

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

PRINTED: 12/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2020
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT RUTHERFORD LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 188 OSCAR JUSTICE ROAD RUTHERFORDTON, NC 28139	
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E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Survey was conducted on 11/16/20 with exit from the facility on 11/16/20. Additional information was received and reviewed and the exit date was changed to 11/20/20. 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# HET111	F 000		
F 688 SS=E	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 11/16/2020 with exit from the facility on 11/16/2020. Additional information was received and reviewed and the exit date was changed to 11/20/20. 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. 2 of the 21 allegations were substantiated with one of them resulting in a deficiency. Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and	F 688		12/5/20

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

TITLE

(X6) DATE

Electronically Signed

12/05/2020

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 688	<p>Continued From page 1</p> <p>services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and staff, Nurse Practitioner and Physician interviews, the facility failed to apply hand splints as recommended by the Occupational Therapist for 1 of 2 residents (Resident #5) reviewed for range of motion.</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 7/21/17 with the following diagnoses: Parkinson's disease, rheumatoid arthritis, osteoporosis and dementia.</p> <p>Resident #5's care plan revised on 5/29/20 indicated she was at risk for further decline in mobility related to diagnosis of Parkinson's disease. The goal was for Resident #5 to remain free of further signs and symptoms, discomfort or complications related to Parkinson's disease. The interventions included adaptive devices as recommended by therapy or physician, monitor for safe use and monitor/document to ensure appropriate use of safety/assistive devices.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 8/25/20 indicated Resident #5 was severely cognitively impaired, required extensive physical assistance with all activities of</p>	F 688	<p>F688-</p> <p>Related to Resident #5, facility failed to initiate practice and procedure for screening of contracture quarterly or upon identification of changes. Resident #5 was evaluated by OT on 11/17/20 for contracture management. Appropriate interventions ordered by evaluating therapist upon completion of evaluation. Treatment records indicate placement of interventions, carrot or rolled cloth placement and cleaning of hand. Information was carried to Kardex and care plan is updated. Completed: 11/18/20</p> <p>100% of residents were screened for range of motion and contractures beginning 11/19/20. Completed 11/27/20 by therapy department. Appropriate interventions were ordered by therapy via written order, orders processed and placed on treatment records by the nurse and carried over to Kardex and Care Plans by MDS or unit manager. Completed: 11/27/20 Contracture screening to be completed by evaluating therapists, PTA or COTA on</p>		

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F 688	<p>Continued From page 2</p> <p>daily living and had impairment to both upper extremities.</p> <p>The Occupational Therapy (OT) Discharge Summary dated 9/24/20 indicated Resident #5 was being discharged from OT services for contracture management and referred for RNP (Restorative Nursing Program) due to maximum potential achieved. The discharge recommendations included for carrots to be placed in bilateral hands in the morning, out at bedtime, hands to be cleansed daily and RNP for orthotic management. At the time of the OT discharge on 9/24/20, Resident #5 had passive range of motion of the left hand to 4 cm (centimeters) from palm and active range of motion of the right hand to 7 cm from palm.</p> <p>A review of Resident #5's Physician's Orders in her electronic medical record indicated the following orders which were still active: 3/12/20 - Place carrot or rolled cloth in right palm to prevent contracture every day and evening shift for treatment. 9/24/20 - Carrot hand splints to be donned to bilateral hands daily in the morning and removed at bedtime as tolerated by resident for contracture management, hands to be cleaned prior to placement and after removal of carrots to reduce risk of wounds and skin breakdown.</p> <p>A review of Resident #5's Treatment Administration Record for September, October and November 2020 reflected the above order on 3/12/20 for placing a carrot or rolled cloth in right palm to prevent contracture every day and evening shift for treatment but not the order on 9/24/20 for carrot hand splints to be donned to bilateral hands daily in the morning and removed</p>	F 688	<p>newly admitted residents and during quarterly review. Any interventions will have written order by therapy department, processed and placed on the treatment record by nurse, and carried over to Kardex and care plan by MDS or unit manager.</p> <p>Education provided to all nursing staff on Contracture Management by Administrator and DON. This education includes an explanation of decreased range of motion, follow through on the interventions put into place for contractures, who is responsible, where this information is located, and immediate notification of the DON if potential contracture formation is noticed. Completed 12/1/2020.</p> <p>Education provided on contracture management interventions being carried over to the Kardex in POC for CNA viewing. This is listed under "CONTRACTURE." Education to all nursing staff on the use of the Kardex and where to find this information. Education to be completed by Administrator or DON Completed 12/1/2020</p> <p>Daily audits of treatment records to be done during clinical meeting to ensure accuracy and completion by Unit Manager or DON x 4 weeks and then continuously during routine checks of MAR/TAR for completion and accuracy. Contracture screening on admission and quarterly to be audited weekly x 4 then monthly x 2.</p>		

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F 688	<p>Continued From page 3 at bedtime.</p> <p>On 11/16/20 at 10:50 AM, an observation of Resident #5 revealed both hands in a closed-fist position and no carrot hand splints in place to either hand.</p> <p>On 11/16/20 at 3:20 PM, a second observation was made of Resident #5 sleeping while lying in bed. Resident #5's hands were in a closed-fist position. Resident#5 did not have carrot hand splints to either hand.</p> <p>On 11/17/20 at 8:05 AM, a third observation was made of Resident #5 while lying in bed. Resident #5's hands were in a closed-fist position and she did not have carrot hand splints to either hand.</p> <p>On 11/17/20 at 9:45 AM, OT #1 was observed wiping Resident #5's left hand with a wet washcloth. A light brown stain was observed on the washcloth. OT #1 stated she was evaluating Resident #5 that day for contracture management.</p> <p>On 11/17/20 at 10:40 AM, an interview conducted with Occupational Therapy Assistant (OTA) #1 revealed OT had worked with Resident #5 a couple of months ago and that the resident was supposed to wear the carrot hand splints to both hands daily. OTA #1 stated that Resident #5 never complained about having to wear the hand splints and tolerated them well. After therapy discharged Resident #5 from OT, they turned the responsibility of her splint placement to nursing. OTA #1 further stated Resident #5 was now being picked up again by OT because her carrot hand splints were not being placed to the resident's hands like they should be.</p>	F 688	<p>Twice weekly visual audits of interventions to be completed on identified residents with decreased range of motion or contractures x 4 weeks, then weekly x 4 and monthly x 4. This is to be completed by MDS, Unit Manager or DON. CNA and Nurses to be questioned on varying shifts weekly x 4 weeks then monthly x 2, to ensure they are knowledgeable of above education. This is to be completed by Administrator or DON. All audits to be completed by 2/25/2020. Administrator to review all audits weekly for accuracy an completion. Results are to be brought to monthly QA. Trends or issues to be discussed in Daily Stand-Up Meeting when PIPs are reviewed. Prompt intervention to be initiated if trends/issues identified. Changes to this POC may occur from the findings reported in QA.</p> <p>Completion date: 12/5/2020</p>		

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F 688	Continued From page 4 On 11/17/20 at 10:45 AM, an interview was conducted with OT #1 who stated that therapy had gotten a referral from MDS for them to do a quarterly screen on Resident #5 due to increased joint tightness and pain. OT #1 added that OT had seen Resident #5 in the past for contracture management. OT #1 stated that when she evaluated Resident #5 on 11/17/20, Resident #5 demonstrated contracture in both wrists and hands with her right wrist coming to neutral passively, but the left wrist remained contracted in flexion. OT #1 was unable to get Resident #5's left wrist to neutral. Both Resident #5's hands were contracted in flexion with odor and color changes in both palms. Resident #5 had kept both hands in a closed-fist position. OT #1 explained that during the evaluation, she cleaned Resident #5's hands and she was able to place the smallest end of a carrot hand splint on Resident #5's right hand and a folded washcloth in her left hand. OT #1 stated Resident #5's contractures to both hands were worse on 11/17/20 because nursing did not always follow the OT recommendations regarding the application of the carrot hand splints to Resident #5's hands. On 11/17/20 at 10:50 AM, an interview with the Rehabilitation Manager revealed the nursing staff should have applied Resident #5's carrot hand splints to both hands as recommended by the OT. He stated that education had been provided to nursing staff when Resident #5 was discharged from OT services on 9/24/20. He added that the nurse aides had been instructed on how to put the carrot hand splints on and were told that if they were not available, they could use rolled-up hand towels instead.	F 688			

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F 688	Continued From page 5 On 11/17/20 at 11:37 AM, an interview was conducted with Nurse Aide (NA) #1 who stated that she worked on 11/16/20 with Resident #5 and was not sure why Resident #5 did not have her carrot hand splints on to both hands. NA #1 stated she did not sign off for the application of the hand splints on Resident #5 and thought that either therapy or the nurse was responsible for applying them. NA #1 added she had always worked with Resident #5 on the day shift and she did not always see her with her carrot hand splints on. She also stated that she never received instruction from OT about how and when to apply them. On 11/17/20 at 12:04 PM, a follow-up interview with OT #1 revealed that when she was doing her evaluation with Resident #5 on 11/17/20, she did not show any signs of pain when she moved her shoulders and elbow but she did show some facial grimacing when she tried to do passive range of motion to her hands and wrists. She added that she could only fit the narrow end of the carrot hand splint to Resident #5's right hand and the left hand was so contracted that she could not even fit a rolled-up towel in it. OT #1 stated she had to fold the towel in half and slip it into Resident #5's left hand. OT #1 reiterated that Resident #5 had a decline with regards to her contractures from the last time that OT had worked with her on 9/24/20. She also added that Resident #5 had her left thumb positioned in between the index finger and the middle finger when she started working with her. OT #1 stated Resident #5's fingernails were soft due to constant moisture that collected in her hands due to the contractures.	F 688			

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F 688	<p>Continued From page 6</p> <p>On 11/17/20 at 2:00 PM, an interview was conducted with the Nurse Practitioner (NP) who stated she was familiar with Resident #5's hand contractures and that she had progressive decline due to Parkinson's disease. The NP stated Resident #5 used to receive Botox injections to help with spasticity. The NP added that since she was at the facility only once a week, she could not say for sure if the nursing staff had been applying Resident #5's carrot hand splints to both hands but she did expect them to apply Resident #5's carrot hand splints as ordered. She also stated that not applying Resident #5's carrot hand splints consistently could have contributed to her worsening contractures.</p> <p>On 11/17/20 at 2:10 PM, an interview conducted with NA #2 revealed she worked as the treatment NA at the facility. NA #2 stated she had seen Resident #5 without her carrot hand splints on, but it was usually in the mornings. Resident #5 moved her right hand better than the left hand. NA #2 revealed that whenever she did the treatments, she placed a carrot hand splint on Resident #5's right hand but did not usually do anything with her left hand as the treatment record only indicated to place a carrot hand splint on the right hand. NA #2 added that whenever she got pulled to work on the hall as a NA, she was unable to do all the treatments including splint applications, but the nurses were responsible for completing them.</p> <p>On 11/17/20 at 3:08 PM, a phone interview was conducted with Nurse #1 who stated that she had worked both the day and the evening shifts on 11/16/20. Nurse #1 remembered applying Resident #5's carrot hand splint to her right hand</p>	F 688			

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F 688	<p>Continued From page 7</p> <p>around 5:00 PM on 11/16/20 and removed it at 10:00 PM on 11/16/20. Nurse #1 stated she was unable to apply Resident #5's carrot hand splint earlier that morning because she got busy and had too many things to do and then forgot about it until 5:00 PM. She admitted that she did not apply any splint to Resident #5's left hand because the treatment record only indicated to place a carrot hand splint on the right hand.</p> <p>On 11/17/20 at 3:56 PM, an interview with the Interim Director of Nursing (DON) revealed that the facility stopped their restorative nursing program when a new corporation began managing their facility around summer of 2020. Therapy had worked on a maintenance program, but it never got started. A NA was designated to implement the program, but this designated NA was either out on leave, or always got pulled to work in a different area with other responsibilities. The Interim DON stated she had not been aware that the nursing staff had not been applying the carrot hand splints to Resident #5's hands as was recommended by the OT. According to the Interim DON, the 9/24/20 order for carrot hand splints to be donned to bilateral hands daily in the morning and removed at bedtime had been entered in the electronic medical record incorrectly and did not get carried over to be reflected on the treatment record.</p> <p>On 11/17/20 at 4:11 PM, an interview was conducted with the Administrator who stated that it was completely unacceptable that the staff had not been applying Resident #5's hand splints as ordered. She said that she did not have an answer as to why this had occurred, but her staff should have been applying Resident #5's hand splints as recommended by the OT on 9/24/20.</p>	F 688			

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F 688	Continued From page 8 On 11/18/20 at 11:17 AM, a phone interview with the facility Physician revealed he had not been aware that the staff had not been placing Resident #5's carrot hand splints as ordered and that he had expected them to place a rolled towel instead if the carrot hand splints were not available. He added that Resident #5's worsening contractures were a result of the natural process of her medical condition and that she would eventually require surgical intervention for tendon release to relieve her contractures. The Physician emphasized that Resident #5's contractures would worsen regardless of whether her hand splints were being applied or not and her muscle tone was expected to become worse. On 11/18/20 at 1:06 PM, a phone interview was conducted with NA #3 who stated she had worked on the evening shift on 11/16/20 with Resident #5. She could not remember seeing the carrot hand splints on Resident #5's hands. On 11/18/20 at 2:49 PM, a phone interview with the Rehabilitation Manager confirmed that Resident #5's contractures were now worse than her baseline status on 8/20/20 when she was first evaluated by OT. He added that he had just found out that Resident #5 used to receive Botox injections but had to stop because her physician moved out of the area. He stated this could have been a factor as well to her worsening contractures as Botox acted as a muscle relaxer. On 11/18/20 at 3:23 PM, a phone interview with the Transport Aide revealed Resident #5 used to receive regular Botox injections but had to stop because her physician moved out of the area and Resident #5's family refused for her to travel a	F 688			

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F 688	<p>Continued From page 9</p> <p>long distance just to see him. Resident #5 last received a Botox injection to both of her hands on 7/11/19. The Transport Aide stated Resident #5 used to receive Botox injections every 3 months and the effects lasted for 3-4 months.</p> <p>On 11/19/20 at 7:35 AM, a phone interview with NA #4 revealed she had worked with Resident #5 on the night shift, but the most recent time was about three weeks ago. NA #4 stated Resident #5 did not always have her carrot hand splints on at night but on the times she had them on, she only had a carrot hand splint to her right hand. NA #4 had never seen Resident #5 with a carrot hand splint on her left hand.</p> <p>On 11/19/20 at 10:53 AM, a phone interview with NA #5 revealed she had worked with Resident #5 the previous weekend from 7:00 PM to 7:00 AM and stated that Resident #5 did not have carrot hand splints on to both hands. NA #5 admitted that Resident #5 had not been wearing her carrot hand splints for at least three months because the facility did not have a restorative aide for a while.</p>	F 688			