DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				FOR	MAPPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>). 0938-0391</u>	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, í		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
-			A. BUILDII	NG				
345115		B. WING			C 04/07/2021			
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
				63	5 STATESVILLE BOULEVARD			
ACCORDI	US HEALTH AT SALISBU	JRY		SA	ALISBURY, NC 28144			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL _SC IDENTIFYING INFORMATION)	PREFIX TAG	×	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE	
170					DEFICIENCY)			
F 000	INITIAL COMMENTS		F	000				
	An unannounced on-	site complaint investigation						
	was conducted from	4/5/21 through 4/7/2021.						
	1 of the 16 complaint							
		g in deficiencies. Additional						
F 700	deficiency was cited.			700			4/00/04	
F 732 SS=B	Posted Nurse Staffing CFR(s): 483.35(g)(1)			732			4/29/21	
-00-D	CFT(3). 405.55(g)(1)	-(+)						
	§483.35(g) Nurse Sta	affing Information.						
		equirements. The facility						
		ng information on a daily						
	basis:							
	(i) Facility name.							
	(ii) The current date.	and the actual hours worked						
	by the following cate							
		aff directly responsible for						
	resident care per shif							
	(A) Registered nurses							
	(B) Licensed practica							
	, , , , , , , , , , , , , , , , , , ,	defined under State law).						
	(C) Certified nurse aid(iv) Resident census.	Jes.						
	§483.35(g)(2) Posting	g requirements.						
	(i) The facility must po	ost the nurse staffing data						
		h (g)(1) of this section on a						
	daily basis at the beg							
	(ii) Data must be post							
	(A) Clear and readab	le format. ace readily accessible to						
	residents and visitors	-						
	§483.35(g)(3) Public	access to posted nurse						
		cility must, upon oral or						
	written request, make							
	available to the public	c for review at a cost not to						
LABORATORY	L DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	 E		TITLE		(X6) DATE	

Electronically Signed

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.

04/29/2021

PRINTED: 05/07/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115 NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT SALISBURY			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 635 STATESVILLE BOULEVARD SALISBURY, NC 28144 ID PROVIDER'S PLAN OF CORR			PRINTED: 05/07/2021 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED C 04/07/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 732	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	732	The alleged deficient practice occurred when the facility failed to correctly report the hours worked for licensed and unlicensed staff and failed to correctly report the census. The staffing coordinator was re-educat by the Administrator on 4/27/2021 regarding the daily posting of licensed, unlicensed staff, and census. Procedure for implementing the plan: Director of Nursing, Nursing Supervisou unit managers and scheduler was re-educated on 4/27/2021 by the Administrator regarding the daily postir of nurse staffing from, each shift to ens proper census, licensed and unlicensed hours are correct. Daily staffing form from prior day will be reviewed daily by Director of Nursing/u coordinators/scheduler, or weekend supervisor to ensure accurate care hou were posted for licensed and unlicensed staff to ensure regulatory compliance. Monitoring procedure:	rt ed rs, ng ure d mit irs	

Facility ID: 953007

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 05/07/2021 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345115	B. WING			C 04/07/2021		
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
	US HEALTH AT SALISBU	IDV		635 STATESVILLE BOULEVARD				
ACCONDI	US HEALIN AT SALISBU			S	ALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 732	Continued From page	e 2	F	732				
	Continued From page 2 The facility's SNF daily staffing form titled "Today's Staffing" dated 02/14/2021 recorded the SNF census was 118 residents. The facility's SNF daily staffing form titled "Today's Staffing" dated 02/21/2021 recorded the SNF census was 116 residents. The facility's SNF daily staffing form titled "Today's Staffing" dated 02/22/2021 and02/23/2021 recorded the SNF census was 117 residents both days. The facility's SNF daily staffing form titled "Today's Staffing" dated 02/24/2021 recorded the SNF census was 116 residents. The facility's SNF daily staffing form titled "Today's Staffing" dated 02/24/2021 recorded the SNF census was 116 residents. The facility's SNF daily staffing form titled "Today's Staffing" dated 02/26/2021 recorded the SNF census was 117 residents. The facility's SNF daily staffing form titled "Today's Staffing" dated 02/27/2021 and 02/28/2021 recorded the SNF census was 118 residents on both days.				Copies of daily nurse staffing posting be submitted to Quality Assurance Performance Improvement committee the staffing coordinator monthly for 3 months, for recommendations or modifications until compliance is achieved. An audit will be completed using an a tool by Administrator or Director of Nursing 5 times a week for 2 weeks, times a week for 2 weeks, once a we for 2 weeks, and then as needed. Title of person responsible for implementing plan: Administrator Director of Nursing	e by udit 3		
	SNF census was 115 The facility's SNF dai	residents. ly staffing form titled						
	SNF census was 117 AM.	residents recorded at 11:15						
	conducted with the nunse staff scheduler	1 PM an interview was urse staff scheduler. The explained that she was ne form titled "Today's						

PRINTED: 05/07/2021

	-	ID HUMAN SERVICES				FORM	D: 05/07/2021
CENTERS FOR MEDICARE & I STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		345115	B. WING				C 107/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
				6:	35 STATESVILLE BOULEVARD		
ACCORDI	US HEALTH AT SALISBU	JRY		S	ALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 732	JS HEALTH AT SALISBURY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Staffing" since was employed by the facility on 03/22/2021. She explained that she posted a new form each day as soon as she came to work on Monday through Friday and recorded the resident census as reported by the nurses or the business office manager (BOM). The nurse staff scheduler explained that she alone was responsible to complete the form every day to include all nurse staff scheduled for that day as well as resident census information and that the form was not updated by any other facility staff to reflect nurse staff scheduler explained that every Friday she completed the forms for both Saturday and Sunday with scheduler nurse staff and that on Monday morning she collected the forms and entered the census number for the previous weekend days as provided by the BOM. When asked again to clarify the numbers recorded on each form daily she revealed that the forms in question were not updated by any other staff member at any time when she was not present at the facility's SNF daily staffing form titled "Today's Staffing" dated 04/06/2021 recorded the SNF census was 117 residents. An interview conducted on 04/06/2021 at 11:27 AM with the nurse assistant (NA) # 1 revealed that she was the previous nurse staff scheduler and had been responsible for posting the daily form titled "Today's Staffing" until the current nurse staff scheduler was hired to take the position at the end of March 2021. NA # 1 revealed that she had no training related to		F	732			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 05/07/2021 M APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	E SURVEY PLETED
		345115	B. WING			C 04/07/2021	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT SALISBU	JRY			335 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 732	be updated throughou staffing numbers or re- changed. NA #1 reve form every morning o and on Friday she po- resident census numl and when she returner retrieved the forms ar form to indicate the re- nurse staff changes re- BOM over the weeke corrected forms only previously posted form The facility's SNF dai "Today's Staffing" dat SNF census was 118 On 04/07/2021 at 2:5 conducted with the fa director of nurses (DC the expectation was the	re that the form needed to ut the day if the nurse esident census number aled that she posted the n Monday through Friday sted the forms without a ber for the weekend days ed to work on Monday she nd updated them on a new esident census number and eported by nurse staff and nd and then maintained the and destroyed any ms that had been incorrect. Ily staffing form titled ed 04/07/2021 recorded the residents. 0 PM an interview was cility administrator and DN) and both agreed that he form titled "Today's ailly be updated and current	F	732			

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