

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345507</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>02/17/2021</b> |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AUTUMN CARE OF MYRTLE GROVE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5725 CAROLINA BEACH ROAD<br/>WILMINGTON, NC 28412</b>               |   |
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| E 000  | Initial Comments  | E 000   |   |   |
| F 000  | An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted onsite 02/16/21 and remotely through 02/17/21. 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# 461X11.   | F 000   |   |   |
| F 580<br>SS=D  | INITIAL COMMENTS<br><br>An unannounced COVID-19 Focused Infection Control Survey was conducted onsite 02/16/21 and remotely through 02/17/21. 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. Event ID # 461X11.<br>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or | F 580   |   |   |

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

TITLE

(X6) DATE

Electronically Signed

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

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OMB NO. 0938-0391

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| F 580  | <p>Continued From page 1</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)<br/>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to notify the Responsible Party (RP) of a change in condition related to a new diagnosis, order for a new medication, and that the resident would remain on transmission based precautions for a new infection for 1 of 2 residents (Resident #1).</p> | F 580   |   |                      |   |

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| F 580  | <p>Continued From page 2</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/01/10. The active diagnoses included in part, Shingles, Gastrostomy, Dementia, Seizures, Aphasia, and COVID-19.</p> <p>The most recent Minimum Data Set assessment dated 01/31/21 documented Resident #1 was nonverbal, with severely impaired cognition. She required extensive two-person assistance with bed mobility and transfers and total dependence with activities of daily living.</p> <p>The care plan revised 02/10/21 revealed Resident #1 had skin impairment, a reddened flat rash to the chest and abdomen. Goals and interventions included, chest and abdomen would improve through the next review, and to administer treatments as ordered.</p> <p>A progress note written by Nurse #1 dated 02/09/21 at 7:52 AM, documented she observed a slight reddish moisture rash to the left upper abdomen, treatment was ordered and placed (Antifungal Cream with 2% Miconazole), and a message was left on the responsible party's voicemail.</p> <p>A progress note written by Nurse #1 dated 02/10/21 at 9:36 AM, documented; left upper abdomen area observed today with increased redness, intact pustule area, the area was observed adjacent to the Peg Tube. The Nurse Practitioner was made aware, and the unit nurse was made aware.</p> <p>A progress note written by the facility Nurse</p> | F 580   |   |                      |   |

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| F 580  | <p>Continued From page 3</p> <p>Practitioner dated 02/10/21 at 10:52 AM documented Resident #1 was resting in bed. Negative for fever, and no signs of acute distress. Assessed area to left upper abdomen with noted redness and blisters in a pattern. We will treat for Shingles.</p> <p>A review of the physician orders dated 02/10/21 revealed an order for Valacyclovir HCl (antiviral medication used for treatment of certain viral infections) Tablets 500 MG (milligrams). Give two tablets via PEG-Tube three times a day for Shingles for 21 administrations for seven days. Start date 02/11/2021 at 8:00 AM.</p> <p>During an interview on 02/16/21 at 3:00 PM, the Director of Nursing (DON) stated Resident #1 was diagnosed with Shingles on 02/10/21 and a new medications order was started. She reported that Resident #1 was on Enhanced Droplet Precautions at the time of her diagnoses on 02/10/21 due to the COVID outbreak in the facility and was currently on Contact Precautions due to Shingles. She reported she was calling the RP today 02/16/21 to notify of the Shingles diagnosis and new treatment orders.</p> <p>In a phone interview on 02/17/21 at 1:50 PM with Nurse #1, she reported that she was familiar with Resident #1 and recalled observing the new rash to her upper abdomen on 02/09/21. She stated she notified the Nurse Practitioner at that time then left a voicemail with the Responsible Party to notify of a new identified rash. She reported she did not notify the RP regarding a diagnosis of Shingles and indicated the Nurse Practitioner evaluated Resident #1 the following day on 02/10/21 which was when the Shingles diagnoses was made, and treatments were ordered. Nurse</p> | F 580   |   |                      |   |

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| F 580  | <p>Continued From page 4</p> <p>#1 indicated she made no further calls to the RP after 02/09/21.</p> <p>In a phone interview on 02/17/21 at 2:00 PM, the DON stated she spoke with the Nurse Practitioner (NP) that made the diagnoses of Shingles and ordered the treatment. The NP reported she did not notify Resident #1's RP but she did have a conversation with Resident #1's nurse on that day regarding the Shingles diagnoses.</p> <p>Record review revealed no documentation from 02/10/21- 02/15/21 that Resident #1's RP was notified of a Shingles diagnosis, a new medication order, or that Resident #1 would remain on transmission-based precautions.</p> <p>In a phone interview on 02/17/21 at 5:00 PM with the Administrator along with the DON they indicated the RP should have been notified sooner of the new diagnoses, and new treatment orders.</p> | F 580   |   |                      |   |