

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

PRINTED: 12/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345286</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/13/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALISBURY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>710 JULIAN ROAD</b> <b>SALISBURY, NC 28147</b>	
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F 558 SS=D	<p>Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)</p> <p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident, family and staff interviews, the facility failed to offer a resident his hearing device when being spoken to for 1 of 3 residents reviewed for accommodation of needs (Resident #1).</p> <p>Findings included:</p> <p>The resident was admitted to the facility on 10/9/15 with the diagnoses of diabetes, dementia, and anxiety.</p> <p>Resident #1 had a care plan (initiated 12/18/17, updated 11/1/19) for "resident/patient states it is important that he has the opportunity to engage in daily routines that are meaningful relative to their preference." An intervention included that Resident #1 "would benefit from accommodation for hearing loss by using closed caption TV, placement near speaker/leader." The resident had another care plan for impaired cognition (dated 3/10/17, updated 11/1/19). An intervention stated to remind Resident #1 to use his amplifier by his bed when talking with him. In addition, the resident had a care plan in place for impaired communication as evidenced by impaired hearing. Interventions included to ensure availability and functioning of adaptive communication resources/equipment: pocket</p>	F 558	<p>F558 Accommodation of Needs</p> <p>Resident # 1 is receiving his hearing assistive device/ amplifier as ordered/needed. Resident # 1 has had his direct care givers educated on how to utilize this device.</p> <p>All residents with hearing assistive devices have the potential to be effected. 100% audit of current residents with hearing assistive devices was completed by the Assistant Director of Nursing to ensure that the devices are in place and that staff are aware of the use and application of these devices</p> <p>Education provided to all staff on recognizing use of hearing assistive devices and ensuring that the devices are utilized accordingly when trying to communicate with the residents.</p> <p>Assistant Director of Nursing and Unit Managers will audit all residents with hearing assistance devices/ amplifiers 5 X week for four weeks, then 3 X week for two weeks then randomly thereafter to ensure that devices are in use and staff</p>	11/15/19

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

TITLE

(X6) DATE

Electronically Signed

11/22/2019

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 558	<p>Continued From page 1 talker.</p> <p>Resident #1's Minimum Data Set dated 10/14/19 revealed the resident was cognitively intact. The resident had no rejection of care or behaviors noted. The resident was independent with bed mobility, walking in the room, locomotion, eating, required supervision with toilet use. The resident also required limited assistance with transfers and dressing. The resident used a walker and a wheelchair. The resident had minimal difficulty with hearing and did not have a hearing aid.</p> <p>The resident's family was interviewed on 11/13/19 at 8:49 AM. She stated the resident loved games and talking with other residents. However, the staff would not assist him in putting on his hearing device head phones so he could hear staff and other residents. She stated the resident was blind in one eye and had a really hard time hearing.</p> <p>A physician order dated 11/6/19 revealed to "ensure the resident has the hearing device/amplifier on" to aid in hearing clearly and adequately (every 4 hours).</p> <p>The Activities Director was interviewed on 11/13/19 at 10:21 AM. She stated the resident liked to sit outside and socialize with residents. The resident went to an activity yesterday but without his hearing device on. She didn't know why he didn't have the hearing device on but knew the resident could take it (the hearing device) off. She stated she had seen the resident put the hearing device (head phones) on himself too. She doesn't see the resident wearing his hearing device all the time. The Nursing Assistants would put the device on the resident, but he could take it off.</p>	F 558	<p>are aware and understand how to utilize devices. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.</p> <p>Date of compliance: 11/15/19</p>		

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F 558	<p>Continued From page 2</p> <p>Nursing Assistant #1 was interviewed on 11/13/19 at 11:04 AM. She stated the resident was independent and liked doing things on his own. She stated he could ask for help. The resident had a hearing device (head phones) in his room. She stated she thought he had the hearing device but had never place it on the resident. She stated she was unsure who could put the device on Resident #1. She revealed the resident must be spoken to loudly and he would let her know if "he needs to hear her more".</p> <p>The resident was observed on 11/13/19 at 11:40 PM. The resident was dressed and in his wheelchair. The resident was observed brushing his hair. The resident's hearing device head phones and pocket amplifier device were not on. The hearing device (head phones) were sitting on a table near his bed.</p> <p>Nursing Assistant #1 was observed and interviewed on 11/13/19 at 11:40 AM. NA #1 entered the resident's room. She asked the resident if he needed help with anything in a loud voice. The resident continued to comb his hair with his back turned to NA #1. NA #1 was asked if she ever used Resident #1's hearing device when she spoke with him. She stated, she wasn't sure how it worked and had not used it before. She stated she would ask the nurse about it. (NA #1 went to get Nurse #1).</p> <p>Nurse #1 entered the resident's room on 11/13/19 at 11:42 PM. NA #1 and Nurse #1 both spoke to the resident, but the resident did not respond and continued combing his hair. Nurse #1 turned on the resident's hearing head phones and handed them to the resident. The resident placed them</p>	F 558			

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F 558	<p>Continued From page 3</p> <p>on his head and adjusted the volume of the head phones so he could hear. Nurse #1 asked the resident if he needed anything and the resident responded that he was fine.</p> <p>Nurse #1 stated on 11/13/19 at 11:42 PM that the resident was usually offered the hearing device and could put it on himself.</p> <p>The resident was interviewed on 11/13/19 at 11:50 AM. He stated his family usually put his hearing device (head phones) on him. He stated if he could find it (the hearing device), then he would try and put it on himself. He stated he went to a singing activity yesterday. They didn't put his hearing device on him but put him in the front seat near the activity.</p> <p>The medical director was interviewed on 11/13/19 at 1:07 PM. He stated he used the resident's hearing device (head phones) when he talked with the resident.</p> <p>Nurse #1 was interviewed again on 11/13/19 at 3:09 PM. She stated the resident had some confusion. She stated at first, the resident wore his hearing device "on and off" but his family wanted it worn more so an order was placed for the device. She stated the resident would wear his hearing device and could put it on himself. She stated that it was "up to him". She answered "no" when asked if the resident need cueing to put the device on.</p> <p>Nurse #2 was interviewed on 11/13/19 at 3:27 PM. She stated the resident was alert and oriented with some confusion. The resident had a hearing device (head phones). The resident would refuse to wear it at times. She stated she</p>	F 558			

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F 558	Continued From page 4 was not sure if the staff knew how to use the device. She stated the resident could hear if you stood in front of him.  The Administrator (with DON present) was interviewed on 11/13/19 at 7:07 PM. He stated he had seen Resident #1 talking with other residents without the hearing device on before.  The Director of Nursing (DON) stated on 11/13/19 at 7:07 PM that the resident would sometimes wear his hearing device head phones but sometimes he wouldn't. She stated she would expect that all staff were aware of how to use residents' assisted devices.	F 558			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interviews, the facility failed to have the physician's approval and order to use a BIPAP (Bilevel Positive Airway Pressure) device for 1 of 3 residents reviewed for respiratory care (Resident #2).  Findings included:	F 695	F695 Respiratory Care  Resident # 2, had an order written for BiPap on 11/12/19. However Medical Director evaluated on 11/13/19 and discontinued the BiPap.  All residents requiring respiratory services have the potential to be affected.	11/15/19	

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F 695	<p>Continued From page 5</p> <p>Hospital records dated 10/13/19 revealed Resident #2 was on Bilevel Positive Airway Pressure (BIPAP) at the hospital (A device used to prevent patient's upper airway from collapsing at night). The hospital discharge summary dated 10/13/19 revealed the resident required 4 liters of oxygen continuous. There were no physician's orders for BIPAP on the discharge summary.</p> <p>Resident #2 was admitted to the facility originally on 10/18/18. Resident #2 had diagnoses of heart failure (10/16/19), diabetes (10/16/19), and obstructive sleep apnea (10/16/19).</p> <p>The resident's Minimum Data Set dated 10/23/19 revealed the resident was cognitively intact. The resident required limited assistance with bed mobility, transfers, dressing, and toilet use. The resident used a walker and a wheelchair. The resident was on oxygen therapy and BIPAP/Continuous Positive Airway Pressure (CPAP) while not a resident and on oxygen therapy while a resident.</p> <p>A healthcare BIPAP/CPAP request form was completed for Resident #2 with a requested delivery date of 10/16/19 for an automatic BIPAP machine. The following details revealed that a size medium mask was needed, with oxygen that would "bleed in" at 4 liters per minute. The form also included the settings for the BIPAP machine.</p> <p>A respiratory treatment note dated 10/31/19 revealed the resident was receiving 6 liters of oxygen via nasal canula and was to use BIPAP with bleed in oxygen. It stated the usage was: 1 Day, 5.6 hours; 7 days, 0.4 hours; and 30 days, 0.8 hours. The resident was educated to use her BIPAP more; at least 4 hours a night. The</p>	F 695	<p>Assistant Director of Nursing and Regional Nurse completed 100% audit of all current residents on 11/13 and 11/14/19 to ensure that all residents requiring respiratory services (Bipap, Cpap, Nebulizers, Oxygen) have appropriate orders in place.</p> <p>Education provided to Licensed Staff by the Assistant Director of Nursing and/or the Nurse Practice Educator on ensuring that verification is completed with the Physician prior to initiating any Respiratory Services. This education included Full Time, Part Time, PRN and Agency staff.</p> <p>Assistant Director of Nursing and/or Unit Manager to randomly audit respiratory services (Bipap, Cpap, Nebulizers and Oxygen use) 5 X week for four weeks then 3 X week for two weeks, then weekly thereafter to ensure that all respiratory services being provided have an appropriate Physician's order for use. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.</p> <p>Date of Compliance: 11/15/19</p>		

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F 695	<p>Continued From page 6</p> <p>resident said she would. The BIPAP water chamber was filled and the unit was cleaned.</p> <p>The resident had a care plan (last updated 11/12/19; date of survey) in place for respiratory care related to chronic obstructive pulmonary disease, heart failure and obstructive sleep apnea; required oxygen via nasal cannula and the use of BIPAP tonight.</p> <p>Physician's orders were reviewed from October 2019 to November 2019. Physician orders revealed there was no order for BIAP until 11/12/19 (during survey). A physician's order dated 11/12/19 revealed BIPAP was to be applied at night and remove in the morning.</p> <p>An initial tour was completed on 11/12/19 at 7:38 PM. Resident #3 had no concerns when asked about care. She was observed to have a BIPAP machine on her bedside table.</p> <p>Nurse #3 was interviewed on 11/12/19 at 9:47 PM. She stated the resident only wore her BIPAP machine when she wanted to. She stated she offered the resident her BIPAP about 30 minutes ago, but she refused it. The resident usually wore her BIPAP but would refuse sometimes. She stated she usually would chart it when it was placed on the resident but the resident's BIPAP wasn't on her Medication Administration Record. She stated she didn't see orders for the settings for the device. She stated that respiratory therapy would set the BIPAP settings for residents. She stated Resident #2 must not have new orders for it since she just came back from the hospital. She stated the resident's BIPAP settings were set by respiratory and that the nursing staff didn't mess with the settings.</p>	F 695			

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F 695	<p>Continued From page 7</p> <p>Nurse #3 was observed on 11/12/19 at 9:58 PM to enter the resident's room. The resident was observed to be partly laying on her BIPAP mask and had her oxygen on. The nurse was asked if this machine was the resident's BIPAP machine and nurse #3 responded "yes". The nurse gently touched the resident and asked her if she wanted her BIPAP on. The resident agreed and she placed the BIPAP on the resident. The BIPAP was hooked up properly and placed on the resident. Nurse #3 also added water to the BIPAP chamber.</p> <p>The Director of Nursing (DON) was interviewed on 11/12/19 at 10:50 PM. She stated that a respiratory therapist had assessed this resident and wrote that the resident needed BIPAP. She stated the nurse and herself just put the Physician's order in (11/12/19). She stated all residents were supposed to have an order for BIPAP/CPAP. She stated respiratory therapy checked the BIPAP machines weekly, added water, and changed the settings as needed.</p> <p>The Respiratory Therapist was interviewed on 11/13/19 at 10:59 AM. She stated that she had looked at the resident's BIPAP equipment and told the nurse they should be applying the BIPAP machine at night. She stated the resident was on 6 liters of oxygen during the day. She added that the resident needed the BIPAP to be put on her by the nurse. She stated the BIPAP needed to be documented, including if the resident refused. She revealed she brought concerns related to the BIPAP to the administrator's attention last week. She stated the resident was on BIPAP and the doctor had ordered it. She assumed the doctors' orders were from the hospital and were just</p>	F 695			



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F 695	<p>Continued From page 8</p> <p>carried over. On the resident's discharge from the hospital, they had to have an order for the BIPAP so she could get the BIPAP machine delivered. There was a form that had to be completed. This resident had not had the BIPAP machine very long at all. She revealed she usually would tell the nurses to get an order for the BIPAP machines and then she would correct any orders as needed. She stated the BIPAP machine should show up on the medication or treatment record. She told the resident the importance of the machine and had spoken to the nurses about placing the BIPAP on the resident.</p> <p>The Medical Director was interviewed on 11/13/19 at 1:26 PM. He stated the staff at the facility would look at the BIPAP setting from the hospital discharge summary and set up the BIPAP. Then he would sign the orders for the BIPAP machine. He stated this resident had been to the hospital 5 times or more since 2018. He stated that residents generally come from the hospital if a BIPAP is ordered. He stated he was not aware this resident was on BIPAP.</p> <p>Charge nurse #1 was interviewed on 11/13/19 at 1:40 PM. She stated the resident was admitted from the hospital and she thought the resident had an order for the BIPAP on 10/16/19. She stated she would look at the orders from the hospital summary then fill out a respiratory order sheet to order the BIPAP machine. Then she would fax the respiratory order sheet to respiratory and they would send the facility the BIPAP machine. The nurse would put the order in for the BIPAP after the machine arrived. She stated the discharge summary was looked over twice to confirm the orders for the machine are placed properly. She stated they (the facility)</p>	F 695			

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F 695	<p>Continued From page 9</p> <p>would have to have a doctor's order to order the BIPAP machine.</p> <p>The DON was interviewed on 11/13/19 at 4:03 PM. She stated she spoke with the medical director and he was going to discharge the BIPAP order that was put in last night. The BIPAP was ordered based on the resident's discharge summary when the resident was at the hospital (not for when she arrived back to the facility). The doctor stated the resident did not need the BIPAP at this time. It was used only acutely at the hospital. She didn't think the BIPAP had caused the resident any harm. She stated charge Nurse #1 had got the BIPAP settings from the hospital summary, had contacted respiratory therapy, and ordered the BIPAP machine. Respiratory therapy had also seen the hospital summary when the resident was in the hospital. Usually, the facility's liaison would order the BIPAP but in this case, the Liaison was off, and the wrong information got sent. While the resident was using the BIPAP, the resident's oxygen saturation had been the in high 90's to 100%.</p> <p>The DON was interviewed on 11/13/19 at 7:15 PM. She stated she would expect they (the facility) would obtain the order from the hospital and relay it to respiratory therapy so the BIPAP could be set up properly.</p>	F 695			