

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

PRINTED: 02/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD KING, NC 27021		
(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	
E 000	Initial Comments An unannounced COVID-19 Focused Infection Control and complaint investigation survey was conducted on 1/5/21 - 1/6/21. 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# J9KW11.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control and complaint investigation survey was conducted on 1/5/21-1/6/21. 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, but is out of compliance with 42 CFR 483.80 at tag F883. Event ID #J9KW11.	F 000			
F 883 SS=D	12 of the 12 complaint allegations were not substantiated. Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been	F 883		1/28/21	

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

TITLE

(X6) DATE

Electronically Signed

01/21/2021

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.

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

PRINTED: 02/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD KING, NC 27021		
(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 883	<p>Continued From page 1</p> <p>immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive</p>	F 883			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD KING, NC 27021		
(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 883	<p>Continued From page 2</p> <p>the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff and resident representative interviews, record review and review of the facility policy titled, "Pneumococcal Vaccine Policy-Resident", the facility failed to offer a pneumococcal (pneumonia) vaccine for 1 of 5 residents (Resident #1) reviewed for immunizations.</p> <p>Findings included:</p> <p>The facility policy titled "Pneumococcal Vaccine Policy-Resident," updated 8/19/2020, stated in part, "All residents will be offered the pneumococcal vaccine to aid in preventing pneumococcal infections. The facility will provide educational information regarding the significant risks and benefits of the vaccine to the resident and/or resident's representative on admission and prior to administration of the vaccine ...If the resident received the vaccine prior to admission, document when resident received the vaccine in the medical record."</p> <p>Resident #1 was admitted to the facility on 11/19/20 with diagnoses that included, in part, hypertension and repeated falls.</p> <p>The admission Minimum Data Set assessment (MDS) dated 11/25/20 revealed Resident #1 had severe cognitive impairment. The vaccination information listed on the MDS indicated the resident's pneumococcal vaccine was not up to date and the vaccine was "not offered."</p> <p>The resident's medical record was reviewed and</p>	F 883	<p>Corrective action was accomplished for resident found to be affected:</p> <p>Resident's # 1 pneumococcal vaccinations were updated in the resident's medical record on 1/6/2021.</p> <p>Corrective actions for residents potentially affected:</p> <p>A 100 % medical records chart review of all current residents pneumococcal vaccinations was completed on 1/11/2021. No concerns were noted.</p> <p>Systemic changes made to ensure that practice will not recur:</p> <p>An updated vaccine consent form that includes pneumococcal and influenza vaccines was added to the facility Admissions packet on 1/7/2021.</p> <p>In-service education for all nurses, MDS nurses, Admission Coordinator, Administrator, and Social Worker provided. Topics included: Standing orders for Administering Pneumococcal Vaccines, Documenting receipt or declination of the Pneumonia Vaccines under the Immunizations</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD KING, NC 27021		
(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 883	<p>Continued From page 3</p> <p>there was no documentation that indicated if the pneumococcal vaccine was offered or if the vaccine was received prior to Resident #1's admission to the facility.</p> <p>An interview was completed with the Admissions Director on 1/5/21 at 3:40 PM. She explained information about both the influenza (flu) and pneumococcal vaccines used to be in the admissions packet that was reviewed with residents and/or resident representatives. She said flu vaccine information was included in the admissions packet and she reviewed the information with families but there was no specific form about the pneumococcal vaccine in the admissions packet and stated she wasn't sure why it was removed from the admissions packet. The Admissions Director said she only reviewed information about the flu vaccine with residents and resident representatives during the admissions process.</p> <p>Resident #1's representative was interviewed by telephone on 1/6/21 at 9:25 AM. He recalled he signed paperwork for the flu vaccine upon Resident #1's admission to the facility but could not remember if the facility offered the pneumococcal vaccine when he completed the admission paperwork or at any time after Resident #1 was admitted to the facility.</p> <p>In a follow up telephone interview with the Admissions Director on 1/6/21 at 10:24 AM she stated she reviewed the admissions packet for Resident #1 and said she had not reviewed information about the pneumococcal vaccine with the resident representative at the time she completed the admission paperwork.</p>	F 883	<p>Tab in Point Click Care, All Residents are to be offered a Pneumonia Vaccination upon admission to facility, and the new consent form for vaccinations that will be used for residents on admission to the facility. In-servicing will be completed by 1/28/2021.</p> <p>How to monitor make sure the solutions are sustained:</p> <p>The Director of Nursing or Designee will monitor by completing the Immunization Audit Tool for All Newly Admitted Residents pneumococcal vaccination records. All new residents will be reviewed in the resident clinical review meeting x 1 week for 8 weeks and then monthly x 3 months.</p> <p>Results of the ongoing audits will be reviewed at the facility QAPI meeting monthly x 5 months.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD KING, NC 27021		
(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 883	<p>Continued From page 4</p> <p>On 1/6/21 at 10:51 AM a telephone interview was completed with the Infection Preventionist. She said during the admissions process the Admissions Director checked with the family about their interest in the flu and pneumococcal vaccines. She added each unit manager was then responsible to follow up with residents and families regarding the vaccines.</p> <p>During a telephone interview with Unit Manager #1 on 1/6/21 at 11:03 AM she stated the Admissions Director asked families if they wanted the resident to receive a flu vaccine. In the past, the consent forms included both flu and pneumococcal vaccine information but currently the consent forms that were provided to the unit managers only had information about the flu vaccine. Unit Manager #1 added that she only gave the pneumococcal vaccine if the resident or representative asked for it. She stated she was the unit manager on duty when Resident #1 admitted to the facility. She recalled she had not talked to Resident #1's representative about the pneumococcal vaccine and stated the resident "had a lot going on when she came in and I did not discuss it with her family."</p> <p>The Director of Nursing (DON) was interviewed by telephone on 1/6/21 at 2:03 PM and 3:23 PM. She explained when a new admission came to the facility the Admissions Director asked the resident or representative if the resident had the flu or pneumococcal vaccine and then told the unit managers the status of the vaccines. If the information about the vaccines wasn't communicated by the Admissions Director, then the unit managers were responsible to follow up with residents/representatives. The DON said she reviewed the number of vaccines given each</p>	F 883			

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

PRINTED: 02/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD KING, NC 27021		
(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 883	Continued From page 5 month and went over each new admission with the unit manager and checked if vaccinations were offered to residents. She stated the facility's nurse practitioner looked up the vaccination history through the hospital system for Resident #1 on 1/5/21 and determined the resident received the pneumococcal vaccine in 2017 and 2018. She said typically when the facility talked about the flu vaccine "we talk about the pneumonia vaccine" and she didn't know why that conversation didn't happen upon admission. "I didn't find any kind of documentation about the pneumonia vaccine."	F 883			