

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

PRINTED: 05/31/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/02/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENOIR HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 NUWAY CIRCLE</b> <b>LENOIR, NC 28645</b>		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification survey was conducted on 04/29/19 through 05/02/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 2NZ111.	F 000			
F 583 SS=D	INITIAL COMMENTS  No deficiencies were cited as a result of the complaint investigation. Event ID #2NZ111.  Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.  §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release	F 583		5/30/19	

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

TITLE

(X6) DATE

Electronically Signed

05/24/2019

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 583	<p>Continued From page 1</p> <p>of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, and staff interviews, the facility failed to protect private health information on 2 of 4 halls (300 hall and 200 hall) by leaving confidential medical information unattended in an area accessible to the public on 2 of 4 medication carts.</p> <p>The findings included:</p> <p>1. A continuous observation on 04/30/18 from 4:38 PM to 4:43 PM revealed the computer profile for the Medication Administration Record (MAR) was open and a resident's (Resident #26) information visible on the medication cart on the 300 hall. Nurse #2 was observed to leave the MAR opened to a resident's information on the medication cart and left the cart unattended when she went down the hall to check to see if the resident was in his room which was approximately 40 feet from the cart.</p> <p>An interview on 04/30/18 at 4:45 PM with Nurse #2 revealed she had not realized she had left the MAR opened but knew she should have pressed the privacy button so no resident information was visible.</p> <p>An interview on 05/02/19 at 11:51 AM with the Director on Nursing revealed it was her</p>	F 583	<p>Medication cart computers for 200 and 300 halls were made private/confidential by Director of Nursing on 5/3/2019</p> <p>All other medication/treatment cart computers were ensured to be on privacy screen by DON and Unit Managers on 5/3/2019</p> <p>All nurses were educated regarding resident privacy/confidentiality specifically regarding utilizing the eMAR/eTAR system and the privacy screen feature by Administrator by 5/26/2019. Upon hire nurses will be educated about privacy/confidentiality in using the eMAR/eTAR system and medication/treatment cart computers by Staffing Nurse beginning 5/26/2019.</p> <p>Administrative nurses (Director of Nursing, Staffing Coordinator, Unit Managers and RN Supervisor) will monitor computers (cart laptops) for privacy/confidentiality and use of privacy screen feature during eMAR/eTAR usage three times weekly for 4 weeks then weekly for 8 weeks. Findings of audits will be reported in QAPI by the DON for</p>		

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F 583	<p>Continued From page 2</p> <p>expectation that the nurses press the privacy screen button on the computer so the MAR and resident information was not visible any time the nurse was not standing at the medication cart.</p> <p>2. A continuous observation on 05/01/19 from 8:45 AM to 8:49 AM revealed the computer profile for the Medication Administration Record (MAR) was open and a resident's (Resident #34) information visible on the medication cart on the 200 hall. Nurse #3 was observed to leave the MAR opened to a resident's information on the medication cart and left the cart unattended when she went down the hall to answer a call on the hallway phone which was approximately 45 feet from the cart.</p> <p>Another continuous observation on 05/01/19 from 8:49 AM to 8:52 AM revealed the computer profile for the MAR was open and a resident's (Resident #34) information visible on the medication cart on the 200 hall. Nurse #3 was observed to leave the MAR opened to a resident's information on the medication cart and left the cart unattended when she went into the resident's room to administer eye drops which was approximately 8 feet from the cart.</p> <p>An interview on 05/01/19 at 9:00 AM with Nurse #3 revealed she had not realized she had left the MAR opened but knew she should have pressed the privacy button so no resident information was visible. Nurse #3 stated she thought after a period of time the privacy screen automatically came on the computer.</p> <p>An interview on 05/02/19 at 11:51 AM with the Director on Nursing revealed it was her expectation that the nurses press the privacy</p>	F 583	trends and possible need for changes monthly		

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F 583	Continued From page 3 screen button on the computer so the MAR and resident information was not visible any time the nurse was not standing at the medication cart.	F 583			
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3)  §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.  §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.  §483.20(k)(2) Exceptions. For purposes of this	F 645		5/30/19	

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F 645	<p>Continued From page 4</p> <p>section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to initiate a level II Pre-Admission Screening and Resident Review (PASARR) for 1 of 1 residents reviewed for PASARR (Resident #83).</p>	F 645	<p>A level II PASARR screening was requested on resident #83 on 5/8/19 upon readmission from hospital by Admission Coordinator. Resident #83 subsequently expired on 5/11/19 and the screening was</p>		

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F 645	Continued From page 5  Findings included:  A review of the medical record revealed Resident #83 was admitted on 01/03/19 with diagnosis which included intellectual disability, anxiety and depression.  A review of Resident #83's care plan dated 03/19/19 revealed a focus area for behaviors including disorganized thinking, rambling, incoherent speech, and irrelevant conversation related to a diagnosis of intellectual disability. The goal for Resident #83 was to be able to communicate his needs effectively through the next review date. Interventions included a pharmacy consult, reporting of any changes in level of consciousness, and redirecting the resident to stay on topic.  The annual Minimum Data Set (MDS) dated 04/04/19 revealed Resident #83 was severely cognitively impaired and required extensive two-person assistance for activities of daily living (ADL). The MDS noted Resident #83 had not been evaluated by level II PASARR.  Review of a nursing note dated 01/28/19 revealed Resident #83 stated, "I want to die I'm going to kill myself". The note further revealed special precautions were initiated due to Resident #83's behavior. The review revealed Resident #83 had exhibited behaviors such as yelling out threats, increased agitation and hallucinations.  Review of a Psychiatric Evaluation dated 01/30/19 revealed Resident #83 was seen due to suicidal comments and an episode of increased agitation resulting in the resident pulling out his	F 645	cancelled on 5/14/19.  All current residents were audited to ensure that no other resident's required level II PASARR screening due to a related or qualifying condition by the Administrator. There were 3 residents found to require consideration for a level II PASSAR. These screenings were requested by the Social Worker. Completed by 5/20/2019  Education was provided to Admissions Coordinator, Social Worker, MDS Coordinator, and Director of Nursing regarding qualifying conditions for Level II PASARR on 5/20/2019 by the Administrator. A new system has been implemented in which after new admissions have entered the facility the Admissions Coordinator, Social Worker, MDS Coordinator and Administrator will audit the resident's diagnosis as a team in order to identify any qualifying conditions for Level II PASSARR beginning 5/28/2019. Any resident identified as having a qualifying condition and needing a referral for Level II screening will have this completed by the Social Worker or Admissions Coordinator beginning 5/28/2019.  Audits will be performed on weekly basis during Utilization Review meeting by Interdisciplinary team to ensure that all PASARR screenings are completed appropriately by reviewing resident diagnosis history list and that all diagnosis reviews have been completed on new		

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F 645	<p>Continued From page 6</p> <p>peripherally inserted central catheter (PICC) line. The note revealed Resident #83 had a diagnosis of intellectual disability and was unable to read or write.</p> <p>On 05/01/19 at 11:00 AM an interview was conducted with the facility Admission Coordinator. The interview revealed she was responsible for monitoring the PASARR information for each resident. She stated she was unaware Resident #83 had a diagnosis of intellectual disability therefore did not know to refer Resident #83 for a PASARR level II screening. The interview revealed residents were not screened unless the MDS nurse notified her of a significant change in condition. She stated Resident #83 should have been referred for a PASARR level II screen based on his diagnosis and behaviors exhibited.</p> <p>On 05/01/19 at 11:17 AM an interview was conducted with the MDS nurse. She stated all PASARR residents were discussed during morning meeting however Resident #83 had never been discussed. The interview revealed she notified the Admission Coordinator of pertinent resident diagnosis however had not notified her of Resident #83's diagnosis of intellectual disability.</p> <p>On 05/02/19 at 8:41 AM an interview was conducted with the Administrator. She stated the Admission Coordinator oversaw the PASARR information. The interview revealed a resident would not be screened for a PASARR level II unless they had a change in mood or an increase in behaviors exhibited. She stated the behaviors in January 2019 and March 2019 with a diagnosis of intellectual disability should have triggered Resident #83 to be referred for a level II PASARR</p>	F 645	admits beginning 5/30/2019. These audits will be completed weekly x 3 months with findings reporting to QAPI committee monthly by the Administrator for trends and possible need for changes.		

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F 645	Continued From page 7 screen. The interview revealed she expected the Admission Coordinator to follow the regulations to request PASARR level II screening for eligible residents.	F 645			
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 loose unsecured pills and failed to remove opened and undated medications from 1 of 4 (200 Hall) medication	F 761	All loose pills were removed and discarded along with any foil packets of inhalation solution that was not dated being as unable to determine the date	5/30/19	



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F 761	<p>Continued From page 8 carts that were available for use.</p> <p>The findings included:</p> <p>On 05/02/19 at 10:50 AM an inspection was made of the 200 Hall medication cart with the following observations of 1 brown oblong pill, 1 yellow round pill, 5 white round half pills, and 7 white round pills all of which were found loose in the bottom of the two middle drawers. Also during the inspection, the medication cart had 5 boxes of Ipratropium Bromide and Albuterol Sulfate inhalation solution (Duoneb) each of which contained opened and undated foil pouches of the solutions. According to the Manufacturer's directions the foil pouches of the Duoneb should be discarded within 2 weeks of opening.</p> <p>An interview was conducted on 05/02/19 at 10:50 AM with Nurse #1. During the interview the Nurse confirmed she was responsible for the 200 Hall medication cart. Nurse #1 explained that it was each nurse's responsibility to maintain the medication carts in a clean and orderly condition which meant the nurse on the cart should assure the cart was free of debris and loose pills and the medications should be dated when opened because certain medications (Duoneb) should be discarded after 14 days of opening. Nurse #1 stated she felt the loose pills and undated Duoneb happened because the nurses felt rushed to get the medication pass done and did not take the time to tidy the cart or date the medications when opened.</p> <p>An interview was conducted with the Director of Nursing (DON) on 05/02/19 at 11:41 AM who explained the Unit Managers (UM)s were responsible for performing weekly audits of the</p>	F 761	<p>opened from the 200 hall medication cart. This was completed by the Unit Manager on 5/2/19</p> <p>All other medication and treatment carts were audited by the Unit Managers to ensure that they were free of any loose pills, unlabeled or improperly stored medications and for inhalation solutions with undated foil pack. The carts were cleaned and any undated inhalation solutions were discarded due to inability to determine open date. These audits/checks were completed by the Unit Managers on 5/2/2019.</p> <p>Nurses were educated regarding the proper storage of medications, cleanliness and neatness of carts and proper dating and storage of inhalation solutions by the DON and Administrator by 5/26/2019. In addition, nurses were instructed to routinely monitor carts for cleanliness and tidiness at the beginning of each shift by DON and Administrator. Upon hire, nurses will be educated regarding cleanliness/tidiness of carts and proper labeling and storage of inhalation solutions. Unit managers will include checking carts for cleanliness and appropriate dates on medications with weekly cart rounds beginning 5/26/19.</p> <p>Audits of all treatment and medication carts will be conducted weekly x 3 months by Nurse designees to ensure carts are free from inappropriately stored/labeled medications and that inhalation solutions are dated and stored appropriately.</p>		

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F 761	<p>Continued From page 9</p> <p>medication carts which included checking the carts for cleanliness and outdated medications. The DON stated the loose pills in the bottom of the drawers could be related to the medication cards being packed too tight but that there was enough room in the drawers that the nurses' could arrange the cards to where they were not so tightly packed. The DON admitted she did not know how long the foil pouches of the Duoneb solution could be used after the pouches were opened and stated she would have to refer to the checklist that had specific storage directions for medications.</p> <p>On 05/02/19 at 1:10 PM during an interview with Unit Manager UM #1, she explained that she performed a weekly audit on the medication carts and the last audit was on 04/26/19. The UM stated she removed undated foil pouches of Duoneb medication from the 200 Hall medication cart and educated the nurse on cart at that time about dating the foil pouches when they were opened because of the 14 day expiration date. The UM also admitted that when she looked for the cleanliness of the cart she did not look in each drawer for debris or loose pills but that she only looked to see if the top of the cart was clean and organized.</p> <p>A second interview was conducted with the DON on 05/02/19 at 1:25 PM who explained she felt the nurses got in a hurry and did not take the time to clean the medication carts or date the foil pouches when they opened them. The DON stated she felt it was a system problem that each nurse should keep their medication carts clean and the nurses should take the time to date the medications when they opened them.</p>	F 761	Findings of these audits will be reported to the QAPI committee monthly x 3 months by the DON for trends and possible needed changes.		

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F 761	Continued From page 10 During an interview with the Administrator on 05/02/19 at 1:38 PM she explained that she had an in-service 2 weeks ago with the nurses about proper medication pass procedures and making sure the foil pouches were dated was stressed in the in-service. The Administrator stated the facility currently did not have a policy of cleaning the medication carts but regardless she expected the nurses to keep the medication carts clean and the Duoneb foil pouches should be dated when they were opened.	F 761		