STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345131	A. BUILDING _____ B. WING _____	C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT CLEMMONS	3905 CLEMMONS ROAD CLEMMONS, NC 27012

(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 000	INITIAL COMMENTS The survey team entered the facility on 11/30/2020 to conduct an unannounced complaint investigation. Additional information was obtained offsite on 12/01/2020-12/17/2020. Therefore, the exit date was 12/17/2020. 7 of 7 allegations were unsubstantiated. Event ID - GN2511. A deficiency was identified CFR 483.80 at F-656 at a scope and severity D.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		12/18/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/13/2021

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F 656	Continued From page 1 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop an individualized and person-centered care plan that addressed a Midline intravenous (IV) catheter that was inserted per doctor's order for IV fluids for 1 of 3 residents (Resident #1) reviewed for dehydration. Findings included: Resident #1 was admitted to facility on 6/27/2019 with a history of vision loss/legally blind, impaired fasting glucose/history of diabetes mellitus type 2, and intellectual disabilities. Resident #1 was discharged on 11/06/2020. A review of a Progress Note dated 09/27/2020 revealed a Midline IV was inserted for per doctor's order for IV fluids due to abnormal labs times 3 days. A review of care plan last revised on 10/7/20	F 656	F-656 Resident # 1 discharged from the facility and we were unable to update the care plan pertaining to the Midline intravenous (IV) catheter. On 12/17/2020 a 100% audit was performed by the Director of Nursing for all residents with an Intravenous (IV) catheter. All identified residents had a revised care plan reflecting intravenous catheter usage by the Minimum Data Set Nurse on 12/18/2020. The Director of Nursing comprised an audit tool to monitor care plan revision of residents with intravenous catheters. The Director of Nursing will utilize the tool weekly times 12 weeks. The tool was introduced to the QAPI interdisciplinary	

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F 656	Continued From page 2 revealed the care plan did not address Resident #1 had a midline IV for hydration. A review of the quarterly assessment of the Minimum data set (MDS) dated 10/13/20 revealed, Resident #1 was severely cognitively impaired and required extensive with one person for bed mobility, dressing, toileting and personal hygiene. Review of MDS section K indicated that Resident #1's average fluid intake per day by IV was 500 cc's or less. Review of the October 2020 physician orders revealed an order for midline IV fluids at 100 cc 3 times a day for fluid intake. During an interview with the Director of Nursing (DON) on 12/03/2020 at 11:00 am she was not aware of the midline IV not being a part of Resident #1's care plan. During an interview with the MDS Nurse on 12/14/2020 at 11am, MDS Nurse stated she just forgot to develop a care plan for Resident #1's midline IV catheter. During an interview with the Administrator on 12/14/2020 at 11:30 am she indicated that it was her expectation for staff to develop and update residents care plan timely.	F 656	team on 12/29/2020. Monitoring of the intravenous catheter care plan revision will be weekly times 12 weeks by the Director of Nursing or designated administrative nurse. The toll will be presented to the QAPI interdisciplinary team monthly times 3 months for review of plan to continue, alter or modify. The interdisciplinary team consist of the Director of Nursing, Treatment Nurse, Minimum Data Set Nurse, Medical Director, Administrator, Social Worker, Admission Coordinator, Medical Records Supervisor, Rehabilitation Manager, Maintenance Director and Activities Coordinator. The Director of Nursing is responsible for this plan of correction and the alleged date of compliance is December 18,2020.	