

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/28/2022
NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 6590 TRYON ROAD CARY, NC 27518	
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F 000	INITIAL COMMENTS	F 000		
F 695 SS=D	<p>A complaint investigation was conducted from 03/23/22 through 03/28/22. Event ID# Z4ST11. 1 of the 25 complaint allegations was substantiated resulting in deficiency Intake #s: NC00186370, NC00187208, NC00187226, NC00186194, NC00187213</p> <p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility failed to assure infection control methods were observed during tracheostomy care for 1 of 1 resident observed for tracheostomy care (Resident #4).</p> <p>Findings included:</p> <p>Resident # 4 was admitted to the facility on 03/12/2020 with diagnoses which included, in part, chronic respiratory failure with hypoxia and tracheostomy status.</p> <p>A review of Resident #4's significant change Minimum Data Set (MDS), dated 03/09/22, indicated Resident #4 was cognitively intact and required suctioning and tracheostomy care.</p>	F 695	<p>On 03/25/2022 resident #4 tracheostomy care was performed by the Director of Nursing and the Unit Manager following the facility's care skills competency checklist. The Director of Nursing retrained Nurse #1 on 3/25/2022 on performing tracheostomy care utilizing the facility's skills competency checklist.</p> <p>On 03/25/2022 through 04/15/2022 the Director of Nursing and/or designee performed A Quality Improvement Monitoring of Licensed Nurses performing tracheostomy care utilizing the facility's skills competency checklist. Any issues identified were addressed.</p>	4/20/22

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

TITLE

(X6) DATE

Electronically Signed

04/15/2022

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 695	<p>Continued From page 1</p> <p>A review of Resident #4's Care Plan, last updated 03/22/22 revealed a "focus" of "Resident #4 has a tracheostomy." Interventions included, in part, ensure that tracheostomy ties are secured at all times, monitor/document respiratory rate, depth and quality, reassure resident to decrease anxiety, suction as necessary.</p> <p>During an interview and observation of Resident #4 on 03/23/22 at 2:35 p.m., Resident #4 was sitting in his wheelchair. He was alert, animated, and excited when talking. He was noted to answer some questions with illogical answers. Resident #4's tracheostomy ties and dressing were clean.</p> <p>During an observation of Tracheostomy Care on Resident #4 on 03/25/22 at 10:52 a.m., Nurse #1 entered Resident #4's room and asked him to get into his bed. Nurse #1 placed a tracheostomy kit on top of the resident's overbed table, sliding some of the resident's items to the side to allow room for the kit. He went to the bathroom and washed his hands. He then returned to the overbed table, looked around for something and then walked to the boxes of gloves hung on the wall to the right of the door. With no explanation, Nurse #1 left the room and returned with a box of gloves, set it on a shelf in the resident's room, across from the resident's bed, and donned a pair of the gloves. He then returned to the overbed table, opened the tracheostomy kit, and removed the package of sterile gloves and placed them on top of some items that were on the overbed table. Nurse #1 then removed the sterile towel from the kit, held it by its edges and placed it under the dressing at the tracheostomy site and tracheostomy ties. He then removed the soiled</p>	F 695	<p>On 03/25/2022 through 04/15/2022 of 45 Licensed Nurses 26 were re-educated by the Director of Nursing and/or designee on performing tracheostomy care utilizing the facility's skills competency checklist. Any nurse that has not completed this education by 4/20/2022 will be removed from the schedule until they complete this education to illustrate competency.</p> <p>Starting on 4/01/2022 The Director of Nursing and/or Unit Manager to perform Quality Improvement Monitoring on performing tracheostomy care utilizing the facility's skills competency checklist three times a week for four weeks, then two times a week for four weeks, and then one time a week for four weeks. If staff are not adhering to proper tracheostomy care procedures, the Director of Nursing and/or designee will retrain staff and observe again. If adherence continues to not be achieved disciplinary action will follow.</p> <p>The Director of Nursing introduced the plan of correction to the Quality Assurance Performance Improvement Committee on 4/01/2022. The Director of Nursing is responsible for implementing this plan. Findings will be reviewed by QAPI committee monthly and Quality monitoring (audit) updated if changes are needed based on findings. The Quality Assurance Performance Improvement Committee consists of but not limited to the Executive Director, Director of Nursing, Assistant Director of Nursing, Unit Manager, Social Services Manager, Business Office</p>		

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F 695	<p>Continued From page 2</p> <p>dressing and walked to the trash can and disposed of the soiled dressing and removed his gloves. Without washing his hands, Nurse #1 put on another pair of the gloves from the box he had retrieved earlier and removed the bottle of sterile saline from the kit and poured it into the basin. He then placed the package of sterile gloves on top of the linens on the resident's bed and removed the regular gloves. Without washing his hands, he struggled as he put on the first sterile glove as it was not the correct size for his hand; as he reached for the second sterile glove, the sterile towel was noticed to have slid down the resident's chest which caused it to crumple further compromising its sterility. At that time, the tracheostomy care observation was stopped.</p> <p>During an interview with Nurse #1 on 03/25/22 at 11:20 a.m., Nurse #1 stated he had not performed tracheostomy care since he had been in nursing school two years prior. Nurse #1 stated he had never performed tracheostomy care on Resident #4 before despite having him as a resident in his permanent assignment on that hall. He explained he had only previously suctioned Resident #4 in regard to his respiratory care.</p> <p>During an interview with the Director of Nursing (DON) on 03/25/22 at 12:00 p.m., the DON indicated she had not been aware Nurse #1 had no tracheostomy care experience. The DON explained Nurse #1 was hired by the former DON. She further explained that she was the interim DON and had been at the facility since February and a new DON was starting the following week. The DON acknowledged new hire nurses did not complete a skills-checkoff at the start of their employment at the facility and</p>	F 695	<p>Manager, Activities Director, Human Resources, Pharmacist, Medical Director, CNA, Dietary Manager, Maintenance Director, Housekeeping Supervisor, Admissions, Medical Records, and MDS Nurse. The Quality Assurance Performance Improvement Committee meets monthly and quarterly at a minimum.</p>		

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F 695	<p>Continued From page 3</p> <p>indicated she would immediately be implementing this tool to ensure staff were knowledgeable, educated, and competent to complete the care required for their residents. She indicated she would be providing an in-service training for all nurses in regard to tracheostomy care. The DON stated it was her expectation the nurses safely care for their residents and be knowledgeable in the care they provided. The DON also stated it was her expectation the nurses ask for guidance if they did not know how to do something. She indicated a new skill-checkoff would be initiated to ensure staff competency.</p> <p>A second interview was held with Nurse #1 on 03/25/22 at 12:10 p.m. Nurse #1 confirmed he had never cared for a resident with a tracheostomy prior to working at this facility. He explained he had been aware there had been a resident in his permanent assignment with a tracheostomy however he received no training by the facility in regard to tracheostomy care when he began his employment nor was he given a skills-checkoff to complete. He further explained he had not let the Human Resource staff member (who hired him) know he had never cared for a resident with a tracheostomy before. When asked if he had considered informing his DON of his lack of knowledge of tracheostomy care prior to the observation, Nurse #1 stated he had talked with his unit manager about tracheostomy care and had also watched a video that morning; he also stated he did not know the facility carried other sizes of sterile gloves in their supply room.</p> <p>During an interview with the Administrator on 03/25/22 at 12:30 p.m., the Administrator stated it was his expectation the nurses are trained on tracheostomy care and if they feel a deficit in</p>	F 695			

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F 695	Continued From page 4 knowledge, they should reach out for training. The Administrator was not aware the nursing staff did not complete a skills check-off at the beginning of their employment at the facility.	F 695			
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services 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)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced	F 726		4/20/22	

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F 726	Continued From page 5 by: Based on observation, record review and staff interviews, the facility failed to ensure a nurse was trained and competent with tracheostomy care before allowing the nurse to care for a resident with a tracheostomy in 1 of 1 residents who required tracheostomy care (Nurse #1). Findings included: This tag is cross-referenced to: F695: Based on observation, record review and staff interviews, the facility failed to assure infection control methods were observed during tracheostomy care for 1 of 1 resident observed for tracheostomy care (Resident #4).	F 726	The Director of Nursing retrained Nurse #1 on 3/25/2022 on performing tracheostomy care utilizing the facility's skills competency checklist. On 03/25/2022 through 04/15/2022 the Director of Nursing and/or designee performed A Quality Improvement Monitoring of Licensed Nurses performing tracheostomy care utilizing the facility's skills competency checklist. Any issues identified were addressed. On 03/25/2022 through 04/15/2022 of 45 Licensed Nurses 26 have re-educated by the Director of Nursing and/or designee on performing tracheostomy care utilizing the facility's skills competency checklist. Any nurse that has not completed this education by 4/20/2022 will be removed from the schedule until they can complete the education to illustrate competency. Starting on 4/01/2022 The Director of Nursing/Staff Development Coordinator/Supervisors are to perform Quality Improvement Monitoring on performing tracheostomy care utilizing the facility's skills competency checklist three times a week for four weeks, then two times a week for four weeks, and then one time a week for four weeks This will be documented on the audit too to include: Date, Time, Nurse Observed, Resident Observed, Correct procedure, Notes, & Director of Nursing and Administrator initials. If staff are not adhering to proper tracheostomy care		

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F 726	Continued From page 6	F 726	<p>procedures, the Director of Nursing and/or designee will retrain staff and observe again. If adherence continues to not be achieved disciplinary action will follow.</p> <p>The Director of Nursing introduced the plan of correction to the Quality Assurance Performance Improvement Committee on 4/01/2022. The Director of Nursing is responsible for implementing this plan. Findings will be reviewed by QAPI committee monthly and Quality monitoring (audit) updated if changes are needed based on findings. The Quality Assurance Performance Improvement Committee consists of but not limited to the Executive Director, Director of Nursing, Assistant Director of Nursing, Unit Manager, Social Services Manager, Business Office Manager, Activities Director, Human Resources, Pharmacist, Medical Director, CNA, Dietary Manager, Maintenance Director, Housekeeping Supervisor, Admissions, Medical Records, and MDS Nurse. The Quality Assurance Performance Improvement Committee meets monthly and quarterly at a minimum.</p>		