STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C **04/23/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119** **MEBANE, NC 27302**

(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 A complaint investigation survey was conducted from 04/19/2021 through 04/23/2021, Event ID# FW7F11. One of the 5 complaint allegations was substantiated resulting in a deficiency. Immediate jeopardy was identified at CFR 483.12(a)(1) at tag F600 at a scope and severity of K. Immediate jeopardy began on 5/8/20 and was removed on 4/23/21. F600 constituted substandard quality of care. A partial extended survey was conducted.	F 000		
F 600 SS=K	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff interviews, Nurse Practitioner (NP) and Medical Director telephone interviews, and facility and hospital record reviews, the facility neglected to provide medication treatment as ordered by the provider and to monitor a resident ' s bowel movements to prevent adverse	F 600	This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged or the	4/23/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 05/05/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600	Continued From page 1	F 600		

consequences for 1 of 1 resident (Resident #1) reviewed for constipation. The resident was discharged to a hospital on 4/4/21 where she was determined to have a "massive fecal impaction." The resident expired on 4/5/21 at 12:28 PM.

Immediate Jeopardy began on 5/8/20 when the facility failed to administer daily scheduled laxative medication and transcribed the order into the facility's computer system as an as needed medication on three separate occasions (5/8/20, 6/15/20 and 10/31/20). No doses of the laxative were administered to the resident during her 11-month stay at the facility. In addition, Resident #1's bowel movements were not consistently monitored in the weeks prior to her 4/4/21 hospitalization. Immediate Jeopardy was removed on 4/23/21 when the facility provided and implemented an acceptable credible allegation of Immediate Jeopardy removal. The facility will remain out of compliance at a lower scope and severity level of E (no actual harm with a potential for minimal harm that is not Immediate Jeopardy) to ensure monitoring of systems are put in place and to complete employee in-service training.

The findings included:

Resident #1 was admitted to the facility on 5/8/20 with re-entry from a hospital on 10/1/20. Her cumulative diagnoses included Type 2 diabetes, dementia without behavioral disturbance, and constipation.

A review of the resident's admission orders written by her primary care provider (dated 5/8/20) included the following, in part:
--Miralax oral powder with instructions to mix 17

correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.

ROOT CAUSE
The incident which is the subject of this internal corrective plan resulted from the facility□s lack of consistency in documenting one resident□s bowel movement every shift, updating the resident assessment accordingly and implementing more robust proactive interventions for resident # 1.

In addition, on 04/22/2021 the facility was made aware that resident #1 had a physician order transcription error that occurred upon admission and readmission. One order was not accurately entered into the resident□s medical record; the order was for Miralax and was entered as PRN when it was intended to be given routinely. Unit Manager #1 and Nurse # 3 failed to accurately transcribe the Miralax order.

IMMEDIATE ACTION
On 04/04/2021 Resident #1 was noted at approximately 12:30, after eating lunch, to have vomited times 1 by the assigned CNA. The assigned licensed nurse assessed resident and instructed the CNA to assist the resident with changing clothes. The resident had a window visit with her family at approximately 1:00 to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600

Continued From page 2

grams (g) with 4 ounces of juice or water and drink by mouth once a day for constipation. Miralax is an osmotic laxative used to manage constipation. An osmotic laxative is a medication that works by attracting water in the colon, which softens stools and make them easier to pass.

The physician's orders transcribed into Resident #1's electronic medical record (EMR) by Unit Manager #1 on 5/8/20 read:
--"polyethylene glycol (Miralax) packet powder; 17g; amt: 17g; oral. Special Instructions: take as needed for up to 3 days, Mix in 4-8oz (ounces) fluid for constipation. Once A Day - PRN (as needed)." No scheduled medications for the treatment of constipation were entered into the resident's EMR.
--Record Bowel Movements (BM) every shift. This was noted as a "General POC (plan of care) Task" in the physician ' s orders (initiated 5/8/20).

Resident #1's Medication Administration Records (MARs) from 5/8/20 to 6/15/20 revealed no doses of Miralax were administered to the resident.

The 5/8/20 physician's order for Miralax was discontinued on 6/15/20 and a new physician's order for this medication was entered into Resident #1's electronic medical record (EMR) by Unit Manager #1 on 6/15/20. The order read: "polyethylene glycol packet powder; 17 g; amt (amount): 17g; oral. Special Instructions: Mix in at least 4oz of liquid as needed for constipation. Once A Day - PRN." No scheduled medications for the treatment of constipation were entered into the EMR.

A review of the resident's MARs from 6/15/20 to 9/30/20 revealed no doses of Miralax were

F 600

1:30 pm the same day and stated to them she did feel well. After the visit, the resident vomited again, and the nursing RN supervisor was notified. Resident assessed. VS Blood Pressure 137/73, Pulse 73, Temperature 97.0, O2 saturation on room air 99%, and blood glucose 257. Resident became pale clammy and tired. The resident was noted to have vomited coffee ground emesis and was positive for blood upon test by supervisor. The medical provider was paged at approximately 2:21 and 2:45pm. The medical provider responded at 3:09 pm and gave order to send the resident to the emergency department for further evaluation. Notified responsible person, resident□s sister of resident□s changes, transfer to local hospital per MD□s orders, and plan of care going forward. EMS called, they arrived and left facility at 3:39p. Resident was transferred to the emergency department and did not return to the facility.

IDENTIFICATION OF OTHERS
On 04/05/2021 all residents currently in the facility were audited to determine any resident that did not have a bowel movement documented in MatrixCare during the past 72 hours. Effective 04/05/2021 all residents that were noted to not have a documented bowel movement in the last 72 hours were interviewed/assessed by the nursing manager to identify if the resident had a bowel movement that was not documented by nursing staff. Alert and oriented residents able to communicate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119 MEBANE, NC 27302**

(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 600

Continued From page 3
administered to Resident #1.

Resident #1 re-entered the facility after a hospital stay from 9/30/20 - 10/1/20. An order was written on 10/1/20 by Resident #1's provider for Miralax oral powder to be given as 17 grams mixed with 4 ounces of juice or water by mouth and scheduled for administration once daily.

A review of the resident's MAR from October 2020 revealed no doses of Miralax were administered to Resident #1.

On 10/30/20, the previous facility order for Miralax dated 6/15/20 was discontinued. A new order for this medication was entered into the facility's record for Resident #1 ' s by Nurse #3 on 10/31/20. The order read: "polyethylene glycol packet powder; 17 g; amt: 17g; oral. Special Instructions: Mix in at least 4oz of liquid as needed for constipation. Once A Day - PRN." No scheduled medications for the treatment of constipation were entered into the EMR. A review of the Nursing Notes for Resident #1 revealed no notations were made to indicate a verbal order had been given by the NP to change the last written order for Miralax (dated 10/1/20).

Resident #1's MARs from 11/1/20 to 1/29/21 revealed no doses of Miralax were administered.

The resident's most recent MDS dated 1/29/21 indicated she had moderately impaired cognitive skills for daily decision making. She was independent with locomotion on the unit and for eating. Resident #1 required supervision with transfers, walking in her room, and dressing; and needed limited assistance with bed mobility, toileting, and personal hygiene. She was

F 600

the date of their last bowel movement were identified and interviewed, and the last bowel movement date was documented in CareAssist. For those residents unable to communicate when their last bowel movement occurred, the staff identified as providing care for the resident within the last 72 hours was interviewed and asked of the resident had a bowel movement. Those residents identified as not having a bowel movement in the last 72 hours had a bowel assessment completed and bowel protocols initiated.

On 04/22/2021 the Medical Directors/providers completed an audit of all resident□s physician orders, for all residents that are currently in the facility to ensure the orders are accurate. Any physician orders that were identified by the Medical Director/providers were corrected at the time of the audit and documented on the physician□s order sheet. These order corrections were transcribed into the EHR by the unit manager and a second check was completed by the staff development coordinator. As of 04/22/2021 all resident physician□s orders have been checked and verified as correct by the Medical Directors/providers.

SYSTEMIC CHANGES
Effective 04/06/2021 all licensed and non-licensed (medication aide and CNA) nursing staff were re-educated by the Staff Development Coordinator/Designee regarding the facilities bowel protocols

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600 Continued From page 4

reported to be occasionally incontinent of bladder and frequently incontinent of bowel.

Resident #1's Medication Administration Records (MARs) from 1/30/21 to 2/28/21 revealed no doses of Miralax were administered to the resident.

A review of the resident's electronic Vitals Report from 3/1/21 to 4/4/21 was conducted and revealed information on the resident's bowel movements (or failure to have a BM) was documented on only 3 days (4 nursing shifts) during this 5-week period of time:
--3/2/21 at 1:29 PM Bowel Movement; Size: Medium; Type: Incontinent.
--3/30/21 at 11:06 AM Bowel Movement; Size: Medium; Type: Incontinent.
--3/31/21 at 12:59 PM Bowel Movement; Size: None.
--3/31/21 at 9:02 PM Bowel Movement; Size: None.

An addendum to nursing documentation for 4/1/21 from 7:00 AM - 11:00 PM (recorded as a late entry on 4/16/21 at 1:35 PM by Nurse #2) reported Resident #1 also had a "medium" bowel movement on 4/1/21.

A review of the resident's Medication Administration Record (MAR) for March 2021 and April 2021 revealed no doses of Miralax were administered to the resident during these months. No scheduled nor PRN medications were administered to prevent/treat constipation.

A Nursing Note dated 4/4/21 and authored by Nurse #2 reported the resident began vomiting after lunch with approximately 6 ounces of thin

F 600

Bowel protocols and procedures, documentation, and standing orders, to include the following.

All residents have orders in MatrixCare to monitor and document bowel movements every shift. CNA□s are responsible to monitor and record all bowel movements in CareAssist every shift. The CNA would document in the output tab of CareAssist if the resident had or did not have a bowel movement and document the size of the bowel movement (small, medium, and large). The CNA will report to the responsible nurse, if the resident did not have a bowel movement that shift. The licensed nurse will also be prompted in MatrixCare to document the status of a resident□s bowel movement every shift. The assigned licensed nurse will monitor each resident□s bowel movements in MatrixCare utilizing the Vital Signs Widget on their MatrixCare dashboard every shift. The vitals out of range report can be set to reflect all residents that have not have a documented bowel movement within last 72 hours for their specific assignment. If the resident is noted from the Vital Signs Widget, to have had no bowel movement in the last 72 hours, the licensed nurse will assess for bowel sounds, nausea/vomiting, abdominal distension/ pain, or tenderness. This assessment will be documented in the resident□s progress note section of MatrixCare. The staff will notify the MD of negative findings. If there are none, staff are to proceed with standing order bowel regimen. Based upon the nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600

Continued From page 5

brown/green liquid (times two). The emesis tested positive for blood. Resident #1 was described as pale, clammy, and tired. The Medical Doctor (MD) was contacted and orders received to call Emergency Medical Services (EMS) for transportation to the hospital. EMS arrived and left the facility on 4/4/21 at 3:39 PM.

A Hospital Emergency Department (ED) Provider Note dated 4/4/21 at 4:07 PM was reviewed. The note reported Resident #1 had coffee ground emesis with distension and generalized abdominal tenderness. A computerized tomography (CT) scan revealed the resident had markedly large stool burden in severe diffuse gaseous distention of the colon. The appearance was reported to be compatible with fecal impaction. A fecal disimpaction procedure was performed.

Resident #1 was then transferred to another hospital for a surgical consultation. She was reported to arrive at this hospital's ED on 4/4/21 at 9:00 PM. The ED notes reported Resident #1's Past Medical History (PMH) included constipation. Transfer notes indicated she had a diagnosis of fecal impaction, urinary tract infection (UTI), likely stercoral colitis (a rare inflammatory colitis which results from fecal impaction causing increased colonic intraluminal pressure, which may progress to ischemic necrosis) and concerns for possible ischemic gut (referring to a lack of blood to the gut). The Assessment / Plan authored by a physician from the ED indicated Resident #1 had a "massive fecal impaction, concern for bowel ischemia, now status post cardiac arrest x 2 (times two) ...Given her clinical state, I do not think surgical intervention is warranted as I think the patient

F 600

assessment the licensed nurse will initiate the standing bowel protocols. MOM 30 cc PO X (1) for s/s of constipation. CALL MD IF SYMPTOMS PERSIST. Dulcolax (2), 5mg tab/s PO or (1) Dulcolax 10 mg suppository (insert rectally) for constipation unrelieved by MOM. If the resident is nauseous, vomiting, clammy, S/S of moderate/severe pain, etc. CALL MD.

Effective 04/08/2021 any nursing staff, licensed or non-licensed, including agency, not in serviced by 04/08/2021 will not be allowed to work until they have completed the in-service conducted by the staff develop coordinator/designee. All staff, including agency staff, not in-serviced have been notified via phone/text by the staff development coordinator of the need to be in-serviced prior to working. Effective 04/08/2021 all new employees will be in-serviced during the new employee orientation and prior to working in resident care by the staff development coordinator/designee.

Effective 04/07/2021 all licensed staff will review the vital sign report on the dashboard of their MatrixCare account every shift. Any resident that is flagged as not having a bowel movement in the last 72 will have an abdominal/bowel assessment completed and documented in a resident progress note and bowel protocols will be initiated according to the standing orders.

Effective 04/07/2021 The Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600

Continued From page 6

would arrest en route to the OR (Operating Room) or on the operating table. If she were to survive the surgery her likelihood of surviving this hospitalization approaches zero in my opinion." This was noted as discussed with her family. The resident was extubated and placed on comfort care. Resident #1 expired on 4/5/21 at 12:28 AM.

An interview was conducted on 4/20/21 at 6:40 AM with Nursing Assistant (NA) #1. NA #1 reported she knew Resident #1 well from working with her. She reported the resident would let you know when she wanted to go to the bathroom or needed incontinence care. NA #1 reported she was assigned to work with the resident on 3/30/21 and noted the resident did not have a bowel movement that night on 3rd shift. She stated the NAs were responsible to chart on each shift in the electronic Kiosk as to whether or not their assigned residents had a bowel movement. NA #1 noted a new process had been implemented 1-2 weeks ago. At this time, the NAs also needed to inform the hall nurse if a resident has a bowel movement.

An interview was conducted on 4/20/21 at 7:45 AM with Nurse #1. Nurse #1 reported in the past, NAs were supposed to document whether or not a resident had a bowel movement in the Kiosk. The nurse reported she routinely pulled up messages every morning with their computerized system and used that information to alert her to residents who did not have a documented bowel movement over the past 72 hours. The nurse reported the facility ' s new process initiated 1-2 weeks ago required NAs to let the nurse know when a resident had a bowel movement so this information could be recorded by the nurse on the resident ' s MAR (in addition to the NA

F 600

managers/Unit coordinator/Nursing supervisor will review the vitals alert out of range report and residents that have not have a documented bowel movement within last 72 hours and the nursing progress note documentation, for their specific unit. This report will be discussed in daily clinical standup meeting Monday to Friday.

Effective 04/22/2021 the facility implemented a second check process for all physician orders to include initial order review by the licensed nurse to ensure the orders are reviewed for accuracy and clinical appropriateness. Licensed nursing staff will place all orders that are in a written format (i.e. Hospital Discharge Summaries, Physician Visit Summaries, Hard Script Prescriptions, etc), in a folder for unit manager/supervisor to review prior to being scanned to the electronic medical record. The licensed nurse manager/supervisor will run an Order Report in MatrixCare daily, print it out and review all orders for accuracy. This report will be brought to the clinical standup meeting daily Monday Friday for review by the clinical team. On Saturday and Sunday, the nursing supervisor/designee will run an Order Report in MatrixCare daily, print it out and review all orders for accuracy. This report will be reviewed by the clinical team in the Monday clinical standup meeting.

Effective 04/22/2021 all licensed staff, currently in the facility were re-in serviced on the facilitys policy and procedures on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600

Continued From page 7
documentation via the Kiosk).

An interview was conducted on 4/20/21 at 11:45 AM with NA #2. NA #2 reported she typically worked on 1st shift and cared for Resident #1 on several occasions. She reported Resident #1 was incontinent at times but would often transfer herself to the toilet when she needed to use it. The resident would then ring the call bell "or holler" for help to clean up after toileting. When asked, NA #2 reported the Kiosk system would prompt nursing assistants to chart every shift regarding bowel movements for their residents. She reported the facility's new process for monitoring bowel movements required NAs to be sure and tell the hall nurse if a resident had a bowel movement on their shift.

A telephone interview was conducted on 4/22/21 at 5:12 PM with NA #4. NA #4 was identified as a nursing assistant who regularly cared for Resident #1 on 1st shift. During the interview, the NA reported the resident was incontinent in the night and "at times" during the day. Resident #1 did wear an incontinence product during the day but would frequently go to into the bathroom and transfer herself onto the toilet. NA # 4 stated she knew when the resident used the bathroom because she would use the call light to request the nursing assistant bring her a dry incontinence product. Upon further inquiry, the NA reported Resident #1 "always" used the call light when she had a bowel movement while on the toilet in the bathroom. The resident told this nursing assistant she needed help after having a bowel movement each time because she couldn ' t get herself as clean as she wanted. NA #4 stated she was aware nursing assistants needed to chart each resident's bowel movements on each

F 600

medication (physician) order documentation and physician order transcription, as well as the new second check process of orders, regardless of provider by the staff development coordinator/designee. The facility will handle orders received by the PACE prescribing physician in the same manner as orders received by any other physician, as described in the preceding paragraph.

Effective 04/22/2021 any licensed nurse not in-serviced by 04/22/2021 will not be allowed to work until they have completed the in-service conducted by the staff development coordinator/designee. Effective 4/22/2021 all new employees will be in-serviced during the new employee orientation and prior to working in resident care by the staff development coordinator/designee.

MONITORING PROCESS
Effective 04/07/2021 The Nurse managers/Unit Coordinators/Nursing supervisor will review the vital alert out of range report for those residents who have flagged for not having a bowel movement in 72 hours in the resident□s progress note, and any clinical interventions that have been implemented and the results and/or identify any additional interventions that should have been implemented for such residents daily in the clinical standup meeting, Monday □ Friday for 4 weeks, then weekly for 4 weeks, then monthly for 2 months or until a pattern of compliance is maintained. Any negative outcomes identified will be addressed promptly. This

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600 Continued From page 8

shift, but noted it was easier to do so on some days more than others. She reported the new process required NAs to chart each resident's bowel movements on each shift. In addition, she reported the Medication Aides and hall nurses were also charting the residents' bowel movements so more staff were now keeping track of them.

An interview was conducted on 4/20/21 at 11:30 AM with NA #3. NA #3 was identified as the NA who was assigned to care for Resident #1 on 4/3/21 and 4/4/21. He reported the resident was up and about in her wheelchair on 4/3/21 with no problems on this date. The NA also recalled she went to the bathroom once or twice on 4/3/21 but noted she only voided urine (no bowel movement). When asked, the NA reported Resident #1 could sometimes transfer herself to the toilet when she needed to use it. However, he also noted the resident always activated her call light or yelled for help when she was done using the toilet because she needed help to clean up afterwards. When asked, NA #3 confirmed staff would have known when she had a bowel movement. On 4/4/21, NA #3 reported Resident #1 ate her breakfast and approximately 25% of her lunch. When he went to pick up the lunch trays on that day, he reported hearing "someone" vomiting and discovered it was Resident #1. He notified the nurse and cleaned up the resident. The NA reported she was "throwing up off and on up until the time the paramedics came."

An interview was conducted on 4/20/21 at 11:56 AM with Unit Manager #1. During the interview, the Unit Manager reported the facility's NAs had always been responsible to chart whether or not each resident had a bowel movement on each

F 600

audit will be reviewed and documented in clinical stand-up meetings.

Effective 04/22/2021 The Nurse managers/Unit Coordinators/Nursing supervisor will run an Order Report in MatrixCare daily, print it out and review all orders for accuracy. This report will be brought to clinical standup meeting daily Monday Friday for 4 weeks, then weekly for 4 weeks, then monthly for 2 months or until a pattern of compliance is maintained. Any negative outcomes identified will be addressed promptly. This audit will be reviewed and documented in clinical stand-up meeting.

Effective 04/22/2021 the Director of Nursing Services will report the findings of the monitoring process and corrective actions to the Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for 3 months or until a pattern of compliance is maintained. The QAPI committee can modify this plan to ensure a facility remains in substantial compliance.

RESPONSIBLE PARTY
Effective 04/22/2021 the Administrator and Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119 MEBANE, NC 27302**

(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 600	Continued From page 9	F 600		

shift. She stated, "We've always had a bowel protocol in place to implement after 72 hours with no BM (bowel movement)." When asked, the Unit Manager reported there was a recent change in the facility's process for documenting and monitoring residents' bowel movements. With the new process, the hall nurse was also prompted to put the bowel movement information into the resident's Medication Administration Record (MAR). During the interview, the Unit Manager reported Resident #1's medication orders were written by the provider's Nurse Practitioner (NP).

An interview was conducted on 4/20/21 at 1:20 PM with the facility's Director of Nursing (DON). During the interview, the DON reported documentation of residents' bowel movements (BM) was, "definitely an important monitoring tool." He stated that upon the investigation stemming from Resident #1's hospital records and a review of the facility's records, the facility recognized there was a lack of consistency in terms of the BM documentation. A plan of correction was developed (beginning 4/5/21) to be sure this documentation was more consistent and accurate moving forward.

An interview was conducted on 4/20/21 at 4:05 PM with the facility's Medical Director. During the interview, the Medical Director was asked how important documentation of bowel movements were in the care of a resident with a history of constipation. He stated, "It is important and part of the clinical assessment of the resident." A follow-up telephone interview was conducted on 4/21/21 at 1:10 PM with the facility's Medical Director. During the interview, the Medical Director recalled when previously asked if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119 MEBANE, NC 27302**

(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 600	Continued From page 10 documentation of a resident's bowel movement was important, he said it was part of the clinical assessment. At this time, he added there were certainly other parts of the assessment. For example, he noted the absence of oxygen saturation levels would not preclude one from assessing a resident's respiratory status. He felt the documentation of a resident's bowel movements could be viewed in the same way. The Medical Director reported he has been told the patient was documented as being at baseline and that she had a drastic turn in her clinical condition prior to being sent out to the hospital. He stated, "The missing documentation on the bowel movement log did not contribute to the outcome." The Medical Director reported that patients can have bowel movements of normal consistency and still have an impaction in the large intestine. He stated, "The short of it is ...it is unavoidable. The documentation may have reported regular bowel movements and there still could have been an obstruction." A telephone interview was conducted on 4/21/21 at 11:20 AM with the Nurse Practitioner (NP) who was the primary care provider for Resident #1 during her stay at the facility. The NP stated she last saw the resident on 3/4/21 (for a follow up visit) and again on 3/18/21 when she saw her roommate. During these visits, the resident did not have any complaints. Upon inquiry, the NP reported she has had an opportunity to review Resident #1's 4/4/21 hospital records. The NP stated she looked through the records and couldn't figure out how she had gotten such a large fecal mass. She recalled the resident did have diabetes and could have had "something going on with her nerves." However, she also reported the resident was on Miralax every day	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119 MEBANE, NC 27302**

(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 600	Continued From page 11	F 600		

and was surprised it had gotten to the point of obstruction. At that time, the NP was informed the resident's physician orders were put into the facility's computerized records to indicate the Miralax was to be given once a day as needed (PRN) for constipation; Miralax was not scheduled for administration once daily at the facility. The NP was also informed the resident's MAR indicated no doses of Miralax were administered to her during the months of March 2021 or April 2021. The NP reported she thought the order for Miralax was scheduled once daily and wasn't aware it was made a PRN order at the facility. She stated she would review the records further when she had access to them. When asked if she would expect the facility to have been monitoring the resident's bowel movements, she stated she would. The NP added that if the resident had no bowel movement within 72 hours, she would have also expected the facility's standing orders for the treatment of constipation to have been implemented. The NP reported if the resident's bowel movements had been monitored, "We might have been able to catch something ...I think it could have possibly played a role if we had been monitoring that better. It's hard to say." The NP reported that although the documentation from the hospital was not entirely clear, the resident's death may have been from a bowel perforation. She stated, "If she was having a lot of small bowel movements, there was a chance she wasn't passing all of the bowel contents. That's where the bowel monitoring would have been helpful."

A follow-up telephone interview was conducted on 4/21/21 at 3:13 PM with the NP who was the primary care provider for this resident. Upon further review of Resident #1's medical record,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600	Continued From page 12	F 600		

the NP reported the Miralax ordered for her was always intended to be scheduled for administration once daily. She emphasized Miralax was not ordered to be given on a PRN basis. The NP recalled Resident #1's family had reported the resident took Miralax on most days prior to her admission to the facility. When asked, the NP stated "this is pretty significant" for the Miralax to be administered on a PRN basis versus scheduled administration. She noted the error apparently occurred twice during the resident's stay at the facility: 1) one time when Resident #1's was initially admitted to the facility; and, 2) a second time when she re-entered the facility from a hospital on 10/1/20. A second telephone follow-up interview was conducted on 4/22/21 at 1:23 PM with Resident #1's NP. During the interview, the NP reported her provider orders were typically printed out (written) and faxed to the facility. She stated the orders were faxed on the same day they were written. The NP noted even if she gave a verbal order on-site at the facility, the staff usually requested that she send a hard copy (written) order to the facility.

A follow-up telephone interview was conducted on 4/22/21 at 2:25 PM with Unit Manager #1. Unit Manager #1 was identified by the computerized order report as having entered Resident #1's order for Miralax on 5/8/20 and 6/15/20. During the interview, the Unit Manager reported the DON had shown her Resident #1's orders for scheduled Miralax earlier on this date (4/22/21). The Unit Manager confirmed she had entered the resident ' s admission orders for Miralax on 5/8/20. She noted the 2nd shift nurse would have usually double checked and initialed the orders. However, she reported she could not find where any other nurse had completed a second check

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600	Continued From page 13	F 600		

on the order for Miralax. The Unit Manager noted she was not sure why this order had been put into the computer system as a PRN medication. She confirmed the order was written for Miralax to be scheduled once daily but it was entered into the computer as a PRN medication. Unit Manager #1 stated, "I'm human and I made a bad mistake." Unit Manager #1 reported she had not yet checked into the 6/15/20 order for Miralax so was not able to provide details about the discrepancy between the provider ' s order for scheduled Miralax and the PRN orders put into the computer on this date.

A telephone interview was conducted on 4/22/21 at 2:51 PM with the facility's DON. During the interview, the DON described the process he expected to be followed for verifying and entering provider orders into the computer system for a resident. He reported all admission orders should be verified with the physician or provider by the admitting nurse before being entered into the facility's electronic system. When asked, he reported the facility did not have a system in place to double check the orders. The DON stated he reviewed Resident #1's admission and re-admission orders for Miralax and noted the provider orders were written for a scheduled dose of Miralax to be administered once a day. However, he confirmed these orders were put into the computer system as an "as needed" (PRN) medication. The DON added that unless there was an additional conversation between the nurse and provider to the contrary, his expectation was for the order put into the computer to correspond to the provider's orders.

A telephone interview was conducted on 4/22/21 at 3:33 PM with Nurse #3. Nurse #3 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600	Continued From page 14	F 600		

identified by the computerized order report as having entered Resident #1's order for Miralax into the computer on 10/31/20. During the interview, Nurse #3 discussed the process employed to verify and enter a resident's medication order(s) into the facility's computer system. The nurse reported "ideally" the nurse coming in on the next shift would have checked the medication order for accuracy. However, she stated some nurses did re-check the orders while others did not. When asked, Nurse #3 reported orders for Resident #1 would have been written her provider's NP. The nurse stated she would have input the NP's written orders unless a verbal order had been given by the NP to change these. Nurse #3 reported she thought she would have documented in the Nursing Notes if the NP gave a verbal order to change Resident #1's written orders.

A telephone interview was conducted on 4/22/21 at 1:52 PM with the Medical Director for Resident #1's primary medical provider. The Medical Director reported she was familiar with Resident #1's case and had reviewed her hospital records. From the review, she was uncertain as to why the orders for Miralax had been entered into the facility's computer system on a PRN basis instead of being scheduled once daily (as intended). When asked if she would have expected the facility to be documenting/monitoring Resident #1's bowel movements she stated, "Yes, I would." She reported if Resident #1 did not have a bowel movement within 72 hours, she would have expected the facility's standing orders for the treatment of constipation to have been implemented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600		F 600		

Continued From page 15
On 4/22/21 at 10:51 AM, the administrator was informed of the immediate jeopardy.

The facility provided a credible allegation of Immediate Jeopardy removal on 4/23/21 at 12:14 PM. The allegation of immediate jeopardy removal indicated:

Credible Allegation of Immediate Jeopardy Removal:
Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.

The resident affected is Resident #1 and any other residents for whom medical orders were improperly transcribed.

ROOT CAUSE
The incident which is the subject of this internal corrective plan resulted from the facility ' s lack of consistency in documenting one resident ' s bowel movement every shift, updating the resident assessment accordingly and implementing more robust proactive interventions for resident # 1
In addition, on 04/22/2021 the facility was made aware that resident #1 had a physician order transcription error that occurred upon admission and readmission. One order was not accurately entered into the resident ' s medical record; the order was for Miralax and was entered as PRN when it was intended to be given routinely. Nurse # 1 and Nurse # 2 failed to accurately transcribe the Miralax order.

Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119 MEBANE, NC 27302**

(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 600	Continued From page 16 when the action will be complete. IMMEDIATE ACTION On 04/04/2021 Resident #1 was noted at approximately 12:30, after eating lunch, to have vomited times 1 by the assigned CNA. The assigned licensed nurse assessed resident and instructed the CNA to assist the resident with changing clothes. The resident had a window visit with her family at approximately 1:00 to 1:30 pm the same day and stated to them she did feel well. After the visit, the resident vomited again, and the nursing RN supervisor was notified. Resident assessed. VS Blood Pressure 137/73, Pulse 73, Temperature 97.0, O2 saturation on room air 99%, and blood glucose 257. Resident became pale clammy and tired. The resident was noted to have vomited coffee ground emesis and was positive for blood upon test by supervisor. The medical provider was paged at approximately 2:21 and 2:45pm. The medical provider responded at 3:09 pm and gave order to send the resident to the emergency department for further evaluation. Notified responsible person, resident ' s sister of resident ' s changes, transfer to local hospital per MD ' s orders, and plan of care going forward. EMS called, they arrived and left facility at 3:39p. Resident was transferred to the emergency department and did not return to the facility. IDENTIFICATION OF OTHERS On 04/05/2021 all residents currently in the facility were audited to determine any resident that did not have a bowel movement documented in MatrixCare during the past 72 hours. Effective 04/05/2021 all residents that were noted to not have a documented bowel movement in the last 72 hours were interviewed/assessed by the	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119 MEBANE, NC 27302**

(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 600	Continued From page 17	F 600		

nursing manager to identify if the resident had a bowel movement that was not documented by nursing staff. Alert and oriented residents able to communicate the date of their last bowel movement were identified and interviewed, and the last bowel movement date was documented in CareAssist. For those residents unable to communicate when their last bowel movement occurred, the staff identified as providing care for the resident within the last 72 hours was interviewed and asked of the resident had a bowel movement. Those residents identified as not having a bowel movement in the last 72 hours had a bowel assessment completed and bowel protocols initiated.

On 04/22/2021 the Medical Directors/providers completed an audit of all resident ' s physician orders, for all residents that are currently in the facility to ensure the orders are accurate. Any physician orders that were identified by the Medical Director/providers were corrected at the time of the audit and documented on the physician ' s order sheet. These order corrections were transcribed into the EHR by the unit manager and a second check was completed by the staff development coordinator. As of 04/22/2021 all resident physician ' s orders have been checked and verified as correct by the Medical Directors/providers.

SYSTEMIC CHANGES
Effective 04/06/2021 all licensed and non-licensed (medication aide and CNA) nursing staff were re-educated by the Staff Development Coordinator/Designee regarding the facilities bowel protocols Bowel protocols and procedures, documentation, and standing orders, to include the following.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600	Continued From page 18 All residents have orders in MatrixCare to monitor and document bowel movements every shift. CNA ' s are responsible to monitor and record all bowel movements in CareAssist every shift. The CNA would document in the output tab of CareAssist if the resident had or did not have a bowel movement and document the size of the bowel movement (small, medium, and large). The CNA will report to the responsible nurse, if the resident did not have a bowel movement that shift. The licensed nurse will also be prompted in MatrixCare to document the status of a resident ' s bowel movement every shift. The assigned licensed nurse will monitor each resident ' s bowel movements in MatrixCare utilizing the Vital Signs Widget on their MatrixCare dashboard every shift. The vitals "out of range report" can be set to reflect all residents that have not have a documented bowel movement within last 72 hours for their specific assignment. If the resident is noted from the Vital Signs Widget, to have had no bowel movement in the last 72 hours, the licensed nurse will assess for bowel sounds, nausea/vomiting, abdominal distension/ pain, or tenderness. This assessment will be documented in the resident ' s progress note section of MatrixCare. The staff will notify the MD of negative findings. If there are none, staff are to proceed with standing order bowel regimen. Based upon the nursing assessment the licensed nurse will initiate the standing bowel protocols. MOM - 30 cc PO X (1) for s/s of constipation. CALL MD IF SYMPTOMS PERSIST. Dulcolax - (2), 5mg tab/s PO or (1) Dulcolax 10 mg suppository (insert rectally) for constipation unrelieved by MOM. If the resident is nauseous, vomiting, clammy, S/S of moderate/severe pain, etc. CALL MD.	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119 MEBANE, NC 27302**

(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 600	Continued From page 19 Effective 04/08/2021 any nursing staff, licensed or non-licensed, including agency, not in serviced by 04/08/2021 will not be allowed to work until they have completed the in-service conducted by the staff develop coordinator/designee. All staff, including agency staff, not in-serviced have been notified via phone/text by the staff development coordinator of the need to be in-serviced prior to working. Effective 04/08/2021 all new employees will be in-serviced during the new employee orientation and prior to working in resident care by the staff development coordinator/designee. Effective 04/07/2021 all licensed staff will review the vital sign report on the dashboard of their MatrixCare account every shift. Any resident that is flagged as not having a bowel movement in the last 72 will have an abdominal/bowel assessment completed and documented in a resident progress note and bowel protocols will be initiated according to the standing orders. Effective 04/07/2021 The Nurse managers/Unit coordinator/Nursing supervisor will review the vitals alert "out of range" report and residents that have not have a documented bowel movement within last 72 hours and the nursing progress note documentation, for their specific unit. This report will be discussed in daily clinical standup meeting Monday to Friday. Effective 04/22/2021 the facility implemented a second check process for all physician orders to include initial order review by the licensed nurse to ensure the orders are reviewed for accuracy and clinical appropriateness. Licensed nursing staff will place all orders that are in a written format (i.e. Hospital Discharge Summaries, Physician Visit Summaries, Hard Script	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600	Continued From page 20	F 600		

Prescriptions, etc.), in a folder for unit manager/supervisor to review prior to being scanned to the electronic medical record. The licensed nurse manager/supervisor will run an Order Report in MatrixCare daily, print it out and review all orders for accuracy. This report will be brought to the clinical standup meeting daily Monday - Friday for review by the clinical team. On Saturday and Sunday, the nursing supervisor/designee will run an Order Report in MatrixCare daily, print it out and review all orders for accuracy. This report will be reviewed by the clinical team in the Monday clinical standup meeting.

Effective 04/22/2021 all licensed staff, currently in the facility were re-in serviced on the facility ' s policy and procedures on medication (physician) order documentation and physician order transcription, as well as the new second check process of orders, regardless of provider by the staff development coordinator/designee. The facility will handle orders received by the all prescribing physician in the same manner as orders received by any other physician, as described in the preceding paragraph.

Effective 04/22/2021 any licensed nursenot in-serviced by 04/22/2021 will not be allowed to work until they have completed the in-service conducted by the staff development coordinator/designee. Effective 4/22/2021 all new employees will be in-serviced during the new employee orientation and prior to working in resident care by the staff development coordinator/designee.

RESPONSIBLE PARTY
Effective 04/22/2021 the Administrator and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	**2502 S NC 119** **MEBANE, NC 27302**

(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 600	Continued From page 21 Director of Nursing will be ultimately responsible to ensure implementation of allegation of immediate jeopardy removal. The facility alleges the immediate jeopardy was removed on 4/23/2021. The credible allegation was verified on 4/23/21 at 3:35 PM as evidenced by interviews of staff members and record reviews. Audits conducted by the facility on 4/5/20 were reviewed. These audits included all residents currently in the facility to identify any resident that did not have a bowel movement documented in the facility ' s computer system during the past 72 hours. Those residents identified as not having a bowel movement in the last 72 hours had a bowel assessment completed and bowel protocols were initiated as indicated. On 04/22/21 the Medical Directors/providers also completed an audit of all residents ' physician orders for all residents who resided in the facility to ensure the orders were accurate. A review of the audits revealed two residents ' orders were changed; two orders were initiated; and three orders were discontinued. Further review of the audits revealed all changes in the orders were signed and dated by two nurses. On 4/23/21 from 2:00 PM through 3:35 PM, nursing staff members (including Nursing Assistants, Nurses, and Unit Managers, and Staff Development Coordinator or SDC) were interviewed. Staff were able to describe the education received on the facility policy regarding the documentation and monitoring of residents ' bowel movements and the role each staff member was expected to have with the new process. The facility ' s SDC, Nurses, and Unit	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345363	A. BUILDING ______ B. WING ______	C 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	2502 S NC 119 MEBANE, NC 27302

(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 600	Continued From page 22 Managers were also interviewed during the validation process. These staff members were asked to describe the new 2nd check process for ensuring medication orders were accurately transcribed into the facility ' s computer system. The nurses consistently outlined the new 2nd check process they were expected to employ when entering provider orders into the computer. The facility ' s Medical Records clerk was also interviewed. The clerk explained she was a final check to ensure two nurses have signed all providers ' orders prior to scanning the paper copies into the residents ' EMR. Based on the staff interviews and a review of the facility ' s records, the credible allegation was validated and the immediate jeopardy was removed on 4/23/21.	F 600		