

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

PRINTED: 04/10/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DRIVE LENOIR, NC 28645</b>
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E 000	Initial Comments	E 000		
F 000	An unannounced recertification survey was conducted on 02/28/23 through 03/03/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #5GQR11.	F 000		
F 656 SS=D	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from 02/28/23 through 03/03/23 Event ID# 5GQR11.</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its</p>	F 656		3/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  03/24/2023
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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 656	<p>Continued From page 1</p> <p>rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to develop personalized comprehensive care plans in the areas of anticoagulation therapy, diuretic therapy, insulin, psychotropic drugs, depression, use of indwelling urinary catheter and respiratory therapy for 2 of 5 residents reviewed (Resident #21, #2).</p> <p>The findings include:</p> <p>1. Resident #21 was admitted to the facility on 11/28/2022 with a history of deep vein thrombosis (DVT) with pulmonary embolism, diabetes mellitus (DM) type 2, hypertension (HTN), benign prostatic hypertrophy (BPH) with urinary retention, and history of urinary tract infections (UTI), chronic kidney disease.</p>	F 656	<p>This Plan of Correction is submitted to address deficiencies cited under Tag #F656</p> <p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>On March 2, 2023 the existing plan of care for Resident #21 was updated by Care Plan Coordinator to include anticoagulation therapy, insulin, diuretic therapy, and use of indwelling urinary catheter.</p> <p>On March 3, 2023 the existing plan of care for Resident #2 was updated by Care</p>		

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F 656	<p>Continued From page 2</p> <p>Resident #21's care plan dated 12/08/2022 revealed there was no care plan in place for anticoagulant medication, insulin, or diuretic medication and after 1/26/2023 for indwelling urinary catheter.</p> <p>A review of the most recent Minimum Data Set (MDS) assessment for discharge dated 1/23/2023 revealed Resident #21 independent with decision making and required extensive assistance with bed mobility, transfers, and toilet use. He was frequently incontinent of both bowel and bladder.</p> <p>He returned to the facility from hospital on 1/26/2023.</p> <p>Review of Physician orders dated 01/26/2023 revealed Apixaban 5 mg (an anticoagulant) twice a day. Furosemide (a diuretic) 40 mg daily and insulin 18 units at night.</p> <p>Review of Physician's order dated 01/26/2023 indicated to replace indwelling urinary catheter every 4 weeks and provide catheter care every shift.</p> <p>Interview with MDS Coordinator on 03/02/2023 at 03:30PM revealed she was aware Resident #21 received insulin, anticoagulant and diuretic. She revealed that the anticoagulant and insulin were usually care planned. Diuretics were not usually care planned unless a resident had history of dehydration. She reported the care plans were missed because, Resident #21 was and out of facility and system software did not trigger her to care plan.</p> <p>An interview was conducted on 03/03/23 at 11:20</p>	F 656	<p>Plan Coordinator to address diagnoses of COPD, and psychosis.</p> <p>On March 20, 2023 the MDS Coordinator was re-educated on facility policy and procedures for proper and timely completion of any and all care plans by the Director of Nurses. In addition, on March 20, 2023 the MDS Coordinator and Director of Nurses audited and reviewed current residents plan of care to ensure accuracy and inclusion of diagnoses and medications required to be care planned. All plans of care were found to be complete and accurate.</p> <p>The MDS Coordinator will discuss and review resident diagnosis and medications and the relevance of the diagnosis and medications to resident plan of care while in the facility on a weekly basis.</p> <p>All Care Plans will be completed accurately, timely and according to the state and federal regulations. The Director of Nurses will conduct random reviews of care plans on a weekly basis for a period of 4 weeks, then every other week for a period of 4 weeks and monthly for a period of 1 month. The DON will compile documentation and report findings to the Quality Assurance and Performance Improvement Committee for a period of three months. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.</p>		

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F 656	<p>Continued From page 3</p> <p>AM the Director of Nursing (DON) stated she expected to see appliances such as catheters, on a resident care plan and expected to see interventions in place. She stated that care was communicated through conversation.</p> <p>2. Resident #2 was admitted to the facility on 12/30/19 with a diagnosis that included anxiety, dementia, Chronic Obstructive Pulmonary Disease (COPD), and psychosis.</p> <p>A review Resident # 2's physician orders revealed on 1/28/22 she was prescribed DuoNeb one treatment every 4 hours as needed for COPD. On 5/30/22 she was prescribed Zoloft 100 mg tablet by mouth daily for depression. On 11/28/22 she was prescribed Geodon 20 milligrams (mg) capsules take one capsule every morning oral every day and Geodon 40 mg by mouth everyday with supper (must be taken with meal) for psychosis. On 2/28/23 she was prescribed Ativan 0.5 mg tablet to take 1/2 tablet (0.25mg) by mouth every 8 hours as needed for agitation for 14 days for anxiety.</p> <p>The quarterly Minimum Data Set (MDS) dated 2/21/23 indicated Resident #2 was severely cognitively impaired. Resident # 2 was coded for diagnoses of depression, psychotic disorder, COPD, delusional disorder and was on oxygen through a nasal canula.</p> <p>Review of Resident #2's comprehensive care plan dated 2/27/23 revealed there were no care plans in the areas of COPD, or psychosis.</p>	F 656			

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F 656	Continued From page 4  An interview with the MDS Coordinator on 3/2/23 at 12:10 PM indicated Resident #2 had received medications that required monitoring. Resident #2 had received medications for psychosis, anxiety, COPD, and depression. Resident #2 was on Geodon for psychosis and was placed on Geodon after having delusions in November 2022. The MDS Coordinator indicated she should have care planned Resident #2's diagnosis of COPD with the use of the DuoNeb medication and the resident's psychotic disorder with the treatment of an antipsychotic medication. She stated the resident was not care planned for anxiety and depression because she had not exhibited behaviors.  An interview with Director of Nursing (DON) on 03/03/23 at 1:26 PM revealed that there should have a care plan with diagnoses and medications that require monitoring.	F 656			
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 observation, staff and resident interview, and record review, the facility failed to ensure dependent residents received assistance with nail care for 2 of 3 residents reviewed for activities of daily living (ADL). (Residents #8 and #15)  The findings included:	F 677	This Plan of Correction is submitted to address deficiencies cited under Tag #F677.  This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.	3/23/23	

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F 677	<p>Continued From page 5</p> <p>1. Resident #8 was admitted to the facility on 1/03/2022 with diagnosis of heart failure, atrial fibrillation, congestive obstructive pulmonary disease (COPD), and contracture of right hand.</p> <p>Resident #8's care plan dated 1/21/2022 included a care plan for ADL care. Intervention included to assist with ADLs as needed.</p> <p>Resident #8's annual Minimum Data Set (MDS) dated 12/31/22 revealed she was coded as cognitively intact. She required extensive assistance with personal hygiene. Resident #8 was dependent upon staff for bathing and grooming. No refusals of care were coded on the MDS.</p> <p>On 3/01/2023 at 10:21 AM, an observation and interview with Resident #8, revealed she was lying in bed and her fingernails on the left hand were observed to be jagged and approximately ¼ inch past the tip of her fingers. Resident #8's thumb nail and index fingernails on the right hand were approximately ½ inch past the fingertip. Resident #8's fingernails were noted to be dark in color. She had a rolled washcloth in the right hand. Resident #8 reported the washcloth was there because she was not able to open her hand. Resident #8 reported she had asked staff to trim her nails, but they had not been cut. She was not able to remember the last time her nails had been trimmed but did say that her nails were usually trimmed during her shower. Resident #8 reported having a shower earlier in the week, but she could not recall the exact day. Resident #8 reported her fingernails had not been trimmed during her last shower.</p>	F 677	<p>On March 7, 2023 Resident #8 nails were cut, filed, and polished. Nails were trimmed, filed and polished to a desired length and color chosen by the resident.</p> <p>On March 7, 2023 Resident #15 nails were cut, filed, and polished. Nails were trimmed, filed and polished to a desired length and color chosen by the resident.</p> <p>On March 17, 2023 the Director of Nurses and Activity Director inspected current resident's fingernails to assess edges, length, and cleanliness. All residents' fingernails were found to be clean, non-jagged and of appropriate length. Resident's requesting administration of nail polish was completed by Activity Director.</p> <p>On March 23, 2023 all nursing staff were re-educated on facility policy and procedure for nail care by the Director of Nurses. All residents' nails will be kept in an acceptable condition. The Activity Director will conduct reviews for all resident nails to ensure proper condition, cleanliness, and desired length on a weekly basis for a period of 4 weeks, then every other week for a period of 4 weeks and monthly for a period of 1 month. The Activity Director will compile documentation and report findings to the Quality Assurance and Performance Improvement Committee for a period of three months. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.</p>		

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F 677	<p>Continued From page 6</p> <p>An interview with NA #1 on 03/02/2023 at 09:48 AM was completed. She revealed fingernails were cut on bath day. NA #1 reported that the Activities Director (AD) also did nail care.</p> <p>Resident #8 was observed sitting in her wheelchair on 03/02/2023 at 09:51 AM. Her fingernails to both hands remained jagged and the same length as the previous day. Resident #8 reported her bath was scheduled for Friday (03/03/2023).</p> <p>Review of care aid papers for the week of 02/28/2023 - 03/05/2023 showed Resident #8 was scheduled for showers on Tuesdays and Fridays.</p> <p>Review of the progress notes for Resident #8 dated 02/28/2022 - 03/03/2023 showed no documentation of refusal of care to include nail care.</p> <p>During an interview with Nurse #1 on 03/02/2023 at 10:26 AM she reported the AD usually trimmed fingernails unless the resident was diabetic then the nurse would do it. Nurse #1 continued to verbalize that NA's were also responsible for nail care. Nurse #1 reported nails should be cleaned during bath time.</p> <p>2. Resident #15 was admitted to the facility on 11/17/2022 with diagnosis of hypertension and atrial fibrillation.</p> <p>Resident #15's care plan dated 11/30/2022 included a care plan for ADL care. Interventions included assist with ADLs as needed.</p> <p>Resident #15's significant change MDS dated</p>	F 677			

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F 677	<p>Continued From page 7</p> <p>2/21/2023 revealed Resident #15 was cognitively intact and required extensive assistance with personal hygiene and bathing. During review of MDS no episodes of refusing care was coded.</p> <p>On 3/01/2023 at 11:07 AM Resident #15 was observed sitting in her wheelchair in her room. An observation was completed of her fingernails on both hands. Her nails were observed to be approximately ¼ inch past the fingertip. Resident #15's nails to the left hand were jagged and chipped. Resident #15 reported she preferred to have her nails short. Resident #15 reported her nails were trimmed during her shower and she received showers twice a week. She could not recall the last time her nails had been trimmed. Resident #15 said she had a shower this week but could not recall which day.</p> <p>An observation of Resident #15 on 3/02/2023 at 09:43 AM revealed fingernails on bilateral hands were still the same length as the previous day. There was brown matter noted underneath the thumb and index finger of the right hand.</p> <p>An interview with Nurse Aide (NA) #1 on 3/02/2023 at 09:48 AM revealed Resident #15's fingernails were cut on bath day, NA #1 reported that Activities Director (AD) also did nail care.</p> <p>During an interview with Nurse #1 on 3/02/2023 at 10:26 AM indicated that the nurses trimmed the diabetic resident nails, and the AD and NA trimmed the rest of the nails. Nurse #1 reported nails were cleaned during bath time.</p> <p>Review of care aid papers for the week of 2/28/2023 through 3/05/2023 showed Resident #15 was scheduled for showers on Monday and</p>	F 677			



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F 677	<p>Continued From page 8 Thursday on second shift.</p> <p>An observation of Resident #15 on 03/03/2023 at 08:55 AM showed nails on both hands were still approximately ¼ inch past the fingertips. Resident #15 reported her shower was moved from Thursday to the following Monday. Resident #15 had no concerns about having to move her shower from Thursday to Monday.</p> <p>Review of nurse's notes dated 02/28/2023 - 03/03/2023 revealed no episodes of refusal of care to include nail care had been documented.</p> <p>During interview with Activities Director (AD) on 03/03/2023 at 08:58 AM she reported nail care, as an activity was performed on Thursdays. Nails were polished, trimmed, and filed. She went down the different halls to find out if any residents were interested. The AD stated the nurse on the hall or the NA asked the AD to look at resident's nails and if they needed to be trimmed or cleaned, she would do it.</p> <p>Interview on 03/03/2023 at 09:24 AM with NA #2, who was responsible for the care of Resident's #8 and #15 revealed that during baths and daily care, fingernails and toenails were trimmed and cleaned. She indicated nail care was completed in the resident room, and not only on the shower days. NA #2 reported nail care was not completed because it was not high priority. During an observation NA #2 acknowledged that the fingernails required cleaning and trimming.</p> <p>An interview on 03/03/2023 at 11:20 AM with Director of Nursing (DON) revealed nail care was completed on bath or shower day and as needed. The DON reported the AD had a nail activity</p>	F 677			

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F 677	Continued From page 9 usually weekly and it was up to the nursing staff to make sure nails were cleaned and trimmed.	F 677			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff and Pharmacy interview the facility failed to label and date medications for 1 of 2 storage rooms reviewed for medication storage and labeling.  The findings include:	F 761	This Plan of Correction is submitted to address deficiencies cited under Tag #F761.  This is to state that we do not concur with this recommendation as stated for	3/23/23	

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F 761	<p>Continued From page 10</p> <p>During an observation on 03/02/23 at 11:45 AM with Nurse #2 of medication room # 1 revealed an unlabeled plastic bag with 4 unidentified white pills found in an unlocked cabinet inside locked medication room # 1.</p> <p>An interview with Nurse # 2 on 03/02/23 at 11:46 AM indicated that she was unaware of what the 4 pills were in the plastic bag. She further indicated that the plastic bag with the 4 white pills should have been labeled with the type of medication, time due, and name of resident. Nurse # 2 revealed that nursing was responsible for the stocking and checking expiration dates for medications stored in the medication room cabinets.</p> <p>Continued observation in medication room # 1 on 3/02/23 at 11:47 AM revealed 10 prepackaged pills found in the same unlocked cabinet as the plastic bag with 4 unidentified white pills for a resident dated for administration of 12/18/22 and 12/19/22 with no indicated expiration date noted. The prepackaged pills were identified as 1 Metoprolol 25 milligram (MG) tablet, 1 Omeprazole capsule 20 MG, 1 Memantine 10 MG, 1 Buspirone 5 MG tablet, 1 DOK 100 MG tablet, 1 Vitamin D3 25 MG tablet, 1 Sertraline tablet 50 MG, and 3 Furosemide 20 MG tablet.</p> <p>An interview with Nurse # 2 on 03/02/23 at 11:48 AM indicated there should be a clear expiration date on the prepackaged pills. She further indicated the facility doesn't have packaging like that, and it probably came from a hospital.</p> <p>A phone interview with the Pharmacy on 3/3/23 indicated they don't look in the cabinets in the medication rooms. Medications were delivered to</p>	F 761	<p>deficient practice. Upon finding stated deficiencies.</p> <p>On March 2, 2023 the 4 unidentified white pills in unlabeled plastic bag were discarded by Nurse #2. In addition, on March 2, 2023 the 10 prepackaged pills identified as 1 Metoprolol 25 milligram (MG) tablet, 1 Omeprazole capsule 20 MG, 1 Memantine 10 MG, 1 Buspirone 5 MG tablet, 1 DOK 100 MG tablet, 1 Vitamin D3 25 MG tablet, 1 Sertraline tablet 50 MG, and 3 Furosemide 20 MG tablet were discarded by Nurse #2.</p> <p>On March 8, 2023 all medication carts and the medication storage rooms including refrigerator was inspected and audited by administrative nurse to ensure any and all medications were in date, properly labeled and stored per manufacturer's recommendations. Findings included all medications to be in date, properly labeled and stored.</p> <p>Each nurse will continue to check for proper labeling, date and storage of all medication prior to administration. Administrative nursing will be responsible for checking all medications stored in the medication storage room including refrigerators and medication carts on a routine basis no less than bi-monthly. Any medications found to be expired, not labeled or discontinued will be removed by the administrative nurse and discarded. Contract pharmacy will continue to evaluate medications stored in the medication room including refrigerators</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DRIVE LENOIR, NC 28645</b>		
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F 761	Continued From page 11 the nurses, and they were responsible for storage and management of expirations dates.  An interview with the Director of Nursing (DON) 03/03/23 at 1:32 PM revealed the plastic bag with white pills should have been discarded. The prepackaged pills should have been sent home with the resident's family. She was unsure why they were left in the cabinet in medication room # 1.	F 761	and medication carts on a monthly basis. Any medications found to be expired, not labeled or discontinued will be removed by the pharmacists and discarded.  All nursing staff have been re-educated on labeling of drugs and biologicals. The importance of drugs and biologicals used in the facility being labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable was reviewed. In addition, the facility policy and procedure for labeling and dating of all drugs and biologicals was reviewed. The Director of Nurses conducted an in-service for all licensed nursing personnel of said policy and procedure. Topics included regulations, proper storage, labeling and dating of all drugs and biologicals. Manufacturer recommendations regarding proper storage and shelf life of medication will be followed.  An administrative nurse will inspect and audit all medication carts and the medication storage rooms including refrigerators to ensure any and all medications are in date, properly labeled and stored per manufacturer's recommendations weekly for a period of 4 weeks, then every other week for a period of 4 weeks, and monthly for a period of 1 month. The administrative nurse will compile documentation and report findings to the Quality Assurance and Performance Improvement Committee for		

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

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F 761	Continued From page 12	F 761	a period of three months. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.		