

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/20/2019
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NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292
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F 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation and resident, Nurse Practitioner, and staff interviews the facility failed to provide oxygen as ordered by the physician for 1 of 3 residents, Resident #2.</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 8/24/18 with diagnoses of quadriplegia and shortness of breath.</p> <p>A review of a Physician's Order written 11/5/18 revealed Resident #2 should receive Oxygen 2 liters per minute by nasal cannula continuously.</p> <p>The most recent Minimum Data Set Assessment, a quarterly assessment, dated 2/14/19 revealed Resident #2 was cognitively intact and required total assistance of staff for all activities of daily living. The assessment also indicated Resident #2 had no shortness of breath.</p> <p>During an observation and interview with Resident #2 on 3/18/19 at 12:15 pm he stated his oxygen tank was empty. The oxygen tank gauge read zero. Nurse Aide #1, which was feeding Resident #2, stated she had asked Medication</p>	F 695	<p>Accordius at Lexington acknowledges receipt of the Statement of Deficiencies and purpose of this Plan of Correction to the extent the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance.</p> <p>Preparation and submission of this Plan of Correction is in response to the CMS 2567 from the survey conducted on March 18-20, 2019. Accordius at Lexington response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Accordius at Lexington reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures.</p>	4/9/19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/04/2019
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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 695	<p>Continued From page 1</p> <p>Aide #1 to change the tank before Resident #2 went out to smoke before coming to the dining room to eat. Resident #2 stated he was on 2 liters per minute oxygen by nasal cannula for the past 5 years. He also stated his tank being empty was not unusual and happened daily.</p> <p>An interview with Nurse Aide #1 on 3/18/19 at 2:38 pm revealed she told Medication Aide #1 the tank was empty before lunch and Medication Aide #1 replaced the tank after lunch. Nurse Aide #1 stated the oxygen tank had been empty for at least 30 minutes.</p> <p>During an interview with Medication Aide #1 on 3/18/19 at 2:40 pm she indicated Resident #2 had told her he was going to smoke before lunch and she could replace the tank after he came in for lunch. Medication Aide #1 stated she replaced Resident #2's oxygen tank after he had finished his lunch and it was at least 30 minutes after he came back into the facility from his smoke break. Medication Aide #1 stated she was responsible for checking and changing Resident #2's oxygen tank.</p> <p>Unit Manager #1 was interviewed on 3/20/19 at 10:15 am and she stated Resident #2's oxygen saturation level was 96% (normal 90-100%) at 9:00 am before he went outside to smoke today, after he returned from smoking at 9:23 am his oxygen saturation level was checked again, and it was 89%. She further stated the ordered oxygen was placed back on Resident #2 and after 5 minutes, at 9:38 am, his oxygen saturation was 90%.</p> <p>During an interview with the Director of Nursing on 3/20/19 at 10:20 am she indicated she was aware Medication Aide #1 had failed to replace</p>	F 695	<p>F695</p> <ol style="list-style-type: none"> 1. The alleged non-compliance occurred when the facility failed to provide oxygen as ordered by the physician for Resident #2. Oxygen was provided as ordered for Resident #2 on 3/18/19. 2. An audit of all residents with oxygen orders to ensure that oxygen is provided as ordered by the physician. Audit completed on 3/28/19 by Director of Nursing. 3. Licensed staff educated by Staff Development Coordinator regarding the importance of following physician orders for oxygen. This education will occur by 4/8/19 and provided by Staff Development Coordinator. <p>Audits will be conducted by Director of Nursing/Nurse Managers to monitor residents with oxygen to ensure oxygen is provided as ordered by the physician. This audit will be conducted on all residents with oxygen 20 x per week x 4 weeks, 10 x per week x 4 weeks, 5 x per week for 4 weeks, and randomly thereafter.</p> <ol style="list-style-type: none"> 4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of interventions to determine if continued auditing is necessary to maintain compliance. 		

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F 695	Continued From page 2 Resident #2's oxygen tank and he had gone without oxygen as ordered for at least 30 minutes. She stated she had counseled Medication Aide #1 and was re-educating the nursing staff on importance of administering oxygen as ordered. On 3/20/19 at 10:25 am an interview with the Administrator revealed his expectation was the nursing staff would administer oxygen as ordered by the physician. An interview with the Nurse Practitioner revealed he felt the 30 minutes Resident #2 went without his oxygen was not harmful. He also stated he felt Resident #2 needed the oxygen as ordered especially if he had dropped to 89% without the oxygen.	F 695	5. Person Responsible: Director of Nursing		
F 725 SS=B	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with	F 725		4/9/19	

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F 725	<p>Continued From page 3</p> <p>resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to schedule a Registered Nurse (RN) for at least 8 consecutive hours a day for 4 of the past 20 days reviewed (3/2/19, 3/3/19, 3/16/19 and 3/17/19).</p> <p>Findings include:</p> <p>A record review of the daily staff schedules dated 3/1/19 through 3/20/19 revealed there was no RN scheduled in the facility on 3/2/19, 3/3/19, 3/16/19 and 3/17/19.</p> <p>An interview on 3/20/19 at 8:00AM with the Staffing Coordinator (SC) revealed she understood the weekend required an RN for 8 hours of every 24 hours. She indicated she used the wound care nurse who was an RN every other weekend as the scheduled RN. The alternate weekends the two (2) RN nurse managers and the Director of Nursing (DON) were on call duty.</p> <p>An interview on 3/20/19 at 8:25 AM the DON indicated that the weekend Nurse Supervisor was the regularly scheduled RN on the weekends to meet the 8 hour a day requirement. She was out</p>	F 725	<p>F725</p> <ol style="list-style-type: none"> The alleged deficient practice occurred when the facility failed to schedule a Registered Nurse (RN) for at least 8 consecutive hours a day. Director of Nursing and Staffing Coordinator were educated regarding the requirement to schedule a Registered Nurse (RN) for at least 8 consecutive hours a day. Education was provided by the Administrator on 3/25/19. Audit of staffing schedules for the last 30 days to ensure that a Registered Nurse (RN) was scheduled for at least 8 consecutive hours. Nurse Managers were educated regarding the requirement to schedule a Registered Nurse (RN) for at least 8 consecutive hours a day. Education was provided by Director of Nursing on 3/25/19. <p>The daily staffing schedule reviewed by the Director of Nursing to ensure a</p>		

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F 725	<p>Continued From page 4</p> <p>on sick leave. The two (2) RN Nurse Managers (NM) and the Director of Nursing (DON) rotated being on call. She was asked to provide evidence that the RN managers came in on the weekend when they were on call. She stated she could not because they were salary. The DON indicated she came to the facility when it was her turn for on call.</p> <p>During an interview on 3/20/19 at 9:13 AM, Nurse Manager #1 (NM) indicated that the weekend on call duty was rotated among NM#1, NM#2 and the DON. NM#1 indicated she was not scheduled to come in for 8 hours on the weekends. Occasionally she would come in to work a cart if a nurse called out and was not replaced. Usually she did not come in on the weekend.</p> <p>An interview on 3/20/19 at 9:23 AM with NM #2 indicated that the weekend on call duty was rotated among NM#1, NM#2, and the DON. NM#2 was available by telephone. If she needed to come in she would. She indicated her last scheduled on call duty was on 3/16/19 and 3/17/19 and she did not come in to the facility.</p> <p>An interview on 3/20/19 at 9:45 AM with the Administrator revealed he was under the impression there was a RN scheduled every day for 8 hours. His expectation was to have a RN on the schedule for 8 hours every day.</p>	F 725	<p>Registered Nurse (RN) is scheduled for at least 8 consecutive hours a day.</p> <p>Director of Nursing will audit the daily staffing schedules for 12 weeks.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Director of Nursing</p>		