

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Clapp's Convalescent Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Mountain Top Drive Asheboro, NC 27203	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50415</p> <p>Based on observations, record review, and staff interviews, the facility failed to post cautionary and safety signage outside of resident rooms that indicated the use of oxygen for 2 of 2 residents reviewed for respiratory care (Residents #15 and #34). This practice had the potential to affect other residents receiving supplemental oxygen.</p> <p>The findings included:</p> <p>a. Resident #15 was admitted to the facility on [DATE] with the diagnosis of Chronic Obstructive Pulmonary Disease (COPD).</p> <p>A review of Resident #15's physician orders dated 8/3/22 revealed an order for oxygen to be administered continuously via nasal cannula at 2 liters per minute (l/min).</p> <p>A review of the annual Minimum Data Set (MDS) dated [DATE] indicated Resident #15 was coded for receiving oxygen.</p> <p>Observations on 9/30/24 at 11:34 AM, 10/1/24 at 1:56 PM, and 10/2/24 at 8:17 AM revealed Resident #15 was sitting in her wheelchair in her room wearing a nasal cannula with oxygen being administered at 2 l/min. There was no cautionary or safety signage posted at Resident #15's room to indicate oxygen was in use during the observations.</p> <p>b. Resident #34 was admitted to the facility on [DATE] with a diagnosis of COPD exacerbation, acute with chronic respiratory failure with risk of decline, and pneumonia.</p> <p>Resident #34 had a physician's order dated 6/12/24 for oxygen administered at 2 liters per minute by nasal cannula.</p> <p>Review of Resident #34's quarterly MDS dated [DATE] revealed she was severely cognitively impaired with no mood or behavioral disturbances. Resident #34 was coded for receiving oxygen.</p> <p>Observations conducted on 10/1/24 at 9:12 AM, 10/2/24 at 8:17 AM, and 10/2/24 at 11:02 AM revealed there was no cautionary signage at Resident #34's room indicating oxygen was in use. Resident #34 was in her room using oxygen delivered by nasal cannula during the observation times.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with Nurse #1 on 10/02/24 at 11:02 AM. She stated she had not seen any oxygen in use signs posted in the facility, and she did not recall placing one in any resident's room. Nurse #1 stated that since the facility was smoke free, she didn't think they needed oxygen in use signage. She stated that the staff educated family members regarding no smoking around oxygen.</p> <p>On 10/2/24 at 1:55 PM an interview was conducted with the Director of Nursing (DON). She verbalized the facility had 11 total residents using oxygen. The DON stated the facility did not use oxygen signage. She further stated that since the building was smoke-free she didn't think the facility was required to use individual no smoking signs.</p> <p>An interview with the Administrator was conducted on 10/2/24 at 2:04 PM. He stated it was illegal for indoor smoking in North Carolina facilities. He stated since the facility was smoke-free it was unnecessary to post signs of no smoking in the residents' rooms. He stated he had posted no smoking signage at the facility's entrance.</p>		