

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2023
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	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 record review, observations, staff, and Speech Language Pathologist interviews the facility failed to assist a dependent resident with mealtime assistance for 1 of 5 residents reviewed for activities of daily living (Resident #46). Findings included: Resident #46 was admitted to the facility on 11/09/22. Diagnoses included type 2 diabetes, dementia, and cognitive communication deficit.	F 677	The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	3/6/23	

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

TITLE

(X6) DATE

Electronically Signed

03/02/2023

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	<p>Continued From page 1</p> <p>Review of admission minimum data set (MDS) dated 11/17/22 revealed Resident #46 was severely cognitively impaired and required supervision with set-up only for eating.</p> <p>Review of dining services communication sheet written by the Speech Language Pathologist dated 12/09/22 revealed an order for Resident #46 to have no straws, must be sitting upright in wheelchair during meals, and nursing staff to assist with feeding to ensure safety with meal intakes.</p> <p>Observation of Resident #46 on 02/07/23 at 1:32 PM revealed her sitting up in bed, lunch meal in a Styrofoam tray sitting on bedside table, the food was untouched, and the supplement was not opened.</p> <p>Observation of Resident #46 on 02/08/23 at 1:35 PM revealed her sitting up in bed with her lunch meal Styrofoam tray on bedside table, the supplement was sitting on top of food inside of the tray and had not been opened and Resident #46 was using her fingers to move food around but was not eating.</p> <p>An interview conducted with Nursing Assistant #2 (NA) on 02/09/23 at 3:44 PM revealed she was familiar with Resident #46 and had provided her with her lunch tray yesterday and today. She stated she only helped with set-up for Resident #46 and had no knowledge of her requiring assistance during mealtimes. She revealed she picked up Resident #46's tray after lunch and recorded her meal intake which was 0-25%. NA #2 stated nursing staff were supposed to inform them of changes with resident mealtime requirements.</p>	F 677	<ol style="list-style-type: none"> 1. Resident # 46 is receiving assistance at mealtimes. 2. Current residents who require assistance with meals are at risk. Current residents diet slips will be review for recommendations of assistance with meals. Director of Nursing or designee will update Kardex to ensure staff is aware of assistance. Audit and Kardex updates will be completed 03/03/2023. 3. Director of Nursing or designee will educate current nursing staff including nursing assistants and licensed nurses on where to locate need for assistance of residents with feedings on the Kardex. Unit managers will be educated by Director of Nursing or designee on providing feeding assistance on the Kardex for staff review. Education will be completed 03/03/2023. Any member of nursing staff who is not educated by 03/03/2023 will not be allowed to work until education is received. Any new nursing staff will be educated by Staff Development Nurse or Director of Nursing, or designee will receive education during the orientation process to include any agency staff when applicable. 4. Director of Nursing or designee will audit 5 random residents who require assistance with meals to ensure they are receiving assistance. Audits will be 5 x weekly x 4 weeks, 3 x weekly x 4 weeks and monthly x 1. 		

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F 677	Continued From page 2 An interview conducted with the Speech Language Pathologist (SLP) on 02/08/23 at 2:32 PM revealed he was familiar with Resident #46 and had worked with her during therapy. He stated he had made recommendations for nursing staff to assist Resident #46 during mealtimes to increase her meal intakes. An interview conducted with the Unit Manger on 02/09/23 at 4:00 PM revealed she was vaguely familiar with Resident #46. She stated she would receive the dining communication sheet from speech therapy and would give a copy to dietary and she would keep a copy to update any new orders, make notes in the resident chart, and update resident task list before sending a copy to medical records. The Unit Manager reviewed recommendations from speech therapy on the dining communication sheet for Resident #46 and stated nursing staff should have been assisting Resident #46 during mealtimes to provide encouragement and cueing and observing meal intake so they could report to nursing supervisor any issues with Resident #46 and decrease in meal intakes and not taking supplements.	F 677	5. Results of the audits will be presented by the Director of Nursing at the monthly Quality Assurance Meeting. Any negative findings will result in amendments to audit frequencies as necessary and will be reviewed for 3 months for any further resolution if needed. The QAPI committee will evaluate the effectiveness of the plan above, and will add additional interventions based on the identified trends/outcomes to ensure continued appliance. 6. Date of completion: 3/6/2023		
F 697 SS=E	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:	F 697		3/6/23	

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F 697	<p>Continued From page 3</p> <p>Based on observations, record reviews, resident, staff and Nurse Practitioner interviews, the facility failed to administer pain medication as ordered and requested for 2 of 4 residents (Resident #329 and Resident #330) reviewed for management of pain.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #329 was admitted to the facility on 02/02/2023 with diagnoses which included post partial traumatic amputation of left great toe, further amputation of bone of the left great toe and incision and drainage of second and third toes, cellulitis, osteomyelitis, chronic pain, and open wound left foot. <p>Review of Resident #329's orders for pain medication dated 02/02/23 revealed the following:</p> <p>" Lyrica oral capsule 100 milligrams (mg) - give 1 capsule by mouth three times a day for pain effective 02/02/23.</p> <p>" Percocet oral tablet 10 mg - 325 mg (Oxycodone with Acetaminophen) - give 2 tablets by mouth every 8 hours as needed for pain effective 02/02/23 and discontinued on 02/04/23.</p> <p>Review of the nursing admission note dated 02/02/2023 revealed Resident #329 was alert and oriented to person, place, time, and situation. The assessment also revealed the resident was in frequent pain over the last 5 days which made it hard for her to sleep at night and had limited her day-to-day activities. At the time of the assessment, Resident #329 indicated her pain level was a 7 on a scale of 0 to 10 and her facial expressions during the assessment revealed she was in pain.</p>	F 697	<p>F697</p> <ol style="list-style-type: none"> Resident #329 and # 330 no longer reside in center Current residents are at risk. Current residents who are receiving narcotic pain medication will be reviewed to ensure pain is controlled. Review will be performed by reviewing pain assessment documentation. Audit will be performed by Director of Nursing or designee and completed 03/03/2023. Current licensed nursing staff will be educated by Director of Nursing or designee on pain management and giving pain medications as ordered, via scheduled and as needed PRN. Nursing staff will also be educated regarding how to identify residents with signs and symptoms of pain. Education will be completed 03/03/2023. Any licensed nursing staff who is not educated will not be allowed to work until education is received. Any new licensed nursing staff will be educated by Staff Development Nurse or Director of Nursing or designee will receive education during the orientation process to include any agency staff when applicable. Director of Nursing or designee will audit 5 random residents pain assessments that receive pain medication that is scheduled or as needed PRN to ensure pain control 5x weekly x 4 weeks, 3x weekly x 4 weeks, and monthly x 1. 		

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F 697	<p>Continued From page 4</p> <p>Review of her Medication Administration Record (MAR) revealed Resident #329 was medicated for her pain level of 7 with Oxycodone with Acetaminophen 10-325 mg - 2 tablets at 9:30 PM on 02/02/23 and was recorded as effective.</p> <p>Review of her care plan dated 02/02/2023 revealed a focus area for being at risk of pain related to her surgical wound. The interventions included administer medications as ordered, administer pain medication as indicated, notify MD (medical doctor) as indicated, observe for physical indicators of pain and pain assessment as needed.</p> <p>Review of Resident #329's orders for pain medication dated 02/04/23 revealed the following: " Oxycodone - Acetaminophen oral tablet 10-325 mg - give 2 tables every 6 hours as needed for pain for 2 days effective 02/04/23 and discontinued on 02/06/23.</p> <p>Review of a progress note written by the Nurse Practitioner (NP) on 02/06/23 revealed staff were asking about the resident's pain medication regimen because the resident's pain was not being controlled on the current regimen. Plan was to clarify the order for Percocet which was changed to 2 tablets by mouth scheduled every 8 hours instead of as needed (prn), Oxycodone was changed to 10 mg tablet by mouth every 4 hours as needed (prn) for pain for 10 days.</p> <p>Review of Resident #329's orders for pain medication dated 02/06/23 revealed the following: " Oxycodone hydrochloride (HCl) oral tablet 10 mg - give 1 tablet by mouth every 4 hours as needed for pain for 10 days effective 02/06/23 with end date of 02/16/23.</p>	F 697	<p>5. Results of the audits will be presented by the Director of Nursing at the monthly Quality Assurance Meeting. Any negative findings will result in amendments to audit frequencies as necessary and will be reviewed for 3 months for any further resolution if needed. The QAPI committee will evaluate the effectiveness of the plan above, and will add additional interventions based on the identified trends/outcomes to ensure continued compliance.</p> <p>6. Date of completion : 3/6/2023</p>		

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F 697	<p>Continued From page 5</p> <p>" Percocet oral tablet 10 mg - 325 mg (Oxycodone with Acetaminophen) - give 2 tablets by mouth three times a day for pain effective 02/06/23. Scheduled to be given at 6:00 AM, 2:00 PM and 11:00 PM effective on 02/06/23 at 2:00 PM.</p> <p>" Norco oral tablet 5 mg-325 mg (Hydrocodone-Acetaminophen - give 2 tablets by mouth one time only for 1 day effective 02/06/23 at 1:22 PM.</p> <p>Observation and interview on 02/07/22 at 8:49 AM revealed Resident #329 sitting in bed with her foot elevated on a pillow. The resident's bandage to her left foot was clean and intact. Resident #329 stated her pain medication had not been right since admission and her pain level had gone up to an 8 out of 10 on 02/06/2023 before she received her pain medication. She described her pain as achy stabbing pain in her foot and she was moving in her bed but did not have facial expressions of pain.</p> <p>Observation and interview on 02/09/23 at 8:39 AM with Resident #329 revealed she was having more pain this morning than on the morning of 02/08/23 and said she had not slept well all night due to pain in her joints, especially her shoulder and knee. She stated her pain was in both legs, knees and shoulder and said her right knee was especially painful. Resident #329 stated her Percocet had worked well at the hospital and she didn't understand why it was not working at the facility except that last evening and this morning she had only received one pill instead of 2. Resident #329 further stated she thought her pain medication had been changed on 02/07/23 and that she was supposed to get 2 Percocet instead of the 1 pill she had gotten on 02/08/23 at 11:00</p>	F 697			

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F 697	<p>Continued From page 6</p> <p>PM and on 02/09/23 at 6:00 AM. She currently stated her pain level was at a 7 out of 10. She described her pain as aching and stabbing when she moved her foot.</p> <p>Review of the narcotic sheet on 02/09/23 at 8:59 AM for Resident #329's Percocet and her pill card revealed the resident had only received 1 tablet of Percocet 10-325 mg at 11:00 PM on the evening of 02/08/23 and 1 tablet of Percocet 10-325 mg on the morning of 02/09/23 at 6:00 AM instead of the 2 tablets that were ordered to be given.</p> <p>Review of the Medication Administration Record (MAR) for Resident #239 revealed she had requested and received Oxycodone HCl oral tablet 10 mg 1 tablet by mouth every 4 hours as needed for pain on 02/09/22 at 9:22 AM.</p> <p>Resident #239's pain medication was brought to the attention of the Unit Manager on 02/09/23 at 10:13 AM. The Unit Manager immediately notified the NP of the error. The NP wrote a one-time order for the resident to receive another dose of Percocet since she had only been given 1 pill for 2 consecutive times.</p> <p>Interview on 02/09/23 at 11:20 AM with Nurse #1 assigned to care for Resident #329 on 7:00 AM to 7:00 PM shift revealed she had given the resident a prn pain pill around 9:20 AM for complaints of pain at a level of 6 out of 10. Nurse #1 stated the resident had not brought to her attention that she had not received her pain medication as ordered last evening on 02/08/23 or earlier this morning on 02/09/23 at 6:00 AM but said she had asked for and received prn pain medication this morning. Nurse #1 did confirm that according to the narcotic sheet and pill card the resident had</p>	F 697			

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F 697	<p>Continued From page 7</p> <p>only received 1 pill instead of 2 on the evening of 02/08/23 and the morning of 02/09/23.</p> <p>Phone interview on 02/09/23 at 2:33 PM with Nurse #2 who cared for Resident #329 on 02/08/23 from 7:00 PM to 02/09/23 at 7:00 AM revealed she had only given Resident #329 one pill at 11:00 PM and 1 pill at 6:00 AM because she had not noticed the order read to give her 2 pills. Nurse #2 stated she was used to orders reading to give 1 pill for pain and had not read or noticed the resident's order called for her to have 2 pills. She further stated she gave 1 pill out of habit because that was what was usually ordered for residents.</p> <p>Interview on 02/09/23 at 3:31 PM with the Nurse Practitioner (NP) revealed she had worked with Resident #329 on trying to get her pain under control by adjusting her medication on 02/07/23. The NP stated the resident's pain seemed to be better controlled now and said it had been brought to her attention that she had not gotten her full dose of Percocet on 02/08/23 at 11:00 PM or 02/09/23 at 6:00 AM. The NP further stated the resident had however received a prn dose of her medication that was ordered for break through pain. The NP indicated her pain seemed to be better controlled since changing her pain medication on 02/07/23 and said she would have expected Nurse #2 to have administered her pain medication as ordered unless there had been a clinical reason not to and then the NP said she would have expected Nurse #2 to have notified her as to why the dosage was not given as ordered.</p> <p>Interview on 02/09/23 at 4:31 PM with the Unit Manager for Rehab revealed she had heard</p>	F 697			

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F 697	<p>Continued From page 8</p> <p>Nurse #2 who had worked 7:00 PM on 02/08/23 to 7:00 AM on 02/09/23 had not given Resident #329 her full dose of pain medication as ordered. The Unit Manager for Rehab stated Resident #329's pain medication should have been administered as ordered by the NP unless she was too sedated to receive the medication or the resident had refused the full dose of the medication.</p> <p>Interview on 02/09/23 at 4:55 PM with the Director of Nursing revealed she did not understand why the resident had not notified the nurse when she gave her the medication that she was supposed to have 2 pills instead of 1 pill; however, Nurse #2 should have given the resident the medication as it was ordered by the NP.</p> <p>2. Resident #330 was readmitted to the facility on 02/04/23 with diagnoses which included right hip replacement, chronic pain, anemia, and history of pulmonary embolism.</p> <p>Review of her nursing admission note dated 02/04/23 revealed she was alert and oriented to person, place, time and situation. The assessment also revealed the resident was in occasional pain over the last 5 days and was complaining of moderate pain at a level of 8 out of 10 at the time of the assessment. The assessment also indicated the resident was on prn (as needed) pain medication.</p> <p>Review of her Medication Administration Record (MAR) revealed Resident #330 was medicated for her pain level of 8 with Oxycodone Hydrochloride (HCl) oral tablet 15 mg by mouth at 5:29 PM and was recorded as effective.</p>	F 697			

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F 697	<p>Continued From page 9</p> <p>Review of Resident #330's medications for pain effective 02/03/23 revealed the following: " Oxycodone HCl oral tablet 15 mg - give 1 table by mouth every 6 hours as needed for pain effective 02/03/23. " Fentanyl transdermal patch 72 hour 50 micrograms (mcg) per hour - apply 1 patch trans dermally one time a day every 3 days for pain and remove per schedule effective 02/03/23 and discontinue 02/07/23.</p> <p>Review of her care plan dated 02/04/23 revealed a focus area for being at risk of pain related to her surgical incision. The interventions included administer medications as ordered, administer pain medication as indicated, notify MD (medical doctor) as indicated, observe for physical indicators of pain, and pain assessment as needed.</p> <p>Review of a progress note written by the Nurse Practitioner (NP) on 02/06/23 revealed the resident had asked about her pain medication because her pain was not being controlled on the current regimen. Plan was to change her Oxycodone HCl oral tablet 15 mg to every 4 hours scheduled for 7 days and then transition to every 6 hours and continue her Oxycodone HCl every 6 hours as needed for pain.</p> <p>Review of Resident #330's medications for pain effective 02/06/23 revealed the following: " Oxycodone HCl oral tablet 15 mg - give 1 tablet by mouth every 4 hours for pain for 7 days effective 02/06/23 until 02/13/23.</p> <p>Observation and interview with Resident #330 on 02/07/23 at 8:41 AM revealed her lying in bed</p>	F 697			

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F 697	<p>Continued From page 10</p> <p>watching TV and stated on 02/06/23 she had requested pain medication around 2:00 PM because she knew it was time, she could have it and didn't want her pain to get to a higher level before she received her medication. Resident #330 stated she didn't receive her medication until later in the evening around 10:00 PM and by that time her pain level had reached a 9 out of 10. She further stated she went from 8:41 AM to 10:00 PM without receiving another dose of her pain medication. Resident #330 described her pain as achy and stabbing when she turned certain ways in the bed.</p> <p>Review of her Medication Administration Record (MAR) on 02/07/23 revealed Resident #330 had a scheduled dose of pain medication at 6:00 PM that was blank on the MAR. She did receive her 11:00 PM scheduled dosage of pain medication.</p> <p>Review of the narcotic sheet on 02/07/23 at 11:34 AM for Resident #329's Oxycodone and her pill card revealed the resident had not received a dosage of medication at 2:00 PM as requested on 02/06/23 and had not received a scheduled dosage of her medication at 6:00 PM on 02/06/23.</p> <p>Review of Resident #330's medication orders for pain effective 02/07/23 revealed the following: " Fentanyl transdermal patch 72 hour 50 micrograms (mcg) per hour - apply 1 patch transdermally one time a day every 3 days for pain and remove per schedule effective 02/07/23.</p> <p>Interview on 02/07/23 at 2:13 PM with Medication Aide (MA) #1 revealed she had taken care of Resident #330 on 02/06/23 from 11:00 AM to 7:00 PM. She stated she didn't recall the resident</p>	F 697			

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OMB NO. 0938-0391

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F 697	<p>Continued From page 11</p> <p>requesting pain medication at 2:00 PM and had not given her any pain medication on her shift. She stated she didn't recall why she had not given the scheduled pain medication on 02/06/23 at 6:00 PM unless the order had not been confirmed to show up on the MAR prior to her leaving her shift at 7:00 PM.</p> <p>Interview on 02/09/23 at 3:31 PM with the Nurse Practitioner (NP) revealed prior to her admission to the facility Resident #330 took a lot of pain medication. The NP stated she had worked with the resident on 02/06/23 on trying to get her pain under control by adjusting her pain medication and stated the resident seemed to be better controlled after the changes. The NP further stated she would expect the nurses to administer Resident #330's pain medication as ordered unless there was a clinical reason not to and then she said she would want the nurses to notify her as to why it was not given as ordered.</p> <p>Interview on 02/09/23 at 4:36 PM with the Unit Manager for Rehab revealed she was not sure why the scheduled dose of Oxycodone had not been administered to Resident #330 on 02/06/23 unless it had not been confirmed and shown up on the MAR to be given at that time. She stated she expected the MA to administer medications as requested and ordered to the residents unless they are over-sedated and then she would expect the MA to notify the supervising nurse so she could alert the NP.</p> <p>Interview on 02/09/23 at 4:59 PM with the Director of Nursing (DON) revealed she had spoken with Resident #330 and she had told her also that she had requested medication at 2:00 PM on 02/06/23 and had not received it. The</p>	F 697			

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F 697	Continued From page 12 DON also revealed she had spoken with MA #1 who had explained she did not recall the resident requesting pain medication at that time on 02/06/23. The DON stated it was difficult to determine what time the scheduled 6:00 PM dose of pain medication was confirmed for Resident #330 and said it may not have been in time for the MAR to alert her to give the 6:00 PM dosage but said she expected the MAs and nurses to administer pain medication as requested by the residents as ordered by the NP or MD (medical doctor).	F 697			
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance	F 867		3/6/23	

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F 867	<p>Continued From page 13 indicators.</p> <p>§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.</p> <p>§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.</p> <p>§483.75(d) Program systematic analysis and systemic action.</p> <p>§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.</p> <p>§483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and (iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.</p> <p>§483.75(e) Program activities.</p>	F 867			

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F 867	Continued From page 14 §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care. §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility. §483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section. §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through	F 867			

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F 867	<p>Continued From page 15 (e) of this section. The committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following the recertification survey of 04/15/21. This was for one deficiency that was originally cited in April 2021 in the area of infection control and was subsequently recited on the current recertification survey of 02/09/23. The continued failure of the facility during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>This tag is cross referred to:</p> <p>F880- Based on observation, record review, and staff interviews, the facility failed to implement their infection control policies when 1 of 1 staff member (Nurse Aide (NA) #1) failed to use alcohol-based hand sanitizer after doffing used gloves and donning clean gloves while providing incontinence care to a 1 of 3 residents (Resident #32).</p> <p>During the recertification and the complaint</p>	F 867	<p>F867</p> <ol style="list-style-type: none"> 1. Administrator was re-educated by the Regional Clinical Director of Services on the purpose of the Quality Assurance Performance Improvement Committee and the need to follow up on Plans of Correction on 3/3/23 2. The Director of Nursing and Infection Preventionist was re-educated on infection control related to hand hygiene during incontinence care on 3/3/23. 3. Infection Preventionist or designee will educate current nursing staff and therapy staff on proper hand hygiene during incontinence care per center policy. Education completed on 03/03/2023. <p>Any nursing staff and therapy staff who is not educated will not be allowed to work until education is received.</p> <p>Any new nursing staff and therapy staff will be educated by Staff Develop Coordinator/ Infection Preventionist or designee will receive education during the orientation process to include agency staff when applicable.</p>		

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F 867	Continued From page 16 investigation survey completed on 04/15/21 the facility failed to implement the Centers for Disease Control and Prevention (CDC) guidelines for the use of Personal Protective Equipment (PPE) when 2 of 2 staff members failed to discard their masks after providing care to 11 of 11 residents on the quarantine hall and went to care for 5 of 5 residents on a non-quarantine hall, failed to wear an N95 or higher respirator and failed to prevent 1 of 11 quarantined residents from leaving the quarantine hall, all reviewed for infection control practices. An interview with the Administrator on 02/09/23 at 5:03 PM revealed the facility had just completed their process improvement plan for infection control. She stated she was not sure why the program had failed and stated infection control would be reimplemented into the facility's quality assurance program to stop the repeated deficiencies.	F 867	4. Infection Preventionist or designee will perform 5 random audits of incontinence care to ensure proper hand hygiene is being performed during incontinence care 5 x weekly x 4 weeks, 3 x weekly x 4 weeks, monthly x 1. Weekly Quality Assurance meeting will be held x 12 weeks. RDCS will oversee Quality Assurance effectiveness. 5. Results of the audits will be presented by the NHA and reviewed at Monthly Quality Assurance Meeting for 3 months for further resolution if needed . The QAPI committee will evaluate the effectiveness of the plan above, and will add additional interventions based on the identified trends/outcomes to ensure continued appliance. 6. Date of completion: 03/06/2023		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880		3/6/23	

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F 880	Continued From page 17 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880			

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F 880	<p>Continued From page 18</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to implement their infection control policies when 1 of 1 staff member Nurse Aide (NA) #1 failed to perform hand hygiene after doffing used gloves and donning clean gloves while providing incontinence care to a 1 of 3 residents (Resident #32).</p> <p>The findings included:</p> <p>Review of the facility's Infection Prevention and Control Policies and Procedures Handwashing Requirements dated 02/06/20 read in part:</p> <p>1. "Hand hygiene can consist of handwashing with soap and water or use of an alcohol-based hand rub (ABHR). ABHR should be used instead of soap and water in all clinical situations except when hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected infectious diarrhea, such as C. difficile or norovirus. In these circumstances, soap and water should be used.</p> <p>A. Hand Hygiene</p>	F 880	<p>F880</p> <ol style="list-style-type: none"> 1. NA # 1 was educated on hand hygiene on 02/09/2023 by the Infection Preventionist 2. Current residents who receive incontinence care are at risk. 3. Infection Preventionist or designee will educate current nursing staff and therapy staff on proper hand hygiene during incontinence care per center policy. Education completed on 03/03/2023. <p>Any nursing staff and therapy staff who is not educated will not be allowed to work until education is received.</p> <p>Any new nursing staff and therapy staff will be educated by Staff Develop Coordinator/ Infection Preventionist or designee will receive education during the orientation process to include agency staff when applicable.</p>		

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F 880	<p>Continued From page 19</p> <p>1. The following is a list of some situations that require hand hygiene:</p> <p>r. After removing gloves or aprons</p> <p>Observation on 02/09/23 at 10:29 AM of incontinence care on Resident #32 by Nurse Aide (NA) #1 revealed the resident rolled onto her right side and being cleaned prior to her wound care. NA #1 cleaned the resident after a bowel movement. NA #1 finished cleaning the resident and placed her clean brief under her dirty one and removed her gloves. Without performing hand hygiene, NA #1 donned a clean pair of gloves and held the resident over while Unit Manager for Long Term Care changed her dressing. Once the dressing was completed, the resident was rolled onto her back and secured her brief on her and wrapped Resident #32 with her sheet.</p> <p>Interview on 02/09/23 at 2:22 PM with NA #1 revealed she thought about afterwards that she should have cleaned her hands with alcohol-based hand sanitizer after she doffed her gloves and before donning a clean pair of gloves. She stated she was nervous about being watched and just forgot to sanitize her hands after taking off her gloves and before putting on clean gloves.</p> <p>Interview on 02/09/23 at 4:24 PM with the Infection Preventionist (IP) revealed NA #1 should have cleaned her hands with soap and water or alcohol-based hand rub prior to donning clean gloves. The IP also stated NA #1 should not have gone into the resident's drawer with the dirty gloves on because they were considered dirty and the resident's drawer was considered clean.</p> <p>Interview on 02/09/23 at 4:42 PM with the Unit Manager of Long Term Care revealed NA #1</p>	F 880	<p>4. Infection Preventionist or designee will perform 5 random audits of incontinence care to ensure proper hand hygiene is being performed during incontinence care 5 x weekly x 4 weeks, 3 x weekly x 4 weeks, monthly x 1</p> <p>5. Results of the audits will be presented by the Director of Nursing at the monthly Quality Assurance Meeting. Any negative findings will result in amendments to audit frequencies as necessary and will be reviewed for 3 months for any further resolution if needed. The QAPI committee will evaluate the effectiveness of the plan above, and will add additional interventions based on the identified trends/outcomes to ensure continued appliance.</p> <p>6. Date of completion: 3/6/2023</p>		

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F 880	Continued From page 20 should have cleaned her hands with alcohol-based hand rub prior to donning new gloves and especially when going from dirty to clean procedures. Interview on 02/09/23 with the Director of Nursing (DON) and Administrator revealed they would have liked for her to have used hand sanitizer before donning clean gloves and when moving from a dirty to clean procedure. The DON stated she thought NA #1 just got nervous and forgot to clean her hands prior to putting on clean gloves.	F 880		