1 on facility policy related to tracheostomy suctioning and care with return demonstration of Nurse #1's practice observed by the DON.	

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F 880	Continued From page 16 Resident # 1. Before the provision of suctioning, the resident was observed to have large amounts of thick tannish colored secretions. The secretions covered approximately half of the resident's tracheostomy dressing, and the secretions extended to a washcloth lying below the dressing. Before suctioning the resident, Nurse # 1 stated she had last suctioned Resident # 1 about 1.5 hours before, and the resident tended to have large amounts of secretions. During the procedure, the nurse was observed to use an opened suction catheter, which was located by the suction machine, to perform tracheostomy suctioning. Upon completion of the suctioning it was verified with the nurse that this suction catheter was the same suction catheter she had used to suction the resident earlier that morning. The nurse stated she did not always change the suction catheter, and she routinely used it a couple of times before discarding the catheter. On 3/7/18 at 12:30 PM the Director of Nursing (DON) was interviewed regarding facility suctioning policies. The DON referenced the facility suctioning policy for nasopharyngeal suctioning. According to the DON, this was the facility policy applicable for tracheostomy suctioning. The DON confirmed nurses were to dispose of suctioning catheters after completing tracheostomy suctioning according to their policy, and they were to use a new catheter each time a suctioning procedure was done.	F 880	The procedure for implementing the acceptable plan of correction for the specific deficiency cited: On 3/8/2018, the Director of Nursing began re-education with return demonstration observation of all full time, part time and per-diem nurses related to facility policy on tracheostomy suctioning and care. As of 3/19/18 all full time, part time and per diem nurses will be educated by the Contracted Respiratory Consultant/Director of Nurses and the Contracted Respiratory Consultant/Director of Nurses will observe a return demonstration of tracheostomy care and suctioning by 04/05/18. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements: The DON will randomly observe nurse practice on all shifts including weekends and complete the Quality Assurance audit tool for adherence to facility policy on Tracheostomy Care and Suctioning weekly x 4 then monthly x 3. The Director of Nursing will present reports to the Administrator weekly, that in turn will be shared with the Quality Assurance Committee to ensure that corrective action for any identified trends or ongoing concerns are initiated and monitored as appropriate. The Director of Nursing, Minimum Data Set Coordinator, Support Nurse, Therapy Manager, Health Information Manager, Dietary Manager,	

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F 880	Continued From page 17	F 880	Administrator and Medical Director attends the weekly Quality Assurance Meeting. Deficiencies that are identified during the monitoring process will be addressed through the facility Quality Assurance process. The title of the person responsible for implementing the acceptable plan of correction: The Director of Nursing 4/05/2018	