

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

PRINTED: 05/27/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT STATESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>520 VALLEY STREET</b> <b>STATESVILLE, NC 28677</b>
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 607 SS=D	<p>A complaint investigation was conducted 5/5/2020 through 5/6/2020. There were 2 allegations investigated and they were both unsubstantiated. Deficient practice was identified as a result of the investigation and cited at F 607 D and F 684 D. Event ID # 7ZNS11.</p> <p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to implement their abuse policy to investigate an injury of unknown source for 1 of 3 residents reviewed for accidents (Resident #1).</p> <p>The findings included:</p>	F 607	<p>F607 Develop/Implement Abuse/Neglect Policies</p> <p>1)Address how corrective action will be accomplished for those residents found to have been affected by the deficient</p>	5/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 05/24/2020
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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 607	Continued From page 1  Review of the facility's Accidents and Incidents investigating, and reporting policy dated July 2016 read in part: The Investigative Process: 1) The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. 2) The following data, as applicable, shall be included on the Report of Incident/Accident form: the date and time the accident or incident took place, the nature of the injury, the circumstances surrounding the incident, where the incident took place, the name (s) or witnesses and their accounts of the incident, the injured persons account of the incident, the time the injured persons attending Physician was notified and well as the time the Physician responded and his or her instructions, the date/time the injured persons family was notified and by whom, the condition of the injured person included their vital signs, the disposition of the injured person, any corrective action taken, follow up information, other pertinent data as necessary or required and the signature and title of person completing the report. 3) This facility is in compliance with current rules and regulations governing accidents or incidents involving a medical device. 4) If any incidents result in allegations of injury of unknown source then the Administrator should be notified immediately and reportable needs to be filed. 5) The Nurse Supervisor/ Charge Nurse and or the department director or supervisor shall complete a Report of the Incident form and submit the original to the DON services within 24 hours of the incident occurring. 6) The DON shall ensure that the Administrator receives a copy of the report of Incident/Accident form for each occurrence.	F 607	practice:  On 5/5/20 Resident #1 had fracture boots in place by therapy until the knee immobilizer arrived on 5/6/20 which was placed on resident and care plan was updated on resident at that time.  2) Address how the facility will identify other residents having the potential to be affected by the same deficient practice:  Facility Administrator and Medical Director completed a review over the past 30 days of current resident electronic medical record (EMR), including physician progress notes, to ensure that facility administrator was aware of any possible injuries of unknow origin and that any possible bruise or injury of unknow origin were identified ensure an investigation was initiated and timely reporting completed. There were no negative findings noted from this audit. This audit was completed 5/25/20.  3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.  All licensed nurses have been educated on 5-8-20 by the Assistant Director of Nursing/Staff Development on investigating and reporting accidents and incidents in a timely manner and filling out an incident report in Point Click Care per the reporting policy.  All nurses have been educated on 5-8-20		

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F 607	<p>Continued From page 2</p> <p>Resident #1 was admitted to the facility on 3/13/15 and readmitted on 3/1/18 with diagnoses that included osteoporosis, dementia, and unspecified fracture of shaft of right fibula and right tibia.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 5/1/20 indicated Resident #1 was severely cognitively impaired and displayed no behaviors or refusal of care during the look back period. She required extensive to total assistance from staff for bed mobility, dressing, personal hygiene, toileting and bathing. Resident #1 was coded with lower extremity range of motion impairment to bilateral lower extremities.</p> <p>Review of a nursing note dated 3/11/20 at 7:00 PM revealed Resident #1 was noted to have a quarter size bruise to her right shin area. Resident was complaining of pain to the touch. Tylenol was administered with positive results and the resident was placed in the Physician book to be assessed.</p> <p>Review of a Physician order dated 3/13/20 revealed an x-ray was ordered of right tibia/fibula due to Resident #1 having a bruise with pain.</p> <p>Review of a nursing note dated 3/14/20 at 12:23 PM revealed the results from Resident #1's x-ray was in showing a tibia/fibula fracture to her right lower extremity.</p> <p>Review of a Physician progress note dated 3/16/20 revealed Resident #1 was evaluated on this date for an acute visit secondary to an x-ray finding of an acute right impacted proximal tibia and fibula fracture. Resident #1 was noted to</p>	F 607	<p>by the Assistant Director of Nursing/ Staff Development on if any incidents result in allegations of: resident abuse, resident neglect, diversion of resident drugs, diversion of facility drugs, fraud against resident, fraud against facility, misappropriation of facility property, misappropriation of resident property, or injury of unknown source, then the Administrator should notified immediately and these steps should take place.</p> <p>"Incident report filled out in Point Click Care</p> <p>" Notify Family</p> <p>"Notify Physician</p> <p>"Do Initial Allegation Report needs to be done within 2 hours located at each nursing station and online (DSHR Form 4502). Fax (919-733-3207)</p> <p>"Followed up by an Investigation Report within 5 days (Administrator/Director of Nursing will obtain) and fax (919-733-3207)</p> <p>All Reportable will be tracked on the Risk Review Worksheet by the facility Administrator.</p> <p>4)Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The IDT will review reportable incidents daily to ensure the resident's needs and the appropriate intervention has been put in place. At that time the IDT will ensure that the Investigation Allegation Report and the follow up 5-day Investigation</p>		

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F 607	<p>Continued From page 3</p> <p>have bruising to her right lower leg on 3/11/20. The note stated Resident #1 was experiencing significant discomfort with movement of either her left or right leg and bruising was noted to the right anterior shin.</p> <p>An interview conducted on 5/5/20 at 11:05 AM with the Director of Nursing (DON) revealed she did not know of Resident #1's incident until the x-ray results came back positive for a tibia/fibula fracture to the right lower extremity on 3/14/20. She stated she did not investigate of the injury because that was the Unit Manager's responsibility and added the Unit Manager had resigned her position prior to the incident and a new Unit Manager had not been assigned. The interview revealed the facility staff did not have daily meetings to discuss incidents/accidents in the facility and the incident was just missed and should have been investigated.</p> <p>An interview conducted on 5/5/20 at 1:49 PM with the Administrator. She stated she was unaware of the incident for Resident #1 since she had only been the Administrator since March 16, 2020. She stated she didn't feel the facility would have to investigate as an injury of unknown origin due to the resident had a diagnosis of osteoporosis and she personally felt that was the source of the injury. The interview revealed no statements had been obtained nor had staff been questioned who had cared for the resident on the days prior to the positive x-ray. The Administrator stated she expected her staff to follow the facility policy and procedures regarding investigation of incidents and injuries of unknown source. The interview revealed an incident report should have been completed.</p>	F 607	<p>Report has been faxed to DSHR. These reportable incidents will be filled out on the Risk Review Worksheet and brought before the weekly Risk Meeting along with discussing in our monthly QAPI committee meeting.</p> <p>This report system will be completed by the Director of Nursing and/or administrative nurses weekly for 3 months, then weekly for 2 months, then weekly for 1 month to ensure continued compliance.</p> <p>The director of nursing will complete a summary of audit results and present at the facility QA Committee monthly, the facility's progress towards implementation of corrective action(s) and the facility's performance to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress weekly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated, and the system is sustained or revised as needed to achieve and maintain corrective solutions.</p> <p>Include dates when corrective action will be completed: May 25, 2020</p>		

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F 684 F 684 SS=D	Continued From page 4 Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations, staff interviews and Physician interview, the facility failed to provide a right lower extremity immobilizer brace as ordered by the Physician for a right tibia/fibula fracture (Resident #1) for 1 of 3 residents reviewed for care to maintain well-being.  The findings included:  Resident #1 was admitted to the facility on 3/13/15 and readmitted on 3/1/18 with diagnoses that included osteoporosis, dementia, and unspecified fracture of shaft of right fibula and right tibia.  A review of the quarterly Minimum Data Set (MDS) dated 5/1/20 indicated Resident #1 was severely cognitively impaired and displayed no behaviors or refusal of care during the look back period. She required extensive to total assistance from staff for bed mobility, dressing, personal hygiene, toileting and bathing. Resident #1 was coded with lower extremity range of motion impairment to bilateral lower extremities. The	F 684 F 684	F684 -Quality of Life  1)Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:  On 5/5/20 Resident #1 had fracture boots in place by therapy until the knee immobilizer arrived on 5/6/20 which was placed on resident and care plan was updated.  2)Address how the facility will identify other residents having the potential to be affected by the same deficient practice :  An audit was done on 5-6-20 by DON and administrative nurses of current resident EMR, reviewing current physician progress notes & orders to ensure orders have been implemented timely. No residents were identified with any negative outcome from this audit.	5/25/20	

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F 684	<p>Continued From page 5</p> <p>MDS revealed Resident #1 had received physical therapy services dated 3/2/2018 with an end date of 3/15/2018.</p> <p>Review of a nursing note dated 3/11/20 at 7:00 PM revealed Resident #1 was noted to have a quarter size bruise to her right shin area. Resident was complaining of pain to the touch. Tylenol was administered with positive results and the resident was placed in the Physician book to be assessed.</p> <p>Review of a Physician progress note dated 3/16/20 revealed Resident #1 had been evaluated due to an x-ray finding of an acute right impacted tibia and fibula fracture. The note revealed the resident was experiencing significant discomfort with movement of either her left and her right leg during the evaluation. The progress note stated the Physician would discuss with Physical Therapy (PT) the benefit of a brace to keep the leg immobile and decrease pain. The treatment plan included PT to place a brace to immobilize the resident's leg.</p> <p>A review of Resident #1's Physician Orders revealed an order dated 3/16/20 for PT to evaluate and provide a right lower extremity immobilizer brace due to a diagnosis of right tibia/fibula fracture.</p> <p>On 5/5/20 at 9:41 AM an observation was conducted of Resident #1. She was observed to be lying in bed with her eyes closed. An immobilizer brace was observed to be sitting on the resident's dresser.</p> <p>On 5/5/20 at 9:43 AM an interview was conducted with Nurse #1. Nurse #1 stated she was the</p>	F 684	<p>3)Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The Medical Director and Nurse Practitioner was educated on 5-7-20 by the Administrator on a new form that has been created called the Hey Therapy Referral Form which is kept at each nursing station and in the physician office on bright orange paper that will be filled out anytime a therapy order is placed in Point Click Care.</p> <p>The therapy team was educated on 5-5-20 and 5-6-20 by the Rehab Director concerning the Medical Director/Nurse Practitioner will be communicating with them by filling out the Hey therapy Referral Forms on any resident they feel it may meet this criteria and placing them in a secured box outside the speech therapy door. The therapy team will be responsible for communicating these forms to their Rehab Director.</p> <p>Unit Manager and/or administrative nurses with be reviewing the therapy report will be reviewed weekly and initialed by the Unit Manager/Designee in Point Click Care ensuring any therapy referrals that the Medical Director/Nurse Practitioner has placed in Point Click Care and has been communicated appropriately to the Rehab team by the Medical Director/Nurse Practitioner filling out the Hey Therapy Referral Form. This report will be brought before our weekly Risk Meeting and our monthly QAPI committee to maintain the residents</p>		

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F 684	<p>Continued From page 6</p> <p>nurse working on the hall and responsible for Resident #1. The interview revealed the resident had sustained a leg fracture in March and had never worn an immobilizer brace to her right leg. Nurse #1 stated the resident was bed bound due to pain when getting up to her wheelchair and did not have an immobilizer brace in her room. She stated the staff had gotten the resident up one time and she was yelling so much they had to place her back in the bed for comfort. Nurse #1 could not recall the date of when the resident was up in her wheelchair. The interview revealed Resident #1 was receiving scheduled Tylenol for pain and it was keeping the resident comfortable. Nurse #1 stated she was unaware the resident had an immobilizer brace in her room or that there was an order for her to wear it.</p> <p>On 5/5/20 at 10:00 AM an observation was conducted of Resident #1 with Nurse Aide (NA) #1. The observation revealed Resident #1 sitting up in bed smiling. NA #1 lifted the bed sheet to ensure the residents legs were placed on a pillow for comfort. The observation revealed no immobilizer brace on Resident #1's leg. The immobilizer brace was still observed on the dresser.</p> <p>On 5/5/20 at 10:00 AM an interview was conducted with NA #1. She stated she was usually assigned to Resident #1's hall and had never seen an immobilizer brace in the resident's room or placed on the resident. NA #1 stated the immobilizer brace placed on the resident's dresser wasn't hers but was her roommate's that had recently been moved from the room.</p> <p>On 5/5/20 at 11:50 AM an interview was conducted with Unit Manager #1 who had been</p>	F 684	<p>highest practicable physical, mental, and psychosocial wellbeing.</p> <p>4)Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Unit Manager and or Administrative nurses will review therapy referral orders weekly by printing a report in Point Click and initialing it, along with ensuring the Hey Therapy Referral Form has been filled out appropriately and was given to the Rehab Director. Also, a Therapy Audit tool was created to be turned into risk on a weekly basis</p> <p>Any discrepancies noted the Administrator will be notified immediately reeducation will be done and the physician will be notified for delay in treatment along with the appropriate measures put in place to ensure resident maintains the highest practicable physical, mental, and psychosocial wellbeing.</p> <p>This report will be completed by the Director of Nursing and/or administrative nurses weekly for 3 months then weekly for 2 months and then weekly for 1 month to ensure continued compliance.</p> <p>The Director of Nursing will complete a summary of audit results and present at the facility monthly QAPI committee. The QA Committee will review the facility <input type="checkbox"/> progress weekly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated, and the system is sustained</p>	

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F 684	<p>Continued From page 7</p> <p>working in the facility since 3/16/20. During the interview she stated Resident #1's daughter had called her at the end of April stating she was concerned because her mother wasn't getting out of the bed which initiated a PT referral on 4/30/20. The interview revealed she then requested an order for PT since there was a change in the resident's condition. She stated she did not notice a previous order had been placed in the system for PT services on 3/16/20. The interview revealed therapy was initiated using a therapy referral form where nursing staff would check the boxes as to why the resident needed therapy services and place it into a box to be reviewed.</p> <p>Review of the therapy referral form dated 4/30/20 revealed Resident #1 was being referred for therapy due to having trouble sitting upright, being no longer able to stand and for an evaluation for sitting up in her wheelchair.</p> <p>Review of the Physical Therapy evaluation dated 5/4/20 revealed the goal for Resident #1 was to tolerate a right tibia/fibula immobilizer brace for 4-5 hours to increase joint stability, improve comfort and provide joint protection. The evaluation stated the reason for referral was to provide proper fitting immobilizer for the residents right unspecified tibia/fibula fracture to prevent any movement.</p> <p>On 5/5/20 at 10:10 AM an interview was conducted with the Physical Therapist. She stated she had evaluated Resident #1 on 5/4/20 due to a decline with her transfer ability and pain. The interview revealed she had received an order to immobilize the fractured leg with an immobilizer brace on 5/4/20. She stated the resident never</p>	F 684	<p>or revised as needed to achieve and maintain corrective solutions.</p> <p>5)Include dates when corrective action will be completed. May 25, 2020</p>		



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F 684	<p>Continued From page 8</p> <p>had an immobilizer brace prior to 5/4/20. The brace was not applied to Resident #1's leg because they were trying to keep the resident comfortable applying the brace for 1-2 hours initially then progressing with it on longer as the resident adjusted to it. She stated she had never received an order on 3/16/20 for the resident to receive therapy services or an immobilizer brace. The interview revealed therapy services would be applying the immobilizer brace to the resident's leg initially, then once the resident tolerated it they would train nursing staff on the application of the brace. The PT stated typically the therapy department would receive a referral from nursing staff for residents needing therapy services.</p> <p>On 5/5/20 at 2:07 PM an interview was conducted with the Rehabilitation Manager. She stated therapy had never received an order for an immobilizer brace for Resident #1 on 3/16/20. The interview revealed the only order she received was a referral dated 4/30/20 and Resident #1 was seen by her staff on 5/4/20 for an evaluation. She stated Resident #1 had gone 6 weeks without an immobilizer brace applied to her right lower extremity due to the missed order however couldn't say whether going without the brace had a negative impact on the resident's wellbeing.</p> <p>On 5/5/20 at 1:04 PM an interview was conducted with the facility Physician. During the interview she stated Resident #1 had a diagnosis of Osteoporosis which could have contributed to the leg fracture. She stated that she had personally placed the order for a Physical Therapy evaluation and immobilizer brace to be placed on the resident's leg for comfort and to decrease pain on 3/16/20. She said when she put the</p>	F 684			

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NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT STATESVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>520 VALLEY STREET</b> <b>STATESVILLE, NC 28677</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	
F 684	<p>Continued From page 9</p> <p>original order into the computer, she put it under other orders however was recently told by nursing staff the order was missed because they could not see it in the computer system. She stated the new computer system had started in March and the facility had experienced errors with the system. The interview revealed she was unaware the resident had never received therapy or an immobilizer brace until 5/4/20. She said she would have expected nursing staff to have ensured the resident had a brace prior to 5/4/20 to assist with the resident's level of comfort. The interview revealed the resident could have experienced less pain if the immobilizer had been in place.</p> <p>On 5/5/20 at 1:49 PM an interview was conducted with the Administrator. The Administrator stated the Physician's order placed on 3/16/20 was missed because it had been put into the system incorrectly and the order hadn't carried over to the nursing staff. She stated the resident shouldn't have gone 6 weeks without an immobilizer brace applied to her leg for comfort and she would be providing an in-service to her staff to correct the error going forward.</p>	F 684			