| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| KERR LAKE NURSING AND REHABILITATION CENTER | 1245 PARK AVENUE HENDERSON, NC 27536 |

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| E 000 | Initial Comments<br><br>An unannounced recertification and complaint investigation survey was conducted on 8/21/23 through 8/23/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #44G211. | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>A recertification and complaint investigation survey was conducted from 8/21/23 through 8/23/23. Event ID# 44G211. The following intakes were investigated NC00206122, NC00206066, NC00205678, and NC00198900. 9 of the 9 complaint allegations did not result in deficiency. | F 000 | | |
| F 578 SS=D | Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir<br>CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)<br><br>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.<br><br>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).<br>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.<br>(ii) This includes a written description of the | F 578 | | 9/13/23 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/08/2023

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| F 578 | Continued From page 1<br>facility's policies to implement advance directives and applicable State law.<br>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.<br>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.<br>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.<br>Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interviews, the facility failed to determine upon readmission to the facility a resident's code status for 1 of 4 residents reviewed for advanced directives (Resident #55).<br><br>The findings included:<br><br>Resident # 55 was admitted to the facility on 11/9/22 with diagnoses which included vascular dementia, diabetes, and stroke. Resident #55 was discharged to the hospital on 8/08/23 and was readmitted to the facility on 8/10/23.<br><br>Record review of the admission progress note dated 8/10/23 at 8:42 pm by the Admission Nurse revealed no information regarding Resident #55's code status. | F 578 | Kerr Lake Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.<br><br>Kerr Lake Nursing and Rehabilitation acknowledges response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Kerr Lake Nursing and | |

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| F 578 | Continued From page 2<br><br>Record review of Resident #55's physician orders revealed no order for code status.<br><br>Review of Resident #55's paper chart on 8/22/23 at 11:51 am with Unit Manager #2 revealed no physician order or documentation about Resident #55's code status.<br><br>An interview was conducted with Unit Manager #2 on 8/22/23 at 11:53 am who confirmed she did not find a physician order for Resident #55's code status in his electronic health record or his paper chart. Unit Manager #2 stated she did review his paper hospital discharge record dated 8/10/23 and saw he was a full code at the time of discharge from the hospital. She reported Resident #55's code status was expected to be reassessed upon admission and a physician order was required. She stated she believed the Admission Nurse was responsible to enter the order but would have to confirm with the Director of Nursing. Unit Manager #2 was unable to state why Resident #55's code status order was not in place since his 8/10/23 readmission to the facility.<br><br>During an interview with Nurse #3 on 8/22/23 at 12:39, who was assigned to Resident #55, revealed the Admission Nurse or the Unit Manager enters physician orders upon admission to the facility.<br><br>An interview with the Admission Nurse was conducted on 8/22/23 at 3:16 pm who revealed a resident's code status was normally discussed with the resident or resident family by the Social Worker and they would enter the code status order. The Admission Nurse stated that admission orders were reviewed by the Unit | F 578 | Rehabilitation acknowledges reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.<br><br>On 8/22/23, the Registered Nurse Unit Manager reviewed resident #55 desire for advance directive and code status. The physician□s order was updated to reflect desired advance directive/code status as full code with documentation in the electronic record.<br><br>On 9/4/23, the Administrator initiated an audit of all resident orders for advance directive/code status. This audit is to ensure the Social Worker, Admission Director and/or nurse reviewed with the resident and/or resident representative the desired advance directive/code status, the physician was notified of desired advance directive/code status, an order placed in the electronic record, and a golden rod advance directive form was placed in the resident chart for any resident identified as requesting Do Not Resuscitate with documentation in the electronic record . The Administrator will address all concerns identified during the audit to include notification of the physician of desired advance directive/code status and updating electronic record when indicated. The audit will be completed by 9/13/23.<br><br>On 9/4/23, Staff Development Coordinator initiated an in-service with the Social | |

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| F 578 | Continued From page 3<br>Managers to confirm that all physician orders were in place, but she was unable to state why Resident #55 did not have a code status order.<br><br>An interview was conducted with the Social Worker on 8/22/23 at 3:54 pm who revealed she was responsible to confirm code status orders for those residents readmitting to the facility. The Social Worker was unable to state how Resident #55's code status order was missed.<br><br>During an interview on 8/23/23 at 9:52 am with the Director of Nursing (DON) she revealed the Admission Nurse, or the Social Worker were responsible to confirm and enter resident code status orders. The DON was unable to state how Resident #55's code status order was missed during the admission process.<br><br>An interview on 8/23/23 at 1:16 pm the Administrator revealed the Social Worker was responsible to address the resident code status if she was present in the facility at the time of the admission and when she was not present the Admission Nurse was responsible to confirm the code status and enter the order. | F 578 | Worker, Admission Director and all nurses regarding Advance Directives with emphasis on reviewing advance directives with the resident and/or resident representative upon admission and/or readmission, notification of the physician of desired advance directive/code status, obtaining an order for code status, updating the electronic record, and ensuring a golden rod advance directive form in placed in the resident chart when indicated with documentation in the electronic record. In-service will be completed by 9/13/23. After 9/13/23, any nurse who has not worked or received the in-service will be in-service prior to the next scheduled work shift. All newly nurses will be in-service during orientation regarding Advance Directives.<br><br>The Interdisciplinary Team to include the Minimum Data Set nurse (MDS), Medical Records Director and Unit Managers will review all admissions during Interdisciplinary Team Meeting (IDT) 5 times a week x 4 weeks then monthly x 1 month utilizing the Advance Directive Audit Tool. This audit is to ensure that the Social Worker, Admission Director and/or nurse reviewed advance directive/code status with the resident and/or resident representative upon admission and/or readmission, the physician was notified of desired advance directive/code status, an order was placed in the electronic record, and a golden rod advance directive form is placed in the resident chart when indicated with documentation in the electronic record. The Minimum Data Set | |

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| F 578 | Continued From page 4 | F 578 | nurse (MDS), Medical Records Director and Unit Managers will address all concerns identified during the audit to include reviewing resident /resident representative preference for advance directive, obtaining order when indicated and updating resident chart for desired advance directive status. The Director of Nursing will review the Advance Directive Audit Tool 5 times a week x 4 weeks then monthly x 1 month to ensure all concerns are addressed.<br><br>The Director of Nursing will forward the results of the Advance Directive Audit Tool to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 2 months. The Quality Assurance Performance Improvement Committee will meet monthly x 2 months and review the Advance Directive Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring. | |
| F 580 SS=D | Notify of Changes (Injury/Decline/Room, etc.)<br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a | F 580 | | 9/13/23 |

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| F 580 | Continued From page 5 | F 580 | | |

deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-
(A) A change in room or roommate assignment as specified in §483.10(e)(6); or
(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

§483.10(g)(15)
Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).
This REQUIREMENT is not met as evidenced by:

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| F 580 | Continued From page 6<br>Based on record review, staff interviews, Responsible Party interview, and Medical Director interview, the facility failed to notify the residents Responsible Party and failed to notify the physician of a change in condition for 1 of 1 resident reviewed for change in condition (Resident #69).<br><br>Findings included:<br><br>Resident #69 was admitted to the facility on 1/04/23.<br><br>The Minimum Data Set (MDS) quarterly assessment dated 7/12/23 revealed Resident #69 had severe cognitive impairment with unclear speech.<br><br>During a telephone interview on 8/21/23 at 12:00 pm Resident #69's Responsible Party (RP) #2 revealed that on the morning of 8/01/23 Resident #69 experienced an episode of unresponsiveness at the facility and the facility had not notified either RP #1 or RP #2 of the change in condition until RP #1 arrived at the facility after 3:00 pm.<br><br>Record review of Resident #69's nursing notes for 8/01/23 during the 7:00 am - 3:00 pm shift revealed no documentation regarding Resident #69's morning episode of unresponsiveness, no notification to the physician, and no notification to Resident #69's Responsible Party (RP) was documented in the medical record.<br><br>An interview was conducted on 8/22/23 at 12:12 pm with Nurse Aide (NA) #1, who was assigned to Resident #69 during the 7:00 am - 3:00 pm shift on 8/01/23, revealed he put Resident #69 in her wheelchair at approximately 10:00 am and | F 580 | Resident # 69 no longer resides in the facility.<br><br>On 9/4/23, the Director of Nursing and Registered Nurse Unit Manager assessed all current residents to identify any resident with an acute change in condition to include but not limited to episodes of unresponsiveness. This audit is to ensure the resident was assessed by nursing staff, physician notified of acute change for further recommendations and the resident representative was notified with documentation in the electronic record. The Director of Nursing will address all concerns identified during the audit to include assessment of the resident, notification of the physician for further recommendations and/or notification of the resident representative with documentation in the electronic record. The audit will be completed by 9/13/23.<br><br>On 9/4/23, the Staff Development Coordinator initiated an in-service with all nurses regarding Acute Changes with emphasis (1) competing a full assessment of the resident (2) notification of the physician of acute change for further recommendation (3) notification of the resident representative of the acute change and physician recommendations and (4) documentation of assessment, interventions and effectiveness of interventions, notification of the physician, any new recommendations of the physician and notification of the resident representative in the electronic record. In-service will be completed by 9/13/23. | |

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| F 580 | Continued From page 7<br>she was observed shortly thereafter, leaned over with her head down while sitting in the wheelchair and he was unable to wake her up. NA #1 stated he reported his observation to the nurse but was unable to recall which nurse he reported to, but he stated several nursing staff members came to check on Resident #69. NA #1 stated Resident #69 was put back to bed and remained in her bed the rest of his shift.<br><br>An interview was conducted on 8/22/23 at 12:22 pm with Nurse #2 who was assigned to Resident #69 on 8/01/23 during the 7:00 am-3:00 pm shift revealed Resident #69 had an episode of unresponsiveness in the morning while sitting in her wheelchair in the dining room. Nurse #2 stated the staff placed Resident #69 back to bed and staff obtained vital signs and she was assessed, and she did not have any further episodes during her shift. Nurse #2 stated Unit Manager #2 was also notified by the Medication Aide of the episode, and she came to the unit to assess on Resident #69 around lunch time. Nurse #2 stated Resident #69 had similar episodes of unresponsiveness in the past and they would lay her down in bed, monitor her, and she would return to her baseline. Nurse #2 stated she was unable to remember if she notified the family and the physician of the episode in the morning but if she did it would be documented in the medical record.<br><br>A telephone interview was conducted with the Medication Aide on 8/22/23 at 7:15 pm who revealed she was assigned to Resident #69 on 8/01/23 for the 7:00 am-3:00 pm shift. The Medication Aide stated that around 10:00 am Resident #69 was in her wheelchair and she was "just different", she stated Resident #69 was in | F 580 | After 9/13/23 any nurse who has not worked or received the in-service will receive it upon next scheduled work shift. All newly hired nurses will be in-service during orientation regarding Acute Changes.<br><br>On 9/8/23, the Staff Development Coordinator initiated an in-service with all nursing assistants regarding Acute Changes with emphasis on immediately reporting acute changes to include but not limited to altered mental status/unresponsiveness to the nurse. In-service will be completed by 9/13/23. After 9/13/23, any nursing assistant who has not worked or received the in-service will complete upon next scheduled work shift. All newly hired nursing assistants will be in-service during orientation regarding Acute Changes.<br><br>The Registered Nurse Unit Manager will review progress notes 5 times a week x 4 weeks then monthly x 1 month utilizing the Acute Change Audit Tool. This audit is to ensure any resident with an acute change in condition to include but not limited to episodes of unresponsiveness have a complete assessment by the nurse, interventions initiated when indicated, the physician notified of acute change for further recommendations and the resident representative was notified with documentation in the electronic record. The Registered Nurse Unit Manager will address all concerns identified during the audit to include assessment of the resident, notification of the physician for | |

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| F 580 | Continued From page 8<br>(responding to voices she knew) and out of it (no movement), and she was leaning more than her normal posture. She stated she wanted Resident #69 put back to bed to prevent a possible fall out of her wheelchair due to her leaning, so they put her in bed. Medication Aide notified Nurse #2, who was assigned to Resident #69, and she came to assess Resident #69. She stated she remembered vital signs were taken but did not recall if Nurse #2 notified the family or the physician of the episode. The Medication Aide stated that Resident #69 began to respond to staff more after being returned to bed and did not have any further episodes on her shift.<br><br>During an interview on 8/23/23 at 9:55 am the Director of Nursing revealed Nurse #2 was responsible to notify the physician and RP for Resident #69's change in condition that occurred on 8/01/23 during the 7:00 am-3:00 pm shift.<br><br>An interview was conducted on 8/23/23 at 8:19 am with the Medical Director who revealed Resident #69 had a history of similar episodes of unresponsiveness in the past, but she expected the facility to notify her of any new episodes as they occurred. The Medical Director stated she did not receive notification of Resident #69's morning episode of unresponsiveness on 8/01/23 from staff at the facility. The Medical Director stated the failure of the facility to notify her of the morning episode of unresponsiveness on 8/01/23 did not cause harm to Resident #69 and it would not have changed her plan of care for the facility to notify Resident #69's RP and allow for the RP to make the decision to monitor at the facility or send to hospital for further evaluation due to the previous history of Resident 69's episodes of unresponsiveness. | F 580 | further recommendations and/or notification of the resident representative with documentation in the electronic record. The Director of Nursing will review the Acute Change Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns are addressed.<br><br>The Director of Nursing will forward the results of the Acute Change Audit Tool to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 2 months. The Quality Assurance Performance Improvement Committee will meet monthly x 2 months and review the Acute Change Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring. | |

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| F 580 | Continued From page 9<br><br>An interview was conducted on 8/23/23 at 1:18 pm with the Administrator who revealed that Nurse #2 was responsible to notify the physician and the RP for Resident #69's change of condition on the morning of 8/01/23. | F 580 | | |
| F 690 SS=D | Bowel/Bladder Incontinence, Catheter, UTI<br>CFR(s): 483.25(e)(1)-(3)<br><br>§483.25(e) Incontinence.<br>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.<br><br>§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-<br>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;<br>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and<br>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.<br><br>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's | F 690 | | 9/13/23 |

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| F 690 | Continued From page 10<br>comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, staff interviews, and Medical Director interview, the facility failed to obtain a physician order for the use of an indwelling urinary catheter for 1 of 2 residents reviewed for catheter (Resident #56).<br><br>Findings included:<br><br>Resident #56 was admitted to the facility on 12/28/22 with diagnoses which included presence of urogenital implants (material injected into urethra to help control urine leakage) and urinary retention. Resident #56 was discharged from the facility on 8/07/23 and returned to the facility on 8/11/23.<br><br>The most recent Minimum Data Set (MDS) discharge assessment dated 8/07/23 revealed Resident #56 was coded for an indwelling urinary catheter.<br><br>The admission progress note dated 8/11/23 at 6:40 pm by the Admission Nurse revealed Resident #56 had an indwelling urinary catheter in place upon admission to the facility.<br><br>During an observation on 8/21/23 at 11:20 am Resident #56 was observed with an indwelling urinary catheter.<br><br>Record review of Resident #56's physician active orders revealed no order for an indwelling urinary | F 690 | On 8/22/23, the Treatment Nurse clarified with the physician the need for an indwelling foley catheter for resident #56 to include supporting diagnosis for use, size of catheter, and parameters for changing the catheter. The Treatment Nurse updated the order per physician recommendation and updated resident care plan to reflect use of indwelling catheter.<br><br>On 9/1/23, the Director of Nursing initiated an audit of all residents with indwelling catheters. This audit is to ensure all residents with an indwelling catheter has a physician order in place to include supporting diagnosis for use, catheter size, balloon size, parameters for changing catheter and that the care plan was updated for use of indwelling catheter. The Director of Nursing will address all concerns identified during the audit to include but not limited to clarifying order for indwelling catheter with the physician, updating the electronic record when indicated and education of staff. The audit will be completed by 9/13/23.<br><br>On 9/4/23, the Staff Development Coordinator initiated an in-service with all nurses regarding Indwelling Catheters with emphasis on (1) ensuring residents | |

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| | 345321 | A. BUILDING _____ B. WING _____ | C 08/23/2023 |

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| F 690 | Continued From page 11<br>catheter.<br><br>An interview was conducted on 8/22/23 at 3:12 pm with the Admission Nurse who revealed she completed Resident #56's admission assessment and stated Resident #56 required a physician order for the indwelling urinary catheter. The Admission Nurse stated when a resident was admitted with an indwelling urinary catheter either her or the Treatment Nurse were responsible to enter the physician order. The Admission Nurse stated miscommunication between her and the Treatment Nurse regarding who would enter the order may have caused Resident #56's indwelling urinary catheter physician order to be missed upon admission.<br><br>During an interview on 8/22/23 at 3:38 pm the Treatment Nurse stated she normally entered the indwelling urinary catheter orders but was unable to remember if she was present when Resident #56 returned to the facility. She stated if she was not present at the time of Resident #56's admission, the Admission Nurse was responsible to enter the physician order. The Treatment Nurse reported a physician order was required for Resident #56's indwelling urinary catheter but she was unable to state how the order was missed.<br><br>An interview was conducted with the Director of Nursing (DON) on 8/23/23 at 9:49 am who revealed Resident #56's indwelling urinary catheter order was just missed due to miscommunication between the Admission Nurse and Treatment Nurse. The DON stated admission orders were reviewed on new admission during the clinical meeting and stated the indwelling urinary catheter order for Resident #56 was overlooked when the order review was | F 690 | with indwelling urinary catheters have a physician order in place to include supporting diagnosis for use, size of catheter, size of balloon and parameters for changing the catheters (2) notifying the physician to clarify any orders that do not contain appropriate diagnosis, size and instructions on when to change indwelling urinary catheters and (3) ensuring care plan is updated for use of indwelling catheter. The in-service will be completed by 9/13/23. After 9/13/23, any nurse who has not worked or received the in-service will complete upon next scheduled work shift. All newly hired nurses will be in-service during orientation regarding Indwelling Catheters.<br><br>All residents with Foley catheters will be reviewed by the Unit Manager weekly x 4 weeks then monthly x 1 month utilizing the Catheter Audit Tool to ensure residents with indwelling catheters have a current physician□s order to include supporting diagnoses for use, size of catheter, size of balloon, parameters for changing the catheters, that the orders are transcribed correctly to the medication administration record (MAR), care plan is updated for use of indwelling catheter, dignity bags are present, and anchors utilized. The Unit Manger will address all concerns identified during the audit to include but not limited to clarifying order with the physician and updating the electronic record, updating care plan when indicated and/or re-training of staff. The Director of Nursing will review the Catheter Audit Tool weekly x 4 weeks then monthly x 1 month | |

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| F 690 | Continued From page 12<br>completed.<br><br>An interview was conducted on 8/23/23 at 1:00 pm with Unit Manager #1 who revealed she completed a review of physician orders for all residents that were located on her unit daily, but she was unable to state how Resident #56's indwelling urinary catheter order was missed.<br><br>During an interview on 8/23/23 at 8:22 am the Medical Director revealed Resident #56 required a physician order for an indwelling urinary catheter. The Medical Director stated Resident #56 had an indwelling urinary catheter in place prior to her discharge and she was followed by urology, but she stated a new order for the indwelling urinary catheter was required when she returned to the facility. | F 690 | to ensure all areas of concern are addressed.<br><br>The Director of Nursing will forward the Catheter Audit Tool to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 2 months. The Quality Assurance Performance Improvement Committee will meet monthly x 2 months and review the Catheter Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring. | |