STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	345187	A. BUILDING: _____ B. WING _____	10/4/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEIGHTS HEALTH & REHAB CTR	109 FOOTHILLS DRIVE MORGANTON, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 883	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide documented education regarding the benefits and risks of the pneumococcal immunization in the medical records before offering the immunization (Residents #25, #69 and #84) for 3 of 5 sampled residents reviewed for immunizations. Findings included: The facility's policy/procedure on immunizations dated 10/2017 was reviewed. The policy indicated that before offering the pneumococcal immunization, the resident or resident's legal representative will be provided education regarding the benefits and potential side effects of the immunization with documentation in the medical record. 1. Resident #25 was admitted to the facility on 07/15/2014 with multiple diagnoses including: acute and chronic respiratory failure and bronchitis. The quarterly Minimum Data Set (MDS) assessment, dated

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	345187	A. BUILDING: _____ B. WING _____	10/4/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEIGHTS HEALTH & REHAB CTR	109 FOOTHILLS DRIVE MORGANTON, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 883	Continued From Page 1

07/15/2018, indicated that Resident #25's cognition was intact.

Resident #25's immunization record was reviewed. The records revealed that Resident #25 had received the pneumococcal immunization on 04/20/2018. The medical records did not indicate that education was provided to Resident #25 regarding the benefits and the potential side effects of the pneumococcal immunization.

2. Resident #69 was admitted to the facility on 12/01/2015 with multiple diagnoses including: dementia without behaviors and chronic obstructive pulmonary disease (COPD). The quarterly MDS assessment, dated 09/03/2018, indicated that Resident #69 had moderate cognitive impairment.

Resident #69's immunization record was reviewed. The records indicated that Resident #69 had received the pneumococcal immunization on 04/10/2018. The medical records did not indicate that education was provided to Resident #69 regarding the benefits and the potential side effects of the pneumococcal immunization.

On 10/03/18 at 09:12 AM, an interview was conducted with Resident #69. She stated that she did not remember getting the pneumonia vaccine or the risks and benefits information.

3.. Resident #84 was admitted to the facility on 11/20/2017 with multiple diagnoses including: heart failure and acute respiratory distress. The significant change MDS assessment, dated 08/23/2018, indicated that Resident #84 had moderate cognitive impairment.

Resident #84's immunization record was reviewed. The records indicated that Resident #84 requested to not receive the pneumococcal immunization on 05/15/2018. The medical records did not indicate that education was provided to Resident #84 regarding the benefits and the potential side effects of the pneumococcal immunization.

On 10/02/2018 at 05:08 PM, an interview was conducted with the Infection Control Nurse. She stated that the Vaccination Information Statement (VIS), regarding pneumococcal vaccines, was printed from the Centers for Disease Control (CDC) website and was given to residents or the residents' responsible parties with the most up-to-date educational materials.

On 10/02/2018 at 10:18 AM, an interview was conducted with the Director of Nursing (DON) regarding the 4 out of 5 residents who had no documentation of the benefits and potential side effects of the pneumococcal vaccines in the medical records. The DON's expectation was that the Infection Control Nurse should have provided education to residents by documenting on a release form for immunizations in the medical records.

On 10/04/18 at 03:37 PM, an interview was conducted with the Administrator. She revealed that her expectation was for the nurses to educate the residents regarding the potential side effects or risks and the benefits of pneumococcal vaccinations and to document the information in the medical record.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	345187	A. BUILDING: _____ B. WING _____	**10/4/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEIGHTS HEALTH & REHAB CTR	**109 FOOTHILLS DRIVE MORGANTON, NC**

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345187	A. BUILDING _____ B. WING _____	C 10/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEIGHTS HEALTH & REHAB CTR	109 FOOTHILLS DRIVE MORGANTON, NC 28655

(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 000	INITIAL COMMENTS There were no deficiencies cited as a result of the complaint investigation, Event ID# SU4G11	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the areas of Hospice (Resident #63) and Dialysis (Resident #351) for 2 of 2 residents reviewed for receiving special treatments and procedures. The findings included: 1. Resident #63 was admitted to the facility on 1/15/18 with multiple diagnosis including Cerebral Coronary Accident, Depression and Chronic Obstruction Pulmonary Disease. Review of the medical record review revealed Resident #63 was placed on Hospice care on 8/15/18. A review of Resident #63's most recent MDS, which was a significant change dated 8/23/18 revealed the resident was alert and oriented and required extensive assistance with activities of daily living. Further review under Special Treatments, Procedures, and Programs of the MDS, revealed that Resident #63 was assessed as not being on Hospice.	F 641	1.For resident #63 the MDS Coordinator recognized the error as an oversight and modification to MDS was completed during survey visit on 9/3. MDS coordinator has received training since MDS was completed, attended MDS training by Mary Mass on 9/25/18. The Director of Nursing or designee will complete a MDS focused audit for MDS accuracy in section O0100 Special Treatments, Procedures, and Programs on all current MDS. The Director of Nursing or designee will complete monthly MDS audits for MDS accuracy including O0100 Special Treatments, Procedures, and Programs on each comprehensive MDS completed during the prior month. The Director of Nursing is the person responsible for implementing the acceptable plan of correction and shall ensure audit	11/1/18

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

Electronically Signed | 10/17/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345187	A. BUILDING _____ B. WING _____	C 10/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEIGHTS HEALTH & REHAB CTR	109 FOOTHILLS DRIVE MORGANTON, NC 28655

(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 641	Continued From page 1 During an interview with MDS Coordinator on 10/3/18 at 11:40 AM, she reported that a significant change assessment was completed because the resident went on Hospice. She stated that she should have coded Hospice for Resident #63 and that it was an oversight. 2. Resident #351 was admitted to the facility on 7/28/2010 with diagnosis of End Stage Renal Disease with hemodialysis and Diabetes with circulatory problems. Review of MDS for resident #351 dated 7/26/18 revealed she was alert and oriented. She needed extensive assist with activities of daily living, incontinent of bowel and bladder, and functional limitation in range of motion due to Left upper arm impairment. Further review under Special Treatments, Procedures, and Programs of the MDS revealed Dialysis was not indicated on this assessment. During an interview with MDS Coordinator on 10/3/18 at 2:37 PM, she reported Dialysis was not coded. She stated she should have coded dialysis on the 7/26/18 assessment. Interview with the Director of Nursing 10/4/18 at 4:15 PM reported she expected the MDS assessments to be accurate.	F 641	results and corrective actions taken are presented at monthly Quality Assurance Performance Improvement (QAPI) meetings. The QAPI team shall ensure corrective actions are achieved and maintained. 2.For resident #351 the MDS Coordinator recognized error as an oversight and modification to MDS was completed during survey visit on 9/2. MDS coordinator has received training since MDS was completed, attended MDS training by Mary Mass on 9/25/18. The Director of Nursing or designee will complete a MDS focused audit for MDS accuracy in section O0100 Special Treatments, Procedures, and Programs on all current MDS. The Director of Nursing or designee will complete monthly MDS audits for MDS accuracy including O0100 Special Treatments, Procedures, and Programs on each comprehensive MDS completed during the prior month. The Director of Nursing is the person responsible for implementing the acceptable plan of correction and shall ensure audit results and corrective actions taken are presented at monthly Quality Assurance Performance Improvement (QAPI) meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345187	A. BUILDING _____ B. WING _____	C 10/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEIGHTS HEALTH & REHAB CTR	109 FOOTHILLS DRIVE MORGANTON, NC 28655

(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 641	Continued From page 2	F 641	The QAPI team shall ensure corrective actions are achieved and maintained. Preparation and/or execution of this plan of correction does not constitute admissions or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of the deficiencies. The Plan of Correction is prepared in/or executed solely because the provision of the Federal and Sate Law require it.	