

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

PRINTED: 08/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2017
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH HALSTEAD BOULEVARD ELIZABETH CITY, NC 27909
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(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 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>(b) Comprehensive Assessments</p> <p>(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:</p> <ul style="list-style-type: none"> (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and 	F 272	<p>1. Resident #93 has the following: a completed comprehensive assessment; section O of the Minimum Data Set is coded for the usage of a CPAP; resident is care planned for CPAP usage; and physicians order obtained for CPAP usage.</p> <p>2. The Director of Nursing, Assistant Director of Nursing, and/or Staff Development Coordinator will perform a one time audit with current population to validate the following: CPAP/respiratory equipment usage; section O of the Minimum Data Set is coded for CPAP/respiratory equipment usage; resident's care planned for respiratory status or CPAP usage; physician orders are validated and obtained as needed; and to ensure all respiratory equipment are dated and properly stored.</p> <p>3. The SDC will re-educate RT and Licensed Nurses to ensure physician orders are validated and obtained as needed for respiratory consult and respiratory equipment and are dated and properly stored. The DNS will re-educate MDS Nurse on care planning for respiratory status or CPAP usage and coding section O of the MDS for CPAP/respiratory equipment usage.</p> <p>4. The RT will audit 5 residents 2 times a week for 4 weeks, then weekly x 4 and monthly x 3 to ensure the following: all respiratory equipment are dated and properly stored when not in use; residents with CPAP/respiratory equipment and or new physician orders are RT consult; and section O of the MDS is coded to correspond to CPAP/respiratory equipment usage.</p> <p>5. Data results will be reviewed and analyzed at the centers monthly Quality Assurance Performance Improvement meeting for three months with a subsequent plan of correction as needed.</p>	08/23/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Erin B. Hauback* TITLE *Executive Director* (X6) DATE *8/23/17*

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 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 272	<p>Continued From page 1 non-licensed direct care staff members on all shifts.</p> <p>The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to do a comprehensive assessment for a resident with a CPAP (Continuous Positive Air Pressure) machine for 2 of 2 residents (Resident #93) reviewed for CPAP use.</p> <p>The findings included:</p> <p>Resident #93 was admitted to the facility on 2/3/17 with diagnoses including Chronic Obstructive Pulmonary Disease.</p> <p>Review of the Admission Minimum Data Set Assessment dated 2/10/17 identified Resident #93 as cognitively intact with a brief interview for mental status score of 15. Review of section O, Treatments, did not code the resident was using a CPAP machine.</p> <p>There was no care plan for respiratory status or CPAP usage.</p> <p>There was a physician's order dated 2/3/17 for a respiratory consult; however, there was not a physician's order for the use of the CPAP machine on admission date of 2/3/17.</p>	F 272			

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F 272	<p>Continued From page 2</p> <p>Review of the eMAR and eTAR (electronic medication administration record and electronic treatment administration record) showed no order for the use of the CPAP machine.</p> <p>Observations were made on 7/31/17 at 1:36PM. The mask and tubing were uncovered sitting on the nightstand. There was not date or label attached to the tubing.</p> <p>Observations were made on 8/1/17 at 2:20P. The mask and tubing were uncovered sitting on the nightstand. There was no date or label attached to the tubing.</p> <p>Observations were made on 8/2/17 at 9:03AM. The mask and tubing were uncovered hanging over the nightstand. There was no date or label attached to the tubing.</p> <p>Observations were made on 8/2/17 at 2:13PM. The mask and tubing were uncovered sitting on the nightstand. There was no date or label attached to the tubing.</p> <p>During an interview with Resident #93 on 7/31/17 at 1:40PM he stated he used the CPAP machine every night and that at one time the respiratory therapist had come around to clean the CPAP but had stopped stating it was too expensive to use the machine she was using. He further stated the mask had been replaced once because it was falling apart when he was admitted.</p> <p>During an interview with the Director of Nursing on 8/2/17 at 9:20AM she stated the respiratory therapist was on vacation this week. She was unavailable for contact.</p>	F 272			

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F 272	Continued From page 3 During an interview with facility consultant on 08/02/2017 at 2:01PM she stated the respiratory therapist was on vacation and if a consult was done it was usually put in the computer and it was not there. During an interview with the treatment nurse on 8/02/2017 at 2:41PM she stated the respiratory therapist had certain days in which she changed the tubing and mask on Oxygen, CPAP and nebulizers. She stated the order would be in the eTAR. During an interview with the Director of Nursing on 08/02/2017 at 3:02PM she stated she would expect that the physician's order for the respiratory therapy consult be done and the CPAP use been assessed on admission.	F 272		
F 279 SS=D	483.20(d);483.21(b)(1) DEVELOP COMPREHENSIVE CARE PLANS 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. 483.21 (b) Comprehensive Care Plans (1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes	F 279	1. Resident #95 is no longer in the facility. 2. The DNS, ADNS, and/or MDS Nurse will perform a one time audit with the current population to determine if the residents are care planned for conditions revealed by the CAA to improve resident condition and minimize risks. 3. The DNS will re-educate the MDS Nurse to care plan residents when conditions revealed by the CAA to improve resident condition and minimize risks. 4. The MDS Nurse will audit 5 resident CAAs and care plans to ensure the CAA correlates to the care plan 2 x weekly x 4 then weekly x 4 and monthly x 3 to make certain residents are care planned for conditions revealed by the CAA to improve residents' condition and minimize risks. 5. Data results will be reviewed and analyzed at the centers monthly Quality Assurance Performance meeting for three months with a subsequent plan of correction as needed.	08/23/2017

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F 279	<p>Continued From page 4</p> <p>to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative (s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the</p>	F 279			

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F 279	<p>Continued From page 5</p> <p>requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and interviews the facility failed to develop a comprehensive care plan with interventions for a resident always incontinent of urine for 1 of 3 residents (Resident #95) reviewed for incontinence care.</p> <p>Findings included:</p> <p>Resident #95 was admitted to the facility on 2/2/17 with diagnoses of below the knee amputation, hypertension, peripheral vascular disease and benign prostatic hyperplasia (BPH).</p> <p>A review of the most recent significant change minimum data set (MDS) dated 2/27/17 revealed Resident #95 was severely cognitively impaired. He required extensive with two person physical assist for toileting and was always incontinent of bladder and bowel.</p> <p>A review of his Care Area Assessment (CAA) dated 2/9/17 for urinary incontinence revealed that the resident had a diagnoses of BPH and was always incontinent. Resident #95 was identified with delirium, urinary urgency and a need for assistance in toileting. The CAA revealed that the resident would be care planned to help improve his condition and minimize his risks.</p> <p>A review of the resident ' s care plan dated 3/17/17 revealed he was not care planned for incontinence care.</p> <p>On 8/2/17 at 9:03 AM the MDS Nurse stated</p>	F 279			

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F 279	Continued From page 6 there was no care plan for incontinence care for Resident #95. The 2/9/17 CAA did reveal that the resident triggered for urinary incontinence and the CAA did indicate that there should have been a care plan for this resident. He was cognitively impaired and always incontinent and should have been care planned.	F 279		
F 328 SS=D	483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments (f) Colostomy, ureterostomy, or ileostomy care. The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. (g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to ... prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.	F 328	1. Resident #61 and #91 CPAP machine mask and tubing are now stored in a plastic bag and dated when not in use. 2. The DNS, ADNS, and/or the SDC will perform a one time audit with current resident population to validate that CPAPs/respiratory equipment are dated and stored properly. 3. The SDC will re-educate Licensed Nurses and Nursing Assistants to the centers policy and procedures regarding the cleaning and storage of respiratory equipment. This information will be included in the new employee orientation program for Licensed Nurses and Nursing Assistants. DNS will re-educate RT to the centers policy regarding the cleaning and storage of respiratory equipment. 4. The DNS, ADNS, SDC and/or RT will audit 5 residents 2 times a week for 4 weeks, and then weekly x 4 and monthly x 3 to ensure all respiratory equipment are dated and properly stored when not in use. 5. Data results will be reviewed and analyzed at the centers monthly Quality Assurance Performance Improvement meeting for three months with subsequent plan of correction as needed.	08/23/2017

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F 328	Continued From page 7 (h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. (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. (j) Prostheses. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to properly store CPAP machine mask and tubing for 2 of 2 residents reviewed using a CPAP machine (Resident #61 and Resident #93). The findings included: Review of the facility policy dated 8/31/11 documented that CPAP (Continuous Positive Air Pressure) mask and tubing are to be stored in a plastic bag when not in use.	F 328			

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F 328	<p>Continued From page 8</p> <p>1. Resident #61 was admitted re-admitted to the facility on 12/28/16 with diagnoses including Obstructive Sleep Apnea and Chronic Obstructive Pulmonary Disease.</p> <p>Review of the Annual Minimum Data Set Assessment dated 10/25/16 documented Resident #61 at cognitively intact. Section O documented the use of a CPAP machine.</p> <p>Review of the Physician's order dated 12/28/16 documented resident to continue on CPAP at home settings at QHS and at naps PRN with O2 bleeding at 2L per minute.</p> <p>Review of the care plan dated 5/9/17 for Resident has oxygen and CPAP r/t respiratory illness. Interventions included, in part, to change disposable oxygen tubing, neb supplies, connecting tubing and corrugated tubing weekly.</p> <p>Observations were made on 7/31/2017 at 3:39 PM of the CPAP machine and mask and nebulizer sitting on the night stand uncovered.</p> <p>Observations on 8/1/17 at 2:24pm showed the CPAP and nebulizer uncovered on the nightstand.</p> <p>Observations on 8/2/17 at 9:05am showed the nebulizer mask had a plastic bag covering the mask.</p> <p>During an interview with Resident #61 on 8/2/17 and 9:05AM he stated last evening the facility put the mask in a bag.</p> <p>During an interview with the Director of Nursing on 08/02/2017 at 3:02PM she stated she would</p>	F 328		

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F 328	<p>Continued From page 9</p> <p>expect the equipment should be bagged and tagged per facility policy.</p> <p>Review of the facility policy dated 8/31/11 documented that CPAP (Continuous Positive Air Pressure) mask and tubing are to be stored in a plastic bag when not in use.</p> <p>2. Resident #93 was admitted to the facility on 2/3/17 with diagnoses including Chronic Obstructive Pulmonary Disease.</p> <p>Review of the Admission Minimum Data Set Assessment dated 2/10/17 identified Resident #93 as cognitively intact with a brief interview for mental status score of 15. Review of section O, Treatments, did not code the resident was using a CPAP machine.</p> <p>There was no care plan for respiratory status or CPAP usage.</p> <p>Observations were made on 7/31/17 at 1:36PM. The mask and tubing were uncovered sitting on the nightstand.</p> <p>Observations were made on 8/1/17 at 2:20P. The mask and tubing were uncovered sitting on the nightstand.</p> <p>Observations were made on 8/2/17 at 9:03AM. The mask and tubing were uncovered hanging over the nightstand.</p> <p>Observations were made on 8/2/17 at 2:13PM. The mask and tubing were uncovered sitting on the nightstand.</p>	F 328			

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F 328	Continued From page 10 During an interview with the Director of Nursing on 08/02/2017 at 3:02PM she stated she would expect the equipment should be bagged and tagged per facility policy.	F 328			