

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

PRINTED: 11/21/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/21/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT CLEMMONS			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
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F 000	INITIAL COMMENTS A complaint survey was conducted from 9/19/2022 to 9/21/2022. Intake NC00193134 resulted in immediate jeopardy. Immediate Jeopardy was identified at: CFR 483.90 at tag F925 at a scope and severity J Immediate Jeopardy began on 9/12/2022 and was removed on 9/22/2022.	F 000			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 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: Based on record review, observation and staff interviews the facility failed to provide 1 of 1 residents, Resident #2, reviewed for use of a continuous positive airway pressure (CPAP) machine as ordered by the Physician after her returned from the hospital. Findings included: Resident #2 readmitted to the facility on 9/19/2022 after being hospitalized for respiratory failure, sleep apnea, and dependence on supplemental oxygen.	F 695	F695 1. A Continuous Positive Airway Pressure (CPAP) machine was provided for Resident #2 on 9/20/2022 by the Director of Nursing and was placed at the resident bedside. 2. Audit was completed on 9/20/22 by the Director of Nursing of the current residents with CPAP machines and Bilevel Positive Airway Pressure (BiPAP) machines and all machines were in place at the resident bedside.	10/7/22	

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

TITLE

(X6) DATE

Electronically Signed

10/07/2022

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 hospital Discharge Summary dated 9/19/2022 indicated Resident #2 should wear his CPAP machine during naps and nightly. Review of Resident #2's Physician's Orders written 9/19/2022 indicated he should wear his CPAP at bedtime due to sleep apnea and staff should document refusals.</p> <p>On 9/19/2022 at 11:36 pm the electronic record revealed Resident #2's respirations were 18 per minute and his oxygen saturation level was 97% (90 to 100% is a normal oxygen saturation). Resident #2's oxygen saturation and respirations were not recorded again until 9/20/2022 at 3:20 pm and his oxygen saturation was 96% and his respirations were not recorded.</p> <p>On 9/20/2022 at 1:15 pm Resident #2 was observed in bed with his oxygen by nasal canula at 2 liters per minute.</p> <p>An interview was conducted with Nurse #3 on 9/20/2022 at 1:18 pm and she stated Resident #2's CPAP was not available last night, or at present, and it was still in storage in the facility. Nurse #3 stated Resident #2 was confused and would take his oxygen off occasionally.</p> <p>Nurse #4 was interviewed by phone on 9/20/2022 at 1:26 pm and she stated she was the Unit Manager on evenings and nights on 9/19/2022 and Resident #2 did not have his CPAP available because it was packed up when he went to the hospital, and she did not know where to look for it.</p> <p>The Director of Nursing was interviewed on 9/21/2022 at 2:32 pm and stated the nursing staff did not notify her until 9/20/2022 Resident #2 did not have his CPAP. The Director of Nursing</p>	F 695	<p>3. Licensed nurses to include agency licensed nurses were in serviced by the Assistant Director of Nursing (ADON)/ designee on 9/20/22 related to ensuring that medical equipment to include CPAP and BiPAP are readily available as ordered and on admission/ readmission and the physician is notified if equipment is not available. New hire licensed nurses and agency licensed nurses will not be allowed to work until the education is completed.</p> <p>4. The DON/ designee will audit new / readmissions orders and current resident orders during morning clinical meeting for 8 weeks to ensure resident equipment to include CPAP and BiPAP continue to be available.</p> <p>The Director of Nursing will report findings of the audits in the monthly Quality Assurance Performance Improvement (QAPI) meeting for at least 2 months for review to ensure compliance.</p> <p>Date of Compliance: October 7, 2022</p>		

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F 695	Continued From page 2 stated the hospital included the equipment the resident needed when returning from the hospital and the nurse that admits the resident should ensure they get the equipment. The Director of Nursing stated Resident #2 has a long history of refusing his CPAP. During an interview with the Regional Director of Operations, who was acting as the facility's administrator, on 9/21/2022 at 5:05 pm he stated the nursing staff should ensure Resident #2's equipment was available and offered his CPAP when he was sleeping or napping.	F 695			
F 925 SS=J	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff, Physician and Wound Care Nurse Practitioner interviews the facility failed to implement fly reduction measures to protect vulnerable residents with wounds from development of maggots and failed to determine a possible point of entry for flies after the infestation to protect all residents at risk, which resulted in 1 of 3 residents (Resident #1) reviewed for wound care from developing maggots in her right foot wound. Resident #1's Family Member was upset and concerned she had not received adequate wound and comfort care to prevent maggots in her wound. Immediate Jeopardy began on 9/12/2022, when Resident #1's right dorsal foot wound was	F 925	F925 1. On 9/12/2022, Resident #1's room was deep cleaned by the housekeeping staff and maggots/pest were removed. On 9/20/22, the Maintenance Director checked resident #1's room and identified an open window and a missing screen. The open window was closed and the window screen was placed back into the window. No flies or pest were identified in the room during the room check. 2. The current residents are at risk as a result of this deficient practice.	10/7/22	

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F 925	<p>Continued From page 3</p> <p>discovered to be infested with maggots. The Immediate Jeopardy was removed on 9/22/2022 when the facility provided and implemented a credible allegation of immediate jeopardy removal. The facility remained out of compliance at a lower scope and severity of D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring system put into place are effective and education was completed.</p> <p>Findings included:</p> <p>Resident #1 admitted to the facility on 8/4/2022 with diagnoses of dementia, peripheral vascular disease, diabetes, and pulmonary disease. Resident #1 admitted to the facility for palliative care.</p> <p>A Significant Change Minimum Data Set (MDS) assessment dated 9/11/2022 indicated Resident #1 was severely cognitively impaired and required total assistance with transfers. The assessment further indicated Resident #1 had 8 arterial ulcers.</p> <p>On 9/19/2022 at 10:15 am the Family Member was interviewed, and she stated she was very upset and concerned Resident #1 was not receiving adequate wound and comfort care. The Family Member stated when she arrived at the facility on 9/12/2022 the Wound Care Nurse had taken the dressing off Resident #1's right foot and maggots fell out of the dressing and the wound on the top of her foot was full of maggots. The Family Member stated there were also maggots on the bed linens and the floor.</p> <p>The Wound Care Nurse was interviewed on</p>	F 925	<p>On 9/20/22 the Director of Nursing, Assistant Director of Nursing, Wound Care Nurse and Nursing Supervisors assessed all residents with wounds, feeding tubes and tracheostomy tubes to ensure no signs of maggots or other pests. No concerns were identified as a result of the audit.</p> <p>On 9/20/22 the Maintenance Director and the Regional Director of Operations performed an observational audit to ensure screens are intact in all resident room windows and in all windows throughout the facility. 5 window screens were identified that needed to be repaired and were repaired by the Maintenance Director on 9/21/22.</p> <p>3. Facility staff to include agency staff were educated by the Director of Nursing / designee related to what should be done if flies are identified in the facility and methods to prevent flies/pest in the facility to include closing windows and ensuring window screens are in place. New hire staff to include agency staff will not be allowed to work until the education has been completed.</p> <p>4. The Administrator will complete audits weekly for 4 weeks and monthly for 2 months to ensure pest to include flies continue to be addressed when observed in the facility and windows have screens.</p> <p>The Administrator will report findings of the audits in the monthly Quality Assurance Performance Improvement (QAPI) meeting for at least 3 months for</p>		

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F 925	<p>Continued From page 4</p> <p>9/19/2022 at 11:11 am and stated on Monday, 9/12/2022, she was told Resident #1's dressing was stained and went to change the dressing and when she removed the dressing there were maggots in the wound at the top of Resident #1's foot at the base of the resident's right toes and she reported the condition of the wound to the Family Member, the Wound Care Nurse Practitioner, and the Physician. The Wound Nurse stated the Physician instructed her to remove the maggots by irrigating the wound with a saline solution. The Wound Nurse stated she irrigated Resident #1's wound to remove the maggots on 9/12/2022 when they were discovered there were approximately 10 maggots, and after she irrigated the wound 7 to 8 more crawled out after she cleaned the wound. The Wound Care Nurse stated on Tuesday, 9/13/2022, when she changed Resident #1's dressing there were 7 to 8 maggots in the wound and she irrigated the wound again and applying; and on Wednesday, 9/14/2022, there were 3 maggots in the wound, and she irrigated the wound again to remove them. The Wound Care Nurse stated there had not been any more maggots found in the wound since Wednesday, 9/14/2022.</p> <p>During an observation of Resident #1 on 9/19/2022 at 10:25 she was observed in her room, in bed. Resident #1's right foot was covered from the ankle to the toes in a gauze dressing that was dated 9/19/2022 and the dressing was dry and intact. There were no flies visible in her room.</p> <p>During an observation of Resident #1 on 9/20/2022 at 8:08 am she was in bed, lying on her side with her legs over the side of the bed. No</p>	F 925	<p>review to ensure compliance.</p> <p>Date of Compliance: October 7, 2022</p>		

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F 925	<p>Continued From page 5</p> <p>flies were visible in the room. Resident #1's dressing to her right foot was intact and there was light pink drainage to the top and lateral foot that did not come completely through the dressing. Resident #1's window shade was pulled down and the window was open approximately 3 inches with no screen in the window, and cobwebs were stretched between the windowsill and the window sash.</p> <p>An interview and observation of Resident #1's room window was conducted with the Maintenance Director on 9/20/2022 at 8:55 am. The Maintenance Director stated he was not aware Resident #1's window was open, or the screen was missing, and did not know how long the screen was missing from the window. The Maintenance Director stated the window was open 3 inches and there should be a screen in place in the window. The Maintenance Director reported later the screen to the window was found on the ground outside Resident #1's window and the staff should have reported the window did not have a screen to him and filled out a maintenance request.</p> <p>On 9/20/2022 at 10:22 am an interview was conducted with the Director of Nursing; and she stated she did not look at Resident #1's wound on 9/12/2022 when the maggots were found in her wound, but she had observed the wound on 9/13/2022 and there were 2 to 3 maggots in the wound, but it had been flushed before she observed the wound. The Director of Nursing stated she Resident #1's room was deep cleaned on 9/12/2022; they had looked at everyone with wounds to ensure there were no other residents that had maggots in their wounds; the nursing staff were educated to notify the Director of</p>	F 925			

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F 925	<p>Continued From page 6</p> <p>Nursing of anything unusual with wounds; and she had tried to schedule a nurse to do wound care on the weekends.</p> <p>The Housekeeper that usually cleans Resident #1's room was interviewed on 9/20/2022 at 10:48 am and she stated she had not observed flies in Resident #1's room, but she mopped the floor daily because Resident #1 spills food in the floor when she eats. The Housekeeper stated when she cleans the room; she cleans the windowsill, and she was aware Resident #1's window was open but did not know how long the window was open. The Housekeeper stated she was not aware the screen was missing from the window.</p> <p>During a second interview with the Maintenance Director on 9/20/2022 at 11:11 am he stated the facility did have issues with fruit flies coming from a drain on the 300 hall, Resident #1 resided on the 100 hall, in July 2022, but he called the exterminator, and they treated the facility and he had not noticed any fruit flies since. The Maintenance Director stated the facility's exterminator treats the facility for roaches, ants and they monitor for any signs of other pests during the monthly visits. The Maintenance Director stated he did a round of the facility when the maggots were discovered in Resident #1's wound and did not see any flies.</p> <p>The Nurse Practitioner (NP) was interviewed by phone on 9/19/2022 at 11:45 am. The NP stated she saw Resident #1 weekly for wound management and saw her on 9/13/2022 and there was a small handful of maggots observed in her dorsal wound at the base of her right toes. The NP stated the wound was necrotic and would continue to get worse due to Resident #1's desire</p>	F 925			

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F 925	<p>Continued From page 7</p> <p>to not have a right leg amputation.</p> <p>An interview was conducted with the Physician on 9/20/2022 at 4:42 pm by phone and he stated Resident #1's wound was most likely imbedded with fly eggs within 24 hours of the maggots hatching. The Physician stated he did not know how the wound became infested with maggots because he has only seen a few flies in the facility. He stated with recent renovations to the facility the doors were probably open more than they usually were which may have allowed flies to enter the facility.</p> <p>Nurse Aide (NA) #1 who cared for Resident #1 on Saturday, 9/10/2022, and Sunday, 9/11/2022, on the 7:00 am to 7:00 pm shift was interviewed on 9/20/2022 at 8:34 pm. NA #1 stated she had not observed Resident #1 without her dressing when she worked on 9/10/2022 or 9/11/2022. She stated you could see drainage in the dressing, but it had not soaked through and there was no drainage on her bedding. NA #1 stated Resident #1 was total care and could not remove her dressing herself or open her window. NA #1 stated she had not seen flies in Resident #1's room and did not know the window was open with the screen missing.</p> <p>On 9/21/2022 at 5:00 pm an interview was conducted with the Regional Director of Operations (RDO), who was serving as the Administrator of the facility, and he stated he had not seen any flies in the facility, but the pest control exterminator inspects for any pests when they visit the facility monthly. The RDO also stated the Nurses should provide ordered treatments, document they were provided or notify their supervisor of any treatments they are</p>	F 925			

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F 925	<p>Continued From page 8 not able to provide.</p> <p>The Regional Director of Operations was notified of immediate jeopardy on 9/20/2022 at 5:01 pm. On 9/21/2022 the facility provided the following Credible Allegation of Immediate Jeopardy Removal:</p> <p>F925 Credible Allegation of Immediate Jeopardy Removal:</p> <ul style="list-style-type: none"> o Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance <p>The facility failed to implement fly reduction measures to protect vulnerable residents with wounds from the development of maggots resulting in Resident #1 having maggots in her right foot wound.</p> <p>The current residents are at risk who have pressure/ non pressure wounds, tracheostomy tubes, and feeding tubes as a result of this deficient practice.</p> <ul style="list-style-type: none"> o Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete <p>On 9/12/2022, Resident #1's room was deep cleaned by the housekeeping staff and maggots/pest were removed.</p> <p>On 9/20/22 the Director of Nursing, Assistant Director of Nursing, Wound Care Nurse and Nursing Supervisors assessed all residents with wounds, feeding tubes and tracheostomy tubes to ensure no signs of maggots or other pests. No concerns were identified as a result of the audit.</p> <p>On 9/20/22 the Maintenance Director and the Regional Director of Operations performed an observational audit to ensure screens are intact in all resident room windows and in all windows</p>	F 925			

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F 925	<p>Continued From page 9</p> <p>throughout the facility. 5 window screens were identified that needed to be repaired and were repaired by the Maintenance Director on 9/21/22. On 9/21/22 the Maintenance Director, Environmental Services Supervisor, and the Regional Director of Operations conducted observational rounds of the facility grounds to determine potential areas and factors that flies are attracted to including dumpsters and standing water. The identified concerns will be corrected by the Maintenance Director and Environmental Service Supervisor by 9/21/22.</p> <p>On 9/21/22 the Dietary Manager and the Regional Director of Operations conducted observational audits of the kitchen to ensure food is being stored properly and to ensure there is no standing water. No concerns were identified as a result of the audit.</p> <p>On 9/20/22 the Maintenance Director contacted the Pest Control Company to schedule service for flies. On 9/21/22 the Pest Control Company will consult with the facility for possible solutions to identified areas of concern as well as treat the facility for flies.</p> <p>On 9/21/22 the Nursing Home Administrator and the Regional Director of Operations educated the Department Managers related to ensuring that during resident room rounds food is being stored in a sealable food storage container.</p> <p>On 9/21/22 a sign was posted at the visitor sign in area requesting that when food is brought to the residents that it is in sealable food storage containers.</p> <p>Currently an air curtain is in place on the outside door in the kitchen.</p> <p>Fly lights will be installed at the front entrance, and other entrances frequently used by staff, residents or visitors on 9/21/2022.</p> <p>On 9/20/22 the Director of Nursing, facility</p>	F 925			

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F 925	<p>Continued From page 10</p> <p>nursing supervisor, and the Social Service Director began education to all staff including agency staff on maggots. The education will continue at the beginning of each shift until each staff member receives the education. No staff member including agency staff and new hires will be permitted to work until the education is received. The all-staff education includes:</p> <ul style="list-style-type: none"> - The process of flies laying eggs and transitioning to maggots. - The risks of maggot infestation for residents with wounds, feeding tubes, and tracheostomies - Staff education related to ensuring meal trays returned to the kitchen and open food items stored in a resealable container. - Methods to reduce the risk of flies to protect vulnerable residents including window screens on resident room windows and windows in common areas and reporting standing water - Staff education to be vigilant about flies and what action they need to take if they see a fly or flies including attempting to eliminate/ investigate source of flies/pest and logging it in the Maintenance Request Log that is located at each nursing station. Fly swatter will be available at each nursing station. <p>Effective 9/20/22 the Administrator will be responsible to ensure implementation of this immediate jeopardy removal for this alleged non-compliance.</p> <p>Alleged Date of IJ Removal: 9/22/2022</p> <p>Credible Allegation of IJ Removal:</p> <p>A review on 9/21/2022 of the plan to ensure those affected by the deficient practice revealed the facility had deep cleaned the room of the affected resident and the maggots/pests were removed.</p>	F 925			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/21/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT CLEMMONS			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
(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	
F 925	<p>Continued From page 11</p> <p>The facility had assessed residents with wounds, feeding tubes, and tracheostomy tubes for any signs of maggots or other pests, and no concerns were identified, and continued to audit for any issues with wounds or feeding tube (the facility did not have any tracheostomy tubes). The facility's Maintenance Director, Environmental Services Director and Regional Director of Operations conducted a round of the facility to determine potential areas and factors that flies are attracted to and corrected the concerns. The Dietary Manager and Regional Director of Operations conducted an audit of the kitchen and ensured food is stored properly and there was no standing water that could attract flies and there were no concerns identified. The Facility notified the Pest Control Company and the on 9/21/2022 the Pest Control Company identified areas of concern and treated the facility for flies. The nursing staff were interviewed and were able to give verbal understanding of the education regarding what action should be taken if they see flies, what they can do to prevent flies (notify maintenance of window screens missing from windows, wound treatment care, and the process of flies laying eggs and progressing to maggots). The facility will provide the same in-service education to any new nursing employees and agency staff before they are permitted to work.</p> <p>The IJ was removed on 9/22/2022.</p>	F 925			