STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345304	A. BUILDING _____ B. WING _____	C 04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT MIDWOOD, LLC	2727 SHAMROCK DRIVE CHARLOTTE, NC 28205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An onsite complaint investigation was conducted on 03/22/22 through 03/24/22. The survey team returned to the facility on 04/07/22 to gather additional information and reviewed information through 04/08/22. Therefore, the exit date was changed to 04/08/22. 10 of 11 alleagtions were unsubstantiated. Four intakes reviewed during the complaint investigation included: NC00185625, NC00184307, NC00185327 and NC00186980.	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, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		4/12/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/24/2022

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F 584	Continued From page 1 in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §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 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to maintain clean floors in 3 of 3 hallways (100, 200 and 300 halls) and in 2 of 15 resident rooms (201 and 218), ensure 1 of 2 handrails was secured to the wall on 200 hall, repair 5 of 5 drain covers on 200 hall, repair light fixture covers in 2 of 15 rooms (104 and 106) and replace missing or damaged electrical wall plates in 2 of 15 rooms (302 and 303). Findings Included: 1. Observations made of the 100, 200 and 300 Hallways revealed the following: a. An observation during the tour on 3/22/22 at 11:00 AM revealed that the 300 hall floor was soiled with black and brown marks. The bottoms of shoes stuck to the floor when walked on. b. An observation on 3/22/22 at 4:02 PM, 100 hall floor was sticky and had dried stains. The	F 584	#1 On 3/25/22 the Maintenance Director replaced the electrical wall plates in rooms 302 and 303 and the light fixtures in rooms 104 and 106. On 4/1/22 the Maintenance Director replaced and secured the drain covers on the 200 hallway and handrail corners were secured. The floors were cleaned on 3/25/22 in rooms 201 and 218 and have since been stripped and waxed. A new autoscrubber was obtained 4/5/22 to aid in cleaning of the hallways and common areas. #2 On 4/1/22 the Maintenance Director conducted a facility audit of light fixtures and electrical wall plates in all resident rooms and handrails. Identified issues were corrected. Facility wide audit was conducted by the Environmental Services Director on 4/1/22 to identify problem floor areas and subsequent floor care schedule	

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F 584	Continued From page 2 bottoms of shoes stuck to the floor when walked on c. Observation on 3/23/22 at 9:54 AM, the floors were sticky on 100 hallway, the bottoms of shoes stuck to the floor when walked on d. An observation of the 200 hall on 3/23/22 at 8:47 AM, the hallway floors had a sticky texture and the bottoms of shoes stuck to the floor when walked on. e. Observation on 3/23/22 at 9:22 AM the floor in front of the nurse's station had dried brown stains, the bottoms of shoes stuck to the floor when walked on. 2. During the initial tour of the facility conducted on 3/22/22 at 11:00 AM the 200 Hall had a broken handrail on the left side of the hall, it was loose and shaky, not firmly secured to the wall. 3. An observation on 3/22/22 at 11:05 AM there were 5 floor drain covers that were not secured to the floor. Four of the covers were loose and one was not attached to the floor. 4. a. An observation on 3/23/22 at 8:58 AM, room 201 floor was sticky, the bottoms of shoes stuck to the floor when walked on. There were dry spills and crumbs on the floor. Observation on 3/23/22 at 3:50 PM, in room 201 my shoes were sticking to the floor as I walked through. The floor had dry spills and crumbs on it. b. An observation on 3/23/22 at 9:15 AM, room 218 floor had dried brown spills.	F 584	implemented. #3 Environmental Services staff were educated by the Environmental Services Director on 3/24/22 regarding the deep cleaning process and floor care expectations in the absence of the floor technician. The facility will utilize floor care schedule on rotation and as needed beginning 4/1/22. Beginning 4/1/22 facility staff were educated by the Administrator on the new process of writing work order requests in the maintenance log. The Maintenance Director was educated by the Administrator on 4/1/22 to ensure he is checking the maintenance log for work orders daily as well as ensuring work orders are completed timely based on urgency. #4 The administrator or designee will conduct random audit of 5 rooms x 12 weeks and report areas that need to be addressed by including in the maintenance log. The administrator or designee will conduct random audit of common area floors and handrails 5x/week x 4 weeks then weekly x 4 weeks. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during Quality Assurance Performance Improvement (QAPI) meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance. Date of completion: 4/12/2022	

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F 584	Continued From page 3	F 584		

Observation on 3/23/22 at 3:51 PM, room 218 floor had dried brown spills.

5. a. An observation on 3/23/22 at 9:24 AM room 302 the electrical outlet to the right of the heating unit with no wall plate.

b. Observation on 3/23/22 at 9:31 AM room 303 the electrical outlet that had a damaged outlet wall plate.

6. An observation on 3/23/22 at 9:55 AM, revealed in rooms104 and 106 the florescent light fixture covers were broken and hanging open.

During an interview on 3/23/22 at 9:18 AM, a Traveling Floor Tech revealed he worked for an outside cleaning company to mop, strip and buff the floors. The facility called the cleaning company and requested the floors be cleaned and buffed. He further revealed the 1st time he provided the floor service for the facility was about 3 months ago. This was the second time he provided floor sweeping, mopping and buffing service at the facility. He revealed there was no current schedule to provide services at the facility weekly or daily. The facility requested service when needed. He explained that he was called to clean the facility floors.

During an interview on 3/23/22 at 9:40 AM, Housekeeper #2 revealed she did not mop hall floors.

An interview on 3/23/22 at 11:42 AM with Maintenance Supervisor (MS) indicated when something needed repaired the staff put in a work order or found me. He stated he had a list of

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F 584	Continued From page 4	F 584		

priorities that he needed to complete first. He provided the list of priorities, which did not include the drain covers, electrical covers or handrails. He indicated that he was aware the floor drain covers needed repair and he had ordered a replacement for the damaged covers.

During an interview on 3/23/22 at 3:00 PM Med Aide #1 stated if she were to find a spill in a resident room, she would clean it up herself or call housekeeping. She indicated for repairs, she reported issues to Maintenance or the Administrator.

During an interview on 3/23/22 at 3:41 PM, NA #6 revealed if he found any spills or sticky areas on the floor, he just cleaned it up. He could call housekeeping, but he would typically do it himself. He further revealed if he had found something that was broken or needed repair, he created a work order on the computer (TELS system) or he told maintenance or the Administrator.

During an interview on 3/23/22 at 3:56 PM, the Housekeeping Director revealed the floor technician buffed, swept and mopped all floors. The floor technician was there 5 days a week

A follow up interview on 3/24/22 at 10:07 AM with the Traveling Floor Technician stated he did not work for the facility 5 days every week. He revealed the facility doesn't have a Floor Technician. He further revealed he was in the facility to do the floors. He stated the last time he was in the facility was 3 months ago.

An interview on 3/24/22 at 10:26 AM, Housekeeper #1 revealed when the floor tech

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F 584	Continued From page 5 was not in the facility housekeepers would spot mop the halls. She explained they were not responsible for mopping the whole hall. Housekeeper #1 indicated if something was broken, she reported it to her supervisor and maintenance. An interview on 3/24/22 at 12:11 PM and interview the Administrator revealed they had a floor tech to keep the facility floors clean. The floor tech mops strips and buffs the floors. The Administrator explained when the floor tech was not there, housekeepers should clean the hall floors. They could use the auto scrubber or mop. Hallway floors were expected to be cleaned daily. The Administrator revealed that for any repair, a work order was generated to the maintenance department. The system called TELS was used to generator work orders on the computer in the facility or to a contracted outside service, if the maintenance department could not make the repair. She further revealed staff knew the process for reporting repair concerns. She observed the drain covers on 200 hall and stated the loose and damaged drain covers needed repaired or replaced as soon as possible as well as the electrical outlet wall plates. She indicated that she had tried to patch the handrails until they were repaired. Repairs were done in order of priority.	F 584		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with	F 686		4/21/22

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F 686	Continued From page 6 professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations, staff and resident interviews, the facility failed to obtain a treatment order on the date of admission 03/14/22 until 03/16/22 and failed to provide wound care to the left sacrum pressure ulcer as ordered for 1 of 3 residents reviewed for pressure ulcer care when the treatment order was in place (Resident #3). Findings included: Resident #3 was admitted to the facility on 03/14/22 with diagnoses that included failure to thrive, type 2 diabetes mellitus (DM2), failure to thrive and gastrostomy tube (G tube). A review of the medical record for Resident #3 revealed an admission Minimum Data Set (MDS) was in progress but was coded that Resident #3 had short term and long term memory impairments. Review of base line care plans for Resident #3 dated 03/14/22 included in part that Resident #3 had an actual pressure ulcer and was at risk to develop pressure ulcers with interventions to administer treatments as ordered and observe for effectiveness, observe that dressing is intact,	F 686	#1 On 3/24/22, the medical provider and resident representative were notified of Resident #3 wound condition and new orders were obtained and implemented by the facility. Resident #3 continues to receive services and treatments as ordered to prevent and heal pressure wounds. #2 On 4/21/22, the Director of Nursing (DON) completed an audit of wound orders and treatments between 3/21/22-4/20/22 for current and newly admitted residents with pressure wounds to verify orders were transcribed and initiated timely and treatments were administered as ordered by the physician. The physician will be notified by the licensed nurse of wound orders and/or treatments that were not implemented timely and/or administered as ordered. #3 On 4/21/22 the Director of Nursing provided education to current facility and agency licensed nurses on facility guidelines for pressure ulcer prevention and treatment. Education included completing skin assessments upon admission, weekly and with changes and providing timely notification to the medical	

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F 686	Continued From page 7 provide incontinent care, assist with repositioning and turning at frequent intervals to provide pressure relief. A review of an admission data collection nurse note completed by the wound nurse on 03/14/22 at 1:30 PM revealed in part that Resident #3 was dependent for bed mobility and had a stage 1 pressure ulcer of the sacrum that measured 0.5 cm (cubic centimeter) long, 0.5 cm wide with no depth. Resident #3 had redness to both heels. A review of a Braden Score form dated 03/14/22 revealed that Resident #3 was a very high risk to develop pressure ulcers. A review of an admission daily skin assessment dated 03/14/22 revealed Resident #3 had a stage 1 pressure ulcer of the sacrum that measured 0.5 cm long, 0.5 cm wide with no depth and both heels were red. Treatment to the sacrum was in progress. A physician (MD) history and physical dated 03/14/22 at 5:15 PM revealed in part that Resident #3's skin was warm and dry. A review of an admission daily skin assessment dated 03/15/22 revealed Resident #3 had a had a stage 1 pressure ulcer of the sacrum that measured 0.5 cm long, 0.5 cm wide with no depth and both heels were red. Treatment to the sacrum was in progress. A wound treatment order note dated 03/16/22 by the wound nurse revealed the wound nurse practitioner (NP) gave an order to begin left sacral pressure ulcer care on 03/18/22.	F 686	provider of newly identified pressure wounds, changes in pressure wound condition and when treatments are not administered and documented as ordered. Facility and agency licensed nurses who did not receive initial education will not work until education is complete. Newly hired facility and agency licensed nurses will receive education during orientation and prior to first shift worked. The licensed nurse will complete and document a thorough resident skin assessment upon admission, notify the medical provider of skin concerns, obtain and transcribe treatment orders and documentation administration on the Treatment Administration (TAR) as ordered. Skin assessments will be completed weekly and with changes in skin condition with follow-up notification to medical provider as appropriate. Treatment orders will be transcribed timely and completed as ordered. The licensed nurse will notify the medical provider when orders are not initiated timely or completed and documented on the TAR as ordered. The DON and/or Wound Nurse will monitor the TAR for residents with pressure wounds during daily clinical meeting and weekly during risk meetings. #4 The DON/licensed nurse designee will complete an audit of newly admitted residents and residents with pressure wounds to validate compliance with obtaining and administering treatments as ordered. Monitoring will be completed on a minimum of five (5) residents at a	

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F 686	Continued From page 8 A review of an admission daily skin assessment dated 03/16/22 revealed Resident #3 had a stage 1 pressure ulcer of the sacrum that measured 0.5 cm long, 0.5 cm wide with no depth. Resident #3's heels were red, and a pressure ulcer treatment was in progress. A review of a form titled Skin Monitoring: Comprehensive Shower review dated 03/17/22 revealed that the NA (nurse Assistant) gave Resident #3 a bed bath and did not record any skin impairment to the nurse. Nurse #2 signed the form on 03/23/22. Review of a Risk Meeting note dated 03/17/22 at 12:13 PM written by the Director of Nurses (DON) revealed in part that Resident #3 was admitted with a stage 1 pressure ulcer of the left sacrum and on 03/17/22 the NP examined Resident #3 and ordered the sacral pressure ulcer to be cleansed with wound cleanser, a duoderm (hydrocolloid dressing) applied and changed every 3 days or as needed (prn) if soiled and to administer vitamin C and zinc. The RD recommended to administer multivitamin and Prostat to Resident #3. A review of a form titled Skin Monitoring: Comprehensive Shower review dated 03/17/22 revealed that the NA (nurse assistant) gave Resident #3 a bed bath and did not record any skin impairment to the nurse. Nurse #2 signed the form on 03/23/22. A review of a form titled Skin Monitoring g: Comprehensive Shower review dated 03/18/22 revealed that the NA (nurse assistant) gave Resident #3 a bed bath and did not record any skin impairment to the nurse. The form was	F 686	frequency of five (5) times weekly for four (4) weeks, then twice weekly for eight (8) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with treatment to prevent and heal pressure wounds. Date of completion: 4/21/2022	

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signed by a licensed nurse on 03/18/22.

A review of the medication administration record (MAR) for Resident #3 dated from 03/14/22 revealed that 03/18/22 Resident #3 was ordered to receive ascorbic acid 250 milligrams(mgs) via G tube daily for 60 days to supplement, liquid protein (Prostat) 30 cc via g tube via G tube every day for 60 days to promote wound healing, a multivitamin daily for 60 days via g tube and zinc sulfate 220 mgs via G tube every day for 60 days for zinc deficiency. The medications were administered as ordered.

A review of the treatment administration record (TAR) dated from 03/14/22 revealed that on 03/18/22 Resident #3 was ordered to have his left sacrum cleansed with wound cleanser, pat dried and a hydrocolloid dressing was to be applied on day shift every 3 days and as needed. The treatment was not recorded as completed for 03/18/22, 03/21/22 or 03/24/22.

Review of a weekly skin review assessment dated 03/20/22 revealed Resident #3 had a stage 1 pressure ulcer of the sacrum that measured 0.5 cm long, 0.5 cm wide with no depth and both heels were red. Treatment to the sacrum was in progress.

A review of a form titled Skin Monitoring: Comprehensive Shower review dated 03/21/22 revealed that the NA (nurse assistant) gave Resident #3 a bed bath and did not record any skin impairment to the nurse. The form was signed by nurse #2 on 03/21/22.

A review of a form titled Skin Monitoring: Comprehensive Shower review dated 03/22/22

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revealed Resident #3 received a complete bed bath and had no skin impairment. The form was not signed by an NA or licensed nurse.

An NP progress note dated 03/22/22 at 10:34 AM revealed in part that Resident #3's skin was warm and dry.

An observation of Resident #3 on 03/22/22 revealed Resident #3 in bed on his left side on a pressure reduction mattress.
Nurse #1 was interviewed on 03/24/22 at 1:13 PM. Nurse #1 revealed that she had been assigned to care for Resident #3 on 03/18/22 and she knew that she was responsible for his wound care because the wound nurse did not work that day. Nurse #1 revealed that on 03/18/22 she went to perform wound care to the sacrum area of Resident #3 and that she did not recall if she removed a dressing from his sacrum, but she remembered she cleansed his sacrum with wound cleanser and she did not observe any open area or redness to the sacrum of Resident #3. Nurse #1 revealed that she did not apply a new hydrocolloid dressing to the sacrum but left it open to air. Nurse #1 revealed that she did not document the wound care she gave or observed, and she did not notify the wound NP or the family of Resident #3.

Nurse #3 was interviewed on 03/23/22 at 8:58 AM and revealed that the nurse was responsible to sign the NA shower assessment form completed by the NAs on the resident assigned shower days. Nurse #3 revealed the nurses on each unit were responsible to perform skin care treatments to each of their assigned residents when the wound nurse was absent. Nurse #3 revealed that she did not perform wound care to

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F 686	Continued From page 11	F 686		

Resident #3 when she took care of him on 03/19/22 and that she was not aware Resident #3 had any pressure ulcers or other skin impairment concerns.

An interview with Nurse #2 conducted on03/23/22 at 3:26 PM. Nurse #2 revealed she had been informed the wound nurse was absent from work since the previous week and Nurse #2 explained it was the nurse on each unit that would be responsible to provide skin care to their assigned residents as ordered. Nurse #2 revealed that she had not performed any pressure ulcer treatments to Resident #3 when she was assigned to him. Nurse #2 signed the NA shower assessment forms for Resident #3 on 03/21/22 and 03/23/22.

On 03/24/22 at 9:12 AM the DON confirmed that the wound nurse was at the facility and that both the DON and wound nurse would perform pressure ulcer care to Resident #3 and gave permission for wound care observation and interviews with the DON and wound nurse at that time. The wound nurse explained on 03/14/22 when Resident #3 was admitted to the facility she completed a full body skin assessment that revealed Resident had a stage 1 pressure ulcer of the left sacrum and both of his heels were pink in color. The wound nurse revealed that she notified the wound NP and received an order on 03/16/22 to apply a hydrocolloid dressing to his sacrum after the area was cleansed with wound cleanser and that both of his heels were to be offloaded with pillows to prevent further skin breakdown on . The wound nurse explained that she had not seen Resident #3 since 03/16/22 and his sacrum was a stage 1 pressure ulcer and the wound NP gave an order to cleanse the sacrum wound wit wound cleanser, pat dry and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345304	A. BUILDING _____ B. WING _____	C 04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT MIDWOOD, LLC	2727 SHAMROCK DRIVE CHARLOTTE, NC 28205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 12	F 686		

apply a hydrocolloid dressing cover every other day and as needed if soiled to prevent further skin breakdown. The wound nurse revealed that she expected the wound NP to come to the facility sometime on 03/24/22 and the NP would examine Resident #3. The DON and wound nurse explained to Resident #3 that they were going to turn him onto his left side to look at his sacrum. The 4 pillows between the knees and under the heels of Resident #3 were removed. Resident #3 's heels were observed with dry skin with no pink or red areas. Resident #3's adult brief was removed and revealed his sacrum had no dressing in place and the area was bright red beefy in color with slight serous drainage the wound appeared to be about 0.5 to 1 cm in length and 0.5 to 1 cm wide with an undetermined depth. No signs of infection were observed, and Resident #3 did not exhibit any signs of pain. The wound nurse revealed that the sacral wound looked worse than on his admission (03/14/22) and it now presented as a stage 2 pressure ulcer. The wound NP and family of Resident #3 would be notified by the wound nurse on 03/24/22. A fresh adult brief was applied to Resident #3 the sacrum was not cleansed and a dressing was not applied. The pillows were replaced under his heels and between his legs. The DON explained that if the wound nurse was absent from work it was the responsibility of the nurse on each unit to provide wound care as ordered and she did not know if they performed wound care or not.

On 03/ 24/22 at 12:45 PM the Nursing Home Administrator (NHA) and DON were interviewed, the DON revealed that all nurses were to perform wound care as ordered and the NHA verbalized the same statement.