

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

PRINTED: 08/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2021
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NASH			STREET ADDRESS, CITY, STATE, ZIP CODE 1210 EASTERN AVENUE NASHVILLE, NC 27856		
(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	
F 000	INITIAL COMMENTS The survey team entered the facility on 7/7/2021 to conduct a complaint investigation. The survey team was onsite 7/7/2021. Additional information was obtained offsite on 7/14/21 and 7/20/2021. Therefore, the exit date was 7/20/21 Event ID#BWZL11. 1 of the 3 complaint allegations were substantiated.	F 000			
F 578 SS=G	Request/Refuse/Dscntue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the	F 578		8/16/21	

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

TITLE

(X6) DATE

Electronically Signed

07/30/2021

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 578	<p>Continued From page 1</p> <p>time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, hospice, and emergency medical services (EMS) interviews the facility failed to clarify code status resulting in a transfer to hospital and intubation for 1 of 3 residents reviewed for advance directives (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to facility on 04/22/21 with diagnoses that included dementia, chronic obstructive pulmonary disease, and malignant lung cancer.</p> <p>The physician order dated 04/22/21 revealed Resident #1 was a full code.</p> <p>The care plan initiated on 04/27/21 revealed Resident #1 was a full code.</p> <p>The most recent Minimum Data Set (MDS) dated 05/10/21 revealed Resident #1 was cognitively impaired and was not on hospice service.</p> <p>Record review of document titled Hospice Notice</p>	F 578	<p>Corrective action for affected resident #1</p> <p>Resident #1 returned to the building on 5/26/2021. The advance directive order for the DNR was put into the electronic medical record upon return.</p> <p>How will the facility identify other like residents #2</p> <p>To identify other residents that have the potential to be affected, an audit of current residents <input type="checkbox"/> advance directives was validated by checking the order with the care plan with the code book that is kept on the nursing unit. This was completed on 5/26/2021.</p> <p>Any inconsistencies were corrected immediately</p> <p>Hospice will contact the social worker to notify that a resident will be admitted to hospice services. Social worker will communicate this to the IDT during</p>		

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F 578	<p>Continued From page 2</p> <p>of Admission to Nursing Center revealed that Resident #1 was admitted to hospice services on 05/11/21 without an advance directive recorded.</p> <p>During a telephone interview on 07/07/21 at 10:43 am Resident #1 ' s Responsible Party (RP) revealed that on 05/11/21 Resident #1 was admitted to hospice services and was designated as Do Not Resuscitate (DNR). The RP reported that once admitted to hospice services her understanding was that Resident #1 would not be sent to the hospital without the facility consulting the Hospice Nurse.</p> <p>Record review of Nurse #5 ' s note dated 05/11/21 at 2:30 pm revealed that the Hospice Nurse was at facility to evaluate Resident #1 for hospice services. No new physician orders were provided by Hospice Nurse.</p> <p>During an interview on 07/07/21 at 1:45 pm Nurse #5 revealed that she was Resident #1 ' s nurse on 05/11/21 and did not receive physician orders for the DNR. She stated that if she had received the physician orders for the DNR she would have updated the information in the code status book and entered the physician order in the electronic record.</p> <p>Record review of Nurse #3 ' s note dated 05/26/2021 at 7:00 am revealed she entered Resident #1 room at 4:50 am and found Resident #1 had labored breathing, respirations were 28 breaths per minute, and oxygen saturation was 69%. Nurse #3 called the physician and reported that Resident #1 had difficulty breathing and was a hospice patient. The physician ordered Resident #1 out to the hospital by emergency medical services (EMS).</p>	F 578	<p>morning clinical rounds. Upon admission, Hospice nurse or hospice designee will deliver the hospice orders to the charge nurse to be entered into the medical record along with a hospice binder placed at the nurse's station.</p> <p>What will you do to prevent this from recurring #3</p> <p>To prevent this from recurring, the licensed nurses were reeducated on 5/26/21 by the Director of Nursing or by nursing designee concerning the expectation that Hospice must be notified as soon as there is a change of condition in a resident under hospice care, that electronic physician orders, DNR orders and hospice orders are to be transcribed into the medical record timely and that any new DNR orders will result in nurse updating the code status book for an individual resident.</p> <p>Any licensed staff that cannot be reached within the initial reeducation time frame of 24 hours, will not take an assignment until they have received this reeducation by Director of Nursing or designee</p> <p>Agency licensed nurses and newly hired licensed nurses will have this education during their orientation by Director of Nursing or designee.</p> <p>How will you monitor and maintain</p>		

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F 578	Continued From page 3 During an interview on 07/07/21 at 11:09 am Nurse #3 revealed that on 05/26/21 Resident #1 had conflicting code status information. She reported that Resident #1 had a full code physician order in the electronic medical record and a DNR form in the code status book. She was not able to remember why EMS did not take the DNR form with Resident #1 when she was transported to the hospital. Record review of Emergency Medical Services report dated 05/26/21 revealed that EMS arrived at the facility at 5:20 am. Resident #1 was provided oxygen support and was transported to the hospital for respiratory distress. No advance directive was provided or documented on the EMS report. During a telephone interview on 07/14/2021 at 10:26 am Lead Emergency Medical Technician (EMT) revealed that Resident #1 's was hypoxic (low oxygen) and placed an oxygen mask with 10 liter per minute and increased to 15 liters to stabilize her for transport to the hospital. The facility staff did not provide a DNR. Hospital record dated for 05/26/21 revealed that Resident #1 arrived at the emergency room at 6:12 am, Resident #1 was immediately intubated (tube placed into windpipe to get air into lungs) and placed on ventilator (a machine that assists with breathing). The emergency room physician spoke with Resident #1 's family at 10:31 am and the decision was made to extubate (remove the breathing tube). Resident #1 was extubated at 11:13 am with family and physician at bedside. Resident #1 was transported back to the facility at 12:05 pm by EMS accompanied by an active	F 578	ongoing compliance #4 To monitor and maintain ongoing compliance, the Director of Nursing or designee will review new orders to ensure that any change of advanced directive are in the electronic medical record and the code book at the appropriate nursing station. This will be validated by a checking the orders vs code book Monitoring began on 5/26/21, and will be documented daily for 14 days and then weekly for 10 weeks, completing on 9/3/21. The Director of Nursing will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee. Will be reviewed in for 100% compliance for 4 months.		

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F 578	<p>Continued From page 4</p> <p>DNR physician order .</p> <p>Record review of Resident #1 ' s electronic physician orders revealed an advance directive order for DNR dated 05/26/21.</p> <p>During an interview on 07/07/21 at 10:43 am the Hospice Nurse revealed that facility staff was notified of Resident #1 ' s hospice admission and DNR physician order on 05/11/21. The Hospice Nurse reported that the DNR document was given to administration but was unable to recall whom.</p> <p>During an interview on 07/07/21 at 10:57 am Nurse #1 revealed that resident code status book was at each nursing station and physician orders were transcribed into the electronic record when received by the nurse. She indicated she referred to the code status book and the electronic physician orders for the current resident ' s code status.</p> <p>During an interview on 07/07/21 at 1:38 pm Social Worker (SW) revealed that the RP had enrolled Resident #1 in hospice services without her assistance and was a DNR. She stated she was aware Resident #1 was a DNR from the daily clinical meeting. The SW indicated she had not obtained the consult for advance directive and had no way to track the physician order.</p> <p>During an interview on 07/09/21 at 2:16 pm Nurse #4 revealed that she was aware of Resident #1 ' s desire for DNR from discussion at clinical meeting but was unsure why the physician orders were not implemented.</p> <p>During an interview on 07/07/21 at 1:50 pm the</p>	F 578			

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F 578	Continued From page 5 Administrator revealed if he had received the advance directive from the Hospice Nurse, he would have given it to the nurse responsible for the Resident #1. He reported that he did not receive the advance directive from the Hospice Nurse on 05/11/21 and the Director of Nursing (DON) was not in the facility on that date to have received the advance directive. The DON was unavailable for interview.	F 578			
F 637 SS=D	Comprehensive Assessment After Significant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete a significant change assessment for Hospice admission for 1 of 1 resident reviewed for Hospice services (Resident #1). Findings included: Resident #1 was admitted to facility on 04/22/21 with diagnoses that included dementia, chronic obstructive pulmonary disease, and malignant	F 637	Corrective action for affected resident #1 Resident #1 is no longer in the facility. How will the facility identify other like residents #2 To identify other residents that have the potential to be affected, an audit of current resident showed that there were no other hospice residents in certified beds.	8/6/21	

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F 637	<p>Continued From page 6 lung cancer.</p> <p>The most recent Minimum Data Set (MDS) dated 05/10/21 revealed Resident #1 was cognitively impaired and was not on hospice service.</p> <p>Record review revealed that Resident #1 was admitted to hospice services on 05/11/21.</p> <p>Record review of MDS revealed no significant change assessment was completed for hospice. Resident #1 was discharged on 05/27/21.</p> <p>During an interview with the MDS Nurse on 07/07/21 at 10:59 am and a follow up interview on 07/09/21 at 1:20 pm revealed that Resident's admitted to hospice service were required a significant change assessment within 14 days of hospice admission. Resident #1 was due by 05/25/21. She was unable to explain why the significant change assessment was missed.</p> <p>During an interview on 07/07/21 the Social Worker revealed that hospice admissions were discussed during morning clinical meeting. She stated that she was aware Resident #1 was on hospice services. The Social Worker revealed that she had not documented Resident #1's transition to hospice services and was unable to state why she had not completed an audit on Resident #1's chart.</p> <p>During an interview on 07/07/21 at 1:49 pm with the Administrator revealed that the MDS Nurse was responsible to complete the significant change assessment when a resident was admitted to hospice services. He stated that once enrolled onto hospice services the resident was discussed during clinical meeting with the</p>	F 637	<p>On July 22nd, A detailed census report was ran to include all residents that were/had been on hospice from 5/26/21-7/22/21 and no other hospice residents there were admitted to certified beds.</p> <p>What will you do to prevent this from recurring #3</p> <p>To prevent this from recurring, On 7/26/21, the MDS nurses have been reeducated concerning the expectation that a significant change of condition assessment must be completed when a current resident is admitted to hospice.</p> <p>This education will be completed by the Administrator.</p> <p>How will you monitor and maintain ongoing compliance #4</p> <p>To monitor and maintain ongoing compliance, the Administrator or designee will review new orders weekly to identify if any current residents were admitted to hospice services and monitor to ensure that a significant change to be completed within 14 day window.</p> <p>This monitoring will be documented weekly for 12 weeks. Monitoring will go through 10/22/21.</p> <p>The Director of Nursing will report the</p>		

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F 637	Continued From page 7 interdisciplinary team (IDT) including the MDS Nurse. During an interview on 07/09/21 at 1:40 pm with the Director of Nursing (DON) revealed that MDS was required to complete a significant change assessment when a resident was admitted to hospice services.	F 637	results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee. This will be reviewed monthly for 100% compliance for 4 months.		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the	F 656		8/6/21	

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F 656	<p>Continued From page 8</p> <p>resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to develop a Hospice care plan for 1 of 1 resident reviewed for Hospice (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to facility on 04/22/21 with diagnoses that included dementia, chronic obstructive pulmonary disease, and malignant lung cancer.</p> <p>The care plan initiated on 04/27/21 revealed Resident #1 was a full code.</p> <p>Most recent Minimum Data Set (MDS) dated 05/10/21 revealed Resident #1 was cognitively impaired and was not on hospice service.</p> <p>Record review revealed that Resident #1 was admitted to hospice services on 05/11/21.</p> <p>Record review of care plan revealed that no revisions were made to Resident #1's care plan to reflect hospice services.</p>	F 656	<p>Corrective action for affected resident #1</p> <p>Resident #1 is no longer in the facility.</p> <p>How will the facility identify other like residents #2</p> <p>To identify other residents that have the potential to be affected, an audit of current residents showed that there were no other hospice residents in certified beds.</p> <p>What will you do to prevent this from recurring #3</p> <p>To prevent this from recurring, the MDS nurses were reeducated on 7/26/21 concerning the expectation that a care plan focus be put in place when a resident is admitted to hospice.</p>		

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F 656	Continued From page 9 During an interview with the Minimum Data Set (MDS) Nurse on 07/07/21 at 10:59 am and a follow up interview on 07/09/21 at 1:20 pm revealed that the MDS Nurse was responsible for the resident care plans. She revealed she was aware that Resident #1 was on hospice services and that this required a hospice care plan. She was unable to state why the care plan for Resident #1 was missed. During an interview with the Social Worker on 07/07/21 at 1:38 pm revealed Residents on hospice were discussed during the clinical meeting and the chart and care plan updated. During an interview with the Administrator on 07/07/21 at 1:49 pm and a follow up interview on 07/09/21 at 1:27 pm revealed that the MDS Nurse was responsible for resident care plan. He stated that resident status was discussed at the morning clinical meeting and the MDS Nurse was required to review and update the care plan to reflect any changes during the meeting. During an interview with the Director of Nursing (DON) on 07/09/21 at 1:40 pm revealed that MDS Nurse was required to update Resident #1's care plan to reflect hospice service.	F 656	On 08/6/21, IDT were educated that hospice referrals will be discussed during morning clinical quality assurance meeting and admissions will be coordinated through social services and to include an initiated care-plan. This education was completed by the Administrator on 7/26/2021 and 8/6/21. How will you monitor and maintain ongoing compliance #4 To monitor and maintain ongoing compliance, the Administrator or administrator designee will monitor admissions to hospice and validate that there is a care plan focus placed in the resident's care plan. This monitoring will be documented weekly for 12 weeks, with a completion date of 10/22/21. The Administrator will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee. Will be reviewed monthly for 100% compliance for 4 months.		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care	F 684		8/6/21	

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F 684	<p>Continued From page 10</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews of facility staff, hospice, physician and emergency medical technician, and record reviews, the facility failed to provide oxygen for one of one resident who had an oxygen saturation rate of 69% that decreased to 50-60 %. (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to facility on 04/22/21 with diagnoses that included dementia, chronic obstructive pulmonary disease, and malignant lung cancer.</p> <p>Record review of Physician Standing Orders dated 04/25/17 revealed oxygen to be administered at 2 liters per minute by nasal cannula or mask for respiratory distress and to notify physician as soon as possible.</p> <p>Record review of Oxygen Administration Policy dated 12/16/19 revealed during an emergency, oxygen may be administered, and physician order was obtained after Resident was stabilized or transferred.</p> <p>Physician order dated 04/22/21 revealed Resident #1 was a full code and was not ordered oxygen.</p>	F 684	<p>Corrective action for affected resident #1</p> <p>Resident #1 is no longer in the facility.</p> <p>How will the facility identify other like residents #2</p> <p>To identify other residents that have the potential to be affected, an audit of residents with documented changes in condition that included decreased oxygen saturation levels in the last 30 days was completed on 7/23/2021.</p> <p>What will you do to prevent this from recurring #3</p> <p>To prevent this from recurring, the licensed nurses will be reeducated to initiate and document oxygen therapy for anyone in a change of condition with decreasing oxygen saturation levels.</p> <p>This education will be completed by the Director of Nursing or designee.</p>		

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F 684	<p>Continued From page 11</p> <p>The care plan initiated on 04/27/21 revealed Resident #1 was a full code and was not on oxygen therapy.</p> <p>Review of oxygen saturation rates for Resident #1 for the month of May were 92% to 98%.</p> <p>The most recent Minimum Data Set (MDS) dated 05/10/21 revealed Resident #1 was cognitively impaired and was not coded for oxygen therapy.</p> <p>Record review revealed that Resident #1 was admitted to hospice services on 05/11/21.</p> <p>During a telephone interview on 07/19/21 at 9:06 am NA #2 revealed that during resident care Resident #1 was breathing slow and was pale in the face. She immediately notified Nurse #3. NA #2 indicated she left the room when Nurse #3 entered. NA #2 stated that she was unable to remember if oxygen was administered by Nurse #3. She stated she did not obtain oxygen for Resident #1.</p> <p>Record review of Nurse #3's note dated 05/26/2021 at 7:00 am revealed that upon entering Resident #1's room at 4:50 am she found Resident #1 had labored breathing and oxygen saturation was 69%. Nurse #3 called the physician and reported that Resident #1 had difficulty breathing. The physician ordered Resident #1 out to the hospital by emergency medical services (EMS). No supplemental oxygen was documented as ordered or administered.</p> <p>During an interview on 07/16/21 at 4:40 pm Nurse #3 revealed that on 05/26/21 at 4:50 am Resident #1 had abnormal breathing and her skin was pale</p>	F 684	<p>Any licensed staff that cannot be reached by 7/29/21 for their reeducation will not take an assignment until they have received this reeducation.</p> <p>Agency licensed nurses and newly hired licensed nurses will have this education during their orientation.</p> <p>How will you monitor and maintain ongoing compliance #4</p> <p>To monitor and maintain ongoing compliance, the Director of Nursing or designee will review all changes in condition during the morning clinical meeting for each resident to validate that oxygen therapy was initiated and documented if there was decreased oxygen saturation level during the change of condition.</p> <p>The monitoring will be documented for each change of condition daily for 4 weeks, and then an audit each week for the following 8 weeks, completing on 9/24/21.</p> <p>The Director of Nursing will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.</p> <p>To be reviewed monthly for three months for 100% compliance</p>		

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F 684	<p>Continued From page 12</p> <p>in color. Resident #1 was awake and made eye contact with her. Resident #1 pulse was strong and fast. She was not verbally responding to questions. Nurse #3 stated that she elevated the head of the bed to provide comfort and help assist with breathing before she called the physician. She indicated that she did not put oxygen on Resident #1. She reported When asked why she had not gotten her oxygen, she indicated she wanted to quickly prepare Resident #1 for transport to the hospital.</p> <p>Record review of Emergency Medical Services report dated 05/26/21 revealed that EMS arrived at Resident #1's room at 5:20 am. Resident #1 was pale, rapid shallow breathing, and pulse oxygen level recorded between 50-60%. EMS provided oxygen to Resident #1 by oxygen mask at 10 liters per minute and pulse oxygen level increased to 70%. Oxygen support was increased to 15 liters per minute at 5:37 am and pulse oxygen level increased to 82%. Resident #1 was transported to the hospital at 5:42 am with respiratory distress.</p> <p>During a telephone interview on 07/14/2021 at 10:26 am Lead Emergency Medical Technician (EMT) revealed that Resident #1 was hypoxic (low oxygen) and placed an oxygen mask with 10 liters per minute and increased to 15 liters per minute to stabilize her for transport. EMT indicated he was unable to remember if oxygen was applied to Resident #1 prior to his arrival.</p> <p>Record review of hospital records dated for 05/26/2021 revealed Resident #1 arrived at hospital with EMS actively bagging (manually ventilating) Resident #1. Emergency document revealed that at 6:12 am the emergency room</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>physician intubated (tube placed in the windpipe to assist with breathing) and Resident #1 was placed on a ventilator (a machine that assists with breathing). The responsible party indicated Resident #1's desire was not to be resuscitated. She was extubated and returned to the facility with an active Do Not Resuscitate (DNR) order.</p> <p>Interview conducted on 07/08/2021 at 3:00 pm and follow up interview on 07/19/21 at 8:29 am with Director of Hospice Services revealed Resident #1 was admitted to Hospice service on 05/11/21 with Do Not Resuscitate order. She reported the facility was educated to contact hospice when a hospice patient had a change in condition. Hospice did not have standing orders. She indicated that Resident #1 orders were given as they were notified by the facility. Orders were to manage symptoms, keep her comfortable, and to continue care of Resident #1 in the facility.</p> <p>During a telephone interview on 07/20/21 at 8:52 am Nurse #4 revealed that Nurses were educated on Physician Standing Orders upon hire and were aware the Physician Standing Orders were located at the nursing stations and in the narcotic books. She stated that oxygen administration was included on the Physician Standing Orders. Nurse #4 indicated that an oxygen saturation rate of 69% required oxygen was administered at 2 liters per minute to start and physician notified.</p> <p>During a telephone interview on 07/19/21 at 12:50 pm the Physician revealed that with a saturation rate of 69% Resident #1 required oxygen to begin at 2 liters per minute and increased until oxygen saturation levels improved to 90%. Physician indicated Resident #1 needed oxygen administered for comfort and would not be sent to</p>	F 684			

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F 684	Continued From page 14 the hospital.	F 684			
F 849 SS=G	<p>Hospice Services CFR(s): 483.70(o)(1)-(4)</p> <p>§483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.</p> <p>§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care.</p>	F 849		8/6/21	

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F 849	Continued From page 15 (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions. (I) A provision that when the LTC facility	F 849			

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F 849	<p>Continued From page 16</p> <p>personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>§483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is responsible for the following:</p> <p>(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.</p>	F 849			

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F 849	<p>Continued From page 17</p> <p>(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.</p> <p>(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>(iv) Obtaining the following information from the hospice:</p> <p>(A) The most recent hospice plan of care specific to each patient.</p> <p>(B) Hospice election form.</p> <p>(C) Physician certification and recertification of the terminal illness specific to each patient.</p> <p>(D) Names and contact information for hospice personnel involved in hospice care of each patient.</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC</p>	F 849			

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F 849	<p>Continued From page 18</p> <p>facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, hospice and emergency medical technician interviews, the facility failed to notify Hospice of a Residents acute change in condition resulting in an unnecessary transfer to the hospital and intubation for 1 of 1 sampled resident. (Resident #1)</p> <p>Findings Include:</p> <p>Record review of the Hospice Nursing Facility Services Agreement dated 09/24/2013 revealed in section:</p> <p>"Monitoring of Residential Hospice Patient Nursing facility shall immediately inform Hospice of any change of condition of a Residential Hospice Patient."</p> <p>"Patient Transfer Nursing facility agrees not to transfer any Residential Hospice Patient to another care setting without the prior approval of hospice."</p> <p>Resident #1 was admitted to the facility on 04/22/2021 with diagnoses that included dementia, chronic obstructive pulmonary disease, and a history of lung cancer.</p> <p>The most recent Minimum Data Set (MDS) dated for 05/10/2021 indicated Resident #1 was cognitively impaired and was not on hospice service.</p>	F 849	<p>Corrective action for affected resident #1</p> <p>Resident #1 is no longer at the facility.</p> <p>How will the facility identify other like residents #2</p> <p>There have been no other hospice residents in certified beds at the facility since Resident #1 left the facility.</p> <p>On July 22nd, A detailed census report was ran to include all residents that were/had been on hospice from 5/26/21-7/22/21 and no other hospice residents were admitted to certified beds.</p> <p>What will you do to prevent this from recurring #3</p> <p>To prevent this from recurring, licensed nursing staff have been reeducated concerning the expectation that the hospice provider be called for any change of condition for any resident under hospice care.</p> <p>This education was completed by the</p>		

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F 849	<p>Continued From page 19</p> <p>The hospice admission contract for Resident #1 revealed she was admitted to services on 5/11/2021.</p> <p>Hospice notes for Resident #1 dated 05/13/2021, 05/21/2021, and 05/25/2021 indicated that Hospice visits were made to facility and during each visit, the Hospice Nurse reminded staff there was Hospice Nurse on call 24 hours a day 7 days a week.</p> <p>Nurse's#3 note dated 05/26/2021 at 7:00 am revealed she entered Resident #1 room at 4:50 am and found Resident #1 had labored breathing . Her respirations were 28 breaths per minute and her oxygen saturation was 69% . She was pale in color. Supplemental oxygen was not documented as administered. Nurse #3 called the physician and reported that Resident #1 had difficulty breathing and was a hospice patient. The physician ordered Resident #1 out to the hospital by emergency medical services.</p> <p>Record review of Emergency Medical Services report dated for 05/26/2021 at 5:47 am indicated that at 5:20am Resident #1 was in respiratory distress and there was no advance directive. Resident #1 was placed on oxygen at 10 liters per minute (lpm) and was increased to 15 lpm, with condition improvement. Resident #1 arrived at hospital at 5:47 am where the hospital respiratory staff took over ventilation and report were given .</p> <p>Hospital Records dated for 05/26/2021 revealed Resident #1 arrived with Emergency Medical Services (EMS) actively bagging (manually ventilating) Resident #1. Emergency document revealed that at 6:12 am the emergency room</p>	F 849	<p>Director of Nursing on 5/26/2021.</p> <p>Any licensed staff that cannot be reached within the initial reeducation time frame of 24 hours, will not take an assignment until they have received this reeducation.</p> <p>Agency licensed nurses and newly hired licensed nurses will have this education during their orientation.</p> <p>How will you monitor and maintain ongoing compliance #4</p> <p>To monitor and maintain ongoing compliance, the Director of Nursing or designee will monitor residents put under hospice care to identify any change of condition and validate that the hospice provider was notified.</p> <p>This will be documented daily for 14 days and then weekly for 10 weeks with a completion date of 10/8/21</p> <p>The Director of Nursing will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.</p> <p>Will reviewed monthly for 100% compliance for 3 months.</p>		

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F 849	<p>Continued From page 20</p> <p>physician immediately intubated (tube placed in the windpipe to assist with breathing) and was placed on a ventilator (a machine that assists with breathing). Documentation at 6:58 am revealed EMS was not made aware nor had possession of paperwork that Resident #1 was on Hospice and a DNR. The doctor spoke with Resident #1 family at 10:31 am the decision was made to extubate (remove the breathing tube) from her and transfer her back to the facility. Resident #1 was extubated at 11:13 am.</p> <p>Nurse's Note #5 dated for 05/26/2021 at 12:23 pm indicated Resident #1 returned to the facility accompanied by her family.</p> <p>Nurse's Note #3 dated for 05/27/2021 at 1:52 am revealed Resident #1 expired with family at her bedside.</p> <p>Interview conducted with Hospice Nurse on 07/07/2021 at 10:43 am revealed Resident #1 was admitted into hospice service on 05/11/2021. The facility staff were notified Resident#1 was admitted to hospice and to contact the on-call hospice nurse with any significant change in the Resident's health. The Hospice Nurse indicated anytime there was a change in condition of a Hospice patient, the facility was to call Hospice and the Nurse would guide the facility on how to proceed.</p> <p>Interview conducted with Nurse #3 on 07/07/2021 at 11:09 am stated she was called to the Resident's #1 room on 05/26/2021 at 4:50 am by the Nursing Assistant (N.A.) Resident #1 had difficulty breathing. Nurse #3 assessed Resident #1 vital signs and repositioned her to assist with better oxygenation. She indicated that Resident</p>	F 849			

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F 849	<p>Continued From page 21</p> <p>#1 had a "Do Not Resuscitate" (DNR) yellow form and the medical record indicated she was a full code. The family was contacted unsuccessfully to clarify Resident #1's code status. Nurse #3 stated she contacted the physician on-call and informed her Resident #1 was having difficulty breathing, there were conflicting code statuses, and that Resident #1 was a current Hospice patient. The physician indicated to send Resident #1 to the hospital. Nurse #3 was unable to remember why she did not call the Hospice Nurse and why EMS did not take the DNR form.</p> <p>Interview conducted on 07/08/2021 at 3:00 pm with Director of Hospice Services revealed the facility was educated to contact hospice when a hospice patient had a change in condition, the Hospice Nurse assessed and managed care in the facility setting.</p> <p>Interview conducted on 07/09/2021 at 1:27 pm Administrator stated nursing was to reach out to the Hospice Nurse first while a hospice patient was declining. He stated hospice directed the care.</p> <p>Interview conducted on 07/09/2021 at 1:40 pm Director of Nursing stated once a decline was noted in a hospice Resident, the facility was to call the Hospice Nurse to direct the Resident's care.</p> <p>Interview conducted on 07/09/2021 at 2:16 pm with Nurse #4 revealed nursing staff were to contact the on-call Hospice Nurse if a hospice patient declined. The Hospice Nurse instructed staff on what to do next. She also indicated each nurse's station had a hospice book with current hospice residents used to communicate between the facility and hospice provider.</p>	F 849			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2021
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NASH		STREET ADDRESS, CITY, STATE, ZIP CODE 1210 EASTERN AVENUE NASHVILLE, NC 27856		
(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
F 849	Continued From page 22 Interview conducted on 07/14/2021 at 10:26 am with Lead Emergency Medical Technician (EMT) indicated he was not told by facility staff that Resident #1 was a Hospice patient or had a DNR. He indicated Resident #1 was severely hypoxic, required a rebreather mask, and was immediately transferred to the hospital emergency room staff. Interview conducted on 07/14/2021 at 3:50 pm with the on-call physician revealed she was on-call the morning of 5/26/2021 and she did not recall a conversation with the facility regarding Resident #1. She reviewed her call message log and stated the information in log did not extend back to 05/2021.	F 849		