STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345310	A. BUILDING ______ B. WING ______	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CROSSING	**100 HEDRICK DRIVE THOMASVILLE, NC 27360**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Recertification survey was conducted on 10/4/21 through 10/7/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #236311.	E 000		
F 578 SS=E	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she	F 578		10/25/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 10/26/2021

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 578	Continued From page 1 has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to obtain physician ' s orders and maintain accurate advance directive information throughout the medical record for 2 of 16 residents reviewed for advance directives (Residents #214 and #43). The findings included: 1. Resident #214 was admitted to the facility on 9/21/21 with diagnoses of Parkinson ' s disease and dementia. Record review revealed no physician ' s order for do not resuscitate (DNR) for Resident #214. Further review of the EMR revealed a MOST (Medical Orders for Scope of Treatment) form dated 9/21/21 signed by the nurse practitioner and Resident #214 ' s family member that indicated DNR. A history and physical dated 9/24//21 revealed Resident #214 had a MOST form in place dated 9/24/21 that indicated DNR. On 10/5/21 at 11:56 AM, an interview was conducted with Nurse Supervisor #1. She stated	F 578	Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Piedmont Crossing of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance. Prefix Tag: F578	

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code status is displayed in the EMR on the main page. She added if there is nothing there, it indicated the resident was a full code. Nurse Supervisor #1 also stated there was a binder at the nurses ' stations that held MOST forms and DNR forms, but she could not locate either for Resident #214.

On 10/5/21 at 12:00 PM, an interview was conducted with the Administrator. She stated the nursing staff would look at the main page of the EMR to locate a resident ' s code status and if there was nothing there, the resident was a full code.

On 10/7/21 at 9:30 AM, an interview was conducted with the Staff Development Coordinator (SDC). She stated when a resident is admitted, the Admissions Director provides the family with the MOST form. The nursing supervisors then put the orders into the computer, the documents get scanned into the EMR and then the MOST forms and DNR ' s go to the resident halls for placement into the binders that hold them. She stated Resident #214 had a MOST form that was scanned into the EMR but she did not know why there was not a physician ' s order entered.

2. Resident #43 was readmitted to the facility on 8/3/21 with diagnoses of dementia and atrial fibrillation.

Record review revealed no physician ' s order for do not resuscitate.

A MOST form dated 3/18/21 signed by the nurse practitioner and Resident #43 ' s family member was in the EMR.

F 578

It is the intent of this facility to obtain physician's orders and maintain accurate advanced directive information for all residents.

1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice.

On 10/5/2021, the LPN Household Nurse Coordinator and Director of Nursing entered the Code Status into the electronic medical record for resident #214 and resident #43. The Nursing Home Administrator verified that the orders were entered correctly. The Director of Nursing printed the MOST Form for resident #214 and for resident #43 from the electronic medical record and placed the MOST Forms into the MOST Form notebooks on each resident's respective unit.

2) How the facility will identify other residents having the potential to be affected by the same deficient practice

On 10/5/2021, the LPN Household Nurse Coordinator, Director of Nursing and Nursing Home Administrator performed a 100% audit of all residents currently residing in the Health Care facility to ensure:
* Each resident had a Code Status entered into their electronic medical record
* The Code Status matched the MOST Form

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A progress note authored by the Nurse Practitioner indicated Resident #43 had a MOST form in place and was a DNR.

On 10/5/21 at 12:15 PM, Nurse #1 was interviewed. She stated code status for residents is located on the main page of the EMR and that is where she would look to look for a resident ' s code status in the event of an emergency. She added if there was nothing on the main page, it indicated the resident was a full code. Nurse #1 added there was also a binder located at each nurse ' s station that held MOST forms and DNR forms. Nurse #1 could not locate a MOST form or DNR form for Resident #43.

On 10/7/21 at 9:30 AM, the Staff Development Coordinator was interviewed. She stated Resident #43 was readmitted to the facility and the MOST form must not have been returned from the hospital. She stated the physician ' s order for DNR should have carried over but did not.

F 578

On 10/5/2021, the LPN Household Nurse Coordinator, Director of Nursing and Nursing Home Administrator performed a 100% audit of all residents residing in the Health Care facility to ensure:
* Each resident had a MOST Form in the "MOST Form" notebook on each of the residents' respective unit
* The MOST Forms were present and accurate in each resident's electronic medical record

100% accuracy was found with all other residents residing in Health Care

3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur

On 10/5/2021, the Nursing Home Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator/Infection Preventionist, Admissions Coordinator and LPN Household Nurse Coordinator performed a Root Cause Analysis to determine the root cause for our system failure. The root cause was determined and interventions were put into place to minimize future occurrences on 10/5/2021.

While performing the root cause analysis, each expected step of our process was compared to the actual step performed to determine where the breakdown occurred resulting in the deficiency. At the end of the root cause analysis, the Nursing

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Home administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator/Infection Preventionist, Admissions Coordinator and LPN Household Nurse Coordinator determined the Root Cause to be human error exacerbated by frequent interruptions and added job responsibilities due to open staff positions related to the Public Health Emergency.

On 10/5/2021, the Nursing Home Administrator developed a "Code Status Audit Form" with each step identified to ensure that the resident's wishes/advanced directives are honored and carried out without mishap. In order to assign accountability, each step of the process is assigned to the staff members that are responsible for completing the Advanced Directives without incident
* Beginning with each admission/readmission or when changes are made for existing residents;
* to receiving the Medical Provider's order, order entry and posting on the ribbon of the resident's electronic medical record;
* to obtaining medical provider signature and date on the MOST Form;
* to scanning the MOST Form into the resident's electronic medical record;
* to order reconciliation;
* to placing the MOST Form into the "MOST Form" notebook on the resident's unit, ending the process

On 10/5/2021, the Staff Development Coordinator/Infection Preventionist began

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F 578	Continued From page 5	F 578	education on our revised process with the Admission Coordinator, RN/LPN Unit Care Coordinators and third shift nurses The Audit Form education includes the following: 1. The Admissions Coordinator/Nurse responsible for discussing the MOST Form with the resident records the name and room number for each admitted/readmitted resident onto the audit log and indicates that the MOST Form was given to the Unit Care Coordinator 2. The Unit Care Coordinator initials receiving the MOST Form, enters the designated code status and indicates whether the MOST Form was signed by Medical Providers(Physicians Eldercare) or was placed into the Physicians Eldercare book for signature 3. The Unit Secretary indicates that the signed MOST Form was scanned into the electronic medical record, and immediately takes the original MOST Form and places it into the appropriate "MOST Form" notebook for that resident 4. The Assistant Director of Nursing initials that the order was entered and reconciled, initials that the MOST Form was scanned and placed into the "MOST Form" notebook and enters the date that the process was completed 5. If the MOST Form is modified for an existing resident, then the same process is followed with the exception of the Admissions Coordinator. The Unit Care Coordinator receiving the modified MOST Form will place the date, name and room	

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number of the resident on the Audit Form.

On 10/5/2021, the Staff Development Coordinator/Infection Preventionist began education with the RN/LPN Unit Care Coordinators and charge nurses regarding order reconciliation.

The education includes the following:
1. Any time a resident's MOST Form is received or changed, the RN/LPN Unit Care Coordinators will provide a copy of the MOST Form to the charge nurse responsible for that resident
2. The charge nurse is responsible for completing the second check to validate that the order was entered into the resident's electronic medical record correctly
3. The copy of the MOST Form will be used for the third shift nurses during their nightly order reconciliation
4. This education will be integrated into new hire orientation for all nurses

Beginning 10/5/2021, the Assistant Director of Nursing will be responsible for auditing the "Code Status Audit Form" daily during weekdays for completeness. The RN Unit Care Coordinator will responsible for auditing the "Code Status Audit Form" on Saturdays and Sundays. Any discrepancies in the process will be reported to the Director of Nursing immediately.

From 10/6/2021 to 10/25/2021, Piedmont Crossing had admitted/re-admitted eleven (11) residents and had modified the

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F 578	Continued From page 7	F 578	MOST Form for two residents. Our process was successful 100% of the time in accurately entering the resident's advanced directive into the electronic medical record, obtaining medical provider signature, scanning the MOST Forms into the resident's electronic medical record and placing the completed MOST Form into the "MOST Form" notebook on each resident's respective unit. Piedmont Crossing will continue this auditing process for the entirety of one year and modify the steps of the process if necessary to maintain compliance. 4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed. These corrective measures will be monitored by the Assistant Director of Nursing with oversight by the Nursing Home Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Assistant Director of Nursing will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness sfor a minimum of 12 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most	

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F 578	Continued From page 8	F 578	appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner	