

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

PRINTED: 09/27/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345483	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/03/2021
NAME OF PROVIDER OR SUPPLIER SHAIRE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 564 SS=F	<p>Inform Visitation Rgths/Equal Visitation Prvl CFR(s): 483.10(f)(4)(vi)(A)-(D)</p> <p>§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</p>	F 564		9/23/21	

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

TITLE

(X6) DATE

Electronically Signed

09/23/2021

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 564	<p>Continued From page 1</p> <p>visitation privileges consistent with resident preferences.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, resident, family, and staff interviews the facility imposed a restricted visitation schedule that limited indoor and outdoor visitation of family and friends for 4 of 38 residents reviewed for visitation. (Resident #5, #20, #26 and #39). This facility practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. Resident #26 was admitted to the facility on 7/27/21 and was coded as being cognitively intact.</p> <p>Interview with Resident #26 who was cognitively intact on 8/31/21 at 3:13pm revealed her family could not come into the facility to visit. She stated they were only allowed to come to the window and they couldn't visit after 4:00pm.</p> <p>Observation at 8/30/21 at 3:35pm revealed Resident #26 to be visiting outside with her family member.</p> <p>Interview with Resident #26 family member on 8/30/21 at 3:36pm revealed she was unable to visit with Resident #26 the previous week at all. She stated this week she was able to schedule an appointment to visit through the window. She further stated when the family arrived today they were told by the facility that they could visit Resident #26 outside. The facility allowed an hour of visitation. Before the previous week the facility allowed visitation every other day.</p>	F 564	<p>This Plan of Correction is submitted to address deficiencies cited under Tag #F564</p> <p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>As of September 22, 2021 Resident #26, #39, #5, and #20 as well as their families were informed and given a copy of the facilities visitation policies. The policy states this facility will adhere to CDC and CMS guidelines and best practices for indoor, outdoor, and compassionate care visitations to support each resident's quality of life. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. A person is considered fully vaccinated two weeks after the final dose of the vaccine. If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after contact. Visitors should physically distance from other residents and staff in the facility. Compassionate visits will be permitted to</p>		

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F 564	<p>Continued From page 2</p> <p>2. Resident #39 was admitted to the facility on 4/7/20 and was coded as being cognitively impaired.</p> <p>Interview and observation on 8/31/21 at 3:45pm revealed Resident #39 to be visiting with her family members outside the facility. The family indicated they had to make appointments to see Resident #39. They indicated it could be difficult to schedule due to family members work schedules. They stated in the instance a family member got off work at 5:00pm they wouldn't be able to visit. They stated they couldn't visit at all last week. The family was told a facility staff had gotten COVID and they weren't letting anyone in.</p> <p>3. Resident #5 was admitted to the facility on 12/30/19 and was coded as cognitively impaired.</p> <p>An interview was conducted with Resident #5's family member on 09/01/21 at 10:45 AM. The family member stated they cannot visit with their mother during the restricted visitation hours. They indicated visitation hours were from 9:00 AM to 4:30 PM during the day. The family member worked during the day and would have to take time off work to visit with their mother. They revealed visitation hours were restricted to 1-hour increments and they could make an appointment for Tuesday, Wednesday, or Thursday during the week. The family member stated there were no evening visitation hours. They further indicated window visits and outside visits occurred on the weekends. The family member revealed they were unable to sit in the heat for the duration of outside visits. They stated there were 2 spots available for visitation at a time.</p> <p>4. Resident #20 was admitted to the facility on</p>	F 564	<p>assist in maintaining and/or improving the health of a resident experiencing a physical/psychosocial decline. This facility will allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits will be permitted at all times). Compassionate care visits, and visits required under federal disability rights law, will be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.</p> <p>A corrective letter was sent to all residents and their responsible parties informing them of the facilities visitation policy. Information included but not exclusive to this letter, visits are encouraged to be conducted between the hours of 9am and 8pm. During this time as well as any other times scheduling in advance is not required. Visits may still be dependent on suitable space at the facility to meet resident care needs and proper social distancing. Should visiting during these hours pose an undue hardship for various reasons, we ask that the family call the facility to let our receptionist know what time they would like to visit. This courtesy call will allow us the information needed to let staff know when to expect them. The reasoning behind this is to allow staff to perform their jobs as efficiently and effectively as possible without interruptions. A letter was added to the admission packet to inform new</p>		

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F 564	<p>Continued From page 3</p> <p>7/9/21 and was coded as being cognitively intact. In an interview with Resident #20 on 09/03/21 at 9:05 AM, the resident expressed she wanted the facility to allow visitors on the weekends, and she had not received visitors in 2 weeks. The resident revealed she could have 2 visits a week but the visits must be scheduled ahead of time. She stated her preacher could not get a "pass to visit" and she believed the preacher should be able to visit any time he wanted. She stated her family worked during the day and could "only come after 3:30 PM." She wanted her family to be able to visit at any time they could.</p> <p>Interview with the Receptionist on 9/2/21 at 3:12pm revealed the facility suggested outside visitation. They were allowing families to come in the facility but the facility were going with CDC guidelines that say it is safer outside. She stated if families asked they could come in. The time frames for visits were 9:00am to 10:00am, 11:00am then a break. Visitation resumed at 1:30pm, 2:30pm and 3:30pm. The last time a visit could be scheduled was 3:30pm. If a slot for visitation was taken when a family called to schedule a visit, we would try to fit them in. She stated if the family called and ask to visit because they worked late someone would stay at the facility to check the family in. Some families complained but the facility always tried to make it work. She stated the she was responsible for scheduling the visits. The receptionist revealed weekend visits were scheduled at 1:30pm, 2:30pm and 3:30pm. She stated she kept a log of the visits. Residents with private rooms could get visit inside but semi-private private rooms had to be conducted outside or in the 300 hall living room.</p>	F 564	<p>residents and their families of this policy. On September 23, 2021 a memo went out to all staff re-educating and informing them of the facilities visitation policy with requests for questions should they arise. The importance of resident's receiving visits when they chose was reviewed. All residents will receive visits when they choose according to regulation 483.10(f)(4)(vi). The Admissions Coordinator will conduct surveys of residents and families including newly admitted residents to ensure knowledge and compliance on a weekly basis for a period of 4 weeks, then every other week for a period of 4 weeks. Information contained in survey includes but not limited to the following: Date; Resident#; If they are aware of Visitation Policy and they can have visits anytime they choose; Do you understand or have any questions about visitation; Are you receiving visitors when you want; Any visits that have been denied; Comments; and Staff Initials.</p> <p>The Admissions Coordinator will compile documentation and report findings to the Quality Assurance and Performance Improvement Committee for a period of two months. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.</p>		

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F 564	Continued From page 4 Interview with the Director of Nursing (DON) on 9/2/21 at 9:26am revealed she was recommending outside visits at this time. The CDC said it was the safest way due to having open air. Prior to the outbreak they were allowing families to come into the facility. The outbreak started on 7/30/21 and the second was 8/23/21. Visits were scheduled and had time frames which was 7 days a week and started at 9:00am. The visits were from 9:00am to 11:00am and 1:00pm until 4:00pm. She stated they always had compassionate care visits or visits for end of life. If families demanded to come in the facility, the facility allowed them to come in. The facility would usually try to educate the families about the policy and they are usually more compliant. The receptionist scheduled the visitation and it is up to her discretion. Interview with the Administrator on 9/2/21 at 10:15am revealed if a family member wanted to come in the building they would be allowed to. The facility had exceptions to the scheduled visits and compassionate visits were anytime. Outside visitation was suggested to prevent outbreaks.	F 564			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		9/23/21	

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F 761	<p>Continued From page 5</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure the medication storage rooms were locked for 2 of 2 medication storage rooms (200 hall and the central medication storage room) reviewed for medication storage.</p> <p>The findings included:</p> <p>a. A continuous observation of the 200-hall medication storage room on 9/1/2021 from 10:25 AM to 10:41 AM revealed Nurse #1 left the medication storage room door propped open with a trash can. During the continuous observation Nurse #1 went to the restroom and then walked down the 200 hall before she came back to the medication storage room to close the door. During the observation, no one other than Nurse #1 entered the medication storage room.</p> <p>An interview with Nurse #1 on 9/1/2021 at 10:47 AM revealed the 200 hall medication storage room door should not have been left open.</p>	F 761	<p>This Plan of Correction is submitted to address deficiencies cited under Tag #F761</p> <p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>On September 2, 2021, at approximately 8:30am Administrator checked and tested the central medication storage room door for proper operation including closure. This door was opened and closed 6 times resulting in proper function and closure each time. Upon interview by survey team at approximately 10:30, Administrator voiced the result of his findings. The central medication storage room door was operating properly during that inspection.</p> <p>On September 3, 2021 Maintenance Director inspected central medication room door to ensure proper function and</p>		

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F 761	Continued From page 6 b. During an observation and interview on 9/1/2021 at 10:57 AM Nurse #2 was observed to get her keys out of her pocket to unlock the central medication storage room door. The medication storage room door was observed to be unlocked as the nurse only had to push on the door to open it without unlocking it with her keys. Nurse #2 explained the central medication storage room door sometimes did not close correctly, but it was normally locked. Nurse #2 indicated that she did not know whether maintenance had been notified of the door not closing correctly. She further revealed that she intended to notify maintenance. During an interview with the Director of Nursing on 9/2/2021 at 9:44 AM she stated the 200 hall medication storage room door should not have been left unlocked and propped open with a trash can. She further stated the central medication storage room door should have been locked and the nurses should have made sure the door was shut completely An interview with the Administrator on 9/2/2021 at 10:20 AM revealed both medication storage room doors should be locked at all times. The Administrator revealed the issue concerning the central medication storage room door was not reported because there was nothing wrong with the door.	F 761	closure. Since said date door has been checked routinely by maintenance to verify compliance. On September 2, 2021, the Director of Nurses met with Nurse #1, Nurse #2 and the Maintenance Director to re-educate of the importance of ensuring all medication room storage doors to be closed and locked. The facility policy and procedure for storage of all drugs and biologicals in locked compartments was reviewed. In addition, on September 7, 2021 the Director of Nurses conducted a meeting and in-service for all licensed nursing personnel of said policy and procedure. Topics included regulations, storage of all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. Director of Nurses will monitor weekly the 200 hall medication storage room and the central medication storage room to ensure compliance for proper storage of all drugs and biologicals to include proper closure and locking of both medication room doors for a period of 4 weeks, and then every other week for a period of 4 weeks. The DON will compile documentation and report findings to the Quality Assurance and Performance Improvement Committee for a period of two months. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.	