

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

PRINTED: 03/16/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2022
NAME OF PROVIDER OR SUPPLIER THE CAROLTON OF DUNN			STREET ADDRESS, CITY, STATE, ZIP CODE 711 SUSAN TART ROAD DUNN, NC 28335		
(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 and complaint investigation was conducted 02/14/2022 through 02/17/2022. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # NM5J11.	E 000			
F 000	INITIAL COMMENTS A recertification survey and complaint investigation was conducted 02/14/2022 through 02/17/2022. 5 of 5 complaint allegations were not substantiated. Event ID # NM5J11.	F 000			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to communicate an	F 688		3/10/22	

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

TITLE

(X6) DATE

Electronically Signed

03/10/2022

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 688	<p>Continued From page 1</p> <p>occupational therapy plan of care for splint application and failed to obtain an occupational therapy evaluation for 1 of 1 resident reviewed for limited range of motion (Resident #50)</p> <p>Findings included:</p> <p>Resident #50 was admitted to the facility on 9/22/2018. Diagnoses included hemiplegia (paralysis) affecting the left dominant side.</p> <p>Occupational therapy (OT) discharge summary dated 9/30/2021 revealed Resident #50 was tolerating a resting hand splint to the left upper extremity for management of contracture and positioning and the left upper hand third finger extended to -20 for joint alignment and contracture management. The discharge summary indicated restorative care was not indicated at that time.</p> <p>The significant change Minimum Data Set (MDS) assessment dated 10/20/2021 indicated Resident #50 was severely cognitively impaired with no impairments to upper or lower extremities. Resident #50 required extensive assistance of one person with eating and total care of one person with all other activities of daily living. Resident #50 was not receiving any therapy services or restorative care .</p> <p>Resident #50's care plan dated 10/21/2021 indicated no plan of care for restorative care or application of a hand resting splint.</p> <p>The quarterly MDS dated 1/20/2022 indicated Resident #50 was moderately cognitively impaired with upper and lower impairments to one side of her body and was not receiving any</p>	F 688	<p>Carrolton of Dunn Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Carrolton of Dunn Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Carrolton of Dunn Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>On 2/3/2022, an occupational therapy consult was approved by the hospice provider for 1 visit to evaluate splint application to left hand and wrist for Resident #50.</p> <p>On 2/18/2022, a physician's order was received for Resident #50 to be evaluated by occupational therapy (OT) for left hand stiffness and splint application. Resident #50 was evaluated by the occupational therapist and a referral was submitted to restorative nursing to continue passive range of motion (PROM) of left wrist and</p>		

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F 688	<p>Continued From page 2</p> <p>therapy services or restorative care.</p> <p>Nursing documentation dated 1/20/2022 revealed Resident #50's representative complained Resident #50's right hand was stiffening and requested restorative care to work with her for splinting.</p> <p>The January 2022 Medication Administration Record revealed an order for a one-time referral for occupational therapy for bilateral upper extremity and hand splinting on 1/26/2022.</p> <p>A review of the physician orders revealed no order for an evaluation for OT services on 1/26/2022. The Director of Nursing in an interview on 2/17/2022 at 1:53 p.m. stated the physician had ordered an OT evaluation on 1/26/2022. She stated it was a one-time order, and it was no longer detected in physician orders in the electronic medical record. She stated the OT order was on the January 2022 Medication Administration Record because it was entered under pharmacy.</p> <p>On 2/16/2022 at 8:17 a.m., Resident #50 was observed sitting up in the bed being assisted with feeding. The right and left hands were observed flexed inward (fingernail into the palms of the hands). Resident #50 was able to extend (straighten) all fingers on the right hand and only able to extend the first, second and fifth fingers on the left hand. The third and fourth fingers remained flex inward.</p> <p>On 2/17/2022 at 8:50 a.m. in an interview with Nurse #1, she stated Resident #50 used a hand roll for the right hand and informed the staff when she wanted to use the hand roll. She stated</p>	F 688	<p>digits and left hand roll splint application five (5) times a week.</p> <p>On 2/18/2022, Resident #50 was care planned for restorative nursing by the Minimum Data Set (MDS) nurse to provide PROM exercises and splint application five times weekly.</p> <p>On 2/28/2022, an audit of all residents that were discharged from therapy in the last 6 months, including Resident #50, was completed by the Director of Nursing (DON) to ensure all residents requiring a restorative program referral were added to the restorative nursing program as indicated on the care plan. There were no concerns noted after completion of the audit.</p> <p>On 3/3/2022, an in-service was completed by the therapy manager regarding all residents discharged to restorative nursing: the therapist will complete a restorative care referral form and submit to the MDS nurse or the DON to sign and implement into the resident care plan. All newly hired therapists will receive the in-service by the therapy manager during orientation.</p> <p>On 3/7/22, the administrator and the DON conducted an in-service with the hospice nurse to submit all hospice documentation, including service approvals for therapy evaluations, to the</p>		

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F 688	<p>Continued From page 3</p> <p>Resident #50 did not like to use a hand roll to the left hand.</p> <p>On 2/17/2022 at 10:46 a.m. in an interview with the Therapy Program Director, she stated Resident #50 last occupational services ended September 2021, and the occupational notes indicated the use of a right upper extremity resting hand splint and no documentation of use of a left upper extremity splint. She stated splint applications were referred to restorative care and communicated by the completion of a restorative form with instructions of care. She stated Resident #50 was not receiving restorative care for hand splint application and did not know how it was missed. The Therapy Program Director further stated she was not aware of a request for an evaluation for splints for Resident #50 on 1/26/2022.</p> <p>On 2/17/2022 at 11:30 a.m. in an interview with Resident #50, a soft hand roll was observed beside her right hand. Resident #50 stated she used the soft hand roll to strengthen her right hand. Resident #50 was observed picking up the soft hand roll with her right hand and squeezing the hand roll. Resident #50 stated she needed a splint for her left hand.</p> <p>On 2/17/2022 at 1:53 p.m. in an interview with the Director of Nursing, she stated the physician wrote a one-time order for occupational therapy on 1/26/2022, and rehabilitation screening was now an interdisciplinary referral. She stated she had learned therapy was not able to view referrals without looking at each individual resident. She stated since Resident #50 was on Hospice the OT evaluation had to be approved by Hospice and was discussed in a morning interdisciplinary</p>	F 688	<p>facility social worker to ensure therapy evaluations are completed timely. All nurses employed by hospice services will receive the in-service upon entering the facility.</p> <p>All residents on therapy caseload with recommendations to participate in the restorative nursing program will be reviewed by the therapy manager and/or the facility nurse consultant weekly for 8 weeks and monthly for 1 month utilizing the Restorative Care Referral Monitoring tool. The monitoring will ensure a restorative care referral form has been completed and signed by the MDS nurse or the DON and that a care plan has been implemented for the recommended restorative modality. Any areas of concern identified will be immediately addressed by the administrator and/or the therapy manager to include re-education.</p> <p>The Administrator and/or the DON will present the findings of the Restorative Care Referral Monitoring tool to the Quality Assurance and Performance Improvement Committee (QAPI) monthly for 3 months. Any issues, concerns, and/or trends identified will be addressed by implementing changes as necessary, to include continued frequency of monitoring.</p> <p>The Administrator and the DON will be responsible for the implementation of corrective actions to include all 100% audits, in-services, and monitoring related to the plan of correction.</p>		

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F 688	Continued From page 4 team meeting. She stated there was no follow up on the approval process conducted, and the therapy department did not receive a referral for the OT evaluation. She further stated on 2/17/2022 at 2:02 p.m. she did not know why hand splint application was not communicated to restorative care, and there was definitely a breakdown in the process. On 2/17/2022 at 4:00 p.m. in an interview with the Administrator, he stated the facility located and informed the therapy department of the approval for an OT evaluation for Resident #50 on 2/17/2022. He stated the OT evaluation approval was dated 2/8/2022 from Hospice, and he was unsure how the document had been misplaced.	F 688			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of	F 761		3/10/22	

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F 761	<p>Continued From page 5</p> <p>the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to dispose of three vials of open insulin with no open date, and one vial of insulin that was expired in one of three medication carts inspected (200 hall cart).</p> <p>Findings included:</p> <p>On 2/16/2022 at 8:20 AM, the 200-hall medication cart was checked for expired medications. The Director of Nursing was present.</p> <p>1 open vial of Lispro insulin was dated 1/17/2022. The manufacturer ' s directions state that Lispro is to be discarded 30 days after opening.</p> <p>1 open vial of Novolog insulin had no open date.</p> <p>1 open vial of Levemir insulin had no open date.</p> <p>1 open vial of Humulin N insulin had no open date.</p> <p>In an interview on 2/16/2022 at 8:50 AM, the Director of Nursing stated night shift nurses are supposed to check the medication carts, and all nurses should check expiration dates and should date insulin when it is opened.</p> <p>On 2/16/2022 at 4:10 PM, in an interview, Nurse #1 stated she checked medications for expiration</p>	F 761	<p>F 761</p> <p>On 2/16/2022, three opened and undated vials of insulin and one expired vial of insulin were found by the surveyor during inspection of the 200-hall medication cart. The three opened and undated vials of insulin and one expired vial of insulin were immediately removed from the 200 hall medication cart and discarded by the Director of Nursing (DON).</p> <p>On 2/16/2022, an audit of all medication carts in the facility was completed by the resource nurse and DON to ensure all opened and undated vials of insulin and all expired medications to include expired vials of insulin were removed from medication carts and sent back to the pharmacy or discarded as appropriate. No concerns were noted during this audit.</p> <p>On 2/16/2022, a 100% in-service for all licensed nurses was initiated by the DON and resource nurse regarding removal of all opened and undated vials of insulin all expired medications to include expired vials of insulin from medication carts. All licensed nurses will receive this in-service</p>		

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F 761	Continued From page 6 dates as she gave them but thought that the third shift nurses were responsible for checking the carts for expired medications.	F 761	<p>prior to the next scheduled shift. All newly hired licensed nurses will be in-serviced on removal of all opened and undated vials of insulin and all expired medications to include expired vials of insulin from medication carts during the orientation process by the DON or resource nurse.</p> <p>All medication carts in the facility will be checked utilizing the Medication Cart Monitoring tool by the resource nurse, MDS nurse, RN hall nurse, and/or the treatment nurse twice weekly for eight (8) weeks, then weekly for four (4) weeks to ensure compliance with removal of opened and undated vials of insulin and expired medications to include expired vials of insulin from medication carts. Any areas of concern identified during the audit will be immediately addressed by the resource nurse, MDS nurse, RN hall nurse, and/or the treatment nurse to include re-training and/or removal of opened and undated or expired medications to include expired insulin from the medication cart. The DON will review and initial the Medication Cart Monitoring tool weekly for twelve (12) weeks to ensure accuracy and completion. Additionally, the pharmacy consultant will conduct inspections of all medication carts and the medication room monthly to include checking for expired insulin and opened and undated vials of insulin. The pharmacy consultant will immediately address any concerns identified with the DON to include discarding and/or returning medications as appropriate.</p>		

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F 761	Continued From page 7	F 761	<p>The Administrator and/or the DON will present the findings of the Medication Cart Monitoring tool to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for 3 months. Any issues, concerns, and/or trends identified will be addressed by implementing changes as necessary, to include continued frequency of monitoring.</p> <p>The Administrator and the DON will be responsible for the implementation of corrective actions to include all 100% audits, in-services, and monitoring related to the plan of correction.</p>		