

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

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2020
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF RAEFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON STREET RAEFORD, NC 28376
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F 000	INITIAL COMMENTS A complaint investigation survey conducted from 09/02/20 through 09/04/20. Event ID 0ETN11. 1 of the 6 complaint allegations was substantiated resulting in deficiencies.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		9/23/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/21/2020
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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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F 580	<p>Continued From page 1</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to notify the responsible party (RP) for 2 of 3 sample residents (Resident #1 and Resident #2). Resident #1 who had a downgrade in diet, and Resident #2 who had a dental appointment.</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on 9/16/19 with diagnoses that included End Stage Renal Disease (ESRD), Diabetes Mellitus type 2 (DM II), and Dementia.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS) assessment dated 6/26/20 revealed he was mildly cognitively impaired and required extensive assistance with activities of daily living (ADLs). The resident was coded as being independent with eating, after setting up.</p>	F 580	<p>The Responsible Party for Resident #1 was notified of diet downgrade in Resident's diet on 7/13/202 and the Responsible Party for Resident #2 was notified of dental appointment on 7/2/2020 via a concern/grievance response by the facility's social worker.</p> <p>All physician orders, scheduled appointments, room changes and any changes in conditions were reviewed by the Director of Nursing for all residents on 9/7/2020 to ensure that the RP notification had occurred.</p> <p>Education will be provided to all nurses on the Change on Condition policy and MD notification by the DON or designee by 9/23/2020. All newly hired nurses will receive education on notification</p>		

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F 580	Continued From page 2 Review of Resident #1's care plan dated 6/11/20 revealed Resident #1 had increased nutrition and hydration risk related to dialysis, ESRD, and DM II. The goals were for Resident #1 to remain stable, consume a therapeutic diet, and show no signs and symptoms of dehydration. Interventions included encourage compliance with diet guidelines, monitor the need for increased nutrition, assist with meals, and provide supplements. Review of nursing note dated 6/29/20 revealed Resident #1 was coughing during meals, and his diet texture was changed to mechanical soft. Further review of the nursing note did not indicate Resident #1's family was notified of a change in the diet. A review of the Speech Therapist (ST) evaluation and plan of treatment dated 6/29/20 revealed Resident #1 had dysphagia, increased mastication timing and coughing episodes with meals. Further review of the documentation revealed a mechanical soft diet and nectar thick liquids were recommended. The treatment plan did not identify the RP was notified of the diet recommendation. A review of physician's order dated 6/29/20 revealed the diet texture for Resident #1 was downgraded to mechanical soft. Further review of physician order dated 7/3/20 revealed Resident #1's diet was downgraded to pureed texture and nectar consistency. Review of the grievance log revealed a concern dated 7/7/20 on behalf of Resident #1 by his RP. The concern was regarding not being notified of a	F 580	requirements during orientation to facility. Transportation Scheduler will receive education that includes notification of all scheduled appointments and documented notification and attempts to notify on the appointment communication sheet. The 24 hour report will be reviewed 5 times a week in the facility's clinical meeting to ensure that all changes in condition, new orders, labs, x-rays and room changes are followed with Responsible Party notification of such change to the resident's care. The transportation schedule and Appointment Communication Sheets for the upcoming week will be reviewed weekly by the DON or designee to ensure RP notification has occurred. An audit will be conducted by the DON or designee 5X a week for 90 days to ensure ongoing compliance with all RP notification. If failure to notify is identified, the responsible employee will receive re-education and notification will be made to the RP immediately. The audits will be reviewed monthly in the facility's QAPI meeting for a period of 3 months. The facility's decision to extend the audits will be based on the results of the audits.		

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F 580	<p>Continued From page 3</p> <p>downgrade in the resident's diet. The concern form further revealed the staff would be in-serviced on notification of RP.</p> <p>An interview with Nurse #1 on 9/2/20 at 2:30 PM revealed Resident #1's diet was changed by ST to Puree on 7/3/20 due to resident holding food in his mouth. She stated she did not notify the RP of the new order.</p> <p>An interview with the Speech Therapist on 9/2/20 at 2:45 PM revealed Resident #1 was having a general decline. She stated his neck was in an upward position, thin liquids were running back to quickly, and he was unable to swallow or chew well enough due to his jaw muscles being tight. She stated she wrote an order for a mechanical soft diet on 6/29/20, and a pureed diet and nectar thick liquids on 7/3/20. She further stated she did not notify the RP of the new orders because she thought nursing was responsible.</p> <p>An interview with Nurse #2 on 9/3/20 at 3:00 PM revealed the nurse on the floor would notify families of new orders. She stated that Resident #1's RP was difficult to reach and sometimes they were unable to leave a message. She further stated she usually checked during the morning meeting to see if any follow up was needed such as family notification. She could not recall if she had contacted resident #1's RP with regards to the resident's downgraded diet. She stated she was aware that documentation was necessary for it to be considered done.</p> <p>An interview with the Director of Nursing (DON) on 9/3/20 at 11:55 AM revealed that the nurse noting the orders would notify the RP. She stated the Unit Managers would also notify families of</p>	F 580			

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F 580	<p>Continued From page 4 new orders.</p> <p>An interview with the Administrator on 9/4/20 at 3:15 PM revealed that RP's should be notified of any changes. He further stated they have a clinical meeting Monday through Friday where they discuss if the nurse was not able to call the family, the unit manager would notify the family of new orders. He revealed he could not say what would be a reasonable time to notify families of changes.</p> <p>2. Resident #2 was admitted to the facility on 12/31/20 with diagnoses that included unspecified dementia without behavioral disturbance.</p> <p>Review of quarterly Minimum Data Set (MDS) assessment dated 8/12/20 revealed Resident #2 was cognitively impaired and required extensive assistance with activities of daily living.</p> <p>Review of facility grievance log revealed a grievance filed on behalf of Resident #2 by Resident #2 family member (responsible party) on 6/16/20. The concern form stated that Primary Representative (PR) was not notified of Resident #2 dental appointment. The concern form further stated the PR called the facility and was put on hold with no one answering or hung up on him. Documentation of facility follow up to the PR concern was staff was educated on phone etiquette. If the needed staff member was busy at the time of call, the staff member answering the phone was to take the message and relay it to the staff member that was needed at the time of call. Resident #2 dental appointment was not addressed in the concern.</p> <p>Review of Resident #2 physician progress note dated 06/15/20 stated Pre-Impressions for</p>	F 580			

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F 580	<p>Continued From page 5 dentures.</p> <p>Review of transportation request form dated 06/15/20 revealed Resident #2 had a dental appointment evaluation to be performed by a specialist. The follow-up date was 07/07/20.</p> <p>Review of late entry progress note dated 06/22/20 stated an attempt was made to notify responsible party (RP) regarding plan to replace dentures and left voicemail to return call.</p> <p>An interview was conducted with Nurse #3 on 09/04/20 at 11:00 AM revealed she was the Unit Manager. Nurse #3 stated that whoever initiated an order, the nurse or unit manager, would be responsible for notifying a resident's responsible party and the notification should be documented in the progress notes.</p> <p>Interview with the Social Worker on 09/04/20 at 3:50 PM revealed the Transportation Scheduler was responsible for notifying the responsible party of resident's upcoming appointments.</p> <p>An interview was conducted with the Transportation Scheduler on 09/04/20 at 4:05 PM. The Transportation Scheduler stated that she was responsible for notifying Residents responsible party of any residents upcoming appointments as she scheduled them and logged them. She indicated that she was unable to provide the log because she shredded them after use.</p> <p>An interview was conducted with the Director of Nursing (DON) on 09/04/20 at 11:15 AM. The DON stated that responsible party was to be notified of any changes or appointments and that</p>	F 580			

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F 580	Continued From page 6 whoever put in the order was responsible for notifying the responsible party.	F 580			