

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

PRINTED: 04/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2023
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS HOME - SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145	
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced Recertification survey was conducted 2/20/2023 to 2/23/2023. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # UHH411.</p> <p>INITIAL COMMENTS</p> <p>A recertification and complaint investigation survey was conducted 2/20/2023 to 2/23/2023. 1 of 1 allegation did not result in a deficiency. Intake Number: NC00191626</p>	F 000		
F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide nail care for 1 of 3 residents who were reviewed for being dependent on staff for personal care (Resident #215).</p> <p>Findings included:</p> <p>Resident #215 admitted to the facility on 2/8/2023 with diagnoses of Parkinson's disease, dementia, and weakness.</p> <p>An admission Minimum Data Set (MDS) assessment dated 2/13/2023 indicated Resident #215 was moderately cognitively impaired and required extensive assistance with personal care.</p>	F 677	<p>Resident #215 had his nails clipped and cleaned by Certified Nursing Assistant on 2/22/2023.</p> <p>On 3/13/23 Registered Nurse conducted visual nail care rounds on all current residents. Twenty-four residents were found in need of nail care. Certified Nursing Assistants and Director of Healthcare Services (DHS) completed nail care for these residents on 3/15/2023.</p> <p>All Licensed nurse and certified nursing assistants received education by the Clinical Competency Coordinator regarding clipping and cleaning resident nails during their assigned shower days</p>	3/21/23

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

TITLE

(X6) DATE

Electronically Signed

03/16/2023

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 677	<p>Continued From page 1</p> <p>Resident #215's Care Plan dated 2/16/2023 indicated he required extensive to total assistance with all activities of daily living except eating due to deterioration related to Parkinson's disease.</p> <p>On 2/20/2023 at 11:25 am Resident #215 was observed in bed with the head of the bed elevated. Resident #215's fingernails were approximately 1/4 inch long. He stated his fingernails had not been cut since he arrived at the facility, but he would like for them to be cut. Resident #215 stated he was not able to cut his nails himself.</p> <p>An observation was conducted of Resident #215 on 2/22/2023 at 11:28 am and his fingernails continued to be approximately 1/4 inch long.</p> <p>An interview was conducted on 2/22/2023 at 11:32 am with Nurse Aide #1 who stated Resident #215 was not on her assignment, but she was covering for Nurse Aide #2 who was on break. Nurse Aide #1 stated she had been assigned to Resident #215 before and he is not able to do his own personal care and he could not trim his own fingernails. Nurse Aide #1 stated the Nurses usually provide nail care to the residents, but the Nurse Aides can also do nail care if needed.</p> <p>On 2/22/2023 at 1:46 pm an interview was conducted with Nurse Aide #2, who was assigned to Resident #215, and she stated she was not aware his nails needed to be trimmed. Nurse Aide #2 stated the nurses usually trim the resident's nails, but the nurse aides can do it if it needs to be done. Nurse Aide # 2 stated Resident #215 was not able to trim his own nails.</p>	F 677	<p>on 3/21/2023. Education will be added to the orientation of newly hired Licensed nurses and Certified Nursing assistants. An audit tool was created to monitor nail care. The Director of Healthcare Services and/or Nurse Managers will use this tool during their audits as described.</p> <p>The Director of Healthcare Service (DHS) and/or Nurse Managers will conduct random visual nail care audit of 10 residents daily for fourteen days, then 10 residents weekly for four weeks, then 10 residents monthly for three months. Findings of these audits will be discussed by the DHS at the Quality Assurance Performance Improvement Committee meeting monthly for three months to ensure compliance with updates to the plan of correction as needed.</p> <p>Date of Compliance: 3/21/2023</p>		

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F 677	Continued From page 2 The Assistant Director of Nursing (ADON), who was assigned to Resident #215, was interviewed on 2/22/2023 at 2:14 pm and she stated Resident #215 would not be able to trim his own nails. She stated the nurse aides or nurses could trim Resident #215's nails, and the nails should be checked during personal care and skin assessments. The ADON stated she was not aware Resident #215's nails were too long. An interview was conducted with the Director of Nursing (DON) on 2/23/2023 at 2:29 pm and she stated the nurses and nurse aides should be monitoring Resident #215's nails and trimming them whenever needed. On 2/23/2023 at 1:31 pm the Administrator was interviewed, and he stated Resident #215's nails should have been assessed during his skin assessment by the nurses weekly and daily during personal care by the nurse aide, and nail care provided as needed.	F 677			
F 849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.	F 849		3/21/23	

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F 849	Continued From page 3 §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the	F 849			

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F 849	Continued From page 4 determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions. (I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility. (J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation. (K) A delineation of the responsibilities of the hospice and the LTC facility to provide	F 849			

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F 849	Continued From page 5 bereavement services to LTC facility staff. §483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following: (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of	F 849			

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F 849	<p>Continued From page 6</p> <p>the terminal illness specific to each patient.</p> <p>(D) Names and contact information for hospice personnel involved in hospice care of each patient.</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to have a hospice admission, plan of care, and hospice visits notes in the electronic medical record for 1 of 1 resident reviewed for hospice care (Resident #31).</p> <p>Findings included:</p> <p>The Hospice Nursing Home Agreement dated 2/10/2011 read in part: "... (the) facility and Hospice shall each prepare and maintain complete and detailed clinical records ... (that) shall document completely, promptly, and</p>	F 849	<p>Resident #31 resides in the facility under hospice services. Resident's hospice admission, plan of care and visit notes were uploaded to the chart with the most recent note dated 2/17/23, this includes hospice notes dated from 4/25/22 to 10/26/22. Resident admission, plan of care, visits and orders have been completely uploaded on 2/22/23.</p> <p>On 3/13/23 the Registered Nurse audited all charts of current residents (2) receiving hospice services for hospice plan of care</p>		

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F 849	<p>Continued From page 7</p> <p>accurately all services provided to and the events concerning each Hospice patient and all services provided ...".</p> <p>Resident #31 was admitted to the facility on 3/3/2021 with diagnoses to include dementia and stroke.</p> <p>A physician order dated 4/20/2022 ordered a hospice evaluation. A consent for hospice was signed on 4/25/2022 and Resident #31 was admitted to hospice services.</p> <p>The significant change Minimum Data Set (MDS) dated 4/28/2022 noted that hospice services had been initiated and Resident #31 had a life expectancy prognosis of less than 6 months.</p> <p>A review of the electronic medical record for Resident #31 revealed no plan of care for hospice services was scanned into the medical record, no notes related to hospice visits were scanned into the system from 4/25/2022 until 10/26/2022.</p> <p>A review of the nursing progress notes revealed hospice visit notes for the following dates: 5/27/2022, 6/17/2022, 8/26/2022, 9/26/2022, and 10/4/2022. These notes had been typed directly into the electronic documentation by the hospice nurse.</p> <p>A facility care plan dated 4/25/2022 addressed hospice care services for the diagnosis of stroke. The care plan included interventions to communicate with the hospice agency when changes are indicated to the plan of care, coordinate the plan of care with hospice agency, ensure the hospice agency and the facility are aware of the other's plan of treatment, and to</p>	F 849	<p>and hospice visit notes. The audit revealed that 2 of 2 residents had an updated hospice plan of care but was missing hospice progress notes during the most recent benefit period. Director of Healthcare Services notified PruittHealth Hospice on 3/13/23, the missing notes were uploaded 3/15/2023.</p> <p>All Licensed Nurses were in-serviced by the Hospice Director of Nursing (Pruitt Hospice Wilkes) on 3/15/2023 for documentation of hospice progress notes to the chart at time of visit and updating the hospice plan of care as needed. Both the hospice visit notes and plan of care are to be updated during each benefit period. For nurses who have not been in-serviced, they will be required to be in-serviced prior to next schedule shift.</p> <p>During the daily clinical meeting, the Interdisciplinary Team (IDT) will review hospice residents for updated hospice visit notes and updated plan of care weekly. For any note not found in chart, the Director of Healthcare Services (DHS)) is to notify the hospice office immediately and obtain most recent note and upload to electronic health record.</p> <p>The DHS and/or Nurse Managers will monitor each hospice resident medical record for hospice progress notes and updated plan of care via the audit tool. The DHS will track and trend the results via the audit tool weekly times four weeks and monthly times three months. The DHS will report the findings to the Quality</p>		

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F 849	<p>Continued From page 8</p> <p>identify the care and services to be provided by hospice.</p> <p>The most recent quarterly MDS assessment dated 12/20/2022 assessed Resident #31 to be severely cognitively impaired and indicated he had a life expectancy prognosis of less than 6 months. The MDS documented Resident #31 was receiving hospice services.</p> <p>The Director of Nursing (DON) was interviewed on 2/22/2023 at 3:14 PM. The DON reported she was not aware the hospice plan of care and visit notes from 4/26/2022 to 10/26/2022 for Resident #31 were not in his electronic medical record.</p> <p>Nurse #1 was interviewed on 2/23/2023 at 10:50 AM. Nurse #1 reported she had provided care to Resident #31 and the hospice nurse would give verbal report of the visit to the nursing staff. Nurse #1 reported that hospice nurses were able to use the electronic documentation system for their notes, and there should also be notes scanned into the electronic medical record from hospice that included the plan of care and visit notes. Nurse #1 reported she was not aware the hospice plan of care and visit notes were not scanned into the electronic medical record from 4/25/2022 to 10/26/2022.</p> <p>The assistant DON (ADON) was interviewed on 2/23/2023 at 11:29 AM. The ADON reported hospice was giving verbal report to the nurses and she was not aware the hospice plan of care or visit notes were not in the electronic medical record from 4/25/2022 to 10/26/2022.</p> <p>The DON was interviewed again on 2/23/2023 at 12:36 PM. The DON reported she talked to</p>	F 849	<p>Assurance Performance Improvement Committee (QAPI) to determine the need for continued monitoring or alteration to the established plan to ensure compliance.</p> <p>Date of Compliance: 3/21/2023</p>		

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F 849	<p>Continued From page 9</p> <p>hospice and discovered their prior administrative assistant was responsible for faxing over plan of care and visit notes to the facility and the prior administrative assistant was not completing this task. The DON reported the current administrative assistant was attempting to catch up with records that had not been faxed. The DON reported the hospice agency had sent over the plan of care and nursing visit notes dated 4/25/2022 through 10/26/2022 and these records had been scanned into the electronic medical record. The DON reported the MDS nurse had been responsible for checking the electronic medical records for complete information at one time in the past, but she was not certain who was supposed to check for complete information.</p> <p>The MDS nurse was interviewed on 2/23/2023 at 1:10 PM. The MDS nurse reported she had been the nurse navigator prior to March 2022 and it had been her responsibility to review the electronic medical records for complete documentation. The MDS nurse reported she had switched roles in March 2022 and was not longer responsible for checking the electronic records.</p> <p>The Administrator was interviewed on 2/23/2023 at 1:19 PM. The Administrator reported no facility staff was monitoring the electronic medical records for complete documentation and this was why Resident #31's medical records did not include the hospice records.</p>	F 849			