

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

PRINTED: 07/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2023
NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		
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F 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey was conducted 6/5/23 to 6/6/23. The survey team returned to the facility on 6/12/23 to validate the credible allegation of immediate jeopardy removal. Therefore, the exit date was changed to 6/12/23. Event ID #96W111</p> <p>The following intake was investigated NC00203030 and resulted in immediate jeopardy.</p> <p>One of one allegation resulted in a deficiency.</p> <p>Immediate Jeopardy was identified at: CFR 483.25 at tag F689 at a scope and severity (J).</p> <p>Immediate Jeopardy began on 1/4/23 and ended on 6/10/23.</p> <p>The tag F689 constituted Substandard Quality of Care.</p> <p>A partial extended survey was conducted.</p>	F 000	Past noncompliance: no plan of correction required.		
F 561 SS=D	<p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests,</p>	F 561		6/14/23	

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

TITLE

(X6) DATE

Electronically Signed

06/15/2023

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 561	<p>Continued From page 1 assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record review and interview with the resident and staff, the facility failed to allow a resident who had been known to smoke and was assessed as supervised with smoking, to smoke at the facility for 1 of 3 sampled residents reviewed for choices (Resident #1).</p> <p>Findings included: Resident #1 was admitted to the facility on 11/5/21.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 5/12/23 indicated that Resident #1 had moderate cognitive impairment and was independent with locomotion, transfers, and ambulation.</p> <p>A smoking assessment was completed for Resident #1 on 1/16/23, 4/17/23 and 5/25/23.</p>	F 561	<p>F561 – Self Determination</p> <ol style="list-style-type: none"> 1. Resident # 1 was advised by the Administrator and Assistant Director of Nursing on 6/9/23 that she has the right to smoke if she desires. Resident # 1 verbalized understanding that she has the right to smoke with supervision if she desires. 2. All residents who desire to smoke have the potential to be effected. Social Services interviewed 100% of Alert and Oriented residents with BIMs scores above an 11 to ensure that their resident rights are being met, including desire to smoke. 3. Education provided by the Regional Nurse to the Administrator, Nursing 		

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F 561	<p>Continued From page 2</p> <p>The resident was deemed as "supervised with smoking".</p> <p>Resident #1 care plan problem dated 1/16/23 was "patient may smoke with supervision per smoking assessment". The approaches included monitoring the resident's compliance with smoking policy and maintaining resident's smoking materials at the nurse's station.</p> <p>A nursing note written by Nurse #2 dated 5/31/23 at 12:42 AM revealed Resident #1 lit a cigarette in her room and had caught a small fire, burning the floor mat, oxygen tubing and the curtain in the resident's room.</p> <p>A smoking assessment was completed on 5/31/23 for Resident #1. The assessment indicated that the resident had exhibited unsafe smoking practices by withholding smoking materials and attempted to smoke in unsafe place. The smoking decision was "resident was not allowed to smoke".</p> <p>A nurse's note dated 5/31/23 at 5:10 PM indicated the Director of Nursing (DON) spoke with the resident regarding her smoking status. The DON explained to the resident that she would not be able to smoke because of her unsafe smoking practices. The resident had verbalized understanding. The resident was offered a smoking patch, but she declined to use it.</p> <p>Resident #1 was interviewed on 6/5/23 at 10:15 AM. She reported she had been a smoker for a long time. She reported that she was a supervised smoker since she violated the smoking policy by keeping smoking material with her and smoking in undesignated smoking areas.</p>	F 561	<p>Leadership and Social Services 6/14/23 regarding Resident's Rights including their right to smoke as desired either Independently or with supervision per assessment. All staff to include agency staff were educated by the Nurse Practice Educator related to Resident Rights on or before 6/14/23. No staff will work prior to education being completed. Staff members were educated verbally via phone by the Nurse Practice Educator/designee if they were not in the center at time of education. Any employees returning to work that have not been educated, will be educated by the Nurse Practice Educator and the education completion will be tracked by the Director of Nursing and Assistant Director of Nursing.</p> <p>4. Social Services will interview 5 random residents per week X 4 weeks, then randomly thereafter regarding facility meeting their resident rights. Social Services Staff will review resident rights in monthly Resident Council. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for on-going compliance.</p> <p>5. Date of Compliance 6/14/23</p>		

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F 561	<p>Continued From page 3</p> <p>Resident #1 admitted that she smoked in her room a week ago. She stated she knew she was not supposed to smoke in her room, it was not safe, and she would break the smoking policy, but she did not know why she did it. She indicated that her oxygen saturation might have been low, which made her out of it. She added that after the incident on 5/30/23, she was not allowed to smoke. She stated that she was not happy about it but there was nothing she could do.</p> <p>A follow up interview was conducted with Resident #1 on 6/6/23 at 12:25 PM. She was in her room sitting at the side of the bed. With sad expression on her face, the resident stated she wanted to go outside and talk with her friends while they were smoking, but she was not allowed to smoke anymore.</p> <p>A telephone interview was conducted with the Ombudsman on 6/13/23 at 1:05 PM. She reported she was aware of the smoking incident with Resident #1 that happened on 5/30/23. She was notified that Resident #1 had not been following the smoking policy. She stated that if the resident had the desire to smoke the facility must allow her to smoke. She added that it was a violation of her right to stop her from smoking.</p> <p>The Director of Nursing (DON) was interviewed on 6/5/23 at 3:10 PM. The DON reported that Resident #1 was non-compliant with the facility's smoking policy. The resident was caught in the past trying to smoke in the room and she was also caught with smoking materials in her possession. She was reeducated on the facility's smoking policy. The DON stated after talking with the PACE (Program of all-inclusive care for the</p>	F 561			

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F 561	Continued From page 4 elderly), Medicare/Medicaid program that helps people meet their health care needs in the community and the Ombudsman, Resident #1 was provided a Nicotine patch and was not allowed to smoke.	F 561			
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interviews with the resident and staff, the facility failed to effectively monitor a resident who had a history of noncompliance with the smoking policy, for proper storage of smoking materials including lighters for 1 of 3 sampled residents reviewed for smoking (Resident #1). Resident #1, who was on oxygen, was found to have lighters in her possession on 1/4/23, 5/18/23 and 5/30/23. On 5/30/23, she lit a cigarette in the room with the oxygen concentrator on which resulted in a small fire, burning the floor mat, privacy curtain and the oxygen tubing. Resident #1 was assessed with no injury noted. Resident #4 (Resident #1's roommate) was assessed with no physical injury noted and commented she was "okay but angry". This incident had a high likelihood of serious injury to residents. Immediate jeopardy began on 1/4/23 when	F 689	F689 - Free of Accident Hazards/Supervision/Devices 1. Resident (#1) is currently residing in the facility, is assessed and care planned to be a supervised smoker. 2. All residents have a potential to be affected. The center Administrator reviewed the non-smoking signage in the center and found that it was in place at the time of the incident. A new smoking assessment was completed for all smokers by Nurse Leadership to include Unit Managers and Assistant Director of Nursing (ADON) on 5/31/23 to ensure safe smoking and supervision provided as indicated. All current residents that smoke were assessed to ensure that their smoking materials were secured per	6/14/23	

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F 689	<p>Continued From page 5</p> <p>Resident #1 was found smoking in the room and the facility failed to have a monitoring system in place for unsecured smoking material. Immediate jeopardy was removed on 06/10/23 when the facility provided an acceptable credible allegation for immediate jeopardy removal. The facility remains out of compliance at a lower scope and severity level of "D" (No actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure completion of education and monitoring systems put into place are effective.</p> <p>Findings included:</p> <p>The facility's smoking policy with the revision date of 10/24/22 included" smoking will only be allowed in designated smoking areas, oxygen use is prohibited in smoking areas, smoking supplies (including but not limited to tobacco, matches, and lighter) will be labeled with the patient's name, room number, and bed number, maintained by the staff and stored in a suitable cabinet kept at the nursing station and patients will not be allowed to maintain their own lighter, lighter fluid or matches".</p> <p>Resident #1 was admitted to the facility on 11/5/21 with multiple diagnoses including chronic obstructive pulmonary disease (COPD) and was dependent on supplemental oxygen.</p> <p>Resident #1 had a physician's order dated 11/5/21 for oxygen at 3 Liters (L) per minute via nasal canula continuously. On 5/19/23, the oxygen was increased to 5L/minute continuously.</p> <p>Resident #1 had a smoking assessment dated 11/20/22 and the resident was deemed</p>	F 689	<p>policy by the Social Services Department/designee on 5/31/23. The center determined there were six additional residents that were also found to have a history of non-compliance with the center smoking policy by center staff noting resident smoking materials unsecured and the Director of Nursing and Administrator in conjunction with the Social Services Department revised their smoking assessment(s) to make them supervised smokers on 6/2/2023 or prior. Upon completion of the updated smoking evaluation, care plans for the identified residents were updated by the Unit managers, Assistant Director of Nursing and Social Services Department. Updates reflected on the care plans were communicated to the direct care staff by the Director of Nursing and Assistant Director of Nursing at the time of the updates on 5/31/23, 6/1/23, 6/2/23 and ongoing. Room sweeps were conducted by the RN nursing supervisor and Maintenance Director on 5/30/23 (At time of incident) to ensure there were no other unsecured smoking items to include cigarettes and lighters. Additionally, smoking residents with oxygen use were reviewed by the Quality Assurance Performance Improvement (QAPI) committee to include the Director of Nursing, Assistant Director of Nursing, Medical Director, Social Services Department, Unit Managers and the center Administrator for additional recommendations on 5/31/23.</p> <p>3. Education was completed by the Nurse</p>		

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F 689	<p>Continued From page 6</p> <p>"independent with smoking".</p> <p>A nursing note written by Nurse #1 dated 1/4/23 at 6:38 PM revealed Resident #1 was observed smoking in the room. The resident was sent to the hospital on 1/5/23 and was admitted due to respiratory distress. The resident was readmitted on 1/16/23 and was placed on 1:1 supervision until 1/19/23 due to the smoking incident that happened on 1/4/23. From 1/19/23 through 1/23/23, Resident #1 was placed on a 15-minute check. Resident #1 was reeducated on facility's smoking policy.</p> <p>Nurse #1 was not available for interview.</p> <p>Resident #1 had a smoking reassessment dated 1/16/23 and she was deemed "supervised with smoking" due to non-compliance with the smoking policy.</p> <p>Resident #1's care plan problem initiated on 1/16/23 revealed resident may smoke with supervision per smoking assessment. The approaches included lighters, lighter fluid or matches must be maintained by the center staff, ensure no oxygen use in smoking areas, monitor resident's compliance to smoking policy and maintain resident's smoking materials at nurse's station.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 5/12/23 indicated that Resident #1 had moderate cognitive impairment and she was independent with locomotion, transfers, and ambulation. The assessment further indicated that the resident was receiving oxygen therapy.</p>	F 689	<p>Practice Educator/designee on the smoking policy (Genesis Healthcare Smoking Policy and Procedure named Operations Policy 137) on or before 6/2/23 for all staff (activities staff, business office staff, dietary staff, housekeeping staff, therapy staff, department managers, licensed nurses, maintenance staff and nursing assistants) to include agency staff members regarding smokers, supervised and unsupervised. No staff will work prior to education being completed. Staff members were educated verbally via phone by the Nurse Practice Educator/designee if they were not in the center at time of education. Any employees returning to work that have not been educated, will be educated by the Nurse Practice Educator and the education completion will be tracked by the Director of Nursing and Assistant Director of Nursing. Education included assistance with utilization of lighting cigarettes, supervising smoking in accordance with assessed needs, ensuring disposal receptacles are available in smoking areas, monitoring compliance with policy, maintaining resident smoking materials at the nurses' station and smoking assessments to be completed quarterly and with significant changes. Ongoing education to be completed during New Employee Orientation by the Nurse Practice Educator/designee. All current resident smokers to be educated on smoking policy by the center Administrator on 5/31/23. Ongoing education to be</p>		

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F 689	<p>Continued From page 7</p> <p>A progress note written by the Social Worker (SW) dated 5/18/23 at 11:45 AM revealed 2 lighters and a partial pack of cigarettes were found in Resident #1's pocketbook and were confiscated. The resident was reeducated on facility's smoking policy. A smoking assessment was completed, and the resident remained supervised with smoking.</p> <p>The SW was interviewed on 6/5/23 at 12:28 PM. The SW verified that Resident #1 was non-compliant with the facility's smoking policy. The resident was caught smoking in her room (1/4/23) and was observed having lighters in her possession (5/18/23). The SW reported Resident #1 had been educated on the facility's smoking policy. She stated there was no scheduled monitoring of smoking materials in residents' rooms. The SW also stated that she did not know where the resident was getting the lighters. She indicated twice a week, Resident #1 goes to PACE (Program of All-Inclusive Care for the elderly), a Medicare/Medicaid program that helps people meet their health care needs in the community and at times she goes on leave of absence with a friend.</p> <p>A nursing note written by Nurse #2 dated 5/31/23 at 12:42 AM revealed Nurse #2 heard Resident #1 and Resident # 4 shouting and observed them coming out of the room. He then saw smoke and heard the residents saying there was a fire. The Nurse helped the two residents out of the room safely, went into the room and observed a small fire. He grabbed the fire extinguisher and put out the fire, then closed the door. The fire alarm system sounded, and the staff began closing the residents' doors, and cleared the hallway. The fire department came and cleared the scene.</p>	F 689	<p>completed with new admissions by the Admissions Director/designee on facility smoking policy. This process was reviewed with the Admissions Director by the Administrator on 5/31/23.</p> <p>4. The Director of Nursing/designee will complete an audit of all resident smokers, supervised and unsupervised, for smoking safety and proper storage of smoking materials Daily x4 weeks, then bi-weekly x2 weeks, then weekly x1 month, randomly thereafter beginning 5/31/23.</p> <p>The Administrator will audit the resident (#1) belongings and resident assessments completed by the Director of Nursing, Assistant Director of Nursing, Admissions Director, Nursing Supervisors, Nurse Practice Educator, Skin Health Team Lead, Infection Preventionist, Minimum Data Set Nurse, Social Workers and licensed nurses upon resident, #1's, return from LOAs or visits from individuals from outside the Center beginning 6/9/2023 daily x4 weeks, then bi-weekly x2 weeks, then weekly x1 month, randomly thereafter beginning 6/9/23. Results of these audits will be brought before the Quality Assurance Performance Improvement Committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance.</p> <p>Date of Compliance - 6/14/23</p>		

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F 689	Continued From page 8 A statement written by Nurse #2 dated 5/31/23 was reviewed. The note revealed it was around 10:30 PM on 5/30/23, Nurse #2 heard Residents #1 and #4 shouting at each other. From the hallway, he saw smoke coming out from the room of Residents #1 and #4 and both residents were coming out of the room. He assisted both residents out of the room away from harm. When he entered the room, he saw a fire on the floor between Resident #1's bedside table and oxygen concentrator. The flame was moving towards the oxygen concentrator, he turned the concentrator off and got the fire extinguisher. He put out the fire and closed the door. Before he could pull the alarm, the overhead alarm system went off. He then told the nurse aides (NAs) to remove everything from the hallway, close all the residents' doors and ensure no residents came out into the hallway. He informed the Nurse Supervisor that there was a fire in room of Residents #1 and #4 and he was able to put it out. The two residents were moved to the nurse's station and Resident #1 was placed on oxygen 5L/minute via nasal cannula. When assessed, Resident #1's left shoe was burnt but she had no injuries noted. Resident #1 reported that she was trying to put the fire out. When asked what happened, Resident #1 stated she didn't know. The note further revealed when Nurse #2 went into room of Resident #1, he found a half-burnt cigarette in the area where he saw the flame. Nurse #2 was interviewed on 6/5/23 at 1:29 PM. Nurse #2 reported he worked from 7P-7A on 5/30/23 and was assigned to Resident #1. He verified that the nursing note and his written statement were accurate.	F 689			

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F 689	<p>Continued From page 9</p> <p>A statement written by the Maintenance Director dated 5/30/23 revealed at 10:40 PM on 5/30/23, he received a phone call from the Director of Nursing (DON) that a staff member just put out a fire in a resident's room. When he arrived at the facility, he discovered that a resident who was on oxygen had been smoking in her room and the oxygen tubing had caught fire. He confirmed that the fire was out, and the resident was safe. The fire department was getting all the smoke out of the building. He proceeded to reset the fire alarm panel. When he went back to Resident #1's room, he found a cigarette on the floor where the oxygen tubing was. The note further indicated he and the Nurse Supervisor checked Resident #1 for smoking materials and found two lighters and some cigarettes. The statement also revealed that a room sweep of residents who smoked was conducted and 4 residents including Resident #1 had smoking materials in their possession and their smoking materials were confiscated.</p> <p>The Maintenance Director was interviewed on 6/5/23 at 11:48 AM. The Maintenance Director verified his written statement was accurate. He added he was instructed by the Fire Department to remove the burnt floor mat, tubing, and curtain from the room to prevent reignition. He stated that the oxygen tubing was burnt and melted, 1 and ½ foot of the floor mat and about 2 inches of the curtain were burnt. He added that the resident was moved to another room and a new concentrator, tubing and floor mat were provided to Resident #1.</p> <p>A statement written by the Nurse Supervisor dated 5/30/23 revealed at approximately 10:10 PM on 5/30/23, the fire alarm sounded. She checked the panel and called code red (alerts</p>	F 689			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2023
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F 689	Continued From page 10 staff of fire of probable fire) to 400 halls. She was informed that both residents in room 406 had been moved out of the room and the nurse had already put out the fire. She completed a quick skin check on both residents and there were no injuries. Both residents denied respiratory distress. She conducted another skin check on both residents and Resident #1 was noted to have her shoe slightly burnt and she had a black ash on her right hand. The resident did not have redness, blisters, or respiratory distress. Resident #1's oxygen saturation was 94% on oxygen. When the Fire department personnel arrived, Resident #1's room was checked, and they used fans to clear the smoke. The fire department silenced the alarm and the maintenance director reset the panel. She announced code red all clear. Accompanied by the Maintenance Director, she checked Resident #1's room for smoking paraphernalia and they found a cigarette lighter, half a smoked cigarette, a pack of cigarettes with one cigarette in it. They also found a cigarette lighter in her pocket. An audit was conducted of all smokers to check if their smoking materials were properly stored. Another note written by the Nurse Supervisor dated 5/30/23 indicated that she interviewed Resident #1 on how the fire happened. Resident #1 reported the fire started on its own on her oxygen tubing. She did not remember smoking or lighting a cigarette. The resident stated that she was okay and was not physically hurt but needed a cigarette for her nerves. Another statement written by the Nurse Supervisor dated 5/30/23 revealed that she interviewed Resident #1's roommate. The roommate stated that she did not know how the fire started. She looked and there was a fire on her roommate's side of room and her roommate saying to get out of the room. The	F 689			

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F 689	<p>Continued From page 11</p> <p>roommate denied any physical or mental distress from the incident.</p> <p>The Nurse Supervisor was interviewed on 6/5/23 at 2:50 PM and she verified that her written statements were accurate.</p> <p>The Director of Nursing (DON) was interviewed on 6/5/2 at 2:55 PM. She reported that Residents #1 and #2 were assessed by the Nurse Practitioner on 5/31/23 and there were no injuries noted.</p> <p>Resident #1 was interviewed on 6/5/23 at 10:15 AM. She reported she had been a smoker for a long time. She was aware of the facility's smoking policy to smoke only in designated smoking areas and not to keep smoking materials including lighters with her. She reported that she was a supervised smoker since she violated the smoking policy by keeping smoking material with her and smoking in undesignated smoking areas. She stated that she had been keeping smoking material just like other residents. She also reported she had smoked in the room several months ago, but it did not catch fire. Resident #1 admitted that she smoked in her room a week ago. She stated she knew she was not supposed to smoke in her room, it was not safe, and she would break the smoking policy, but she did not know why she did it. She indicated that her oxygen saturation might have been low, which made her out of it and confused. She reported she was sitting on the side of bed. She did not remember how the cigarette ended on the floor mat, but she tried to stomp on the cigarette with her foot to put the flame out. She also could not remember if she had the oxygen cannula in her nose, but she saw the tubing and</p>	F 689			

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F 689	<p>Continued From page 12</p> <p>the floor mat on fire. Resident #1 stated that the staff came and helped her and her roommate out of the room.</p> <p>Nurse #3 was interviewed on 6/9/23 at 9:01 AM. The Nurse reported that Resident #1 goes to PACE twice a week. She was not aware of any monitoring or search for smoking materials when she came back from PACE. She knew Resident #1 was currently on 1:1 due to the incident on 5/30/23 and she was not smoking anymore. Nurse #3 added that Resident #1 had a physician order for a Nicorette inhaler.</p> <p>Nurse Aide (NA) #1 was interviewed on 6/9/23 at 9:12 AM. The NA reported that she had known Resident #1 as a smoker. Resident #1 was a supervised smoker, and she goes at least 3 -4 times a day to smoke. She indicated residents' smoking materials were kept at the nurse's station. A staff member was assigned during smoking time to supervise residents in the smoking area. The staff member gives residents 2 cigarettes and light the cigarettes for the residents. NA #1 reported she had not seen Resident #1 with smoking materials in her possession.</p> <p>On 6/5/23 at 3:50 PM, room 406 was observed. There was no damage to the floor, walls, or ceiling. There was a new curtain hanging on the wall on the door side of the room.</p> <p>Resident #4, roommate of Resident #1, was admitted to the facility on 7/4/18. The annual MDS assessment dated 3/31/23 indicated that Resident #4's cognition was intact. Resident #4 was interviewed on 6/5/23 at 9:56 AM. She reported she knew Resident #1 smoked and was</p>	F 689			

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F 689	<p>Continued From page 13</p> <p>on oxygen. She always had the privacy curtain pulled between their beds and she could not see if she was smoking in bed or had smoking materials in her possession. She reported it was nighttime, she did not remember the exact date and time when she saw a flame on her roommate's side of bed through the curtain and Resident #1 was telling her to get out of the room. She was trying to get out of the room when a staff member came and assisted her. She stated she was "okay but angry".</p> <p>A follow up interview with the Maintenance Director was conducted on 6/5/23 at 4:31 PM. The Fire Department checked the room of Resident #1 and instructed him to remove and to discard the burnt floor mat, curtain, and tubing from the room. They brought in fans to get rid of the smoke. Residents #1 and #2 were moved to another room that night. The Maintenance Director stated that Resident #1 was provided a new oxygen concentrator, tubing, and floor mat on 5/30/23.</p> <p>The Director of Nursing (DON) was interviewed on 6/5/23 at 3:10 PM. The DON reported that Resident #1 was non-compliant with the facility's smoking policy. She was aware the resident was caught in the past trying to smoke in the room and the resident was also caught with smoking materials in her possession. She was reeducated on the facility's smoking policy. She reported there was no scheduled monitoring of smoking materials. The DON stated she had investigated the 5/30/23 incident where Resident #1's room caught a small fire. The DON reported that Resident #1 was placed on 1:1 after the 5/30/23 incident and remained 1:1 to date. She stated that after talking with the PACE and the</p>	F 689			

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F 689	<p>Continued From page 14</p> <p>Ombudsman, Resident #1 was provided a nicotine patch and was not allowed to smoke.</p> <p>Administrator #2 stated on 6/5/23 at 6:05 PM that she was the acting Administrator since the administrator was out. She stated that the staff had interviewed Resident #1 and the resident denied smoking or lighting a cigarette in the room. However, a lit cigarette was found on top of the floor mat, beside the burnt oxygen tubing. She indicated that the staff did a good job in putting out the fire and in keeping the residents safe.</p> <p>The Assistant Director of Nursing (ADON) was interviewed on 6/9/23 at 9:20 AM. She stated that Resident #1 was scheduled to go to PACE twice q week. She also reported that she went on leave of absence (LOA) with a friend on 4/23/23. The ADON indicated there was no monitoring of smoking materials when she came back from PACE or LOA.</p> <p>Administrator #2 was interviewed on 6/9/23 at 9:49 AM. He reported that the Corporate had informed him it was a violation of resident's rights dated October 2022 (rule of participation) to physically search a resident, so the facility was not doing the search when Resident #1 came back from LOA or PACE.</p> <p>Administrator #2 was notified of immediate jeopardy on 6/5/23 at 6:19 PM.</p> <p>The corrective action with a compliance date of 6/3/23 was as follows:</p> <p>1. Resident #1 noted to be smoking in their room with oxygen in place causing a small fire. Staff</p>	F 689			

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F 689	<p>Continued From page 15</p> <p>immediately removed the resident and roommate to safety and extinguished the fire. Skin assessments completed on both residents with RN noting no concerns on 5/30/23. Both residents were referred to the medical team for complete assessment. Respiratory assessments completed on both residents by Respiratory Therapist on 5/31/23 noting no concerns. Medical team examinations were completed on 5/31/23 for both patients without concern noted. The nursing supervisor, on 5/30/23 at time of incident ensured that new oxygen tubing was placed for Resident #1 and there were no other smoking materials unsecured. Resident #1 was placed on one-on-one care by the Director of Nursing immediately following the incident in a private room. The Director of Nursing or designated nursing supervisor is responsible for scheduling the one-on-one supervision for Resident #1 and has designated direct care staff to maintain that supervision. The center Director of Nursing provided Resident#1 with additional footwear on 5/31/23.</p> <p>2. All residents have the potential to be affected. The center Administrator reviewed the non-smoking signage in the center and found that it was in place at the time of the incident. A new smoking assessment was completed for all smokers by Nurse Leadership to include Unit Managers and Assistant Director of Nursing on 5/31/23 to ensure safe smoking and supervision provided as indicated. All current residents that smoke was assessed to ensure that their smoking materials were secured per policy by the Social Services Department/designee on 5/31/23. The center determined there were six additional residents that were also found to have a history of non-compliance with the center smoking policy</p>	F 689			

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F 689	<p>Continued From page 16</p> <p>and the Director of Nursing and Administrator in conjunction with the Social Services Department revised their smoking assessment(s) to make them supervised smokers on 6/2/2023 or prior. Upon completion of the updated smoking evaluation, care plans for the identified residents were updated by the Unit managers, Assistant Director of Nursing and Social Services Department. Updates reflected on the care plans were communicated to the direct care staff by the Director of Nursing and Assistant Director of Nursing at the time of the updates on 5/31/23, 6/1/23, 6/2/23 and ongoing. Room sweeps were conducted by the RN nursing supervisor and Maintenance Director on 5/30/23 (At time of incident) to ensure there were no other unsecured smoking items to include cigarettes and lighters. Additionally, smoking residents with oxygen use were reviewed by the QAPI committee to include the Director of Nursing, Assistant Director of Nursing, Medical Director, Social Services Department, Unit Managers, and the center Administrator for additional recommendations on 5/31/23.</p> <p>3. Education was completed by the Nurse Practice Educator/designee on the smoking policy (Genesis Healthcare Smoking Policy and Procedure named Operations Policy 137) on or before 6/2/23 for all staff to include agency staff members regarding smokers, supervised and unsupervised no staff will work prior to education being completed. Staff members were educated verbally via phone by the Nurse Practice Educator/designee if they were not in the center at time of education. Any employees returning to work that have not been educated will be educated by the Nurse Practice Educator and the education completion will be tracked by the</p>	F 689			

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F 689	<p>Continued From page 17</p> <p>Director of Nursing and Assistant Director of Nursing. Education included assistance with utilization of lighting cigarettes, supervising smoking in accordance with assessed needs, ensuring disposal receptacles are available in smoking areas, monitoring compliance with policy, maintaining resident smoking materials at the nurse's station and smoking assessments to be completed quarterly and with significant changes. Ongoing education to be completed during New Employee Orientation by the Nurse Practice Educator/designee. All current resident smokers are to be educated on smoking policy by the center Administrator on 5/31/23. Ongoing education to be completed with new admissions by the Admissions Director/designee on facility smoking policy. This process was reviewed with the Admissions Director by the Administrator on 5/31/23.</p> <p>4. The Director of Nursing/designee will complete an audit of all resident smokers, supervised and unsupervised, for smoking safety and proper storage of smoking materials Daily x4 weeks, then bi-weekly x2 weeks, then weekly x1 month, randomly thereafter beginning 5/31/23. Results of these audits will be brought before the Quality Assurance Performance Improvement Committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance. Date of compliance: 6/3/23</p> <p>The facility provided a corrective action plan on 6/6/23. The plan was not thorough, and the Administrator was notified. An acceptable credible allegation was provided by the</p>	F 689			

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F 689	Continued From page 18 Administrator on 6/9/23. F689 Accidents/Hazards 1. Resident (#1) noted to be smoking in their room with oxygen in place causing a small fire. Staff immediately removed the resident and roommate to safety and extinguished the fire. Skin assessments completed on both residents with RN noting no concerns on 5/30/23. Both residents were referred to the medical team for complete assessment. Respiratory assessments completed on both residents by Respiratory Therapist on 5/31/23 noting no concerns. Medical team examinations were completed on 5/31/23 for both patients without concern noted. The nursing supervisor, on 5/30/23 at time of incident ensured that new oxygen tubing was placed for resident #1 and there were no other smoking materials unsecured. Resident (#1) was placed on one-on-one care by the Director of Nursing immediately following the incident and will remain until the center determines that she is no longer a risk to herself and others. The Director of Nursing or designated nursing supervisor is responsible for scheduling the one-on-one supervision for resident (#1) and has designated direct care staff to maintain that supervision. The center Director of Nursing provided resident (#1) with additional footwear on 5/31/23. Center policy is for the staff to secure all resident smoking materials at the nursing station to include cigarettes, lighters, vapes and all other materials that one may use to light and smoke within the center. Staff then bring the materials to the smoking area and either light the cigarettes for the residents or give them their lighters for the	F 689			

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F 689	<p>Continued From page 19</p> <p>smoking session and collect them at the end of the smoking session. The center has supervised smoking where the center staff monitor the smoking residents to ensure that they are smoking safely including but not limited to lighting, disposing, extinguishing, and handling their cigarette or other smoking apparatus. This policy/process has been in place at the center prior to this event.</p> <p>2. All residents have a potential to be affected. The center Administrator reviewed the non-smoking signage in the center and found that it was in place at the time of the incident. A new smoking assessment was completed for all smokers by Nurse Leadership to include Unit Managers and Assistant Director of Nursing on 5/31/23 to ensure safe smoking and supervision provided as indicated. All current residents that smoke was assessed to ensure that their smoking materials were secured per policy by the Social Services Department/designee on 5/31/23. The center determined there were six additional residents that were also found to have a history of non-compliance with the center smoking policy by center staff noting resident smoking materials unsecured and the Director of Nursing and Administrator in conjunction with the Social Services Department revised their smoking assessment(s) to make them supervised smokers on 6/2/2023 or prior. Upon completion of the updated smoking evaluation, care plans for the identified residents were updated by the Unit managers, Assistant Director of Nursing and Social Services Department. Updates reflected on the care plans were communicated to the direct care staff by the Director of Nursing and Assistant Director of Nursing at the time of the updates on 5/31/23, 6/1/23, 6/2/23 and ongoing.</p>	F 689			

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F 689	<p>Continued From page 20</p> <p>Room sweeps were conducted by the RN nursing supervisor and Maintenance Director on 5/30/23 (At time of incident) to ensure there were no other unsecured smoking items to include cigarettes and lighters. Additionally, smoking residents with oxygen use were reviewed by the QAPI committee to include the Director of Nursing, Assistant Director of Nursing, Medical Director, Social Services Department, Unit Managers, and the center Administrator for additional recommendations on 5/31/23.</p> <p>Beginning 6/9/23, the center initiated additional steps to assess resident, #1, belongings and person upon return to the center from any absence from the center or upon any visitation from outside community members to ensure that she did not have any newly acquired smoking materials in her possession. This process will be conducted by the Director of Nursing, Assistant Director of Nursing, Admissions Director, Nursing Supervisors, Nurse Practice Educator, Skin Health Team Lead, Infection Preventionist, Minimum Data Set Nurse, Social Workers and licensed nurses as scheduled by the Director of Nursing/ Assistant Director of Nursing/ Administrator. The center Administrator and Assistant Director of Nursing met with the resident, #1, to discuss the additional steps on 6/9/23.</p> <p>3. Education was completed by the Nurse Practice Educator/designee on the smoking policy (Genesis Healthcare Smoking Policy and Procedure named Operations Policy 137) on or before 6/2/23 for all staff (activities staff, dietary staff, housekeeping staff, therapy staff, department managers, licensed nurses and nursing assistants) to include agency staff</p>	F 689			

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F 689	Continued From page 21 members regarding smokers, supervised and unsupervised no staff will work prior to education being completed. Staff members were educated verbally via phone by the Nurse Practice Educator/designee if they were not in the center at time of education. Any employees returning to work that have not been educated, will be educated by the Nurse Practice Educator and the education completion will be tracked by the Director of Nursing and Assistant Director of Nursing. Education included assistance with utilization of lighting cigarettes, supervising smoking in accordance with assessed needs, ensuring disposal receptacles are available in smoking areas, monitoring compliance with policy, maintaining resident smoking materials at the nurse's station and smoking assessments to be completed quarterly and with significant changes. Ongoing education to be completed during New Employee Orientation by the Nurse Practice Educator/designee. All current resident smokers to be educated on smoking policy by the center Administrator on 5/31/23. Ongoing education to be completed with new admissions by the Admissions Director/designee on facility smoking policy. This process was reviewed with the Admissions Director by the Administrator on 5/31/23. Administrator/designee will educate the Director of Nursing, Assistant Director of Nursing, Admissions Director, Nursing Supervisors, Nurse Practice Educator, Skin Health Team Lead, Infection Preventionist, Minimum Data Set Nurse, Social Workers, and licensed nurses on 6/9/2023 the expectation to assess resident, #1, upon return from any absence from the center to verify the resident does not have any smoking materials. No named staff will work until	F 689			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2023
NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		
(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 689	<p>Continued From page 22</p> <p>education is completed and the Director of Nursing/Assistant Director of Nursing will be responsible for tracking the staff education.</p> <p>4. The Director of Nursing/designee will complete an audit of all resident smokers, supervised and unsupervised, for smoking safety and proper storage of smoking materials Daily x4 weeks, then bi-weekly x2 weeks, then weekly x1 month, randomly thereafter beginning 5/31/23.</p> <p>The Administrator will audit the resident (#1) belongings and resident assessments completed by the Director of Nursing, Assistant Director of Nursing, Admissions Director, Nursing Supervisors, Nurse Practice Educator, Skin Health Team Lead, Infection Preventionist, Minimum Data Set Nurse, Social Workers, and licensed nurses upon resident, #1, return from LOAs beginning 6/9/2023 daily x4 weeks, then bi-weekly x2 weeks, then weekly x1 month, randomly thereafter beginning 6/9/23. Results of these audits will be brought before the Quality Assurance.</p> <p>Performance Improvement Committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance.</p> <p>Date of IJ Removal: 6/10/23</p> <p>On 6/12/23, the facility's credible allegation for immediate jeopardy was validated. Review of the facility's corrective action plan revealed evidence of 100% staff education regarding the smoking policy and that all smoking materials were kept at the nurse's station on 5/31/23 and 100% room</p>	F 689			

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

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F 689	Continued From page 23 audits for smoking materials on 5/30/23 and 5/31/23. The facility provided evidence of daily Quality Assurance auditing regarding smoking materials returned after smoke break starting 5/31/23 and ongoing. The facility also provided additional in-servicing beginning 6/9/23 on assessing Resident #1 and her belongings, upon return to the facility from any medical appointment, leave of absence or PACE program, for smoking materials. The facility provided evidence of daily Quality Assurance auditing regarding Resident #1's belongings being free of smoking materials starting 6/9/23 and ongoing. Observations and interviews revealed correct storage of smoking materials at the nurse's station. The facility's corrective action plan was validated as 6/10/23.	F 689			