

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

PRINTED: 02/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2021
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NAME OF PROVIDER OR SUPPLIER CROSS CREEK HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 QUARTER ROAD SWANQUARTER, NC 27885
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 1/12/21 through 1/15/21. Event ID# R28Y11. Four of the 12 complaint allegation(s) was/were substantiated resulting in deficiencies F550, F677, and F690.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550		1/29/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/29/2021
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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 550	<p>Continued From page 1</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff and resident interviews, the facility failed to maintain resident dignity by waking up residents to offer and provide showers during normal sleep hours for 1 out of 3 residents reviewed for dignity (Resident #6).</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on 10/15/17 with diagnoses that included anxiety disorder, depression, and insomnia.</p> <p>Resident #6's Annual Minimum Data Set (MDS) with an Assessment Review Date (ARD) of 8/16/20 indicated the resident was cognitively intact and required physical assistance of 1 person for bathing and extensive assistance with 2-person physical assistance for transfers.</p> <p>A review of the shower schedule revealed Resident #6 was scheduled for a shower on Tuesday and Friday on the nightshift. Nightshift was from 7:00PM to 7:00AM.</p>	F 550	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Residents Affected: Patient #6 shower was adjusted to no later than 9 PM per her request on 1/15/21.</p> <p>Corrective Action: for Resident Potentially Affected. 100% interviewable residents were evaluated for shower schedule preferences on 1/21/21 by the Director of Nursing and adjustments made as needed.</p>		

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F 550	<p>Continued From page 2</p> <p>A nursing progress note dated 10/24/20 at 2:32 AM, written by Nurse #2, revealed Resident #6 refused a shower and bed bath, because she was too tired.</p> <p>A nursing progress note dated 12/1/20 at 11:15 PM, written by Nurse #2, indicated the Resident #6 refused a shower and a bed bath was given.</p> <p>During an interview with Resident #6 on 1/12/21 at 1:40PM she revealed that her preferred time to receive a shower was during the evening before she went to bed. The resident specified that her preferred bedtime was 10:00PM. Resident #6 further stated during the month of December, she was awoken by staff at 1:00 AM to be provided a shower. She further revealed this had upset her to be awoken by staff to receive a shower at night. Resident #6 stated after her shower she had to return to bed with a wet head.</p> <p>During an interview on 1/12/21 at 4:50PM, with MedTech #1 who worked the 7:00PM to 7:00AM shift, it was revealed that resident showers were given until 2:00AM. The MedTech#1 stated the Nurse Assistants (NAs) were responsible for bed baths and showers for all the residents across the facility.</p> <p>An interview on 1/12/21 at 5:11PM with NA #3 who worked the 7:00PM - 7:00AM shift, revealed resident bed baths were given before showers. NA#3 further stated resident showers were completed by Midnight.</p> <p>The NA#4, who worked the 7:00PM - 7:00AM shift, was interviewed on 1/12/21 at 5:30PM. NA #4 stated that resident bed baths were given before showers. NA#4 further stated resident</p>	F 550	<p>Systemic Changes: Showers are assigned by shift and day of the week in the Task section in the Point Click Care (PCC) Electronic Medical Record (EMR) for all residents. This is assigned to non licensed staff as determined by resident preference. The Administrator or Director of Nursing will audit shower compliance using the Point Click Care EMR, Dashboard and general observation/interviews on rounds. These audits will be done weekly for four weeks and then monthly for three months.</p> <p>Quality Assurance: The Administrator or Director of Nursing will audit residents to ensure the shower schedule is followed using Point Click Care EMR, Dashboard and via general observations/interviews on rounds. These audits will be done weekly for four weeks and then monthly for three months. Results will be reported weekly by the Administrator to the QA committee and corrective action initiated as appropriate. The QA committee is the main quality assurance committee. This regularly scheduled daily meeting is attended by the Administrator, Director of Nursing/MDS Coordinator, and Social Services Coordinator/Activity Director, and Dietary Manager. The Medical Director will review during the Quarterly QA Meeting.</p>		

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F 550	Continued From page 3 showers were not completed by staff until 2:00AM. The NA stated it took that long to provide resident showers following bed baths - because there were only 2 NAs working on the night shift. She indicated residents were woken up at night by staff to receive their showers. An interview with the Administrator on 1/14/21 at 3:48PM, she revealed she had not received any concerns voiced by residents regarding showers. She stated resident showers should be completed by 9:00PM. During an interview with the Administrator on 1/15/21 at 12:45PM, she stated residents should not be woken up by staff for showers, that was not the facility's procedure. She further stated, upon admission, residents were interviewed for their shower preference and preferred time to receive a shower.	F 550			
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 (Resident #3) who were dependent on facility staff for activities of daily living. Findings included: Resident #3 was admitted to the facility on	F 677	Corrective Action for Residents Affected Resident #3 Nails were trimmed and cleaned on 1/15/21 when resident finally agreed. Corrective Action for Resident Potentially Affected. 100% of resident nails were cleaned and trimmed by nursing staff on 1/12/21 as needed.	1/29/21	

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F 677	<p>Continued From page 4</p> <p>1/13/18 with most recent reentry on 11/17/20 with diagnoses which included cerebral palsy.</p> <p>The quarterly Minimum Data Set (MDS) dated 8/5/20/20 indicated Resident #3 was cognitively intact. The Discharge with return anticipated MDS dated 10/31/20 indicated Resident #3 extensive assistance with activities of daily living except he was independent with eating.</p> <p>An observation on 1/12/21 at 11:16 AM with Nurse #1 revealed Resident #3 had severe contractures of both hands and visualization of fingernails was limited. The fingernails visualized were both thumb nails and left little finger nail. Both thumb nails and left little finger nail were very long and brown debris was observed under both thumb nails.</p> <p>During an interview with Nurse #1 on 1/12/21 at 1:08 PM she revealed the nurses were responsible for providing the resident's nail care as needed. She stated Resident #3's nails were too long and had brown debris under them. She also stated they should have been cleaned and cut and she did not know why that had not been done.</p> <p>During an interview with the Administrator on 1/12/21 at 12:15 PM she stated Resident #3's fingernails were too long and had brown debris under them. She also stated she did not know why the resident's nails had not been cut and cleaned, but that he should have had nail care.</p>	F 677	<p>Systemic Changes Nail care has been assigned to the licensed staff on the Treatment Administration Record in Point Click every two weeks (weekly for residents diagnosed with Diabetes). The Administrator or Director of Nursing will audit residents to ensure that nail care has been completed as assigned using the Point Click Care Electronic Medical Record, Treatment Administration section and general observations. These audits will be done weekly for four weeks and then monthly for three months.</p> <p>Quality Assurance The Administrator or Director of Nursing will audit residents to ensure that nail care has been completed as assigned using Point Click Care Electronic Medical Record, Treatment Administration record and general observations. These audits will be done weekly for four weeks and then monthly for three months. Results will be reported weekly by the Administrator to the QA committee and corrective action initiated as appropriate. The QA committee is the main quality assurance committee. This regularly scheduled daily meeting is attended by the Administrator, Director of Nursing/MDS Coordinator, and Social Services Coordinator/Activity Director, and Dietary Manager. The Medical Director will review during the Quarterly QA Meeting.</p>		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)	F 690		1/29/21	

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F 690	<p>Continued From page 5</p> <p>§483.25(e) Incontinence.</p> <p>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interviews, the facility failed to secure the indwelling urinary catheter tubing for 2 of 3</p>	F 690	<p>Corrective Action for Residents Affected Indwelling catheter stabilizers were applied to Resident 3 and resident #7 on</p>		

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F 690	<p>Continued From page 6 residents (Resident #3 and Resident #7) reviewed for urinary catheter care.</p> <p>Findings included:</p> <p>1. Resident #3 was admitted to the facility on 1/13/18 with most recent reentry on 11/17/20 with diagnoses which included cerebral palsy.</p> <p>The quarterly Minimum Data Set (MDS) dated 8/5/20/20 indicated Resident #3 was cognitively intact. The Discharge with return anticipated MDS dated 10/31/20 indicated Resident #3 extensive assistance with activities of daily living except he was independent with eating and was coded for an indwelling catheter.</p> <p>An observation on 1/12/21 at 11:16 AM with Nurse #1 revealed Resident #3 had an indwelling urinary catheter with no catheter tube securement device.</p> <p>During an interview with Nursing Assistant (NA) #1 on 1/12/21 at 12:59 PM she revealed the nurses were responsible to ensure the residents who have an indwelling urinary catheter had a leg strap or adhesive securement device in place to secure the catheter to the resident's leg.</p> <p>During an interview with Nurse #1 on 1/12/21 at 1:08 PM she revealed the nurses were responsible to ensure the resident had a catheter securement device and she did not know why Resident #3 did not have one in place.</p> <p>During an interview with the Administrator on 1/14/21 at 11:20 AM she stated Resident #3 should have had a catheter securement device and she did not know why he did not have one in</p>	F 690	<p>1/12/21.</p> <p>Corrective Action for Resident Potentially Affected. All residents with indwelling catheters were assessed and stabilizers were applied as needed by nursing staff. (One resident refused) on 1/12/21.</p> <p>Systemic Changes Indwelling Catheter Stabilizers have been assigned to the licensed staff on the Treatment Administration Record in Point Click every shift. The Administrator or Director of Nursing will audit residents to ensure that they have indwelling catheter stabilizers in place each shift using the Point Click Care Electronic Medical Record, Treatment Administration section. These audits will be done weekly for four weeks and then monthly for three months.</p> <p>Quality Assurance The Administrator or Director of Nursing will audit residents to ensure that they have indwelling catheter stabilizers in place each shift using Point Click Care Electronic Medical Record, Treatment Administration record. These audits will be done weekly for four weeks and then monthly for three months. Results will be reported weekly by the Administrator to the QA committee and corrective action initiated as appropriate. The QA committee is the main quality assurance committee. This regularly scheduled daily meeting is attended by the Administrator, Director of Nursing/MDS Coordinator, and Social Services Coordinator/Activity Director, and Dietary Manager. The Medical Director</p>		

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F 690	<p>Continued From page 7 place.</p> <p>2. Resident #7 was admitted to the facility on 6/11/19 with most recent reentry on 8/03/20 with diagnoses which included neurogenic bladder.</p> <p>The quarterly Minimum Data Set (MDS) dated 11/10/20 indicated Resident #3 was cognitively intact and was coded for an indwelling catheter.</p> <p>An observation on 1/12/21 at 10:55 AM revealed Resident #7 had an indwelling urinary catheter with no catheter tube securement device to secure the catheter to the resident's leg.</p> <p>During an interview with Nursing Assistant (NA) #1 on 1/12/21 at 12:59 PM she revealed the nurses were responsible to ensure the residents who have indwelling urinary had a leg strap or adhesive securement device. She also stated Resident #7 usually had a leg strap and she did not know why he did not have it in place.</p> <p>During an interview with Nurse #1 on 1/12/21 at 1:08 PM she revealed the nurses were responsible to ensure the resident had a catheter securement device and she did not know why Resident #7 did not have one in place.</p> <p>During an interview with the Administrator on 1/14/21 at 11:20 AM she stated Resident #7 should have had a catheter securement device and she did not know why he did not have one in place.</p>	F 690	will review during the Quarterly QA Meeting.		