

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

PRINTED: 07/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
NAME OF PROVIDER OR SUPPLIER CHATHAM NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSTON RIDGE ROAD ELKIN, NC 28621	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 6/19/23 through 6/22/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 47A711.	F 000		
F 584 SS=D	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 06/19/23 through 06/22/23. Event ID# 47A711. The following intakes were investigated: NC00203010 and NC00203043. 5 of the 5 complaint allegations did not result in deficiencies. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584		7/10/23

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

TITLE

(X6) DATE

Electronically Signed

07/10/2023

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 584	<p>Continued From page 1</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain a closet door and trash can in good repair. This was evident in 1 of 4 rooms reviewed for environment (Room 111).</p> <p>Findings included:</p> <p>On 6/19/2023 at 1:16 PM an observation of Room 111 was conducted. A closet with two doors that swung open was located on the right-hand side of the room at the entrance to the room. One of two doors on the closet was broken. The door on the left side of the closet was observed to be hanging loosely from the top hinge and was completely disengaged from the bottom hinge. There was a trash can in the bathroom with about 6 inches of broken jagged edges that were approximately 4 -</p>	F 584	<p>1.The broken closet door was repaired by the Assistant Maintenance Director and the broken trash can was replaced by the Housekeeping Supervisor in room 111 on 6/21/23. No residents were affected by the broken closet door or trash can.</p> <p>2.On 6/22/23 the Director of Nursing, Maintenance Director & Assistant Maintenance Director audited all resident rooms for broken trash cans and broken closet doors. Broken trash cans were removed and all broken closet doors were repaired, removed or replaced. From 6/22/23 through 7/3/23 facility staff were re-educated by</p>		

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F 584	<p>Continued From page 2</p> <p>5 inches long around the top corner rim of the trash can. It was covered by a plastic trash can liner.</p> <p>On 6/20/2023 at 2:00 PM an observation of Room 111 revealed the closet door was attached to the top hinge and completely disengaged from the bottom hinge. There was a broken trash can in the bathroom with jagged edges along the top. It was covered by a plastic trash can liner.</p> <p>On 6/21/2023 at 10:12 AM an observation and interview were conducted with Nurse Aide #1 (NA#1) while in Room 111. NA#1 revealed she had worked at the facility for about 3 months and that the closet door had had been broken the entire time she worked at the facility. She further revealed she had submitted a work order for the closet door to be repaired about 1 to 1.5 months ago. NA #1 was observed as she removed the trash from the broken trash can and lined the trash can with a new bag. When informed that the trash can was broken, she stated she did not realize it because she was focused on the trash. She indicated if she had known the trash can was broken, she would have asked for it to be replaced. She further indicated she needed to remove the trash can immediately as it could cut her residents if they fell against it. NA #1 removed the trash can from the room and filed a work order for the broken closet door.</p> <p>In an interview at 10:31AM on 6/21/2023, the Maintenance Director observed the broken closet door in Room 111. He stated he had not received a work order for the closet door to be repaired. There was no log of a request for the closet door to be repaired. The Maintenance Director stated there is a logbook at each nursing station where</p>	F 584	<p>Staff Development Coordinator, Housekeeping Supervisor, Chef Manager and Therapy Manager on the reporting process and on the importance of assuring all trash cans be removed and replaced when found to be broken and all closet doors be repaired, replaced and/or removed when found to be broken. Beginning 7/10/23, new hires will be trained during facility orientation regarding this procedure by Staff Development or designee.</p> <p>3. On 7/10/23, the facility implemented the use of Maintenance Request Forms to communicate any broken items, or any items needing repair or replacement. These forms will be reviewed daily during the morning meeting by the Interdisciplinary Team.</p> <p>4. The Executive Director or designee will audit all resident rooms weekly x 4 weeks then 2 x monthly x 1 then 1 x monthly x 1 month and ongoing as needed to assure there are no broken trash cans or broken closet doors. Any broken trash cans or broken closet doors will be replaced, removed or repaired. Results of the audits will be reviewed monthly x 3 months and on-going as needed in facility quality assurance meeting.</p>		

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F 584	<p>Continued From page 3</p> <p>problems were signed in, and he and his assistant reviewed them every morning. He further stated he did a walk through every morning to assess for any problems, including closets, and fixed hazards immediately. He said that needed repairs were prioritized and emergent repairs were made as needed. He indicated the broken closet door was a hazard and would be repaired immediately.</p> <p>An interview was conducted on 6/22/2023 at 7:52 AM with the Account Manager for the housekeeping contract company. She revealed she was the head housekeeper in charge of housekeeping, laundry, and the floor technicians. She further revealed that resident rooms were cleaned every day and that trash cans were emptied when the room was cleaned. She explained that the NAs emptied trash cans if needed after they provided resident care. She further explained housekeeping staff should remove a broken trash can, put it in dirty linen, notify her and she would put in a work order for maintenance.</p> <p>On 6/22/2023 at 4:40 PM an interview was conducted with the facility Administrator and the Director of Nursing (DON). The Administrator stated that the broken trash can should have been thrown away and replaced. She further stated the closet door could have been removed and replaced or repaired if a work order had been submitted. The DON stated that the NA who stated that the closet door had been broken the entire time she worked at the facility did not submit a work order and that the NA was disgruntled. She stated staff are expected to write a work order for needed repairs and that work order boxes are located at each nursing station. A</p>	F 584			

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F 584	Continued From page 4 Resident and Room Audit Form was provided that revealed on 6/13/2023 an audit of resident rooms revealed the closet was orderly and there were no clothes on the floor in Room 111.	F 584		