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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345516 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/21/2025 |
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| NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613 |
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| E 000 | Initial Comments An unannounced recertification and complaint investigation survey was conducted on 02/18/2025 through 02/21/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #FPLX11 | E 000 | | |
| F 000 | INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/18/25 through 02/21/25. Event ID #FPLX11. The following intakes were investigated NC00226798 and #NC00227056. Four (4) of the four (4) allegations did not result in deficiency. | F 000 | | |
| F 641 SS=D | Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment for oral/dental status (Resident #27) and the use of a hypoglycemic medication (a medication used to lower blood sugar in people diagnosed with diabetes) (Resident #71) for 2 of 20 residents whose MDS assessments were reviewed. Findings included: 1. Resident #27 was admitted to the facility 04/14/17. Review of a dentist's note dated 07/15/24 | F 641 | 1. The MDS assessments for Residents #27 and #71 were immediately corrected by the MDS Coordinator as soon as she was notified the information was incorrectly coded respectively 2/22/25 and 2/21/25. 2. The MDS Coordinator audited all residents in the facility on 2/24/25 to ensure that all residents with or without teeth were coded accurately on the MDS. No other issues were identified. The MDS Coordinator audited all residents in the facility on 3/3/25 to ensure hypoglycemic medication was coded accurately. No other issues were identified. | 3/7/25 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 03/06/2025 |
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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 641 | <p>Continued From page 1</p> <p>revealed Resident #27 had 6 teeth pulled and was now edentulous (lacking teeth).</p> <p>The annual MDS assessment dated 11/27/24 did not reflect Resident #27 was edentulous.</p> <p>Observations of Resident #27 on 02/18/25 at 11:25 AM, 02/19/25 at 8:17 AM, and 2/20/25 at 12:43 PM revealed she did not have any teeth.</p> <p>An interview with the MDS Coordinator on 02/20/25 at 4:49 PM revealed Resident #27's annual MDS assessment should have reflected that she was edentulous, and it was an oversight.</p> <p>An interview with the Director of Nursing on 02/21/25 at 11:26 AM revealed she expected the MDS assessment to be coded correctly.</p> <p>An interview with the Administrator on 02/21/25 at 12:38 PM revealed he expected the MDS assessment to be as accurate as possible.</p> <p>2. Resident #71 was admitted to the facility 11/01/24 with a diagnosis including diabetes.</p> <p>Review of Resident #71's Physician orders revealed an order dated 11/02/24 for Insulin Glargine 5 units subcutaneously (under the skin) daily for diabetes.</p> <p>Review of Resident #71's November 2024, December 2024, and January 2025 Medication Administration Record revealed she received Insulin Glargine as ordered.</p> <p>Resident #71's quarterly MDS assessment dated 01/28/25 did not reflect that she received hypoglycemic medication.</p> | F 641 | <p>3. The MDS Coordinator was educated on ensuring the MDS is recorded accurately on 2/22/25. The expectation for any new MDS Coordinator is that her assigned duties including the MDS should be completed accurately as is stated on the MDS job description.</p> <p>4. The MDS Coordinator will audit all completed MDS assessments weekly for 12 consecutive weeks to ensure residents' status concerning teeth and hypoglycemic medications are recorded accurately. Results will be presented to the Quality Assurance Performance Committee by MDS Coordinator to review and discuss. The Quality Assurance Performance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> | | |

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| F 641 | Continued From page 2 In an interview with the MDS Coordinator on 02/20/25 at 4:52 PM she confirmed Resident #71's quarterly MDS assessment should have reflected that she received hypoglycemic medication, and it was an oversight. An interview with the Director of Nursing on 02/21/25 at 11:26 AM revealed she expected the MDS assessment to be coded correctly. An interview with the Administrator on 02/21/25 at 12:38 PM revealed he expected the MDS assessment to be as accurate as possible. | F 641 | | | |
| F 657 SS=D | Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in | F 657 | | 3/7/25 | |

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| F 657 | <p>Continued From page 3</p> <p>disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and staff interviews, the facility failed to update the care plan to include oxygen therapy for 2 of 2 residents (Resident #16 and Resident #23) reviewed for respiratory therapy.</p> <p>The findings included:</p> <p>1. Resident #16 was admitted to the facility on 05/18/23 with diagnoses that included hypoxemia (low levels of oxygen in the blood).</p> <p>A review of Resident #16's physician orders dated 06/28/24 indicated oxygen at 1-3 liters per minute via nasal cannula every shift as needed for hypoxia.</p> <p>Review of Resident #16's quarterly Minimum Data Set (MDS) assessment dated 12/24/24 revealed the Resident was cognitively intact and required supplemental oxygen.</p> <p>Review of Resident #16's revised care plan dated 12/30/24 revealed the Resident's oxygen use was not care planned.</p> <p>An interview was conducted with the MDS Coordinator on 02/20/25 at 5:33 PM. The MDS Coordinator explained that the purpose of the care plan was to guide the care of the residents and should be individualized for that resident. The</p> | F 657 | <ol style="list-style-type: none"> The care plans for Residents #16 and #23 were immediately corrected to include the use of oxygen on 2/20/25. All care plans were audited on 2/20/25 to ensure that all residents using oxygen had oxygen use care planned. No other issues were identified. The MDS Coordinator will run and review a daily order report to ensure timely care plan updates. The MDS Coordinator was educated on ensuring that residents using oxygen have an oxygen care plan on 2/22/25. The expectation for any new MDS Coordinator is that her assigned duties including completing the care plan should be completed accurately as is stated on the MDS job description. The MDS Coordinator will audit all residents using oxygen weekly for 12 consecutive months to ensure that oxygen is care planned for residents using oxygen. Results will be presented to the Quality Assurance Performance Committee by MDS Coordinator to review and discuss. The Quality Assurance Performance Committee will assess and modify the action plan as needed to ensure continued compliance. | | |

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| F 657 | <p>Continued From page 4</p> <p>MDS Coordinator stated that oxygen should be on Resident #16's care plan because she might have trouble breathing. The MDS Coordinator stated she was still fairly new and overlooked the oxygen care plan.</p> <p>During an interview with the Director of Nursing (DON) on 02/21/25 at 10:57 AM she explained that the care plan should identify the resident and guide the care of the resident. The DON stated her expectation was for oxygen to be on the care plan.</p> <p>On 02/21/25 at 11:50 AM an interview was conducted with the Administrator who indicated that oxygen needed to be on the care plan.</p> <p>2. Resident #23 was admitted to the facility on 05/31/21 with diagnoses that included cerebral infarction (blood flow to the brain is interrupted).</p> <p>A review of Resident #23's physician orders dated 06/28/24 revealed oxygen 1-3 liters per minute via nasal cannula for comfort/hypoxia (low oxygen levels in the blood) every shift.</p> <p>Review of Resident #23's quarterly Minimum Data Set (MDS) assessment dated 12/04/24 revealed the Resident's cognition was severely impaired and she received supplemental oxygen therapy.</p> <p>Review of Resident #23's revised care plan dated 12/06/24 revealed there was no oxygen care plan.</p> <p>An interview was conducted with the MDS Coordinator on 02/20/25 at 5:33 PM. The MDS Coordinator explained that the purpose of the</p> | F 657 | | | |

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| F 657 | Continued From page 5 care plan was to guide the care of the residents and should be individualized for that resident. The MDS Coordinator stated that oxygen should be on Resident #23's care plan because she might have trouble breathing. The MDS Coordinator stated she was still fairly new and overlooked the oxygen care plan. During an interview with the Director of Nursing (DON) on 02/21/25 at 10:57 AM she explained that the care plan should identify the resident and guide the care of the resident. The DON stated her expectation was for oxygen to be on the care plan. On 02/21/25 at 11:50 AM an interview was conducted with the Administrator who indicated that oxygen needed to be on the care plan. | F 657 | | | |
| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and Resident and staff interviews, the facility failed to ensure an oxygen concentrator filter was free of dust and failed to ensure a concentrator had an external filter for 1 of 2 residents (Resident #16) reviewed for respiratory care. | F 695 | 1. One filter was cleaned and one filter was replaced immediately on 2/18/25 once the facility became aware that a filter was dirty and a filter was missing in Resident #16's concentrator. 2. All concentrators were audited by the | 3/7/25 | |

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| F 695 | <p>Continued From page 6</p> <p>The findings included:</p> <p>Resident #16 was admitted to the facility on 05/18/23 with diagnoses that included hypoxemia (low levels of oxygen in the blood).</p> <p>A review of Resident #16's physician orders dated 06/28/24 indicated oxygen at 1-3 liters per minute via nasal cannula as needed for hypoxia every shift and change oxygen tubing and clean filter every Thursday night.</p> <p>Review of Resident #16's quarterly Minimum Data Set assessment dated 12/24/24 revealed the Resident was cognitively intact and received supplemental oxygen.</p> <p>Review of Resident #16's revised care plan dated 12/30/24 revealed the Resident's oxygen was not care planned.</p> <p>A review of Resident #16's Medication Administration Record (MAR) for 02/2025 revealed oxygen at 1-3 liters per minute was delivered every day and every shift since 02/01/25. The MAR also indicated the oxygen filter had been cleaned on Thursday 02/13/25 by Nurse #2</p> <p>On 02/18/25 at 10:40 AM an observation and interview were conducted with Resident #16 who was sitting in her wheelchair watching TV. The Resident indicated the staff took care of her oxygen. Upon inspection of the oxygen concentrator the filter on the left side was covered with light gray dust build up, that fell to the floor when touched. The vent located on the right side of the concentrator revealed the filter was</p> | F 695 | <p>Supply Manager to ensure the filters were present and not dirty on 2/21/25. No other missing filters were found. No other filters appeared dirty.</p> <p>3. A root cause analysis was performed on 3/3/25 which identified likely cause of the dirty and missing filter. Education was provided to nursing staff to ensure concentrator filters are cleaned weekly on 3/6/25. Newly hired nurses are expected to follow physician orders which include cleaning filters and is signed off by nurses on the MAR for each resident with oxygen. Checking filters on the concentrators was added to the weekly audit completed by the Supply Manager on 2/21/25.</p> <p>4. The supply manager will audit all concentrators weekly for 12 consecutive weeks to ensure that concentrator filters are present and that they have been cleaned. Results will be presented to the Quality Assurance Performance Committee by Supply Manager to review and discuss. The Quality Assurance Performance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> | | |

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| F 695 | <p>Continued From page 7 missing.</p> <p>An observation was made on 02/19/25 at 9:10 AM revealed the oxygen concentrator filter remained covered with dust.</p> <p>During an interview with Nurse #1 on 02/19/25 at 9:17 AM the Nurse explained the oxygen filters were cleaned on third shift every Thursday night by the nurse. The Nurse indicated that nurses should check the filters every so often to make sure they were clean.</p> <p>An observation was conducted in conjunction with an interview with Nurse #1 on 02/19/25 at 9:22 AM. Nurse #1 stated she was assigned to Resident #16. The Nurse observed Resident #16's oxygen concentrator and when she inspected the filter on the left side of the concentrator she stated "Oh, it's dirty," and removed the filter. As the Nurse held the dusty filter up, dust particles were observed to fall to the floor. The Nurse then looked at the vent with the missing filter on the right side of the machine and stated there was not a filter there while pointing at the vent where the filter should have been. The Nurse indicated if the dust buildup accumulated that thick in one week, then the filters should be checked and or cleaned more often. Nurse #1 stated she would get a replacement filter right away for the vent and clean the dirty filter.</p> <p>An interview was conducted with Nurse #2 on 02/20/25 at 10:10 AM who explained the oxygen filters were checked and cleaned with water once a week on Thursday nights by the Nurse and the filters should be checked often for dust buildup. Nurse #2 confirmed she was Resident #16's Nurse on the night of 02/13/25 and stated she</p> | F 695 | | | |

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| F 695 | Continued From page 8 checked and cleaned Resident #16's oxygen concentrator filter on 02/13/25 but could not remember if the filter was missing. The Nurse stated if the filter was missing, she would have notified maintenance to provide a replacement. The Nurse stated if the filter was extremely dusty then the filters should be cleaned more often that weekly. During an interview with the Director of Nursing (DON) on 02/21/25 at 10:57 AM the DON explained that she had someone auditing the oxygen concentrators other than the nurses and there was nothing on the audits about Resident #16's oxygen concentrator filters being dirty or missing. The DON stated she may need to increase the filter cleaning to twice weekly. An interview was conducted with the Administrator on 02/21/25 at 11:50 AM who indicated his expectation was for the oxygen filters to be clean and in place on the concentrator. | F 695 | | | |
| F 761 SS=D | Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and | F 761 | | 3/7/25 | |

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| F 761 | <p>Continued From page 9</p> <p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, and resident and staff interviews, the facility failed to secure opened tubes of medicated ointment/skin protectant observed in residents' rooms for 2 of 2 residents reviewed for medication storage (Resident #49 and Resident #27).</p> <p>Findings included:</p> <p>1. Resident #49 was admitted to the facility 09/13/21 with a diagnosis including non-Alzheimer's dementia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 01/16/25 revealed Resident #49 was moderately cognitively impaired.</p> <p>An observation of Resident #49's dresser on 02/18/25 at 11:12 AM revealed a 0.33-ounce tube of triple antibiotic ointment sitting on top. An interview with Resident #49 at the same date and time revealed Family Member #1 brought her the medication for some sores and Family Member #1 applied the medication, but she could not</p> | F 761 | <ol style="list-style-type: none"> The triple antibiotic ointment in Resident #49's room was removed by the family on 2/21/25. The Zinc Oxide 20% tubes were removed from Resident #27's room on 2/21/25. The Director of Nursing completed a round on 2/21/25 to ensure no medications were in resident rooms without physician's order to keep there. No issues were identified. Education was provided to Resident #49's family regarding bringing in medications without a physician order on 2/21/25. Checking for medications at bedside without a physician order was added to the weekly leadership rounds checklist. The Director of Nursing or Designee will audit all resident rooms once weekly for 12 consecutive weeks to ensure no medications are kept at bedside without a physician's order. Results will be presented to the Quality Assurance Performance Committee by the Director | | |

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| F 761 | <p>Continued From page 10</p> <p>recall the last time the medication was used.</p> <p>Additional observations of Resident #49's dresser on 02/19/25 at 8:22 AM, 02/20/25 at 12:21 PM, and 02/21/25 at 9:40 AM revealed a 0.33-ounce tube of triple antibiotic ointment sitting on top.</p> <p>An interview with the Director of Nursing (DON) on 02/21/25 at 11:26 AM revealed no medication should be left at the bedside unless the resident had a physician order to leave the medication. The DON confirmed Resident #49 did not have a physician order to leave the triple antibiotic ointment in her room.</p> <p>2. Resident #27 was admitted to the facility 04/14/17 with a diagnosis including Alzheimer's disease.</p> <p>The annual Minimum Data Set (MDS) assessment dated 11/27/24 revealed Resident #27 was moderately cognitively impaired.</p> <p>An observation of Resident #27's room on 02/19/25 at 12:47 PM revealed two 2-ounce tubes of skin protectant with an active ingredient of Zinc Oxide 20% in a bath basin sitting on top of her dresser. In an interview with Resident #27 at the same date and time she stated the staff applied the cream to her bottom sometimes, but she could not recall the last time the medication was used.</p> <p>Additional observations of Resident #27's room on 02/20/25 at 12:25 PM and 02/21/25 at 9:49 AM revealed two 2-ounce tubes of skin protectant with an active ingredient of Zinc Oxide 20% in a bath basin sitting on top of her dresser.</p> | F 761 | <p>of Nursing to review and discuss. The Quality Assurance Performance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> | | |

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345516 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/21/2025 |
| NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613 | | |
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| F 761 | Continued From page 11 An interview with the Director of Nursing (DON) on 02/21/25 at 11:26 AM revealed no medication should be left at the bedside unless the resident had a physician order to leave the medication. The DON confirmed Resident #27 did not have a physician order to leave the Zinc Oxide cream in her room. | F 761 | | |