An unannounced COVID-19 Focused Survey was conducted on 10/06/20 - 10/08/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# IDXF11.

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/06/20 - 10/08/20. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.

Two of the 18 complaint allegations were substantiated resulting in deficiencies.

**F 641 Accuracy of Assessments**

CFR(s): 483.20(g)

§483.20(g) Accuracy of Assessments.

The assessment must accurately reflect the resident's status.

This REQUIREMENT is not met as evidenced by:

Based on observations, record reviews, and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) for falls for 1 of 1 resident reviewed for MDS accuracy (Resident #1).

Findings included:

- Resident #1 was admitted to the facility on 10/25/17 and most recently on 1/06/20 with diagnoses which included diabetes and

On 10/7/20, the Director of Nursing (DON) completed a modified assessment section "J-Falls" for resident #1.

On 10/7/20, 100% audit of the most recent MDS assessment section “J, part 1700-1900” for all residents to include resident #1 was initiated by the Director of Nursing.
### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Grantsbrook Nursing and Rehabilitation Center  
**Street Address, City, State, Zip Code:** 290 Keel Road, Grantsboro, NC 28529  
**State:** NC  
**Provider/Supplier/CLIA Identification Number:** 345292  
**Date Survey Completed:** 10/08/2020

#### Summary Statement of Deficiencies

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<tr>
<th>ID</th>
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<tbody>
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<td>F 641</td>
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<td>Continued From page 1 non-Alzheimer’s dementia.</td>
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A review of the quarterly MDS dated 7/14/20 indicated Resident #1 had no falls since reentry on 1/06/20.

Review of facility incident reports revealed Resident #2 had a fall on 4/24/20 at 4:00 AM and another fall on 5/19/20 at 2:39 PM.

During an interview with the MDS nurse on 10/07/20 at 8:45 AM she revealed that Resident #1’s MDS should have been coded for 2 falls. She further stated she was not the MDS nurse at that time and did not know why it had not been coded correctly.

During an interview with the Administrator on 10/07/20 at 11:42 AM he stated the MDS should be coded correctly to reflect falls and he did not know why it had not been coded accurately.

#### Provider’s Plan of Correction

- Nursing (DON) to ensure all MDS’s assessments were completed accurately for falls prior to admission, falls during admission and falls with injury. The MDS nurse will address all areas of concern identified during the audit to include updating assessment when indicated. Audit will be completed by 10/27/20.

- On 10/7/20, 100% in-service was completed by the Facility Consultant with the MDS Coordinator in regards to on MDS Assessments and Coding per the Resident Assessment Instrument (RAI) Manual with emphasis on completing assessment accurately and completely. All newly hired MDS Coordinator and/or MDS nurse will be in-serviced by the Director of Nursing during orientation in regards to MDS Assessments and Coding.

- 10% audit of all current resident’s most recent MDS assessments, to include resident #1 will be completed by the Director of Nursing utilizing the MDS Accuracy Tool weekly x 8 weeks and monthly x 1 month. This audit is to ensure accurate and complete coding of the MDS assessment to include section “J”. The Director of Nursing will address all areas of concern identified during the audit to include retraining of the MDS nurse and completing necessary assessment of the resident. The Administrator will review and initial the MDS Accuracy Tool weekly x 8 weeks and monthly x 1 month for accuracy and to ensure all areas of concerns have been
F 641 Continued From page 2

F 677 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) SS=D

$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 reviews, and staff interviews, the facility failed to provide nail care for 2 of 4 residents (Resident #1 and Resident #2) who were dependent on facility staff for activities of daily living.

Findings included:

1. Resident #1 was admitted to the facility on 10/25/17 and most recently on 1/06/20 with diagnoses which included diabetes and non-Alzheimer’s dementia.

The most recent Minimum Data Set (MDS) dated 7/14/20 indicated Resident #1 had severe cognitive impairment and was coded as totally dependent on staff for personal hygiene.

Review of Resident #1’s care plan last reviewed on 7/14/20 revealed she was care planned for

addressed.

The Administrator will forward the results of MDS Accuracy Tool to the Executive QAPI Committee monthly x 3 months for review to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.

F 677 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)

On 10/6/20, resident #1 and resident #2 was provided nail care by the Nursing Supervisor.

On 10/6/20, 100% audit of nail care for all residents to include resident #1 and resident #2 was completed by the Nursing Supervisors and Minimum Data Set (MDS) Nurse to ensure all residents were provided nail care per resident preference. The Nursing Supervisors and Minimum Data Set (MDS) Nurse provided nail care for all identified concerns during the audit.

100% in-service was initiated by the Director of Nursing on 10/6/2020 with all nurses and nursing assistants to include
F 677 Continued From page 3
activities of daily living (ADL) with interventions which included total care for face, skin, nails, hands.

An observation on 10/6/20 at 12:15 PM with Nurse #2 revealed brown debris under all fingernails on both hands of Resident #1.

During an interview with Nursing Assistant (NA) #1 on 10/6/20 at 12:17 PM he revealed he was responsible for providing care for Resident #1 and he had cleaned Resident #1’s fingernails this am.

During an interview with Nurse #2 on 10/6/20 at 12:20 AM she revealed residents should not have brown debris under their nails.

During an interview with the Director of Nursing (DON) on 10/07/20 at 8:57 AM she revealed she was unaware of concerns related to fingernail care not being provided. She further stated residents should not have debris under their nails and did not know why Resident #1 had debris under her nails.

During an interview with the Administrators #1 and #2 on 10/07/20 at 11:42 AM, Administrator #1 stated he was unaware of brown debris under Resident #1’s nails and did not know why it was there.

2. Resident #2 was admitted to the facility on 10/15/18 and most recently on 2/15/19 with diagnoses which included non-Alzheimer’s dementia.

The most recent Minimum Data Set (MDS) dated 7/14/20 indicated Resident #2 had moderate
**NAME OF PROVIDER OR SUPPLIER**

GRANTSBROOK NURSING AND REHABILITATION CENTER

| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | (X5) COMPLETION DATE |
| PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |
| TAG | | TAG | | |
| F 677 | Continued From page 4 cognitive impairment and was coded as extensive assistance for personal hygiene. | F 677 | | |

Review of Resident #2’s care plan last reviewed 9/22/20 revealed she was care planned for activities of daily living (ADL) with interventions which included provide physical assistance with personal hygiene.

An observation on 10/6/20 at 12:25 PM with Nurse #2 revealed brown debris under the left ring fingernail of Resident #2.

During an interview with Nursing Assistant (NA) #2 on 10/8/20 at 10:21 AM she revealed she was responsible for providing care for Resident #2 on 10/6/20 and she had cleaned Resident #2’s fingernails this am.

During an interview with Nurse #2 on 10/6/20 at 12:20 AM she revealed residents should not have brown debris under their nails.

During an interview with the Director of Nursing (DON) on 10/07/20 at 8:57 AM she revealed she was unaware of concerns related to fingernail care not being provided. She further stated residents should not have debris under their nails and did not know why Resident #2 had debris under her nails.

During an interview with the Administrators #1 and #2 on 10/07/20 at 11:42 AM, Administrator #1 stated he was unaware of brown debris under Resident #2’s nails and did not know why it was there.