

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

PRINTED: 12/16/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345130</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CURIS AT CONCORD NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>515 LAKE CONCORD ROAD NE CONCORD, NC 28025</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 000	INITIAL COMMENTS  A complaint survey was conducted on 11/14/2019, Event P74111.  2 of the 12 complaint allegations were substantiated resulting in deficiencies.	F 000			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §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.  The facility must provide- §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.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;  §483.10(i)(3) Clean bed and bath linens that are in good condition;  §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584		12/2/19	

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

TITLE

(X6) DATE

Electronically Signed

11/26/2019

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)(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> <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 observation and staff interviews the facility failed to replace ceiling tiles that were damaged and hanging from the ceiling and discolored from water damage on 3 of 4 halls with resident rooms and the main lobby.</p> <p>Findings included:</p> <p>On 11/14/19 at 8:45 am an observation of the facility's physical environment with the Maintenance Director revealed the following:</p> <p>Room 103 - a ceiling tile with a large area measuring 12-inch x 10-inch had dark brown discoloration.</p> <p>Room 105 - a 24-inch x 48-inch area on a large ceiling tile (1/2 of the tile) and a smaller area of 10-inch x 4-inch were noted with dark brown discoloration.</p> <p>Room 113 - two ceiling tiles in the resident's bathroom were dangling out of the ceiling and appeared to be too small for the ceiling frame. At least two thirds of the dangling ceiling tiles were hanging from the metal framing that surrounded the tiles.</p>	F 584	<p>Residents affected:</p> <p>The Maintenance Director immediately replaced ceiling tiles in resident rooms 103, 105, 113, 159, and 172, and the Lobby Area on 11/14/19.</p> <p>Residents with potential to be affected:</p> <p>All residents have the potential for being affected. A facility wide ceiling tile audit was conducted on 11/14/19 to identify any other potential stained, broken or loose fitting tiles. After the audit, all ceiling tiles with imperfections were replaced.</p> <p>Systemic Changes:</p> <p>The Executive Director educated the Maintenance Director on the requirements for a safe, clean, comfortable, homelike environment, including the observed deficient practices of stained ceiling tiles and roof leaks on 11/15/19. The Executive Director will educate all staff on the procedure for creating work orders on observed environmental concerns, related to leaks and stained ceiling tiles, requiring correction for the Maintenance Department. All education will be</p>		

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F 584	<p>Continued From page 2</p> <p>Room 159 - one large area measuring 12-inch x 15-inch and two smaller areas measuring 4-inch x 10-inch with dark brown stains were noted on the ceiling.</p> <p>Room 172 - a ceiling tile was observed with a 14-inch x 10-inch area of dark brown stain.</p> <p>Lobby Area- one ceiling tile in the lobby at the entrance to the building had a 12-inch x 12-inch area of brown discoloration and another ceiling tile had two 3-inch x 4-inch of discoloration.</p> <p>During the above observation, the Maintenance Director stated he had been replacing the damaged ceiling tiles and had ordered tiles, but they had not arrived. The Maintenance Director agreed with the description of the sizes of the discolored areas on the ceiling tiled during the above observation.</p> <p>During a second interview with the Maintenance Director on 11/14/19 at 10:15 am he did have smaller (2-foot x 2-foot) tiles in the facility but he did not have the larger tiles (2-foot x 4-foot) and had tried to order them. He stated he had the cost for the tiles he would need (\$179.00) but was told he could not order them before Accordius (which acquired the building in 9/2019) had taken ownership of the building. The Maintenance Director did not state who had told him not to order the ceiling tile.</p> <p>An interview with Nurse Aide #1 on 11/14/19 at 1:13 pm revealed she had seen water dripping from the ceiling at the nurse's station about a month ago. She stated when she sees the roof leak, she lets maintenance know by notifying the Maintenance Director verbally. Nurse Aide #1</p>	F 584	<p>completed prior to returning to work after 11/29/19. The Maintenance Director will conduct a weekly audit for ceiling tile compliance for 8 weeks. The Administrator will check and sign off on a facility ceiling tile audit quarterly and enter in TELS (online facility maintenance program).</p> <p>Monitoring: The Maintenance Director will discuss the audit results to the monthly Quality Assurance and Performance Improvement Committee meeting for three months consisting of the QA Committee. Administrator will review the audits and ensure compliance is ongoing and determine the need for further audits/in-services.</p>		

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F 584	<p>Continued From page 3</p> <p>stated the roof was repaired in July 2019, but they still have leaks at the Nurses Station, and she stated she had told maintenance about a leak in one of the rooms on the C Hall and he had fixed the leak. Nurse Aide #1 stated there was a resident in the room on C Hall but she could not remember which room.</p> <p>During an interview with Nurse #1 on 11/14/19 at 1:30 pm she stated she had seen water leaking from the ceiling in the hallways and at the nurse's station recently but could not say what day. She stated she puts a bucket down to collect the water and let maintenance know verbally there was a leak. Nurse #1 stated she had not seen water leaking in a resident's room, but she had seen discolored tiles.</p> <p>An interview with Nurse #2 on 11/14/19 at 3:59 pm revealed she had notified the Maintenance Director of a leak at the Nurses Station last week. She stated she had put a trash can under the leak. Nurse #2 stated she had seen a leak in Room 119 recently and had notified maintenance verbally and he had fixed the leak.</p> <p>On 11/14/19 at 4:17 pm during an interview with Nurse #3 she stated there was a leak in the ceiling a week ago at the nurse's station. She stated she called the Maintenance Director and he came and fixed the leak. Nurse #3 stated she had not seen a leak in the residents' rooms but had seen the discolored tiles in resident's rooms.</p> <p>During an interview with the Director of Nursing on 11/14/19 at 5:49 pm she stated she had not been made aware of any water leaking from the ceiling at the nurse's station and she wasn't aware of any leaks in the resident's rooms. The</p>	F 584			

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F 584	Continued From page 4 Director of Nursing stated the discoloration of the ceiling tiles in the resident's rooms and in the entrance lobby are old and had been there since before the roof was repaired in 7/2019.  During an interview with the Administrator on 11/14/19 at 7:30 pm he stated there were ceiling tiles available for repairs in the facility and no one has told staff they should not be changed because of the change in the facility's ownership. The Administrator stated the ceiling tiles should have been replaced when the roof was repaired. He stated the facility had projects in progress such as painting the rooms and changing the blinds. The Administrator also stated he was not aware of recent leaks in the roof at the nurse's station or any new leaks since the roof was repaired in 7/2019.	F 584			
F 685 SS=D	Treatment/Devices to Maintain Hearing/Vision CFR(s): 483.25(a)(1)(2)  §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident-  §483.25(a)(1) In making appointments, and  §483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by: Based on record review, family member and staff interviews the facility failed to provide Resident #4	F 685	The corrective action was accomplished for the resident found to be affected by	12/2/19	

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F 685	<p>Continued From page 5</p> <p>with an audiology appointment that was requested by the family for 1 of 1 resident reviewed for hearing loss.</p> <p>Findings included:</p> <p>Resident #4 admitted to the facility on 10/26/18 with diagnoses of dementia, glaucoma, and diabetes.</p> <p>An Annual Minimum Data Set (MDS) Assessment dated 10/1/19 revealed Resident #4 had minimal difficulty hearing and required extensive assistance with transfers and toileting. Resident #4 is severely cognitively impaired.</p> <p>During an interview with Resident #4's Family Member on 11/14/19 at 10:58 am she stated she had requested Resident #4's hearing be tested in June 2019 because she could tell his hearing was deteriorated. The Family Member stated she left several messages for the Unit Manager on C/D Hall, but they had not called her back.</p> <p>On 11/14/19 at 1:13 pm an interview with Nurse Aide #1 revealed she had to raise her voice for Resident #4 to hear her when she is providing care. Nurse Aide #1 stated she did not know if Resident #4's hearing had declined but he was hard of hearing.</p> <p>During an interview with Nurse Aide #2 on 11/14/19 at 2:31 pm she stated Resident #4 is very hard of hearing. She stated she had to talk loudly to be heard by Resident #4. Nurse Aide #2 stated Resident #4 would yell when he spoke to you due to his hearing loss. Nurse Aide #2 stated she did not know if his hearing had declined but he was very hard of hearing.</p>	F 685	<p>the deficient practice.</p> <p>An order was obtained on November 23, 2019 for an Audiologist consult for resident #4. Resident #4 was placed on the list to be seen by the facility Audiologist on their scheduled visit to the facility on December 2, 2019.</p> <p>Current residents are at risk for the deficient practice therefore effective November 26, the facility Social worker conducted a 100% audit by interviewing alert and oriented residents if they are having hearing concerns and would like to be placed on the list to see the Audiologist. If so, an order would be obtained from the Nurse Practitioner/ Physician and the resident will be placed on the list to be seen by the Audiologist on the next visit to the facility. Effective November 29, 2019 a letter for those resident□s unable to consent or request for services was sent to the responsible party to ask if they would like the resident to be seen by the audiologist due to changes in hearing. Audit revealed that 6 residents would like to be seen by the audiologist and the Social Worker has added those residents to the audiologist list to be seen.</p> <p>Measures put in place to ensure the plan of correction is effective and remains in compliance. Effective November 25, 2019 the facility Social worker and the Administrator were re-educated by the regional nurse consultant on acting upon and following up on a resident□s and/or</p>		

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F 685	<p>Continued From page 6</p> <p>An interview with the Unit Manager on C/D Hall on 11/14/19 at 5:04 pm revealed the Interdisciplinary Team (IDT) decided in their daily meeting Resident #4 should see the Audiologist and the Social Worker would schedule the appointment. The Unit Manager stated the Social Worker that was employed at that time no longer worked at the facility. The Unit Manager stated Resident #4's Family Member called several times and she had talked to her about the results of his eye appointment but explained to her the Social Worker would schedule the audiology exam.</p> <p>The Social Worker was interviewed on 11/14/19 at 5:37 pm and stated she had worked at the facility for one week. She stated the Social Worker is responsible for setting up the appointments for the Audiologist that visits the facility. The Social Worker stated she had checked the list of residents for the next Audiology visit and Resident #4 was not on the list. She stated she left a message for the Audiology practice to ensure Resident # 4 was added to the next visit list.</p> <p>An interview with the Director of Nursing on 11/14/19 at 6:21 pm revealed Resident #4's hearing loss was discussed in the morning meeting and an appointment should have been made by the Social Worker.</p> <p>During an interview with the Physician on 11/14/19 at 7:07 pm he stated he would like for questions regarding Resident #4 hearing be asked of the Nurse Practitioner since he has seen Resident #4 more recently.</p>	F 685	<p>Responsible Party's request to see the Audiologist. An order will be obtained, and the resident will be placed on the Audiologist's visit list by the Social Worker. Effective November 27, 2019 the licensed and certified nursing staff were re-educated by the Staff Development Coordinator to inform the Unit Managers, Social worker, Director of Nursing of any resident and/or responsible party requesting to see the Audiologist. Licensed nurses to document request on the shift to shift report. The Interdisciplinary team will review Monday thru Friday during their daily meetings</p> <p>Monitoring effective November 29, 2019, the Social Worker will audit new admissions and the quarterly assessment for hearing abilities or changes and verify with the resident or the responsible party if they wish to see the Audiologist. Audits will be completed weekly x4 weeks than monthly x3 months. Results will be reported monthly during the Quality Assurance performance improvement committed for three months. Review and revisions will be made as necessary.</p>		

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F 685	<p>Continued From page 7</p> <p>The Administrator was interviewed on 11/14/19 at 7:30 pm and stated he expected the staff to make an appointment immediately for any resident with a change of condition that required an appointment. He also stated he would want the Nurse Practitioner or the Physician to evaluate the resident to ensure they get the care they need.</p> <p>An interview with the Nurse Practitioner on 11/14/19 at 7:45 pm revealed he saw Resident #4 on 5/7/19 for a scheduled visit and his hearing was intact. He stated he spoke in a normal tone of voice and Resident #4 was able to understand him. The Nurse Practitioner stated the Physician saw Resident #4 on 8/2/19 and documented in the note his hearing was intact. The Nurse Practitioner stated he had seen Resident #4 again on 11/7/19 and his hearing had not deteriorated, and he was able to understand him using a normal tone of voice. The Nurse Practitioner stated with his assessment he would not have ordered an audiology assessment for Resident #4 but if he had known a family member had asked for the audiology assessment he would have ordered it.</p>	F 685			