

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

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2024
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER STREET MARSHVILLE, NC 28103	
(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
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 732 SS=C	<p>Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p>	F 732		11/27/24

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

TITLE

(X6) DATE

Electronically Signed

12/06/2024

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 732	<p>Continued From page 1</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to post accurate totals of licensed nurses for 4 of 4 days (11/1/2024, 11/2/2024, 11/3/2024, and 11/4/2024) reviewed for posted nurse staffing.</p> <p>Findings included:</p> <p>Review of the Daily Posted Nurse Staffing with the Staffing Coordinator on 11/20/2024 at 12:40 pm to 12:49 pm revealed discrepancies in the number of Licensed Nurses for the following dates:</p> <p>On 11/1/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 3 Licensed Practical Nurses (LPNs), but the nursing</p>	F 732	<p>*On November 20, 2024 the facility's Director of Nursing updated the Nurse Staffing Information posting form. The form was updated to separate out and clearly denote how many Registered Nurses, Licensed Practical Nurses, Medication Aides and Certified Nurse Aides are working each shift. The Director of Nursing replaced the cited form with the revised form on November 20, 2024 for appropriate display.</p> <p>*The facility's Regional Director of Nursing Services validated the Nurse Staffing Information posting form was revised and appropriately displayed on November 20, 2024. Previously used Nurse Staffing Information posting forms were disposed</p>		

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F 732	<p>Continued From page 2</p> <p>schedule indicated there was 1 LPN and 2 Certified Medication Aides (CMA).</p> <p>On 11/2/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 3 LPNs, but the nursing schedule indicated there were 2 LPNs and 1 CMA.</p> <p>On 11/3/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 3 LPNs, but the nursing schedule indicated there was 1 LPN and 2 CMAs.</p> <p>On 11/4/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 1 Registered Nurse (RN) and 2 LPNs, but the nursing schedule indicated there was 1 RN, 1 LPN, and 1 CMA.</p> <p>During an interview with the Staffing Coordinator on 11/20/2024 at 12:59 pm she stated she was responsible for updating the Daily Posted Nurse Staffing forms. She stated she counted the CMAs as LPNs on the Daily Posted Nurse Staffing forms. She stated she had been the Staffing Coordinator for the past 4 months and she had counted the CMAs as LPNs since she had been employed. She stated she was told to count the CMAs as LPNs when she was trained for the position and did not realize they should be counted separately.</p> <p>On 11/20/2024 at 11:08 am an interview was conducted with the Administrator, and she stated she was not aware the Posted Nurse Staffing was not posted correctly by the Staffing Coordinator. She stated the CMAs should not have been recorded as LPNs on the Posted Nurse Staffing.</p>	F 732	<p>of by the Staffing Coordinator on November 20, 2024.</p> <p>*The facility's Regional Director of Nursing Services educated the Administrator, Director of Nursing, Staff Development Coordinator and Staffing Coordinator on the expectations set forth by regulation 483.35(g)(1)-(4) F732 to include all data requirements on the daily posting. This occurred on November 20, 2024.</p> <p>*The Director of Nursing or designee began daily auditing of the Nurse Staffing Information posting on November 21, 2024. The posting will be audited daily for eight weeks to ensure that the Medication Aides are separated out from the Licensed Practical Nurses and that all data requirements are properly documented on the form. When a full eight weeks of auditing has been completed, the Quality Improvement Committee will review the results for further recommendations.</p>	
F 880 SS=D	Infection Prevention & Control	F 880		11/27/24

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F 880	<p>Continued From page 3</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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 conducted according to §483.71 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> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <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 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: Based on observations, record review, and staff interviews, the facility failed to disinfect a dedicated resident glucometer according to the manufacturer's germicidal disinfectant instructions for 1 of 1 observations of glucometer disinfection (Nurse #1).</p> <p>The findings included:</p> <p>The facility policy "Glucometer/Point of Care</p>	F 880	<p>*Upon being notified of Nurse #1s deficient practice, the Director of Nursing immediately reeducated Nurse #1 on the proper manufacturers germicidal disinfectant instructions. The Glucometer/Point of Care blood testing and disinfection procedure was utilized for this training. Nurse #1 was reeducated on ensuring the required kill time was met. A competency with return demonstration</p>		

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F 880	<p>Continued From page 5</p> <p>blood testing and disinfection procedure" dated 10/15/2015 with a revision date of 12/27/2023 read in part: "wipe meter using friction with recommended type of germicidal disinfectant wipe; maintain visible wetness of meter for required "kill time" according to the germicidal disinfectant instructions ..."</p> <p>The label for the germicidal disposable bleach wipe instructed: "Unfold wipe and thoroughly wet surface. Allow surface to remain visibly wet for 4 minutes. Let air dry."</p> <p>A continuous observation of Nurse #1 was conducted 11/19/24 at 11:34 AM. Nurse #1 removed Resident #73's glucometer from an unsealed zip top plastic bag with Resident #73's name on it from the medication cart drawer and proceeded to his room to check his blood glucose level. Nurse #1 placed the glucometer directly on Resident #73's over the bed table and proceeded to check his blood glucose level, disposing of the trash after and returning to the medication cart where she placed the contaminated glucometer directly on the top of the medication cart. Nurse #1 applied gloves and dispensed 1 germicidal disposable bleach wipe, and she wiped the exterior of the glucometer for approximately 10 seconds before carrying the glucometer to the nursing station desk and taking a tissue from a box and drying the glucometer with the tissue.</p> <p>Nurse #1 was interviewed on 11/19/24 at 11:44 AM regarding the amount of time the glucometer was required to stay wet with the germicidal disinfectant wipe and Nurse #1 responded she did not know and would need to check the package directions. Nurse #1 was shown the manufacturer instructions for the germicidal</p>	F 880	<p>was completed with Nurse #1 by the Director of Nursing which included how to place the glucometer on a clean surface or by using a clean barrier on the surface that the glucometer is placed on. This was completed on November 19, 2024. Resident #73s glucometer was properly disinfected immediately after the surveyor informed the Director of Nursing of the deficient practice.</p> <p>*No other residents that receive blood sugar checks were affected because each resident has his/her own, individual glucometer.</p> <p>*All other facility Registered Nurses, Licensed Practical Nurses and Medication Aides to include any agency staff, were reeducated on the Glucometer/Point of Care blood testing and disinfection procedure. A competency with return demonstration was completed by each nurse. This training was completed by the Director of Nursing and Assistant Director of Nursing on November 19 through November 27, 2024. Any newly hired or newly contracted Registered Nurses, Licensed Practical Nurses and Medication Aides will receive proper education on the Glucometer/Point of Care blood Testing and disinfection procedure and will receive a competency with return demonstration. This training will be done on an ongoing basis by the Director of Nursing/designee.</p> <p>*Random auditing of two residents receiving glucometer blood testing will be done a week. The Registered Nurse, Licensed Practical Nurse or Medication Aide will be audited during the testing to</p>		

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F 880	<p>Continued From page 6</p> <p>disinfectant wipe that instructed the surface was to remain visibly wet for 4 minutes and be allowed to air dry. Nurse #1 stated she did not know how she would keep the surface of the glucometer wet for 4 minutes and she thought that it might be an infection control issue to allow something to sit for 4 minutes. Nurse #1 reported she thought that wiping the glucometer off with the bleach wipe was enough to disinfect it.</p> <p>The Director of Nursing (DON) was notified of the observation on 11/19/24 at 11:52 AM.</p> <p>The DON was interviewed on 11/20/24 at 9:21 AM and she reported Nurse #1 had received training and had competency reviews of her skills and she should have known the procedure for disinfecting the glucometer. The DON reported she did not know why Nurse #1 did not use the correct procedure to disinfect the glucometer and she expected all staff to correctly use the disinfecting wipes.</p> <p>The Staff Development Coordinator (SDC) nurse was interviewed on 11/20/24 at 1:09 PM. The SDC nurse reported she reviewed Nurse #1's competency check list and in December 2023 she had updated training on the disinfecting procedure for glucometers and she should have known how to properly disinfect the glucometer. The SDC nurse explained Nurse #1 had expressed feeling nervous about the glucometer observation.</p> <p>The Administrator was interviewed on 11/20/24 at 2:48 PM. The Administrator reported she expected the staff to follow manufacturer guidelines for the products used by the facility.</p>	F 880	<p>ensure that manufacturers instructions for the germicidal disinfectant wiping are being followed. Also to be audited are the proper kill times and proper placement of the glucometer on sanitary surfaces. This auditing began on November 26, 2024 and will be conducted for eight weeks. The auditing is being completed by the Director of Nursing/designee. When a full eight weeks of auditing has been completed, the Quality Improvement Committee will review the results for further recommendations.</p>		