

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

PRINTED: 04/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2022
NAME OF PROVIDER OR SUPPLIER BAYVIEW NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560		
(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 3-6-22 through 3-9-22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # WC7U11.	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 3-6-22 through 3-9-22. Event ID# WC7U11	F 000			
F 550 SS=D	Three of the 3 complaint allegations were not substantiated. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550		3/24/22	

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

TITLE

(X6) DATE

Electronically Signed

03/24/2022

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 550	<p>Continued From page 1 residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to provide a dignified dining experience by standing over a resident while providing feeding assistance for 1 of 1 resident reviewed for dignity (Resident #28).</p> <p>Findings included: Resident #28 was admitted to the facility on 10/23/20. A review of Resident #28's quarterly Minimum Data Set dated 11/04/21 indicated she had severe cognitive impairment and required extensive assistance for most activities of daily living. On 3/06/22 at 12:34 PM an observation was made of Nurse Aide (NA) #1 standing at Resident</p>	F 550	<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> o On 3/7/22, resident V.P. was being fed lunch by the nursing assistant and the surveyor reported that the nursing assistant was not seated while feeding the resident. o D.N.S addressed the issue with staff on 3/7/22 and every meal thereafter, resident has been fed while staff was in a seated position. o There was no negative resident outcome from the encounter with the nursing assistant on 3/7/22. <p>How will the facility identify other residents</p>		

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F 550	<p>Continued From page 2</p> <p>#28's bedside while feeding the resident her lunch. The resident's head of bed was in an upright position and the NA stood above the resident's eye level during the dining experience. There was no chair in the room available for the NA to use.</p> <p>An interview on 3/06/22 at 2:56 PM with NA #1 revealed she stated she did not sit down to feed the residents because it was hard to reach them. She stated she was trained to sit down and feed the residents but had not done so.</p> <p>An interview on 3/08/22 at 3:15 PM with the Director of Nursing revealed she was unaware that NA #1 had provided feeding assistance to Resident #28 standing up. She stated she should have sat down and did not know why she had not done so.</p> <p>An interview on 3/08/22 at 1:48 PM with the Administrator revealed she expected the staff to sit down when providing feeding assistance to the residents and she did not know why NA #1 had not done so.</p>	F 550	<p>having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> o On 3/9/22 Facility reviewed list of all residents requiring assistance with feeding to identify residents who have the potential to be affected during mealtimes by MDS. o On 3/9/22, 100% education was completed with direct care workers and Interdisciplinary Team Members on policy, Promoting/Maintaining Resident Dignity During Mealtimes, to ensure practice standards during mealtime assistance promotes dignity. Issues identified were corrected immediately upon discovery by the DON and CCC. o Any direct care worker not in-serviced by 3/9/22, will be in-serviced prior to the next working schedule by SDC/DON. <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> o Facility DNS and CCC implemented the Dining Observation Audit Tool 3/9/2022 to monitor for meal compliance and to ensure that staff are positioned in such way to promote dignity and respect. <p>How does the facility plan to monitor its performance to make sure that solutions are sustained.</p> <ul style="list-style-type: none"> o Utilizing the new, Dining Observation Tool, CCC or facility designee will audit 		

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F 550	Continued From page 3	F 550	resident feeding M-F weekly x 3 months, then monthly x 9 months starting 3/9/2022. o Any issues identified will be brought to morning meeting, as members of the Quality Assurance and Performance (QAPI) team routinely attend. Results of monitoring will be brought to the Quality Assurance (QA) Committee meeting by CCC or designee x 4 quarters. Duration and frequency of monitoring will be extended until substantial compliance is achieved.		
F 712 SS=D	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced	F 712		3/24/22	

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F 712	<p>Continued From page 4</p> <p>by: Based on record reviews, staff and physician interviews, the facility failed to ensure Physician visits were performed every sixty days as required for 1 of 2 residents reviewed for physician services (Resident #16).</p> <p>Findings included:</p> <p>Resident #16 was admitted to the facility on 6/29/21 with diagnoses that included congestive heart failure, chronic obstructive pulmonary disease and dementia.</p> <p>A review of Resident #16's quarterly Minimum Data Set dated 12/28/21 indicated she had severe cognitive impairment and required limited assistance for most activities of daily living.</p> <p>Review of progress notes revealed that notes were written, signed, and dated by the NP for several consecutive visits with the most recent one dated 12/31/21. No documentation was found to indicate that the attending physician had visited and examined the resident since 9/22/21.</p> <p>An interview on 3/07/22 at 2:17 PM with the Medical Records Clerk revealed she was responsible for providing the physician with a list of residents who needed to be seen for routine visits. She stated she had not put Resident #16 on the physician's list for her to be seen. She stated she had just overlooked Resident #16 on her list and she should have been seen by the physician in January 2022.</p> <p>An interview on 3/09/22 at 9:45 AM with the physician revealed he saw the facility residents for routine visits based on a list provided by the</p>	F 712	<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> o Resident seen by MD provider on 3/9/22. o Resident assessed by nursing on 3/8/22; no immediate needs that require MD notification identified. <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> o 100% audit to be completed by medical records on 3/24/22. o Any resident not seen in past 2 months will be seen by the MD on next visit as tracked by medical records on physician visit log as 3/15/22. o Residents are monitored daily by nursing and MD notified of needs as appropriate as of 3/8/22. <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> o Administrator to provide education for Medical Records regarding MD visits monitoring on 3/9/22. o Implementation of new tracking log form titled "Physician Visit Log" by medical records in 3/24/22. o Physicians Visit Log and Copy of MD visit note will be maintained in a book sorted by month by medical records as of 		

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F 712	Continued From page 5 Medical Records Clerk. An interview on 3/08/22 at 1:47 PM with the Administrator revealed she expected the facility to follow the regulation for physician visits.	F 712	3/24/22. How does the facility plan to monitor its performance to make sure that solutions are sustained? o CCC or designee will audit residents for timely MD visits: 100% x 4 weeks, 50% x 4 weeks, 25% x 4weeks. Duration of monitoring may be extended until substantial compliance achieved. o Any issues identified will be discussed in morning meeting as members of the QAPI team routinely attend. Results of audits will be brought to QAPI by CCC x 3 months or until substantial compliance achieved.	