

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

PRINTED: 03/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/27/2025
NAME OF PROVIDER OR SUPPLIER CLAY COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 86 VALLEY HIDEAWAY DRIVE HAYESVILLE, NC 28904		
(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 An unannounced recertification and complaint investigation survey was conducted on 02/24/25 through 02/27/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #M18911.	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/24/25 through 02/27/25. Event ID# M18911. The following intakes were investigated: NC00221254 and NC00210680.	F 000			
F 636 SS=D	Three (3) of the three (3) complaint allegations did not result in deficiency. Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision.	F 636			3/25/25

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

TITLE

(X6) DATE

Electronically Signed

03/21/2025

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 636	<p>Continued From page 1</p> <p>(vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.) (iii) Not less than once every 12 months.</p>	F 636			

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F 636	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to complete Care Area Assessments (CAA) comprehensively to address the underlying causes and contributing factors of the triggered areas for 2 of 8 residents reviewed for pressure ulcers and unnecessary medications (Residents #46 and #51).</p> <p>Findings Included:</p> <p>a. Resident #46 was admitted to the facility on 10/29/24 with diagnoses that included diabetes, stroke and end-stage renal disease.</p> <p>Review of Section V (CAA Summary) from the admission Minimum Data Set (MDS) dated 11/05/24 revealed the care area for pressure ulcer triggered for Resident #46. The MDS Coordinator who completed the assessment did not provide any information in the analysis of findings that described the nature of Resident #46's problem, possible causes, contributing factors, and risk factors for the triggered care area. It was noted on the CAA summary that pressure ulcers would be addressed in the care plan due to Resident #46 admitting with wounds.</p> <p>b. Resident #51 was admitted to the facility on 11/28/22 with diagnoses that included debility (physical weakness), respiratory failure and asthma with acute exacerbation (sudden worsening of symptoms).</p> <p>Review of Section V (CAA Summary) from the annual Minimum Data Set (MDS) dated 12/04/24 revealed the care area for psychotropic medication use triggered for Resident #51. The</p>	F 636	<p>1. Resident #46 admission Minimum Data Set (MDS) dated 11/04/2024 MDS licensed nurse to reflect accurate pressure ulcer. The MDS Coordinator did not provide any information in the analysis for possible causes, contributing factors, that triggered the CAA. Resident #51 annual MDS dated 12/04/2024 by MDS license nurse to reflect accurate psychotropic medications. The MDS Coordinator did not provide any information in the analysis for possible causes, contributing factors, that triggered the CAA.</p> <p>2. A quality review of current residents with pressure ulcers was conducted to ensure comprehensive assessment was completed accurately in regards to possible causes, contributing factors, that triggered the CAA by MDS director/designee by 03/24/2025. A quality review of current residents with psychotropic medications was conducted to ensure comprehensive assessment was completed accurately to reflect psychotropic medications by the MDS director / designee by 03/24/2025.</p> <p>Any concerns were addressed as identified.</p> <p>3. Current licensed MDS nurses were re-educated by RMDS director on 02/27/2025 and ongoing to components of this regulation with emphasis on ensuring residents comprehensive assessments</p>		

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F 636	<p>Continued From page 3</p> <p>MDS Coordinator who completed the assessment did not provide any information in the analysis of findings that described the nature of Resident #51's problem, possible causes, contributing factors, and risk factors for the triggered care area. It was noted on the CAA summary that psychotropic medication use would be addressed in the care plan.</p> <p>During an interview on 02/27/25 at 11:24 AM, the MDS Coordinator explained when she first started the position, she didn't understand the CAA or that they needed to be completed for comprehensive assessments. She stated she now understood what should be included in the analysis of findings and for the more recent MDS assessments, she had started adding more pertinent information in the CAA for the care area(s) that triggered. The MDS Coordinator confirmed the pressure ulcer care area that triggered for Resident #46 and the psychotropic medication use care area that triggered for Resident #51 did not have a comprehensive analysis of finding completed.</p> <p>During an interview on 02/27/25 at 1:34 PM, the Administrator stated it was his expectation for CAAs to completed and contain a comprehensive analysis of findings for the triggered care area(s).</p>	F 636	<p>and the Care area assessments (CAA) are completed correctly per federal guidelines.</p> <p>4. Licensed MDS nurse/designee to conduct quality monitoring for accurate comprehensive assessments and CAAs weekly x 4 weeks, then monthly x 1 month and PRN as indicated ensuring residents comprehensive assessments are completed correctly per federal guidelines. The Quality Assurance Performance improvement committee members consist of but not limited to Administrator, Director of Nursing, Unit Manager, Social Services, Medical director, maintenance Director, Housekeeping Services, dietary Manager, and Minimum data Set Nurse and minimum of one direct care giver. The MDS license nurse will report findings to the Quality Assurance Performance Improvement meeting monthly for three months.</p> <p>The findings of these quality monitoring to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of MDS/ designee.</p> <p>5. 03/25/2025</p>		
F 641 SS=E	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments.</p>	F 641		3/25/25	

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F 641	<p>Continued From page 4</p> <p>The assessment must accurately reflect the resident's status.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to accurately code Minimum Data Set (MDS) assessments in the areas of bed rails and diagnoses for 7 of 12 sampled residents reviewed for physical restraints, respiratory care and unnecessary medications (Residents #1, #51, #63, #13, #65, #24, and #47).</p> <p>Findings included:</p> <p>1. Resident #1 was admitted to the facility on 02/15/22 with diagnoses that included history of falling, generalized muscle weakness and left shoulder pain.</p> <p>The quarterly Minimum Data Set (MDS) dated 01/19/25 revealed Resident #1 had intact cognition and required substantial/maximum assistance with bed mobility. The MDS indicated Resident #1 used a physical restraint daily and bed rail was marked as the type of restraint utilized.</p> <p>During an observation and interview on 02/25/25 at 9:15 AM, quarter bed rails were observed in the upright position on each side of Resident #1's bed. Resident #1 explained she used the bed rails to reposition herself when lying in bed and as an aid when pulling herself up to sit on the side of the bed.</p> <p>During an interview on 02/27/25 at 11:24 AM, the MDS Coordinator confirmed that the quarter bed rails used by Resident #1 were for independent bed mobility and not restraints. The MDS</p>	F 641	<p>1. Resident #1, #51, #63, #13, #65, #24, and #47 MDS were audited and corrected in the areas of physical restraints with the use of bedrails by the Regional MDS Nurse on 02/27/2025.</p> <p>2. A quality review was completed on the current residents' MDSs in the areas of bed rail restraints to validate the most recent MDS assessment have been coded to accurately reflect the status of the residents by the Regional MDS on 02/27/2025.</p> <p>An ADHOC Quality Assurance Performance Improvement Committee was held by 02/28/2025 to formulate and approve a plan of correction for the deficient practice.</p> <p>3. The Regional MDS Coordinator educated the new MDS Coordinator on accurately coding of bedrails and restraints 02/27/2025.</p> <p>4. Licensed MDS nurse/designee to conduct quality monitoring for accurate bedrails and restraints assessments weekly x 4 weeks, then monthly x 1 month and PRN as indicated ensuring residents comprehensive assessments are completed correctly per federal guidelines. The Quality Assurance Performance improvement committee members consist of but not limited to Administrator, Director of Nursing, Unit</p>		

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F 641	<p>Continued From page 5</p> <p>Coordinator explained she misunderstood the question on the MDS assessment regarding bed rail use and the quarterly MDS assessment dated 01/19/25 for Resident #1 was coded incorrectly.</p> <p>During an interview on 02/27/25 at 1:34 PM, the Administrator explained the facility did not use restraints and bed rails were used only as personal bed mobility devices. The Administrator stated he expected MDS assessments to be completed accurately.</p> <p>2. Resident #51 was admitted to the facility on 11/28/22 with diagnoses that included debility (physical weakness), respiratory failure and asthma with acute exacerbation (sudden worsening of symptoms).</p> <p>The quarterly Minimum Data Set (MDS) dated 10/11/24 revealed Resident #51 had moderate impairment in cognition and required partial/moderate assistance with bed mobility. The MDS indicated Resident #51 used a physical restraint daily and bed rail was marked as the type of restraint utilized.</p> <p>The annual Minimum Data Set (MDS) dated 12/04/24 revealed Resident #51 had moderate impairment in cognition and required partial/moderate assistance with bed mobility. The MDS indicated Resident #51 used a physical restraint daily and bed rail was marked as the type of restraint utilized.</p> <p>During a joint interview on 02/27/25 with Med Aide #1 and Nurse Aide #1 both stated Resident #51 used quarter bed rails for independent bed mobility and repositioning.</p>	F 641	<p>Manager, Social Services, Medical director, maintenance Director, Housekeeping Services, dietary Manager, and Minimum data Set Nurse and minimum of one direct care giver. The MDS license nurse will report findings to the Quality Assurance Performance Improvement meeting monthly for three months.</p> <p>The findings of these quality monitoring□s to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of MDS/ designee.</p> <p>5. 03/25/2025</p>		

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F 641	<p>Continued From page 6</p> <p>During an interview on 02/27/25 at 11:24 AM, the MDS Coordinator confirmed that the quarter bed rails used by Resident #51 were for independent bed mobility and not restraints. The MDS Coordinator explained she misunderstood the question on the MDS assessment regarding bed rail use and the quarterly MDS assessment dated 12/04/24 for Resident #51 was coded incorrectly.</p> <p>During an interview on 02/27/25 at 1:34 PM, the Administrator explained the facility did not use restraints and bed rails were used only as personal bed mobility devices. The Administrator stated he expected MDS assessments to be completed accurately.</p> <p>3. Resident #63 was admitted to the facility on 02/15/24 with diagnoses that included coronary artery disease and generalized muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) dated 10/11/24 revealed Resident #63 had moderate impairment in cognition and required partial/moderate assistance with bed mobility. The MDS indicated Resident #63 used a physical restraint daily and bed rail was marked as the type of restraint utilized.</p> <p>The quarterly Minimum Data Set (MDS) dated 11/12/24 revealed Resident #63 had moderate impairment in cognition and required partial/moderate assistance with bed mobility. The MDS indicated Resident #63 used a physical restraint daily and bed rail was marked as the type of restraint utilized.</p> <p>During an interview on 02/27/25 at 11:24 AM, the MDS Coordinator confirmed that the quarter bed</p>	F 641			

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F 641	<p>Continued From page 7</p> <p>rails used by Resident #63 were for independent bed mobility and not restraints. The MDS Coordinator explained she misunderstood the question on the MDS assessment regarding bed rail use and the quarterly MDS assessments dated 10/11/24 and 11/12/24 for Resident #63 was coded incorrectly.</p> <p>During an interview on 02/27/25 at 1:34 PM, the Administrator explained the facility did not use restraints and bed rails were used only as personal bed mobility devices. The Administrator stated he expected MDS assessments to be completed accurately.</p> <p>4. Resident #13 was admitted to the facility on 11/18/14 with diagnosis that included paraplegia (a condition characterized by the loss or impairment of voluntary movement and sensation in the lower half of the body), contracture (a condition of shortening and hardening of muscles, tendons, or other tissues, often leading to deformity, and rigidity of joints) right hip, anxiety, major depressive disorder, dementia, abnormal posture, and cerebrovascular disease (a variety of medical conditions that affect the brain's blood vessels and blood flow).</p> <p>Review of the quarterly minimum data set (MDS) dated 2/3/25 revealed that bed rails were marked as a restraint used daily.</p> <p>Review of the care plan dated 2/10/25 revealed Resident #13 has an activities of daily living (ADL) self-care performance deficit related to decreased cognitive function, paraplegia, and limited mobility. Goals include Resident #13 will maintain the current level of function in ADL through the review date. Interventions for bed</p>	F 641			

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F 641	<p>Continued From page 8</p> <p>mobility included Resident #13 uses bilateral quarter rails to maximize independence with turning and repositioning in bed.</p> <p>Review of the physician's orders dated 10/6/21 revealed that the facility would maintain bilateral quarter rails to promote the highest level of independence with bed mobility, positioning, and incontinence care.</p> <p>An interview on 02/27/25 at 11:24 AM with the MDS Coordinator revealed that she misunderstood the question and realized she answered the question wrong. She stated that now she knows they should not have been marked under restraints and the bed rails were used for independent bed mobility and not as a restraint.</p> <p>An interview on 02/27/25 at 1:06 PM with the Director of Nursing (DON) revealed that her expectations with MDS accuracy were to follow the policy and procedure of the facility.</p> <p>An interview on 02/27/25 at 1:34 PM with the Administrator revealed that his expectation was that MDS assessments be coded accurately. He further revealed that the facility had not used restraints, and the bed rails were used as personal mobility devices.</p> <p>5. Resident #65 was admitted to the facility on 6/7/24 with diagnosis that included muscle weakness, unsteadiness on feet, lack of coordination, and abnormalities of gait and mobility.</p> <p>Review of the quarterly MDS dated 6/7/24 revealed that bed rails were marked as a restraint</p>	F 641			

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F 641	<p>Continued From page 9 used daily.</p> <p>Review of the care plans dated 12/10/24 revealed Resident #65 ADL self-care performance deficit related to impaired balance, Pain (low back pain). Goals included Resident # 65, will improve the current level of function through the review date. Interventions for bed mobility included Resident #65 uses bilateral quarter rails to promote independence with turning, repositioning, and mobility.</p> <p>Review of the physician's orders dated 11/19/24 revealed that the facility would maintain bilateral quarter rails to promote independence with bed mobility, turning, and repositioning.</p> <p>An interview on 02/27/25 at 11:24 AM with the MDS Coordinator revealed that she misunderstood the question and realized she answered the question wrong. She stated that now she knows they should not have been marked under restraints and the bed rails were used for independent bed mobility and not as a restraint.</p> <p>An interview on 02/27/25 at 1:06 PM with the Director of Nursing (DON) revealed that her expectations with MDS accuracy were to follow the policy and procedure of the facility.</p> <p>An interview on 02/27/25 at 1:34 PM with the Administrator revealed that his expectation was that MDS assessments be coded accurately. He further revealed that the facility had not used restraints, and the bed rails were used as personal mobility devices.</p> <p>6. Resident #24 was admitted to the facility on</p>	F 641			

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F 641	<p>Continued From page 10</p> <p>8/30/19. Resident #24's diagnoses included dementia, Alzheimer's disease, pneumonia, and chronic obstructive pulmonary disease.</p> <p>A review of the Medical Doctor (MD) progress note dated 12/30/24 revealed Resident #24 was evaluated for chest congestion and cough. The MD's physical exam revealed Resident #24's lungs were clear and there was no complications related to a cough at the time of the evaluation. The MD recommended to continue monitoring and no new physician orders were provided for the treatment of pneumonia.</p> <p>A review of the physician orders from 12/30/24 through 1/17/25 revealed no orders for a chest x-ray or antibiotic medication for the treatment of pneumonia.</p> <p>A review of Resident #24's quarterly Minimum Data Set (MDS) assessment dated 1/17/25 revealed pneumonia was coded as an active diagnosis. The MDS list of high risk medications revealed Resident #24 was not taking and there was no indication noted for the use of antibiotics.</p> <p>During an interview on 02/27/25 at 11:43 AM the MDS Coordinator confirmed she completed the quarterly MDS assessment for Resident #24 dated 1/17/25. The MDS Coordinator revealed for determining a resident's active diagnoses, she reviewed physician orders, labs and diagnostic results, and nurse progress notes. After review of Resident #24 medical records the MDS Coordinator revealed there was no documentation to support pneumonia was an active diagnosis during the MDS assessment dated 1/17/25 and was incorrectly coded.</p>	F 641			

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F 641	<p>Continued From page 11</p> <p>During an interview on 02/27/25 at 1:17 PM the Director of Nursing (DON) revealed there would need to be written documentation in the resident's medical record from a medical care provider to confirm an active diagnosis of pneumonia and if not the MDS was incorrectly coded.</p> <p>During an interview on 02/27/25 at 1:45 PM the Administrator revealed active diagnoses should be coded correct when completing the resident's MDS assessment.</p> <p>7. Resident #47 was admitted to the facility on 1/24/25 with diagnoses including atrial fibrillation and heart failure.</p> <p>A review of the current physician orders revealed Resident #47 was taking metoprolol 25 milligrams (mg) daily for hypertension and lisinopril 20 mg twice a day for hypertension that were started on 1/25/25.</p> <p>A review of Resident #47's admission MDS assessment dated 1/31/25 revealed hypertension was not coded as an active diagnosis.</p> <p>During an interview on 02/27/25 at 11:33 AM the MDS Coordinator confirmed she completed the admission MDS assessment for Resident #47 dated 1/31/25. The MDS Coordinator revealed that when coding active diagnosis, she reviewed the resident's list of medications and if they were taking medication used to treat hypertension it should be coded as an active diagnosis and if not was error.</p> <p>During an interview on 02/27/25 at 1:17 PM the DON revealed if current physician's orders included metoprolol or lisinopril for the treatment</p>	F 641			

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F 641	Continued From page 12 of hypertension it should be coded as an active diagnosis on the MDS.	F 641			
F 700 SS=D	<p>During an interview on 02/27/25 at 1:45 PM the Administrator revealed active diagnoses should be coded correct when completing the MDS assessment.</p> <p>Bedrails CFR(s): 483.25(n)(1)-(4)</p> <p>§483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to complete bed rail assessments to determine the need for bed rail use for 3 of 5 sampled residents (Resident #1,</p>	F 700			3/25/25
			<p>1. Resident #1, #51 and #13 on 02/27/2025 bedrails assessments were audited and corrected in the areas of bedrail assessments by Director of</p>		

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F 700	<p>Continued From page 13 #51 and #13).</p> <p>Findings Included:</p> <p>1. a. Resident #1 was admitted to the facility on 02/15/22 with diagnoses that included history of falling, generalized muscle weakness and left shoulder pain.</p> <p>Review of Resident #1's electronic medical record on 02/26/25 revealed the last completed bed rail assessment was dated 11/08/23.</p> <p>The quarterly Minimum Data Set (MDS) dated 01/19/25 revealed Resident #1 had intact cognition and required substantial/maximum assistance with bed mobility.</p> <p>During an observation and interview on 02/25/25 at 9:15 AM, quarter bed rails were observed in the upright position on each side of Resident #1's bed. Resident #1 explained she used the bed rails to reposition herself when lying in bed and as an aid when pulling herself up to sit on the side of the bed.</p> <p>b. Resident #51 was admitted to the facility on 11/28/22 with diagnoses that included debility (physical weakness), respiratory failure and asthma with acute exacerbation (sudden worsening of symptoms).</p> <p>Review of Resident #51's electronic medical record on 02/25/25 revealed there were no bed rail assessments completed since 10/26/23, the date of the last recertification and complaint investigation survey.</p> <p>The annual Minimum Data Set (MDS) dated</p>	F 700	<p>Clinical Services to reflect appropriate needs for bedrails as positioning devices.</p> <p>2. A quality review was completed on the current resident's bedrail assessments to validate the most recent assessment have been completed to accurately reflect the status of the residents by the Director of Clinical Services on 02/27/2025. An ADHOC Quality Assurance Performance Improvement Committee was held by 02/28/2025 to formulate and approve a plan of correction for the deficient practice.</p> <p>3. The Regional Director of Clinical Services (RDCS) educated the Director of Clinical Services (DCS) and the Assistant Director of Nursing (ADON) on completing assessments for all bedrails and then to continue the assessments on admission, quarterly, significant change, and as needed 02/27/2025.</p> <p>4. Director of Clinical Services/designee to conduct quality monitoring for accurate bedrails assessments 4 x week x 4 weeks, then 2 x week x 4 weeks, 1 x week x 1 month and PRN as indicated ensuring residents bedrail assessments are completed correctly per federal guidelines. The Quality Assurance Performance improvement committee members consist of but not limited to Administrator, Director of Nursing, Unit Manager, Social Services, Medical director, maintenance Director, Housekeeping Services, dietary Manager, and Minimum data Set Nurse and</p>		

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F 700	<p>Continued From page 14</p> <p>12/04/24 revealed Resident #51 had moderate impairment in cognition and required partial/moderate assistance with bed mobility.</p> <p>During a joint interview on 02/27/25 at 10:11 AM, Med Aide #1 and Nurse Aide #1 both stated Resident #51 used quarter bed rails for independent bed mobility and repositioning.</p> <p>During an interview on 02/27/25 at 1:06 PM, the Director of Nursing (DON) stated the facility had a policy and procedure in place for bed rail use and it was the responsibility of administrative nursing staff to complete bed rail assessments quarterly or at the very least, annually. The DON stated it was her expectation staff would follow the facility policy to ensure bed rail assessments were completed per the facility policy.</p> <p>During an interview on 02/27/25 at 1:34 PM, the Administrator stated it was his expectation for bed rail assessments to be completed per the facility policy.</p> <p>2. Resident #13 was admitted to the facility on 11/18/14 with diagnosis that included paraplegia (a condition characterized by the loss or impairment of voluntary movement and sensation in the lower half of the body), contracture (a condition of shortening and hardening of muscles, tendons, or other tissues, often leading to deformity, and rigidity of joints) right hip, anxiety, major depressive disorder, dementia, abnormal posture, and cerebrovascular disease (a variety of medical conditions that affect the brain's blood vessels and blood flow).</p> <p>Review of the physician's orders dated 10/6/21 revealed that the facility would maintain bilateral</p>	F 700	<p>minimum of one direct care giver. The MDS license nurse will report findings to the Quality Assurance Performance Improvement meeting monthly for three months.</p> <p>The findings of these quality monitoring□s to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Director of Clinical Services/designee.</p> <p>5. 03/25/2025</p>		

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F 700	<p>Continued From page 15</p> <p>quarter bed rails to promote the highest level of independence with bed mobility, positioning, and incontinence care.</p> <p>Review of the bed rail assessment revealed it was last completed on 12/12/23.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 2/3/25 revealed Resident #13 required substantial/maximum assistance with bed mobility.</p> <p>An interview on 02/27/25 at 1:06 PM with the Director of Nursing (DON) revealed the breakdown in the completion of bed rail assessments fell through the cracks because there was so much change in administrative nursing staff. She further revealed it was the responsibility of administrative nursing staff to complete the bed rail assessments. She stated that her expectation was that bed rail assessments were to be completed quarterly or at the very least annually and to follow the facility's policy.</p> <p>An interview on 02/27/25 at 1:34 PM with the Administrator revealed that his expectation for bed rail assessments was that they be completed per the facility policy.</p>	F 700			