

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

PRINTED: 09/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/23/2021
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT CLEMMONS			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
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E 000	Initial Comments An unannounced recertification and complaint and survey was conducted 8/16/23 through 8/19/21 and 8/23/21 to obtain pertinent interviews. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #9LDE11.	E 000			
F 000	INITIAL COMMENTS An unannounced recertification and complaint and survey was conducted 8/16/23 through 8/19/21 and 8/23/21 to obtain pertinent interviews. 8 of 31 complaint allegations were substantiated. Event ID #9LDE11.	F 000			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		9/20/21	

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

TITLE

(X6) DATE

Electronically Signed

09/11/2021

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 584	<p>Continued From page 1 and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, interviews with contracted housekeeping staff and record reviews the facility failed to maintain clean floor tiles in resident rooms. The facility failed to maintain clean call bell string cords. This was evident on 2 of 3 resident care units. (Units 200 and 300)</p> <p>The findings included: Environmental observations on 8/18/21 from 1:30 PM through- 2:20 PM and 4:45 PM revealed: 1. Floor tiles " The floor tiles at the entrance way of resident rooms # 302, #316, #320, #317, 314, #331, #311, #333, #307, #304 had an accumulation a black colored substance. " There were 6 black colored streaks on the bathroom floor tile in room 203. " In bathroom floor tile# in room 306 had black</p>	F 584	<p>F-584</p> <p>On 9/6/2021 the floor tiles were stripped and wax and free from any accumulation of black colored substance in room 302 by the contracted environmental staff . On 9/7/2021 the floor tiles were stripped and wax and free from any accumulation of black colored substance in rooms 304 and 316 by the contracted environmental staff . On 9/8/2021 the floor tiles were stripped and wax and free from any accumulation of black colored substance rooms 307,308,311,314,317.and 333 by the contracted environmental staff . On 9/3/2021 the bathroom floor tiles in room 203 were free from black colored streaks as observed by the contracted</p>		

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F 584	<p>Continued From page 2</p> <p>streaks on the floor tile. The corners of the bathroom floor in room #309 had an accumulation of a brown/black substance in room#307.</p> <p>" The beige colored floor tile in room #309 was yellow in color.</p> <p>" Room 210 floor was sticky when walked on.</p> <p>2.Call cords strings:</p> <p>" The beige colored string used to activate the call system in the bathrooms of room #213, 302,307 and 203 was soiled and had turned a black/brown color from midway the string to the end of the string.</p> <p>3. Trash</p> <p>" In room #212 trash and a used paper towel were noted behind the dresser cabinet.</p> <p>" In room 214 pieces of used brown paper towels were noted on the bathroom floor.</p> <p>" The metal strip between the resident room and bathroom floor tiles in room #305 had an accumulation of dust, debris and brown colored substances.</p> <p>Interview on 8/18/21 at 2:20 PM with Housekeeper #stated the housekeeping staff and floor techs were responsible for correcting any housekeeping issues that are seen.</p> <p>Interview on 8/18/21 at 3:20 PM with the Administrator, Director Environmental Housekeeping/Laundry (DEHKL) and Director of Housekeeping for the contracted service was held. DEHKL stated he replaced the previous director of housekeeping on 7/26/21. He stated he focused on recruiting staff, training floor technicians, and cleaning floor corners and edges. Continued interviewing DEHKL stated he also focused on cleaning the dining room and Unit 200 hallway. An injury was made about a</p>	F 584	<p>environmental staff and the facility administrator.</p> <p>On 9/7/2021 the bathroom tiles were cleaned by the contracted environmental staff and free from an accumulation of black/brown substance.</p> <p>On 9/3/2021 the floor tiles in room 201 were not observed to be sticky by the contracted environmental staff nor by the facility administrator.</p> <p>On 9/3/2021 in room 212 no trash or used paper towels were observed by the contracted environmental staff or the facility administrator.</p> <p>On 9/3/2021 no used paper towels were noted on the bathroom floor in room 214. Observation of room 214-bathroom floor was conducted by the contracted environmental staff and the facility administrator.</p> <p>On 9/6/2021 the string to activate the call system in the bathroom in rooms 213,302,307,and 203 were replaced by the Interim Maintenance Director.</p> <p>On 9/7/2021 the metal strip between the resident room and the bathroom was replaced by the Interim Maintenance Director in room 305.</p> <p>On 9/6/2021 the Regional Representative of the contracted environmental services initiated a deep clean and strip and wax schedule of floor tiles and rooms for all facility rooms .</p> <p>On 8/31/2021 an audit of call bell activation system strings was conducted by the Environmental Service Director .</p>		

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F 584	<p>Continued From page 3</p> <p>schedule/plan for deep cleaning and routine cleaning of rooms. DEHKL responded he did not have one, nor did he audit any rooms. He indicated a plan was being developed.</p> <p>A second interview was held on 8/19/21 at approximately 9 AM with DEHKL stated he had not developed a written plan to address the above housekeeping issues and pointed to his head (indicated the plan was in his brain). He stated he located a deep cleaning schedule in his office.</p> <p>Observation on 8/19/21 at 11:30 AM revealed no change in the environment.</p> <p>Interview via the phone on 8/19/21 at 3:35 PM with the Regional Representative of Housekeeping contracted services (RR) stated and acknowledged her concerns of the housekeeping services. RR stated she was in the process of developing a plan of action to address housekeeping concerns but was only 3/4 completed.</p>	F 584	<p>On 9/8/2021 a bathroom audit was conducted by the Regional Representative of the contracted environmental services.</p> <p>On 8/31/2021 an audit of metal strips between the resident rooms and bathrooms was initiated and completed on 9/1/2021 by the Interim Maintenance Director .</p> <p>On 9/3/2021 an Inservice was conducted by the facility administrator to the Interim Maintenance Director to maintain metal strip between resident rooms and the bathroom.</p> <p>On 9/3/2021 an Inservice was conducted by the facility administrator to the Interim Maintenance Director on the maintaining call activation strings in bathroom. All new hired maintenance staff will be in serviced in orientation.</p> <p>On 9/6/2021 an Inservice for the cleaning of resident rooms inclusive of bathrooms, corners and edges, and floor tiles by the Regional Representative of the contracted environmental serviced to the contracted environmental staff.</p> <p>All new hires for contracted environmental staff will be in serviced in orientation.</p> <p>A plan for floor care with schedule was orchestrated by the Regional Representative and environmental staff educated on completion on 9/3/2021. On 9/3/2021the Regional Representative comprised a plan and schedule for floor care to be delivered to room and the contracted environmental staff was</p>		

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F 584	Continued From page 4	F 584	<p>educated on the plan.</p> <p>Facility rounds will be conducted weekly by the facility administrator, contracted environmental staff and maintenance director weekly times 8 weeks.</p> <p>The facility Administrator will report any findings to the QAPI committee. The Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager, Medical Records Supervisor, Admissions Coordinator, Business Office Manager, Assistant Business Office Manager, Activity Director, Certified Dietary Manager, Environmental Supervisor, and Maintenance Director are the members.</p> <p>QAPI will convene monthly times 2 months to continue, alter or modify the plan.</p>		
F 693 SS=D	<p>Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p>	F 693		9/20/21	

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F 693	<p>Continued From page 5</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, observations, dietician and staff interviews, the facility failed to infuse tube feeding at the prescribed rate for 1 of 1 resident reviewed for tube feeding (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility 10/10/2019 with diagnoses to include seizures and stroke.</p> <p>Resident #2 ' s weight was documented as 163 pounds on 6/1/2021.</p> <p>A dietician note dated 6/22/2021 was reviewed. The note documented Resident #2 was receiving tube feeding 240 milliliters five times per day via bolus feeding (tube feeding given every few hours instead of infusing continuously) and this delivered 1800 calories, 75 grams of protein, and this met 100% of his caloric needs and 97% of his protein needs per day.</p> <p>Resident #2 ' s medical record was reviewed, and a physician order dated 7/1/2021 ordered tube feeding to infuse at 57 cc (cubic centimeters, a unit of liquid measurement) continuously per hour.</p>	F 693	<p>F- 693</p> <p>On 8/18/21 Resident # 2 tube feeding infusion pump was corrected by Nurse # 1 to receive 57cc/hr.</p> <p>On 8/20/2021 an Inservice was performed by the Administrative Nurse team consisting of the Director of Nursing ,Assistant Director of Nursing and Unit Manager to licensed staff to ensure tube feedings to infuse via pump as ordered per physician.</p> <p>All contracted and new hires licensed staff will be in serviced during orientation.</p> <p>On 8/20/2021 an audit of all residents receiving tube feedings was conducted by the Director of Nursing ensuring all orders and infusion of tube feedings were correct.</p> <p>All resident receiving tube feedings via of infusion pump will be monitored weekly by the administrator or designee to ensure all residents are receiving tube feedings according to physician orders. The monitoring will be weekly times 8 weeks. Any discrepancy will be immediately</p>		

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F 693	<p>Continued From page 6</p> <p>A dietician note dated 7/27/2021 was reviewed. The dietician documented Resident #2 was receiving tube feeding at 57 cc per hour continuously via pump and this would deliver 2052 calories, 86 grams of protein and this met 100% of his daily caloric/protein needs per day.</p> <p>Resident #2 ' s weight was documented as 168 pounds on 8/3/2021.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment dated 8/5/2021 assessed Resident #2 to be moderately cognitively impaired. The MDS documented Resident #2 received tube feedings for more than 51% of his nutrition.</p> <p>Resident #2 was observed on 8/16/2021 at 12:34 PM. The tube feeding was infusing via pump at 55 cc per hour.</p> <p>Resident #2 was observed on 8/18/2021 at 10:39 AM. The tube feeding was infusing via pump at 55 cc per hour.</p> <p>Nurse #1 was interviewed on 8/18/2021 at 10:39 AM. Nurse #1 reported she was the unit manager and had just reviewed Resident #2 ' s physician orders and had noticed Resident #2 ' s tube feeding rate was prescribed at 57 cc per hour. Nurse #1 reported she would correct the infusion rate of the tube feeding for Resident #2.</p> <p>Nurse #1 was interviewed again on 8/18/2021 at 11:30 AM. Nurse #1 reported she was not aware Resident #2 ' s tube feeding rate was incorrect until it was shown to her. Nurse #1 reported Resident #2 had been switched to bolus feedings for a short time prior to 7/1/2021. Nurse #1</p>	F 693	<p>reported to the Director of Nursing for correction.</p> <p>The Director of Nursing will present the audits of residents receiving tube feedings via infusion pump to the QAPI committee. The Medical Director, Administrator ,Director of Nursing, Assistant Director of Nursing, Unit Manager, Medical Records Supervisor, Admissions Coordinator, Business Office Manager, Assistant Business Office Manager, Activity Director ,Certified Dietary Manager, Environmental Supervisor, and Maintenance Director are the members.</p> <p>QAPI will convene monthly times 2 months to continue, alter or modify the plan.</p> <p>The Director of Nursing is responsible for this plan of correction and the alleged date of compliance is 9/20/2021.</p>		

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F 693	<p>Continued From page 7</p> <p>reported the bolus feedings were changed to continuous feeding to meet his caloric and protein needs each day.</p> <p>The facility physician (MD) was interviewed on 8/19/2021 at 12:54 PM. The MD reported the lower rate of tube feeding would not have harmed Resident #2.</p> <p>The dietician was interviewed on 8/19/2021 at 2:30 PM. The dietician reported the incorrect tube feeding rate would have decreased Resident #2 ' s calories by about 80 per day, but this would not negatively impact him. The dietician reported Resident #2 had gained weight over the past two months.</p> <p>Nurse #2 was interviewed on 8/19/2021 at 9:34 PM. Nurse #2 reported she provided care to Resident #2 frequently and changed his tube feeding on the night shift. Nurse #2 reported she cleared the volume from the pump and hung the tube feeding. Nurse #2 reported she was not aware Resident #2 ' s rate of feeding was 57 cc per hour.</p> <p>The Assistant Director of Nursing (ADON) was interviewed on 8/20/2021 at 11:31 AM. The ADON reported the administrative staff performed daily rounds on all residents and during rounds Resident #2 ' s tube feeding rate had been 57 cc per hour as the MD ordered.</p> <p>The Director of Nursing (DON) was interviewed on 8/20/2021 at 11:32 AM. The DON reported that she did not know why the tube feeding rate for Resident #2 was incorrect. The DON reported it was her expectation that all tube feeding rates should be verified with the MD orders each shift and the tube feedings were infusing at the</p>	F 693			

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F 693	Continued From page 8 prescribed rate. The Administrator was interviewed on 8/20/2021 at 3:28 PM. The Administrator reported she did not know why the tube feeding rate for Resident #2 was not correct. The Administrator reported Resident #2 ' s tube feeding should have been infusing at the prescribed rate. The Administrator reported the ADON and/or the DON should be checking the tube feeding orders against the rate infusing via pump.	F 693			
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff interview, physician interview and dialysis staff member interview the facility failed to follow-up and / or implement nutritional recommendations provided by the dialysis center. This was evident for 1 of 1 resident reviewed for dialysis (Resident #15). Findings Included: Resident #15 was admitted to the facility on 12/31/20 and diagnoses included end stage renal disease with dependence on renal dialysis, diabetes and hypertension. A quarterly minimum data set (MDS) dated 6/4/21	F 698	F-698 On 8/20/2021 Resident #15's physician ordered a double protein, regular thin liquid, LCS diet. An order was also received for a name brand renal supplement daily on 8/20/2021. On 8/23/2021 an additional was received for a 1500 cc fluid restriction All orders was placed in Point Click Care and a diet slip was sent to the dietary department to ensure the diet change are on the meal tray card. On 8/20/2021 an in service was conducted by the Director of Nursing to	9/20/21	

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F 698	<p>Continued From page 9</p> <p>for Resident #15 identified he received dialysis, was on a therapeutic diet and his cognition was intact.</p> <p>A care plan dated 7/19/21 for Resident #15 revealed potential for nutritional problems related to obesity. Risk for weight changes related to fluid status changes secondary to end stage renal disease and dialysis. Interventions included to provide and serve diet and supplements as ordered.</p> <p>A dialysis nutrition update for Resident #15 dated 7/15/21 identified Registered Dietitian (RD) recommendations for a liberal renal, low concentrated sweets (LCS) diet with double portion of protein at all meals. The dialysis RD additionally recommended a 1500 cubic centimeter (cc) fluid restriction daily and a name brand renal nutritional supplement one time daily.</p> <p>Review of the physician ' s orders for Resident #15 revealed an order dated 6/16/21 for a renal diet with double protein at meals. There were no orders for the LCS diet, 1500 cc fluid restriction or the name brand renal supplement.</p> <p>An observation of Resident #15 was conducted on 8/16/21 while he was eating his lunch meal. The resident received a renal diet and approximately 480 ccs of fluids were on his meal tray. A single scoop of shepherd ' s pie was present on the plate which was the planned protein for the meal. The resident had a water pitcher in his room that contained approximately 480 ccs of water. The resident stated he was on a diet for his kidneys, but he wasn ' t sure if he was supposed to limit his fluids. He did not recall receiving his renal supplement recently. The</p>	F 698	<p>the identified nurse on physician notification of RD recommendations from the dialysis center .</p> <p>On 8/20/2021 an audit was conducted by the Director of Nursing to ensure all RD recommendations from the dialysis center has the physician notification for possible orders.</p> <p>An in service was initiated by the Director of Nursing to all licensed staff inclusive of contracted nursing staff to notify physician of all dialysis RD recommendations on 8/20/2021. All new licensed hires will be in serviced in orientation .</p> <p>The Director of Nursing will monitor RD recommendations from the dialysis center to ensure the physician has reviewed recommendations for possible orders. The Director of Nursing will monitor RD recommendations from dialysis weekly times 12 weeks. Any discrepancies will be reported immediately o the administrator for plan reconsideration.</p> <p>The Director of Nursing will present the audits of RD recommendations from dialysis to the QAPI committee. The Medical Director, Administrator ,Director of Nursing, Assistant Director of Nursing, Unit Manager, Medical Records Supervisor, Admissions Coordinator, Business Office Manager, Assistant Business Office Manager, Activity Director ,Certified Dietary Manager, Environmental Supervisor, and Maintenance Director are the members.</p>		

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F 698	<p>Continued From page 10</p> <p>resident was being assisted with his meal by Nursing Assistant #3 and she stated she was not aware the resident was on a fluid restriction.</p> <p>Review of the meal tray card for Resident #15 provided by the Dietary Manager revealed a regular, renal diet. The meal tray card did not identify a LCS restriction or to serve double protein portions at meals. The meal tray card listed the fluids the resident was to receive with each meal, and this totaled 2040 ccs for the day.</p> <p>An interview was conducted on 8/19/21 at 9:30 am with the dialysis RD. She stated she was familiar with Resident #15 and she faxed diet recommendations to the facility on 7/14/21. She explained her recommendations included a liberal renal, LCS diet with double protein portions at each meal; a 1500 cc fluid restriction per day and a renal supplement one time daily. The dialysis RD added she felt like the resident needed these diet recommendations and the supplement for additional protein and to help with his fluid balance. She explained typically she faxed her recommendations to the facility and sometimes she would call the facility. The dialysis RD added she had spoken with the facility RD a few times but could not recall any specifics or dates.</p> <p>An interview on 8/19/21 at 3:02 pm with the facility RD revealed she was familiar with Resident #15 and had last assessed him on 6/22/21. She explained at that time the resident was on a liberal renal diet with large meat portions. The facility RD stated she was not aware of the dialysis RD 's recommendations for the LCS diet, the 1500 cc fluid restriction or the renal supplement. She explained the resident had been receiving the renal supplement back in</p>	F 698	<p>QAPI will convene monthly times 3 months to continue, alter or modify the plan.</p>		

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/23/2021
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F 698	Continued From page 11 April / May of 2021, but he had been hospitalized and when he was re-admitted the renal supplement was not re-ordered. The facility RD stated she had communicated with the dialysis RD, but did not know when the last time was, she had spoken with her. She added she felt like the dialysis RD recommendations were appropriate for Resident #15 and they should have been implemented at the facility. An interview on 8/20/21 at 1:03 pm with the Administrator revealed she expected the resident ' s physician to be notified of any dialysis recommendations. She added if the physician agreed with the recommendations then an order should be written. An interview with Resident #15 ' s physician was conducted 8/23/21 at 9:00 am. He stated he had not been provided with the faxed dialysis recommendations dated 7/15/21. He added the faxed communications were difficult to manage and the system needed to be re-evaluated. The physician added the facility RD and dialysis RD should communicate routinely and he would follow-up with the dialysis RD to determine if the recommendations should be implemented.	F 698			
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	F 732		9/20/21	

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F 732	<p>Continued From page 12</p> <p>by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses. (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 reviews, observations, and staff interviews, the facility failed to accurately report nursing licensed and unlicensed staff working for 3 of 6 daily posted nursing sheets reviewed.</p> <p>Findings included:</p> <p>A sample of daily posted nursing sheets dated</p>	F 732	<p>F 732</p> <p>The daily posted nursing sheets dated 7/7 <input type="checkbox"/> 7/10 and 8/16-8/17 were corrected by the Assistant Director of Nursing to indicate partial shifts as well as RN coverage.</p>		

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F 732	<p>Continued From page 13</p> <p>7/7-10/2021 and 8/16-17/2021 were reviewed.</p> <p>a. The daily posted nursing staffing sheet dated 7/9/2021 indicated 10 nursing assistants (NAs) were working the 7:00 AM to 7:00 PM (day) shift that date. The nursing schedule for 7/9/2021 had 8 NAs scheduled for day shift. Additionally, the schedule indicated 1 NA was arriving to work at 3:00 PM and another was arriving to work at 5:00 PM. The daily posted nursing staffing sheet did not indicate the partial shifts worked by the 2 NAs for the day shift.</p> <p>The daily posted nursing staffing sheet dated 7/9/2021 indicated no Registered Nurse (RN) was working the 7:00 PM to 7:00 AM (night) shift. The nursing schedule for 7/9/2021 had 1 RN scheduled to work the night shift. Additionally, the daily posted nursing staffing sheet indicated 2 Licensed Practical Nurses (LPNs) were scheduled to work on night shift. The nursing schedule did not have any LPNs scheduled to work that date. The daily posted nursing staffing sheet indicated 11 NAs were working night shift on 7/9/2021. The nursing schedule for 7/9/2021 indicated 10 NAs were scheduled to work the night shift.</p> <p>b. The daily posted nursing staffing sheet for 8/16/2021 indicated 5 NAs were working day shift. The nursing schedule for 8/16/2021 had 6 NAs scheduled to work on day shift on 8/16/2021. Additionally, the schedule indicated 1 NA was arriving to work at 3:00 PM and another was arriving to work at 5:00 PM. The daily posted nursing staffing sheet did not indicate the partial shifts worked by the 2 NAs. The daily posted nursing staffing sheet for 8/16/2021 indicated 9 NAs were working night shift. The nursing schedule for 8/16/2021 listed 9 NAs for night shift</p>	F 732	<p>An in service was conducted on 8/20/2021 by the Director of Nursing for the scheduler and the Assistant Director of Nursing to complete the daily posted nursing staffing sheet accurately . All partial shifts as well as RN hours need to be posted , any changes from call off to additions will be updated.</p> <p>An Inservice was conducted by the Director of Nursing on 8/23/2021 to the Business Office Manager and the Assistant Business Office Manager to correct the daily posted nursing staffing sheets as directed with call offs or additional staff .</p> <p>An audit of posted daily nursing staffing sheets was conducted by the Director of Nursing to ensure sheets were accurate for partial shifts, and RN coverage.</p> <p>The Director of Nursing will monitor posted daily staffing sheets daily times 5 days for 2 weeks then 3 days weekly times 2 weeks, then 2-times weekly times 4 weeks.</p> <p>The Director of Nursing will present the audits of the posted daily nursing staffing the QAPI committee. The Medical Director, Administrator ,Director of Nursing, Assistant Director of Nursing, Unit Manager, Medical Records Supervisor, Admissions Coordinator, Business Office Manager, Assistant Business Office Manager, Activity Director</p>		

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F 732	<p>Continued From page 14</p> <p>with one NA arriving at 11:00 PM. The daily posted nursing staffing sheet did not indicate the partial shift worked by the NA.</p> <p>c. The daily posted nursing staffing sheet for 8/17/2021 indicated 8 NAs were working day shift. The nursing schedule for 8/17/2021 had 8 NAs scheduled to work. The nursing schedule indicated 1 NA was arriving to work at 3:00 PM and another was arriving at 5:00 PM to work. The daily posted nursing staffing sheet did not indicate the partial shifts worked by the 2 NAs for the day shift. The daily posted nursing staffing sheet for 8/17/2021 for night shift indicated 7 NAs worked that date. The nursing schedule had 8 NAs scheduled to work the night shift.</p> <p>The nursing scheduler was interviewed on 8/20/2021 at 11:04 AM. The scheduler reported the daily posted nursing staffing sheet was completed by her at the start of the day and corrected for any call-ins or people leaving early during the day shift. The scheduler reported either the Assistant Director of Nursing (ADON) or Director of Nursing (DON) would update the posted nursing staffing sheet.</p> <p>The ADON was interviewed on 8/20/2021 at 11:25 AM. The ADON reported that agency staff had the opportunity to pick up shifts through the agency smartphone application as little as 5 minutes before a shift started. The ADON reported if there was an empty spot in the schedule, a NA could show up at 6:55 AM or PM and work. The ADON reported there was a team effort to keep the daily posted nursing staffing sheets updated during the day.</p> <p>The Administrator was interviewed on 8/20/2021</p>	F 732	<p>,Certified Dietary Manager, Environmental Supervisor, and Maintenance Director are the members.</p> <p>QAPI will convene monthly times 2 months to continue, alter or modify the plan.</p> <p>The Director of Nursing is responsible for this plan of correction and the alleged date of compliance is 9/20/2021.</p>		

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F 732	Continued From page 15 at 3:28 PM. The Administrator reported the scheduler should update the daily posted nursing staffing sheets during the day shift and the next morning to ensure the posted staffing sheet matched the schedule of who worked. The Administrator reported it was her expectation for the posted nursing staffing sheet to be updated as soon as changes were made to the schedule.	F 732			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to have a medication error rate less than 5% as evidenced by 4 medication errors out of 27 opportunities, resulting in a medication error rate of 14.81% for 3 of 6 residents (Resident #25, #30, and #34) observed during medication pass. The findings included: 1. Review of physician orders for Resident #25 included Albuterol Sulfate HFA 2 puffs three times a day scheduled at 9AM, 2 PM and 9 PM. Albuterol Sulfate HFA is an inhalant used to manage wheezing and shortness of breath. During the observation of the medication pass on 8/16/21 at 11:31 AM Albuterol Sulfate HFA inhalant was not available for administration. Nurse #1 stated the inhalant had expired. The	F 759	F-759 On 8/16/21 Nurse #1 received a medication error rate of greater than five percent. She was immediately removed from the medication cart and re-educated on correct medication pass technique by the DON. On 8/19/21 a medication pass observation was completed with Nurse #1 by the Pharmacy Nurse Consultant and was passed with an error rate of less than five percent. An in-service was completed by the DON with Nurse #1 outlining correct medication administration practice, and the correct usage of the CubeX backup medication system. A review of central supply stocking for over-the-counter medications was reviewed with Nurse #1 by the ADON. Residents #25, #30, and #34 were	9/20/21	

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F 759	<p>Continued From page 16</p> <p>consultant pharmacist was at the facility on 8/16/21, removed the expired and reordered another. Continued interview Nurse #1 stated the reordered inhalant had not been delivered.</p> <p>2. Review of the physician orders for Resident #30 included Vitamin B12 250 microgram (mcg) and Ascorbic Acid 500 milligrams (mg) as supplements once a day by mouth. Both supplements were scheduled at 9 AM.</p> <p>During the observation of the medication pass on 8/16/21 at 11:41 AM, Nurse #1 stated she could not find the facility over the counter stocked Vitamin B12 in her medication cart or her coworker ' s medication cart. Ascorbic acid although available was not prepared to be administered.</p> <p>Interview on 8/18/21 at 1:10 PM with Nurse #1 stated she had not and nor had another staff member (who administered medications) gave the above medications on 8/16/21. Nurse #1 stated she could have gotten the supplements from the house stock, but she did not. Nurse #1 stated it was an oversight for not administering the Ascorbic Acid supplement.</p> <p>3. Review of physician orders for Resident #34 included Furosemide 20 milligrams (mg) every day by mouth scheduled at 8 AM. Furosemide is a drug used to remove excessive fluid from the body.</p> <p>During observations of a medication pass on 8/16/21 at 12:04 PM, Nurse #1 stated Furosemide was not available, and she would reorder from the pharmacy. There was no immediate attempt to obtain this drug for administration.</p>	F 759	<p>assessed for signs and symptoms of distress due to not receiving scheduled medications. No adverse reactions were noted. The MD was notified of the medication error and no further follow up was ordered.</p> <p>On 8/17/21 in-servicing was initiated with licensed staff, including contracted staff, on what to do when medications are not available. This in-service was started by the DON and will be continued by the nursing administrative staff.</p> <p>All new hires, inclusive of contracted staff, will be in-serviced in orientation and observed performing a medication pass with an error rate of less than five percent. An audit tool will be presented to the administrator weekly times 12 weeks by the DON and/or ADON monitoring EMARs to ensure that medications are being given as ordered. Ten percent of the staff will have a medication pass observation by a nursing administrative staff member to ensure that the medication error rate is less than five percent.</p> <p>The DON will present the medication pass audits to the QAPI committee. The Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager, Medical Records Supervisor, Admissions Coordinator, Business Office Manager, Assistant Business Office Manager, Environmental Supervisor, and Maintenance Director are members of this committee that will convene monthly times 2 months to continue, alter, or modify the plan. The DON is responsible for this plan of correction and the alleged date of</p>		

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F 759	Continued From page 17 Record review of the list of medications available in the facility ' s back-up system indicated Furosemide was a stocked medication and available. Interview on 8/18/21 at 1:10 PM with Nurse #1 stated she had not and nor had another staff member (who administered medications) gave the above medications on 8/16/21. Nurse #1 stated she could have gotten the Furosemide from the medication back-up system Interview on 08/18/21 09:30 AM with the Director of Nurses (DON) and the Assistant Director of Nurses (ADON) was held. The DON stated the consultant pharmacist removed the Ventolin inhalant off the medication cart on 8/16/21 and then reordered the inhalant but it was not delivered until 8/17/21. The DON and ADON stated the facility started in-service training to staff who administered medication on what to do when medications are not available. The DON stated Nurse #1 should have used the medication backup system and contact the central supply person for the over the counter house stocked medications (such as Vitamin B12).	F 759	compliance is 9/ 20 /21.		
F 814 SS=C	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to keep the dumpster area free from debris for 2 of 2 dumpster's.	F 814	F-814 On 8/19/2021 both dumpsters were assessed by the Environmental	9/20/21	

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F 814	<p>Continued From page 18</p> <p>Findings included:</p> <p>An observation on 8/16/21 at 10:45 am of the facility ' s two dumpster's revealed trash around both dumpster's. Two large garbage bags were open with trash spilling out, and a box with trash spilling out of the large garbage bags. There was loose trash (gloves, diapers, papers) on the ground surrounding both dumpster's. One dumpster had an open bag of trash hanging from the opened door.</p> <p>An interview on 8/16/20 at 11:15 am with the Dietary Manager revealed he believed the dietary department was responsible for keeping the dumpster area and the dumpster clean, however the assisted living center next door to the nursing home also used the dumpster's and often did not clean up after use. Dietary Manager stated the trash truck emptied trash from the container on Mondays and the truck is known to leave trash on the ground. The facility typically would clean up the trash, however staff had not been able to clean up the trash prior to the start of the survey.</p> <p>An additional observation was made on 8/18/20 at 8:30 am of the facility ' s dumpster's revealed some loose trash (gloves, diapers, papers) remained on the ground surrounding both dumpster's.</p> <p>On 8/19/21 at 11:00 am an interview with the facility administrator was conducted and she stated it had been reported to her that the assisted living facility next door was using the same trash dumpster and she was not sure if they had their own trash dumpster. She stated it was expected the trash to be picked up off the ground.</p>	F 814	<p>Supervisor of the contracted environmental services to ensure that gloves , briefs, or papers are not on the ground surrounding both dumpster areas.</p> <p>An in service with all Environmental staff was conducted on 9/8/2021 by the Regional Representative of the contracted housekeeping service on rounds to be conducted of both dumpster areas to maintain garbage and refuse are disposed of properly.</p> <p>All new hire staff will receive the in service in orientation.</p> <p>An audit tool will be presented to the administrator weekly times 8 weeks to ensure that the dumpster area is free from garbage and refuse . Any discrepancy will be immediately corrected, and the administrator notified for possible need to modify the plan.</p> <p>The Environmental Supervisor will present the audits of garbage nd refuse being disposed of properly to the QAPI committee. The Medical Director, Administrator ,Director of Nursing, Assistant Director of Nursing, Unit Manager, Medical Records Supervisor, Admissions Coordinator, Business Office Manager, Assistant Business Office Manager, Activity Director ,Certified Dietary Manager, Environmental Supervisor, and Maintenance Director are the members.</p> <p>QAPI will convene monthly times 2 months to continue, alter or modify the plan.</p>		

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F 814	Continued From page 19	F 814			
F 921 SS=E	<p>Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain 2 of 3 medication storage rooms clean. The facility failed to maintain floor tiles, refrigerator freezer and closet doors in good repair. The facility failed to store enteral feeding supplies, intravenous supplies and oxygen supplies off the floor. (Units 300 and 200)</p> <p>The findings included: 1.Observation on 8/19/21 at 9:32 AM of the 300 Unit medication storage room with the Director of Nurses (DON) and Corporate Representative revealed the following:</p> <ul style="list-style-type: none"> · Dried splatter on the wall. · A heavy accumulation of a black colored substance in the floor corners and entrance way. · Multiple rust colored stains on the floor tiles. · Within the medication storage room there were 2 closets with doors. There were openings in both closet doors to place handles, but the door handles were missing. The floor corners of the 1st closet had an accumulation of a black 	F 921	<p>The Environmental Supervisor is responsible for this plan of correction and the alleged date of compliance is 9/20/2021.</p> <p>F <input type="checkbox"/> 921</p> <p>On 8/19/2021 2 of 3 medication rooms were cleaned by the Environmental Supervisor of the contracted environmental services company to ensure that the medication storage areas were clean. On 8/19/2021 dried splatter on the wall, heavy accumulation of black substance in floor corners and entry way, hair pins, heavy accumulation of dust and the white color cove molding behind the refrigerator were addressed by the contracted housekeeping staff and manager . Additionally, on 8/19/2021 the dust, red caps, oxygen tubing, and large tan colored spill were removed from the 200-hall medication storage area by the Environmental Manage of the contracted housekeeping services. On 8/19/2021 a box of enteral feeding pump sets, 2 black storage boxes with intravenous equipment removed from the</p>	9/20/21	

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F 921	<p>Continued From page 20</p> <p>colored substance with 2 black hairpins mixed with dust. The 2nd closet had 3 missing floor tiles upon entry. One cracked tile with a heavy accumulation of dust and a black colored substance in the corners of the floor and on the floor tiles.</p> <ul style="list-style-type: none"> · A box of enteral feeding pump sets and 2 black storage boxes with intravenous equipment were stored directly on the floor. · A 20-ounce Styrofoam cup and a wet open paper box of disposable gloves were noted on the floor behind the nourishment refrigerator. · The white color cove molding behind the nourishment refrigerator had turned a black/brown color. <p>Interview on 8/19/21 at 9:53 AM with the Floor Technician #4 stated he cleaned the floors in the medication storage room 3 months. The Director of Housekeeping joined the interview and stated the Housekeeping staff was expected and should clean the medication rooms each day.</p> <p>Interview on 8/19/21 at 9:55 AM with Housekeeper #8 stated she was unaware of the existence of the medication rooms and had not cleaned any.</p> <p>2. Observation on 8/19/21 at 10:00 AM of the 200 Unit medication storage unit with the Director of Nurses and Corporate Representative revealed the following:</p> <ul style="list-style-type: none"> · The medication refrigerator metal freezer section was partially detached and dangling from the freezer with a build-up of ice. · One (1) box of 12 oxygen cannulas and tubing were stored on the floor. · There was a large tan colored dried spill on 3 floor tile that resembled tube feeding formula. 	F 921	<p>floor by the Director of Nursing.</p> <p>On 8/19/2021 a 20-ounce Styrofoam cup and a wet open paper box of disposable gloves removed from the floor behind the nourishment refrigerator by the Director of Nursing.</p> <p>On 8/19/2021 the box of 12 oxygen tubing sets removed from the floor of the medication storage room.</p> <p>On 8/19/2021 the 3 red caps , eating utensils and a straw was removed by the Director of Nursing.</p> <p>On 8/20/2021 the Director of Nursing and the contracted Environmental Service Regional Representative were in serviced by the facility administrator on maintaining a safe, sanitary and functional medication storage area.</p> <p>On 9/6/2021 the Interim Maintenance Director replaced the door handles to both closet doors in the 300-hall medication storage area.</p> <p>On 9/10/2021 the Interim Maintenance Director replaced the tiles in the closet on the 300-hall medication storage area.</p> <p>On 9/8/2021 the Interim Maintenance Director replaced the refrigerator in the 200-hall medication storage area.</p> <p>On 9/3/2021 the Interim Maintenance Director was in serviced by the administrator to include replacement of cracked or missing tile ,refrigerators to be in working condition, and closet have door handles.</p> <p>All new hired staff will be in serviced in orientation.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/23/2021
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F 921	<p>Continued From page 21</p> <p>Three (3) red caps (unsure of what the caps were used for), eating utensils and a straw mixed with dust were on the floor.</p> <p>Interview on 8/18/21 at 4 PM with the interim Maintenance Director stated he started the role on 7/14/21. An inquiry was made about the missing door handles but no response was provided.</p> <p>Interview on 8/19/21 10:16 AM with Housekeeping (HK) #1 (employed since 2018) stated the medication storage room should be cleaned daily by housekeeping staff. HK #1 stated today(referring to 8/19/21) was her 1st time scheduled to work on the 200 Unit for a while.</p> <p>Interview via the phone on 8/19/21 at 3:35 PM with the Regional Representative of the Contracted Housekeeping Services stated and acknowledged concerns of the housekeeping services at the facility. She stated she was developing a plan of action to address housekeeping concerns, but the plan was only 3/4 completed.</p>	F 921	<p>On 9/9/2021 the Regional Representative for the contracted environmental services in serviced the contracted housekeeping staff on daily cleansing of the medication storage area.</p> <p>All new hire staff will receive the in service in orientation.</p> <p>An audit tool will be presented to the administrator weekly times 8 weeks to ensure that the medication storage areas are cleaned daily . Any discrepancy will be immediately corrected, and the administrator notified for possible need to modify the plan.</p> <p>The Environmental Supervisor will present the audits of the medication storage areas being cleansed daily to the QAPI committee. The Medical Director, Administrator ,Director of Nursing, Assistant Director of Nursing, Unit Manager, Medical Records Supervisor, Admissions Coordinator, Business Office Manager, Assistant Business Office Manager, Activity Director ,Certified Dietary Manager, Environmental Supervisor, and Maintenance Director are the members.</p> <p>QAPI will convene monthly times 2 months to continue, alter or modify the plan.</p> <p>The Environmental Supervisor is responsible for this plan of correction and the alleged date of compliance is 9/20/2021.</p>		