

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2019
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NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741
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E 000	Initial Comments An unannounced recertification survey was conducted on 08/19/2019 - 08/22/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID 910Q11	E 000		
F 695 SS=D	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 observations, record reviews and staff interviews, the facility failed to administer oxygen therapy (O2) at 2 liters per minute (l/min), as prescribed by the physician for 1 of 1 resident reviewed for respiratory care (Resident #3). The findings included: Resident #3 was admitted to the facility 1/24/2019 with a diagnosis of acute exacerbation of chronic obstructive pulmonary disease (COPD). Resident #3 was readmitted to the facility 4/3/2019. Review of the annual Minimum Data Set (MDS) dated 5/8/2019 revealed Resident #3 was cognitively intact and required minimal assist with activities of daily living. Further review of the MDS revealed Resident #3 required oxygen therapy	F 695	Eckerd Living Center, LLLP response to this report of survey does not denote agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are filing the POC because it is required by law. • F 695 Corrective Actions(s) that will be accomplished for those residents found to have been affected by the deficient practice: The nurse/med aide assigned to this resident corrected the oxygen setting immediately upon notification by the Director of Nursing after the discussion with the Surveyor. Henceforth, the	9/19/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/13/2019
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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 during the assessment period.</p> <p>A care plan dated 5/14/2019, revealed Resident #3 had an impaired gas exchange for COPD with goals to maintain optimal gas exchanges with oxygen saturation greater than 88% during vital sign checks. Interventions included: to ensure adequate oxygen and delivery system as needed, administer O2 and breathing treatment and check signs and symptoms of decreased oxygen saturation, abnormal breathing and respiratory function, positioning for optimal breathing, adequate hydration and strict oral hygiene practice.</p> <p>Review of a physician's order dated 01/24/2019, read in part, O2 continuous at 2 l/min via nasal cannula (NC).</p> <p>An observation was made of Resident #3 on 8/19/2019 at 10:40 AM ambulating from the bathroom to the bed with O2 via NC at 3.5 l/min.</p> <p>An observation was made of Resident #3 on 8/19/2019 at 11:45 AM, 2:08 PM, and 4:33 PM of Resident #3 with O2 via NC at 3.5 l/min.</p> <p>An observation was made of resident #3 on 8/20/2019 at 10:53 AM was resting in the bed in no distress with O2 via NC at 3.5 l/min.</p> <p>An observation was made of Resident #3 on 8/20/2019 at 04:25 PM. Resident #3 was resting in the bed in no distress with a NC in her nose and attached to an oxygen concentrator, which read 3.5 l/min, per the regulator flow indicator.</p> <p>An interview was conducted with Medication Technician #1 (Med Tech), who was covering</p>	F 695	<p>nurse/med aide assigned to this resident will check the O2 setting every shift and document the setting on the medication record. If the setting is found to be incorrect, the nurse/med aide will adjust the setting to the prescribed amount, monitor the resident's respiratory status, and document in the medical record.</p> <p>How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice.</p> <p>All resident's requiring oxygen were reviewed for the accuracy of the setting on their oxygen concentrator on 8/28/2019 prior to the end of the survey. All resident's requiring oxygen were reviewed for the accuracy of the setting on their oxygen concentrator again on 9/9/19 and 9/16/19. No additional deficient practices were noted.</p> <p>Systemic changes to ensure the deficient practice will not occur: As of 9/16/2019, all clinical staff have been educated on the appropriate way to set and evaluate the setting on the oxygen concentrator. Additionally, every oxygen concentrator in use has been labeled with the ordered setting for that resident for easy reference. The nurse/med aide will visually verify the appropriate setting every shift and document it on the resident's medical record. New clinical staff will receive training on oxygen implementation, setting, labeling, and documentation during department orientation.</p>		

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F 695	<p>Continued From page 2</p> <p>Resident #3's hall, on 8/20/2019 at 4:25 PM, stated Resident #3's O2 should be set at 2 l/min per the physician order.</p> <p>An observation was made with Med Tech #1 on 8/20/2019 at 4:30 PM of Resident #3 with O2 via NC at 3.5 l/min. Med Tech #1 asked Resident #3 if she had turned up the O2, which Resident #3 replied, "no".</p> <p>An interview was conducted with Nurse #1 and Med Tech #1 on 8/20/2019 at 5:07 PM. Nurse #1 stated the physician orders for Resident #3 were O2 2 l/min via NC. Med Tech #1 then informed Nurse #1 the O2 was currently set at 3.5 l/min. Nurse #1 stated that adjustments to the O2 were made based on the O2 saturation (SAT) and if the resident needed more oxygen, and that was probably why the O2 setting was at 3.5 l/min. Nurse #1 directed Med Tech #1 to check the O2 SAT, turn down the O2 to 2 LPM and in 30 minutes, re-check the O2 SAT. Nurse #1 stated the assessments were done by the Med Tech and if there were changes needed the NA would inform the nurse.</p> <p>An interview was conducted on 08/22/2019, at 11:45 AM, with the facility's Director of Nursing (DON). She stated Resident #3's O2 should have been set at 2 l/min per the physician order. The DON further stated it was the responsibility of the nurse/Med Tech on the hall to make sure the O2 was at the correct setting.</p>	F 695	<p>How facility plans to implement the corrective action and evaluate for its effectiveness:</p> <p>Oxygen concentrators will be labeled with all newly implemented oxygen orders. The medication record for every resident with ordered oxygen will include verification and documentation of the correct setting every shift. Random audits of 5 concentrators began 9/16/19 and will continue to be conducted weekly for 4 months by the DON or their designee with a goal of 100% compliance. The audit will include verification of the order, appropriate labeling of the concentrator, verification of the current setting, and documentation of the accuracy of the setting. The DON or their designee will present the results of the audit at the monthly QAPI meetings. The QAPI Committee is responsible for reviewing any trends or reoccurring issues and implementing procedure changes to ensure that compliance is achieved and maintained.</p>		