

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2021
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NAME OF PROVIDER OR SUPPLIER THE CITADEL AT WINSTON SALEM	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 W 1ST STREET WINSTON-SALEM, NC 27104
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F 000	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted from 2/15/21-2/19/21. As a result of the survey, F 641, F 677, and F 688 were cited. The facility is not in substantial compliance.	F 000		
F 641 SS=D	2 of the 13 complaint allegations were substantiated. 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 record review and staff interview the facility failed to accurately code the minimum data set for impairment in range of motion and significant weight loss for 1 of 1 resident that was reviewed for range of motion and nutrition (Resident #1). Findings Included: Resident #1 was admitted to the facility on 4/21/17 and diagnoses included dementia, heart failure, diabetes, and dysphagia. A quarterly Minimum Data Set (MDS) dated 1/15/21 for Resident #1 did not identify any impairment in range of motion to her upper or lower extremities in Section G. The resident was totally dependent on staff for all her activities of daily living and her cognition was severely impaired. Section K of the MDS identified her weight as 120 pounds (lbs.) and she had experienced a significant weight loss not on a	F 641	1. Resident #1 MDS was corrected and resubmitted on 2/17/21 to indicate impairment of both hands and transmitted on 02/17/2021. Resident #1 will also be placed on weekly weights to monitor for any changes in weights, and if any decline is identified dietary interventions will be put in place. 2. To identify other residents having the potential to be affected by the same deficient practice; Section G-0400 and section K0200,k0300 of the most recently completed MDS, for all current residents, will be audited for accuracy by the Therapy Director and the Director of Nursing. The MDS Coordinators will make Modifications if needed and will be corrected and submitted by the MDS coordinators to be completed by 3-11-2021.	3/11/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/11/2021
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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 641	<p>Continued From page 1</p> <p>prescribed plan during the look back period.</p> <p>An observation of Resident #1 on 2/15/21 at 12:15 pm revealed she was lying in bed on her left side. Both resident ' s hands were balled into a fist like position. She was unable to follow any directions when asked if she could open her fingers. There were no splints or devices present on the resident ' s hands.</p> <p>An interview on 2/15/21 at 12:30 pm with Nursing Assistant (NA) #1 revealed she was the NA caring for Resident #1. She stated the resident was totally dependent on staff for all her care. NA #1 stated the resident ' s hands were always balled into a fist and she was unable to open her fingers on her own.</p> <p>Review of the weight record for Resident #1 revealed her weight on 1/12/21 was 121.1 lbs. and her weight on 7/8/20 was 123.7 lbs. This did not reflect a significant weight change for the 1 month or 6-month look-back period.</p> <p>A phone interview on 2/17/21 at 12:30 pm with the Registered Dietitian (RD) revealed the Dietary Manager had completed Section K of the quarterly MDS dated 1/15/21. She stated the MDS was coded incorrectly for significant weight loss because the weight record was missing the November 2020 weight and the DM had used the wrong weight to calculate the 6-month significant weight loss. The RD added they would need to pay closer attention to the date of the weights they were using to code significant weight loss on the MDS.</p> <p>A phone interview on 2/19/21 at 8:30 am with the MDS Nurse revealed she had not completed the</p>	F 641	<p>New Therapy evaluations were done for each current resident to identify any new contractures or decline in ranges of motion and was completed on 3-10-21. Therapy services will be offered to these residents identified unless contraindicated by other medical conditions that would cause the resident discomfort from therapy treatment.</p> <p>The Registered dietician and Director of nursing will audit all weights for the last 30, and 60 days to compare and identify any significant weight losses and weight gains, this audit will be completed by 3-11-2021. The Mds will make any nessesary corrections. The RD will make suggestions for any needed diet changes and add any nessary interventions for weight losses and weight gains after review of the audits.</p> <p>The MDS staff will be re-educated by the Regional MDS consultant on 03/08/2021 regarding the importance of accurately coding the MDS correctly.</p> <p>3. Measures and systematic changes put in place to ensure that the deficient practice does not reoccur: Regional MDS consultant and Director of nursing and or designee will audit section G, and section K, a minimum of 10 Minimum data sets per week x 4 weeks to ensure accuracy. After the 4 weeks the Director of Nursing and MDS coordinators will review sections G and K of 5 random</p>		

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F 641	Continued From page 2 quarterly MDS dated 1/15/21 for Resident #1 and she did not recognize the name of the nurse who had completed Section G. She stated Section G had been coded incorrectly for impairment in range of motion as the resident did have an impairment to both of her hands. The MDS Nurse stated she had completed a modification to the MDS on 2/17/21. A phone interview on 2/19/21 at 10:20 am with the Administrator revealed she expected the MDS to be coded correctly to reflect the health condition of the resident.	F 641	completed Minimum Data Set assessments weekly during morning stand up meeting to ensure the facility maintains compliance. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained Data obtained during the audit process will be analyzed for patterns and trends and reported to Quality Assurance and Performance Improvement Committee by the MDS coordinator monthly x 3 months, At that time, the Quality Assurance and Performance Improvement committee will evaluate the effectiveness of the interventions to determine if a subsequent plan needs to be implemented and to determine if continued auditing is necessary to maintain compliance.		
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 interview the facility failed to provide nail care for 1 of 1 dependent resident reviewed for activities of daily living (Resident #1). Findings Included: Resident #1 was admitted to the facility on 4/21/17 and diagnoses included dementia, heart	F 677	1. Nurse Aide #1 did not complete Activities of daily living to include nail care on Resident #1 while care observations were being conducted during a survey. Nurse Aide #1 was provided one-to-one education on 2/17/21 by the facility Director of Nursing concerning the proper procedure for performing complete ADL care on a resident. Nurse Aide #1	3/11/21	

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F 677	<p>Continued From page 3</p> <p>failure, diabetes, and dysphagia.</p> <p>A quarterly Minimum Data Set (MDS) dated 1/15/21 for Resident #1 identified she was totally dependent on staff for all her activities of daily living (ADL 's) and her cognition was severely impaired.</p> <p>A care plan dated 8/9/19 for Resident #1 stated she had an ADL self-care deficit related to dementia and refusal of care at times. Interventions included to check nail length, trim and clean on bath day and as necessary. Report any changes to the nurse. A care plan intervention dated 5/18/20 stated to refer to podiatrist, foot care nurse to monitor and document foot care and to cut long nails.</p> <p>An observation of Resident #1 on 2/15/21 at 12:15 pm revealed she was lying in bed on her left side. Both resident ' s hands were balled into a fist like position and visible fingernails were long; approximately 1 to 1 ½ inches above the nail bed. The second fingernail on her right hand appeared to be digging into her palm. Resident #1 was awake but was unable to answer any questions.</p> <p>An interview on 2/15/21 at 12:30 pm with Nursing Assistant (NA) #1 revealed she was the NA caring for Resident #1. She stated the resident was totally dependent on staff for all her care. NA #1 stated the resident ' s hands were always balled into a fist and she was unable to open her fingers on her own. NA #1 explained she was able to manually open up some of the residents fingers on her left hand and tried to use a washcloth to clean the inside of her palm, but she was unable to do anything with the residents right</p>	F 677	<p>provided a successful return demonstration. Resident #1 nails were trimmed by the wound care nurse on 2-17-21. The facility medical director visited the resident on 2-17-21 to ensure no open areas to hands The facility podiatrist will be seeing all residents on their visits scheduled for 3-19-21 and 3-24-21. The Director of nursing and Adon will do an audit of all current residents to determine if any nail care needs to be done and to make podiatrist referrals if needed before the scheduled visits of 3-19-21 and 3-24-21.</p> <p>2. Education was provided to nursing staff including contracted staff from 3/3/21 - 03/12/21 by the Director of Nursing and Assistant Director of Nursing on the proper procedure for completing adl care including nail care. Any nursing staff who has not completed this education by 03/12/21 will be removed from the schedule until education is completed. Newly hired nursing staff including contracted staff will have education by the Staff Development Coordinator on proper procedure for completing adl care including nail care during their orientation period.</p> <p>3. Beginning 03/03/21, care observations to ensure proper procedure for adl care will be conducted by the Unit Managers and administrative nurses on Nurses and nurses Aides performing adl care. These observations will be conducted with three (3) Nurse Aides three times weekly for twelve weeks on various shifts.</p>		

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F 677	<p>Continued From page 4</p> <p>hand. NA #1 added she did not cut the residents nails because she was a diabetic and the nurse was responsible for cutting the resident ' s nails.</p> <p>During an observation of Resident #1 ' s wound care on 2/15/21 at 2:15 pm her toenails were observed to be long; approximately 2 to 2 ½ inches above the nail bed. The toenails were observed to be jagged and curled somewhat inward toward her skin.</p> <p>An interview was conducted with Nurse #1 on 2/15/21 at 2:15 pm and discussed the resident ' s nails being long and there was a physician ' s order stating to keep the resident ' s nails trimmed. Nurse #1 explained it was primarily the NA ' s responsibility to check the resident ' s fingernails and the podiatrist was supposed to trim her toenails.</p> <p>An observation on 2/16/21 at 10:25 am revealed Resident #1 was lying in bed; both hands were contracted into a fist like position and her fingernails remained long approximately 1 to 1 ½ inches above the nail bed.</p> <p>An interview on 2/16/21 at 10:30 am with NA #2 revealed she had just given Resident #1 a bath. She stated the protocol for cutting residents nails was to talk with the resident ' s nurse to see if the NA could cut the nails and if okay ' d by the nurse she would cut them. NA #2 added she was aware Resident #1 ' s nails were long, and she would cut them today. She stated she couldn ' t cut her nails earlier due to time issues.</p> <p>An interview on 2/16/21 at 10:45 am with Nurse #2 revealed he did not know how the facility looked after the resident ' s nails, but if the NA</p>	F 677	<p>Monthly for a minimum of three (3) months, the Director will report completed audit results to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three months.</p> <p>4.The Director of Nursing will report completed audit results to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three months.The Director of Nursing will be responsible for overall compliance. Data results will be reviewed and analyzed at the centers monthly QAPI meeting with a subsequent POC as needed.</p>		

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F 677	Continued From page 5 could not cut them due to being diabetic, he would cut them. Review of the medical record for Resident #1 revealed one podiatry visit on 1/21/21. This was an off-site visit to treat the residents right heel pressure ulcer. There was no documented service to the resident ' s nails. A phone interview on 2/17/21 at 11:40 am with the Director of Nursing (DON) revealed she was familiar with Resident #1. She stated nail care was typically provided by the NAs. She explained Resident #1 was a diabetic and therefore the nurses would be responsible for her nail care. The DON stated the facility has had limited access to in-house podiatry visits due to the COVID outbreak but if nail care was needed, they would make arrangements to have the resident sent out for podiatry care. The DON stated she was not aware of nail care concerns for Resident #1, but she would follow-up on getting her finger and toenails cared for. A phone interview on 2/19/21 at 10:20 am with the Administrator revealed she expected nail care would be provided routinely for residents that were dependent on the staff for care.	F 677			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and	F 688		3/12/21	

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F 688	<p>Continued From page 6</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview the facility failed to identify and develop a treatment plan for a resident with hand contractures. This was evident for 1 of 1 resident reviewed for range of motion (Resident #1).</p> <p>Findings Included:</p> <p>Resident #1 was admitted to the facility on 4/21/17 and diagnoses included dementia, heart failure, diabetes, and dysphagia.</p> <p>A quarterly Minimum Data Set (MDS) dated 1/15/21 for Resident #1 did not identify any impairment in range of motion to her upper or lower extremities. The resident was totally dependent on staff for all her activities of daily living and her cognition was severely impaired.</p> <p>An observation of Resident #1 on 2/15/21 at 12:15 pm revealed she was lying in bed on her left side. Both resident ' s hands were balled into a fist like position and visible fingernails were long; approximately 1 to 1 ½ inches above the nail bed. The second fingernail on her right hand appeared to be digging into her palm. Resident</p>	F 688	<p>1 Resident #1 was identified as having bilateral contractures, resident#1 did not have any orders for therapy services and or splints. The Facility failed to ensure resident #1 received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Therapy services re evaluated resident#1 on 2/17/21 and are treating as ordered. Resident #1 therapy services included a screen for different type of hand splint. Orders have been updated to reflect current splint status as of 2-17/21.</p> <p>New Therapy evaluations were done for each current resident to identify any new contractures or decline in ranges of motion and was completed on 3-10-21. Therapy services will order splints as indicated and residents will be offered to participate in therapy services unless contraindicated by other medical conditions that would cause the resident discomfort from therapy treatment.</p>		

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F 688	<p>Continued From page 7</p> <p>#1 was awake but was unable to answer any questions. She was unable to follow any directions when asked if she could open her fingers. There were no splints or devices present on the resident ' s hands.</p> <p>An interview on 2/15/21 at 12:30 pm with Nursing Assistant (NA) #1 revealed she was the NA caring for Resident #1. She stated the resident was totally dependent on staff for all her care. NA #1 stated the resident ' s hands were always balled into a fist and she was unable to open her fingers on her own. NA #1 explained she was able to manually open up some of the residents fingers on her left hand and tried to use a washcloth to clean the inside of her palm, but she was unable to do anything with the residents right hand. She added if she tried to open those fingers the resident would yell out. NA #1 stated she was not aware of any splints or devices that were used for the resident ' s hands.</p> <p>An observation on 2/16/21 at 10:25 am revealed Resident #1 was lying in bed; both hands were contracted into a fist like position and there were not splints or devices present on her hands.</p> <p>Review of the most recent physicians progress note dated 1/16/21 for Resident #1 did not identify the contractures present to the residents ' hands.</p> <p>Review of the most recent nurse practitioner progress note dated 1/23/21 for Resident #1 did not identify the contractures present to the residents ' hands.</p> <p>Review of the medical record for Resident #1 revealed a rehab therapy screen dated 11/24/20 identified as a post fall screening. This screening</p>	F 688	<p>2 Education was provided from 03/08/21 - 03-12-21 to nursing staff by the Director of Nursing or Assistant Director of Nursing on ensuring splints are applied as ordered. Any nursing staff who has not completed this education by 03/11/21 will be removed from the schedule until education is completed. Newly hired nursing staff including contracted staff will be educated during their orientation period by the Staff Development Coordinator on ensuring splints are applied as ordered.</p> <p>3 Beginning 03/11/18, splint audits will be conducted by the Director of nursing, Unit Manager or nurse Supervisor five (5) times a week for four (4) weeks then three (3) times a week for eight (8) weeks to ensure splints are applied as ordered. Monthly for a minimum of three (3) months.</p> <p>4.The Director of Nursing will report completed audit results to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three months.The Director of Nursing will be responsible for overall compliance. Data results will be reviewed and analyzed at the centers monthly QAPI meeting with a subsequent POC as needed.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 688	<p>Continued From page 8</p> <p>did not identify anything related to Resident #1 ' s hand contractures. A rehab screen dated 9/15/20 stated "no skilled services needed at this time; no contractures noted for physical or occupational therapy".</p> <p>A phone interview on 2/18/21 at 11:00 am with the Rehab Manager (RM) revealed she was familiar with Resident #1 and she had completed the rehab therapy screens dated 11/24/20 and 9/15/20. She stated typically residents are screened for therapy needs quarterly, after a fall or from a staff referral. The RM indicated the last full rehab screen for Resident #1 was on 9/15/20 and she must not have identified the resident had any contractures; she added she just couldn ' t recall. The RM explained she did look at Resident #1 yesterday (2/17/21) and identified the resident did have a full contracture on her right hand and partial contracture on her left hand. She stated Resident #1 would benefit from treatment to the contractures, but she was unsure if the resident would tolerate any planned treatment.</p> <p>A phone interview on 2/17/21 at 11:40 am with the Director of Nursing (DON) revealed she was familiar with Resident #1. She stated the resident had some contractures to her hands since she started working at the facility in March of 2020. The DON stated she was not sure if the resident had been evaluated by therapy for her contractures. She added if a resident was identified to be developing contractures therapy should evaluate and develop a treatment plan.</p> <p>A phone interview on 2/19/21 at 10:20 am with the Administrator revealed she expected all residents to be screened for therapy needs at least quarterly and as needed. She stated</p>	F 688			

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F 688	Continued From page 9 Resident #1 ' s contractures should have been identified and a plan of care implemented as the resident tolerated.	F 688			