STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345509	A. BUILDING _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT ABERDEEN	915 PEE DEE ROAD ABERDEEN, NC 28315

(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 000	INITIAL COMMENTS An unannounced onsite complaint survey was conducted 1/3/2023. NC00192950 and NC00196494 were investigated and 2 of the 6 allegation were substantiated, see event ID#XNIW11.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on record review, staff, Medical Director, and Hospital Discharge Planner interviews, the facility failed to accommodate a bariatric resident's needs (Resident #1) by not providing a bariatric bed and bariatric lift pad/sling prior to Resident #1's admission. This resulted in the resident having to be transferred back to the hospital as the facility could not met the resident's care needs including not being able to complete the admission skin assessment, wound care orders, and personal care. The findings included: Resident #1 was admitted to the facility on 12/28/22 with diagnoses that included urinary tract infection, heart failure, respiratory failure, Body Mass Index (BMI) 70 or greater, and morbid (severe) obesity due to excess calories. The hospital discharge summary dated 12/28/22 indicated Resident #1 had a past medical history	F 558	F-558 Reasonable Accommodations Needs/Preferences 1) Resident #1 was transferred to hospital and is no longer a resident of the facility. Education was provided 12/29/22 by the Administrator to the Admissions Director and to the Director of Nursing instructing them that the facility shall not admit bariatric residents to the facility until all equipment necessary for meeting the resident□s care needs are in place. Education was provided by the Director of Nursing beginning 12/29/22 and completed on 12/30/22 for all Nurse Managers, Nurses and CNAs instructing them that the facility shall not admit bariatric residents to the facility until all equipment necessary for meeting the	1/4/23

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

Electronically Signed | 01/23/2023

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F 558	Continued From page 1 of chronic respiratory failure, hypertension, chronic heart failure, and morbid obesity with BMI of 79. She presented to the hospital with complaints of generalized weakness and was found to have a urinary tract infection as well as low sodium levels. The discharge summary indicated Resident #1's weight was 230 kilograms (507 pounds). She was treated for the urinary tract infection with intravenous (IV) antibiotics and was deemed stable for discharge for short term rehabilitation. Review of the hospital referral information provided by the hospital and printed off by the facility's Admission's Coordinator on 12/28/22 at 12:05 PM revealed Resident #1 had a diagnosis of morbid obesity with a BMI over 70 and weighed 228 kilograms (502 pounds). The North Carolina Medicaid FL2 Level of Care Screening Tool dated 12/21/22 indicated in bold red letters Resident #1's weight was 500 pounds and 14.2 ounces and diagnoses included morbid obesity BMI over 70. The baseline care plan dated 12/28/22 indicated Resident #1 could easily communicate with staff and was alert and cognitively intact. She was assessed as not at risk for falls, no pressure ulcers, and no surgical sites. Resident #1 required two or more persons physical assistance with personal hygiene and bed mobility. The baseline care plan indicated the resident had an indwelling catheter and she was incontinent with bowels. The admission skin assessment dated 12/28/22 revealed Resident #1 had multiple open areas on her face, body, and her perineum area was raw.	F 558	resident□s care needs are in place. Any employees not receiving the education by 12/30/22 will receive education prior to working again. 2) On January 3, 2023, an audit was performed to identify if any additional bariatric patients were at risk for not having equipment necessary to meet their care needs. No additional bariatric residents were identified in the facility. 3) Admissions director will not admit bariatric residents until confirming any necessary bariatric equipment, including properly sized bed, lift, sling, and/or wheelchair are in place. The Director of Nursing will monitor admissions weekly X4 weeks, and then monthly X 3 months to identify if any bariatric patients have been admitted and whether the facility had proper equipment in place at the time of admission. 4) Results of the monitoring will be reported to the QAPI Committee by the Director of Nursing. Any exceptions will be reported immediately to the Administrator. Administrator will ensure compliance. 5) Corrective actions to be completed by January 3, 2023. Compliance will be achieved by January 4, 2023.	

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The posterior side of Resident #1 was unable to be assessed due to the facility staff's inability to turn her on her side.
The wound care order dated 12/28/22 indicated wound care should be completed to bilateral thighs and buttocks every shift. Resident #1's thighs, perineum, and buttocks needed to be cleaned with incontinence wipes; allowed to dry; an antifungal powder to be applied to skin folds; and the wounds along the buttocks were to be covered with a foam absorbent dressing.

A review of the order receipt of the bariatric bed revealed the bed was ordered on 12/29/22 (time unspecified) and was delivered 12/29/22 at 6:55 PM. The bariatric lift sling was delivered on 12/30/22 at 1:33 PM.

A nursing note dated 12/29/22 at 5:39 PM completed by the Director of Nursing (DON) indicated Resident #1 was sent to the Emergency Room due to the facility's inability to meet Resident #1's needs. Resident #1 was in agreement with the transfer. Resident #1 refused to allow staff to do incontinence care before she left with EMS. The facility's Medical Director was notified.

A phone interview was conducted with the Admissions Coordinator on 01/02/23 at 10:43 AM. She stated she received the referral for Resident #1 from the hospital. She stated she printed the referral and gave it to the DON to review. She indicated the DON did approve Resident #1 for admission. She stated she had spoken with the hospital Discharge Planner regarding Resident #1's admission and the Discharge Planner was not forth coming with Resident #1's weight or care needs. She stated

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she should have confirmed with the Administrator and the DON if the facility had bariatric equipment and she did not know the bariatric equipment was not in place prior to accepting Resident #1 for admission. She indicated the bariatric equipment should have been ordered and put into place before Resident #1 arrived at the facility.

During a phone interview with the hospital Discharge Planner on 01/03/23 at 11:21 AM, she stated all of Resident #1's information, including her weight, were in the referral information. She indicated the facility did not ask questions regarding Resident #1's weight or care needs. She stated she assumed the facility knew about Resident #1's weight since it was listed in the referral information as well as on the FL2. She indicated the resident required a bariatric bed during her stay in the hospital but was able to leave the hospital via a standard stretcher.

An interview with Nurse Assistant #1 (NA) was conducted on 01/03/23 at 1:30 PM. She stated she had worked with Resident #1 all day on 12/29/22 up until she went to the hospital. She stated Resident #1 was able to independently feed herself with the head of the bed elevated. She indicated Resident #1 needed 3 staff members to assist with personal care and repositioning. She stated the resident did have a small bowel movement during the last time they repositioned the resident. In attempting to provide personal care, the resident told the staff to stop. NA #1 stated the resident refused care due Resident #1 expressing she felt tired. She indicated Resident #1 wounds on her legs were weeping, which caused frequent changes of disposable pads. She stated it was difficult to change the pads due to the resident's inability to

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move her due to her weight and the size of the bed.

On 01/03/23 at 1:23 PM, Nurse #2 was interviewed. She stated she was assigned to work with Resident #1 on 12/29/22. She indicated the resident could feed herself independently with the head of the bed raised up comfortably. She stated the resident needed maximum assistance with 3 staff members for repositioning and personal care. She indicated the resident could hold onto the bed railing and attempted to assist with repositioning. She indicated Resident #1's wounds on her legs were weeping, which required frequent disposable pad changes. She stated wound care on Resident #1's posterior side could not be completed due to the facility's staff inability to roll the resident completely on her side. She stated prior to Resident #1 going to the hospital, the resident had a small bowel movement while staff were trying to reposition the resident. She stated the resident requested the staff to stop because she was getting tired. She indicated Resident #1 requested to go to the hospital shortly afterward.

Nurse #1 was interviewed on 01/03/23 at 12:15 PM. He indicated he was not assigned to work with Resident #1 but was asked to assist with personal care and repositioning. He stated he felt like the resident needed a bigger bed for her comfort and rehab potential. He stated Resident #1 could not be turned completely and it was difficult to position the resident on her side. He stated her could not recall Resident #1 ever being in distress while he helped with repositioning. He indicated he did let the DON know his concerns regarding Resident #1 needing a larger bed.

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During an interview with the DON on 01/03/23 at 11:57 AM revealed when she reviewed referrals, she typically looked for the resident's weight. She indicated she did not see Resident #1's weight listed on the referral information, and stated it was an oversight to not review Resident #1's weight prior to admission. She stated Resident #1 arrived the evening of 12/28/22 and reviewed her chart the morning of 12/29/22. She stated the bariatric bed was ordered after she reviewed Resident #1's hospital documentation and after concerns were expressed by Nurse #1 regarding Resident #1's weight and bed size. She indicated Resident #1 left the facility by EMS stretcher at 3:00 PM on 12/29/22 due to the facility not being able to meet her needs.

The facility's Medical Director was interviewed on 01/03/23 at 3:41 PM. She stated she saw Resident #1 on 12/29/22. She stated the resident was pleasant, alert, oriented, appeared clean and free of malodor. She indicated she was told by staff that it was difficult to turn Resident #1 and the staff did not have adequate room to roll the resident over in the bed she was in. She indicated while the resident was in the bed, she was sitting comfortably with the head of the bed raised. She stated the resident complained of abdominal pain, which was present prior to the resident arriving to the facility. She did not indicate if the resident complained of pain when staff attempted to reposition her. She stated she was notified Resident #1 was sent back to the hospital because facility staff were unable to meet her care needs.

During an interview with the Administrator on 01/03/23 at 4:00 PM revealed the facility failed to have bariatric equipment in place prior to

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F 558	Continued From page 6 Resident #1's admission. He stated he would not have accepted the Resident #1 until the proper medical equipment was at the facility prior to her admission. He indicated the facility should have called him the moment they realized the resident required a bariatric bed and equipment. He stated he would have ordered the equipment and it would have arrived that evening. A review of the Ad Hoc QAPI (Quality Assurance and Performance Improvement) meeting correction agenda and summary on 12/30/22 revealed the facility admitted a resident into the facility without having a bariatric bed available for her use. The bariatric bed was ordered after admission, but the resident was sent back to the hospital prior to the bed coming. Education was provided to the NAs, DON, Nurse Managers, Nurses, and Admissions Coordinator on the protocol to follow regarding admissions and availability of equipment. All staff were in-serviced on 12/29/22 and 12/30/22 on Activities of Daily Living Care (ADL): providing care to obese residents which require extensive assistance with ADLs; must use extra staff to always assist with ADL care and with transfers. The Admissions Director was educated on 12/30/22 regarding inquiring about referred resident's weight prior to admission to ensure equipment will arrive timely.	F 558		
F 835 SS=D	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	F 835		1/4/23

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F 835	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on record review, staff, Medical Director, and Hospital Discharge Planner interviews, the facility failed to provide leadership and oversight to ensure the facility had bariatric equipment in place in order to meet the needs of a bariatric resident prior to the resident's admission to the facility (Resident #1). The facility was unable to provide wound care and effective personal care, which caused Resident #1 to be sent back to the hospital. The finding included: This citation is cross referenced to F585. Based on record review, staff, Medical Director, and Hospital Discharge Planner interviews, the facility failed to accommodate a bariatric resident's needs (Resident #1) by not providing a bariatric bed and bariatric lift pad/sling prior to Resident #1's admission. This resulted in the resident having to be transferred back to the hospital as the facility could not met the resident's care needs including not being able to complete the admission skin assessment and wound care orders.	F 835	F- 835 Administration 1) The Administrator is no longer employed by the facility as of 1/17/23. Education was provided to the Administrator on 1/3/23 by the Regional Nurse Consultant instructing him that the facility shall not admit bariatric residents to the facility until all equipment necessary for meeting the resident's care needs are in place. Education was continued and provided to the new Administrator on her start date, 1/17/23. 2) On January 3, 2023, an audit was performed to identify if any additional bariatric patients were at risk for not having equipment necessary to meet their care needs. No additional bariatric residents were identified in the facility. 3) Admissions director will not admit bariatric residents until confirming any necessary bariatric equipment, including properly sized bed, lift, sling, and/or wheelchair are in place. The Director of Nursing will monitor admissions weekly X4 weeks, and then monthly X 3 months to identify if any bariatric patients have been admitted and whether the facility had proper equipment in place at the time of admission. 4) Results of the monitoring will be	

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F 835	Continued From page 8	F 835	reported by the Director of Nursing to the QAPI Committee. Any exceptions will be reported immediately to the Administrator. Administrator will ensure compliance. 5) Corrective actions to be completed by January 3, 2023. Compliance will be achieved by January 4, 2023.	