

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2020
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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-TRENT	STREET ADDRESS, CITY, STATE, ZIP CODE 836 HOSPITAL DRIVE NEW BERN, NC 28560
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 2/12/20 through 02/13/20. Event ID# NSFB11 _3_ of the _14_ complaint allegations were substantiated resulting in deficiencies.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to provide oral care for 1 of 1 dependent resident reviewed for oral hygiene (Resident #2). Findings included: Resident #2 was admitted to the facility on 1/03/20 with diagnoses that included diabetes and cerebrovascular accident (CVA). Resident #2's admission Minimum Data Set (MDS) dated 1/10/20 indicated she was severely cognitively impaired and required extensive to total dependence on staff for activities of daily living (ADL). The dental assessment of the MDS indicated Resident #2 to have observed or likely cavity or broken natural teeth. The MDS was also coded for Resident #2 to have no behaviors or rejection of care. The care plan revised 2/03/20 identified that Resident #2 had a self-care deficit in ADL due to	F 677	This plan of correction constitutes a written Allegation of Compliance with federal and state requirements. Preparation and submission of this Allegation of Compliance does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law. Resident # 2 was provided Oral Care by the C.N.A. assigned on 2/12/20 On 2-14-20, 100 % audit was completed by Administrative nurses on residents to ensure mouth care was being provided as needed. On 2-12-20 the Clinical Competency Coordinator began education of the	3/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/05/2020
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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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 677	<p>Continued From page 1</p> <p>her CVA and required extensive to total assistance with the ADL. The interventions included that ADL needs will be met with staff to provide assistance as needed.</p> <p>An observation made on Resident #2 at 2/12/20 at 2:41 PM revealed she had caked food debris between her upper and lower teeth and on her gums.</p> <p>An interview with Nurse Aide (NA) #1 on 2/12/20 at 3:12 PM revealed she was responsible to provide oral care for Resident #2 on 2/12/20 and confirmed she was not resistive to ADL care. She further stated she used mouth swabs on Resident #2 instead of a toothbrush on Resident #2. She stated she had never used a toothbrush on Resident #2 to provide oral care.</p> <p>An observation made with the Director of Nursing (DON) on Resident #2 at 2/12/20 at 4:10 PM revealed she had caked food debris between her upper and lower teeth and on her gums.</p> <p>An interview with the Director of Nursing (DON) on 2/12/20 at 4:12 PM confirmed that Resident #2 had obvious food debris between her teeth and on her gums. She further stated this was not the appropriate way for Resident #2's teeth to be left and this was a result of the resident not receiving proper mouth care after eating.</p> <p>An interview with the Administrator on 2/13/20 at 8:58 AM revealed she expected facility staff to follow policy and provide care accordingly and provide oral care as needed.</p>	F 677	<p>Nursing staff on providing mouth care to the residents, education will be completed by 3/6/2020. Staff that has not been educated by 3/6/2020 will receive education prior to their next scheduled shift. This education has been added to the general orientation of newly hired nursing staff.</p> <p>Director of Health Services and Unit Managers will audit 5 residents daily for 5 days to ensure mouth care has been provided, then 5 residents per week x 4 weeks, then 2 times monthly x 4 weeks and monthly thereafter to ensure mouth care is being provided timely and thoroughly. The Director of Health Services / Unit Managers will provide the Clinical Competency Coordinator any areas of concern for follow up training and education.</p> <p>The Director of Health Services will present the analysis of the Oral Care Audit to the Quality Assurance / Performance Improvement Committee monthly for review and revisions as needed. The audits will be reviewed during quarterly QAPI to ensure systems in place continue to be compliant.</p> <p>Date of compliance 3/6/2020</p>		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)	F 690		3/6/20	

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F 690	<p>Continued From page 2</p> <p>§483.25(e) Incontinence.</p> <p>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, staff and physician interviews, the facility failed to secure</p>	F 690	Resident # 2 catheter was secured using a leg strap on 2-12-20. Resident # 2 had		

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F 690	<p>Continued From page 3</p> <p>the catheter tubing for 1 of 1 resident reviewed for urinary catheter care (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 1/03/20 with diagnoses that included diabetes, urinary tract infection (UTI), and cerebrovascular accident (CVA).</p> <p>Review of Resident #2's admission Minimum Data Set (MDS) dated 1/10/20 indicated she was severely cognitively impaired, was totally dependent on staff for activities of daily living (ADL), and had a urinary catheter.</p> <p>Review of the care plan revised 2/03/20 identified indwelling catheter goals included that Resident #2 will have catheter care managed appropriately and interventions included to provide catheter care per policy.</p> <p>Observation of catheter care made on 2/12/20 at 2:23 PM revealed Nurse Aide (NA) #1 and NA #2 provided catheter care for Resident #2 and a catheter tube securing device was not observed on the resident or in the room. After NA #1 and NA #2 finished cleaning the tubing and catheter care was complete, the tubing remained unsecured to the resident.</p> <p>An interview with NA #1 on 2/12/20 at 2:52 PM revealed she did not use catheter securing devices at the facility and she had never seen one on Resident #2.</p> <p>An interview with NA #2 on 2/12/20 at 3:19 PM revealed she did not use catheter securing devices at the facility and she had never seen</p>	F 690	<p>her catheter removed on 2-19-20</p> <p>A 100% audit was completed on 2-14-20 by Director of Health Services and Unit Manager, of all residents that currently had a catheter-a securing device was put in place on all catheters.</p> <p>All residents that currently do not have a diagnosis for a catheter had the catheter removed and a voiding trial initiated or a follow-up appointment with urology to determine medical necessary. New admits with a catheter will be evaluated on admission for necessity and catheters removed as indicated.</p> <p>Nursing staff have been in-serviced on 2-12-20 by the Clinical Competency Coordinator, on proper catheter care, to include changing of gloves timely, ensuring proper disposal of gloves and wipes when they become soiled during incontinent care and securing of tubing . All staff will be in serviced by 3-6-20, any staff not in-serviced will not be allowed to work until in-service is complete. This education has been added to the new hire nursing staff orientation.</p> <p>All residents with catheter will be audited weekly by the DHS and or Unit Managers to ensure care is being delivered correctly and the securing device in in place x 4 weeks, and bi-weekly x 1 month and monthly thereafter. Any identified areas of concern will be corrected.</p> <p>The Director of Nursing will present the</p>		

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F 690	Continued From page 4 one on Resident #2. An interview with Nurse #1 on 2/12/20 at 4:59 PM revealed that the facility used catheter leg straps, but Resident #2 did not have a catheter leg straps to secure her catheter. An interview with the Director of Nursing (DON) on 2/12/20 at 4:10 PM revealed that the facility used catheter leg straps and she did not know why Resident #2 did not have a catheter secure device. She further revealed it was policy for residents to have a catheter securing device and leg straps were available for resident use. An interview with the Administrator on 2/13/20 at 8:58 AM revealed she expected facility staff to follow policy and provide care accordingly. She further revealed she was unaware catheter securing devices were not being used.	F 690	analysis of the catheter audits during the quarterly QAPI to ensure systems continue to remain compliant. Date of compliance 3/6/2020		
F 712 SS=D	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician,	F 712		3/6/20	

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F 712	<p>Continued From page 5</p> <p>required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff and physician interviews, the facility failed to ensure Physician visits were alternated with the Nurse Practitioner (NP) visits every 60 days after the first 90 days of admission for 1 of 1 resident reviewed for personal and oral hygiene (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 4/30/18 with reentry 12.23.19 with diagnoses that included unspecified dementia, major depressive disorder, and atrial flutter.</p> <p>A review of Resident #1's quarterly Minimum Data Set (MDS) dated 12/30/19 indicated he was cognitively intact and required limited assistance to supervision for activities of daily living (ADL).</p> <p>A review of the progress notes revealed that notes were written, signed and dated by the NP for several consecutive visits. No documentation was found to indicate that the attending physician had visited and examined the resident at least once every 60 days.</p> <p>A review of Resident #1's progress notes revealed he was seen by the NP on 8/06/19, 9/27/19, 11/08/19, and 1/14/20. Further review revealed he was seen by the Physician on 2/12/20. There was no other documentation that indicated he was seen by the Physician after</p>	F 712	<p>Resident # 1 was seen by the Physician on 2-12-20.</p> <p>The physician began visiting his resident on 2/13/2020 to ensure all residents have had a visit within the last 60 days. The Unit Managers are adding 5 residents to the Physicians new admit list weekly to ensure all residents are seen timely.</p> <p>Medical Records Department has put an audit tool in place to ensure residents are seen and Physician documents on all admits and current residents per regulation. Every 30 days x 90 days on admission and every 60 days thereafter.</p> <p>The Medical Records Director will bring the analysis of the Physician visit audit tool to the monthly Quality Assurance / Performance Improvement Committee to ensure all visits and notes are up to date for the month. Any identified areas of concern will be corrected.</p> <p>The Medical Records Director will present the findings of the Physician visit audit to the QAPI committee quarterly for review and revision as needed.</p> <p>Date of compliance 3/6/2020</p>		

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F 712	<p>Continued From page 6 8/09/19 or prior to 2/12/20.</p> <p>An interview with the Medical Records Clerk on 2/13/20 at 8:34 AM revealed she was responsible for providing the Physician with a list of residents who needed to be seen for routine visits. She stated she did not know about the regulation requiring the Physician to see the residents at least once every 60 days and thought the residents had to be seen yearly.</p> <p>An interview with the Director of Nursing (DON) on 2/12/20 at 4:10 PM revealed she was unaware the Physician had not been performing the required routine visits every 60 days. She confirmed the Medical Records Clerk was responsible for providing the Physician a list of residents and she did not know why this had not been being done as required.</p> <p>An interview with the Physician on 2/12/20 at 5:00 PM revealed he relied on the Medical Records Clerk at the facility to inform him when the residents needed to be seen for routine visits. He further stated he had been told by the Medical Records Clerk he was required to see new residents within 7 days and then yearly after that. He verified the DON had notified him on 2/12/20 that he had not been seeing residents as required and the facility would develop a system to notify him when required resident visits were due.</p> <p>An interview with the Administrator on 2/13/20 at 8:58 AM revealed she was aware of the regulation which required the Physician to see residents at least every 60 days but was unaware this regulation was not being followed. She stated she expected the Physician to see Resident #1 at least every 60 days as the regulation required.</p>	F 712			

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