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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345519 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/09/2018 |
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| NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH JOHN | STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504 |
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| F 000 | INITIAL COMMENTS No deficiencies were cited as a result of the Complaint Investigation of 8/9/2018, Event ID Z7RO11. | F 000 | | |
| F 692 SS=D | Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews the facility failed to assess and address weekly weights for 1 of 4 residents reviewed for nutritional status (Resident #77). The findings included: A review of the facility's weight policy dated | F 692 | 1. On 7/30/18 and 8/6/18 the Center failed to obtain weekly weights for resident #77. Resident #77 was not affected and gained weight. Resident has been discharged from the Center on 8/13/18. 2. A 100% audit related to obtaining weekly weights was completed on current | 8/30/18 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 08/22/2018 |
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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 692 | <p>Continued From page 1</p> <p>12/2014 revealed weights would be obtained weekly for 4 weeks on all new admissions and readmissions. Weights would fire to the point of care documentation dashboard in the electronic health record. The staff who obtained the weights would record them in the electronic health record.</p> <p>Resident #77 was admitted to the facility on 07/14/18 with the diagnoses of pseudocyst of pancreas, heart failure (HF), chronic obstructive pulmonary disease (COPD), asthma, Methicillin Susceptible Staphylococcus Aureus (MSSA), major depression, protein malnutrition, Clostridium difficile (C-diff), gastro-esophageal reflux disease (GERD), and anemia.</p> <p>Resident #77's Minimum Data Set (MDS) dated 07/21/18 indicated that resident had no cognitive impairments. The resident needed extensive assistance with personal hygiene, and toilet use.</p> <p>Review of the care plan dated 07/16/18 revealed Resident #77's was underweight with a potential nutritional problem related to severe Protein-Calorie Malnutrition (PCM). The interventions included, med pass 2.0 three times a day 120 ml. by mouth, liberalized renal diet, and weekly weights for four weeks-then monthly and as needed.</p> <p>A review of Resident #77's July/2018 medication administrator record (MAR) included: Zofran, Jackson-Pratt (JP) drain, med pass 2.0 three times a day 120 ml. by mouth, liberalized renal diet - regular texture, weekly weights times four weeks-then monthly and as needed, Occupational/Physical Therapy (OT/PT), and oxygen at 4 liters nasal cannula.</p> | F 692 | <p>residents to ensure there were no additional residents affected by this practice. This audit was completed on 8/15/18 by the Director of Nursing and all areas of concern were addressed immediately.</p> <p>3. Nursing staff in-serviced by the Director of Nursing/Designee on obtaining weekly weights on new admissions/readmissions per weight policy. This education will be completed by 8/29/18 by the Director of Nursing/Designee.</p> <p>4. New admissions and readmissions will be weighed weekly for one month per policy. 5 new admissions/readmissions will be audited per week for 4 weeks and monthly for 2 months in the daily Clinical Meeting to ensure completion of weekly weights by the Director of Nursing/Designee. Results of the audit will be reviewed at the monthly Quality Assurance Meeting for 3 months by the Administrator/Designee. Any trends will be noted and immediate correction implemented.</p> <p>5. The Administrator is responsible for implementing an acceptable plan of correction.</p> | | |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 692 | Continued From page 2 A review of the physician order's on 07/16/18 for Resident #77 revealed that weekly weights were to start for the resident on 07/23/18 for one month until 08/20/18, then monthly and as needed. A review of Resident #77's weights revealed: 07/21/18 - 95.0 pounds (admission weight), 07/30/18 -weekly weight not done, 08/06/18 weekly weight not done, and 08/07/18 - 99.4 pounds (weight taken after 08/07/18 nurse interview). A review of the dietary nutritional assessment on 07/21/18 at 2:48 PM revealed Resident #77 was on a liberalized renal diet, 120 ml. med-pass three times per day, weight of 95.0 pounds at 2:34 PM., with a goal weight of 105 pounds. The resident was underweight, weight gain was desired, and by mouth med-pass nutritional supplement was in place. A dietitian review dated 07/25/18 for Resident #77 revealed Resident #77's supplement included med pass 2.0 - 120 ml three times per day, weight 95.0 lbs., height 63 inches., intake met 26-75% of intake, and she consumed greater than (>) 1501 calories per day. The resident was admitted to nursing home from the hospital with multiple diagnoses. The resident's Body Mass Index (BMI) was 16.8. A dietary note dated 07/25/18 at 3:04 PM for Resident #77 revealed the resident had received a regular liberalized renal diet with thin liquids, consumed 26-100% of meals and fluids, and needed assist with meals daily. A supplement was provided daily for additional calories for weight maintenance. Her height was 63 inches, | F 692 | | | |

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| F 692 | <p>Continued From page 3</p> <p>current body weight (CBW) was 95 pounds, and her ideal body weight range (IBWR) was 135.0 - 164.0 pounds. Her body mass index (BMI) was 16.8. I monitored resident for nutritional risks and concerns.</p> <p>A psychiatric evaluation dated 07/31/18 for Resident #77 revealed no changes in appetite or decline in energy. The resident had a history of severe protein calorie malnutrition with enterocolitis due to C-difficile. Her care plan recommendation included: monitor mood, and appetite.</p> <p>A physician progress note dated 07/31/18 for Resident #77 revealed the resident was admitted to the hospital on 06/15/18 through 07/14/18 for acute pancreatitis with complications. She was placed on IV fluids and pain medications. She was placed on antibiotics for pneumonia. She developed C-diff colitis and was placed on Vancomycin. The patient was seen today at the request of nursing staff as she experienced dry heaves and nausea this morning. She did vomit a small amount of bile and since then had felt relief. Her assessment and plan included: the pancreatic pseudocyst may contributed to her intermittent nausea, and added Zofran as needed (PRN) to help better control her symptoms. I encouraged her to eat food with as needed (PRN) pain medications as well.</p> <p>An interview on 08/07/18 at 2:20 PM with Nurse #1 revealed Resident #77's weekly weights were not entered electronically into the resident's MAR on 07/30/18 or 08/06/18 by a nursing aide (NA) or nurse, and should have.</p> <p>An interview on 08/07/18 at 2:40 PM with NA #1</p> | F 692 | | | |

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| F 692 | <p>Continued From page 4</p> <p>revealed the nurses received an electronic flag that a resident weight was needed, and the nurse would verbally ask the NA to do it. The NA said after the residents weight was taken, the NAs would enter it into their Point of Care (POC) electronic documentation.</p> <p>An interview on 08/07/18 at 2:47 PM with Nurse #1 revealed that weekly weights flagged electronically for the nurses every Monday, and that the weights for Resident #77 on 07/30/18 and 08/6/18 should have been completed and entered manually into the resident's MAR by the evening nurse assigned to the resident's hall, and were not. She said she would have the resident weighed today. The resident's weight on 07/21/18 was 95 pounds. The resident's weight on 08/07/18 at 3:33 PM after Nurse #1's interview was 99.4 pounds.</p> <p>An interview on 08/08/18 at 11:00 AM with the Director of Nursing (DON) revealed that it was her expectation that all of Resident #77's weekly weights should have been done according to the physician's order, and were not.</p> <p>An interview on 08/08/18 at 2:35 PM with the facility Administrator revealed that it was her expectation that weekly weights be done according to physician order, and results to be documented in the resident's electronic chart.</p> <p>An interview on 08/08/18 at 3:30 PM with Nurse #2 (Evening Supervisor) revealed that it was her expectation that weekly weights be done according to physician's order, and documented in the resident's electronic chart. She said Nurse #3 did not manually enter Resident #77's weekly weights into the resident's MAR on 07/30/18 and</p> | F 692 | | | |

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| F 692 | <p>Continued From page 5</p> <p>08/6/18. She said Nurse #3 electronically clicked the "use last recorded weight" button on the resident's MAR, which entered the residents last recorded weight of 95 pounds on 07/21/18. She said Nurse #3 should have manually entered the resident's weekly weight into the MAR, once he had received the weight value from the NA assigned to the hall, which he did not.</p> <p>An interview on 08/08/18 at 4:00 PM with Nurse #3 revealed when Resident #77's weekly weights flagged in the MAR to be done on 07/30/18 and 08/06/18, he just electronically signed off on the MAR, by clicking on the button labeled (use last recorded weight of 07/21/18 - 95 pounds) in the resident's Medical Administration Record (MAR). He said this allowed him to carry over the resident's last recorded weight, without having to manually enter a weight. He said, this allowed him to advance the MAR to the next resident in the electronic MAR. He said he did not enter the resident's actual weekly weight into the electronic record. The nurse said he relied wholly on the NAs to do the resident's weekly weight and document their Point of Care (POC) electronic record. He said he was not aware Resident #77's weekly weights were not being done. The nurse also confirmed, he did not follow-up with the NAs to verify if the resident's weekly weights were being done, or not. The nurse said it was his expectation that resident #77's weekly weights on 07/30/18 and 08/06/18 should have been done per physician order, and were not.</p> <p>An interview on 08/09/18 at 12:30 PM with the Registered Dietitian (RD) for Resident #77 revealed it was her expectation that the resident should have had all weekly weights per MD order, and did not.</p> | F 692 | | | |

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| F 812 SS=D | <p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain the temperature of a cold salad made with mayonnaise at or below 41 degrees Fahrenheit during the operation of the trayline. The facility also failed to clean dried food and debris from around kitchen baseboards. Findings included:</p> <p>1. During initial tour of the kitchen, beginning at 10:10 AM on 08/06/18, a large metal bowl of slaw was chilling in the walk-in refrigerator.</p> <p>At 5:20 PM on 08/06/18 the supper trayline was in operation, and a large tray pan containing layers of slaw in plastic cups stacked on top of one another was sitting in another tray pan of ice</p> | F 812 | <p>1. On 8/6/18, the Center failed to maintain the temperature of a cold salad with mayonnaise at or below 41 degrees. There were no residents affected by this practice. The cold salad was not served to any resident.</p> <p>2. All cold foods served were audited to ensure a temperature was maintained at or below 41 degrees on 8/9/18 by the Director of Dining & Nutrition Services. There were no food temperatures above the required temperature.</p> <p>3. Dietary Staff in-serviced regarding Food Storage Practices and monitoring</p> | 8/30/18 | |

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| F 812 | <p>Continued From page 7 away from the steam table.</p> <p>At 5:23 PM on 08/06/18 a calibrated thermometer used to check the temperature of the slaw registered 51.2 degrees Fahrenheit. At this time the Dietary Manager (DM) stated her expectation was that the slaw be kept at or below 41 degrees Fahrenheit while the trayline was in operation. At this time the PM Cook stated the slaw was assembled the day before and stayed in the walk-in refrigerator overnight in a large bowl. He stated the slaw contained cabbage, mayonnaise, relish, salt, and pepper. He also commented that early supper trays had left the kitchen, but no other meal carts had been filled and taken out to the halls or dining room yet.</p> <p>At 3:44 PM on 08/08/18 the DM stated that the slaw served on 08/06/18 had been prepared on 08/05/18 which met her expectation that cold salads containing mayonnaise be made 1 - 2 days in advance of being served. She reported that the last time a temperature was taken on the slaw was before 4:00 PM when it was still being chilled in the large metal bowl. At that time she stated the slaw was at 38 degrees Fahrenheit. She commented the dietary staff failed to get a temperature on the slaw after it was batched up into small plastic cups around 4:00 PM. She also explained that the cook did not mix a lot of mayonnaise with the cabbage so it was not a wet slaw. The DM stated batching up the slaw probably disturbed some of the air pockets causing the temperature of the slaw to increase. According to the DM, bacteria could form in cold foods that stayed above 41 degrees Fahrenheit for long periods of time, possibly causing residents to get sick.</p> | F 812 | <p>TCS food on 8/20/18 by the Director of Dining and Nutrition Services/Dietician. Dietary staff to log temperatures of TCS foods prior to each meal service. Topics covered included TCS foods, proper temperatures and safe food storage practices.</p> <p>4. The Director of Dining & Nutrition Services / Designee will monitor sanitary practices of the kitchen to include proper preparation and distribution of TCS foods. TCS food temperatures will be audited 5 times a week for 4 weeks, 3 times a week for 4 weeks and weekly for 4 weeks by the Director of Dining & Nutrition Services/Designee. Results of the audits will be reviewed at the monthly Quality Assurance Meeting for 3 months by the Administrator/Designee. Any trends will be noted and immediate correction implemented.</p> <p>5. The Administrator is responsible for implementing an acceptable plan of correction.</p> <p>1. On 8/6/18, the Center failed to keep the floors free of dried food and debris against the baseboards in the kitchen, behind the stoves/ovens/steamer, under the meat sinks, under the three-compartment sink system and behind the dish machine.</p> <p>2. The kitchen floors were swept and mopped on 8/9/18. The floors were pressure washed on 8/21/18 to rid of dried food, debris against the baseboards in the</p> | | |

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| F 812 | <p>Continued From page 8</p> <p>At 10:20 AM on 08/09/18 the AM Cook stated she made up cold salads made with mayonnaise on the same day they were served, but started preparing them early in the morning. She reported these salads were supposed to be prepared with chilled ingredients, and once assembled, were supposed to be stored in the walk-in refrigerator until they were placed in individual serving-size containers. She commented these containers were supposed to be kept on ice so that the salads would remain between 32 and 40 degrees Fahrenheit while the trayline was in operation. According to the AM Cook, the temperature of these salads was supposed to be taken right before the trayline began operation.</p> <p>2. During initial tour of the kitchen, beginning at 10:10 AM on 08/06/18, there was dried food and debris against the baseboards in the kitchen behind the stoves/ovens/steamer, under the meat sinks, under the three-compartment sink system, and behind the dish machine.</p> <p>During a follow-tour of the kitchen, beginning at 10:08 AM on 08/08/18, there was still dried food and debris against the baseboards in the kitchen behind the stoves/ovens/steamer, under the meat sinks, under the three-compartment sink system, and behind the dish machine.</p> <p>At 3:44 PM on 08/08/18 the Dietary Manager (DM) stated that once a week the kitchen was deep cleaned, and the stoves/ovens/deep fryer were cleaned and scoured, and floors were mopped with the reach-in refrigerator pulled away from the wall. She could not explain how the build-up of dried food and debris had not been noticed prior to the start of the survey. The DM</p> | F 812 | <p>kitchen, behind the stoves/ovens/steamer, under the meat sinks, under the three-compartment sink system and behind the dish machine by the Director of Dining & Nutrition Services and Gallins Consulting.</p> <p>3. Dietary staff in serviced on 8/20/18 by the Director of Dining & Nutrition Services regarding floor/baseboard cleaning procedures and adherence to department procedures and maintaining sanitary conditions.</p> <p>4. The Director of Dining & Nutrition Services / Designee will audit the floor/baseboard cleaning procedures and adherence to department procedures by auditing the floor cleaning procedures 5 times a week for 4 weeks, 3 times a week for 4 weeks and weekly for 4 weeks by the Director of Dining and Nutrition Services/Designee. Results of the audits will be reviewed at the monthly Quality Assurance Meeting for 3 months by the Administrator/Designee. Any trends will be noted and immediate correction implemented.</p> <p>5. The Administrator is responsible for implementing an acceptable plan of correction.</p> | | |

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| F 812 | Continued From page 9 commented a build-up of dried food and grime could breed bugs and insects which would compromise the sanitary conditions in the kitchen and increase the chance of cross-contamination. At 10:20 AM on 08/09/18 the AM Cook stated the kitchen was supposed to be mopped daily, but should be swept before to make sure food and debris were removed and not pushed against and dried along the kitchen baseboards. She reported flies, gnats, and roaches could feed off accumulated debris. | F 812 | | | |