STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345179	A. BUILDING _____ B. WING _____	C 06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT MOORESVILLE	752 E CENTER AVENUE MOORESVILLE, NC 28115

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F 000	INITIAL COMMENTS A complaint investigation was conducted on 06/15/22. 10 of the 10 allegations were unsubstantiated; however, 2 new deficiencies were cited at F561 and F687. The following intakes were investigated: NC00189783, NC00188724, NC00188718, and NC00188729. Event ID: 6D2811.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the	F 561		6/28/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/24/2022

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F 561	Continued From page 1 facility. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident, family, and staff interviews, the facility failed to honor a resident's preference for showers once weekly for 1 of 3 residents (Resident #1) reviewed for activities of daily living (ADL). The findings included: Resident #1 was admitted to the facility on 07/14/21. Resident #1's admitting diagnoses included rheumatoid arthritis, complex regional pain syndrome, disc degeneration lumbar region, and contracture of the left and right lower legs. Review of Resident #1 ' s care plan dated 04/15/22 revealed a focus area for ADL self-care performance deficit related to rheumatoid arthritis. The interventions included set up with eating, extensive assist with bed mobility, dressing, hygiene, bathing and toileting with 1-2 staff, totally dependent with body lift with 2 staff for transferring, gets up to wheelchair with bilateral lower extremity support, encourage the resident to use bell to call for assistance, monitor/document/report any changes, any potential for improvement, reasons for self-care deficit, expected course or declines in function, physical therapy (PT)/occupational therapy (OT) evaluation as per Medical Doctor (MD) orders. Resident #1's quarterly Minimum Data Set (MDS) assessment dated 04/22/22 revealed she was cognitively intact and required extensive to total assistance of 1 to 2 staff with most activities of daily living (ADL) except eating. The assessment further revealed she was totally dependent upon	F 561	POC This Plan of Correction is submitted as required under Federal and State Regulation and statutes applicable to long term care providers. This plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the findings constitute a deficiency, or that they scope and severity regarding any of the deficiencies are correctly applied. F561 1. Resident #1 has continues to receive her showers as preferred. 2. All residents have the potential to be affected by not receiving their showers as preferred. Current residents have been interviewed regarding there showering preference and an updated shower schedule has been completed by the Medical Records clerk on 6/20/22 3. Education on showers, res preferences, scope of practice, process for showers for all licensed Nursing staff. All current staff educated on resident preference by the Assistant Director of Nursing beginning on 6/23/22. Any newly hired staff and or contract staff will receive education prior to working on the floor.	

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F 561	Continued From page 2 1 staff member for bathing and there were no behaviors for rejection of care. Review of the bathing schedule for the facility revealed Resident #1 was scheduled for showers one time per week (at her request) on Monday during day shift (7:00 AM to 3:00 PM). Review of the documentation revealed there was only 1 shower sheet completed from 05/26/22 through present: · On 06/14/22 it was documented that she received a shower Review of the documentation in the electronic medical record revealed the following for Resident #1 from 05/26/22 through present: · On 05/26/22 it was documented that she received a complete bed bath · On 05/27/22 it was documented that she received a complete bed bath · On 05/28/22 it was documented that she received a complete bed bath · On 05/30/22 (her regular weekly shower day) it was documented she received a partial bath instead of a shower · On 06/01/22 it was documented that she received a complete bed bath · On 06/02/22 it was documented that she received a complete bed bath · On 06/04/22 it was documented that she received a complete bed bath · On 06/06/22 (her regular weekly shower day) it was documented that she received a complete bed bath instead of a shower · On 06/07/22 it was documented that she received a complete bed bath · On 06/08/22 it was documented that she received a complete bed bath · On 06/13/22 (her regular weekly shower	F 561	4. The Director of Nursing/ designee will randomly audit 5 residents' shower a week for documentation and preference for 4 weeks. Then 5 random residents' shower a week for documentation and preference monthly for 2 months. The Director of Nursing/ designee will report findings of the audits to the Quality Assurance Process Improvement (QAPI) committee for at least 3 months for review and will make changes to the plan as necessary to maintain compliance	

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F 561	Continued From page 3	F 561		

day) it was documented that she received a complete bed bath instead of a shower
· On 06/14/22 it was documented that she received a shower
· On 06/15/22 it was documented that she received a complete bed bath

There were no shower sheets completed on the dates the resident received a complete bed bath.

Observation of and interview with Resident #1 on 06/15/22 at 10:10 AM revealed her sitting up in her bed and typing on her laptop. Resident #1 stated she was not getting her showers as she requested once weekly on Monday during day shift. She stated she had not received a shower last week and said she had not been getting complete bed baths either. Resident #1 further stated she preferred just one shower weekly because she was in bed most of the time and did not get that dirty but said she preferred to get showers to get her hair washed.

An interview on 06/15/22 at 2:01 PM with Nurse Aide (NA) #1 assigned to care for Resident #1 on 05/30/22 and 06/06/22 revealed she had taken care of the resident on both days during the 7:00 AM to 7:00 PM shift. NA #1 stated she had never given Resident #1 a shower on her shift. NA #1 further stated they had a shower team on most days, and they did all the showers that were due to be done on 1st shift. NA #1 could not recall if there were shower teams on 05/30/22 or 06/06/22 but stated it was usually on the daily assignment sheet when the shower teams were on 1st shift and the shower team members were identified on the assignment sheet for the day.

A follow up interview on 06/15/22 at 5:31 PM with

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NA #1 revealed she could not remember why she had not given Resident #1 a shower on 05/30/22 or 06/06/22. NA #1 stated it could have been due to staffing but said she just could not remember.

An interview on 06/15/22 at 2:57 PM with Nurse #1 revealed she was assigned to Resident #1 frequently during the 7:00 AM to 7:00 PM shift. Nurse #1 stated all the residents were assigned to certain days and shifts to get their showers and said the residents should receive their showers as scheduled. She further stated if the resident refused their shower the assigned NA was supposed to give them a complete bed bath and complete a shower/bath sheet indicating if there were any problems with their skin. Nurse #1 indicated once the NA completed the sheet the nurse was to sign off on it and the NA then placed it in the shower book. She further indicated that showers included shaving and nail care as needed. Nurse #1 stated she was not aware Resident #1 had not received a shower last week and stated if she had known she would have questioned the NA assigned to her about it.

An interview on 06/15/22 at 3:57 PM with the Director of Nursing (DON) revealed the facility's process for showers. The DON stated each resident was assigned shower days based on the room they resided in unless they had their own preferences for showers. She stated each morning the NAs looked in the shower book to see who had showers assigned for the day and asked the resident if they wanted a shower and what time was best for them to get their shower. The DON indicated there were some days there was enough staff to assign shower teams but that was not the case every day. She further indicated on the days they had enough extra staff to assign

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F 561	Continued From page 5 shower teams it was included on the assignment sheets so the NAs would know there was a shower team that day. The DON stated when a resident received a shower the NA was supposed to complete a shower sheet regarding their assessment of the resident's skin, and they were supposed to document the shower and assistance needed in the electronic medical record. She elaborated that the shower sheets were then to be signed off by the supervising Nurse and placed in the shower book. The DON indicated she did not know why Resident #1 had not received her showers on 05/30/22 and 06/06/22 but stated she should have received them as scheduled.	F 561		
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 reviews, resident, and staff interviews, the facility failed to provide nail care to a non-diabetic resident's toenails for 1 of 3 residents (Resident #1) reviewed for activities of daily living (ADL). The findings included: Resident #1 was admitted to the facility on 07/14/21. Resident #1's admitting diagnoses included rheumatoid arthritis, complex regional pain syndrome, disc degeneration lumbar region,	F 677	F677 1. Resident #1 had her toenails trimmed on 6/14/22 by the Nurse. 2. All residents have the potential to be affected by foot care not being completed as needed. Audit of all current resident toenails completed on 6.20.22 by Director of Nursing/ designee. The Podiatrist has been scheduled for 6/30/2022 to provide services for the residents as per requested by the resident and/ or Responsible party. 3. Education on foot care for all licensed Nursing staff. All current staff educated	6/28/22

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F 677	Continued From page 6 and contracture of the left and right lower legs. Resident #1's quarterly Minimum Data Set (MDS) assessment dated 04/22/22 revealed she was cognitively intact and required extensive assistance of 1 staff member for grooming and personal hygiene and had no behaviors for rejection of care. Observation of and interview with Resident #1 on 06/15/22 at 10:10 AM revealed her sitting up in her bed. Resident #1 stated had a shower yesterday and had her hair washed but stated she had not had her toenails clipped in so long that she could not remember the last time someone clipped them for her. She further stated she could not reach them to do them herself and said she would have to get her son to bring his clippers to clip them for her. Resident #1 pulled back her covers to reveal her feet. Her toenails were ¼ to ½ inch beyond the end of her toes on both feet. The nails were thin, long, and jagged and a couple of the nails were growing over the top of her toes on each foot. She stated they were very uncomfortable, and she would like for them to be clipped. Review of a shower sheet completed on 06/14/22 after Resident #1's shower revealed Nurse Aide (NA) #2 had indicated on the sheet that the resident needed her toenails cut. Nurse #2 had signed off on the shower sheet. An attempt was made to contact NA #2 on 06/15/22 at 3:00 PM and at 4:10 PM without success. An interview on 06/15/22 at 2:57 PM with Nurse #1 revealed she was assigned to Resident #1	F 677	on resident preference by the Assistant Director of Nursing beginning on 6/23/22. Any newly hired staff and or contract staff will receive education prior to working on the floor. 4. The Director of Nursing/ designee will randomly audit 5 residents a week for foot care for 4 weeks. Then 5 random residents footcare monthly for 2 months. The Director of Nursing/ designee will report findings of the audits to the Quality Assurance Process Improvement (QAPI) committee for at least 3 months for review and will make changes to the plan as necessary to maintain compliance	

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F 677	Continued From page 7	F 677		

frequently during the 7:00 AM to 7:00 PM shift. Nurse #1 stated showers included shaving and nail care as needed. Nurse #1 further stated she was not aware Resident #1 needed her toenails clipped and said no one had brought her toenails to her attention. Nurse #1 went into Resident #1's room and pulled her covers back and observed her toenails and agreed they needed to be clipped.

The Director of Nursing came into Resident #1's room to observe her toenails. The DON agreed Resident #1's toenails needed to be clipped but stated they could refer her to podiatry for her long nails but if the resident agreed Nurse #1 could clip them for her. Resident #1 agreed to have Nurse #1 clip her toenails because they were so uncomfortable.

A follow up interview on 06/15/22 with Nurse #1 revealed Resident #1's toenails had been clipped and they had been easy for her to clip and she had no issues with the nail care.

An interview on 06/15/22 at 3:57 PM with the Director of Nursing (DON) revealed nail care was a part of a resident's shower and said she was not sure why Resident #1's toenails had not been clipped unless the Nurses were afraid to clip them since they were long. The DON stated the nurses could have asked for assistance or referred the resident for podiatry services.

A follow up interview on 06/15/22 at 4:21 PM with the DON revealed residents should have nail care after their shower and as needed.

An interview was conducted on 06/15/22 at 4:55 PM with Nurse #2 who had signed off on

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F 677	Continued From page 8 Resident #1's shower sheet on 06/14/22 which indicated she needed her toenails cut. Nurse #2 revealed it was her signature on the shower sheet. She stated she was working on the floor on 06/14/22 and had observed Resident #1's toenails and stated, "they were long enough." Nurse #2 stated she knew Resident #1's toenails needed to be clipped and had referred the resident to the Social Worker for podiatry services. Nurse #2 further stated she had not attempted to clip the resident's toenails.	F 677		