

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2023
NAME OF PROVIDER OR SUPPLIER SMOKY RIDGE HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 310 PENSACOLA ROAD BURNSVILLE, NC 28714		
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E 000	Initial Comments	E 000			
F 000	An unannounced COVID-19 Focused Survey was conducted on 06/26/23 through 06/27/23. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 9KNP11.	F 000			
F 695 SS=D	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted from 06/26/23 through 06/27/23. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and the Centers for Disease Control (CDC) recommended practices to prepare for COVID-19. Event ID # 9KNP11. The following intakes were investigated NC00197144, NC00199024 and NC00203114. 1 of the 5 complaint allegations resulted in deficiency. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)	F 695		6/30/23	
	§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide tracheostomy care as		1. Based on record review and staff interviews, the facility failed to provide		

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

TITLE

(X6) DATE

Electronically Signed

07/14/2023

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 695	<p>Continued From page 1</p> <p>prescribed by the physician for 1 of 1 resident reviewed for tracheostomy care. (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 12/22/2021 with diagnoses including respiratory failure and tracheostomy.</p> <p>A nursing evaluation dated 12/23/21 revealed Resident #1 was admitted into the facility the day prior with a tracheostomy that she was able to care for daily but needed help with monthly inner cannula changes.</p> <p>A physician order dated 08/23/22 revealed an order that read, "please assist resident with supplies to perform peri stoma care twice a day for the resident's tracheostomy."</p> <p>Review of Resident #1's physician orders dated 12/22/21 through 06/26/23 revealed no orders for Resident #1 to complete tracheostomy care independently.</p> <p>Review of Resident #1's care plan dated 08/22/23 revealed a focus area for tracheostomy. The goal was for Resident #1 to have clear and equal breath sounds bilaterally through the next review date. Interventions included change the trach collar every month and as needed. Another intervention included providing tracheostomy care per physician orders and as needed. Resident #1 did not have a care plan related to completing tracheostomy care independently.</p> <p>Resident #1's Treatment Administration Record dated May 2023 revealed an order initiated on 11/18/22 which read, "Trach care ½ strength</p>	F 695	<p>tracheostomy care as prescribed by the physician for 1 of 1 resident reviewed for tracheostomy care. Resident #1 was admitted to the facility 12/22/21 with diagnosis of including respiratory failure and tracheostomy. Admitting evaluation revealed resident independently performed tracheostomy care prior to admission. Resident expressed a desire to continue self-maintenance of tracheotomy care moving forward. It was identified that the care plan and physician orders did not match. A revision and update of care plan and physician orders were completed to reflect tracheostomy care and cleaning, including but not limited to; cleansing trach site, stoma site evaluation, suction if needed, exchange of inner disposable cannula, etc. per facility policy. Tasks will be completed by staff twice daily (BID) and as needed (PRN). Monthly changes to be completed by Ear Nose and Throat Specialist (ENT) or physician to ensure ongoing compliance.</p> <p>2. All residents with tracheostomy have the potential to be affected. One resident, Resident #1, out of the current resident population is affected at this time. Resident #1 care plan was revised to reflect tracheostomy care and daily replacement of inner disposable cannula to be completed by nursing staff. Cleansing of tracheostomy is to be completed by nursing staff twice daily (BID) and as needed (PRN). Monthly tracheostomy changes will be completed by Ear Nose & Throat specialist (ENT) or physician.</p>		

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F 695	<p>Continued From page 2</p> <p>peroxide performed twice a day every day and evening shift". The order was initialed as completed by Nurse #1 on 05/01/23 through 05/22/23 with the exception of one day. The order was discontinued on 05/22/23.</p> <p>Resident #1's Treatment Administration Record dated May 2023 revealed an order initiated on 05/23/23 which read, "Trach care ½ strength peroxide performed twice a day every day and evening shift". The order was initialed as completed by Nurse #1 on 05/23/23 through 05/26/23. The order was initialed by Nurse #2 on 05/29/23 and 05/30/23. An additional order read, "Tracheostomy cannula to be changed monthly and as needed by the Medical Director every day shift starting on the last day of the month every month". The order was initialed as completed by Nurse #2.</p> <p>Resident #1's Treatment Administration Record dated June 2023 revealed an order initiated on 05/23/23 which read, "Trach care ½ strength peroxide performed twice a day every day and evening shift". Resident #1 was documented as being at the hospital on 06/01/23 through 06/12/23. Nurse #1 initialed as completing the order on 06/13/23 through 06/19/23, 06/22/23, 06/23/23 and 06/26/23. Nurse #2 initialed as completing the order on 06/20/23.</p> <p>An interview was conducted with Resident #1 on 06/26/23 at 10:05 AM. She stated she had the tracheostomy from the time she was admitted into the facility. The interview revealed Resident #1 had been responsible for cleaning her tracheostomy since admission. Resident #1 stated she had cleaned it some in the past but had never been shown how to clean it and</p>	F 695	<p>3. A review of physician orders was completed for resident #1 and order clarifications received and written 6/26/23 and 6/27/23. Resident traveled to Asheville Ear Nose & Throat (ENT) and had inner and outer tracheostomy changed 6/27/23 with no issues identified. Resident #1's care plan has been reviewed to ensure that the physician orders on the resident's individual record correspond with the care plan accordingly to establish compliance.</p> <p>4. As of 6/30/23 the facility has completed 100% education of all licensed nursing staff to reflect expectation of tracheostomy care management policy and procedures. Education extended to include reflection of physician orders to correspond with individual care plan. The Minimum Data Set Coordinator (MDS)/designee will complete a review of each admission of residents with tracheostomy to determine individual wishes for tracheostomy care involvement, policy, and procedures for completing tasks appropriately, and physician orders to reflect on resident care plan. Residents with tracheostomy orders will be reviewed weekly x 4, and then monthly indefinitely thereafter to ensure that changes or additions are captured, and that the care plan is updated by Minimum Data Set (MDS Coordinator)/designee. The Minimum Data Set (MDS) and care plan for resident #1 and any other resident potentially affected will be reviewed quarterly and</p>		

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F 695	<p>Continued From page 3</p> <p>thought the staff should be cleaning the site instead of her being responsible. She stated, "I figured it out on my own". The interview revealed staff did not stand with her while she was cleaning the tracheostomy or ask her if she had cleaned it. Resident #1 stated she had not cleaned her tracheostomy for the last month. The interview revealed she had to tell staff and ask several times in the months prior to change it.</p> <p>On 06/26/23 at 11:25 AM an interview was conducted with Nurse #1. During the interview she stated she did not do all of Resident #1's tracheostomy care. She stated she changed the tracheostomy cannula at the end of each month and allowed Resident #1 to perform her own cleaning care and change the tube daily. Nurse #1 stated she ensured the resident had the supplies she needed at bedside and that it was Resident #1's preference to clean the tracheostomy herself. She stated nurses on the hall could change the tracheostomy cannula and that it didn't not have to be a Physician. Nurse #1 stated she had never witnessed Resident #1 clean her tracheostomy, but she initialed it on the monthly TAR as being completed because she thought the resident was doing it.</p> <p>On 06/26/23 at 12:20 PM an interview was conducted with Nurse #2. Nurse #2 stated Resident #1 completed the task of cleaning her tracheostomy herself and the staff ensured she had the supplies to do so. Nurse #2 stated on the days she signed off on the TAR she stood with Resident #1 and watched her clean her tracheostomy.</p> <p>On 06/26/23 at 1:56 PM a follow up interview was conducted with Resident #1. Resident #1 stated</p>	F 695	<p>results taken to QAPI to ensure ongoing compliance.</p> <p>Compliance effective date of 06/30/2023</p>		

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F 695	<p>Continued From page 4</p> <p>no staff member had ever stood and watched her complete tracheostomy care. She stated, "they don't even ask me if I've done it". During the interview Nurse #1 entered the room to provide tracheostomy care with the surveyor present. An observation was conducted of Nurse #1 cleaning Resident #1's tracheostomy site with no debris noted on the Q-tip used to clean the site. After completion of the task Resident #1 stated to Nurse #1 that she had not been cleaning the site. Resident #1 stated she had never seen anyone clean her tracheostomy in the facility as Nurse #1 just had. Resident #1 explained to the surveyor and Nurse #1 that nobody had ever instructed her to clean inside of the tracheostomy and that when she did clean in the past, she was only cleaning the exterior.</p> <p>On 06/26/23 at 2:06 PM an interview was conducted with the Director of Nursing (DON). During the interview she stated Nurses should be following the physician orders. She stated she thought it was in the resident's care plan that she could provide her own tracheostomy care but realized that it wasn't. The DON stated she realized if Resident #1 was going to do her own tracheostomy care she would need a physician order to do so. She stated a previous Nurse Practitioner had a discussion with the resident about performing her own tracheostomy care and that's why staff though she was doing it all along.</p> <p>On 06/26/23 at 2:58 PM an interview was conducted with Nurse #3. During the interview she stated over a year ago Resident #1 had expressed to her that she would like to do her own tracheostomy care. She stated she observed the resident demonstrate back to her how to complete the task and felt like she was</p>	F 695			

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

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F 695	Continued From page 5 competent enough to take on the task. She stated she did not know if the orders were ever changed, nor had she seen her complete tracheostomy care since. On 06/26/23 at 2:25 PM an interview was conducted with the Administrator. The Administrator stated she wasn't aware Resident #1 had not been cleaning her tracheostomy.	F 695		