

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/08/2020 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER GRANTSBROOK NURSING AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 290 KEEL ROAD GRANTSBORO, NC 28529 | |
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| E 000 | Initial Comments | E 000 | | |
| F 000 | INITIAL COMMENTS | F 000 | | |
| F 641 SS=D | <p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) for falls for 1 of 1 resident reviewed for MDS accuracy (Resident #1).</p> <p>Findings included: Resident #1 was admitted to the facility on 10/25/17 and most recently on 1/06/20 with diagnoses which included diabetes and</p> | F 641 | <p>F 641 Accuracy of Assessments CFR (s): 483.20 (g)</p> <p>On 10/7/20, the Director of Nursing (DON) completed a modified assessment section "J-Falls" for resident # 1.</p> <p>On 10/7/20, 100% audit of the most recent MDS assessment section "J, part 1700-1900" for all residents to include resident #1 was initiated by the Director of</p> | 10/27/20 |

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

TITLE

(X6) DATE

Electronically Signed

10/23/2020

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 641 | <p>Continued From page 1 non-Alzheimer's dementia.</p> <p>A review of the quarterly MDS dated 7/14/20 indicated Resident #1 had no falls since reentry on 1/06/20.</p> <p>Review of facility incident reports revealed Resident #2 had a fall on 4/24/20 at 4:00 AM and another fall on 5/19/20 at 2:39 PM.</p> <p>During an interview with the MDS nurse on 10/07/20 at 8:45 AM she revealed that Resident #1's MDS should have been coded for 2 falls. She further stated she was not the MDS nurse at that time and did not know why it had not been coded correctly.</p> <p>During an interview with the Administrator on 10/07/20 at 11:42 AM he stated the MDS should be coded correctly to reflect falls and he did not know why it had not been coded accurately.</p> | F 641 | <p>Nursing (DON) to ensure all MDS's assessments were completed accurately for falls prior to admission, falls during admission and falls with injury. The MDS nurse will address all areas of concern identified during the audit to include updating assessment when indicated. Audit will be completed by 10/27/20.</p> <p>On 10/7/20, 100% in-service was completed by the Facility Consultant with the MDS Coordinator in regards to on MDS Assessments and Coding per the Resident Assessment Instrument (RAI) Manual with emphasis on completing assessment accurately and completely. All newly hired MDS Coordinator and/or MDS nurse will be in-serviced by the Director of Nursing during orientation in regards to MDS Assessments and Coding.</p> <p>10% audit of all current resident's most recent MDS assessments, to include resident #1 will be completed by the Director of Nursing utilizing the MDS Accuracy Tool weekly x 8 weeks and monthly x 1 month. This audit is to ensure accurate and complete coding of the MDS assessment to include section "J". The Director of Nursing will address all areas of concern identified during the audit to include retraining of the MDS nurse and completing necessary assessment of the resident. The Administrator will review and initial the MDS Accuracy Tool weekly x 8 weeks and monthly x 1 month for accuracy and to ensure all areas of concerns have been</p> | | |

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| F 641 | Continued From page 2 | F 641 | addressed. | | |
| F 677 SS=D | <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§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 reviews, and staff interviews, the facility failed to provide nail care for 2 of 4 residents (Resident #1 and Resident #2) who were dependent on facility staff for activities of daily living.</p> <p>Findings included:</p> <p>1. Resident #1 was admitted to the facility on 10/25/17 and most recently on 1/06/20 with diagnoses which included diabetes and non-Alzheimer's dementia.</p> <p>The most recent Minimum Data Set (MDS) dated 7/14/20 indicated Resident #1 had severe cognitive impairment and was coded as totally dependent on staff for personal hygiene.</p> <p>Review of Resident #1's care plan last reviewed on 7/14/20 revealed she was care planned for</p> | F 677 | <p>F677 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>On 10/6/20, resident # 1 and resident # 2 was provided nail care by the Nursing Supervisor.</p> <p>On 10/6/20, 100% audit of nail care for all residents to include resident # 1 and resident # 2 was completed by the Nursing Supervisors and Minimum Data Set (MDS) Nurse to ensure all residents were provided nail care per resident preference. The Nursing Supervisors and Minimum Data Set (MDS) Nurse provided nail care for all identified concerns during the audit.</p> <p>100% in-service was initiated by the Director of Nursing on 10/6/2020 with all nurses and nursing assistants to include</p> | 10/27/20 | |

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| F 677 | <p>Continued From page 3</p> <p>activities of daily living (ADL) with interventions which included total care for face, skin, nails, hands.</p> <p>An observation on 10/6/20 at 12:15 PM with Nurse #2 revealed brown debris under all fingernails on both hands of Resident #1.</p> <p>During an interview with Nursing Assistant (NA) #1 on 10/6/20 at 12:17 PM he revealed he was responsible for providing care for Resident #1 and he had cleaned Resident #1's fingernails this am.</p> <p>During an interview with Nurse #2 on 10/6/20 at 12:20 AM she revealed residents should not have brown debris under their nails.</p> <p>During an interview with the Director of Nursing (DON) on 10/07/20 at 8:57 AM she revealed she was unaware of concerns related to fingernail care not being provided. She further stated residents should not have debris under their nails and did not know why Resident #1 had debris under her nails.</p> <p>During an interview with the Administrators #1 and #2 on 10/07/20 at 11:42 AM, Administrator #1 stated he was unaware of brown debris under Resident #1's nails and did not know why it was there.</p> <p>2. Resident #2 was admitted to the facility on 10/15/18 and most recently on 2/15/19 with diagnoses which included non-Alzheimer's dementia.</p> <p>The most recent Minimum Data Set (MDS) dated 7/14/20 indicated Resident #2 had moderate</p> | F 677 | <p>agency nursing staff in regard to Nail Care to include but not limited to cleaning and trimming nails as resident allows. All newly hired nurses and nursing assistants to include agency nursing staff will be in-serviced by the staff facilitator during orientation in regards to Nail Care. In-services was completed on 10/27/2020.</p> <p>10% observation of ADL resident care to include nail care for all residents to include resident # 1 and resident # 2 will be completed by the Accounts Receivable weekly x 4 weeks then monthly x 1 month utilizing a Nail Audit Tool. This audit is to ensue residents were provided nail care per resident preference. Any areas of identified concern will be addressed by the Nursing Supervisors to include providing nail care and/or additional staff training. The Director of Nursing will review and initial the Nail Audit Tools weekly x 4 weeks then monthly x 1 month to ensure all areas of concern have been addressed.</p> <p>The Administrator will present the findings of the Nail Audit Tools to the Executive Quality Assurance (QA) committee monthly for 1 months. The Executive QA Committee will meet monthly for 1 months and review the Nail Audit Tools to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p> | | |

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| F 677 | <p>Continued From page 4</p> <p>cognitive impairment and was coded as extensive assistance for personal hygiene.</p> <p>Review of Resident #2's care plan last reviewed 9/22/20 revealed she was care planned for activities of daily living (ADL) with interventions which included provide physical assistance with personal hygiene.</p> <p>An observation on 10/6/20 at 12:25 PM with Nurse #2 revealed brown debris under the left ring fingernail of Resident #2.</p> <p>During an interview with Nursing Assistant (NA) #2 on 10/8/20 at 10:21 AM she revealed she was responsible for providing care for Resident #2 on 10/6/20 and she had cleaned Resident #2's fingernails this am.</p> <p>During an interview with Nurse #2 on 10/6/20 at 12:20 AM she revealed residents should not have brown debris under their nails.</p> <p>During an interview with the Director of Nursing (DON) on 10/07/20 at 8:57 AM she revealed she was unaware of concerns related to fingernail care not being provided. She further stated residents should not have debris under their nails and did not know why Resident #2 had debris under her nails.</p> <p>During an interview with the Administrators #1 and #2 on 10/07/20 at 11:42 AM, Administrator #1 stated he was unaware of brown debris under Resident #2's nails and did not know why it was there.</p> | F 677 | | | |