

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

PRINTED: 04/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/02/2023
NAME OF PROVIDER OR SUPPLIER SALISBURY REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 03/01/2023 through 03/02/2023. Event ID# 15LC11 The following intakes were investigated NC00195672, NC00198603, NC00198752, NC00198844. 4 of the 11 complaint allegations resulted in deficiency.	F 000			
F 568 SS=B	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on resident interview, resident representative interview, staff interviews and record reviews, the facility failed to provide quarterly statements for a resident's personal funds account to the resident or resident representative for 2 of 2 residents (Residents #1 and #2) reviewed for personal funds. The findings included:	F 568	The quarterly statements for the residents' personal funds accounts were provided to Resident #1 and Resident #2 by the Business Office Manager on 3/2/2023. All current residents with personal fund accounts have the potential to be affected. An audit was completed on	3/21/23	

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

TITLE

(X6) DATE

Electronically Signed

03/20/2023

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 568	Continued From page 1 1. Resident #1 was admitted to the facility on 5/27/22. The quarterly Minimum Data Set (MDS) assessment, dated 12/1/22, revealed Resident #1 was cognitively intact. Resident #1's personal funds record was provided by the Business Office Manager (BOM) on 3/1/23 at 11:15 AM and revealed an account was opened for Resident #1 on 6/14/22. An interview was conducted with Resident #1 on 3/1/23 at 10:00 AM. He shared he had a personal funds account at the facility but had not received a statement of his account from the facility since he opened the account. During an interview with the BOM and Assistant Business Office Manager on 3/1/23 at 11:11 AM, they verified Resident #1 opened a personal funds account at the facility on 6/14/22. The BOM was unable to recall if the facility provided Resident #1 a quarterly statement of his personal funds account and was unable to provide any records of quarterly statements that had been provided to the resident. The Assistant Business Office Manager shared the facility notified residents of the balance in their trust accounts if they asked for the information, but the facility had not been sending out quarterly statements to residents or resident representatives. The BOM added there was no process in place to send out quarterly statements on a regular basis and she was unaware that a statement was required to be sent quarterly to the resident or resident representative.	F 568	3/2/2023 by the Business Office Manager and residents with personal fund accounts were sent a quarterly statement. The Business office Manager will be educated by the Administrator by 3/20/23 related to ensuring residents are being sent quarterly statements for their personal fund accounts. New hire Business Office Manager will not be allowed to work until the education is completed. The Administrator will complete audits monthly for 3 months of the resident personal fund accounts to ensure quarterly statements continue to be sent out as required. The Administrator will submit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly meeting for 3 months for review to ensure the facility's continued compliance.		

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F 568	<p>Continued From page 2</p> <p>The Administrator was interviewed by telephone on 3/1/23 at 4:03 PM and 3/2/23 at 1:50 PM. He explained since October or November 2022, there was a new company that managed the facility. He stated there was communication to the business office managers "a few months ago" from the corporate headquarters that instructed them to print off the quarterly statements for personal funds accounts and distribute them to the residents or resident representatives. The Administrator said he educated the BOM on 3/1/23 and asked her to immediately print off the statements and distribute them.</p> <p>2. Resident #2 was admitted to the facility on 5/3/22. He expired at the facility on 2/18/23.</p> <p>The comprehensive MDS assessment, dated 1/3/23, revealed Resident #2 had moderately impaired cognition.</p> <p>The medical record indicated a family member was listed as Resident #2's representative.</p> <p>Resident #2's personal funds record was provided by the BOM on 3/1/23 at 11:16 AM and revealed an account was opened for Resident #2 on 6/28/22.</p> <p>A phone interview was conducted with Resident #2's representative on 3/2/23 at 10:29 AM. She confirmed Resident #2 had a personal funds account at the facility that was opened in June of 2022 and added during the resident's stay, the facility had not provided quarterly statements of his personal funds account to her or to Resident #2.</p> <p>During an interview with the BOM and Assistant</p>	F 568			

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F 568	Continued From page 3 Business Office Manager on 3/1/23 at 11:11 AM, they verified Resident #2 opened a personal funds account at the facility on 6/28/22. The BOM was unable to recall if the facility provided Resident #2 or his representative a quarterly statement of his personal funds account and was unable to provide any records of quarterly statements that had been provided to the resident or resident representative. The Assistant Business Office Manager shared the facility notified residents of the balance in their trust accounts if they asked for the information, but the facility had not been sending out quarterly statements to residents or resident representatives. The BOM added there was no process in place to send out quarterly statements on a regular basis and she was unaware that a statement was required to be sent quarterly to the resident or resident representative. The Administrator was interviewed by telephone on 3/1/23 at 4:03 PM and 3/2/23 at 1:50 PM. He explained since October or November 2022, there was a new company that managed the facility. He stated there was communication to the business office managers "a few months ago" from the corporate headquarters that instructed them to print off the quarterly statements for personal funds accounts and distribute them to the residents or resident representatives. The Administrator said he educated the BOM on 3/1/23 and asked her to immediately print off the statements and distribute them.	F 568			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary	F 677		3/23/23	

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F 677	<p>Continued From page 4</p> <p>services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident, and staff interviews the facility failed to provide nail care for 2 of 4 residents (Resident #7 and #8) who were dependent on staff for personal care.</p> <p>The findings included:</p> <p>1) Resident #7 was admitted to the facility on 11/19/2021 with a diagnosis of Alzheimer's disease.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 1/13/2023 revealed Resident #7 had severe cognitive impairment with no behaviors of rejection of care and required extensive assistance of one staff member with personal hygiene.</p> <p>A review of Resident #7's care plan, revised 1/13/2023, included a focused area that the Resident required assistance of staff with activities of daily living (ADL) care needs.</p> <p>An observation was conducted on 3/1/2023 at 11:02 a.m. of Resident #7. She was lying in bed in a hospital gown, with a bath blanket covering her and used a brown teddy bear as a pillow. The Resident had fingernails ½ centimeter long with dark brown debris underneath.</p> <p>An interview was conducted with Resident #7 on 3/1/2023 at 11:18 a.m. and she stated she had received a shower the night before but she had not received nail care and they did not wash her hair.</p>	F 677	<p>Resident #7 and Resident #8 were provided nail care on 3/1/2023 by the Certified Nursing Assistant (CNA).</p> <p>All current residents have the potential to be affected. An audit will be completed by 3/20/23 by the Director of Nursing/ designee of the current residents to identify residents that require nail care.</p> <p>The nursing staff to include certified nursing assistants, certified medication aides, licensed nurses, and agency staff will be educated by 3/20/23 by the Director of Nursing/ designee to ensure residents are receiving nail care. Nursing staff to include licensed nurses, certified medication aides, certified nursing assistants, and agency nursing staff will not be allowed to work until the education is completed. New hires also will be required to complete the education. The Director of Nursing/ designee will complete audits of 10 residents weekly for 4 weeks and monthly for 2 months to ensure residents continue to be provided nail care as required. The Director of Nursing will submit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly meeting for 3 months for review to ensure the facility's continued compliance.</p>		

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F 677	<p>Continued From page 5</p> <p>An interview was conducted with the Unit Manager #1 on 3/1/2023 at 11:05 a.m. and she stated she observed Resident #7 needed nail care and would request the assigned Nursing Assistant (NA) to come and take care of the long and soiled nails.</p> <p>An interview was conducted with NA #1 on 3/1/2023 at 11:18 a.m. She revealed she was assigned to Resident # 7, but this was not her normal assignment. She indicated nail care was to be done during the showers and as needed during any shift. She stated she thought the Resident received second shift showers. She completed nail care for the Resident and the Resident was cooperative.</p> <p>2) Resident #8 was admitted to the facility on 2/20/2023 with diagnoses that included Diabetes Mellitus, and a history of an acquired absence of two digits (fingers).</p> <p>The Resident's comprehensive Minimum Data Set (MDS) was not yet due and had not been completed at the time of the investigation.</p> <p>A review of the hospital discharge summary for Resident #8 revealed he was cognitively intact.</p> <p>A review of the baseline care plan indicated Resident #8 required assistance with ADL care.</p> <p>An observation was conducted of Resident #8 on 3/1/2023 at 10:15 a.m. and the Resident had a thumb nail that was ½ inch long and a small finger nail that was ½ cm long. His pointer finger nail was broken unevenly and had jagged rough edges. On his right hand he had two missing</p>	F 677			

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F 677	<p>Continued From page 6 digits.</p> <p>An interview was conducted with Resident #8 on 3/1/2023 at 10:15 a.m. and he stated he needed to receive nail care. He added that when he scratches his head, the jagged fingernail hurts. He elaborated that nail care was very important for him because an infected place on his right hand was what caused him to lose two of his fingers, in the past. He was unsure if the staff were scared to provide nail care and he had told NAs he needed help filing his nails.</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/1/2023 at 2:56 p.m. and she revealed she had assisted Resident #8, since his admission, with shaving and hair trimming and he required assistance of one staff member with personal hygiene. Nail care should be conducted during daily ADL care or with a bath/shower. She added she would get a NA to provide the care.</p>	F 677			