

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

PRINTED: 10/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345562	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2020
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NAME OF PROVIDER OR SUPPLIER CLEAR CREEK NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10506 CLEAR CREEK COMMERCE DRIVE MINT HILL, NC 28227
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(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
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F 000	INITIAL COMMENTS An unannounced onsite complaint investigation was conducted on 9/28/2020. There was 1 allegation investigated; which was substantiated and cited. Event ID# HDQE11.	F 000		
F 564 SS=D	Inform Visitation Rgths/Equal Visitation Prvl CFR(s): 483.10(f)(4)(vi)(A)-(D) §483.10(f)(4)(vi) A facility must meet the following requirements: (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section. (B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences. This REQUIREMENT is not met as evidenced by: Based on record review, family and staff interviews, and review of the facility posting	F 564	Clear Creek Nursing and Rehabilitation Center acknowledges receipt of the	10/16/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/16/2020
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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 564	<p>Continued From page 1</p> <p>"Coronavirus Guidance", the facility failed to allow a compassionate care visit by family for 1 of 3 residents (Resident #1) reviewed for end of life care.</p> <p>Findings included:</p> <p>A facility posting titled "Coronavirus Guidance-Visitation Restriction at This Time", last updated March 2020 was reviewed. The posting read in part:</p> <p>Visitation will only be arranged if patient is at End of Life and must be scheduled in advance</p> <p>Resident #1 was admitted to the facility on 9/9/2020 and expired at the facility on 9/16/2020. Her diagnoses included coronavirus.</p> <p>Resident #1 had a Medicare/ 5-day Minimum Data Set (MDS) dated 9/16/2020 which revealed moderate impairment for decision making.</p> <p>A telephone interview was completed on 9/28/2020 at 11:57 AM with a family member of Resident #1. The family member expressed they were notified on 9/15/2020 that Resident #1 was not doing well. The family member asked if they could visit Resident #1 and was informed by facility staff due to Resident #1 being on the Covid Unit, visitation was not allowed. The family member could not recall who they spoke with at the facility.</p> <p>An interview was completed on 9/28/2020 at 12:15 PM with Nurse #1. She stated she was familiar with Resident #1 and was her assigned nurse during her decline and subsequent death at the facility. Nurse #1 verbalized she</p>	F 564	<p>Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Clear Creek Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Clear Creek Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>564</p> <p>Resident # 1 expired on 9/16/20, and family was not offered an End of Life/Compassionate care visit. On 9/29/20 the Director of Nursing (DON) ensured that the facility posting for Visitation Restriction Guidelines were visible to all family members and visitors to inform them of our visitation guidelines. On 9/30/20 a 100% audit was completed by the DON and Assistant Director of Nursing (ADON) for residents at End of life and residents with significant change of condition that may indicate the need for compassionate care visits. Five residents</p>		

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F 564	<p>Continued From page 2</p> <p>communicated with Resident #1's family via telephone calls. Nurse #1 expressed she did not offer compassionate care visitation to Resident #1's family due to being informed by the Covid Unit Manager compassionate care visits were not an option for residents on the Covid Unit. Nurse #1 voiced she was present with Resident #1 when she expired.</p> <p>An interview was completed on 9/28/2020 at 12:32 PM with the Covid Unit Manager. He stated he was familiar with Resident #1. He explained he was not aware of the guidance regarding compassionate care visitation on the Covid Unit. The Covid Unit Manager voiced he only heard of compassionate care visitation today (9/28/2020). He communicated Resident #1's family was not offered or allowed a compassionate care visit during her decline and subsequent death at the facility.</p> <p>An interview was completed on 9/28/2020 at 12:45 PM with the Director of Nursing (DON). She explained she was familiar with Resident #1 and voiced she had a rapid decline. The DON communicated residents that were transitioning to end of life, whether on Hospice or not, should be offered compassionate care visitation. The DON verbalized at end of life the family should be allowed to see their loved one. The DON was not certain as to why a compassionate care visit was not offered to the family of Resident #1.</p>	F 564	<p>were found to need End of Life/Compassionate care visit. DON and ADON reached out to those family members and they were offered to come into the facility for a compassionate care visit.</p> <p>On 9/30/20 the DON initiated a 100% in-service with the Nurses and Nursing Assistants on the End of life/Compassionate care visit. The in-service will be completed by 10/14/20. Any newly hired nursing staff will also be in-serviced during orientation by the Staff Facilitator on the guidelines of End of Life/Compassionate care visitation.</p> <p>All residents with a significant change of condition/end of life are discussed daily during morning clinical and daily stand down. Any residents with an End of Life or significant change of condition; the ADON and/or Social Worker (SW) will reach out to the family and offer an End of Life/compassionate care visit. 100% of all residents have been audited for a significant change of condition for a compassionate care visit. Residents that had a change of condition, the family was offered a compassionate care visit.</p> <p>10% of residents will be audited by the ADON and Unit Manager (UM) utilizing a Visitation Audit Tool; 2 times per week X 4 weeks, then 1 time per week X 4 weeks, then Monthly X 1 Month to ensure all appropriate visits are offered and allowed. Any identified areas of concerns from the nursing team will be addressed and corrected by the ADON and/or UM as needed and during the audit period. The DON will review and initial the Visitation</p>		

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F 564	Continued From page 3	F 564	<p>Audit Tool weekly X 8 weeks and Monthly X 1 month to ensure completion and that all areas of concerns were addressed. The DON will forward the results of the Visitation Audit Tool to the Executive Quality Assurance Committee (QA) monthly X 3 months. The Executive QA Committee will review the Visitation Audit Tool monthly X 3 months to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.</p> <p>Completion date of 10/14/2020.</p>	