

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

PRINTED: 04/09/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2018
NAME OF PROVIDER OR SUPPLIER EMERALD HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 54 RED MULBERRY WAY LILLINGTON, NC 27546		
(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	F 000			
F 688 SS=D	<p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility.</p> <p>§483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, resident interviews and staff interviews, the facility failed to provide splinting services for contracture management for 2 of 3 residents (Resident #19, #40) which; a: Resident #40 did not have physician ordered palm protectors or physician ordered heel protector boots in place, and b: the facility failed to apply left hand cone splint and right hand palm protector on Resident #19.</p> <p>Findings included:</p>	F 688	<p>Process that lead to the deficiency cited:</p> <p>1. Staff failed to apply physician ordered palm protectors and heel protector boots to Resident #40 and failed to apply physician ordered left hand cone splint and right hand palm protector to resident #19.</p> <p>Procedure for implementing acceptable POC:</p> <p>1. Palm protectors, hand splint, and heel protectors were applied by nursing staff when made aware that they were not</p>	4/5/18	

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

TITLE

(X6) DATE

Electronically Signed

03/30/2018

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 688	<p>Continued From page 1</p> <p>Example #1</p> <p>Resident #40 was admitted to the facility on 03/10/15. Diagnoses included, in part, muscle weakness, dementia, depression, and cervical disc disorder with myelopathy.</p> <p>The Minimum Data Set (MDS) annual assessment dated 01/15/18 revealed the resident was moderately cognitively impaired. Resident #40 required extensive assistance with the assistance of two staff members with bed mobility, transfers, dressing and personal hygiene, and extensive assistance with the assistance of one staff member with eating and total dependence with the assistance of one staff member with toileting. Resident #40 was always incontinent of bowel and bladder and was not coded as receiving any therapy but was coded as receiving 3 days of restorative care for range of motion.</p> <p>A review of the care plans and care area assessments revealed Resident #40 was triggered for Activity of Daily Living (ADL) functional/rehabilitation potential. A review of the care plans revealed a plan of care dated 1/11/18 to include Resident #40 had a self-care deficit related to impaired mobility and cognition with contractures to hands/wrists and elbows, unable to lift her legs, extension contractures of knees and foot drop bilaterally. An intervention was to apply bilateral palm protectors as ordered. A plan of care was in place for at risk for alteration in skin integrity related to impaired mobility. Interventions included to apply PROFO boot on one foot and Prevalon boot on the other and alternate feet every 6 hours - to be done while in bed.</p>	F 688	<p>applied to Residents #40 and #19.</p> <p>2. A 100% audit of facility splints and physician orders was completed by DON and/or designee by 03/23/2018.</p> <p>3. Staff education on following physician's orders will be completed by DON and/or designee by 4/05/2018.</p> <p>4. Rehab Director, Restorative Nurse, and DON and/or designee met to review the process of splint implementation and will meet weekly to make sure the process is in place.</p> <p>Monitoring procedure to ensure the POC is effective:</p> <p>1. DON and/or designee will be auditing 3 random residents weekly to ensure splints are in place and orders are being followed for 12 weeks.</p> <p>2. DON and/or designee will educate new hires for clinical staff on facility care guides to review facility residents who have splints in place and review of TAR's for nursing sign-off.</p> <p>3. Weekly audits for splint wearing and physician orders will be brought to Risk Meetings by DON and/or designee to determine trends and further action if needed.</p> <p>4. Weekly audits will be presented by DON at QAPI meeting for review for 3 months. If discrepancies are noted, further actions will be implemented.</p>		

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F 688	<p>Continued From page 2</p> <p>A record review revealed a physician order written on 06/02/17 for palm protectors to be worn on bilateral hands at all times except for self-feeding and hygiene tasks.</p> <p>A record review revealed a physician ' s order written on 03/18/15 for resident to wear Prevolon boot on one foot and Profo boot on the other foot while in bed and alternate after 6 hours.</p> <p>A record review of the Kardex (a care guide used by the Nursing Assistants on how to take care of each resident) revealed Resident #40 was to have the palm protectors to her bilateral hands at all times except during meals and hygiene and for the Profo boot and Prevalon boot to be applied and alternated every 6 hours while in bed.</p> <p>An observation of Resident #40 on 03/05/18 at 1:30 pm revealed the resident was lying in bed and was noted to have bilateral contractures to her hands. There were no splints in place. The resident was noted to have a dressing to her right foot and had foot drop. There were no heel protecting boots in place to her bilateral feet.</p> <p>An interview with Resident #40 on 03/05/18 at 1:39 pm revealed she had splints for her hands but she did not know where they were. Resident #40 reported the boots for her feet were in the dresser. Resident #40 stated she usually did not get out of bed.</p> <p>An observation of Resident #40 on 03/06/18 at 12:45 pm revealed the resident was lying in bed and did not have bilateral palm protectors on her hands or any heel protecting boots on her feet.</p>	F 688			

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F 688	<p>Continued From page 3</p> <p>An interview with the Resident #40 on 03/06/18 at 12:45 pm revealed she had already eaten her lunch and the staff assisted her with feeding. She reported she got a bath this morning while in bed. Resident #40 reported she was supposed to wear splints to her hands and boots on her feet, but the aids have not put them on her.</p> <p>An observation and interview of Resident #40 was conducted with Nursing Assistant (NA #2) on 03/07/18 at 10:30 am. NA #2 stated she put the palm protectors on Resident #40 today because the resident asked her to. NA #2 stated the purpose of the palm protectors was to keep her hands from closing up. NA #2 reported she had never put boots on Resident #40 since she has been there. NA #2 stated she started in November, 2017. NA #2 located the boots in the dresser drawer. NA #2 stated the purpose of the boots was probably to prevent her heels from getting pressure ulcers.</p> <p>An interview was conducted with Nurse #3 on 03/07/18 at 12:50 pm. Nurse #3 confirmed there were orders in the Treatment Administration Record (TAR) to apply the Prevolon boot on one foot and Profo boot on the other foot while in bed and alternate after 6 hours, however there was no order to apply bilateral palm protectors to Resident #40 ' s hands. Nurse #3 stated the resident had not been wearing her boots because of an infection to her foot. Nurse #3 did not know why the other foot did not have the boot on as ordered. Nurse #3 stated the purpose of the palm protectors was to protect the hands from worsening contractures. Nurse #3 stated the purpose of the boots was to help prevent from worsening of foot drop and to protect the heels from getting pressure ulcers.</p>	F 688			

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F 688	<p>Continued From page 4</p> <p>An interview was conducted with the Rehab Director on 03/07/18 at 3:00 pm. The Rehab Director reported that the rehab department ordered splints for residents who required them. The Rehab Director confirmed palm protectors were ordered for Resident #40 in June of 2017 and she did not know why the order did not transfer over to the TAR so that the nurses could see the order. The Rehab Director said she should have noticed the palm protectors and the boots were not in place on Resident #40.</p> <p>An interview was conducted with the Director of Nursing (DON) on 03/07/18 at 4:30 pm. The DON reported her expectation was that the NA 's follow the Kardex and the nurses were expected to follow the physician orders as written.</p> <p>Example 2: Resident #19 was admitted to the facility on 05/22/15 and had re-entry admissions on 07/30/15 and 06/30/17.</p> <p>Pertinent diagnoses included muscle weakness, acute respiratory failure, tracheostomy status, gastrostomy status, type 2 diabetes mellitus, and a non-traumatic intracerebral hemorrhage.</p> <p>Pertinent physician orders related to the splint and palm protector were: Pt to wear left hand cone splint and right hand palm protector with digit separators at all times except for hygiene purposes.</p> <p>Record review of the quarterly Minimum Data Set dated 01/03/18 documented that Resident #19 had severely impaired cognition, no behaviors, was totally dependent for all care, and always incontinent of bowel and bladder. He had a PEG tube and tracheostomy, received suctioning and tracheostomy care and for seven days during the look back period he received seven insulin</p>	F 688		

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F 688	<p>Continued From page 5</p> <p>injections.</p> <p>The plan of care for Resident #19 dated 02/11/18 documented a focus for needing assistance with activities of daily living related to intracranial hemorrhage, immobility and cognition.</p> <p>Interventions included a left hand splint and therapy as ordered.</p> <p>Observation on 03/05/18 at 2:30 PM: No splint or palm protector on either hand of resident #19.</p> <p>Observation on 03/06/18 at 3:15 PM: No splint or palm protector on either hand of resident #19.</p> <p>Observation on 03/07/18 at 10:05 PM: No splint or palm protector on either hand of resident #19.</p> <p>In an interview with Nurse Aide (NA) #1 on 03/07/18 at 10:15 AM she stated she only did range of motion exercises with Resident #19 and did not put the splint or palm protector on. She looked at both palms of the resident with surveyor present. No indentations or impaired skin integrity observed. His right hand opened fully and easily demonstrated by NA #1. On his left hand digits 4 and 5 were partially contracted. NA #1 looked through Resident #19's dresser drawer beneath the closet and found both the splint and the palm protector underneath clothes in the drawer.</p> <p>In an interview Nurse #1 on 03/07/18 at 10:30 AM she stated she had worked at the facility for about one year. She said she worked on the 300 hall and cared for this resident. She said she had worked last weekend and put the splint and palm protector on the resident when she arrived. She stated that she had just done trach care and was going to put his splint and palm protector on. She said that she knew to put them on because they were in the general orders which she showed to this surveyor. She then checked to determine where the order was scheduled to appear on the Medication Administration Record (MAR) and it</p>	F 688			

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F 688	Continued From page 6 was not scheduled. She said unless a nurse read the actual orders it would not be known to put them on because the order was not on the MAR. She said she just knew to do it. She said the splint nor the palm protector were on the resident this morning when she arrived. She said they were supposed to be on at all times except during hygiene and did not know why they were not on the resident. In an interview with Nurse #2 on 03/07/18 at 11:00 AM she said she did not know how nursing would know to put the equipment on Resident #19 because it wasn't on the MAR. She stated that she was going to add it. In an interview with the Director of Nursing on 03/07/18 at 1:20 PM she stated that she expected splints to be put on residents by staff as ordered.	F 688			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional	F 812		3/30/18	

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F 812	<p>Continued From page 7</p> <p>standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview the facility failed to clean the filters, back splash, floors, and baseboards in the area of the kitchen housing the stove/oven/deep fryer. The facility also failed to maintain wash cycle temperatures at the dish machine which met the manufacturer's minimum requirements. Findings included:</p> <p>1. During initial tour of the kitchen, beginning at 12:24 PM on 03/05/18, 5 of 9 filters above the stove, oven, and deep fryer were coated with grease and a light coat of dust. The filters above the deep fryer had a thick yellow layer of grease on them. There was a substantial build-up of grease on the back splash behind the stove, oven, and deep fryer and there was a film of grease and dried food debris on the floor and baseboards behind this kitchen equipment. At this time the dietary manager (DM) reported the maintenance department was supposed to clean the filters above the stoves and ovens, and he reported the maintenance manager (MM) found documentation that the last time these filters were cleaned was in December 2017.</p> <p>During a follow-up tour of the kitchen, beginning at 9:02 AM on 03/07/18, 5 of 9 filters above the stove, oven, and deep fryer were coated with grease and a light coat of dust. The filters above the deep fryer had a thick yellow layer of grease on them. There was a substantial build-up of grease on the back splash behind the stove, oven, and deep fryer and there was a film of grease and dried food debris on the floor and baseboards behind this kitchen equipment.</p>	F 812	<p>Process that lead to the deficiency cited:</p> <p>(A) Kitchen did not have a cleaning schedule in place to keep the hood filters, back splash, floors, and baseboard in the area of the kitchen housing the stove/oven/deep fryer clean.</p> <p>(B) Dietary staff did not have a monitoring system in place to monitor the water temperature of the wash cycle of the dish machine to meet manufacturer's minimum requirements.</p> <p>Procedure for implementing acceptable POC:</p> <p>(A) Dietary Manager and/or designee will deep clean the hood filters, back splash, floors, and baseboard with a degreaser and power washer by 03/30/2018. Dietary Manager has established a cleaning schedule for the hood filters, back splash, floors, and baseboard to be cleaned every three months or as needed.</p> <p>(B) Dietary Manager and/or designee will educate dietary staff on how to monitor the water temperature of the wash cycle of the dish machine to meet manufacturer's minimum requirements to be completed by 03/30/2018. Hobart came to facility on 03/23/2018 and adjusted the wash tank temperature and the rinse temperature. Wash was 158 degrees and now 168 degrees. Rinse temperature was 185 degrees and now 190 degrees. Per tech, both are temping good.</p> <p>Monitoring procedure to ensure the POC is effective:</p>		

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F 812	<p>Continued From page 8</p> <p>At 9:50 AM on 03/07/18 the MM stated the dietary department was responsible for cleaning the filters above the stoves and ovens. He clarified that he was responsible for scheduling the cleaning of the hood encompassing the filters every six months in June and December.</p> <p>At 9:57 AM on 03/07/18 the DM stated he did not realize that dietary was responsible for cleaning the filters above the stoves and ovens in the kitchen. He reported he had been requesting the purchase of a pressure washer which would make the cleaning of the filters, floors with dried build-up, and baseboards easier.</p> <p>At 10:20 AM on 03/08/18 the DM stated it was important to make sure the filters, back splash, and floors/baseboards around the oven, stove, and deep fryer were kept free of grease, dirt, and dust to prevent a fire hazard. He reported grease and dust could increase the chance that a spark or flame could ignite a blaze in the kitchen.</p> <p>At 10:26 AM on 03/08/18 a dietary employee stated she thought a contracted company cleaned the filters above the stove and ovens every six months. She reported it was important to keep the filters clean to improve the effectiveness of the exhaust system, and it was important to keep the back splash and floors clean and grease-free to reduce the chance of fire and the chance of bug and pest infestation.</p> <p>2. During an observation of the dish machine, beginning at 9:04 AM on 03/07/18, three employees were involved in its operation. None of these employees were watching the temperature gauge as kitchenware was run through the dish machine. The dish machine</p>	F 812	<p>1. (A) Facility Administrator and/or designee will conduct a weekly audit for cleanliness of the hood filters, back splash, floors, and baseboard for 3 months, then 2x/month for 3 months, and then monthly for 3 months. (B) Dietary Manager and/or designee will conduct a daily audit of the water temperature, 3x/cycle (beginning, middle, end) for 3 months, then 3x/week for 3 months, and then weekly for 3 months.</p> <p>2. (A) New hires will be educated by the Dietary Manager on the cleaning schedule for the hood filters, back splash, floors and baseboard during orientation. (B) New hires will be educated by the Dietary Manager on the proper temperature that the wash cycle has to maintain. If temperatures falls below manufacturer's minimum requirements, they are instructed to notify Dietary Manager and/or designee.</p> <p>3. Cleaning schedule audits and dishwasher temperature audits will be brought to risk meetings to determine trends and further action if needed. If discrepancies are noted, further actions will be implemented.</p> <p>4. Cleaning schedule audits and dishwasher temperature audits will be presented by the Dietary Manager at QAPI meeting for review for 9 months. If discrepancies are noted, further actions will be implemented.</p>		

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F 812	<p>Continued From page 9</p> <p>manufacturer posted minimally acceptable temperatures on the equipment, documenting the wash cycle temperature should be at least 150 degrees Fahrenheit and the final rinse cycle temperature should be at least 180 degrees Fahrenheit.</p> <p>Between 9:21 AM and 9:42 AM on 03/07/18 15 racks of kitchenware were run through the dish machine, and the wash temperature did not reach 150 degrees Fahrenheit, with the gauge documenting temperatures of 145, 141, 143, 142, 140, 140, 140, 142, 140, 143, 142, and 141 degrees Fahrenheit. At this time the three employees operating the dish machine reported they did not know what the wash cycle temperature should be according to manufacturer recommendations.</p> <p>At 9:50 AM on 03/07/18 the maintenance manager (MM) stated he checked dish machine temperatures once a week, and the wash temperature usually ran 154 - 160 degrees Fahrenheit. He reported the water heater in the building which provided hot water to the kitchen also supplied hot water to some restrooms and the facility laundry. He commented it was important to keep the wash cycle temperature at 150 degrees Fahrenheit or above to effectively clean kitchenware being run through the dish machine system.</p> <p>At 9:57 AM on 03/07/18 the dietary manager (DM) stated he helped dietary employees monitor the dish machine temperatures as the staff first started up the dish machine after the three meals were served, but he reported follow-up temperatures were not logged as the dish machine process continued.</p>	F 812			

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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 812	Continued From page 10 At 10:20 AM on 03/08/18 the DM stated the employee loading kitchenware into the dish machine was supposed to monitor the temperature gauge. However, he reported he was not sure if the employee carrying out this task during the 03/07/18 dish machine observation had been informed of this responsibility during her training. He commented maintaining wash temperatures of at least 150 degrees Fahrenheit helped to make sure kitchenware was cleaned effectively and more efficiently activated the sanitizing solution. At 10:26 AM on 03/08/18 a dietary employee stated when the wash cycle temperature registered at least 150 degrees Fahrenheit it better enabled the sanitizing solution to kill bacteria and germs. She reported all employees operating the dish machine should monitor the temperature gauge and notify the DM when the wash temperature got below 150 degrees Fahrenheit and the final rinse temperature got below 180 degrees Fahrenheit.	F 812			