

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

PRINTED: 11/02/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345302 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/29/2021 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER VERO HEALTH & REHAB OF SYLVA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 417 CLOVERDALE ROAD SYLVA, NC 28779 | |
| (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 unannounced onsite complaint investigation was conducted 9/27/21 through 9/28/21. Additional information was obtained on 9/29/21. Therefore, the exit date was changed to 9/29/21. There were 26 allegations investigated and one was substantiated. Event ID# 53OJ11. | F 000 | | |
| F 563 SS=E | Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for | F 563 | | 10/27/21 |

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

TITLE

(X6) DATE

Electronically Signed

10/22/2021

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 563 | <p>Continued From page 1</p> <p>the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and interviews with family, resident and staff, the facility imposed a restricted visitation schedule that limited indoor and outdoor visitation of family and friends to 30 minutes per visit for 1 of 1 resident reviewed for visitation (Resident #7).</p> <p>Findings included:</p> <p>Review of the facility's Visitation Schedule for August 2021 revealed visitation was limited to eight scheduled appointments per day on Tuesdays, Wednesdays, and Saturdays. The appointments were limited to 30 minutes and scheduled two at 10:15 AM, two at 11:00 AM, two at 2:15 PM and two at 3:00 PM. On Thursdays, visitation was limited to four scheduled appointments one at 5:30 PM, two at 6:00 PM, and one at 6:30 PM.</p> <p>Resident #7 was admitted to the facility 06/16/21 with diagnoses that included chronic respiratory failure and depression.</p> <p>The admission Minimum Data Set (MDS) dated 06/23/21 coded Resident #7 with intact cognition.</p> <p>During an interview on 09/27/21 at 12:04 PM, Resident #7 stated she missed her family and would like to visit with them more often but they could only visit her at certain times due to their work schedules. Resident #7 stated she was not sure how visits were scheduled at the facility or if the facility restricted visits to certain days and times of the week. She added since her admission to the facility, she only had one outside</p> | F 563 | <p>Disclaimer Notice: Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of alleged deficiencies but is prepared for the sole purpose of compliance with State and Federal Regulations</p> <p>F563</p> <p>1. Resident #7 remains at her baseline. The resident and her family are satisfied that the facility accommodated the resident and her family's need of multiple visitations while her family was visiting from out of state.</p> <p>2. All residents have the potential to be impacted. Accommodations have been made for all residents to provide visitation and access in accordance with posted schedules. On 10/21/2021 the revised "Visitation "policy and process was presented to Resident Council. On 10/21/2021 and 10/22/2021 a letter was text, emailed and mailed to responsible parties of all residents to inform them of the newly revised visitation practice and guidelines. ensuring a). all visitors are screened prior to entrance into the facility; b). after successful completion of screening process, visitors are given a name tag and a facility layout identifying the area in the facility for the visit; c). visitors will be given visitation protocols, again in accordance with NCDHHS to be followed will inside the facility; d). a facility representative will monitor the number of</p> | | |

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| F 563 | <p>Continued From page 2 visit with her family.</p> <p>During a telephone interview on 09/27/21 at 1:07 PM, Resident #7's Family Member (FM) stated they were informed by the facility that resident visitation was only scheduled on certain days and times of the week due to the COVID-19 pandemic. The FM explained she and other family members worked Monday through Friday and either lived several hours away from the facility or out-of-state which made it difficult for them to schedule a visit and then only have 30 minutes to spend with her due to the facility's restrictions on visitation. The FM added they had only been able to visit Resident #7 twice since her admission to the facility.</p> <p>During interviews on 09/27/21 at 12:15 PM and 4:33 PM, the Social Worker (SW) confirmed visitation was only scheduled outdoors on certain days of the week and limited to 30 minutes each visit. She explained visits were scheduled on Tuesdays, Wednesdays, and Saturdays two appointments each at 10:15 AM, 11:00 AM, 2:15 PM, and 3:00 PM and Thursdays two appointments each at 6:00 PM and 6:45 PM. She explained the current visitation schedule allotted 15 minutes for staff to screen visitors and clean/disinfect the visitation area between visits. The SW was not aware of the Centers for Medicare and Medicaid Services (CMS) guidance related to visitation and explained she scheduled facility visitation based on instructions from the Administrator and facility policy.</p> <p>During an interview on 9/28/21 at 1:00 PM, the Director of Nursing (DON) confirmed visitation was only scheduled on certain days and times of the week. She explained the visitation schedule</p> | F 563 | <p>visitors on each hall at any given time. For infection control purposes the facility will set as a guideline to not have more than 3 residents with visitation on each Hall for a total of 12 residents' facility wide; and e). established recommendations that visitation occur between the hours of 9:00am and 7:00pm are in place, although visitation can occur at any time. Starting 10/22/2021 the "Visitation" policy and process will be given to all new residents and families during the admission process.</p> <p>3. The facility has reviewed its policy on "Visitation" as well as the adoption of the "Guidance for Visitation, Quarantine and Communal Activities in Post-Acute Care Facilities in Response to Covid-19 Vaccination". Revisions have been made in accordance with NCDHHS and CMS guidelines. Starting 10/21/2021 and completed by 10/25/2021 all currently employed full time, part time and/or per diem facility staff reeducated to the above policies and processes. This education will be provided by the Administrator, DON, ADON, Unit Managers and Department Managers. No facility staff will be scheduled to work after 10/25/2021 until the above education is completed. The education of the above-mentioned policies and processes will be provided during orientation starting 10/21/2021 by the Administrator, DON, ADON, Unit Managers and/or Department Managers and will continue in accordance with NCDHHA and CMS guidelines.</p> | | |

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| F 563 | <p>Continued From page 3</p> <p>was based on the days they had the staff available to ensure residents and visitors followed infection control guidelines, including social distancing. The DON added it was their understanding of the CMS guidance, they could limit visitation if they did not have the staff available for monitoring to ensure infection control practices were maintained during the visits.</p> <p>During an interview on 09/28/21 at 2:50 PM, the Administrator confirmed visitation was scheduled on certain days and times of the week in order to manage visitation capacity and safety for all residents in the facility. The Administrator stated his understanding of the CMS guidance related to visitation was the facility had the responsibility to monitor how many people they had in the building at one time while maintaining safety for all the residents. The Administrator explained if the facility allowed open visitation, he would not have the staff available to monitor the visits to ensure infection control precautions were being followed. The Administrator stated he felt they were following the CMS guidance on visitation based on his interpretation of the regulation.</p> | F 563 | <p>4. The Licensed Nursing Home Administrator ("LNHA") is responsible for the Plan of Correction ("POC") implementation. The Quality Assessment and Assurance (QAA") Coordinator and its members as noted below will be responsible for the ongoing monitoring of this process. Beginning 10/25/2021 the facility will open to indoor visitation at all times, for all residents, regardless of the vaccination status of the resident or visitor, unless certain scenarios exist, to include: a). unvaccinated residents if the Covid-19 county positivity rate is > 10% AND < 70% of the residents in the facility are fully vaccinated; b). residents with confirmed Covid-10 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions; or c). residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. Beginning 10/25/2021 the Administrator, Social Worker and/or Activities Director will conduct weekly reviews of the visitation records to ensure all visitors are properly screened and documented. At the conclusion of the ongoing monitoring as described above, the QAA team will determine the frequency of ongoing monitoring.</p> <p>Completion Date 10/27/2021</p> | | |