STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345126

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ____________________________
B. WING ____________________________

(X3) DATE SURVEY COMPLETED
C 01/31/2020

NAME OF PROVIDER OR SUPPLIER
MOUNT OLIVE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
228 SMITH CHAPEL ROAD
MOUNT OLIVE, NC 28365

(X4) ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

(X5) ID PREFIX TAG
PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

E 000 Initial Comments
An unannounced recertification survey was conducted on 1/27/2020 to 1/31/2020. The facility was found to be in compliance with the requirement CFR 483.73 Emergency Preparedness Event ID 71LO11

F 000 INITIAL COMMENTS
There were no deficiencies cited as a result of complaint investigation of 1/31/2020 Event ID 71LO11.

F 558 Reasonable Accommodations Needs/Preferences
§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.
This REQUIREMENT is not met as evidenced by:
Based on observations, resident and staff interviews, and record review, the facility failed to provide a bedside commode for one of one resident reviewed for accommodation of needs (Resident #309).

Findings included:
Resident #309's medical record revealed he was admitted 1/10/2020 with diagnoses including blindness, and sudden cardiac arrest.
The Admission Minimum Data Set (MDS) dated 1/17/2020 noted Resident #309 had impaired vision, was cognitively intact and for all care, including with transfers, ambulation and toileting,

1. Resident # 309 now has a bedside commode.
2. All residents with the need for a bedside commode have potential to be effected. Therapy and nursing to assess all current residents for needs for bedside commodes, and commodes will be ordered and implemented accordingly for those residents who require this intervention.
3. Education provided by the Nurse Practice Educator, to therapy and nursing staff on ensuring that residents requiring a bedside commode will have one ordered

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

Electronically Signed
02/19/2020

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.
B. WING _____________________________

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

(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345126

(2) MULTIPLE CONSTRUCTION
A. BUILDING __________________________
B. WING ____________________________

(3) DATE SURVEY COMPLETED

C 01/31/2020

NAME OF PROVIDER OR SUPPLIER

MOUNT OLIVE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

228 SMITH CHAPEL ROAD
MOUNT OLIVE, NC 28365

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PROVIDER’S PLAN OF CORRECTION
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(6) COMPLETION DATE

F 558 Continued From page 1 needed extensive to total assistance with the help of one person.

An interview was conducted on 1/27/2020 at 3:00 PM with Resident #309 who stated, he needed assistance with toileting and would benefit from having a bedside commode. He further stated when therapy started to work with him at the facility on 1/13/2020, he was told by the therapist he would have a bedside commode, but there was not one available, so one would be ordered for him. Resident #309 stated he had not been provided with a bedside commode and no one had mentioned it again. No bedside commode was observed in the resident's room or the bathroom.

On 1/28/2020 at 1:30 PM the Director of Therapy was interviewed and stated that bedside commodes are usually kept in a storage area in the facility, but if one needs to be ordered, it takes about two days to arrive. The Therapy Director stated she would check on a bedside commode for Resident #309. The Therapy Director returned a short time later and stated the bedside commode was just placed in Resident #309's room for his use.

On 1/28/2020 at 3:00 PM a bedside commode was observed in Resident #309's room. Resident #309 stated he was glad to have the bedside commode.

On 1/31/2020 at 2:45 PM, in an interview, the Physical Therapist noted Resident #309 was first treated by therapy at the facility on 1/13/2020. The Therapist indicated the bedside commode was appropriate for Resident #309. The Therapist stated he did not know why the resident did not

and implemented timely.

4. Assistant Director of Nursing will audit new admissions weekly to determine if they can benefit from a bedside commode and ensure if indicated that the intervention is implemented timely. MDS Nurses will audit residents with significant changes weekly to determine if they could benefit from a bedside commode and ensure that it is implemented timely when appropriate. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.
### SUMMARY STATEMENT OF DEFICIENCIES

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<td>SS=E</td>
<td>CFR(s): 483.10(i)(1)-(7)</td>
<td>§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);</td>
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<td>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</td>
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<td>§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</td>
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<td>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:</td>
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<td>1. Wheel chairs for residents # 58, #63, #82, #83 and #85 were all cleaned on 1/31/20.</td>
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<td>2. All residents with Wheel Chairs have potential to be effected. All wheel chairs in the center have been power washed by housekeeping. A schedule has been implemented for all wheel chairs in the center to be power washed by housekeeping once per month. A separate schedule has been implemented for nursing staff to wipe down all wheel chairs on the night shift once per week.</td>
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<td>3. Education provided to nursing staff by the Nurse Practice Educator to report any wheelchairs noted to have heavy dust or debris so that the chairs can be wiped down in between the cleaning schedule.</td>
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<td>4. Unit Managers will audit 5 chairs per week to ensure cleanliness. Any discrepancies will brought to the attention of the Director of Nursing to ensure that chairs get cleaned timely. Results will be</td>
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1a. Resident # 83 was observed on each of the five days to be in a manual wheelchair that had wheels and spokes on the wheels that were heavily covered in dust and dirt. On 1/27/2020 at 2:40PM, Resident # 83 was noted to be seated in a wheelchair in the front hallway of the facility. The spokes on the wheels of the resident's wheelchair were heavily coated in dust. Resident # 83 was observed on 1/28/2020 at 12:40PM in the main dining room while seated in a wheelchair that had dusty wheels and the spokes on both wheels were heavily covered in dust. On 1/29/2020 at 6:40AM, Resident #83 was observed to be seated in the front hall of the facility. The resident was seated in a wheelchair that had dirty spokes on the wheels. Resident # 83 was observed on 1/29/2020 at 12:15PM in the dining room and the wheelchair...
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<td>brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.</td>
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spokes were heavily covered in dust. On 1/30/2020 at 8:10AM, Resident #83 was eating breakfast while seated in a wheelchair that had wheels and spokes on the wheels that were heavily covered in dust.

On 1/31/2020 at 8:25AM, Resident #83 was seated in the dining room in a wheelchair that was not clean. Resident #83's manual wheelchair was heavily covered in dust and dirt on the wheels and spokes.

1b. Resident #85 was observed on each of five days to be using a motorized wheelchair that had a red-colored base. The base of the wheelchair was covered in dust and the foot platform had a heavy accumulation of dust and dirt.

On 1/27/2020 at 3:45PM, Resident #85 was observed in a motorized wheelchair in the front lobby of the facility. The red base of the wheelchair was heavily covered with dust and the foot platform was noted to have a large amount of dust and dirt on it.

On 1/28/2020 at 10:55AM, Resident #85 was observed in the dining room of the facility. Resident #85 was seated in a red motorized wheelchair. The platform of the wheelchair was heavily covered with dust. The foot platform was also observed to be heavily covered with dirt.

Resident #85 was observed on 1/29/2020 at 11:20AM to be in the main dining room and was in a motorized wheelchair that had a dusty base. The foot platform of the wheelchair was observed to have dirt on it.

On 1/30/2020 at 8:10AM, Resident's # 85 was observed in the dining room and was seated on a motorized wheelchair that had a base that was heavily covered in dust. The foot platform of the wheelchair was observed to have a lot of dirt on it.

Resident #85 was observed in the front lobby of
Continued From page 5

the facility at 9:15AM on 1/31/2020 and was seated in a motorized wheelchair that had a red base. The red base was heavily covered in dust and the foot platform had a large amount of dirt on it.

1c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt. On 1/27/2020 at 12:35PM, Resident # 58 was observed in the dining room in a motorized wheelchair that had a blue base. The blue base was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust. On 1/29/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that had a base that was heavily covered with dust. On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.

1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that had a red base. The base of the wheelchair had
### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** MOUNT OLIVE CENTER  
**Address:** 228 SMITH CHAPEL ROAD  
**City, State, Zip Code:** MOUNT OLIVE, NC 28365  
**Provider or Supplier Identification Number:** 345126  
**State:** NC

#### Date Survey Completed
- **C**  
- **01/31/2020**

#### Summary Statement of Deficiencies

**(Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)**

**Event ID:** F 584  
**Continued From page 6**

- A heavy coating of dust and the foot platform was heavily covered with dirt.  
- Resident #82 was observed on 1/28/2020 at 12:45PM to be in the main dining room in a red motorized wheelchair that had a heavy accumulation of dirt on the foot platform. The base of the wheelchair was also heavily covered in dust.  
- Resident #82 was noted in the hall of the facility on 1/29/2020 at 4:15PM in a motorized wheelchair that had a red base. The foot platform of the wheelchair had a heavy accumulation of dust and dirt and the base of the chair was covered in dust.  
- Resident #82 was observed on 1/30/2020 at 3:10PM in the hall outside of the resident's room. The resident was seated in a motorized wheelchair that had a red base. The base of the wheelchair was soiled with dust and the foot platform contained a large amount of dirt.  
- On 1/31/2020 at 10:20AM, Resident #82 was observed in the lobby of the facility. The resident was riding on a motorized wheelchair that had a red base that was covered in dust and the foot platform was heavily covered in dirt.

1e. Resident # 63 was observed to be riding in a manual wheelchair that had dirty wheels and spokes on each of the five days of the survey.  
- On 1/27/2020 at 12:20PM, Resident # 63 was observed in the dining room and was seated in a manual wheelchair. Both wheels of the wheelchair and each of the spokes were observed to be heavily covered in dust.  
- Resident #63 was observed on 1/28/2020 at 3:40PM in the front hall of the facility and was seated in a wheelchair that had dirty wheels and dirty spokes. The wheels and the spokes were heavily covered in dust.
Resident #63 was observed in the front lobby on 1/29/2020 at 12:55PM. The resident was seated in a wheelchair that had wheels that were heavily covered in dust. The spokes on both wheels were also heavily covered in dust.

On 1/30/2020 at 8:10AM, Resident #63 was noted to be in the dining room. The resident was seated in a manual wheelchair that had wheels that were heavily covered in dust and the spokes on the wheels were also covered in dust.

On 1/31/2020 at 8:25AM, Resident #63 was in the dining room. The resident was seated in a manual wheelchair that had wheels that were heavily covered in dust. The spokes on each of the wheels were also noted to be heavily covered in dust.

In a staff interview on 1/31/2020 at 9:10AM a facility nurse #2 reported if they see a wheelchair that needed to be cleaned, they will clean it. “We don't just pass it on to the nursing assistants. Then we send it to the housekeeping department, and they will sanitize it.” She reported she thought the housekeeping department power washed wheelchairs if they need it.

A staff interview was completed on 1/31/2020 9:17AM with nurse #3. Nurse #3 reported that maintenance or housekeeping department cleaned the wheelchairs.

In a staff interview with the facility director of nursing on 1/31/2020 at 9:32AM revealed there is a cleaning schedule for wheelchairs in the facility. She reported the facility was divided in 3 sections and the wheelchairs were cleaned according to the section of the facility. She reported all wheel chairs were deep cleaned 1 time in 3 months. She further stated if staff identified residents whose wheelchairs needed cleaning between
### Statement of Deficiencies and Plan of Correction

**NAME OF PROVIDER OR SUPPLIER:** MOUNT OLIVE CENTER  
**STREET ADDRESS, CITY, STATE, ZIP CODE:** 228 SMITH CHAPEL ROAD  
**MOUNT OLIVE, NC 28365**

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<td>Continued From page 8 scheduled cleaning times, they informed the maintenance department and they will clean the wheelchairs.</td>
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In a staff interview with the facility maintenance director that was completed on 1/31/2020 at 11:03AM, the maintenance director reported the wheelchairs were cleaned by the maintenance department. He reported the building was divided in 3 sections and there was a schedule to know when each room's wheelchair was scheduled for cleaning. He stated the schedule was: Resident Rooms 11-18, 130-148 were scheduled for January, April, July, and October. Resident rooms 149-161 and 2-10 were scheduled to be cleaned in February, May, August, and November. Resident Rooms 101-126 were scheduled to be cleaned in June, September, and December. At these cleanings, the wheelchairs were taken outside and cleaned thoroughly and dried. He stated he also observed to identify others that may need cleaning between scheduled times, and he will take those wheelchairs to be cleaned. He also reported the motorized wheelchairs are not on a schedule for cleaning because those chairs are the personal property of the individual resident. He reported he has not cleaned a motorized wheelchair since he came to the facility in April 2019.
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Resident #63

FTag Initiation
01/30/20 04:28 PM

Resident #63, Edna Herring was admitted to the facility with diagnoses that included:
- CEREBRAL INFARCTION,
- INTRACAPSULAR FRACTURE OF LEFT FEMUR,
- LONGSTANDING PERSISTENT ATRIAL FIBRILLATION
- DIFFICULTY IN WALKING
- MAJOR DEPRESSIVE DISORDER

Resident Edna Herring was observed on each of the five days of the survey to be rolling in the halls of the facility in a soiled wheelchair. The wheelchair had spokes that contained a large amount of dust and dirt.

Staff Interview: 1/31/2020 9:10AM Shaneka Little, LPN reported if they see a wheelchair that needs to be cleaned, they (the nurse) will clean it. We don’t just pass it on to the nursing assistants. Then we send it to Housekeeping and they will
### Name of Provider or Supplier

**Mount Olive Center**

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<td>sanitize it. She says she thinks the housekeeping department power wash the wheel chairs if they need it.</td>
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Staff Interview: 1/31/2020 9:17AM Debra Walker, RN reported that Maintenance or housekeeping department clean wheel chairs.

Staff Interview: 1/31/2020 9:32AM Dawn Tierney, Director of Nursing stated there is a cleaning schedule for the cleaning of wheel chairs in the facility. She reported the facility is divided in 3 sections and the wheel chairs are cleaned according to the section of the facility. She reported all wheel chairs are deep cleaned 1 x in 3 months. (power washed) She further stated if staff identifies residents whose wheel chairs need cleaning between scheduled cleaning times, they inform maintenance and they will clean the wheel chairs.

Staff Interview: 1/31/2020 11:03AM Ariel Morales, Maintenance manager reported the wheel chairs are cleaned by the maintenance department. He reported the building is divided in 3 sections and there is a schedule to know when the particular room's wheel chair are supposed to be cleaned. (Resident Rooms 11-18, 130-148 are scheduled for January, April, July, and October. Resident rooms 149-161 and 2-10 are scheduled to be cleaned in February, May, August, and November. Resident Rooms 101-126 are scheduled to be cleaned in June, September, and December.) At these cleanings, the wheel chairs are taken outside and cleaned thoroughly and dried. He stated he will also observed to identify others that may be in need of cleaning and he takes those wheel chairs to be cleaned. He also reported the motorized wheel
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Resident #82 FTag Initiation 01/30/20 04:11 PM Resident # 82 was admitted to the facility on 2/20/2017 with diagnoses that included:
- PARKINSON'S DISEASE
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED
- TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
- LEFT VENTRICULAR FAILURE
- HEART FAILURE

Resident was observed to be in a soiled wheelchair
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<td>chair for five days of the recertification survey. The resident's wheel chair was observed to be soiled on the base of the chair.</td>
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<td>Staff Interview: 1/31/2020 9:10AM Shaneka Little, LPN reported if they see a wheel chair that needs to be cleaned, they (the nurse) will clean it. We don't just pass it on to the nursing assistants. Then we send it to Housekeeping and they will sanitize it. She says she thinks the housekeeping department power wash the wheel chairs if they need it.</td>
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<td>F 584</td>
<td>Continued From page 14</td>
<td>2-10 are scheduled to be cleaned in February, May, August, and November. Resident Rooms 101-126 are scheduled to be cleaned in June, September, and December.) At these cleanings, the wheel chairs are taken outside and cleaned thoroughly and dried. He stated he will also observed to identify others that may be in need of cleaning and he takes those wheel chairs to be cleaned. He also reported the motorized wheel chairs are not on a schedule for cleaning because they belong to the individual resident. He reported he has not cleaned a motorized wheel chair since he came to the facility in April 2019.</td>
<td>F 584</td>
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</tr>
</tbody>
</table>
A. BUILDING ______________________
B. WING ______________________

NAME OF PROVIDER OR SUPPLIER
MOUNT OLIVE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
228 SMITH CHAPEL ROAD
MOUNT OLIVE, NC  28365

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 584</td>
<td>Continued From page 15 01/30/20 04:38 PM Resident #83 was observed on each of the five days of the survey to be rolling in the facility wheelchair that had dirty spokes. The spokes of the wheels had a heavy accumulation of dirt and dust.</td>
<td>F 584</td>
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</tr>
</tbody>
</table>

Staff Interview: 1/31/2020  9:10AM Shaneka Little, LPN reported if they see a wheelchair that needs to be cleaned, they (the nurse) will clean it. We don't just pass it on to the nursing assistants. Then we send it to Housekeeping and they will sanitize it. She says she thinks the housekeeping department power wash the wheel chairs if they need it.

Staff Interview: 1/31/2020  9:17AM Debra Walker, RN reported that Maintenance or housekeeping department clean wheel chairs.

Staff Interview: 1/31/2020  9:32AM Dawn Tierney, Director of Nursing stated there is a cleaning schedule for the cleaning of wheel chairs in the facility. She reported the facility is divided in 3 sections and the wheel chairs are cleaned according to the section of the facility. She reported all wheel chairs are deep cleaned 1 x in 3 months. (power washed) She further stated if staff identifies residents whose wheel chairs need cleaning between scheduled cleaning times, they inform maintenance and they will clean the wheel chairs.

Staff Interview: 1/31/2020  11:03AM Ariel Morales, Maintenance manager reported the wheel chairs are cleaned by the maintenance department. He reported the building  is divided in 3 sections and there is a schedule to know when the particular room's wheelchair are supposed to be cleaned. (Resident Rooms
### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>Name of Provider or Supplier</th>
<th>Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUNT OLIVE CENTER</td>
<td>228 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365</td>
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<tr>
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<th>Provider’s Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
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</tr>
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<tr>
<td>F 584</td>
<td>Continued From page 16 11-18, 130-148 are scheduled for January, April, July, and October. Resident rooms 149-161 and 2-10 are scheduled to be cleaned in February, May, August, and November. Resident Rooms 101-126 are scheduled to be cleaned in June, September, and December.) At these cleanings, the wheel chairs are taken outside and cleaned thoroughly and dried. He stated he will also observed to identify others that may be in need of cleaning and he takes those wheel chairs to be cleaned. He also reported the motorized wheel chairs are not on a schedule for cleaning because they belong to the individual resident. He reported he has not cleaned a motorized wheel chair since he came to the facility in April 2019.</td>
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Resident #85

FTag Initiation
01/30/20 04:34 PM  Resident #58 was observed on five days of the survey to be riding in
F 584 Continued From page 17

A motorized wheel chair that was dirty. The resident's motorized wheel chair's base was red in color and was heavily coated with dust. The platform where the resident's feet rest had a large amount of dirt on it.

Staff Interview: 1/31/2020 9:10AM Shaneka Little, LPN reported if they see a wheel chair that needs to be cleaned, they (the nurse) will clean it. We don't just pass it on to the nursing assistants. Then we send it to Housekeeping and they will sanitize it. She says she thinks the housekeeping department power wash the wheel chairs if they need it.

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<tr>
<th>F 806 SS=D</th>
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</tr>
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<tbody>
<tr>
<td>Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)</td>
<td>2/21/20</td>
</tr>
<tr>
<td>§483.60(d) Food and drink Each resident receives and the facility provides-</td>
<td></td>
</tr>
<tr>
<td>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</td>
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<tr>
<td>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;</td>
<td></td>
</tr>
<tr>
<td>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interview and record review, the facility failed to serve residents food according to their preferences for one of two sampled residents reviewed for choices (Resident #309).</td>
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</tbody>
</table>

Findings included:

1. Resident # 309 was reassessed by Speech Therapy and diet upgraded to ground meat on 2/11/20. Resident # 309 is tolerating current diet.

2. All residents have potential to be effected. Dietary Manager to interview all current residents or their responsible
<table>
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<th>(X5) COMPLETION DATE</th>
</tr>
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</table>
| F 806             | Continued From page 19  
Resident #309 was admitted to the facility on 1/10/2020 with diagnoses including sudden cardiac arrest, blindness and dysphagia.  
Resident #309’s record revealed there were no dietary notes which documented staff had spoken to Resident #309 about his food preferences or the diet he was receiving since he was admitted to the facility.  
A review of the Speech Therapy Initial Evaluation with a start date of care as 1/13/2020 noted a patient interview/goal. Listed was a Patient identified Activity of advance diet texture.  
The Admission Minimum Data Set (MDS) dated 1/17/2020 noted Resident #309 was cognitively intact and needed extensive to total assistance for all Activities of Daily Living with the help of one person. The MDS noted feeding assistance was required. The Care Area Assessment indicated a focus on nutritional status and this area went to care plan.  
The care plan dated 1/16/2020 noted a focus of resident was at nutritional risk: inadequate oral intake related to swallowing difficulty evidenced by fair oral intake, decreased ability to feed self and mechanically altered diet. The goal was to prevent significant weight changes. Interventions: Honor food preferences within meal plan. Supervise/cue/assist as needed with meals.  
On 1/27/2020 at 3:00 PM in an interview, Resident #309 stated he had been on a “moist, minced” diet before he entered the facility. Resident #309 indicated he was on a pureed diet since his admission. Resident #309 stated he did not want to be on a pureed diet, and he was not parties to determine if their food preferences are being honored.  
3. Education provided by the Administrator to the Dietary Manager and Registered Dietician on the policy for completing a Food Preference assessment/interview on admission. Education provided by the Director of Nursing to the therapy department related to ensuring that when residents voice a concern related to their diet that this is brought to the attention of nursing and that screenings are completed timely to ensure that diets meet the resident’s needs. Nursing staff educated by the Nurse Practice Educator related to the importance of reporting to nursing leadership if residents voice concerns with their current diet.  
4. Assistant Director of Nursing will audit all new admissions weekly to ensure that the Dietary Department has assessed/interviewed residents for their preferences and that these preferences have been documented and addressed accordingly. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance. | F 806 |  |

Event ID: 71LO11  
Facility ID: 923344  
If continuation sheet Page 20 of 22
### F 806 Continued From page 20

eating the pureed food he was being served at meals. Resident #309 stated since being admitted to the facility no one had asked him about his food preferences or about the food he liked and did not like to eat. Resident #309 stated he had told Speech Therapy when he started working with them, he wanted to have the same diet he had before his admission to the facility, which was minced or ground. Resident #309 stated he had continued to receive pureed food at meals.

An observation of Resident #309's breakfast tray was made on 1/28/2020 at 9:00 AM. He ate all the grits served at this meal. The rest of the food on the tray was pureed and the resident did not eat any of the pureed foods served.

In an interview on 1/28/2020 at 10:30 AM, the Registered Dietician (RD) indicated the moist minced diet was a ground diet, which was more finely cut than a chopped diet but not pureed. The RD stated the facility did not offer the ground diet. When asked if someone in the kitchen could mince the Resident's food, the RD stated, "We don't do that." The RD stated speech therapy indicated Resident #309 cannot chew his food well enough to have a chopped diet.

On 1/29/2020 at 11:00 AM, in an interview, the Speech Therapist (ST) stated Resident #309 could not move food with his tongue to chew it, that was the reason for the pureed diet. The ST stated, even though he was on a ground diet prior to admission, she disagreed with him being on a ground diet. The ST stated Resident #309 had not regressed.

In an interview on 1/31/2020 at 2:25 PM, the Speech Therapist (ST) stated Resident #309 ate...
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**NAME OF PROVIDER OR SUPPLIER:**

**MOUNT OLIVE CENTER**

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

228 SMITH CHAPEL ROAD
MOUNT OLIVE, NC 28365

**DATE SURVEY COMPLETED:**

01/31/2020

### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
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<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>F 806</td>
<td>Continued From page 21 two portions of chopped fish for lunch that day without difficulty but refused everything else. The ST indicated she would be willing to advance Resident #309's diet, but not over the weekend because she would not be in the facility. The ST stated Resident #309 had improved.</td>
<td></td>
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On 1/31/2020 at 3:25PM, the Dietary Manager stated that she did not know Resident #309 did not want pureed food. The Dietary Manager stated she had not spoken to Resident #309 about his food preferences or diet since he was admitted to the facility. There were no notes in the medical record that indicated the Dietary Manager had spoken with Resident #309 about his food preferences or diet.

On 1/31/2020 at 3:28 PM, the facility Administrator stated in an interview, his expectation was Resident #309's choices would be honored within the guidelines that were appropriate.