STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345172	A. BUILDING _____ B. WING _____	C 04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN CENTER	707 NORTH ELM STREET HIGH POINT, NC 27262

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F 000	INITIAL COMMENTS An unannounced complaint investigation was conducted onsite 4/12/22 and 4/13/22. Additional information was obtained 4/14/22 and exit date was 4/14/22. Intakes NC00185975, NC00185417, NC00187821,NC00184728, NC183178, NC00185570 and NC00186129 were investigated. 5 of the 18 allegations were substantiated. Event ID O9ZE11	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident and staff interviews, the facility failed to provide personal grooming for hair, face and nails for 1 of 3 dependent residents. (Resident #1) Findings included: Resident # 1 was admitted to the facility on 1/27/21 with diagnoses that included cervical disorder that caused complete loss of control for both the arms and legs (quadriplegia). The annual Minimum Data Set assessment dated 1/18/22 revealed he was cognitively intact and required extensive assistance with personal hygiene. Range of motion was identified as impaired to his upper and lower extremities. The current care plan dated 2/16/21 revealed Resident # 1 required extensive assistance with	F 677	F677 1. No residents were negatively affected by this deficient practice. Resident #1 was shaved and had nails trimmed by the Director of Nursing, on 4/13/22. Resident # 1 had a shower on 4/13/22 and had his hair washed. 2. Nursing leadership completed an audit of all current residents for personal grooming needs, to include nail care, hair care and shaving on 5/9/22. 3. All nursing staff including agency staff will be educated by the Director of Nursing/designee on or before 5/16/22 on expectation of facility nursing staff to assist residents with bathing, personal grooming for hair, face and nails. 4. Nursing staff and agency staff, upon hire or start of contract, and annually will also be educated on expectation of facility	5/16/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/10/2022

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 677	Continued From page 1 grooming, personal hygiene, and bathing related to diagnosis of quadriplegia. The care plans and nurse progress notes revealed there were no documented refusals of hygiene care or nail care for Resident # 1. The care plan meeting note dated 12/1/21 revealed the topics discussed did not include hand contracture management by the interdisciplinary team. On 4/12/22 at 11:15 AM an observation and interview was conducted with Resident # 1. His face was unshaven, and his beard touched his upper chest. His hair was several inches long, uncombed and greasy. The right hand was contracted and fingernails on the right thumb and right index finger were brown and yellow tinged in color. The other fingernails on the right hand were unable to be viewed due to the level of contracture. The right thumb and right index fingernails were also very long, thick, and grew in a curled manner. The fingernail on the right thumb overlapped and was growing over the right index finger. The left hand was not contracted, however the fingernails were also very long and brown and yellow tinged in color. There were no detectable odors during the interview. Resident # 1 stated the nursing staff provided bed baths during the week and they gave him showers occasionally. Resident #1 stated he would like his hair and beard trimmed regularly when needed. He indicated he was told by staff a few months ago that there was no beautician available in the facility so he could not have his hair cut as desired. Resident # 1 further indicated he would like his fingernails trimmed regularly because they were too long.	F 677	nursing staff to assist residents with bathing, personal grooming for hair, face and nails by the Director of Nursing/designee. 5. Director of Nursing/designee will conduct grooming, bathing and nail care audits 3 times per week for 4 weeks, weekly for 4 weeks, bi-weekly for 4 weeks and monthly for 3 months for compliance. 6. Administrator hired a full-time beautician on 5/3/22 to start 5/16/22. 7. All audits will be referred to the Quality Improvement Performance Improvement committee for further recommendations. 8. Date of Compliance: 5/16/22	

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F 677	Continued From page 2	F 677		

On 4/12/22 at 3:00 PM observation made of staff providing a shower for Resident # 1. Staff provided hygiene care and washed his hair during the shower. Staff did not trim Resident # 1's fingernails after completion of the shower and getting him dressed back in his room.

On 4/12/22 at 12:05 PM an interview and a written statement was provided by Nurse Assistant # 1 (NA # 1). She indicated Resident # 1 had a contracted right hand and did not like for staff to touch his hand. NA # 1 added she did not trim Resident # 1's fingernails because he had expressed to her in the past he did not want them touched. NA # 1 was unable to verify if nurse management knew this or if it was on his care plan.

On 4/13/22 at 9:00 AM in an interview with the Director of Nursing (DON), she revealed she had trimmed Resident # 1's fingernails earlier that morning. She indicated she was unaware if Resident #1 had ever declined hygiene or nail care from the staff. The DON indicated she expected the nurse aides to complete hygiene care daily and nail as needed.

On 4/14/22 at 12:07 PM a follow up telephone interview was conducted with the Nursing Home Administrator (NHA). She stated the facility did not have an in-house beautician for the past several months, and this had been posted around the facility to make the residents aware. She explained the facility made arrangements during this time for two other male residents to go to an outside salon to have their hair cut. Efforts to obtain someone to come to the facility to provide grooming services were unsuccessful. The NHA

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F 677	Continued From page 3 further stated she expected staff to complete hygiene, grooming, and nail care routinely based on care plan and resident request.	F 677		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident and staff interviews, the facility failed to provide application of right-hand orthotic device (splint) for contracture management for 1 of 1 resident (Resident # 1). Findings included: Resident #1 was admitted to the facility on 1/27/21 with diagnoses that included a cervical disorder that caused complete loss of control for both the arms and legs (quadriplegia).	F 688	F688 1. No residents were negatively affected by this deficient practice. Resident # 1 is currently receiving his orthotic as ordered. Resident #1 was evaluated by Occupational Therapy on 4/13/22 for splinting. 2. Resident #1 had a splint ordered on 4/19/22 for the identified contracture. 3. Director of Nursing/designee completed a whole house audit to identify residents with contractures and refer them	5/16/22

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F 688	Continued From page 4 The annual Minimum Data Set assessment dated 1/18/22 revealed he was cognitively intact and required extensive assistance with bed mobility, transfers, toileting, and personal hygiene. Range of motion to his upper and lower extremities was identified as impaired. The care plan dated 2/16/21 revealed Resident # 1 had decreased mobility and was at risk for alterations in comfort related to quadriparesis. Physical therapy and rehabilitation was listed as an intervention. On 4/12/22 at 11:15 AM an interview was conducted with Resident # 1. He had a contracture to the right hand and was not wearing a splint. A splint was not observed in the room during the interview. Resident # 1 revealed he was given a splint last year to wear for his right-hand contracture by the facility's therapy staff. He indicated he was wearing the splint when he resided in his previous room on the 100 Hall. Resident #1 stated, "I don't know what happened to the splint when I moved to this room, I haven't worn it since moving upstairs." In an observation on 4/12/22 at 2:38 PM Resident # 1 was lying in bed. No hand splint was in place. The right thumb and right index fingernails were also very long, thick, and grew in a curled manner. The inside of the palm could not be visualized due to the contracture. In an observation on 4/13/22 at 10:14 AM Resident #1 was lying in bed. A rolled-up washcloth was placed in his right hand.	F 688	to Occupational Therapy for splinting evaluation. 4. All nursing staff will be educated by the Director of Nursing/designee on or before 5/16/22 on expectation of facility nursing staff to assist residents with splinting needs. 5. All nursing staff will be educated by the Director of Nursing/designee on or before 5/16/22 on expectation of facility nursing staff to place orders and update the care plans to reflect resident splinting monitoring and management. 6. Director of Nursing/designee will conduct splinting audits to confirm orders, care plan and splint placement audits 3 times per week for 4 weeks, weekly for 4 weeks, bi-weekly for 4 weeks and monthly for 3 months for compliance. 7. All audits will be referred to the Quality Improvement Performance Improvement committee for further recommendations. 8. Date of Compliance: 5/16/22	

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F 688	Continued From page 5	F 688		

On 4/13/22 at 10:45 AM an interview was conducted with the Rehabilitation Director (RD). He stated Resident #1 had occupational therapy services at the facility from 1/28/21 through 3/5/21. The RD revealed a splint was issued on 2/23/21 for right hand contracture management. He indicated he was unaware the splint was not currently in use for Resident # 1. The RD explained the usual process when a resident was discharged from therapy services was the therapist would give the discharge summary with recommendations to a member of nurse management, and at that time the nursing department was responsible for the management of any restorative devices recommended for continued use.

On 4/13/22 at 11:33 AM an interview was conducted with the Director of Nursing (DON). She indicated there was a referral for occupational therapy initiated on 4/13/22 for evaluation of the right-hand contracture. The DON revealed she had placed a washcloth in Resident #1's right hand that morning as a temporary splint. She confirmed there was no order initiated in the computer for the splint and was unaware the device was issued last year to Resident #1 for the management of his contracture. The DON stated nurse managers did not typically implement orders for management of splint use. She was unable to explain how the nursing department monitored and managed orthotic splints for contractures. The DON indicated there should be orders in place to monitor and manage continued use of restorative devices such as orthotic hand splints.

On 4/14/22 at 12:07 PM a telephone interview was conducted with the Nursing Home

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F 688	Continued From page 6 Administrator (NHA). She stated she could not speak to the time period of early 2021 when Resident #1 was issued the splint because she was not working at the facility at that time. She confirmed Resident #1 was moved to his current room upstairs on the 200 Hall on 6/2/21. The NHA explained the usual process when the occupational therapist (OT) discharged a resident from services. She went on to say the OT provided the discharge summary with any recommendations to a nurse manager on the date when therapy was completed. She also indicated it was the nurse manager's responsibility to place the recommendations as an order in the computer when received. The NHA confirmed there were no orders initiated for Resident #1's splint for the management of his right-hand contracture. She further indicated she was unaware that the splint was not being placed by the nursing staff as recommended by occupational therapy on 3/5/21.	F 688		
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	F 812		5/16/22

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F 812	Continued From page 7 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 and staff interview the facility failed to ensure the plate covers used to cover the residents prepared meal plates were dry. The facility additionally failed to ensure a staff member serving the resident ' s meal had on a hair restraint. This was evident for 1 of 1 meal service observation. Findings Included: 1. An observation on 4/12/22 at 12:50 pm of the 200-hall steam table revealed Dietary Aide #1 placed plate cover lids that were wet / dripping on 3 resident ' s prepared food plates. This was brought to the attention of the Dietary Manager (DM) who was also assisting with meal service. The plate covers being used were stacked together and 14 of 14 were noted to be wet. An interview with the DM on 4/12/22 at 1:05 pm revealed the plate covers should have been allowed to dry completely before being stacked together and brought to the steam table for use. 2. An observation on 4/12/22 at 1:10 pm of the 200-hall steam table revealed Dietary Aide #2 did not have on a hair restraint and was serving the resident ' s food. An interview with Dietary Aide #2 on 4/12/22 at 1:10 pm revealed he thought he had a hair net	F 812	F812 1. No residents were negatively affected by this deficient practice. 2. Administrator completed a walkthrough of kitchen on 4/18/22 to ensure all dietary staff had on appropriate hair restraints and that all dining dishware and covers were stored appropriately for adequate drying. 3. All dining services staff will be educated by the Director of Dining Services/designee on or before 5/16/22 on expectation of facility dining staff to wear hair restraints at all times while handling food. 4. All dining services staff will be educated by the Director of Dining Services/designee on or before 5/16/22 on expectation of facility to ensure that the plate covers and other dishes are dried prior to service per regulation. 5. Administrator Assistant/designee will conduct sanitation audits to confirm hair restraint placement and dry plate covers 3 times per week for 4 weeks, weekly for 4 weeks, bi-weekly for 4 weeks and monthly for 3 months for compliance. 6. All audits will be referred to the Quality Improvement Performance Improvement committee for further recommendations. 7. Date of Compliance: 5/16/22	

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F 812	Continued From page 8 on, and it must have fallen off. An interview on 4/13/22 at 10:30 am with the DM revealed dietary staff should always have a hair restraint on. She stated Dietary Aide #2 had not realized his hair net had come off. An interview on 4/13/22 at 3:00 pm with the Administrator revealed she expected any staff member handling food to have on the appropriate hair net. She stated she expected the plate covers to have been allowed to dry prior to meal service and should not be stacked together wet.	F 812		