

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345190</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/16/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>MURPHY REHABILITATION &amp; NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3992 EAST US HWY 64 ALT</b> <b>MURPHY, NC 28906</b>		
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F 584 SS=D	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>	F 584		12/13/18	

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

TITLE

(X6) DATE

Electronically Signed

12/12/2018

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 584	<p>Continued From page 1</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interviews the facility failed to provide a safe/clean/homelike environment for 1 of 5 hallways sampled. The bed on hallway 100, room 105-D was noted to have visible yellow colored stains on a fitted sheet.</p> <p>Findings included:</p> <p>During an observation on 11/13/18 at 5:04 PM, the bed in room 105-D was noted to have 2 yellow colored stains which appeared dry and were located close to where the resident was sitting in the bed.</p> <p>Continued observations of the bed in Room 105-D revealed the fitted sheet remained visibly stained and dirty with a yellow colored stain on: 11/14/18 at 8:45 AM, 11/14/18 04:59 PM, 11/15/18 at 2:28 PM, 11/16/18 at 11:45 AM, and on 11/16/18 at 1:57 PM.</p> <p>An interview conducted on 11/16/18 at 2:20 PM with Nurse Aide (NA) #1 and NA #2 who explained they were part of the shower team and bed linens were changed on shower days by the NA on their assigned hallway.</p> <p>Review of the scheduled shower for Room 105-D revealed on 11/13/18 at 3:15 PM and 11/15/18 at 3:45 PM a shower was provided.</p> <p>An interview conducted on 11/16/18 at 3:08 PM revealed the fitted sheet had been changed and clean linens provided for Room 105-D. NA #6</p>	F 584	<p>Corrective action for resident(s) affected: When staff became aware of the soiled sheet, the sheet was changed by CNA Jeri Self on 11-16-18.</p> <p>Corrective action for resident(s) with the potential to be affected. All resident bed linens were inspected by Assigned Hall Monitors on 12/6/18 for presence of stains. Any identified as being not clean or not in good condition were changed immediately.</p> <p>What measures/systems will be put into place to ensure the deficient practice does not occur again? Decision made to change current practice. Hall staff educated by Staff Development Coordinator (SDC) via Memo verified by their signature by 12/13/18.</p> <p>New practice entails: 100/500 and 200 halls will have the bed linens changed at a minimum of twice a week on Monday and Thursday regardless of the condition of the linens and as needed when found to be not clean or in good condition.</p> <p>300/400 halls will have the bed linens changed at a minimum of twice a week on Tuesday and Friday and as needed when found to be not clean or in good condition.</p> <p>How will performance be monitored and how often?</p>		

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F 584	Continued From page 2 revealed she was providing care for the residents on hallway 100 and was asked to change the bed linen for Room 105-D. She confirmed it was just changed. She also agreed the fitted sheet had visible yellow colored stains, was dirty, and needed to be changed.  An interview conducted with the Director of Nursing on 11/16/18 at 3:20 PM revealed it was her expectation staff changed bed linens when visibly soiled or dirty. She revealed bed linens were changed according to residents scheduled shower days. She confirmed staff should have replaced the soiled and dirty linen including the fitted sheet on the shower day or when noted it was visibly soiled or dirty.	F 584	Audit reports completed by assigned hall monitors will be turned in daily to DON/ADON 5 times a week for 4 weeks beginning 12/13/18  Audit Reports will be reviewed by the IDT Team as a part of the morning meeting per the facility's QA program beginning 12/13/18  DON/ADON will inspect 10% of bed linens for cleanliness and good condition at least weekly times 12 weeks and document findings to be reviewed weekly in Morning IDT Meeting, beginning 12/13/18  Summary of Daily and weekly Audits will be brought to QA Monthly to be reviewed by the QA Committee for 3 months or until substantial compliance is achieved.		
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 observations, record review, and staff interviews the facility failed to provide nail care for 1 of 3 residents who were dependent on staff for activities of daily living (Resident #41).  Findings included:  Resident #41 was admitted to the facility 08/27/18 with diagnosis which included dementia and	F 677	Corrective action for resident(s) affected. Resident that was found to have dirty fingernails had her nails cleaned as soon as staff became aware, by CNA Jeri Self on 11/16/18  Corrective action for resident(s) with the potential to be affected. All residents were assessed by	12/13/18	

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F 677	<p>Continued From page 3 cognitive communication deficit.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 10/03/18 assessed cognitive patterns were severely impaired and the functional status of activities of daily living (ADL's) required limited assistance for personal hygiene. The MDS did not identify any behaviors or rejection of care.</p> <p>The Care Area Assessment described Resident #41's dementia and cognitive deficits attributed to a decline in functional status of activities of daily living, cognition, and communication abilities.</p> <p>Review of the care plan dated 09/05/18 identified Resident #41 required extensive to limited assist with the completion of ADL's. The goal was to have ADL needs met as evidence by a clean, well-groomed appearance over next 3 months. Interventions in place which included prefers showers on Monday and Thursday with no preference to time of showers.</p> <p>Review of the shower schedule for Resident #41 revealed showers were received on Monday and Thursday with no time preference.</p> <p>Review of recorded bath and showers for Resident #41 revealed on 11/13/18 at 3:15 PM, Nurse Aide (NA) #4 provided a bed bath and on 11/15/18 at 3:45 PM, NA #5 provided a shower.</p> <p>During an observation on 11/13/18 at 5:04 PM, the left pinky and ring fingernails were noted to have brown colored debris underneath them. The right hand middle fingernail was also noted to have a brown colored debris underneath the nail.</p> <p>Resident #41 was also observed to have brown</p>	F 677	<p>Administrative Nurses and nail care provided by hall staff as needed on 12/12/18</p> <p>What measures/systems will be put into place to ensure the deficient practice does not occur again?</p> <p>Nail Care supplies were made readily available to staff on 12/13/18 by Purchasing agent.</p> <p>Nursing staff and PCAs educated by SDC, via in-service by 12/13/18. Same education added to new employee orientation, to inspect nails during daily care and clean or cue resident to clean nails on 12/13/18.</p> <p>How will performance be monitored and how often? Audit reports will be turned in daily by assigned Hall Monitors to DON/ADON 5 times a week for 4 weeks, beginning 12/13/18 Audit Reports will be reviewed by the IDT Team as a part of the morning meeting per the facility's QA program beginning 12/13/18</p> <p>DON/ADON will inspect 10% of residents for fingernail cleanliness at least weekly times 12 weeks and document findings to be reviewed weekly in Morning IDT Meeting beginning 12/13/18</p> <p>Summary of Daily and weekly Audits will be brought to QA Monthly by the DON/ADON to be reviewed by the QA</p>		

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F 677	Continued From page 4 colored debris under the same fingernails on: 11/14/18 at 8:45 AM, 11/15/18 at 2:28 PM, 11/16/18 at 11:45 AM, and 11/16/18 at 1:57 PM.  An interview conducted on 11/16/18 at 2:20 PM with NA #1 and NA #2 explained they were assigned to provided showers for residents. Part of the shower process included check and clean underneath the fingernails. They explained the shower had been provided after their shift had ended.  During an interview on 11/16/18 at 2:27 PM, Resident #41 showed NA #1 and NA #2 her nails and stated, "they probably need to be cleaned." The NA's observed the nails and agreed they were dirty underneath and nail care should have been provided during Resident #41's shower.  During an observation on 11/16/18 at 2:34 PM, NA #3 provided nail care for Resident #41 and was noted to remove brown colored debris from underneath the nails. Resident #41 tolerated the cleaning of the nails with no rejection of care.  An interview conducted with the Director of Nursing on 11/16/18 at 3:20 PM revealed it was her expectation nail care was provided as the resident would allow and nails were kept clean and short according to the resident's preference. She expected nail care was provided when a resident received a shower and as needed.	F 677	Committee for 3 months or until substantial compliance is achieved.		
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and	F 867		12/12/18	

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F 867	<p>Continued From page 5</p> <p>assurance committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor interventions that the committee had previously put into place. This failure related to one recited deficiency that was originally cited following the 02/16/18 recertification and complaint survey and recited again on the current recertification and complaint survey. The recited deficiency was in the area of activities of daily living (ADL) care provided for dependent residents. The continued failure of the facility during two federal surveys of record show 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 referenced to:</p> <p>1.a. 483.24 : ADL care provided for dependent residents. Based on observations, record review, and staff interviews the facility failed to provide nail care for 1 of 3 residents who were dependent on staff for activities of daily living (Resident #41).</p> <p>During the recertification and complaint survey of 02/16/18 the facility was cited for failure to trim fingernails for 1 of 4 dependent residents reviewed for ADL (Resident #20).</p> <p>During an interview on 11/16/18 at 05:49 PM the Administrator stated the QAA committee had been functional and the correction plans that</p>	F 867	<p>Corrective action for resident(s) affected. Resident that was found to have dirty fingernails had her nails cleaned as soon as staff became aware, by CNA Jeri Self on 11/16/18</p> <p>Corrective action for resident(s) with the potential to be affected. All residents were assessed by Administrative Nurses and nail care provided by hall staff as needed on 12/12/18</p> <p>What measures/systems will be put into place to ensure the deficient practice does not occur again? When administration became aware that the previous POC for ADL tag number F677 had fallen out of compliance, monitoring of fingernails was re-implemented by the ADON on 11/19/18 and the form was revised to include new audit process on 12/13/18.</p> <p>Once the SOD with specifications was received, our practice was altered to include the following:</p> <p>Nail Care supplies were made readily available to staff on 12/13/18 by Purchasing agent.</p> <p>Nursing staff and PCAs educated by SDC, via in-service by 12/13/18. Same</p>		

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F 867	Continued From page 6 included in-services were all completed in March 2018. Monitoring for the above plan of correction was ongoing for 3 months until substantial compliance was achieved on May 2018. The Administrator stated the incident identified on the current survey was an isolated event due to human error. She added the repeated areas of concern would be reviewed by the QAA committee and a performance improvement plan would be developed to correct the deficiencies. If problems still exist, the monitoring would continue until it was corrected.	F 867	education added to new employee orientation, to inspect nails during daily care and clean or cue resident to clean nails on 12/13/18.  How will performance be monitored and how often? Audit reports will be turned in daily by assigned Hall Monitors to DON/ADON 5 times a week for 4 weeks beginning 12/13/18  Audit Reports will be reviewed by the IDT Team as a part of the morning meeting per the facility's QA program beginning with audits obtained on 12/13/18  DON/ADON will inspect 10% of residents for fingernail cleanliness at least weekly times 12 weeks and document findings to be reviewed weekly in Morning IDT Meeting beginning the week of 12/13/18.  After substantial compliance has been established, DON/ADON will perform random audits on 10% of the residents each quarter x 3 quarters to equal a total of one year of monitoring, to ensure continued compliance. If at any point it is determined that we are out of compliance IDT team will resume monitoring as described in step 4 of the POC until compliance is re-established. Results will be reported at facility monthly QAPI meeting.		