

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2021
NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078	
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E 000	Initial Comments	E 000		
F 000	An unannounced Recertification survey was conducted on 07/26/21 through 07/29/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#: R1S611.	F 000		
F 563 SS=F	INITIAL COMMENTS An unannounced onsite Recertification and Complaint investigation survey was conducted 07/26/21 through 07/29/21. There were 8 allegations investigated and all were unsubstantiated. Event ID/# R1S611. Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of	F 563		9/9/21

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

TITLE

(X6) DATE

Electronically Signed

08/20/2021

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 563	<p>Continued From page 1</p> <p>residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and interviews with family, residents and staff, the facility imposed a restricted visitation schedule that limited indoor and outdoor visitation of family and friends to 30 minutes per visit for 4 of 4 residents reviewed for visitation (Resident #61, #326, #75, and #10).</p> <p>Findings included:</p> <p>1. The Resident Council Meeting minutes dated 06/29/21 read in part, visitation remains the same: virtual visits, window visits and indoor visits in the two visitation rooms, and outdoor visitation. All need to be scheduled and must be scheduled 24 to 48 hours in advance.</p> <p>Resident #61 was admitted to the facility 07/05/21 with diagnoses that included Alzheimer's disease and dementia.</p> <p>The admission Minimum Data Set (MDS) dated 07/12/21 coded Resident #61 with severe impairment in cognition.</p> <p>Review of the Visit Schedule 07/17/21 to 07/27/21 revealed Resident #61's Responsible Party (RP) scheduled an indoor visit on 07/20/21 from 1:00 PM to 1:30 PM.</p>	F 563	<p>Olde Knox Commons <input type="checkbox"/> preparation and execution of this plan of correction in response to the Report of Survey does not constitute admission or agreement by Olde Knox Commons of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed because the provisions of state and federal law require it.</p> <p>The Root Cause Analysis and Directed Plan Of Correction will follow as an attachment to this Plan of Correction. The Root Cause Analysis was completed in conjunction with the Quality Assurance Committee.</p> <p>F 563 Right to Receive/Deny Visitors</p> <p>Address How Corrective Action Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient Practice:</p> <p>Visitation without time limit or sign up will occur for all residents per CMS directive beginning 09.09.2021 after notification on 09.07.2021 to all families via email, to</p>		

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F 563	<p>Continued From page 2</p> <p>During a telephone interview on 07/27/21 at 10:38 AM, Resident #61's RP voiced concerns regarding the facility's visitation schedule. The RP explained in order to visit with Resident #61, she had to schedule an appointment online and was only allotted 30 minutes to visit. She added, she was used to visiting with Resident #61 daily and it had been difficult not getting to spend more time with her. The RP stated the visitation slots filled up quickly and she had to schedule a visit in advance for next week just to make sure she would be able to visit with Resident #61 on her birthday.</p> <p>During an interview on 07/29/21 at 4:49 PM, the Social Worker (SW) revealed family members had been instructed to go online or call the facility to schedule an appointment for window, outdoor and indoor visits. The SW explained the visits were limited to 30 minutes each and to certain hours of the day and days of the week based on their schedule. She added the facility was aware visitation restrictions had been lifted but stated they had to manage visitation to give all families the opportunity to visit.</p> <p>During an interview on 07/29/21 at 6:04 PM, the Administrator indicated she was aware that visitation restrictions had been lifted; however, scheduling visits was their way of managing visitation capacity for all residents in the facility.</p> <p>2. The Resident Council Meeting minutes dated 06/29/21 read in part, visitation remains the same: virtual visits, window visits and indoor visits in the two visitation rooms, and outdoor visitation. All need to be scheduled and must be scheduled 24 to 48 hours in advance.</p>	F 563	<p>alert and oriented residents via Resident's Council Meeting on 09.07.2021 and staff via staff meeting on 09.08.2021.</p> <p>Address How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>Any resident has the potential to be affected by the alleged Cited Deficient Practice.</p> <p>Address What Measures Will Be Put into Place or Systemic Changes Made to Ensure That the Deficient Practice Will Not Recur:</p> <p>The facility will amend its Visitation Plan to comply with Quality, Safety and Oversight transmittal 20-39-NH. Per CMS, the facility will not put a time limit on visits and visitors will not be required to sign up for visitation times. The facility's Visitation Plan has been changed to reflect this mandate from CMS. Residents have been interviewed on 09.07.2021 concerning the new visitation plan. The new plan will be implemented on 09.09.2021 following notification of family members of the new plan and the requirements for adherence to the Core Principles of Infection Control and staff prepared during a staff meeting on 09.08.2021.</p> <p>Indicate How The Facility Plans to Monitor</p>		

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F 563	<p>Continued From page 3</p> <p>Resident #326 was admitted to the facility on 07/20/21 with diagnoses that included fracture of upper end of left humerus (long bone of upper arm between elbow joint and shoulder).</p> <p>The Admission Nursing Evaluation Assessment dated 07/20/21 indicated Resident #326 was alert and oriented to person, place and time with no short or long term memory impairment.</p> <p>Review of the Visit Schedule 07/20/21 to 07/29/21 revealed the following: 07/26/21: Resident #61's Family Member (FM) scheduled an indoor visit from 12:00 PM to 12:30 PM. 07/27/21: Resident #61's FM scheduled an indoor visit from 4:00 PM to 4:30 PM. 07/28/21: Resident #61's FM scheduled an indoor visit from 4:00 PM to 4:30 PM. 07/29/21: Resident #61's FM scheduled an indoor visit from 4:00 PM to 4:30 PM.</p> <p>During an interview on 07/28/21 at 11:24 AM, Resident #326 revealed his family member had signed up for scheduled visitation at 4:00 PM all week and the visits were time-limited to 30 minutes; however, sometimes the visits did go a few minutes longer. Resident #326 stated he enjoyed the daily visits with his family member but they were never long enough.</p> <p>During an interview on 07/29/21 at 4:49 PM, the Social Worker (SW) revealed family members had been instructed to go online or call the facility to schedule an appointment for window, outdoor and indoor visits. The SW explained the visits were limited to 30 minutes each and to certain hours of the day and days of the week based on their schedule. She added the facility was aware</p>	F 563	<p>Its Performance to Make Sure That Solutions Are Sustained:</p> <p>The Marketing Director will interview families and the Activities Director will interview alert and oriented residents in two weeks following the implementation of the new visitation plan to ensure the facility is adhering to the plan. The Marketing Director will again interview families and the Activities Director will interview alert and oriented residents again in another two weeks to ensure compliance. The Quality Assurance Committee will monitor the Visitation Plan weekly for four (4) weeks, then monthly for 4 months and then quarterly thereafter while the Public Health Emergency is in effect to ensure the facility is honoring the residents' right to receive visitors under the current Centers for Medicare and Medicaid Services Quality, Safety, and Oversight transmittal in effect at the time for visitation under the Public Health Emergency.</p> <p>Completion date: 09.09.2021</p>		

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F 563	<p>Continued From page 4</p> <p>visitation restrictions had been lifted but stated they had to manage visitation to give all families the opportunity to visit.</p> <p>During an interview on 07/29/21 at 6:04 PM, the Administrator indicated she was aware that visitation restrictions had been lifted; however, scheduling visits was their way of managing visitation capacity for all residents in the facility.</p> <p>3. The facility's "Visitation Plan" updated on 5/2021 indicated:</p> <ul style="list-style-type: none"> * Visitations will take place from 10 AM to 5 PM, Monday through Sunday, due to staffing needs and resident care. * Routine visits will be 30 minutes in duration to allow for other visits and safe cleaning time * Compassionate visits will be 1 hour in duration and will be scheduled through the Admissions Coordinator. <p>A review of the Resident Council Meeting minutes dated 6/29/21 indicated:</p> <ul style="list-style-type: none"> * Visitation remains the same: virtual visits, window visits and indoor visits in the visitation rooms (2) and then outdoor visitation. All need to be scheduled and must be scheduled 48 to 24 hours in advance. We also have compassionate visits which are based on an individual need. You may have had a compassionate visit due to health condition and then improved so the need for the compassionate visit is not needed anymore, so the other types of visitation should be scheduled. <p>A review of the Visit Schedule from 7/17/21 to 7/28/21 indicated the following information: 7/17/21 - Resident #75's family member had a</p>	F 563			

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F 563	<p>Continued From page 5</p> <p>scheduled indoor visit from 1:00 PM to 1:30 PM and a window visit from 2:00 PM to 2:30 PM.</p> <p>7/21/21 - Resident #75's family member had a scheduled indoor visit from 2:00 PM to 2:30 PM.</p> <p>7/24/21 - Resident #75's family member had a scheduled indoor visit from 1:00 PM to 1:30 PM and a window visit from 2:00 PM to 2:30 PM.</p> <p>7/28/21 - Resident #75's family member had a scheduled indoor visit from 12:00 PM to 12:30 PM and a window visit from 1:00 PM to 1:30 PM.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 7/5/21 indicated Resident #75 was moderately cognitively impaired.</p> <p>An interview with Resident #75 on 7/28/21 at 10:12 AM revealed Resident #75 had a scheduled visit for 7/28/21 at 12:00 PM and at 1:00 PM. Resident #75 stated her visits from her family member were usually 30 minutes long, but they sometimes let her family member stay over if the next scheduled appointment cancelled. Resident #75 stated they usually do indoor visits in one of the rooms at the front. She added that her family member could only come when she had a day off and she had to set up a schedule before she could come visit. Her family member could not come on the days that she had to work because they did not have visitation after 4:00 PM.</p> <p>An interview with Resident #75's family member on 7/28/21 at 12:46 PM revealed she had concerns regarding visitation because she had to set up a schedule before she could come to the facility to visit Resident #75. Resident #75's family member stated the scheduled visits were only 30 minutes long although there had been times when they let her stay over if the next</p>	F 563			

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F 563	Continued From page 6 scheduled appointment had cancelled. She stated that she would like to visit Resident #75 every day but could not because she had to work, and she could only come after 4:00 PM on the days she had to work but the facility restricted visitation to 4:00 PM on weekdays and 2:00 PM on weekends. The facility was also not consistent with getting the visitation schedule posted online and she had to check often to be able to sign up because most slots got filled up quickly. Resident #75's family member also stated she was not sure why the Administrator was limiting visitation because she had read the last guidance regarding visitation and understood from it that family members should be allowed to visit at any time. She also said she did not understand why she couldn't visit Resident #75 in her room since both her and Resident #75 had been fully vaccinated for COVID-19. Resident #75's family member reported the last time she had been able to visit Resident #75 in her room was during a compassionate care visit when Resident #75 had been sick back in December 2020. She added that she had requested the Administrator to allow her to take Resident #75 outside for a walk while she pushed her in her wheelchair, but she was told to notify the Administrator the day before. She was concerned that whenever she called the facility, she might not be able to reach the Administrator and did not understand why she couldn't just let the staff members know when she wanted to take Resident #75 outside. Resident #75's family member further shared that she had been having to schedule both an indoor visit and a window visit on the same day just so she could have more time with Resident #75 rather than just 30 minutes which was not enough to spend quality time with her loved one.	F 563			

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F 563	Continued From page 7 An observation was made on 7/28/21 at 2:41 PM of Resident #75 receiving a window visit with her family member at the front lobby. Resident #75 was sitting by the window in her wheelchair inside the facility while her family member sat outside the window. Resident #75 was talking to her family member through a cordless phone on speaker. There were two staff members in the front lobby where Resident #75's conversation with her family member was audible. An interview with the Social Worker (SW) on 7/29/21 at 5:49 PM revealed family members had been instructed to go online or to call the facility to schedule an appointment for window, indoor and outdoor visits. The SW stated the visits were limited to 30 minutes each and to certain hours of the day and days of the week based on their schedule. The SW stated that she had acted as the manager on duty on the weekends and had managed the visitations on Saturdays and Sundays. The SW said she was aware that Resident #75's family member had been scheduling an indoor visit and then a window visit afterwards because she wanted to spend extra time with Resident #75. The SW stated she had to make Resident #75 and her family member move over to the front lobby window after 30 minutes of indoor visitation because another family was scheduled to use the room. The SW agreed that Resident #75 and her family member did not have privacy during their window visit at the front lobby but did not think Resident #75 would go outside because it was hot. An interview with the Administrator on 7/29/21 at 6:04 PM revealed she had not been aware of concerns from Resident #75's daughter regarding	F 563			

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F 563	<p>Continued From page 8</p> <p>the visitation schedule. The Administrator stated she knew that Resident #75's family member liked to spend time with Resident #75, and she would allow her to visit outside or in her room if the facility could prepare for the visit ahead of time.</p> <p>4. Resident #10 was admitted to the facility on 11/06/18 and readmitted on 02/19/21 with diagnoses which included cerebral vascular accident (CVA) and dementia.</p> <p>Review of Resident #10's quarterly Minimum Data Set (MDS) assessment dated 07/15/21 indicated Resident #10 was severely cognitively impaired.</p> <p>Review of the Visit Schedule from 07/17/21 to 07/28/21 indicated the following information: 07/23/21 - Resident #10's Power of Attorney (POA) had a scheduled outdoor visit from 1:00 PM to 1:30 PM.</p> <p>Telephone interview on 07/26/21 at 11:36 AM with Family Member #1 revealed the visitation restrictions were tough for Resident #10 and for her. Family Member #1 stated Resident #10 was mostly non-verbal and could not use a phone so their only contact with the resident was through visitation. She further stated it had been a while since she had been to visit Resident #10 because she worked, and the visiting hours conflicted with her work schedule. Family Member #1 indicated there were too few slots online to sign up for visiting and outdoor visitation was hard on Resident #10 since it was hot outside. She further indicated she preferred to see the resident in her room so as not to make it so difficult for Resident #10. Family Member #1 said not being</p>	F 563			

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F 563	<p>Continued From page 9</p> <p>able to visit Resident #10 had caused a lot of stress on family members since she could not communicate via phone or virtually. Family Member #1 explained it was difficult for them not being able to see her.</p> <p>Telephone interview on 07/26/21 at 11:54 AM with Resident #10's Power of Attorney (POA) revealed she had only been able to visit the resident once in the last week because there were just too few opportunities online to sign up to visit. Resident #10's POA stated she had to take time off work to visit due to too few time slots for visitation. The POA further stated every time she looked online there were no slots available for visiting inside so she had to schedule visitation with Resident #10 outside. The POA explained she would like to visit Resident #10 in her room because it was hard for her to be taken to another location for the visit but had been told visits were not allowed in the room unless it was a private room with one resident. According to the POA, Resident #10 could not talk and could not use a telephone or tablet without assistance, and these did not provide privacy for them and the resident.</p> <p>An interview with the Social Worker (SW) on 7/29/21 at 5:49 PM revealed family members had been instructed to go online or to call the facility to schedule an appointment for window, indoor and outdoor visits. The SW stated the visits were limited to 30 minutes each and to certain hours of the day and days of the week based on their schedule. The SW further stated the facility was aware restrictions had been lifted but stated they had to manage visitation to give all families the opportunity to visit with their loved one.</p> <p>An interview with the Administrator on 7/29/21 at</p>	F 563			

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F 563	Continued From page 10 6:04 PM revealed she was aware that restrictions on visitation had been lifted but making appointments was their way of managing visitation for all residents in the facility.	F 563			
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, resident and staff interviews, the facility failed to provide nail care for 1 of 2 dependent residents (Resident #64) reviewed for activities of daily living. The findings included: Resident #64 was admitted to the facility on 03/16/16 with diagnoses including epilepsy, diabetes mellitus type II and contracture of right hand and elbow and a disease that affects the central nervous system.. Review of Resident #64's most recent quarterly Minimum Data Set (MDS) assessment dated 07/01/21 revealed he was moderately cognitively impaired for daily decision making; however, he was able to make his needs known. The MDS assessment further revealed Resident #64 required extensive assistance of one staff member with personal hygiene and required total assistance of one staff member with bathing. According to the assessment the resident did not refuse any care during the assessment period.	F 677	F677 ADL Care Provided for Dependent Residents Address How Corrective Action Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient Practice: Resident #64's finger nail on his right hand was trimmed after he agreed to allow staff to cut it. It was cut on 07.29.2021. Address How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice: On 07.29.2021 a facility wide audit was conducted for each resident for nail care needs by the Minimum Data Set Nurse and the Medical Record's Director. Other residents found to be in need of any nail care immediately received nail care.	8/21/21	

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NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078		
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F 677	<p>Continued From page 11</p> <p>Review of Resident #64's care plan dated 07/01/21 revealed he was care planned for needing extensive assistance with personal hygiene and total assistance with bathing. Interventions included resident preferred showers and resident was 2 assists with all activities of daily living.</p> <p>Review of the facility Shower Schedule by Resident Room revealed Resident #64 was scheduled for showers on 1st shift (7:00 AM to 3:00 PM) every Wednesday and Friday.</p> <p>Observation on 07/26/21 at 11:06 AM of Resident #64 revealed he was lying in bed in his room, dressed for the day. Observation of his right hand revealed the hand was contracted inward toward his palm and his thumb, middle, fourth and fifth fingers were noted to have nails extending ¼ to ½ inch beyond the end of his finger. The middle and fourth fingernails were noted to be in touch with the palm of his right hand. Interview with Resident #64 at the time of the observation, revealed he was concerned about the nails digging into his palm and said he preferred for his nails to be short.</p> <p>Observation and interview on 07/27/21 at 10:18 AM with Resident #64 revealed the nails on his right hand remained ¼ to ½ beyond the end of his fingers and resident again stated he preferred for them to be short and not extend beyond the end of his fingers because his hand was contracted. According to Resident #64 no one had offered to cut his nails and stated he had not refused to have them cut.</p> <p>Observation and interview on 07/28/21 at 10:41 AM with Resident #64 revealed the nails on his</p>	F 677	<p>Address What Measures Will Be Put into Place or Systemic Changes Made to Ensure That the Deficient Practice Will Not Recur:</p> <p>An in-service on nail care will be conducted by the Director of Nursing and/or her designee for all nursing staff on 08.20.21 and 08.21.2021. The importance of nail care, especially for residents with contractures will be addressed.</p> <p>Beginning 08.19.2021 an audit of all residents <input type="checkbox"/> nails will be completed every two weeks to determine if the residents have received proper nail care. This audit will be conducted every two weeks for three months and then every month for an additional three months until staff is consistent with provision of nail care.</p> <p>Indicate How The Facility Plans to Monitor Its Performance to Make Sure That Solutions Are Sustained:</p> <p>The nail care audit will be presented to the Quality Assurance Committee on a monthly basis and will be reviewed by the Quality Assurance Committee to ensure that solutions are sustained. The Quality Assurance Committee will revise and adjust the audits as needed to ensure nail care is provided for residents.</p> <p>Date of Completion: 08.21.2021</p>		

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F 677	<p>Continued From page 12</p> <p>right hand remained ¼ to ½ inch beyond the end of his fingers and the resident stated he preferred for them to be short. Resident #64 stated no one had offered to cut them but stated maybe they would cut them after his shower today.</p> <p>Observation and interview on 07/29/21 at 11:15 AM with Resident #64 revealed the nails on his right hand remained ¼ to ½ inch beyond the end of his fingers and the resident said no one offered to cut his nails yesterday after his shower. The resident stated he preferred them to be short and no one had offered to cut them for him.</p> <p>Interview on 07/29/21 at 11:32 AM with Nurse Aide (NA) #1 revealed she was taking care of Resident #64 today during the 7:00 AM to 3:00 PM shift. NA #1 described shower days for residents included assisting the resident as needed with washing their body and hair, shaving men and women as requested, drying them off after their shower and applying lotions and creams as needed and requested. NA #1 stated in addition if the resident did not have diabetes and needed their fingernails and toenails clipped, they clipped them while the resident was in the shower. NA #1 further stated if the resident had diabetes and needed their nails clipped, she would report the need to this to the nurse and she would trim the nails for the resident. NA #1 indicated she had not noticed Resident #64's nails being long, but when shown his nails admitted they needed to be cut and said she would notify the nurse to trim them since he had diabetes.</p> <p>Interview on 07/29/21 at 12:17 with the Director of Nursing (DON) in Resident #64's room revealed when she observed the resident's nails on his</p>	F 677			

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

PRINTED: 09/08/2021
FORM APPROVED
OMB NO. 0938-0391

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F 677	<p>Continued From page 13</p> <p>right hand, agreed they needed to be trimmed. The DON stated she was not sure if someone had offered to trim them and the resident had refused; however, she stated the nails should have been trimmed to avoid them causing pressure to his palm.</p> <p>Interview on 07/29/21 at 12:26 PM with Nurse #1 who had been assigned to Resident #64 all week revealed NA #1 had just told her Resident #64 needed his fingernails trimmed. Nurse #1 stated she had not noticed Resident #64's fingernails needing trimmed this week while caring for him and said no one prior to today had mentioned to her the resident's fingernails were long and needed to be trimmed.</p> <p>Phone interview on 07/29/21 at 1:37 PM with NA #2 who had given Resident #64 his shower on Wednesday 07/28/21 revealed she had not trimmed his nails yesterday after his shower because he had not wanted them to be trimmed. NA #2 stated she could not trim Resident #64's nails without permission from the nurse since he had diabetes and said she had not asked Nurse #1 about trimming his nails after his shower and had not told Nurse #1 Resident #64 had refused to let her trim his nails.</p> <p>A follow up interview on 07/29/21 at 3:00 PM with Nurse #1 revealed NA #2 had not told her Resident #64's nails needed to be trimmed. Nurse #1 further revealed NA #2 had not mentioned to her he had refused to have his nails trimmed. Nurse #1 stated if NA #2 had told her after Resident #64's shower his fingernails needed to be trimmed, she said she would have trimmed them on 07/28/21 after his scheduled shower. The nurse further stated if NA #2 had</p>	F 677			

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F 677	Continued From page 14 asked permission to trim the resident's fingernails she would not have given her permission because Resident #64 was diabetic. A follow up interview on 07/29/21 at 3:08 PM with Resident #64 revealed NA #2 had not offered to cut his fingernails after his shower on 07/28/21 and stated he had not refused to have his fingernails cut because he liked for them to be short. Interview on 07/29/21 at 5:25 PM with the Director of Nursing (DON) revealed NAs were not allowed to cut nails for residents with diabetes and said they should all know to notify the resident's nurse the nails needed to be trimmed. The DON further revealed she would have expected the NAs or nurses to have noticed before today Resident #64 needed his nails trimmed especially since his hand was contracted.	F 677			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized	F 761		8/22/21	

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F 761	<p>Continued From page 15 personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to date an opened medication vial and discard an expired medication vial in 1 of 2 medication rooms (Copper Ridge) and failed to discard a single-dose medication vial and date an opened multi-dose medication vial in 2 of 5 medication carts (300 medication cart and Ashbury medication cart).</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. An observation was made on 7/29/21 at 11:35 AM of the Copper Ridge medication room with Nurse #3. An opened and undated vial of Tuberculin, a medication used to aid in diagnosis of tuberculosis infection, was noted in the medication refrigerator available for use. Another opened vial of Tuberculin dated 6/2/21 when it was opened was also in the medication refrigerator with half of the vial available for use. <p>An interview with Nurse #3 on 7/29/21 at 11:40 AM revealed she was not sure when an opened vial of Tuberculin expired but after inspecting the box of the medication, she read that it expired and should be discarded after 30 days of</p>	F 761	<p>F761 Label/Store Drugs and Biologicals</p> <p>Address How Corrective Action Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient Practice:</p> <p>The opened and undated vial of Tuberculin as well as the vial of Tuberculin dated 06/02/2021 were removed and returned to the pharmacy for disposal. The opened and undated vial of Promethazine found in the 300 hall mediation cart was removed and returned to the pharmacy for disposal as well as the multi-dose vial (opened and undated) of Lidocaine on the Ashbury medication cart.</p> <p>Address How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>Any resident has the potential to be affected by the cited practice.</p>		

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F 761	<p>Continued From page 16</p> <p>opening. Nurse #3 stated the opened undated vial of Tuberculin should have been dated when it was opened, and the Tuberculin vial dated 6/2/21 should have been discarded when it had expired. Nurse #3 stated that she had checked the medication room earlier in the morning for undated and expired medications but failed to notice the two vials of Tuberculin in the medication refrigerator that were undated and expired.</p> <p>2. An observation on 7/29/21 at 11:50 AM of the 300 hall medication cart with Nurse #3 revealed an opened and undated vial of Promethazine, a medication used to prevent and treat nausea and vomiting, with one-fourth of the medication available for use in the top drawer of the medication cart.</p> <p>During the observation, an interview with Nurse #3 on 7/29/21 at 11:50 AM revealed the vial of Promethazine was a single-use vial and should have been discarded after use. Nurse #3 stated she had checked the 300 hall medication cart earlier in the morning but did not see the undated and opened vial of Promethazine.</p> <p>3. An observation was made of the Ashbury medication cart on 7/29/21 at 12:05 PM with Nurse #3 and Nurse #4. An undated opened multi-dose vial of Lidocaine, an anesthetic use to prevent and to treat pain from some procedures, was observed in the third drawer of the medication cart with half of the medication available for use.</p> <p>An interview with Nurse #3 and Nurse #4 on 7/29/21 at 12:05 PM revealed the Lidocaine vial was used to dilute an antibiotic injection for</p>	F 761	<p>The system had a system in place that utilized a part-time nurse to check every medication cart and each medication room every Monday for all expired medications, any opened and undated vials of medication, proper storage of medications and cleanliness/organization of medication carts and medication rooms. This system will continue but with a different nurse trained to complete the task.</p> <p>Address What Measures Will Be Put into Place or Systemic Changes Made to Ensure That the Deficient Practice Will Not Recur:</p> <p>A different nurse will be trained to complete the process of checking weekly for expired medications, opened and undated medications, properly stored medications and organization/cleanliness of medication carts, medication refrigerators and medication rooms. In addition, the Assistant Minimum Data Set nurse will conduct a Quality Assurance audit every two weeks, checking behind the nurse completing the weekly checks of the medication carts, medication rooms and medication refrigerators.</p> <p>The Director of Nursing will conduct an in-service for all nurses on dating open vials of multiple dose vials of medication at time of opening the medication; on removing from the medication carts, medication refrigerators and medication rooms any/all expired medications and</p>		

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F 761	Continued From page 17 Resident #62 and she had just received 2 out of 7 doses of her antibiotic therapy. Nurse #4 stated she had not given Resident #62 her antibiotic injection because it was scheduled to be given on the evening shift once a day. Nurse #3 stated the Lidocaine vial expired after 30 days of opening, but it should have been dated when it was opened. Nurse #3 added she had checked the Ashbury medication cart earlier in the morning for undated medications but failed to notice the undated opened vial of Lidocaine. An interview with the Director of Nursing (DON) on 7/29/21 at 5:20 PM revealed all medication vials should be dated when they were opened, and all expired medications should be discarded. The DON stated any unused medication in a single-use medication vial should be discarded as well. The DON shared that Nurse #3 was responsible for checking all the medication rooms and the medication carts and should have observed the undated and expired medications in the medication room refrigerator and the medication carts.	F 761	disposal of single-use medication vials/pens after use. The in-service will be completed by 08.22.2021. Indicate How The Facility Plans to Monitor Its Performance to Make Sure That Solutions Are Sustained: The nurse completing the weekly check of the medication rooms, medication carts and medication refrigerators will turn the check sheets into the Director of Nursing weekly for review. The Assistant Minimum Data Set nurse performing the every other week Quality Assurance audit of the medication carts, medication refrigerators and the medication rooms will submit the completion of the weekly Quality Assurance audits to the Director of Nursing for review. The Director of Nursing will submit the weekly checks and the every two week Quality Assurance audit to the Quality Assurance Committee who will be responsible for reviewing the check sheets and audits to ensure that solutions are sustained. The Quality Assurance Committee will review these checks and audits monthly. Completion Date: 08/22/2021		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control	F 880		8/17/21	

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F 880	<p>Continued From page 18</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism</p>	F 880			

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F 880	<p>Continued From page 19 involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations and staff interviews, the facility failed to implement their infection control policies and procedures when 2 of 3 staff members (Nurse #4 and Nurse #1) failed to disinfect a glucometer according to manufacturer's recommendations after use on 2 of 3 residents (Resident #62 and Resident #28) reviewed for infection control.</p> <p>The findings included:</p> <p>A review of the facility's policy entitled, "Glucometers - Use, Storage and Cleaning of"</p>	F 880	<p>F880 Infection Prevention & Control</p> <p>Address How Corrective Action Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient Practice:</p> <p>Beginning 8.10.2021 and completing on 08.17.2021, all facility nurses have been in-serviced by the Director of Nursing on the proper procedure of cleaning each resident's glucometer using a Super Sani-Cloth (approved Environmental</p>		

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NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078		
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F 880	<p>Continued From page 20 dated 4/2020 indicated: *Glucometers are to be disinfected with an EPA (Environmental Protection Agency) registered Detergent/Germicide after each use whether shared or not.</p> <p>A review of the facility's glucometer (Assure Platinum) manufacturer's instructions indicated the following statements regarding how to clean the meter and how often: *Cleaning can be accomplished by wiping the meter down with soap and water or isopropyl alcohol but will not disinfect a meter. Disinfecting the meter can be accomplished with an EPA registered disinfectant detergent or germicide that is approved for healthcare settings or a solution of 1:10 concentration of sodium hypochlorite (bleach). Do not clean inside the battery compartment or test strip port. In accordance with CDC (Centers for Disease Control and Prevention) guidelines, we recommend that the Assure Platinum meter be cleaned and disinfected after each use for individual resident care.</p> <p>1. An observation was made on 7/28/21 at 11:35 AM of Nurse #4 while she checked Resident #62's blood sugar. Nurse #4 wiped the glucometer with an alcohol prep pad prior to going into Resident #62's room. Nurse #4 washed both hands, put gloves on and wiped Resident #62's left third finger with an alcohol prep pad prior to sticking it with a lancet. Nurse #4 placed a drop of blood into the strip that was inserted in a glucometer and obtained the blood sugar reading. Nurse #4 went back to the medication cart, placed the glucometer on top of the medication cart and discarded the used lancet in a sharp's container. She pulled out an alcohol</p>	F 880	<p>Protection Agency registered disinfectant detergent recommended by Assure Platinum, the glucometer Manufacture). On 08.17.2021 each Staffing Agency used by the facility was issued an email with the same procedure used to train facility nurses requiring the staffing agencies to in-service the nurses they schedule for the facility on the procedure.</p> <p>Address How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>Each resident requiring a finger stick blood sugar reading (FSBS) has the potential to be affected by the cited practice.</p> <p>Address What Measures Will Be Put into Place or Systemic Changes Made to Ensure That the Deficient Practice Will Not Recur:</p> <p>Beginning 08.22.2021, the Assistant Director of Nursing will observe two (2) nurses daily Monday - Friday perform the disinfecting procedure before and after the finger stick blood sugar procedure (FSBS) to ensure that the procedure is completed correctly by the nurse(s); the weekend Registered Nurse Manager will observe two (2) nurses on Saturday and two (2) on Sunday. The observations will be with different nurses each time to rotate through the nurses on each unit and each shift. This will be done for 2 weeks, then every other day for 2 weeks,</p>		

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F 880	<p>Continued From page 21</p> <p>prep pad out of the top drawer of the medication cart and wiped the front and back of the glucometer for about five seconds, placed the glucometer into a small plastic bag and locked it in the top drawer of the medication cart.</p> <p>Another observation was made on 7/28/21 at 11:45 AM of Nurse #4 checking Resident #28's blood sugar. Nurse #4 pulled out Resident #28's glucometer from the medication cart and wiped it with an alcohol prep pad. She entered Resident #28's room, washed her hands and put gloves on. Nurse #4 cleaned Resident #28's left thumb with an alcohol wipe and then stuck it with a single use lancet. Nurse #4 applied a drop of blood into the strip that was inserted in a glucometer. After the reading registered in the glucometer, Nurse #4 removed her gloves, washed her hands and started walking towards the medication cart while holding the glucometer and other supplies used to check Resident #28's blood sugar. Nurse #4 discarded her gloves in the trash can and disposed of the lancet in the sharp's container. She then applied another set of gloves and pulled out an alcohol prep pad from the top drawer of the medication cart and started wiping the front and back of the glucometer which took about five seconds. Nurse #4 placed the glucometer which was still wet back into a clear plastic bag and locked it in the medication cart.</p> <p>An interview with Nurse #4 on 7/28/21 at 12:02 PM revealed she had been used to cleaning the glucometer prior to and after use with an alcohol prep pad and that she had not been instructed to disinfect the glucometer with a disinfectant wipe after use.</p> <p>2. An observation was made on 7/28/21 at 4:10</p>	F 880	<p>then one day a week for each week of the month for three (3) months. Any nurse not completing the procedure correctly using the Super Sani-Cloth wipe will be retrained until competency is demonstrated.</p> <p>Indicate How The Facility Plans to Monitor Its Performance to Make Sure That Solutions Are Sustained:</p> <p>The observations will be documented on an observation form; the form will be reviewed by the Director of Nursing for adherence to the disinfecting procedure and any need for necessary retraining or disciplinary action for each nurse observed.</p> <p>The facility's glucometer policy/procedure will be added to the Orientation process for all newly hired nurses for Olde Knox Commons. During orientation the newly hired nurse(s) must demonstrate competency in the procedure.</p> <p>The facility contracts with seven (7) agencies to provide temporary nurses (agency nurses) to fill vacancies the facility is unable to cover with facility employed nurses. On 08.17.2021 each of the agency's Directors of Nursing were emailed by Olde Knox Commons' Director of Nursing that all nurses presently scheduled or scheduled in the future for Olde Knox Commons must be trained in the Glucometer Disinfecting Policy/Procedure developed by Olde Knox</p>		

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F 880	<p>Continued From page 22</p> <p>PM of Nurse #1 while she checked Resident #28's blood sugar. Nurse #1 cleaned Resident #28's left second finger with an alcohol prep pad and stuck it with a lancet. She placed a drop of blood into a strip that was inserted in the glucometer and obtained Resident #28's blood sugar reading. Nurse #1 walked back to the medication cart, placed the glucometer into the top drawer of the medication cart, disposed of her gloves and used a hand sanitizer. When Nurse #1 was asked if she was going to disinfect the glucometer, she stated she was not sure about the facility's glucometer disinfection policy but she was going to ask another nurse. Nurse #1 went back to the nurses' station where she obtained instructions from Nurse #4 on how to clean the glucometer. Nurse #4 instructed Nurse #1 that it was acceptable to use an alcohol prep pad after using the glucometer. Nurse #1 went back to the medication cart, pulled out the glucometer and wiped it front and back with an alcohol prep pad. She then placed it back into the top drawer of the medication cart.</p> <p>An interview with the Assistant Director of Nursing (ADON) on 7/28/21 at 6:10 PM revealed he was currently being trained to take over the facility's infection control program and stated that glucometers could be cleaned and disinfected using alcohol and other EPA-registered disinfectants. The ADON stated that he had read somewhere that alcohol was approved to be used to disinfect glucometers.</p> <p>An interview with the interim Infection Preventionist (IP) on 7/29/21 at 9:21 AM revealed it was acceptable to use alcohol to clean the glucometers because they were not being shared between different residents. The interim IP stated</p>	F 880	<p>Commons. The agencies must present proof to Olde Knox Commons that each nurse has been trained or nurses new to Olde Knox Commons are trained in the facility policy/procedure before the nurse can be scheduled for Olde Knox Commons. The facility will also create a sign in book for agency nurses to sign in when reporting for duty at Olde Knox Commons for the first time to verify that they have been trained in Olde Knox Commons policy/procedure. If the nurse has not been trained, then she must be trained by a facility shift supervisor nurse before taking the assignment. The facility shift supervisors will be responsible for monitoring the agency sign in book per shift to ensure that each agency nurse has been trained on the facility's glucometer policy/procedure or is trained before taking an assignment. The Director of Nursing will review this sign in book every day (Monday thru Friday) for four (4) weeks and then weekly for four (4) weeks and then monthly for three (3) months.</p> <p>The Director of Nursing will report to the Quality Assurance Committee monthly the results of the observations and the sign in book for agency staff. The Quality Assurance Committee will review the report from the Director of Nursing for any necessary revisions to the plan to ensure that solutions are sustained.</p>		

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

PRINTED: 09/08/2021
FORM APPROVED
OMB NO. 0938-0391

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F 880	Continued From page 23 the glucometers should only be cleaned and did not need disinfection unless visibly soiled and had blood on it. She further stated she believed the glucometers did not need disinfection after each use because each resident had their own glucometer. An interview with the Director of Nursing (DON) on 7/29/21 at 5:20 PM revealed the facility assigned single glucometers to each resident and they should be cleaned and disinfected using an EPA-registered disinfectant wipe which should be available in the bottom drawer of each medication cart. The DON stated the nurses should have followed the glucometer's manufacturer's guidelines and used an EPA-registered wipe and not just an alcohol prep pad to disinfect the glucometers after using them.	F 880	Completion Date: 08/17/2021		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345541	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/29/2021
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F 568	<p>Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii)</p> <p>§483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C) The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident interview, and staff interviews, the facility failed to provide 1 of 1 sampled resident (Resident #63) or their representative with quarterly statements of their personal trust fund account managed by the facility.</p> <p>The findings included:</p> <p>Resident #63 was originally admitted to the facility on 11/26/19.</p> <p>The "Permission to Handle Residents Personal Funds" letter, dated April 2, 2020, on behalf of Resident #63, acknowledged the facility to be the resident's representative payee and stated quarterly accounting should be made to the resident.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 7/13/21 indicated Resident #63 was cognitively intact.</p> <p>Interview with Resident #63 on 7/26/21 at 10:04 AM revealed she had not received any statements since admission. The Resident further revealed she wanted to receive quarterly statements to know how much money she had in her account to spend. Resident #63 stated no staff in the facility had ever discussed the resident's available funds with her.</p> <p>Interview with the Business Office Manager (BOM) on 7/28/21 at 12:50 PM revealed Resident #63 had not received any quarterly statements. The BOM further revealed the facility had been the payee for 14 other residents in the facility but could not recall why Resident #63 had not received any statements.</p> <p>An interview with the Administrator on 7/29/21 at 6:21 PM revealed she was not aware Resident #63 had not received quarterly statements. The Administrator further revealed Resident #63 signed a facility agreement and should receive quarterly statements and be knowledgeable of the money in her account.</p>
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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

The above isolated deficiencies pose no actual harm to the residents