

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

PRINTED: 10/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER HUNTERSVILLE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 13835 BOREN STREET HUNTERSVILLE, NC 28078		
(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 An unannounced complaint investigation survey was conducted from 9/22/2021 to 9/24/2021. Event ID# NYJX11 7 of the 29 complaint allegations were substantiated resulting in a deficiency.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550		9/28/21	

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

TITLE

(X6) DATE

Electronically Signed

10/08/2021

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 550	<p>Continued From page 1</p> <p>resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record reviews, staff interviews, and resident interviews the facility failed to maintain residents' dignity by delaying incontinence care affecting 2 of 2 (#12 and #14) sampled residents. The residents expressed feeling of being uncomfortable, upset, and embarrassed.</p> <p>The findings included:</p> <p>1. Resident #14 was admitted to the facility on 9/16/21 with diagnosis which included hypertensive heart disease.</p> <p>Review of the Admission Assessment dated 9/19/21 revealed Resident #14 was cognitively intact and was totally dependent requiring two staff assist with transfers and toilet use. The Admission Assessment further revealed Resident #14 was incontinent.</p> <p>Review of the Activities of Daily Living (ADL) Task Sheet revealed Resident #14 was documented for receiving incontinence care only at 6:15 AM for the day of 9/22/21.</p> <p>An interview and observation conducted with</p>	F 550	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F550</p> <p>How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Resident #14 expressed concern that she was in soiled brief and felt ashamed that she was waiting to receive incontinence care due to be in soiled brief. Resident #14 was provided incontinence care on</p>		

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F 550	<p>Continued From page 2</p> <p>Resident #14 on 9/22/21 at 11:25 AM revealed she had not been changed since estimated time of 8:00 AM. Resident #14 was observed trying to adjust herself in the bed. The Resident winced and stated she was uncomfortable and upset staff were taking so long to assist her. Resident #14's room smelled of a strong smell of urine. Resident #14 revealed she had turned her call light on and staff turned the light off and stated they would be back to change her. Resident #14 further revealed staff continued checking in with Resident #14 but couldn't change her due to not being able to find assistance and the correct size briefs.</p> <p>An observation and interview conducted with Occupational Therapist (OT) #1 on 9/22/21 at 12:03 PM revealed the OT was going into Resident #14 room. Before entering Resident #14 room the OT #1 further revealed the resident stated she had not been changed since early this morning and the OT #1 would dress and clean her up.</p> <p>An interview conducted with Nurse #1 on 9/22/21 at 12:10 PM revealed it was expected for incontinence care to be completed every two hours but took longer due to staffing shortage. Nurse #1 further revealed multiple residents had complained about having to wait for long periods of time for incontinence care.</p> <p>An interview conducted with Nurse Aide (NA) #1 on 9/22/21 at 1:58 PM revealed Resident #14 had not been changed since around 8:00 AM because she could not find another staff member to assist with transfer and could not find Resident #14's brief size. NA #1 further revealed incontinence care was expected to get done every 2 hours but</p>	F 550	<p>9/22/2021. Resident #12 is provided timely incontinence care.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: All residents have the potential of being affected. All residents will be interviewed regarding dignity and respect using a questionnaire by 09/24/2021. Measures to be put in place or systemic changes made to ensure practice will not re-occur Education will be provided to all staff regarding resident rights and dignity and what constitutes dignity, with examples including being in soiled brief for extended period of time by the Director of Nursing, Staff Development Coordinator, or designee by 09/24/2021. All residents will be interviewed regarding dignity and respect using a questionnaire by 09/24/2021. Questionnaire will be used to interview 10% of residents 5x a week x 4 weeks, then biweekly x 4, then monthly x1. Additionally, 10% of residents will be audited to see if resident is experiencing a delay in incontinence care at that point in time 5x a week x4 weeks, then biweekly x4, then monthly x1 How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: The Administrator is responsible for the plan of correction and monitoring audits and interviews. Results of audits and interviews will be reviewed weekly as an Interdisciplinary Team during Morning Stand-up Meeting x 4 weeks and at</p>		

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F 550	<p>Continued From page 3</p> <p>does not always happen due to staffing issues.</p> <p>An interview with the Administrator and Director of Nursing (DON) on 9/23/21 at 2:30 PM revealed they were not aware of incontinence care not being given every two hours and the facility had been working hard to improve care being given in a timely manner. The Administrator and DON further revealed they expected for residents to receive incontinence care every two hours or at the residents' request.</p> <p>2. Resident #12 was admitted to the facility on 8/11/21 with diagnosis which included arthritis.</p> <p>A review of the admission Minimum Data Set (MDS) dated 8/17/21 revealed Resident #12 was cognitively intact and required extensive assistance with one person staff for transfers and toilet use. The MDS further revealed Resident #12 was incontinent.</p> <p>An interview was conducted with a family member on 9/22/21 at 10:35 AM revealed Resident #12 had complained since admission staff were taking long periods of time to assist the resident with incontinence care.</p> <p>An interview conducted with Resident #12 on 9/22/21 at 11:36 AM revealed facility staff rarely gave incontinence care every two hours. Resident #12 further revealed multiple times since admission he had laid in a wet and dirty brief for several hours waiting on staff to assist with incontinence care. Resident #12 stated he would be uncomfortable and embarrassed and would not leave his room. Resident #12 indicated he would use the call light and tell staff, but they would take over an hour to return to assist the</p>	F 550	<p>Quarterly Quality Assurance meeting x 1 month for further problem resolution if needed.</p> <p>Completion Date 9/28/2021</p>		

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F 550	Continued From page 4 resident. An interview conducted with direct care Nurse #1 on 9/22/21 at 12:10 PM revealed it was expected for incontinence care to be completed every two hours but would take longer due to staffing shortage. Nurse #1 further revealed Resident #12 and other residents had complained. An interview conducted with Nurse Aide (NA) #2 on 9/23/21 at 10:24 AM revealed incontinence care was not getting completed every two hours due to issues with staffing. The NA further revealed Resident #12 had complained of waiting on staff for long periods of time. An interview with the Administrator and Director of Nursing (DON) on 9/23/21 at 2:30 PM revealed they were not aware of incontinent care not being given every two hours and the facility had been working hard to improve care being given in a timely manner. The Administrator and DON further revealed they expected for residents to receive care every two hours and at the residents' request.	F 550			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:	F 732		9/28/21	

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F 732	<p>Continued From page 5</p> <p>(A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations, and staff interviews, the facility failed to post accurate staffing information for licensed and unlicensed nursing staff for 5 of 5 posted nurse staffing sheets reviewed.</p> <p>Findings included:</p> <p>Staffing sheets for 8/7/2021, 8/8/2021, 8/26/2021, 8/27/2021 and 9/14/2021 were reviewed and revealed the following were not accurate on the</p>	F 732	<p>F732</p> <p>1. How corrective action will be accomplished for each resident found to have been affected by the deficient practice: No residents were affected by the deficient practice. The posted nurse daily staffing sheet was corrected at the time of notification on 9/23/2021.</p> <p>2. How corrective action will be</p>		

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F 732	Continued From page 6 following 5 of 5 days: a. The nursing schedule for 8/7/2021 had 4 Licensed Practical Nurses (LPNs) and 6 nursing assistants (NAs) scheduled to work the evening shift (3:00 PM to 11:00 PM). The posted nurse staffing sheet indicated 10 LPNs had provided 42.5 hours of care and 12 NAs had provided 52 hours of care for the evening shift on 8/7/2021. b. The nursing schedule for 8/8/2021 had 6.5 LPNs and 6 NAs scheduled to work the evening shift. The posted nurse staffing sheet indicated 9 LPNs provided 38.5 hours of care and 10 NAs provided 50.5 hours of care for the evening shift on 8/8/2021. c. The nursing schedule for 8/26/2021 had one Registered Nurse (RN) scheduled to work 4 hours, 4 LPNs and 6.5 NAs scheduled to work the day shift (7:00 AM to 3:00 PM). The posted nurse staffing sheet indicated 1 RN provided 8 hours of care, 6 LPNs provide 44 hours of care and 8 NAs provided 52.5 hours of care during the day shift on 8/26/2021. The nursing schedule for the evening shift on 8/26/2021 had 5.5 LPNs and 8 NAs scheduled to work the evening shift. The posted nurse staffing sheet indicated that 7 LPNs provide 32 hours of care and 13 NAs provided 59 hours of care. d. The nursing schedule for 8/27/2021 had 6 LPNs scheduled to work, (with two nurses arriving late for their shift), and 7.5 NA working day shift. The posted nursing staffing sheet indicated 8 LPNs provided 55 hours of care and 7 NAs provide 47.5 hours of care on day shift 8/27/2021. The nursing schedule for the evening shift had 5.5 LPNs scheduled to work and 7.5	F 732	accomplished for those residents having the potential to be affected by the same deficient practice: The DON and Scheduler were educated by the Corporate Nurse Consultant on how to complete the posted nurse daily staffing sheet on 9/28/2021. A new daily staffing sheet was created to include Medication Aides and other non-licensed staff. 3. Measures to be put in place or systemic changes made to ensure practice will not re-occur Education was provided to the DON and Scheduler by the Corporate Nurse Consultant on how to accurately complete the daily staffing sheet on 9/28/2021. The Administrator or designee will review the daily staffing sheet for accuracy 5x week x4 weeks, then biweekly x4, then monthly x1. 4. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: Results of audits will be reviewed the Quarterly Quality Assurance meeting x1 for further resolution as needed. 5. Completion Date 9/28/2021		

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F 732	<p>Continued From page 7</p> <p>NAs on 8/27/2021. The posted nursing staffing sheet indicated 10 LPNs provided 46.5 hours of care and 13 NAs provided 59 hours of care for the evening shift on 8/27/2021.</p> <p>e. The nursing schedule for 9/14/2021 had 5 LPNs scheduled to work and 1 medication technician (MT). The posted nursing staffing sheet indicated 7 LPNs provide 56 hours of care and did not indicate the MT was providing care. The nursing schedule for the evening shift on 9/14/2021 had 3.5 LPNs, 6 NA and 1 MT working 4 hours. The posted nursing staffing sheet indicated 9 LPNs provided 44 hours of care, 11 NAs provided 64 hours of care, and did not indicate the MT was providing care. The nursing schedule for the night shift (11:00 PM to 7:00 AM) had 1 LPN and 6 NAs scheduled to work on 9/14/2021. The posted nursing staffing sheet indicated 2 LPN provided 16 hours of care, and 8 NAs provided 60 hours of care.</p> <p>An interview was conducted with the Scheduler on 9/23/2021 at 11:09 AM. The scheduler reported the facility had 12 hour shifts and 8 hour shifts for both nurses and NA. The Scheduler reported she was counting each nurse and NA as providing a full shift of care, even when they were working only a partial shift. The Scheduler reported she had been instructed to count each person scheduled to work on the posted nurse staffing sheet. The Scheduler explained she had not been instructed how to count the MT on the staffing sheet and she was counting the MT hours as nursing hours, because the MT was passing medications.</p> <p>The Administrator was interviewed 9/24/2021 at 2:04 PM. The Administrator reported she was not</p>	F 732			

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F 732	Continued From page 8 aware the Scheduler was counting each nurse and NA even when the staff were working a partial shift. The Administrator reported it was her expectation the posted nurse staffing sheets accurately reported the number of nurses and NA working, as well as the hours of care provided.	F 732		