

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

PRINTED: 12/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/27/2024
NAME OF PROVIDER OR SUPPLIER SALISBURY REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 635 STATESVILLE BOULEVARD SALISBURY, NC 28144	
(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 9/23/2024 to 9/27/2024. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 7JY111.	F 000		
F 689 SS=D	INITIAL COMMENTS A recertification and complaint investigation survey was conducted 9/23/2024 to 9/27/2024. Event ID # 7JY111. The following intakes were investigated: NC00219411 and NC00214891. 3 of the 3 complaint allegations did not result in deficiency. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to complete smoking assessment for 2 of 3 residents reviewed or smoking (Resident # 67 and Resident #91). The findings included: a. Resident #67 was admitted to the facility on 05/09/22 which included heart failure and diabetes.	F 689	The Unit Manager completed a smoking assessment on resident #67 on 10/17/24. The Unit Manager completed a smoking assessment and resident #91 on 10/16/24. The current residents that smoke are at risk for this deficient practice. An audit of will be completed by the Unit Managers by 10/24/24 to ensure smoking assessments are being completed	10/25/24

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

TITLE

(X6) DATE

Electronically Signed

10/21/2024

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 689	Continued From page 1 Review of Resident #67's annual Minimum Data Set (MDS) dated 07/23/24 revealed the resident was cognitively intact. The MDS further revealed the resident was coded for smoking. Review of Resident #67's care plan revised on 08/14/24 revealed the resident was a smoker. The goal was for Resident #67 would not suffer injury from unsafe smoking practices through the review date. Interventions included the resident could smoke unsupervised. Review of Resident #67's medical record revealed the resident did not receive a quarterly smoking assessment from 04/07/23 until 7/24/24. The smoking assessment completed in 7/24/24 indicated Resident #67 was an unsupervised smoker. b. Resident #91 was admitted to the facility on 07/13/22. Review of Resident #91's annual Minimum Data Set (MDS) dated 07/16/24 revealed the resident was moderately cognitively impaired. The MDS further revealed the resident was coded for smoking. Review of Resident #91's care plan revised on 07/24/24 revealed the resident was a smoker. The goal was for Resident #91 would not suffer injury from unsafe smoking practices through the review date. Interventions included the resident could smoke unsupervised. Review of Resident #91's medical record revealed the resident did not receive a quarterly	F 689	quarterly. The Staff Development Coordinator (SDC) will complete education with the licensed nurse on ensuring smoking assessments are being completed quarterly by 10/24/24. New hire licensed nurses to include agency and prn licensed nurses will not be allowed work until the education is completed. The Unit Managers will complete audits weekly x 4 weeks and monthly for 2 months to ensure smoking assessments continue to be completed quarterly. The Director of Nursing will report the findings to the Quality Assurance Improvement Performance (QAPI) committee for review and/or revision to ensure continual compliance.		

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F 689	Continued From page 2 smoking assessment from 04/07/23 until 7/16/24. The smoking assessment completed in 7/16/24 indicated Resident #91 was an unsupervised smoker. An interview conducted with Nurse Unit Manager #1 on 09/25/24 at 10:55 AM revealed Resident #67 and Resident #91 were consistent unsupervised smokers. It was further revealed the Unit Manager or nursing completed quarterly smoking assessments and was aware that she had found several missed prior to her employment. The Unit Manager indicated she expected for residents to have smoking assessments completed quarterly. An interview conducted with the Director of Nursing (DON) on 09/24/24 at 3:30 PM revealed Resident #67 and Resident #91 were consistent unsupervised smokers. It was further revealed she was not employed at the time assessments were not completed, but was not aware Resident #67 and Resident #91 had been missed for that time frame. The DON indicated the Unit Manager and nursing staff were responsible for completing smoking assessments and Resident #67, and Resident #91 should have been completed quarterly. An interview conducted with the Administrator on 09/26/24 at 9:25 AM revealed he was unaware smoking assessments had not been completed timely. It was further revealed he expected for residents to have their smoking assessments completed quarterly.	F 689			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		10/25/24	

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F 812	Continued From page 3 §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to repair a sink drain and pipe which resulted in the kitchen having a large amount of water in the floor which had the potential to be hazardous for staff. Also observed in the kitchen were multiple ceiling vents that were dusty and dirty, and four bags of cereal not labeled or stored properly. These practices had the potential to affect food served to residents. Findings included: An observation conducted on 09/24/23 at 10:35 AM revealed Dietary Aide (DA) #1 pulled the lever to drain the sink, but the water did not drain properly and ran across the kitchen floor resulting in a large area of standing water. Dietary Aide #1	F 812	The Maintenance Director contacted an outside plumbing contractor on 9/23/24 and the sink drain and the pipe in the kitchen under the sink were repaired. The kitchen ceiling vents that were dusty and dirty were cleaned by the Maintenance Director on 9/24/24. The four bags of cereal that were not labeled or stored properly were discarded by the Dietary Manager on 9/24/24. The current residents are at risk as a result of this deficient practice. The Dietary Manager and the maintenance Director will complete a kitchen audit to ensure sinks drain pipes are draining properly, kitchen vents are not dusty or dirty, and food is being		

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F 812	<p>Continued From page 4</p> <p>turned the sink back on and the pipe running under the sink was leaking water continuously. Observations of ceiling vents above the dry station and stove area were observed to be dusty and dirty. Also observed next to the tea and coffee station were four bags of unlabeled cereal that were folded and not clipped or stored properly.</p> <p>An interview conducted with DA #1 on 09/24/24 at 10:45 AM revealed the drain and pipes under the sink had been an ongoing issue for several weeks and maintenance had been notified multiple times but it had not been fixed. DA #1 stated maintenance was responsible for cleaning vents in the kitchen but this had not been completed in a while. DA #1 indicated the four bags of cereal usually sat beside the tea and coffee area and was normally used within a couple days. DA #1 further stated the cereal normally was not put away and was left there folded up not stored properly.</p> <p>An interview and observation were conducted with the Dietary Manager (DM) on 09/24/24 at 9:55 AM revealed he was stepping in as the DM since the usual DM was not available. The standing water on the floor from the sink not draining properly and pipes leaking and the ceiling vents over the wash station and stove were observed by the DM during the interview. The DM stated the water not draining properly and was a safety hazard and also the vents not being cleaned could also affect residents' foods. The DM indicated he did not observe the cereal bags but was told by staff and stated the cereal should have not been left out and needs to be stored properly.</p>	F 812	<p>labeled and stored properly by 10/24/24. Starting 9/25/24, the dietary manager educated the dietary staff on ensuring food is labeled and stored properly. New hire, agency and prn staff will not be allowed to work until the education is completed.</p> <p>The Maintenance Director and maintenance staff will be educated by the Administrator related to ensuring kitchen vents are clean and free from dust and dirt and sink drain pipes are draining properly by 10/24/24. New hire maintenance staff will not be allowed to work until this education is completed.</p> <p>The Dietary Manager will complete audits 3 x weekly for 4 weeks and monthly for 2 months to ensure food continues to be stored and labelled properly. The Dietary Manager will report the findings to the Quality Assurance Improvement Performance (QAPI) committee for review and/or revision to ensure continual compliance.</p> <p>The Maintenance Director will complete kitchen audits weekly x 4 weeks and monthly x 2 months to ensure the kitchen sink drain pipes are draining properly and kitchen vents remain free from dust and dirt. The Maintenance Director will report the findings to the Quality Assurance Improvement Performance (QAPI) committee for review and/or revision to ensure continual compliance.</p>		

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F 812	Continued From page 5 An interview and kitchen observation was conducted with the Maintenance Director on 09/23/24 at 10:55 AM. revealed the sink pipe leaking, drain not draining properly causing water to run across the kitchen floor, and the ceiling vents above the washing station and stove to be dirty. The Maintenance Director stated he had attempted to fix the sink pipe and drain last week and kitchen staff had not made him aware it was no longer working properly. The Maintenance Director indicated it needed to be fixed properly and would attempt to work on it again. The Maintenance Director further stated he was responsible for cleaning the air vents and he had forgotten to clean them. An interview conducted with the Administrator on 09/26/24 at 9:00 AM revealed he was not aware the drain and pipes had been an ongoing issue, but the facility had contacted a plumber to get them fixed. The Administrator further revealed that a sign would be posted until then that when draining the sink to let out smaller amounts of water at a time to prevent standing water in the kitchen. The Administrator stated he expected for food items to be stored and labeled properly and for ceiling vents to be cleaned timely.	F 812			
F 814 SS=E	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove loose garbage and debris from around 2 of 2 trash receptacles located outdoors behind the kitchen. This practice had	F 814	The loose garbage and debris were removed from around the 2 trash receptacles located outdoors behind the kitchen by the maintenance staff on	10/25/24	

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F 814	<p>Continued From page 6</p> <p>the potential to impact sanitary conditions and attract pests/rodents.</p> <p>The findings included:</p> <p>An observation of the outdoor trash receptacle area on 9/24/24 at 4:30 PM revealed masks, water bottles, debris, gloves, and a bag of trash on the ground. The facility staff break area was located off from the trash receptacle area which also was observed with food wrappers and drink bottles on the ground.</p> <p>An observation of the outdoor trash receptacle area on 09/25/24 at 12:15 PM revealed masks, water bottles, debris, gloves, and a bag of trash on the ground. The facility staff break area was located off from the trash receptacle area which also was observed with food wrappers and drink bottles on the ground.</p> <p>An observation of the outdoor trash receptacle area on 09/26/24 at 7:35 AM revealed plastic drink bottles, gloves, masks, debris, and two bags of trash ripped open around the dumpster area. The facility staff break area was located off from the trash receptacle area which also was observed with food wrappers and drink bottles on the ground.</p> <p>An interview conducted with Dietary Aide #1 and Dietary Aide #2 on 09/26/24 at 9:25 AM revealed trash and debris around the receptacle area had been an ongoing issue. The Dietary Aides both revealed they were unsure who was assigned to keep the area clean and indicated they had tried but multiple staff use that area and often left it a mess.</p>	F 814	<p>9/26/24.</p> <p>The current residents are at risk as a result of this deficient practice. The Maintenance Director, Maintenance Assistant and the Dietary Manager will be educated by 10/24/24 by the Administrator related to ensuring that loose garbage and debris is being removed from around the 2 identified trash receptacles. New hired maintenance staff will not be allowed to work until the education is completed. The Dietary staff will be educated by the Dietary Manager related to ensuring that loose garbage and debris is being removed from around the 2 identified trash receptacles and the areas continues to remain free of loose garbage and debris by 10/24/24. New hire dietary staff to include prn staff will not be allowed to work until the education is completed. The Staff Development Coordinator (SDC) will educate the facility staff related to ensuring that loose garbage and debris is being disposed of properly and the receptacles area continues to be free of loosed garbage and debris by 10/24/24. Facility staff to include dietary, maintenance, housekeeping, therapy, licensed nurses, certified nursing assistances, social services, administrative staff, prn staff, and agency staff will not be allowed to work until the education is completed. The Administrator will complete audits weekly x 4 weeks and monthly for 2 months to ensure that the identified 2 receptacles' area continues to be free from loose garbage and debris. The Administrator will report the findings to the</p>		

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F 814	Continued From page 7 A joint interview with the Administrator and Maintenance Director on 09/26/24 at 9:00 AM indicated trash and debris being left out around the trash area had been an ongoing issue. The Administrator further revealed he was unsure who was responsible for keeping the area cleaned but would assign a staff member to check the area daily. The Administrator stated he expected all garbage to be maintained by housekeeping and kitchen staff and for the receptacle area to be clean of trash and rodents.	F 814	Quality Assurance Improvement Performance (QAPI) committee for review and/or revision to ensure continual compliance.		