STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345011	A. BUILDING _____ B. WING _____	C 05/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT LEXINGTON	279 BRIAN CENTER DRIVE LEXINGTON, NC 27292

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F 000	INITIAL COMMENTS A recertification/complaint investigation follow up and new intake complaint investigation survey was conducted from 5/4/21 through 5/5/21. Event ID# EF6B11. One of the five complaint allegations was substantiated resulting in a deficiency.	F 000		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff and occupational therapist interviews, facility failed to apply a left upper extremity splint to 1 of 3 residents reviewed for range of motion (Resident #2). Findings included:	F 688	The facility failed to apply a left upper extremity splint to 1 of 3 residents reviewed for range of motion. On 05/05/2021 the Director of Nursing (DON) discontinued order for resident #2s splint and completed nursing referral to therapy. On 5/5/2021 Occupational	5/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/13/2021

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F 688	Continued From page 1 Resident #2 was admitted to the facility 6/18/2018 with diagnoses to include left-hand contracture. A care plan dated 11/10/2019 with a revision of 11/17/2020 addressed the alteration in Resident #2 ' s range of motion of right lower extremity and left upper extremity with the use of splints. Interventions included to encourage Resident #2 to wear the splint, apply the splint up to 8 hours per day, and to report any skin breakdown or if it appeared the contracture was worsening. The most recent Minimum Data Set assessment dated 2/2/2021 documented Resident #2 was moderately cognitively impaired, and she had range of motion impairment of both upper and lower extremities. A therapy to nursing communication form dated 4/6/2021 communicated the initiation of a left upper extremity hand splint for Resident #2. The communication form was signed by the Certified Occupational Therapist (COTA) #1 on 4/6/2021 and the Director of Nursing (DON) on 4/14/2021. A physician order submitted by the Occupational Therapist (OT) #1 dated 4/14/2021 ordered for Resident #2 to wears a left upper extremity hand brace (splint) 3-6 hours daily for contracture management. The physician order was confirmed by Nurse #1 and signed by the physician on 4/16/2021. An occupational therapy discharge summary dated 4/16/2021 documented Resident #2 baseline assessment of range of motion for her left upper extremity showed a flexion (bend) of 75 degrees on 4/1/2021 and 80 degrees on	F 688	Therapy evaluated resident #2 for splinting. On 05/05/2021 the Director of Nursing (DON) completed a 100% audit of residents with current physician orders for splinting. 5 of 5 residents identified requiring a clarification on the physician order and was referred to therapy for evaluation on 5/5/2021. On 05/05/2021 the Administrator completed education with nursing management and therapy on procedure for discharging a resident from therapy with an assistive device. All newly hired nursing management and therapy will be educated on the procedure for discharging a resident from therapy with an assisted device during orientation by the Staff Development Coordinator (SDC) or designee. The Director of Nursing or designee will audit 100% of residents with orders for splints weekly x 3 months beginning 5/12/21. Audits will be documented on the therapy tracking log to ensure therapy discharge orders are transferred to the MAR for nursing follow up. The therapy tracking log will be brought to monthly Quality Assurance and Performance Improvement Committee x 3 months by the DON or designee for review. Any further action needed will be implemented by the committee as required. The DON is responsible for implementing the acceptable plan of correction.	

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4/14/2021. The note documented Resident #2 had participated in passive range of motion, responded positively, and had made consistent progress throughout the service episode. The note documented splint education had been provided to facility staff for the left upper extremity splint. The note documented Resident #2 had a good prognosis expected with consistent staff follow-through.

An in-service attendance record dated 4/15/2021 signed by nursing assistant (NA) #1 and presented by the Director of Rehabilitation (DOR) documented range of motion and splinting were instructed to NA #1.

The medication administration record (MAR) and the treatment administration record (TAR) for Resident #2 for April and May 2021 were reviewed. No order for left upper splint application was noted on the MAR or TAR.

Resident #2 was observed on 5/4/2021 at 9:45 AM. No splint was on her left upper extremity.

Another observation of Resident #2 was conducted on 5/4/2021 at 11:45 AM. Resident #2 did not have a splint on her left upper extremity.

Resident #2 was observed on 5/4/2021 at 3:30 PM. Resident #2 did not have a splint on her upper extremity.

Nurse #2 was interviewed on 5/4/2021 at 11:43 AM. Nurse #2 reported she provided care to Resident #2 frequently. Nurse #2 explained orders for a brace or splint application for a resident would show up on the MAR or TAR with a start and end time. Nurse #2 reported Resident

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#2 had not orders for a splint and she had not applied a splint to Resident #2.

NA #2 was interviewed on 5/4/2021 at 1:56 PM. NA #2 reported she was on the shower team and she provided showers and bathing to residents in the facility. NA #2 reported she would replace braces and splints on residents after she assisted them with bathing. NA #2 reported Resident #2 did not have a brace or a splint.

NA #1 was interviewed on 5/4/2021 at 2:24 PM. NA #1 reported Resident #2 did not have splints and that a nursing assistant would not put a splint on a resident. NA #1 did not recall receiving training from the DOR on Resident #2 ' s hand splint.

The DOR and Certified Occupational Therapist Assistant (COTA) #1 were interviewed on 5/4/2021 at 2:32 PM. The DOR reported he provided brace training to NA #1 for applying a splint to Resident #2 ' s left hand. The DOR did not know why NA #1 reported she had not received training. COTA #1 reported she had provided the therapy to nursing communication note to the DON. The COTA #1 reported she did not know if Resident #2 had the splint applied to her left hand.

NA #3 was interviewed 5/4/2021 at 9:45 PM. NA #3 reported she provided care to Resident #2 regularly. NA #3 reported Resident #2 used to use a splint on her left hand, but the splint was discontinued.

Nurse #1 was interviewed on 5/4/2021 at 10:27 PM. Nurse #1 reported she was the unit manager and charge nurse on the night shift

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(6:00 PM to 6:00 AM). Nurse #1 reported she reviewed physician orders when they were entered into the electronic order system. Nurse #1 reported she did not recall reviewing the order for Resident #2 ' s left upper extremity splint. Nurse #1 reported Resident #2 did not wear a splint and if she had an order for a splint, it would be on the MAR or TAR.

An interview was conducted with OT #1 on 5/5/2021 at 11:14 AM. OT #1 reported she received a referral to evaluate Resident #2 and to revisit splint use. OT #1 reported Resident #2 had refused to wear splints in the past and OT #1 and COTA #1 provided Resident #2 with additional education and training with the splint. OT #1 reported she entered the order into the electronic order system, and she thought she entered the order correctly, but was not certain. OT #1 explained training was provided to a nursing assistant by the DOR. OT #1 reported she did not know why NA #1 would not recall receiving the training. OT #1 reported Resident #2 had responded positively to therapy and had shown an improvement of range of motion.

The DON was interviewed on 5/5/2021 at 11:52 AM. The DON reported she did not recall signing the therapy to nurse communication on 4/14/2021. The DON explained she was given the communication forms by the therapy department and she would sign as an acknowledgement but did not keep the communication form. The DON reported the order for the splint for Resident #2 was entered into the electronic order system under the therapy discipline, so the order did not show up for nursing on the MAR or TAR. The DON explained Nurse #1 should have checked the order to make

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certain it had been entered correctly. The DON reported because the order was entered incorrectly, the order for the splint was missed and Resident #2 had not had her left upper extremity splint applied as ordered. The DON reported she expected therapy to come to the morning meeting and submit orders for entry into the system by nursing to ensure the orders were entered correctly.

The Administrator was interviewed on 5/5/2021 at 1:04 PM. The Administrator reported she did not know why the order for Resident #2 ' s left upper extremity splint was missed. The Administrator stated it was her expectation that therapy services brought orders to the nursing staff for entry into the electronic system.