PRINTED: 09/12/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	COMPLETED	C (X3) DATE SURVEY	
		345509	B. WING _		08/09/20	)23	
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ABERDEEN				STREET ADDRESS, CITY, STATE, ZIP CODE 915 PEE DEE ROAD ABERDEEN, NC 28315	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COM	(X5) MPLETION DATE	
F 000	INITIAL COMMENTS	5	F 0	000			
F 791 SS=E	survey was conducted NC00204721, NC00204721, NC0020 were investigated du Event ID# OET611.  1 of the 8 allegations Routine/Emergency	Dental Srvcs in NFs	F 7	791	8/31	/23	
	§483.55 Dental Serv The facility must ass	ices ist residents in obtaining emergency dental care.					
	The facility-						
	outside resource, in of this part, the follow the needs of each re	rvices (to the extent covered ); and					
	assist the resident- (i) In making appoint	ransportation to and from the					
	residents with lost or dental services. If a r 3 days, the facility m what they did to ensu and drink adequately	oromptly, within 3 days, refer damaged dentures for referral does not occur within ust provide documentation of the the resident could still eat while awaiting dental enuating circumstances that					
AROBATORY	NIPECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATU	DE	TITI F	(X6) DA	ATE	

Electronically Signed 08/30/2023

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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(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE	
led to the delay;  §483.55(b)(4) Must I circumstances when dentures is the facilit charge a resident for dentures determined policy to be the facility such as the	nave a policy identifying those of the loss or damage of the loss	F 7	Resident #2 was not affected by deficient practice. Received orde consultation for oral surgery on 8 nurse practitioner. Received ord medical director on 8/22/23 for modical completed comorbidity issue oral surgery clearance. Cardiolo consultation visit on 8/24/23 with clearance. Neurology consultations scheduled on 8/31/23 but notified neurology doctor's office on 8/30 have to reschedule appointment surgeon with family emergency is and rescheduled for 9/7/23. Ora office will not schedule a date for surgery until the clearance of neurompleted. Will schedule therea medically cleared.  All residents who have dental conhave the potential to be affected deficient practice.	ers for 8/8/23 by ers from hedical irology es before gy medical on visit d by 1/23 will due to ssues I surgeon or oral urology is fter if msults by the		
On 8/8/2023 at 10:3	0AM Resident #2 was		and Nurse Practitioner to follow-u	up with		
	SUMMARY S (EACH DEFICIENT REGULATORY OR REGU	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 led to the delay;  §483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and  §483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.  This REQUIREMENT is not met as evidenced by:  Based on observation, record review, staff interviews and interview with Nurse Practitioner (NP), Medical Director (MD), and Dental Office Customer Service Representative, the facility failed to refer a medically complex resident with multiple caries and broken teeth to an oral surgical center for recommended extractions in 1 of 1 resident (Resident #2) reviewed for dental	A BUILDIN 345509  ROVIDER OR SUPPLIER  US HEALTH AT ABERDEEN  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  led to the delay;  \$483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and  \$483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.  This REQUIREMENT is not met as evidenced by:  Based on observation, record review, staff interviews and interview with Nurse Practitioner (NP), Medical Director (MD), and Dental Office Customer Service Representative, the facility failed to refer a medically complex resident with multiple caries and broken teeth to an oral surgical center for recommended extractions in 1 of 1 resident (Resident #2) reviewed for dental care.  The findings included:  Resident #2 as admitted to the facility on 8/12/2022 for diagnoses that included cerebral vascular accidents (stroke).  The residents quarterly Minimum Data Set (MDS) dated 6/30/2023 indicated the resident was rarely or never understood and her cognitive skills for daily decision making were severely impaired.  Resident #2 required extensive assistance with activities of daily living and personal hygiene during the assessment period.	ROVIDER OR SUPPLIER  US HEALTH AT ABERDEEN  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION BH (EACH CORRECTI	A BUILDING  345509  345509  345509  345509  345509  3TREETADDRESS, CITY, STATE, ZIP CODE  915 PE DEE ROAD  ABERDERN, NO 28315  SUMMARY STATEMENT OF DEPICIENCIES  (READ HORSTHERM TO PERCEIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  led to the delay;  \$483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and  \$483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by:  Based on observation, record review, staff interviews and interview with Nurse Practitioner (NP), Medical Director (MD), and Dental Office Customer Service Representative, the facility failed to refer a medically complex resident with multiple canises and broken teeth to an oral surgical center for recommended extractions in 1 of 1 resident (Resident #2) reviewed for dental care.  The findings included:  Resident #2 as admitted to the facility on 8/12/2202 for diagnoses that included cerebral vascular accidents (stroke). The residents quarterly Minimum Data Set (MDS) dated 6/30/2023 indicated the resident was rarely or never understood and her cognitive skills for daily decision making were severely impaired.  Resident #2 as admitted to the facility on rever understood and her cognitive skills for daily decision making were severely impaired. Resident #2 required extensive assistance with activities of daily living and personal hygiene during the assessment period.  Abertary Perent (RACTION SHACIDO DE TRACTION SHACID	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345509	B. WING _				09/ <b>2023</b>
NAME OF P	ROVIDER OR SUPPLIER	_ <b>L</b>	<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	. 00/	03/2023
					15 PEE DEE ROAD		
ACCORDIUS HEALTH AT ABERDEEN		DEEN			ABERDEEN, NC 28315		
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F 791	Continued From pa	ge 2	F7	791			
	·	in her bed with her smart			the Director of Nursing on any		
		Resident #2 did not speak			consultations and recommendations in		
	-	she did open her mouth			regards to any resident that requires		
		strated mouth opening. The			medical services outside the facility for		
		ved to have several discolored			notification and follow-up on 8/10/23.		
		odor coming from her mouth.			Director of Nursing educated licensed		
					nurses to review orders and physician		
	Resident #2 was ob	served 8/8/2023 at 8:45AM.			progress notes to ensure that physiciar	1	
		n her bed asleep. Her			orders, consultations, and		
		still in front of her. The			recommendations are confirmed and		
	resident had eaten	scrambled eggs, grits, and			completed in a timely manner on 8/10/2	23.	
	bacon. She had cor	nsumed 75% of her meal.			All newly hired licensed nurses will be		
					educated during orientation.		
	At 12:00PM on 8/8/2			The Director of Nursing or designee			
	observed eating her	r lunch tray which included			completed an audit on 8/9/23 by looking	g	
		podles, and meatballs with			back 30 days on all consultations and		
		esident did not express			review the physician progress notes on	.	
	discomfort while ear	ting her meal.			Point Click Care to ensure that		
					consultations and recommendations ha		
		e physician orders did not			been confirmed and completed in a tim	ely	
	contain a referral fo	r oral surgery consult.			manner.		
					The Director of Nursing or unit manage		
		ent's medical record revealed			will review physician progress notes an		
	no weight loss.				orders with all current residents on Poir	π	
	On 1/10/2022 th - N	ID noted Decident #0 had			Click Care 5 days per week times 4		
		IP noted Resident #2 had			weeks, then monthly times 3 months to	'	
		Intreated dental caries could and subsequent heart valve			ensure all consultations and recommendations have been complete	.4	
		ia that settle on and destroy			in a timely manner per physician/nurse		
	the heart valve).	ia that settle on and desiroy			practitioner orders.		
	the heart valve).				Director of Nursing or designee will brir	na	
	The medical record	contained a progress noted			these audits to Quality Assurance	פי	
		at indicated the resident was			Committee meeting monthly for 3		
		on that date and new orders			consecutive months. The Quality		
	_	note also indicated a "follow			Assurances Committee will evaluate the	e	
		uld be scheduled by the			effectiveness of the above plan and wil		
	provider".	-,			make additional interventions and		
	•				recommendations based on the audits	to	
	The facility provided	d a paper copy of an after-visit			ensure continued compliance.		

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F 791	Continued From pag	ge 3	F 7	91			
	summary from an of 5/25/2023 indicated offsite dental office for The summary indicaresident's medical rewas on an anticoagumedical clearance from the dental office indicated a phone of between the dentist what treatment the rindicated the MD didundergo sedation aroffice due to the resicondition. The note would send over her surgical center and referral to the dental. The medical record dated 6/13/2023. The with significant need dentist requesting exconscious sedation. receive services in the patient has been tread underwent multioral infection. Awaiting surgeon in outpatier.	Infisite dental office dated the resident was seen at an or sedation and extractions. Inted the dentist reviewed the ecord and discovered she culant. The dentist requested from the MD prior to sedation the resident returned to the eving treatment.  Invided a paper copy of a note the edited 6/12/2023. The note conversation took place and the MD regarding exactly resident required. The note of the edited from the edited to the edited to the edited from the edited to the edited from the edite					

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F 791	"pending referral to Resident #2 was ev 7/12/2023 and indic referral from an ami patient to receive ex An interview was co Worker on 8/8/2023 is responsible for m scheduled to see th Resident #2 was so dentist in May but do the resident's anticous she could not get the Resident #2 did not resident #2 did	7/10/2023. The MD noted, oral surgeon". raluated by the NP on sated again, "currently awaiting bulatory surgical clinic for extractions in a medical facility". randucted with the Social at 12:24PM. She stated she aking sure residents are e dentist. She further stated sheduled to see an offsite the to a miscommunication, pagulant was not stopped, and eatment that day. She stated have an existing appointment	F 791			
	knowledge.  A phone interview was cheduler and trans. She stated Resident appointment with a further stated she was not a referral from the control of the c	vas conducted with the sporter on 8/8/2023 at 1:00PM. It #2 did not have an existing dentist or oral surgeon. She vas told the facility was waiting the dental office.  The interview was conducted PM. She stated Resident #2 colex, on anticoagulants and okes. The dental office clearance from the facility that sated she spoke with the MD called the MD was not comfortable dergoing sedation and 0 broken or infected teeth in she requested the resident performed in a dental surgical sident could be monitored				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 791	times to reach the resident had required for dental care in the was not holding up to oral surgeon. The N the dental office to resurgical center. The had not reached out up on the referral, but the dental office was waiting for the fregarding what oral referral and records.  On 8/9/2023 at 8:50 conducted with the I dental office request Resident #2, she can dentist regarding what resident required. So needed over 20 brollextracted. The MD is anticoagulant and he past, she was not completed in a resident needed to be and a dental surgical center would be most she sat down with the I discussed finding outpatient surgical of the Unit Manger well.	ded she had tried multiple desident's family to determine if the desident's family to determine if the desident's family to determine if the desident's referral to an P stated she was waiting for make the referral to a dental NP acknowledged that she is to the dental office to follow but she would do so.  The service Representative desired to desire service Representative desident of the dentist facility to contact them surgical center the resident's needed to be forwarded to.  AM an phone interview was MD. She stated when the determined dental treatment the desident desid	F 79			

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F 791		e 6 as no longer employed with pts to contact her were not	F 7	791			