

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/13/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SNUG HARBOR ON NELSON BAY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>272 HIGHWAY 70</b> <b>SEALEVEL, NC 28577</b>		
(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 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, medical record review and staff interviews the facility failed to follow physician 's orders for respiratory care, specifically the weekly changing of oxygen mask and tubing, and the use of a humidifier bottle on the oxygen concentrator) for one of three residents reviewed for respiratory care (Resident #21).</p> <p>The findings included:</p> <p>Resident # 21 was admitted to the facility 04/09/18. Cumulative diagnoses included chronic obstructive pulmonary disease, pneumonia, stroke, hypertension, and hemolytic anemia.</p> <p>A Quarterly Minimum Data Set (MDS) dated 01/06/18 indicated Resident #21 was cognitively intact.</p> <p>A care plan dated 01/11/18 and last reviewed 04/09/18 stated Resident #21 was oxygen dependent and had recurrent pneumonia due to emphysema and chronic obstructive pulmonary disease. She was short of breath on exertion and when lying flat. Goal was resident will report any</p>	F 695	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>The plan of correcting the specific deficiency is as follows: Resident #21 received a new humidifier bottle and the tubing/mask was changed and labeled on April 12, 2018. An audit was completed on April 12, 2018 of all current residents that receive respiratory treatments to ensure there tubing was clean, labeled, and dated and that they had the necessary humidifiers as required. The facility will in-service facility LPNs and RNs on 4/19/2018 and 5/2/2018 on the procedures for labeling and dating oxygen tubing and changing and labeling of the humidifier bottles.</p>	5/3/18	

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

TITLE

(X6) DATE

Electronically Signed

05/03/2018

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 695	<p>Continued From page 1</p> <p>signs of activity intolerance (for example fatigue, shortness of breath, pallor or cyanosis, vertigo and weakness) to staff and will maintain ability to be social around the facility without respiratory disease prohibiting her from doing so.</p> <p>Approaches included adjust the intensity of activities to accommodate the resident ' s energy level; check oxygen saturations every shift; encourage task segmentation for activities of daily living; ensure oxygen is in place; change oxygen tubing weekly per facility protocol; head of bed elevated when she is in bed; nebulizer treatments as ordered; assess lungs and check pulse and blood pressure before and after treatment; provide rest periods between activities; and teach pursed lipped breathing techniques to use during exertion.</p> <p>A review of April 2018 physician ' s orders revealed the following orders related to oxygen use: change humidifier bottle on oxygen concentrator as needed and/or every week; change oxygen tubing and humidifier every week; oxygen at 4 liters per minute continuous via nasal cannula; and check oxygen saturation every shift.</p> <p>A review of the April 2018 Medication Administration Record (MAR) indicated the order to change nebulizer tubing set up every week, change oxygen tubing and humidifier every week, oxygen at four liters per minute continuous via nasal cannula, and check oxygen saturation every shift,</p> <p>On 4/10/18 at 09:59 AM, an observation of Resident #21 ' s oxygen revealed there was no oxygen humidifier bottle used to humidify the oxygen on the oxygen concentrator and the oxygen tubing and mask was not dated.</p>	F 695	<p>The procedure for implementing an acceptable plan of correction for the specific deficiency cited is as follows: Resident #21 received a new humidifier bottle and the tubing/mask was changed and labeled on April 12, 2018. An audit was completed on April 12, 2018 of all current residents that receive respiratory treatments to ensure their tubing was clean, labeled, and dated and that they had the necessary humidifiers as required. The facility will in-service facility LPNs and RNs on 4/19/2018 and 5/2/2018 on the procedures for labeling and dating oxygen tubing and changing and labeling of the humidifier bottles.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency remains corrected and/or in compliance is as follows: The director of nursing will be responsible for conducting quality assurance rounds weekly x 3 months and then monthly thereafter to identify that the oxygen tubing and humidifier bottles are being changed, labeled and dated according to policy. Results of the audits will be presented to the facility QAPI program and corrective actions taken as necessary. Staff failing to comply with proper labeling, dating and changing of respiratory equipment will be subject to additional training and the facility progressive disciplinary policy up to and including termination of employment.</p> <p>The title of the person responsible for implementing the acceptable plan of</p>		

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F 695	<p>Continued From page 2</p> <p>On 4/11/18 at 09:19 AM, a second observation of Resident ' s 21 ' s oxygen revealed there was no humidifier bottle on the oxygen concentrator and the oxygen tubing and mask was not dated.</p> <p>On 4/12/18 at 09:59 AM, a third observation of Resident #21 ' s oxygen concentrator was conducted with the Director of Nursing. There was no humidifier bottle on the oxygen concentrator and the oxygen tubing and mask was not dated.</p> <p>During an interview with the Director of Nursing on 4/12/18 at 10:10 AM, she revealed the oxygen concentrator should have had a humidified oxygen water bottle attached to the concentrator. She also stated the mask and tubing should be labeled with date and time per facility protocol.</p> <p>On 4/13/18 at 1:55 PM, an interview with the Administrator revealed it was his expectations that oxygen protocols should be implemented as ordered.</p>	F 695	<p>correction is the administrator.</p> <p>The date when corrective action will be completed is May 11, 2018.</p>		