

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

PRINTED: 02/07/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345375 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/07/2022 |
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| NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT SCOTLAND MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL ROAD SCOTLAND NECK, NC 27874 |
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| E 000 | Initial Comments An unannounced recertification survey was conducted on 01/04/22 through 01/07/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #JL6N11. | E 000 | | |
| F 000 | INITIAL COMMENTS An unannounced recertification and complaint survey was conducted from 01/04/22 through 01/07/22. Event ID# JL6N11. | F 000 | | |
| F 690 SS=D | 18 of 18 complaint allegations were not substantiated. Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; | F 690 | | 2/2/22 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 01/28/2022 |
|--|-------|-----------------------------|

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 690 | <p>Continued From page 1 and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility failed to keep the urinary catheter drainage bag from touching the floor to reduce the risk of infection or injury for 1 of 3 residents (Resident #13) reviewed for urinary catheter care.</p> <p>The findings included:</p> <p>Resident #13 was admitted to the facility on 12/4/19 with diagnoses that included neuromuscular dysfunction of bladder and urine retention.</p> <p>A review of the Minimum Data Set (MDS) dated 12/6/21 revealed Resident #13 had severe cognitive impairment and was coded for an indwelling catheter.</p> <p>Resident #13's care plan last revised 12/22/21 revealed a focus area of urinary catheter with a goal that he would be free from catheter related trauma. The interventions for the goal included position urinary catheter bag and tubing below the</p> | F 690 | <p>1.) On 1/6/22, the licensed nurse properly secured Resident #13 catheter bag to ensure it was not touching the floor or posing an infection control hazard. Resident #13 continues to have catheter bag properly placed.</p> <p>2.) On 1/6/22, the Director of Nursing (DON) completed an audit of residents with catheters to assure catheter bags were properly placed. No additional concerns identified.</p> <p>3.) The DON and Assistant Director of Nursing (ADON) provided education to current facility and agency licensed nurses and nurse aides on proper placement of catheter bags for residents with catheters and infection prevention practices of ensuring catheter bags are not touching the floor. Education was completed by 1/31/22. Newly hired facility and agency licensed nurses and nurse aides will receive education during</p> | | |

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| F 690 | <p>Continued From page 2 level of the bladder.</p> <p>An observation of Resident #13's catheter on 1/4/22 at 12:50 PM revealed the resident was laying on the bed and the urinary catheter drainage bag was laying on the floor.</p> <p>An interview was conducted with NA# 7 on 1/4/22 at 12: 53 PM. The NA stated the urinary drainage bag was supposed to be hanging below the bladder and not touching the floor. NA #7 stated she was not aware of how the urinary catheter drainage bag ended up on the floor. NA # 7 retrieved gloves and hung the urinary drainage bag on the foot of the bed.</p> <p>An observation of Resident #13's urinary catheter bag on 1/6/22 at 9:35 AM revealed the resident was lying in bed with head of bed elevated. The urinary catheter drainage bag was hung at the foot of the bed and drainage bag was touching the floor.</p> <p>An observation of Resident #13's catheter bag on 1/6/2022 at 1:08 PM revealed the resident was lying in bed and the urinary drainage bag was hanging at the foot of the bed touching the floor.</p> <p>An interview was conducted with NA# 8 on 1/6/2022 at 1:10 PM. NA #8 stated that the urinary catheter bag should not have been touching the floor. NA #8 stated that it was difficult to place the bed in the lowest position and keep the catheter bag off the floor.</p> <p>An interview was conducted with the Director of Nursing (DON) on 1/6/22 at 1:20 PM. The DON stated the urinary catheter bag should not have been touching the floor. The DON stated that she</p> | F 690 | <p>orientation and prior to resident care. Direct-care nursing staff are responsible ensuring proper catheter bag placement and routine monitoring.</p> <p>4.) The DON or ADON will complete weekly audits of residents with catheters and proper bag placement. Monitoring will be completed 3 times weekly for 4 weeks then, 1 time weekly for 8 weeks. The Administrator or DON will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance with catheters.</p> <p>5.) Compliance date: 2/2/22</p> | | |

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| F 690 | Continued From page 3 would initiate education about urinary catheter bags touching the floor. | F 690 | | | |
| F 812 SS=E | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, policy review and staff interview the facility failed to prevent cross contamination by one of one staff who failed to wear a beard net during meal service. The findings included: A review of the Next Level Hospitality Services policy, under "Staff Attire" policy statement reads as: "It is the center policy that all Dining Services employees wear approved attire for the performance of their duties. Action Steps: 1. The Dining services Director ensures that all staff | F 812 | | 2/2/22 | |
| | | | 1) On 1/6/22, the Dietary Manager placed beard net over facial hair at time of discovery and will continue to wear beard net as appropriate to prevent cross contamination. No adverse outcomes identified. 2) No other Dietary employees have facial hair in the Dietary Department. Beard nets will continue to be made available in the dietary office. | | |

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| F 812 | <p>Continued From page 4</p> <p>members have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained."</p> <p>During the meal observation on 1/06/22 at 11:36 AM the dietary manager was observed taking the meal temperatures. The dietary manager wore a face mask and was observed to have an uncovered two-inch beard that protruded below his face mask.</p> <p>In an interview on 1/06/22 at 12:39 PM the dietary manager stated he usually kept his beard trimmed and was working extra hours to cover for staff out on medical leave. He revealed beard nets were available in the diet office and he would put one on.</p> <p>In an interview on 1/07/21 at 1:33 PM the Director of Nursing stated they would want the dietary manager to wear a beard net. The DON stated she would check to make sure beard nets were available for staff use.</p> | F 812 | <p>3) On 1/6/22, the Regional Director of Clinical Operations educated the Dietary manager regarding facial hair and the use of beard nets to prevent the risk of cross contamination. The Dietary Manager provided education to dietary staff on keeping hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained using a beard net to prevent risk for cross contamination. Newly hired dietary staff will receive education during orientation. The Dietary Manager will maintain a supply of beard nets in dietary office and monitor dietary staff to follow this guidance.</p> <p>4) The Administrator or Director of Nursing will complete monitoring of dietary staff via observation of proper facial hair covering. Monitoring will be completed 3 times weekly for 4 weeks then, 1 time weekly for 8 weeks. The Administrator or DON will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance with facial covering by dietary staff to prevent risk of cross contamination.</p> <p>5) Compliance date: 2/2/22</p> | | |