STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345063	A. BUILDING _____ B. WING _____	C 11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT WILSON	1804 FOREST HILLS ROAD W WILSON, NC 27893

(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 A Complaint Investigation was conducted 11/2/2021 through 11/4/2021. Event ID# KO9O11. 4 of the 17 complaint allegations were substantiated resulting in deficiencies.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care 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: Based on record review and staff interviews the facility failed to complete non-pressure wound dressing changes as ordered by the physician for 1 of 2 residents reviewed for wound care (Resident #9). The findings included: Resident #9 was admitted to the facility on 4/15/21 with a diagnosis of type 2 diabetes mellitus with foot ulcer and peripheral vascular disease. The quarterly Minimum Data Set dated 7/28/21 revealed Resident #9 had moderate cognitive impairment. He needed extensive assistance with bed mobility, transfers, and toilet use.	F 684	The Plan of correction is not to be construed as an admission of any wrong doing or liability. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality assurance or self-critical examination privilege which the facility does not waive	12/3/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/23/2021

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F 684	Continued From page 1 Resident #9 ' s care plan updated 8/18/21 revealed he was care planned for actual impairment to skin integrity/non-pressure ulcer of the right foot/toes. A review of the physician orders for Resident #9 revealed the following orders: Cleanse right medial first toe with wound cleanser, apply a debriding agent to wound bed, cover with dry gauze, wrap with rolled gauze and secure with tape every day shift for wound care. Start date was 7/24/21. A review of the treatment administration record revealed this dressing change was not documented as completed on 9/18/21. An interview was conducted with Nurse #1 at 4:15 PM on 11/3/21. She stated on 9/18/21 she was working the hall Resident #9 resided. She stated she did not do the dressing change for Resident #9 because she was the only nurse working the day shift and couldn ' t get to them all. An interview was conducted with the interim Director of Nursing on 11/4/21 at 11:35 AM. He stated since arriving to the facility he had implemented more staff. He stated he could not speak for the previous administration, but he expected dressing changes to be completed as ordered for any resident. He also stated staff could come to him and he would do the dressing changes himself if needed.	F 684	and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents F684 Quality of Care 1) Resident #9 was discharged from the facility on 11/3/21. Employee was Agency employee and has not been at facility since. 2) On 11/22/21, the Regional Director of Clinical Services (RDCS) completed an audit of the Treatment Administration Records (TAR) from 11/06-11/22/21 for residents with current non-pressure wound treatment orders for completion of treatments as ordered. No adverse outcomes to other residents identified. 3) Beginning 11/22-12/2/21, the Director of Nursing (DON) provided education to current facility and agency licensed nurses on administration and documentation of non-pressure wounds per physician orders. The licensed nurse will continue to administer treatments as ordered and document on the TAR without omission. The DON will monitor treatment administration records during daily clinical meeting via PCC dashboard report to ensure treatments are being provided as ordered. Discrepancies will be addressed as appropriate. Newly hired facility and agency licensed nurses to receive	

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F 684	Continued From page 2	F 684	education upon hire. 4) The Director of Nursing and/or licensed nurse supervisor will complete an audit of five (5) residents with non-pressure wounds for documentation per the TAR of treatments as ordered by the physician. Monitoring will be completed at a frequency of five (5) times weekly for two (2) weeks, then 3 times weekly for four (4) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with quality of care. 5) Date of Compliance 12/3/2021	
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.	F 686		12/3/21

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F 686	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review, staff, and resident interviews the facility failed to complete pressure wound dressing changes as ordered by the physician for 1 of 2 residents reviewed for wound care (Resident #8). The findings included: Resident #8 was admitted to the facility on 10/10/20. His diagnosis included stage 4 pressure ulcers and osteomyelitis. The annual Minimum Data Set (MDS) dated 10/7/21 revealed Resident #8 was cognitively intact. He required supervision for transfers and toilet use and was independent with bed mobility and eating. The MDS revealed he had stage 4 pressure ulcers. Resident #8 ' s care plan updated 10/21/21 showed he was admitted with multiple pressure ulcers and was at risk for development of further pressure ulcers. A review of the physician orders for Resident #8 revealed the following orders: a. Order dated 5/21/21 cleanse right posterior thigh with wound cleanser, apply collagen (aids in wound healing) wound powder to wound bed, cover with a debriding agent, dry dressing, thick absorbent dressing and secure with tape every day shift. Order was discontinued 10/4/21. b. Order dated 5/21/21 cleanse sacrum with wound cleanser, apply a debriding agent to necrotic area of wound bed, cover with another debriding agent, dry dressing, thick absorbent	F 686	F686 Treatment/Svs to Prevent /Heal Pressure Ulcer 1) Resident #8 continues to receive treatments to pressure wounds as ordered by the physician however he is at times non-compliant. Nurse is Agency Nurse and has not been here since. (Same Nurse as in Tag 684) 2) On 11/22/21, the Regional Director of Clinical Services (RDCS) completed an audit of the Treatment Administration Records (TAR) from 11/06-11/22/21 for residents with current pressure wound treatment orders for completion of treatments as ordered. No adverse outcomes to other residents identified. 3) Beginning 11/22-12/2/21, the Director of Nursing (DON) provided education to current facility and agency licensed nurses on administration and documentation of pressure wounds per physician orders. The licensed nurse will continue to administer treatments as ordered and document on the TAR without omission. The DON will monitor treatment administration records during daily clinical meeting via PCC dashboard report to ensure treatments are being provided as ordered. Discrepancies will be addressed as appropriate. Newly hired facility and agency licensed nurses to receive education upon hire.	

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F 686	Continued From page 4	F 686		

dressing and secure with tape every day shift. Order was discontinued 10/11/21.
c. Order dated 5/21/21 cleanse left ischium with would cleanser, apply a debriding agent, cover with dry dressing, thick absorbent dressing and secure with tape every day shift.
d. Order dated 521/21 cleanse right calf with wound cleanse , apply collage wound powder to wound bed, cover with debriding agent, dry dressing, thick absorbent dressing, rolled gauze and secure with tape every day shift.
e. Order dated 6/30/21 apply a topical antibiotic to scrotum topically every day shift for wound care. Order was discontinued 10/4/21
f. Order dated 7/30/21 cleanse right ischium with wound cleanser, apply a debriding agent, ABD pad and secure with tape every day shift.

A review of the treatment administration record revealed the pressure wound dressing changes were not documented as completed on 9/18/21.

Resident #8 was interviewed on 11/3/21 at 2:30. He stated he couldn ' t recall if he didn ' t get a dressing change on 9/18/21 but if it was a weekend it probably didn ' t get done.

An interview was conducted with Nurse #1 at 4:15 PM on 11/3/21. She stated on 9/18/21 she was working the hall Resident #8 resided. She stated she did not do the dressing change for Resident #8 because she was the only nurse working the day shift and couldn ' t get to them all.

An interview was conducted with the interim Director of Nursing on 11/4/21 at 11:35 AM. He stated since arriving to the facility he had implemented more staff. He stated he could not speak for the previous administration, but he

4) The Director of Nursing and/or licensed nurse supervisor will complete an audit of five (5) residents with pressure wounds for documentation per the TAR of treatments as ordered by the physician. Monitoring will be completed at a frequency of five (5) times weekly for two (2) weeks, then 3 times weekly for four (4) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with treatment and services to prevent and/or heal pressure wounds.
5) Date of Compliance 12/3/2021

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F 686	Continued From page 5 expected dressing changes to be completed as ordered for any resident. He also stated staff could come to him and he would do the dressing changes himself if needed.	F 686		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide sufficient nursing staff to	F 725	F725 Sufficient Nursing Staff	12/3/21

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F 725	Continued From page 6 complete dressing changes as ordered by the physician to 2 of 2 residents. (Resident #8 reviewed for pressure wound dressing change and Resident #9 for non-pressure wound dressing change). Finding included: Cross refer to F686: Based on record review, staff, and resident interviews the facility failed to complete pressure wound dressing changes as ordered by the physician for 1 of 2 residents reviewed for wound care (Resident #8). Cross refer to F684: Based on record review and staff interviews the facility failed to complete non-pressure wound dressing changes as ordered by the physician for 1 of 2 residents reviewed for wound care (Resident #9). An interview was conducted with the interim Director of Nursing on 11/4/21 at 11:35 AM. He stated since arriving to the facility he had implemented more staff. He stated he could not speak for the previous administration, but he expected dressing changes to be completed as ordered for any resident. He also stated staff could come to him and he would do the dressing changes himself if needed.	F 725	1.) On 1/24/21 Administrator and DON completed a review of sufficient staffing coverage for facility based on census and acuity. Cross refer to F684: Resident #9 continued to receive treatments to right toe diabetic wound as ordered by the physician and was discharged from the facility on 11/3/21. Cross refer to F686: Resident #8 continues to receive treatments to pressure wounds as ordered by the physician and continues to refuse treatments at times per non-compliance care plan 2.) On 11/23/2021 facility contracted an Agency treatment Nurse as we continue to advertise and interview for Wound Nurse. Cross refer F684: On 11/22/21, the Regional Director of Clinical Services (RDCS) completed an audit of the Treatment Administration Records (TAR) from 11/06-11/22/21 for residents with current non-pressure wound treatment orders for completion of treatments as ordered. No adverse outcomes to other residents identified. Cross refer F686: On 11/22/21, the Regional Director of Clinical Services (RDCS) completed an audit of the Treatment Administration Records (TAR) from 11/06-11/22/21 for residents with current pressure wound treatment orders	

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F 725	Continued From page 7	F 725	for completion of treatments as ordered. No adverse outcomes to other residents identified. 3) Administrator provided reeducation to the Scheduler on scheduling and monitoring requirements to ensure sufficient nursing staff and provided education to the Assistant Business Office Manager (ABOM) on the process of posting/renewing job ads and monitoring and scheduling applicants to fill any open nursing positions. Newly hired Schedulers and ABOMs will receive education upon hire. The scheduler will continue to schedule according to census and acuity and the ABOM will recruit and hire to fill any open nursing positions to ensure sufficient nurse staffing. The Administrator will monitor the schedule and applicant flow daily to ensure sufficient staffing each day based on census and acuity and recruitment for open positions and will implement strategies to recruit and retain staff as needed. Cross refer F684: Beginning 11/22-12/2/21, the Director of Nursing (DON) provided education to current facility and agency licensed nurses on administration and documentation of non-pressure wounds per physician orders. The licensed nurse will continue to administer treatments as ordered and document on the TAR without omission. The DON will monitor treatment administration records during daily clinical meeting via PCC dashboard report to	

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F 725	Continued From page 8	F 725	ensure treatments are being provided as ordered. Discrepancies will be addressed as appropriate. Newly hired facility and agency licensed nurses to receive education upon hire. Cross refer F686: Beginning 11/22-12/2/21, the Director of Nursing (DON) provided education to current facility and agency licensed nurses on administration and documentation of pressure wounds per physician orders. The licensed nurse will continue to administer treatments as ordered and document on the TAR without omission. The DON will monitor treatment administration records during daily clinical meeting via PCC dashboard report to ensure treatments are being provided as ordered. Discrepancies will be addressed as appropriate. Newly hired facility and agency licensed nurses to receive education upon hire. Cross refer F684: The Director of Nursing and/or licensed nurse supervisor will complete an audit of five (5) residents with non-pressure wounds for documentation per the TAR of treatments as ordered by the physician. Monitoring will be completed at a frequency of five (5) times weekly for two (2) weeks, then 3 times weekly for four (4) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with	

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F 725	Continued From page 9	F 725	quality of care and to ensure sufficient nursing staffing. Cross refer F686: The Director of Nursing and/or licensed nurse supervisor will complete an audit of five (5) residents with pressure wounds for documentation per the TAR of treatments as ordered by the physician. Monitoring will be completed at a frequency of five (5) times weekly for two (2) weeks, then 3 times weekly for four (4) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with treatment and services to prevent and/or heal pressure wounds and to ensure sufficient nursing staffing. 4) The Administrator or DON will monitor schedule and applicant flow to assure there is adequate staffing Monitoring will be completed at a frequency of five (5) times weekly for four (4) weeks, then weekly for eight (8) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with RN requirements 8 consecutive hours, 7 days a week. 5. Date of Compliance 12/3/2021	

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F 727	Continued From page 10	F 727		
F 727 SS=D	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to schedule a registered nurse (RN) for at least 8 consecutive hours a day for 3 of the 30 days reviewed (9/12/21, 9/18/21, and 9/19/21). The findings included: A review of the posted daily staffing sheets from 9/1/21 through 9/30/21 revealed 1 RN on duty every day. A review of the daily schedule from 9/1/21 through 9/30/21 was reviewed on 11/2/21 and revealed there was no RN scheduled on 9/12/21, 9/18/21, and 9/19/21. The census on 9/12/21 was 55 and the census on 9/18/21 and 9/19/21 was 56. The scheduler was interviewed on 11/2/21 at 2:30	F 727	F727 RN 8 Hours /7days /Wk. 1) Corrective action not applicable for retroactive dates cited for 9/12, 9/18 and 9/19/21. 2) On 11/22/21, the DON, Scheduler and BOM completed an audit of RN coverage for previous 30 days to validate accuracy of 8 consecutive hours of RN coverage daily. Requirements met. 3) On 11/22/21, the Administrator educated the Scheduler and ABOM of responsibilities and process of scheduling and verifying 8 consecutive hours of RN coverage daily and reporting any discrepancy immediately to the DON and/or Administrator for intervention. The Scheduler will complete nursing schedule	12/3/21

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F 727	Continued From page 11 PM and she stated she would alert the former Director of Nursing when there was no RN coverage. She stated he said he would handle it. On 11/2/21 at 4:45 an interview was conducted with the assistant business office manager and she stated she keeps up with the time the staff worked. She stated no RN had worked on 9/12/21, 9/18/21, and 9/19/21. An attempt to reach the former Director of Nursing (DON) for an interview was unsuccessful. An interview was conducted on 11/4/21 at 11:35 AM with the interim DON and stated he could not speak for the prior administration but going forward there will be an RN in the building 8 hours a day 7 days a week.	F 727	4 weeks in advance and ensure at least 8 consecutive RN hours daily and report any discrepancies in the RN staffing requirement to the Administrator and/or DON for intervention. The BOM will validate actual RN hours worked for the previous day per the electronic Hosted Time system. The DON or Administrator will serve as a back-up for scheduling and validation of coverage in the absence of the scheduler or BOM. The Administrator will verify daily schedule in Morning Meeting to ensure RN coverage needs are met. Newly hired Schedulers and BOMs will receive education upon hire. 4) The Administrator or DON will monitor nursing schedule and electronic Hosted Time records for RN coverage 8 consecutive hours daily per requirements. Monitoring will be completed at a frequency of five (5) times weekly for four (4) weeks, then weekly for eight (8) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with RN requirements 8 consecutive hours, 7 days a week. 5) Date of Compliance 12/3/2021	
F 732 SS=B	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	F 732		12/3/21

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	345063	A. BUILDING _____ B. WING _____	C 11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT WILSON	1804 FOREST HILLS ROAD W WILSON, NC 27893

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F 732	Continued From page 12 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: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §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. §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. §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 review and staff interview the facility failed to post accurate daily nurse staffing information for 3 of 30 days reviewed for staffing (9/12/21, 9/18/21, and 9/19/21).	F 732	F732 Posted Nurse Staffing 1) Corrective action not applicable for retroactive dates cited for 9/12, 9/18 and	

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F 732	Continued From page 13 The findings included: A review of the daily nursing staff postings from 9/1/21 through 9/30/21 revealed 1 RN was on duty every day. A review of the daily schedule from 9/1/21 through 9/30/21 was reviewed on 11/2/21 and revealed there was no RN scheduled on 9/12/21, 9/18/21, and 9/19/21. The census on 9/12/21 was 55 and the census on 9/18/21 and 9/19/21 was 56. The scheduler was interviewed on 11/2/21 at 2:30 PM and she stated she would alert the former Director of Nursing when there was no RN coverage. She stated he said he would handle it. On 11/2/21 at 4:45 an interview was conducted with the assistant business office manager and she stated she keeps up with the time the staff worked. She stated no RN had worked on 9/12/21, 9/18/21, and 9/19/21. An attempt to reach the former Director of Nursing (DON) for an interview was unsuccessful. An interview was conducted on 11/4/21 at 11:35 AM with the interim DON and stated he could not speak for the prior administration but going forward there will be an RN scheduled daily.	F 732	9/19/21. 2) On 11/22/21, the DON, Scheduler and BOM completed an audit of posted nurse staffing for previous 30 days to validate accuracy. Requirements met. 3) On 11/22/21, the Administrator provided education to the scheduler and department heads as back-up Manager-on-Duty on the process for posting accurate nurse staffing hours daily and updating posting with changes as appropriate per requirements. The Scheduler will be responsible for posting daily staffing Mon-Friday and the Manager on Duty will be responsible for Saturday and Sunday. Newly hired schedulers or Managers on Duty will receive education upon hire. 4) The Administrator or DON will monitor posted nurse staffing for accuracy per requirements. Monitoring will be completed at a frequency of five (5) times weekly for four (4) weeks, then weekly for eight (8) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance with posted nurse staffing guidelines. 5) Date of Compliance 12/3/21	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)	F 842		12/3/21

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§483.20(f)(5) Resident-identifiable information.
(i) A facility may not release information that is resident-identifiable to the public.
(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

§483.70(i) Medical records.
§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-
(i) Complete;
(ii) Accurately documented;
(iii) Readily accessible; and
(iv) Systematically organized

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

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F 842	Continued From page 15 §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review, staff, and resident interview the facility failed to maintain accurate Treatment Administration Records (TAR) for 1 of 2 residents (Resident #8) reviewed for wound care. The findings included: Resident #8 was admitted to the facility on 10/10/20. His diagnosis included stage 4 pressure ulcers and osteomyelitis.	F 842	F842 Resident Records Identifiable Information 1) DON to provide education to Nurse #2 on completing electronic documentation of resident treatments on the Treatment Administration Record (TAR) in PCC eTAR. Late entries were documented for Resident #8 for 9/23, 9/24 and 9/27/21 to reflect an accurate, complete medical record for treatments provided. 2) On 11/22/21, the Regional Director of	

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F 842	Continued From page 16 The annual Minimum Data Set (MDS) dated 10/7/21 revealed Resident #8 was cognitively intact. He required supervision for transfers and toilet use and was independent with bed mobility and eating. The MDS revealed he had stage 4 pressure ulcers. Resident #8 ' s care plan updated 10/21/21 showed he was admitted with multiple pressure ulcers and was at risk for development of further pressure ulcers. A review of the physician orders for Resident #8 revealed the following orders: a. Order dated 5/21/21 cleanse right posterior thigh with wound cleanser, apply collagen (aids in wound healing) wound powder to wound bed, cover with a debriding agent, dry dressing, thick absorbent dressing and secure with tape every day shift. Order was discontinued 10/4/21. b. Order dated 5/21/21 cleanse sacrum with wound cleanser, apply a debriding agent to necrotic area of wound bed, cover with another debriding agent, dry dressing, thick absorbent dressing and secure with tape every day shift. Order was discontinued 10/11/21. c. Order dated 5/21/21 cleanse left ischium with would cleanser, apply a debriding agent, cover with dry dressing, thick absorbent dressing and secure with tape every day shift. d. Order dated 521/21 cleanse right calf with wound cleanse , apply collage wound powder to wound bed, cover with debriding agent, dry dressing, thick absorbent dressing, rolled gauze and secure with tape every day shift.	F 842	Clinical Services (RDCS) completed an audit of the Treatment Administration Records (TAR) from 11/06-11/22/21 for residents with current wound treatment orders for completion of treatments as ordered. No adverse outcomes to other residents identified. 3) Beginning 11/22-12/2/21, the DON provided education to current facility and agency licensed nurses on documenting treatments completed in PCC eTAR to accurately reflect resident medical records. The licensed nurse will document completion of resident treatments per physician orders in PCC eTAR. PCC eTAR education will be provided upon hire and quick reference guides available at the nursing stations. Newly hired facility and agency licensed nurses will receive education upon hire. 4) The Director of Nursing and/or licensed nurse supervisor will complete an audit of five (5) residents with wounds treatment orders for accurate documentation per the TAR. Monitoring will be completed at a frequency of five (5) times weekly for four (4) weeks, then weekly for eight (8) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team (IDT) during QAPI meetings monthly for three (3) months and will make changes to the plan as necessary to maintain compliance maintaining accurate, complete resident medical records. 5) Date of Compliance 12/3/2021	

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e. Order dated 7/30/21 cleanse right ischium with wound cleanser, apply a debriding agent, ABD pad and secure with tape every day shift.

f. Order dated 6/30/21 apply a topical antibiotic to scrotum topically every day shift for wound care. Order was discontinued 10/4/21

A review of the Resident #88 ' s treatment administration record revealed these dressing changes were not documented as completed on 9/23/21, 9/24/21, and 9/27/21.

Resident #8 was interviewed on 11/3/21 at 2:30 PM. He stated he couldn ' t recall 9/23/21, 9/24/21 or 9/27/21 but if they were during the week, the treatments were probably done.

Nurse #2 was interviewed on 11/3/21 at 3:35 PM. She stated she worked on 9/23/21, 9/24/21, and 9/27/21 and was responsible for Resident #8 ' s dressing change. She stated she did the dressing on those dates but was not educated to document dressing changes in the TAR. Nurse #2 stated she had been educated and all dressing changes are documented in the TAR.

An interview was conducted with the interim Director of Nursing on 11/4/21 at 11:35 AM. He stated he expected staff to sign off on the TAR when treatment was completed and if they are unaware of how to document dressing changes education would be completed.