

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROYAL PARK REHAB &amp; HEALTH CTR OF MATTHEWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2700 ROYAL COMMONS LANE MATTHEWS, NC 28105</b>
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 554 SS=D	<p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and resident and staff interviews, the facility failed to assess the ability of a resident to self-administer medications for 1 out of 1 sampled resident observed with medications left at bedside (Resident #42).</p> <p>The findings included:</p> <p>Resident #42 was admitted to the facility on 11/18/15.</p> <p>The annual Minimum Data Set (MDS) dated 6/13/24 showed that Resident #42 was cognitively intact.</p> <p>Review of Resident #42's care plan dated 7/29/24 revealed there was no focus area for</p>	F 554	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated</p> <p>F 554- Self Administration</p> <p>The facility failed to assess whether the self-administration of medications was clinically appropriate for resident # 42 who had meds at bedside.</p> <p>Corrective action for resident(s) affected</p>	8/13/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  08/22/2024
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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 554	<p>Continued From page 1</p> <p>self-administering medications.</p> <p>Upon review of Resident #42's medical record, there was no Self Administration assessment for any prescribed medications.</p> <p>Resident #42's Medication Administration Record (MAR) revealed that Medication Aide #1 signed off administering the following medications to Resident #42 on 8/5/24 and 8/7/24 at 9:00 AM. Medication Aide #1 administered aspirin 81mg (milligrams), Flomax 0.4mg, loratadine 10mg, potassium chloride, vitamin C 5000mg, vitamin D3 2000 units, zinc 25mg, docusate sodium 100mg, Eliquis 5mg, furosemide 20mg and chlormadinone.</p> <p>On 8/05/24 at 10:41 AM an interview and observation were made of Resident #42. Resident #42 was in his bed, and he had a clear medication cup sitting on his bedside table full of pills. During the conversation Resident #42 picked up the cup and took his pills. Resident #42 stated that sometimes he was not ready to take his medication when the nurse brought them. Resident #42 stated that the nurse left the medicine for him to take. Resident #42 stated he always takes his medication and doesn't throw any out. Resident #42 stated he knows what medicine he takes and when. Resident #42 stated he has lived at the facility for a long time and doesn't remember being assessed to take his medications without supervision.</p> <p>On 8/06/24 at 2:35 PM an interview was conducted with Medication Aide #1. Medication Aide #1 stated that if a resident would like to be independent with medications they would need to get a physician's order from the doctor and would</p>	F 554	<p>by the alleged deficient practice:</p> <p>For resident #42, medication aide#1 was verbally reeducated related to medications at bedside and self-administration of medications policy. On 8/7/2024, self-administration of medication assessment was completed for resident #42. Assessment by the nursing team indicated that the resident was a candidate for self-administration of his medications. Resident#42 was educated on self-administration of medications policy and able to verbalized and identify prescribed medications with demonstration. Resident educated that nurse to follow-up to ensure that medications have been taken by the resident.</p> <p>Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>On 8/8/2024, the Director of Nurses audited all resident rooms to assure that no medications were found at bedside that had not been assessed for resident self-administration with no other concerns identified and there were no other residents who were requesting to self-administer medications or to keep meds at bedside. No other medications were found at bedside. This was completed on 8/9/2024</p> <p>Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: Beginning 8/8/2024, the Director of Nursing began education of all Full Time, Part Time, PRN and agency licensed nurses and medication aides on facility policy related to medication safety that</p>		

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F 554	<p>Continued From page 2</p> <p>need to be assessed. If the resident refused to take medications the staff would mark refusal in computer. Medication Aide #1 stated that if Resident #42 refused or was not ready to take his medications she would need to hold the medications for a few minutes and then reapproach and offer the medications again. Medication Aide #1 stated that Resident #42 has told her in the past he was not ready for medications, this usually occurred in the morning when he was not awake all the way. When this happened staff would take his medications and hold them and then reapproach. Medication Aide #1 had not left medications with Resident #42 without supervision. Medication Aide #1 stated that currently she has no residents that take medications independently.</p> <p>On 8/07/24 at 9:30 AM a second observation and interview was made with Resident #42. Resident #42 again had a clear pill cup with pills. The cup was in Resident #42's hand. Resident #42 was observed taking his pills. No nurse or medication aide was present in or around the room.</p> <p>On 8/07/24 at 9:36 AM a second interview was conducted with Medication Aide #1. The Medication Aide stated that she remembered Resident #42 bringing the cup up to his mouth and she thought he had taken all his medicine. Medication Aide #1 stated that Resident #42 does need to be observed when taking his medications. Medication Aide #1 stated she should have stayed to make sure Resident #42 took all his medications.</p> <p>On 8/07/24 at 11:01 AM an interview was conducted with the Director of Nursing (DON). The DON stated that for a resident to be able to</p>	F 554	<p>included resident assessment for self-administration of medication process and medication administration policy. Any of the above identified staff who does not complete the scheduled in-service training by 8/12/2024 will not be allowed to work until training has been completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements: Beginning the week of 8/19/2024, Quality assurance audits will be completed by the Director of Nurses or designee to assess that the medication self-administration process is in compliance and that no other meds are at bedside if the resident is not appropriate for self-administration. Audits of 5 resident rooms will be completed on various days of the week and shifts to assure compliance with the medication storage policy. Audits will be done weekly for 4 weeks, then monthly for 2 months or until resolved for compliance with facility policy on self-administration of medication administration process. Reports will be presented to the weekly</p>		

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F 554	Continued From page 3 take medication independently a self-assessment would be completed to see if they can self-administer. The nurses would do the teaching, and the resident would demonstrate. If deemed able to self-administer the nurse staff would keep the medicine on the medication cart. Resident #42 had not been assessed to take his own medications and should be supervised. The staff should not walk away when administering medications.	F 554	QA committee by the Director of Nursing to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly QA Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, Unit Manager, Social Worker, Activity Director and the Dietary Manager. Deficiencies that are identified during the monitoring process will be addressed through the facility Quality Assurance process.		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880	Date of Compliance: 8/13/2024	8/13/24	

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F 880	<p>Continued From page 4</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 5 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and staff interviews, the facility failed to implement their infection control policy when Nurse #1 did not perform hand hygiene after removing soiled dressings with drainage and before donning new gloves to cleanse the wound for 3 of 3 wound care observations on 1 of 2 residents reviewed (Resident #25).</p> <p>The findings included:</p> <p>The facility's policy entitled "Hand Hygiene" last revised on 10/2022 indicated the following: Specific indications for hand hygiene included after contact with body fluids or excretions, non-intact skin, wound dressings, and after removing gloves.</p> <p>Gloves - If gloves are worn for a procedure, hand hygiene is to be completed before putting on gloves and after removal and deposit of gloves in appropriate container. The use of gloves does not replace hand hygiene.</p> <p>A continuous observation of wound care on 8/7/24 from 9:08 AM through 9:40 AM revealed Nurse #1 applying hand sanitizer to both hands, and putting on gloves and a gown before entering Resident #25's room. She removed the old dressing on Resident #25's wound to her left upper back. The old dressing had a large amount of drainage that was colored green and had a foul odor. Nurse #1 discarded the old</p>	F 880	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F880 INFECTION CONTROL Corrective action for affected residents. For resident #25- On 8/7/2024 Resident assessed by DON. No acute distress. MD notified with no new orders. Nurse #1 verbally reeducated related to hand hygiene during wound care Corrective Action for Potentially Affected Residents. All current residents requiring wound care have potential to be affected by deficient infection control practices. On 8/8/2024 and 8/9/2024, the Director of Nursing and Unit Manager completed wound care observations to determine if deficient practices noted related to hand hygiene while performing wound care. No issues identified related to hand hygiene and wound care. This was completed on 8/9/2024</p>		

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F 880	Continued From page 6 dressing and removed her gloves. Without doing hand hygiene, she proceeded to put on a new pair of gloves, and cleaned the wound with a gauze soaked with wound cleanser. Nurse #1 removed her gloves and without doing hand hygiene, she put on a new pair of gloves to both hands. Nurse #1 packed the wound with a medicated packing strip, removed her gloves and put on new gloves. She then applied zinc oxide to the surrounding skin, removed her gloves and put on new gloves. She covered the wound with a dry gauze and a dry bordered dressing. Nurse #1 removed both gloves and without doing hand hygiene, put on a new pair of gloves to both hands. At 9:25 AM, Nurse #1 was observed to clean Resident #25's deep tissue injury to the right heel with a gauze that had been soaked with wound cleanser. She removed her gloves and without performing hand hygiene, she put new gloves on and applied skin prep to Resident #25's right heel. She discarded her gloves and put new gloves on. Nurse #1 proceeded to remove Resident #25's old dressing on her right upper back wound. The old dressing was moderately soaked with serosanguineous drainage (clear serous fluid and blood mixture). Nurse #1 removed her gloves and without doing hand hygiene, put on new gloves. She cleaned the wound with a gauze that had been moistened with wound cleanser and then wiped it with a dry gauze. She removed her gloves and put new gloves on. She packed the wound with a medicated packing strip, removed her gloves and put new gloves on. Nurse #1 applied zinc oxide to the surrounding skin, covered the wound with a dry gauze and a bordered dressing. She discarded any unused supplies including her gown and gloves, and washed her hands.	F 880	Systemic Changes On 8/8/2024, the Director of Nursing began education on Prevention of Infection with Wound Care for all full-time, part-time, PRN (as needed) Registered nurses, Licensed practical nurse, and medication aides including agency. This in-service was incorporated in the new employee facility orientation for the above-mentioned employees and also provided to agency staff working in the facility. This will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any of the above identified staff who does not receive scheduled- in-service training by 8/12/2024 will not be allowed to work until training has been completed. Quality Assurance Beginning the week of 8/19/2024, the Director of Nursing or designee will observe and monitor hand hygiene during wound care utilizing the QA Tool for F880. Monitoring will include reviewing 5 residents weekly for 4 weeks then monthly x 2 months to ensure that proper hand hygiene is occurring during wound care per facility policy. QA Reports will be presented in the weekly Quality of Life/Quality Assurance meeting by the Administrator or Director of Nursing/designee to ensure that the corrective action for trends or ongoing concerns is initiated as appropriate for compliance with regulatory requirements. The weekly QA meeting is attended by Administrator, Director of Nursing, Medical Director, Infection Control Nurse, Minimum Data Set Registered Nurse,		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 7</p> <p>An interview with Nurse #1 on 8/7/24 at 11:48 AM revealed she had been educated to wash her hands before getting started with wound care, and during wound care after changing her gloves. Nurse #1 stated that she knew that she was supposed to sanitize her hands after removing gloves and that she tried to carry a hand sanitizer with her, but she forgot to do so during the wound care observation on Resident #25.</p> <p>A phone interview with the Infection Preventionist (IP) on 8/7/24 at 12:12 PM revealed staff was supposed to wash hands before doing wound care, when removing dressings and after changing gloves. The IP stated that hand hygiene was supposed to be done after each glove change. The IP shared that in-services regarding infection control especially hand hygiene was a continuous process, and he last did an education with all staff on July 2024 wherein he covered topics such as the use of Personal Protective Equipment and handwashing. The IP further shared that he had not observed Nurse #1 perform wound care because she usually did the dressing changes in the early mornings when he was not in the facility, but he had not heard of any issues regarding wound care. He also stated that he had done an education with Nurse #1 on wound care and hand hygiene, but he could not remember the date when he did it. The IP further stated that it was a problem that Nurse #1 did not do hand hygiene in between changing gloves, and that she might have forgotten to do it during the observation. He also stated that if a resident had multiple wounds, he would advise to start with the least infected wound going to the most infected wound to prevent possible cross-contamination.</p>	F 880	<p>Environmental Services Director, Social Services Director, Dietary Manager, Health Information Manager, and Activities Director, Maintenance Director and Rehab Director.</p> <p>Date of Compliance: 8/13/2024</p>		



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F 880	Continued From page 8 An interview with the Director of Nursing (DON) on 8/7/24 at 11:55 AM revealed staff was supposed to wash their hands or perform hand hygiene every time gloves were removed. The DON stated that they often did education with all their staff regarding infection control and hand hygiene procedures.	F 880		