

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

PRINTED: 02/24/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345049 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/22/2021 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER RALEIGH REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC 27605 | | |
| (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 Survey was conducted on 01/22/2021. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# W86311. | E 000 | | | |
| F 000 | INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 01/22/2020. The facility was found to be 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 36 complaint allegations were substantiated but did not result in a deficiency and 2 of the 36 complaint allegations were substantiated resulting in deficiencies. | F 000 | | | |
| F 561 SS=D | Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. | F 561 | | 2/8/21 | |

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

TITLE

(X6) DATE

Electronically Signed

02/08/2021

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.

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| F 561 | <p>Continued From page 1</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, and record review the facility failed to allow residents to order and have fast food delivered to the facility for 1 of 3 residents reviewed for choices. (Resident #7)</p> <p>Findings included: Resident #7 was admitted 12/6/19.</p> <p>Resident #7 ' s significant change minimum data set assessment dated 11/26/2020 revealed he was assessed as cognitively intact. He had no moods or behaviors. He required extensive assistance with bed mobility, locomotion on and off unit and independent with eating.</p> <p>Resident #7 ' s care plan dated 12/14/2020 revealed he was care planned to be at risk for decreased nutritional status. The interventions included to provide food preferences & substitutions.</p> | F 561 | <p>F561</p> <ol style="list-style-type: none"> 1. The affected resident was informed on 2/5/21 that food delivery was acceptable at the facility. Resident Council meeting conducted. 2. All residents who have the ability to order food delivery from outside of the facility have the potential to be affected. Information was communicated/relayed to these residents on 2/6/21. 3. All staff were educated by 2/8/21 that outside food delivery is acceptable to the facility. A letter was sent to the responsible parties of residents on 2/5/21 to inform of the update on food delivery services. 4. Monitoring of the change to sustain systemic compliance ongoing: Administrator/DON/Designee will conduct random weekly audits of residents who have the ability to order outside food delivery. The results of the audits will be reported to the Quality Assurance | | |

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| F 561 | <p>Continued From page 2</p> <p>An email dated 3/24/2020 revealed a cooperate contact sent to the administrator answers to frequently asked questions for March 24th 2020. One of the questions was if facilities were accepting outside food from families and food deliveries into the centers. At that time, the facility was not allowing food from outside.</p> <p>A review of a "COVID-19 Guideline Updates" document for the facility dated 9/14/2020 revealed residents may receive food from outside. The expectation was that the container was sanitized prior to delivery to the resident.</p> <p>During an interview on 1/20/21 at 9:55 AM Resident #7 stated the facility would not allow any fast food or delivery orders in the facility since lockdown. He further stated he could not understand why. He stated this was his home and people at home were ordering deliveries during the lockdown and it was none of the facility ' s business if he wanted delivery fast food. He stated prior to COVID19 he would order delivery often and get pizza or chicken or sandwiches. He stated around the holidays he tried to order a steak sandwich and the facility turned away his order when it was delivered to the facility. He stated when he asked, nurse aides and nurses only gave him alternatives (which did not include him having fast food delivered to the facility), but he wanted fast food delivery. There would not be a grievance because he was only reeducated when he asked staff. He concluded he felt the facility was using COVID19 to take away his right and he was frustrated.</p> <p>During an interview on 1/19/21 at 10:39 AM Nurse Aide #1 stated residents were not allowed to order food delivered to the facility and had to</p> | F 561 | <p>Committee for further review and recommendations monthly for three months and as deemed necessary thereafter. The Administrator and DON is responsible for implementing and maintaining the acceptable plan of correction.</p> <p>5. Corrective action completed 2/8/21.</p> | | |

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| F 561 | <p>Continued From page 3</p> <p>eat the food provided by the facility. She concluded she was unsure of the reasoning and to ask the nurse. She stated if a resident asked for delivery she would have to explain they could not have fast food delivery.</p> <p>During an interview on 1/19/21 at 10:45 AM Nurse #1 stated residents and family could not order food to be delivered to residents. She concluded this was a new policy implemented for COVID19 safety. She stated if a resident asked for delivery, she would reeducate them that they could not order delivery.</p> <p>During an interview on 1/19/21 at 11:47 AM the Dietary Manager stated no food could be delivered to the residents from outside the facility. He stated this was due to COVID19 concerns and he had been made aware residents could only receive food from their kitchen.</p> <p>During an interview on 1/19/21 at 2:02 PM the Infection Control Nurse stated they don ' t know if the person prepping has been tested, if the person who delivers the food is tested, don ' t know if the delivery personnel have mask to wear when delivering. Therefor they want to keep the residents receiving food from the facility. Staff can only bring food they prepared at home and could not bring food in that they did not prepared themselves, no left-over fast food is allowed for staff either. She stated they had to turn away a few deliveries when residents or families called to have delivery around the holidays. Most families and residents did comply with this request.</p> <p>During an interview on 1/19/21 at 2:51 PM Administrator stated to prevent unnecessary interaction during COVID19 she received</p> | F 561 | | | |

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| F 561 | Continued From page 4 guidance from her corporate office to stop delivery of take out or fast food to the facility for residents and staff. She further stated this had been implemented since March 24th 2020 and was still in effect. She stated some families did bring home made food in glass containers which could be wiped down. These family prepared foods were given to the residents after the containers were cleaned. She further stated around the holidays Resident #7 did order take out or delivery and they had to turn it away. She stated they frequently educated him that he could not have fast food delivery and he agreed with this practice because he signed the paper at the resident council meeting and did not share concerns. She stated if he felt that this was an issue with his choice he should have voiced it to her and the facility would have tried to reeducate him and reach a concession that they could make a sandwich he wanted here or get his family to pick up the food and bring it in a container. She concluded no fast food or delivery for residents or staff had been allowed in the facility since March 24th 2020. | F 561 | | | |
| F 732 SS=B | Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. | F 732 | | 2/8/21 | |

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| F 732 | <p>Continued From page 5</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to post the resident census or the number of Registered Nurses (RN) on duty with the actual number of RN hours worked daily for 8 of 15 Facility Nurse Staffing Forms reviewed. Findings included: The Facility Staffing Forms dated 09/27/20, 11/28/20, 11/29/20, 12/02/20, 12/03/20, and 12/04/20 revealed no census number was listed for any shift on these dates.</p> | F 732 | <p>F732</p> <ol style="list-style-type: none"> 1. There was no specific named resident for this citation regarding posting nurse staffing information. 2. All residents and visitors have the potential to be affected by the alleged deficient practice. 3. On 1/20/21 and 2/4/21, the Administrator in-serviced the Scheduler | | |

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| F 732 | <p>Continued From page 6</p> <p>The Facility Staffing Forms dated 09/28/20 and 09/29/20 revealed the number of staff working per shift next to the RN heading was zero with no RN hours noted on these dates.</p> <p>In an interview on 01/20/21 at 12:02 PM the Scheduler stated she was responsible for completing the staff posting in September 2020 and that the Director of Nursing (DON) was responsible for the staff posting in November and December 2020. She indicated that a RN worked eight hours daily and that the form had not been filled out correctly to reflect RN hours on 09/28/20 and 09/29/20. The Scheduler stated that the purpose of the staff posting was to show the staff to resident ratio and that it should be current and show the resident census and the number of staff that worked each shift with the hours worked.</p> <p>In a telephone interview on 01/22/21 at 9:59 AM the Administrator indicated that the DON was unavailable for interview. She stated that she expected the Facility Staffing Forms to be posted daily in their entirety and that they be complete and accurate.</p> | F 732 | <p>and Receptionist on the requirements of nursing staffing information on daily posting. The Management Team was also-in-serviced on 2/4/21 on the requirements of posting daily staffing information.</p> <p>4. The Administrator/Designee will audit staffing posting daily to ensure compliance with the posting requirements. Results of audit will be reviewed monthly x 3 months in Quality Assurance Committee for further review and recommendations as deemed necessary thereafter. The Administrator and DON is responsible for implementing and maintaining the acceptable plan of correction.</p> <p>5. Corrective action completed 2/8/21.</p> | | |