

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

PRINTED: 11/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF RAEFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1206 N FULTON STREET</b> <b>RAEFORD, NC 28376</b>	
(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 10/15/24 through 10/18/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # C3PO11. INITIAL COMMENTS	F 000		
F 688 SS=D	A recertification and complaint investigation survey was conducted from 10/15/24 through 10/18/24. Event ID# C3PO11. The following intakes were investigated: NC00219323, NC00220652 and NC00217644. 7 of the 7 complaint allegations did not result in deficiency. Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:	F 688		10/25/24

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

TITLE

(X6) DATE

Electronically Signed

10/25/2024

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 688	<p>Continued From page 1</p> <p>Based on observation, record review and staff interviews, the facility failed to apply left hand splint as ordered for 1 of 3 sampled residents with limited range of motion/contractures (Resident #61).</p> <p>Findings included: Resident #61 was admitted to the facility on 4/6/2023 with diagnoses that included generalized muscle weakness, dementia, need for assistance with personal care, reduced mobility, lack of coordination, and contracture of muscle, multiple sites.</p> <p>Resident #61's quarterly Minimum Data Set Assessment (MDS) dated 7/30/24 coded the resident as moderately cognitively impaired. He was coded as dependent with personal hygiene, bathing and toileting. He required setup/clean-up assistance with eating and oral hygiene.</p> <p>Review of Resident #61's medical records revealed an occupational therapy (OT) order dated 8/2/24 that indicated left hand roll with finger separators at all times except during hand hygiene daily.</p> <p>OT discharge note dated 8/2/24 indicated discharge recommendations: left hand roll with finger separators on at all times except during ROM (range of motion) and hand hygiene. Patient referred to restorative nursing program.</p> <p>A physician order dated 8/7/2024 indicated monitor splint to left hand. Left hand splint to stay in place at all times except during hand hygiene.</p> <p>Resident #61 was observed on 10/15/24 at 12:41 PM, 10/16/24 at 10:49 AM and 10/17/24 at 2:43</p>	F 688	<p>Resident #61 was immediately assessed on 10/18/2024 by the facility's occupational therapist and the appropriate splint device was placed the same day following the therapist's evaluation.</p> <p>All other residents having an order for brace or splints were assessed by the Director of Nursing on 10/18/2024 to determine that the appropriate device was being used and that the order matched the description on the Restorative Brace and Splint Program referral form. The assessment revealed that all other residents having an order for a brace or splint had the appropriate device in place.</p> <p>All nursing staff will receive education by the DON by 10/25/2024 regarding the requirement of referencing the Restorative Brace and Splint Program Referral form for each resident on the program to ensure the appropriate device is being used. Education will include the requirement of nursing staff notifying the DON or Assistant Director of Nursing immediately if brace or splint is missing. In the event that a device is missing, nursing will work with the facility's therapy department to ensure appropriate replacement is provided to the resident.</p> <p>All new Restorative Brace and Splint Program referrals will be reviewed by the DON or ADON in the morning clinical meeting five times a week for 90 days to ensure that the order matches the type of brace or splint on the referral form. An audit of all residents having an order for a</p>		

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F 688	<p>Continued From page 2</p> <p>PM without a splint to the left hand and the left hand was noted to be contracted.</p> <p>During an interview with Restorative Aide #1 on 10/17/24 at 2:48 PM, she stated that she had Resident #61 on her case load for passive range of motion and application of the left-hand roll. Restorative Aide #1 stated that she thought Resident #61 was supposed to have a rolled washcloth in the palm of his left hand and that she had never applied a splint or finger separators to Resident #61's left hand.</p> <p>An interview was conducted with the facility Occupational Therapist (OT) on 10/18/24 at 9:59 AM. The OT explained that a splint or hand roll with finger separators is used to decrease the risk of worsening contractures and developing skin breakdown. She further stated that if a splint or hand roll with finger separators is not utilized as ordered then there was potential for skin breakdown, wounds developing and worsening contractures. The OT indicated she had just evaluated Resident #61 prior to this interview and that Resident #61's left hand contracture had not gotten worse since the last evaluation on 8/2/24 and he had not developed any skin breakdown to the left-hand palm. OT further stated she had found Resident #61's hand roll in his room drawer and applied it to his left hand with the finger separators shortly before this interview.</p> <p>During an interview with Nurse #1 on 10/17/24 at 2:43 PM, the order for left hand splint for Resident #61 was verified with Nurse #1. Nurse #1 verified that Resident #61 did not have a splint on and indicated the restorative nurse aides were responsible for applying the splint to the left hand.</p>	F 688	<p>splint or brace will be conducted by the DON or ADON five times a week for 90 days to ensure that the order matches the Restorative Brace and Splint Program referral form and that the resident has the appropriate brace or splint donned per the order. Audits will be reviewed each month in the facility's QAA meeting to determine ongoing compliance for 90 days.</p>		

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F 688	Continued From page 3 During an interview on 10/17/24 at 2:55 PM with the Director of Nursing (DON), she stated nursing staff should have utilized a splint on Resident #61's left hand as ordered.  During an interview with the facility Administrator on 10/17/24 at 2:58 PM, he indicated that if Resident #61 had an order for a splint his expectation was for nursing staff to use it.	F 688		