

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

PRINTED: 01/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2021
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NAME OF PROVIDER OR SUPPLIER SPRINGBROOK NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 195 SPRINGBROOK AVENUE CLAYTON, NC 27520
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(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
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F 000	INITIAL COMMENTS A complaint investigation was conducted on 12/21/2021 through 12/22/2021. Three of fourteen allegations were substantiated without deficiency. Event ID: RGH011.	F 000		
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate.	F 622		1/18/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/12/2022
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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 622	<p>Continued From page 1</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider</p>	F 622			

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F 622	<p>Continued From page 2</p> <p>must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, family and staff interviews, physician interviews, Emergency Medical Services (EMS) report and facility's Transfer and Discharge policy, the facility failed to document the basis for a transfer from the facility in the medical record for 1 of 1 residents (Resident #3) reviewed for transfers from the facility.</p> <p>Findings included:</p> <p>Resident #3 was admitted to the facility on 10/8/2021. His diagnoses included a seizure disorder.</p> <p>There was no documentation in the physician progress notes of Resident #3's transfer from the facility on 10/22/2021.</p> <p>There was no nursing documentation in the medical record of Resident #3's transfer from the facility on 10/22/2021.</p>	F 622	<p>Springbrook Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Springbrook Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Springbrook Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal</p>		

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F 622	<p>Continued From page 3</p> <p>A transfer form dated 10/22/2021 at 5:01 p.m. by Nurse #2 recorded vital signs dated 10/20/2021, blood glucose reading of 222 dated 10/22/2021 at 12:28 p.m. and a pain assessment score of 4 out of 10 dated 10/22/2021 at 4:13 p.m. There was no further information completed on the transfer form explaining why Resident #3 was transferred from the facility.</p> <p>An EMS report dated 10/22/2021 documented EMS was dispatched at 5:03 p.m. to the facility for a seizure and possible stroke and recorded Resident #3 was having jerking motions in the body. The EMS report documented staff and family were present in Resident #3's room on arrival and provided EMS information. The EMS report documented no seizure like activity was noted, but Resident #3 would not follow EMS commands. Resident #3 was transported to an acute care facility.</p> <p>Physician orders revealed no order to transfer Resident #3 to an acute care facility.</p> <p>Emergency Department records dated 10/22/2021 documented Resident #3 arrived in the emergency room at 5:43 p.m. via EMS from the long term care facility due to altered mental status. Diagnostic tests were conducted, and Resident #3 was discharged from the emergency room to return to the long term care facility.</p> <p>There was no nursing documentation of Resident #3 returning to the facility after he was discharged from the Emergency Department on 10/22/2021.</p> <p>A Notice of Discharge dated 10/22/2021 and signed by the Administrator on 10/25/2021 recorded Resident #3's transfer from the facility</p>	F 622	<p>proceeding.</p> <p>F622</p> <p>On 1/10/2022, the Director of Nursing initiated an audit of all acute transfers to/from the facility to include resident #3 from 12/1/21-1/9/22. This audit is to ensure (1) resident assessed prior to transfer/discharge with documentation that provider and resident representative were notified of acute change requiring transfer, (2) an order for transfer was obtained from the physician with documentation on the physician orders form, (3) an Acute Change and Transfer Assessment completed and provided to receiving facility to include reason for transfer and (4) notification of the of physician and resident representative upon return to the facility with documentation in the electronic record. The Director of Nursing will address all concerns identified during the audit. Audit will be completed by 1/18/22.</p> <p>On 1/10/2022, the Infection Preventionist and Assistant Director of Nursing initiated an in-service with all nurses in regard to Transfers. Emphasis is on (1) assessment of the resident prior to transfer/discharge with documentation that provider and resident representative were notified of acute change requiring transfer, (2) obtaining an order for transfer from the physician with documentation on the physician orders form, (3) Acute Change</p>		

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F 622	<p>Continued From page 4</p> <p>was necessary for his welfare and his needs could not be met in the facility.</p> <p>A review of the Admission/Discharges log from October 2021 to December 2021 revealed Resident #3 was admitted on 10/8/2021 and discharged on 10/26/2021. Resident #3's transfer on 10/22/2021 was not listed on the Admission/Discharge log.</p> <p>An administration census list dated 12/22/2021 recorded Resident #3 was transferred to an acute care facility on 10/22/2021 at 12:00 p.m. and returned to the facility on 10/22/2021 at 1:22 p.m.</p> <p>On 12/21/2021 at 10:04 a.m. in an interview with the family, they stated Resident #3 was transferred to an acute care facility during his admission at the long term care facility due to seizures from opioid toxicity.</p> <p>On 12/22/2021 at 10:16 a.m. in a phone interview with Physician #1, he stated the nursing staff were to notify the medical staff of changes in resident's condition that necessitates transferring to an acute care facility. He stated Resident #3 had a change in mental status, and the family requested Resident #3 to be transferred to an acute care facility. He stated he gave a verbal order to the nursing staff, and the nursing staff should had written the order in the medical record to transfer Resident #3 to an acute care facility.</p> <p>On 12/22/2021 at 11:17 a.m. in a phone interview with Nurse #2, she stated she was unable to recall providing care or transferring Resident #3 to an acute care facility. She stated she did not recall starting a transfer form for Resident #3 and continued to state she did not recall transferring</p>	F 622	<p>and Transfer Assessment completed and provided to receiving facility to include reason for transfer and (4) notification of the of physician and resident representative upon return to the facility with documentation in the electronic record. In-service will be completed by 1/18/22. After 1/18/22, any nurse who has not received the in-service will receive in-service upon next scheduled shift. All newly hired nurses will be educated during orientation in regard to Transfers</p> <p>The Assistant Director of Nursing, Infection Preventionist and Unit Manager will complete an audit of all new acute transfers to/from the facility to include resident #3 weekly x 4 weeks then monthly x 1 month utilizing the Transfer Audit Tool. This audit is to ensure: (1) resident assessed prior to transfer/discharge with documentation that provider and resident representative were notified of acute change requiring transfer, (2) an order for transfer was obtained from the physician with documentation on the physician orders form, (3) an Acute Change and Transfer Assessment completed and provided to receiving facility to include reason for transfer and (4) notification of the of physician and resident representative upon return to the facility with documentation in the electronic record. The ADON, Infection Preventionist and Unit Managers will address all concerns identified during the audit to include but not limited to education of staff. The Director of Nursing will review the</p>		

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F 622	<p>Continued From page 5</p> <p>Resident #3 from the facility on 10/22/2021.</p> <p>On 12/22/2021 at 11:37 a.m. in a phone interview with Physician #2, she stated she visited with Resident #3 on the morning of 10/22/2021, and pain medications were reviewed and adjusted due to family concerns with Resident #3's disorientation. She stated she was not notified of a change in Resident #3's condition or need to transfer Resident #3 to an acute care facility.</p> <p>On 12/22/2021 at 12:31 p.m. in a phone interview with the Director of Nursing (DON), she stated an action summary report documented Resident #3 was transferred out of the facility on 10/22/2021 at 12:00p.m. and returned to the facility at 1:22 p.m. but did not explain why Resident #3 was transferred out of the facility. She stated based on the facility's transfer policy Resident #3's medical record should have included documentation explaining why Resident #3 was transferred out of the facility, notification of the family, and had a completed transfer form. She stated there was no documentation in Resident #3's medical record explaining why he was transferred out of the facility on 10/22/2021 and the transfer form was not completed.</p> <p>On 12/22/2021 at 2:12 p.m. in a phone interview with the Administrator, she stated she was aware Resident #3 was transferred out of the facility on 10/22/2021. She stated Resident #3 was out of the facility less than twenty 24 hours based on an administration census report on the electronic medical record and stated the time of the transfer out of the facility and return to the facility were entered in error on the administration census report. She also stated she recalled his transfer was discussed at the next scheduled</p>	F 622	<p>Transfer Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all areas of concern have been addressed.</p> <p>The Director of Nursing will forward the Transfer Audit Tool to the Executive QAPI Committee monthly x 2 month. The Executive QAPI Committee will review the Transfer Audit Tool monthly x 2 month to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		

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F 622	Continued From page 6 interdisciplinary meeting after his transfer. She stated there was no change in Resident #3's condition, and the family requested Resident #3 to transferred out of the facility stating Resident #3 was having an allergic reaction to his pain medication. She stated the nursing staff received a verbal order from Physician #1 to transfer Resident #3 out of the facility and never wrote the order in the medical record. She stated there should had been documentation explaining why Resident #3 was transferred on 10/22/2021, and there was no documentation specifying why Resident #3's was transferred in the medical record.	F 622			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		1/18/22	

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F 880	<p>Continued From page 7 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to post droplet precaution signage for 2 of 2 residents reviewed for transmission-based precautions, Residents #1 & #4.</p> <p>Findings Included:</p> <p>A review of the Centers for Disease Control Prevention Strategies for Seasonal Influenza in Healthcare Settings dated May 13, 2021 revealed Droplet precautions should be implemented for patients with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility.</p> <p>A review of the facility's Infection Control Policy for Isolation dated 03/10/2020 read in part: "Droplet precautions in additions to standard precautions should be used for residents known or suspected to be infected with influenza."</p> <p>A review of the medical record for Resident # 1 revealed a positive influenza test was recorded on 12/18/2021.</p> <p>A review of the medical record for Resident # 4 revealed a positive influenza test was recorded on 12/16/2021.</p> <p>An observation on 12/21/2021 at 9:21 revealed</p>	F 880	<p>On 12/21/21, the Infection Control Nurse immediately placed Droplet Precaution signage on resident #1 and #4.</p> <p>On 12/21/2021, the housekeeping staff proactively completed cleaning of high touch areas.</p> <p>On 1/7/2022, the Director of Nursing initiated an audit of all residents with a current diagnosis that requires Droplet and/or Contact transmission-based precautions to include resident #1 and resident #4. This is to ensure the appropriate signage is in place for the type of precautions indicated. The Director of Nursing will address all concerns identified during the audit to include placing isolation signage for the type of precautions indicated and education of staff. Audit will be completed by 1/18/22.</p> <p>On 1/10/2022, the Infection Preventionist, Assistant Director of Nursing (ADON) and Director of Nursing initiated an in-service with all nurses in regard to (1) Transmission Based Precautions. Emphasis is on immediately initiating the type of precautions indicated to include placing the appropriate isolation signage on resident door. In-service will be completed by 1/18/22. After 1/18/22, any</p>		

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F 880	<p>Continued From page 9</p> <p>two resident rooms had Personal Protective Equipment (PPE) hanging on the outside of their doors without precaution signage posted.</p> <p>Interview with Resident #1 & #4's assigned nurse, Nurse #5, on 12/21/2021 at 10:02 am revealed both Resident #1 and Resident #4 were on droplet precautions after testing positive for the Flu. Nurse #5 also stated she was not aware the droplet precaution signs were not posted for either of these residents but should have been posted.</p> <p>An interview with the Director of Nursing (DON) on 12/21/2021 at 10:41 am droplet precaution signage should have been posted on both resident's doors along with the PPE equipment already posted. The DON also stated the precaution signs must be posted and used as a guide for staff and visitors of the required PPE that must be worn when entering droplet precaution rooms.</p> <p>A phone interview with the facility's Infection Preventionist (IP) on 12/22/2021 at 10:14 am revealed she usually makes daily rounds during the Monday- Friday work week and Resident #1 and Resident #4 had tested positive for influenza over the weekend. The IP also state she hadn't had the time to check to ensure the signage had been posted for Resident #1 and Resident #4. The IP added the droplet precaution signage should have been posted for both residents.</p>	F 880	<p>nurse who has not completed the in-service will complete in-service upon next schedule shift. All newly hired nurses will be educated during orientation in regard to Transmission Based Precautions.</p> <p>The Assistant Director of Nursing (ADON) and Unit Managers will audit all residents with a current diagnosis that requires Droplet and/or Contact transmission-based precautions to include resident #1 and #4 weekly x 4 weeks then monthly x 1 month utilizing the Transmission Based Precautions Audit Tool. This is to ensure the appropriate signage is in place for the type of precautions indicated. The Infection Preventionist, ADON and Unit Managers will address all concerns identified during the audit to include placing isolation signage for the type of precautions indicated and education of staff. The Director of Nursing will review the Transmission Based Precautions Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The Director of Nursing will forward the Transmission Based Precautions Audit Tool to the Executive QAPI Committee monthly x 2 month. The Executive QAPI Committee will review the Transmission Based Precautions Audit Tool monthly x 2 month to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		

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NAME OF PROVIDER OR SUPPLIER SPRINGBROOK NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 195 SPRINGBROOK AVENUE CLAYTON, NC 27520
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(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
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