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	345130	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURIS AT CONCORD NURSING & REHABILITATION CENTER	515 LAKE CONCORD ROAD NE CONCORD, NC 28025

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F 000	INITIAL COMMENTS A complaint survey was conducted from 10-2-19 through 10-3-19. Immediate Jeopardy was identified at: CFR 483.25 at tag F689 at a scope and severity J. The tag F689 constituted Substandard Quality of Care. Immediate Jeopardy began on 8-3-19 and was removed on 10-2-19. A Partial extended survey was conducted. 1 of the 2 complaint allegations were substantiated resulting in deficiencies. Event ID # 2QM911	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff interviews, physician interview, guardian interview, nurse practitioner interview and resident interviews the facility failed to supervise a cognitively impaired resident who was assessed to need supervision when smoking from obtaining	F 689	Resident affected: Resident #1 was immediately placed in a safe situation away from the fire and smoke. Resident #1□s room was thoroughly searched and contraband	10/4/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/18/2019

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F 689	Continued From page 1 lighters and starting a fire in his room for 1 of 2 residents (Resident #1) reviewed for smoking supervision. Resident #1 obtained 3 lighters that were found in his room and subsequently set objects on his over bed table on fire while he was laying in the bed. The fire resulted in Resident #1 having to be removed from his room and staff had to extinguish the fire. No residents were harmed as a result of the fire. Immediate jeopardy began on 8-3-19 when Resident #1 used a lighter to set objects on his over bed table on fire while he was laying in the bed. Resident #1 was removed from his room and relocated to another room. Immediate jeopardy was removed on 10-2-19 when the facility provided an acceptable credible allegation of immediate jeopardy removal. The facility remains out of compliance at a lower scope and severity of "D" (no harm with the potential for more than minimal harm that is not immediate jeopardy) to complete staff education and ensure monitoring systems put into place are effective. Findings included: The facility's smoking policy and procedure, which was not dated, revealed in part; "Curis Health Systems provides a safe environment for residents and staff who smoke and for residents and staff who do not smoke." The facility's designate areas for residents to smoke, residents who desire to smoke and their responsible party receive a copy of the smoking policy on admission or upon request to smoke, the interdisciplinary team evaluates residents desiring to smoke for their ability to smoke independently or dependently upon admission, quarterly, with a significant change or as deemed necessary,	F 689	removed and secured. Resident was questioned by the Administrator to determine his motivation in setting the fire and was unable to provide any additional information. The psychiatric provider was notified with no new orders at that time. The psych provider consulted by phone and agreed to see the resident on the next possible visit. An appointment was scheduled for 8/16/19 for a psychiatric review. The Social Worker saw the resident on 8/9/19 to complete a repeat BIMs with a score of 11. The social worker noted that the resident did not pose a threat to himself or others based on discussion with the resident during which he said he did not intend to set a fire. The care plan was updated with his need for increased supervision. Residents with Potential to be affected: To identify any other residents who were at similar risk, each resident room was reviewed with the resident□s permission with any smoking materials secured on 8/3/19. All new residents and responsible parties will be given the smoking policy at admission. New residents will be assessed as smokers or nonsmokers. Systemic Changes: The policy was clarified and notes clearly states that all smoking materials must be secured. All smokers will have quarterly Safe Smoking Assessment and those residents who are determined to be safe	

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F 689	Continued From page 2 smoking paraphernalia is not permitted to be stored in resident rooms, the facility will care plan residents who smoke. Resident #1 was admitted to the facility on 12-29-16 with multiple diagnosis that included dysphagia, vascular dementia with behaviors, major depression and left sided hemiparesis. A smoking assessment was completed in April 2019 which determined Resident #1 was an unsafe smoker and required supervision while smoking. This was determined by Resident #1 answering "no" to the following questions; ability to safely light and smoke a cigarette, safe technique for extinguishing matches or lighter and disposing of ash, ability to physically hold the cigarette while smoking, understands that smoking materials are for use only in designated smoking areas, does not have loss of sensation to touch or pain, understands smoking is not permitted while using portable oxygen and may not smoke in close proximity to oxygen, can the resident move quickly in the event of an emergency, can the resident call for emergency assistance, can the resident get in and out of the designated smoking area unassisted. The smoking assessment revealed the resident could only smoke at designated times and area with staff and could not carry his own smoking materials. There were no further smoking assessments completed since April 2019. Resident #1's care plan dated 5-22-19 revealed a goal that he would maintain a safe environment free from injury related to smoking. The interventions included; a smoking assessment would be done as needed to determine safety, smoking supplies would be kept in a locked box	F 689	for independent smoking are permitted to smoke at will but must secure all smoking materials with the nurse who places them in a locked container with the resident□s name. Residents who are found to be dependent on others for safety are required to be monitored at all times and may not be in possession of their own materials. The smoking policy is provided in the admission packet for all admissions. On 10/2/19, the smoking policy was reviewed with all staff to assure complete knowledge of the policy and its restrictions on possession of smoking materials. Any staff not in-serviced on 10/2/19 will be in-serviced prior to working again. The facility has additionally posted a reminder for all visitors that they may not provide smoking materials to any resident without going through the nurse 10/2/19. Independent residents have been re-educated on the importance of all smoking materials being secured. For those residents who are not safe smokers, smoking materials are secured at all times unless the smoker is supervised during smoking. Each resident□s smoking materials are kept under lock at all times and provided to the resident during smoking consistent with the process which has been in place since January 2019. Monitoring: A spreadsheet has been created 10/3/19 and will be maintained by the smoking	

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F 689	Continued From page 3 at the nurses' station and distributed by nursing staff, would smoke in designated areas only under supervision. The quarterly Minimum Data Set (MDS) dated 7-8-19 revealed Resident #1 was moderately cognitively impaired and was not coded for any mood or behavior issues. Resident #1 was coded for needing extensive assistance with one person for bed mobility, toileting, personal hygiene and dressing. The coding for Resident #1's upper and lower extremity range of motion revealed no impairment in that area. The MDS did not have Resident #1 coded as a tobacco user. A nursing progress note by nurse #1 dated 8-3-19 revealed the facility's fire alarm had sounded at 8:25pm and staff was able to locate the area. When staff arrived at the area, they saw smoke in the hall and located the source of the smoke was coming from Resident #1's room. The staff noted Resident #1's over the bed table was on fire and the resident was holding a lighter. The progress note revealed staff was able to put the fire out, remove the lighter from the resident and relocate him to another room. The fire department arrived and assessed the situation with no further findings. The social workers documentation was reviewed dated 8-9-19 and revealed Resident #1 had informed the social worker that he received the lighter from a "male visitor" earlier in the day of 8-3-19. During an interview with Resident #1 on 10-2-19 at 11:50am, the resident stated he remembered there was a fire but did not remember how it started. Resident #1 stated he had a lighter that "I	F 689	attendant that indicates what smoking materials each dependent smoker possesses. This spreadsheet will tracked the number of available cigarettes allowing the staff to maintain an accurate count of what should be available. A new check list was initiated on 10/2/19 to check Resident #1 for possession of smoking materials daily for 90 days. All audits will be reviewed by the QAPI committee. At the end of the 120-day monitoring period beginning on 10/2/19, the committee will determine the need to continue the monitoring process.	

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bought" but the resident could not remember where or when he bought the lighter. He also stated he did go out to smoke but that staff "has to watch me" and stated he was aware he was not allowed to have a lighter or cigarettes in his room.

The nursing assistant (NA) #1 who worked the morning of 8-3-19, during 7:00am to 3:00pm shift was interviewed on 10-3-19 at 10:10am. NA #1 stated on 8-3-19 she saw visitors in Resident #1's room but she did not know who they were. She also stated the visitors did not inform her that they were leaving anything for Resident #1 in his room and she denied the visitors took Resident #1 out to smoke during their visit "no he was in the bed my whole shift." NA #1 stated the visitors were leaving as she was leaving at 3:00pm on 8-3-19. NA #1 also stated Resident #1 "hardly ever" asked to go out to smoke "He enjoys staying in the bed and refuses to get up when we ask him."

Nurse #1, who worked the evening of 8-3-19, was interviewed on 10-2-19 at 3:23pm. Nurse #1 stated she did not see any visitors for Resident #1 but was told by the previous shift that the resident had a male visitor earlier in the day. The nurse stated she had seen Resident #1 prior to the fire laying in his bed watching TV and denied that the resident was upset or anxious. She stated she had arrived at the resident's room after the nursing assistant had extinguished the fire but that she assessed Resident #1 after the fire, and he was not injured. Nurse #1 stated the resident had told her "I just cut the lighter on" and that he had received the lighter from a friend. Nurse #1 stated she assessed Resident #1's room and found 2 other lighters and 1.5 packs of cigarettes which she stated she removed from Resident

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#1's night stand and locked up in the lock box at the nurses' station. She also stated Resident #1 had to be escorted out to the smoking area where he would be given one cigarette at a time and that staff would light the cigarette for him so Resident #1 would not have had a lighter in his possession. The nurse stated Resident #1 had not gone out to smoke prior to the fire and was not aware when Resident #1 had been out to smoke.

The nurse shift supervisor was interviewed on 10-2-19 at 12:54pm. The shift supervisor stated she was not present when the fire occurred but spoke with Resident #1 Monday morning (8-5-19). She stated Resident #1 informed her a friend had visited and brought him the lighter and cigarettes. She also stated staff had not been able to identify the male visitor. The supervisor stated the over bed table had not caught fire but rather objects (Styrofoam cups and paper) on the table were on fire. She also stated Resident #1 did not go out alone to smoke, but that staff escorted him out, gave him a cigarette and then would light the cigarette not allowing Resident #1 to hold the lighter at any time.

Resident #1's state guardian was interviewed on 10-2-19 at 1:30pm. The guardian stated Resident #1 did not have a history of fire setting or property damage and that she had not been able to identify the male visitor who brought the lighter and cigarettes to the resident. She also stated Resident #1 had "many" family members who lived in the area and could have come to visit. The guardian stated she was aware Resident #1 could not keep lighters and cigarettes in his room but did not know if family members were aware that Resident #1 could not keep lighters and cigarettes in his room.

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During an interview with the nurse practitioner on 10-2-19 at 2:00pm, the nurse practitioner stated, "Resident #1 setting his table on fire was out of the blue" and that the resident had told him he was trying to light a cigarette not start a fire. He also denied seeing any behaviors that may have indicated Resident #1 setting a fire.

The Administrator was interviewed on 10-3-19 at 9:00am. The Administrator stated he had arrived at the facility shortly after the incident on the evening of 8-3-19 and interviewed staff and assessed the other residents as well as the damage. The Administrator stated he was informed by nurse #1 that the resident had a total of 3 lighters and 1.5 packs of cigarettes which were found in the resident's night stand and that the resident told staff a male visitor who had visited earlier in the day provided the smoking materials to Resident #1. He denied any injury to Resident #1 and stated the resident did not have a roommate at the time of the fire. He also stated the resident was relocated to another room but Resident #1 requested to move back to his original room after 3 days. The Administrator also stated he met with the department heads and reviewed the smoking policy and the events that occurred and concluded that no systemic changes were needed at that time. He stated on 8-15-19 he met with the quality improvement team and the physician and a plan of correction was derived to search and monitor Resident #1's room each shift for a month for any smoking materials. He stated there was not any training done with staff or the resident at that time or any further steps to ensure visitors did not leave lighters and cigarettes with the residents.

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During an interview with the facility's physician on 10-3-19 at 2:57pm, the physician stated he met with the quality improvement team on 8-15-19 and the plan of correction for Resident #1 and the fire were for staff to search the resident's room every shift for a month for any smoking materials. He also stated the fire was "totally unexpected" and denied any previous incidences.

The Administrator was notified of immediate jeopardy on 10-2-19 at 5:50pm. On 10-3-19 at 3:45pm the facility provided the following credible allegation of immediate jeopardy removal.

"On 8/3/2019, at 8:25pm, the fire alarm sounded. CNAs immediately responded by moving into their assigned halls, checking rooms and closing doors. When checking room 155, CNAs noted active flame and smoke at the overbed table. As the fire was small and contained, one CNA moved the table away from the resident, and the other C NA moved the resident's bed away from the fire. The fire extinguished without difficulty. The fire department arrived within five (5) minutes and found the fire had been extinguished. The fire department checked all rooms and common areas to assure there was no other sign of fire or smoke and determined the fire to be located only with the table and confirmed it was fully extinguished. The fire department then assisted staff in relocating the resident to another room, prior to leaving the facility.
On 8/3/19 at 8:37pm the Administrator was notified of the fire and arrived at the facility by 9:30pm. As instructed by the administrator prior to his arrival, the staff began to check all residents to assure they were safe. They collected statements from all staff. The Administrator also instructed the staff to

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thoroughly search the resident's room and take possession of any materials found and begin a room to room search of each resident room, with the resident's permission, to remove any other smoking materials that were potentially in the possession of the residents.

The Administrator checked the visitor log and noted a family member had visited earlier in the day on 8/3/19. The Administrator attempted to reach the family member to verify the smoking materials had been provided earlier that day by the visitor but was unable to find a contact number to confirm the source of the lighter.

The Administrator was familiar with resident #1s smoking patterns based on QAPI corrective action that was underway for a citation (F641) during annual survey where the facility had failed to accurately code a resident as a smoker on his MDS. Resident #1 was considered a dependent smoker due to his hemiplegia associated with multiple strokes; his physical limitations caused him to need supervision. With a BIMs of 11, he was considered cognitively able to manage his smoking. Resident #1 was aware and had agreed to the smoking rules as evidenced by his signed smoker's contract in 2016 in which the requirement of turning in smoking materials was stated. He was being seen by psychiatry for his depression which was partially associated with his strokes and deteriorating condition. The psychiatric nurse practitioner states that there was no reason to suspect resident #1 would engage in such a behavior. It was not part of his history or hinted to by any prior behavior or verbiage. Nothing in this resident's history suggested the need for additional monitoring to prevent him setting fire to his bedside table.

The leadership team met on 8/5/19 to discuss the event. They reviewed the individual circumstance

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of resident #1 and carefully considered the potential for any other residents to take similar actions. As the behavior was entirely individual and the motivation so unclear, it was determined by the team that this was an isolated incident that was not a result of a policy issue. The staff participated in the room searches with the instruction to inform the residents that it was necessary to search the room with their permission to find any smoking materials that might be in their possession for safety reasons. No additional smoking materials were found. Staff was aware that if they found anything, they would inform the resident that it is a violation of smoking policy to be in possession of their smoking materials and that they would be secured in their individual lock boxes. On 8/5/19, staff was reeducated about the smoking policy with an emphasis on importance of collecting and securing all smoking materials, without regard for smoking status (independent or dependent).
They did decide and schedule a fire drill to assure all staff clearly understand action to be taken in such an event even though the staff who was there was commended for their quick, appropriate response. The team felt that further education on this was appropriate.
The team discussed the smoking policy to determine if revisions were warranted, if changes to procedure were needed, if the systems that were set up for smoking safety were enough to prevent such an incident in the future. The decision on the part of the team was that, considering the isolated and unanticipated nature of this event, the process was sufficiently comprehensive and to continue as per current actions.
A fire drill was completed on 8/5/19 during afternoon shift involving all departments.

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The facility-initiated room searches for resident #1 on 8/5/19 that were conducted 3X daily for 4 weeks to assure the resident had not obtained any new smoking materials from outside sources. During a QAPI meeting on 8/15, the Medical Director and the entire team discussed the event and what had been implemented in response and determined the event could not have been anticipated and that response to this point had been effective in assuring no further incidents.

Summary In response to the allegation of immediate jeopardy:
Corrective Action for Resident included in citation:
Resident #1 was immediately placed in a safe situation away from the fire and smoke. Resident #1's room was thoroughly searched, and contraband removed and secured. Resident was questioned by the Administrator to determine his motivation in setting the fire and was unable to provide any additional information. The psychiatric provider was notified with no new orders at that time. The psych provider consulted by phone and agreed to see the resident on the next possible visit. An appointment was scheduled for 8/16/19 for a psychiatric review. The Social Worker saw the resident on 8/9/19 to complete a repeat BIMs with a score of 11. The social worker noted that the resident did not pose a threat to himself or others based on discussion with the resident during which he said he did not intend to set a fire. The care plan was updated with his need for increased supervision.

Identification of other resident with the potential to be affected:
To identify any other residents who were at similar risk, each resident room was reviewed with the resident's permission with any smoking materials

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secured on 8/3/19. Resident had recently been reviewed for smoking status and those continued to be monitored.
Systems and Process Changes in Response
The policy was clarified and notes clearly that all smoking materials must be secured. All smokers will have quarterly Safe Smoking Assessment and those residents who are determined to be safe for independent smoking are permitted to smoke at will but must secure all smoking materials with the nurse who places them in a locked container with the resident's name. Residents who are found to be dependent on others for safety are required to be monitored at all times and may not be in possession of their own materials. The policy which states these restrictions is provided in the admission packet for all admissions. In response to the allegation of immediate jeopardy, on 10/2/19 the smoking policy was reviewed with all staff to assure complete knowledge of the policy and its restrictions on possession of smoking materials. Any staff not in-serviced on 10/2/19 will be in-serviced prior to working again. This was however, an extra measure taken in direct response to the IJ to reinforce the information already provided.
The facility has additionally posted a reminder for all visitors that they may not provide smoking materials to any resident without going through the nurse 10/2/19. Independent residents have been re-educated on the importance of all smoking materials being secured. For those residents who are not safe smokers, smoking materials are secured at all times unless the smoker is supervised during smoking. Each resident's smoking materials are kept under lock at all times and provided to the resident during smoking consistent with the process which has

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURIS AT CONCORD NURSING & REHABILITATION CENTER	515 LAKE CONCORD ROAD NE CONCORD, NC 28025

(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 689	Continued From page 12	F 689		

been in place since early in 2019.
Monitoring to assure Sustained Compliance
As an additional measure, a spreadsheet has been created and will be maintained by the smoking attendant that indicates what smoking materials each dependent smoker possesses. Use will be tracked by reducing the number of available cigarettes allowing the staff to maintain an accurate count of what should be available. This tool will be audited daily by the nursing supervisor X 30 days then weekly for 90 days to assure sustained compliance. All audits will be reviewed by the QAPI committee. At the end of the 120-day monitoring period beginning on 10/2/19, the committee will determine the need to continue the monitoring process.

Allegation of Immediate Jeopardy removal:
The facility alleges Immediate Jeopardy removal as of 10/2/19 when the team met to review the event and followed a four-point planning structure to determine the best course of action for the individual, evaluate the potential for involvement of other residents, the systems and processes that failed to prevent the event and the monitoring process to assure compliance was sustained. No further events have occurred that suggest a lack of effectiveness of these actions taken on 10/2/2019."

The facility's credible allegation of immediate jeopardy removal, with an immediate jeopardy removal date of 10-2-19 was verified on 10-3-19 at 4:00pm as evidenced by licensed and non-licensed staff interviewed regarding in-service training on the smoking policy and securing all smoking materials in a locked location. Review of on-going in-service records revealed staff that were not present for the

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F 689	Continued From page 13 training would receive the in-service training prior to working their next shift. Observations of supervised and non-supervised smokers occurred through out the survey revealing the non-supervised smokers locked their smoking materials in their locked box and the supervised smokers' materials were locked in the medication cart by facility staff.	F 689		