

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

PRINTED: 11/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/22/2020
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE OF NC			STREET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD RUTHERFORDTON, NC 28139		
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E 000	Initial Comments	E 000			
F 000	An unannounced onsite COVID-19 Focused Survey and complaint investigation were conducted 10/19/20 through 10/20/20. Additional information was obtained on 10/21/20 and 10/22/20; therefore, the survey was extended to 10/22/20. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# VJFI11.	F 000			
F 583 SS=D	INITIAL COMMENTS An unannounced COVID-19 Focused Survey and complaint investigation were conducted 10/19/20 through 10/20/20. Additional information was obtained on 10/21/20 and on 10/22/20; therefore, the exit date was extended to 10/22/20. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Two (2) of the thirty (30) complaint allegations were substantiated and cited. Event ID# VJFI11. 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.	F 583		11/12/20	

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

TITLE

(X6) DATE

Electronically Signed

11/11/2020

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	Continued From page 1 §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 of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (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. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews with residents and staff, the facility failed to assure rooms were equipped with curtains or other means to provide privacy during care for three of three sampled residents (Resident #4, Resident #1 and Resident #2). The findings included: 1. Resident #4 was admitted to the facility on 11/9/18. Resident #4 was moved on 10/9/20 to the COVID-19 unit A when the facility closed their COVID-19 unit B. The quarterly Minimum Data Set (MDS)	F 583	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; 1) The maintenance director placed a privacy curtain in Resident #4's room on 10/19/20. 2) The maintenance director placed a privacy curtain in Resident #1 and Resident #2's room on 10/20/20. Address how the facility will identify other residents having the potential to be		

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F 583	<p>Continued From page 2</p> <p>assessment dated 10/6/20 indicated Resident #4 was cognitively intact.</p> <p>On 10/19/20 at 9:50 AM, an observation was made of Resident #4's room in the COVID-19 unit A. Resident #4 resided on the A side of her room and Resident #4's roommate resided on the B side of the room. At the time of this observation staff members were exiting the room after providing incontinence care to Resident #4's roommate. Resident #4's room did not have a privacy curtain or other means to provide privacy between beds A & B. Resident #4 was observed sitting in her wheelchair, facing the door and had been present during her roommate's care.</p> <p>On 10/19/20 at 9:55 AM, an interview conducted with Resident #4 revealed she had been in her current room since 10/9/20 with her roommate. Resident #4 stated there had never been a privacy curtain in the room since she had been moved to her current room. She stated she just sat with her back turned towards her roommate whenever the staff members provided care to her roommate. She also stated that she did not feel like her privacy was maintained whenever they gave her a bed bath or provided incontinence care to her because her roommate could see her exposed in the bed without a privacy curtain.</p> <p>On 10/19/20 at 10:03 AM, an interview was conducted with nurse aide (NA)#1 who stated that she had been aware that some of the rooms in the COVID-19 unit A did not have a privacy curtain and that she had already reported this to the Director of Nursing (DON) who told her that she was going to work on this issue. NA#1 also stated she had no idea why some of the rooms did not have a privacy curtain and was not sure if</p>	F 583	<p>affected by the same deficient practice; The Housekeeping director completed an audit of all resident rooms on 10/20/20, to identify rooms that did not have a privacy curtain between residents beds. All resident rooms have privacy curtains.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Administrator and/or the DON completed education on 11/10/20, for nursing, department managers, housekeeping and maintenance staff regarding the following: Prior to a resident being admitted to or transferred to a room, housekeeping and/or maintenance will validate that a privacy curtain is in place. When a privacy curtain is removed for cleaning, the staff will replace with a clean privacy curtain immediately. If a nursing staff member is in a resident room and identifies that the privacy curtain is not in place, the staff member should notify the maintenance supervisor/assistant at that time. If the resident requires assistance before the privacy curtain is put into place, and there is a room mate, please assist the room mate out of the room while care is provided. Department managers that are part of the facilities Caring Angel program will visit their assigned residents daily at least 5 x week, and during the visit, will validate that privacy curtains are in place. The Admissions department will</p>		

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F 583	<p>Continued From page 3</p> <p>housekeeping took them down to get washed and they just didn't get them back up. NA#1 added there was no way she could provide privacy to both residents in Resident # 4's room due to the absence of a privacy curtain. She just asked Resident #4 to turn her back and face the door because she was usually up in her wheelchair whenever they provided care to her roommate.</p> <p>On 10/19/20 at 10:20 AM, an interview conducted with Nurse #1 revealed she did not know why some of the rooms in the COVID-19 unit A did not have privacy curtains. She stated that she had been working on the COVID-19 unit A for a month and it had always been like that. Nurse #1 further stated it was hard to maintain privacy for Resident #4 but they tried to block her roommate's view as best they could and tried to expose one part of her body at a time while doing her bed bath. She added that she was going to ask housekeeping or maintenance about the privacy curtains.</p> <p>On 10/19/20 at 3:00 PM, a second observation was made of Resident # 4's room in the COVID-19 unit A and there was still no privacy curtain in the middle of the room to separate beds A & B.</p> <p>On 10/19/20 at 3:11 PM, an interview was conducted with the DON who stated she had not been aware that there were no privacy curtains in some of the rooms in the COVID-19 unit A until 10/18/20 when NA#1 called her and told her about the issue. She said the rooms in the COVID-19 unit started off as private rooms but could not say for sure when the rooms were converted to semi-private rooms. She thought the reason why the privacy curtains were not up</p>	F 583	<p>observe the residents room prior to admission of the resident to validate that privacy curtains are in place. Newly hired staff will be educated during new hire orientation.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>The Housekeeping supervisor and/or the Administrator will observe 10 resident rooms weekly for 4 weeks then 20 resident rooms monthly x 2 months, to validate that privacy curtains are in place. The Admissions coordinator and/or Administrator will observe all new resident rooms and/or transfer rooms prior to admission or transfer x 3 months to validate that privacy curtains are in place prior to admission or transfer. The Administrator will review the audits to identify any patterns/trends and will adjust the plan as necessary to maintain compliance. The Administrator will review the plan during the monthly QAPI and the audits will continue at the discretion of the QAPI committee.</p> <p>Indicate dates when corrective action will be completed; 11/12/2020</p>		

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F 583	<p>Continued From page 4</p> <p>in some of the rooms in the COVID-19 unit A was because housekeeping was cleaning the privacy curtains and just haven't put them back up.</p> <p>On 10/19/20 at 3:29 PM, an interview was conducted with the Account Manager who oversaw housekeeping and laundry services. He stated that the rooms in the COVID-19 unit A were originally private rooms but he was not sure when the facility started putting 2 residents in each room and that maintenance must have forgotten to put the privacy curtains up. He further stated that housekeeping took the privacy curtains down to be laundered whenever the residents in the room got discharged off the COVID-19 unit, but they were always replaced with a new privacy curtain. He added that Nurse #1 talked to him around 12:30 PM on 10/19/20 and told him that they needed privacy curtains in the COVID-19 unit A but this was the first time he knew about it.</p> <p>On 10/19/20 at 3:54 PM, an interview with the Maintenance Director revealed he did not know anything about the privacy curtains in the COVID-19 unit until 30 minutes prior to this interview when the Administrator gave him a note about it and the DON told him they needed privacy curtains in the COVID-19 unit.</p> <p>On 10/20/20 at 5:08 PM, an interview was conducted with the Administrator who stated that he was notified on 10/19/20 about the lack of privacy curtains in some of the rooms in the COVID-19 unit A. He stated he had not been aware of this issue until 10/19/20 and should have been notified sooner when the staff members noticed there had been no privacy curtains in some of the rooms in the COVID-19</p>	F 583			

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F 583	<p>Continued From page 5</p> <p>unit A. He added that COVID-19 unit A first had just private rooms but they had to convert them into semi-private rooms when they started having extra cases of COVID-19 positive residents. He could not remember exactly when they started having 2 residents in each of the rooms in the COVID-19 unit A. He stated housekeeping should put up another privacy curtain to replace what they took down to get washed.</p> <p>2. Resident #1 was admitted to the facility on 1/9/16. The Quarterly Minimum Data Set (MDS) assessment dated 7/20/20 indicated Resident #1 was severely cognitively impaired.</p> <p>Resident #2 was admitted to the facility on 12/22/2015. The Quarterly Minimum Data Set (MDS) assessment dated 8/27/20 indicated Resident #2 was cognitively intact.</p> <p>An observation on 10/20/20 at 2:58 PM revealed Resident # 1 and Resident # 2 shared a semiprivate room on the non-COVID-19 part of A hall. Their room was observed not to have a privacy curtain installed in the room.</p> <p>An interview was conducted with Resident #1 on 10/20/20 at 2:55 PM. Resident #1 indicated she had lived at the facility in the same room until recently when she had been moved out of her room for cleaning and repainting tasks. Resident #1 could not recall the date when she was moved and returned, but stated upon her return there was no privacy curtain. Resident #1 stated she would like to have a privacy curtain for her room but didn't know how to get one.</p> <p>An interview was conducted with Resident #2 on 10/20/20 at 3:00 PM. Resident #2 stated there</p>	F 583			

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F 583	<p>Continued From page 6</p> <p>was a privacy curtain in the room before the last time she and her roommate were moved out of the room for cleaning and repainting. Resident #2 indicated it had been about two months since she moved back into her current room after it was renovated. Resident #2 further stated she had asked several staff about providing a privacy curtain for her room. Resident #2 remembered asking Nurse Aide (NA) #2 and stated NA #2 had made numerous attempts to follow up with maintenance and housekeeping, but nothing was done about the privacy curtain. Resident #2 stated "it's hard having no privacy in the room."</p> <p>An interview conducted with the Director of Nursing (DON) on 10/20/20 at 5:32 PM revealed she was not aware there was no privacy curtain in Resident # 1 and Resident # 2's room. The DON stated residents in a semi-private room should have a privacy curtain provided by the facility and it would be difficult for nursing staff and NAs to ensure privacy to residents without one when providing care.</p> <p>An interview conducted with the Administrator on 10/20/20 at 5:35 PM revealed Resident #1 and Resident # 2's room was one of several rooms recently shut down for renovation. The Administrator could not recall when Resident #1 and Resident #2 were moved back into their room after the renovation. He stated he was unaware there was no privacy curtain in their room and no one had reported it to him.</p> <p>An interview with NA #2 conducted on 10/21/20 at 6:47 PM revealed she had inquired about the missing privacy curtain in Resident #1 and Resident #2's room numerous times for 1-2 months. NA #2 stated she had asked the Director</p>	F 583			

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F 583	Continued From page 7 of Housekeeping two times, the Administrator one time, and the Social Worker one time. NA #2 further stated she attempted to provide privacy to Resident #1 and Resident #2 by having them look away or roll to a different side in bed but stated "really there wasn't any privacy".	F 583			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff and physician interviews, the facility failed to follow physician orders for wound care for 1 of 3 residents reviewed for pressure ulcers (Resident #9). The findings included: Resident #9 was admitted to the facility on June 15, 2020 with diagnoses of neurogenic bladder. A review of the care plan dated 7/21/2020 for Resident #9 included problems related to care of	F 686	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; The Director of Nursing provided education to the treatment nurse on 11/09/20, regarding following physician orders related to wound care. Nurses should not substitute wound care medication or type of dressing, unless directed by the physician and a new order will be written to support the change or	11/12/20	

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F 686	<p>Continued From page 8</p> <p>pressure ulcers. Interventions included: administer treatments as ordered and monitor for effectiveness, follow facility policies and protocols for the prevention/treatment of skin breakdown. Resident #9 was also care planned for increased potential for new pressure ulcer development and worsening of current pressure ulcer due to decline in all his functional mobility. Interventions for this care plan were administer treatments as ordered and monitor for effectiveness and follow facility policies/protocols for the prevention/treatment of skin breakdown, air mattress, heel boots while in bed, avoid positioning on back, and turn / reposition as needed every care round by nursing staff.</p> <p>Review of Resident #9's significant change MDS dated 7/22/2020 indicated Resident #9 had one stage 1 pressure ulcer, one stage 4 pressure ulcer, and three unstageable pressure ulcers with suspected deep tissue injury in evolution.</p> <p>A review of Resident #9's physician treatment orders for 7/2020 revealed the following: -7/21/2020 left first, second and third toe: apply betadine daily every day shift -7/26/2020 wound to sacrum - cleanse with wound cleanser, pat dry, apply calcium alginate, cover with a gauze dressing: apply skin prep around area every day shift</p> <p>Review of Resident #9's skin/wound notes entered by nursing staff indicated the resident was evaluated by the facility-contracted wound Physician on 7/13/2020, 7/30/2020, 8/12/2020, 8/17/2020, 8/31/2020, 9/14/2020, and 10/26/2020.</p> <p>Review of the wound care order dated September</p>	F 686	<p>substitution.</p> <p>Resident #9 continues to receive wound care. The licensed nurse received from the physician, a revised treatment order on 11/2/20, to change from a gauze dressing to the foam border dressing. The treatment nurse completed an audit on 10/20/20 of Resident #9's wound care orders and wound care supplies, to validate that wound care supplies were available to be used as ordered by the physician. All wound care supplies were available.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>The Director of Nursing, treatment nurse and unit managers completed an audit on 11/02/20, of current residents with wound care orders, to validate that wound care supplies were available as ordered. All wound care supplies were available as ordered.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Director of Nursing completed education for the licensed nurses on 11/10/20, regarding following physician orders related to wound care. Nurses should not substitute wound care medication or type of dressing, unless</p>		

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F 686	<p>Continued From page 9</p> <p>28, 2020 revealed: Wound to sacrum - cleanse with wound cleanser; pat dry, apply calcium alginate with silver (antimicrobial dressing); cover with a gauze dressing; apply skin prep around area (for skin protection).</p> <p>An observation was made of wound care for Resident #9 with the Treatment Nurse on October 20, 2020 at 11:00 AM. The Treatment Nurse cleansed the sacral wound with normal saline instead of wound cleanser. She patted the wound dry and applied calcium alginate with silver to the wound bed. She then covered the wound with a bordered foam dressing. She did not apply gauze to the wound as ordered. Following the wound care observation, an observation of the wound treatment cart revealed that wound cleanser and gauze were available as ordered.</p> <p>An interview on October 20, 2020 at 3:37 PM with the Treatment Nurse revealed that she did not have an explanation for substituting products not included in the order.</p> <p>A telephone interview with the facility-contracted wound Physician on October 20, 2020 at 4:47 PM revealed that he was familiar with Resident #9. The current wound care order of, wound to sacrum - cleanse with wound cleanser; pat dry, apply calcium alginate with silver (antimicrobial dressing); cover with a gauze dressing; apply skin prep around area (for skin protection), was read to the physician and he verified that was his current order. The Physician stated that he had no concerns with the facility not being able to provide products as ordered and any time a product could not be obtained, he expected a nurse to call him for an updated order. The</p>	F 686	<p>directed by the physician and a new order will be written to support the change or substitution. Newly hired licensed nurses will be educated during new hire orientation.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>The Director of Nursing or Unit managers will audit/observe licensed nurses during wound care for 5 wound care treatments weekly for 4 weeks then 10 per month for 2 months, to validate that licensed nurses are providing wound care as ordered to include the ordered cleanser and dressing cover.</p> <p>The Director of Nursing will review the audits/observations monthly to identify patterns/trends and will adjust the plan as necessary to maintain compliance. The Director of Nursing will review the plan during the monthly QAPI meeting and the audits/observations will continue at the discretion of the QAPI committee.</p> <p>Indicate dates when corrective action will be completed; 11/12/2020</p>		

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F 686	Continued From page 10 Physician stated that substituting one product for a wound care order was acceptable for a single wound dressing change, but if more than one product needed to be substituted, he would need to provide a new order. He stated, "I expect them to follow my orders to the letter." An interview with the Director of Nursing and the Regional Clinical Director on October 20, 2020 at 5:15 PM revealed their expectation of nurses employed at the facility was to follow physician's orders as written.	F 686			