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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345182 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/03/2024 |
| NAME OF PROVIDER OR SUPPLIER Pruitthealth-Crystal Coast | | STREET ADDRESS, CITY, STATE, ZIP CODE 2416 US Highway 70 East Beaufort, NC 28516 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38702</p> <p>Based on record review, staff interviews and physician interview the facility failed to inform the physician of a change in the residents' nutritional status and failed to notify the responsible party of changes in a resident's condition including skin integrity impairment and/or weight loss for 4 of 5 residents sampled for nutrition. (Resident #4, Resident #41, Resident #45, and Resident #81)</p> <p>The findings included:</p> <p>1. Resident #4 was admitted to the facility on [DATE] with diagnoses including dysphagia.</p> <p>Review of Resident #4's weights revealed:</p> <p>08/06/2024 112.1 pounds (lbs.)</p> <p>09/03/2024 103.9 lbs.</p> <p>09/16/2024 105.7 lbs.</p> <p>09/23/2024 106 lbs.</p> <p>10/01/2024 104.6 lbs.</p> <p>There was a decrease of 7.31% from 8/06/2024 (112.1lbs) to 9/03/2024 (103.9lbs).</p> <p>Review of Resident #4's medical record for September revealed there was no documentation that the physician was notified of the significant weight loss.</p> <p>An interview with the Physician was conducted on 10/02/24 at 11:46 AM. The physician stated he had not been informed of any weight loss for Resident #4. He also stated that he liked checks and balances and should have been informed of the weight loss.</p> <p>An interview with the DM was conducted on 10/02/24 at 11:42 AM. The DM stated Resident #4 had significant weight loss and when there was a significant weight change of 5% or more the physician should be called. The DM also stated she was responsible for calling the physician and she did not call due to an oversight.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview with the Director of Nursing (DON) was conducted on 10/03/2024 at 1:04 PM. The DON stated when there was a significant weight loss of 5% or greater, the physician was supposed to be made aware and could not say why he was not made aware by the DM.</p> <p>An interview with the Administrator was conducted on 10/03/2024 at 1:14 PM. The Administrator stated when there was a decrease in weight of 5% or more then the physician was supposed to be made aware.</p> <p>2. Resident #41 was admitted to the facility on [DATE] with diagnoses including coronary artery disease.</p> <p>Review of Resident #41 weights revealed:</p> <p>08/06/2024 148.0 pounds (lbs.)</p> <p>08/12/2024 141.3 lbs.</p> <p>08/19/2024 143.7 lbs.</p> <p>08/26/2024 139.4 lbs.</p> <p>09/03/2024 144.5 lbs.</p> <p>09/09/2024 140.2 lbs.</p> <p>There was a significant weight loss of 5.27% from 8/06/2024 (148) to 9/09/2024 (140.2).</p> <p>Review of Resident #4's medical record for September revealed there was no documentation the physician was notified of the significant weight loss.</p> <p>An interview with the Physician was conducted on 10/02/24 at 11:46 AM. The physician stated he had not been informed of any weight loss for the residents. He also stated that he liked checks and balances and should have been informed of the weight loss so that interventions could be implemented.</p> <p>An interview with the DM was conducted on 10/02/24 at 11:42 AM. The DM stated Resident #41 had a significant weight loss and when there was a significant weight change of 5% or more the physician should be called. The DM also stated she was responsible for calling the physician and she did not call due to an oversight.</p> <p>An interview with the Director of Nursing (DON) was conducted on 10/03/2024 at 1:04 PM. The DON stated when there was a significant weight loss of 5% or greater, the physician was supposed to be made aware and could not say why he was not made aware by the DM.</p> <p>An interview with the Administrator was conducted on 10/03/2024 at 1:14 PM. The Administrator stated when there was a decrease in weight of 5% or more then the physician was supposed to be made aware.</p> <p>48007</p> <p>(continued on next page)</p> |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>3. Resident #45 was admitted into the facility on [DATE] with the diagnoses of adult failure to thrive, type 2 diabetes mellitus, severe protein calorie malnutrition and dementia, muscle weakness, chronic kidney disease stage 3, cachexia (loss of muscle, fat mass and weakness), hypertension, multiple myeloma (in remission), gastroesophageal reflux disease, congestive heart failure, diastolic congestive heart failure and metabolic encephalopathy.</p> <p>A review of Resident #45's admission Minimum Data Set, dated dated [DATE] revealed he was cognitively intact; his vision was highly impaired; he required his meal tray set up by staff and had no skin issues.</p> <p>A review of Resident #45's wound assessments revealed on 9/18/24 an area on his sacrum measuring 2 cm x 1cm was noted, on 10/1/24 a pressure area on his right heel measuring 2 centimeters (cm) x 2 cm was noted, also on 10/1/24 a stage I (intact blister) was noted on his left ankle.</p> <p>A review of Resident #45's weight record indicated on 8/29/24 he weighed 168.70 pounds and on 9/5/24 he weighed 149.70 a loss of 11.26% in one week, 9/29/24 he weighed 116 pounds indicating a 31.24 % weight loss in one month.</p> <p>A review of Resident #45's physician orders included an order for a liquid supplement twice a day with a start date of 9/11/24, on 10/2/24 an appetite stimulant was ordered, a liquid shake supplement ordered with meals three times a day, and another liquid supplement ordered four times a day with medications.</p> <p>An interview conducted with the resident's Responsible Party on 10/2/24 at 11:13 AM revealed that she was not notified by the facility of either the weight loss or the development of pressure areas. She stated that when she arrived at the facility, she was shocked when she pulled down the covers and saw how much weight he had lost. She further stated that because she does help with turning and repositioning that she had seen the area on his sacrum. She stated no one from the facility had notified her yesterday (10/1/24) regarding the newly developed areas on his right heel and left ankle.</p> <p>An interview conducted with the Dietary Manager on 10/2/24 at 11:18 AM indicated that the facility does have a weekly weight meeting which consisted of the two Social Workers, the MDS Coordinator, Activity Director and herself. She stated that the Physician should have been notified after the first significant weight loss and interventions should have been put into place and it was an oversight on her part. She further stated that she had not called Resident #45's Responsible Party or the Physician regarding his weight loss and realized she should have.</p> <p>An interview conducted with the Physician on 10/02/24 11:46 AM indicated that he had not been informed of any weight loss of the residents. He stated that he liked checks and balances and should have been informed of the weight loss so that interventions could be implemented.</p> <p>An interview with the Wound Care Nurse on 10/2/24 at 1:00 PM revealed that she did not call the responsible party regarding new skin issues, but she does call them if the treatment was changed. She stated that she does not document when she talks to the resident's responsible parties and documents the bare minimum on areas that she is treating due to the amount of wound care that she does. She further revealed that she had not talked to or called Resident #45's Responsible Party regarding his areas on his sacrum, right heel or left ankle.</p> <p>(continued on next page)</p> | | |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview was conducted with the Administrator on 10/2/24 at 2:00 PM indicated that resident's responsible party should be notified of any changes in a resident's condition which included new orders, test results, and any areas that impacted the residents care and/or treatment.</p> <p>4. Resident #81 was admitted into the facility on [DATE] with the diagnoses of pneumonia, hip fracture, cerebrovascular accident, dementia and anxiety disorder.</p> <p>A review of Resident #81's Minimum Data Set, dated dated [DATE] included she had moderately difficulty in hearing and used hearing aids, had no problems communicating, moderately cognitively impaired, had no behaviors or rejection of care and no indicators of psychosis.</p> <p>A telephone interview conducted with a family member on 10/2/24 at 6:00 PM revealed that Resident #81 was unable to speak and was in the dying process and she was the point of contact for her mother. She revealed that the family was not made aware of new orders, test results and the overall decline of their mother. She stated the family had seen a pressure ulcer above the crack of her mother's buttocks that they were never informed of during their mother's care. On Saturday September 28th, 2024, the family walked in, and Resident #81 was kind of communicating with them but not at all what she normally did and on Sunday September 29, 2024, Resident #81 would not wake up at first and later woke up a little and there was no notification from the facility on either day regarding their mother's condition. The family member further stated that Resident #81's anxiety medication that she had taken for 20 plus years was discontinued without their knowledge. During this time Resident #81 was confused, hallucinating, and paranoid. The family found out Resident #8's antianxiety medication had been discontinued on 8/29/24 once it was restarted on 9/9/24 all her mothers' symptoms of confusion, paranoia, and hallucinations were resolved.</p> <p>An interview was conducted with the Administrator on 10/2/24 at 2:00 PM indicated that families should be notified of any changes in a resident's condition which included new orders, test results, and any areas that impacted the residents care and/or treatment.</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48007</p> <p>Based on record review, and resident, ombudsman, and staff interviews, the facility failed to allow the residents to personalize their space by restricting their ability to hang any items on the walls or doors to their rooms to include pictures and decorations and not permitting the residents to bring in their own furniture. The residents expressed feeling as though it was impossible to make their rooms homelike with these restrictions. This deficient practice affected 5 out of 5 residents (Resident #19, # 54, #50, #16 and #25) reviewed for homelike environment and had the potential to affect other facility residents.</p> <p>The findings included:</p> <p>A review of the Residents Council minutes revealed that on 1/16/24 a Resident Council meeting was attended by Residents #22, #27, #46, #24, #16, #37, #65, #3, #70, #57, #55, and #35. The meeting was conducted to explain and prepare the residents for the move to a new building. In that meeting it was discussed that certain things would not be allowed these included:</p> <ul style="list-style-type: none"> - No items on the walls - No tape on the walls - No nails in the walls - Nothing on the floor - Nothing in the blinds - Nothing on the doors - No refrigerators <p>The 5 residents (#19, #54, #50, #16, and #25) in the Resident Council Meeting conducted on 10/1/24 at 2:45 PM all stated that they were unable to make their own rooms to their liking which included hanging pictures on the walls and/or wreaths on the doors. The Resident Council President (Resident #50) stated they felt that not being able to decorate at all but put a few pictures on the furniture in the room was stopping them from making their rooms feel like their home. They further stated they wanted pictures of their families or just beautiful pictures on the wall and they only had a cloth-covered bulletin board to hang anything on. The residents also stated they were not able to keep any food from families in the facility refrigerators or have a refrigerator of their own. The residents in the Resident Council meeting stated it was impossible to make their rooms homelike with such restrictions.</p> <p>An interview was conducted with the Resident #50 10/1/24 at 3:30 PM who stated she wanted to be able to put pictures of her family on the walls, that right now her room was just like every other room in the building, so it did not feel like her home.</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview was conducted with Resident #54 on 10/1/24 at 3:40 PM who stated with the holidays coming up she wanted to hang different wreaths on her door to celebrate them but was not allowed to. She further stated that the only thing they had in their room was a cloth-covered bulletin board to put pictures on, which was not enough room for what she wanted to put up. She further stated that she wanted to be able to decorate her room how she wanted to make it feel like hers.</p> <p>An observation of a resident's room on 10/2/24 at 4:05 PM noted there was an area on the wall that had a wardrobe with shelves the residents could use to put pictures or whatever they wanted to on, a bedside table, and a cloth-covered bulletin board.</p> <p>An interview with the Ombudsmen on 10/2/24 at 2:50 PM revealed that the residents had also brought concerns of not being able to decorate the room or hang pictures on the walls to her attention when she met with them. She stated she was glad the residents brought their concern regarding not being able to put pictures on the walls or decorate their doors as she felt they should be able to but felt like her hands were tied. She stated she had discussed this with the Administration after the meeting and it was a directive from the corporate office that was being followed. The Ombudsmen further stated she had told the residents to continue to be patient, work with the facility and remember it was a new building.</p> <p>An interview with the Administrator on 10/3/24 at 9:00 AM indicated the directive she received from the corporate office said nothing on the walls, or doors, and residents may not bring their own furniture into the building. She stated prior to moving into the new building the residents that were coming over from the old building were made aware of the rules and it was part of the admission packet for all residents. She stated she was following the direction of her corporate office. She further stated that in the other building the residents covered their walls with pictures so that you could hardly see the color of the walls which was the reason for no pictures on the walls. She further stated that there was a wardrobe in the room with areas the residents could put pictures on along with a bedside table, so the residents were able to have pictures in their rooms.</p> |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48007</p> <p>Based on record review and staff interviews, the facility failed to code the Minimum Data Set (MDS) accurately for hospice for 1 of 1 resident reviewed for hospice (Resident #6).</p> <p>The findings included:</p> <p>Resident #6 was admitted into the facility on [DATE] with diagnoses that included dementia, and chronic obstructive pulmonary disease.</p> <p>A review of Resident #6 Physician orders dated 8/31/24 revealed an order to admit to hospice services.</p> <p>A review of Resident #6's primary payer on her face sheet revealed it was hospice.</p> <p>A review of Resident #6's care plan dated 9/5/24 revealed a care plan problem of Resident #6 is receiving hospice services.</p> <p>A review of Resident #6's admission Minimum Data Set, dated dated [DATE] indicated that the resident was not on hospice care but did have a condition or chronic disease that may result in a life expectancy of less than 6 months</p> <p>A review of Resident #6's Care Area Assessment for MDS dated [DATE] revealed under cognitive loss/dementia section detailed under supporting documentation was noted to see the Brief Interview for Mental Status Assessment, Progress Notes, Hospice Notes, the International Classification of Diseases 10, and Mood Assessment.</p> <p>An interview conducted with the MDS Coordinator on 10/1/24 at 1:24 PM indicated that Resident #6 was admitted to hospice care on 8/31/24 and that hospice services are ongoing. A review of the admission MDS dated [DATE] indicated Resident #6 was not on hospice care was reviewed with the MDS Coordinator. The MDS Coordinator revealed the admission MDS assessment was incorrectly coded for hospice. She stated that it was simply an oversight on her part.</p> <p>An interview conducted with the Administrator on 10/2/24 at 9:00 AM stated the admission MDS assessment for resident # 6 should have been marked to indicate hospice and a modification would be completed.</p> | | |

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| <p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38702</p> <p>Based on observation, record review, resident interview and staff interviews the facility failed to provide food in a form to meet the individual needs of a resident with a physician's order to upgrade diet to mechanical soft/finger foods with thin liquids for 1 of 5 Residents sampled for nutrition (Resident #4).</p> <p>Findings included:</p> <p>Resident#4 was admitted to the facility on [DATE] with diagnoses including dysphagia.</p> <p>Review of a progress note by the Dietary Manager (DM) dated 08/05/2024 revealed Resident receiving a puree diet. Resident stated no chewing or swallowing problems. Resident wants to be upgraded in his diet and informed resident he must be evaluated by Speech Therapy (ST) before that can happen and he understood. Resident # 4 was independent with meals after tray set up. Continue to monitor weight and meal intake.</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] had Resident #4 coded as cognitively intact, required supervision with eating and he was on a mechanically altered diet with no oral issues.</p> <p>Review of a speech therapy note dated 09/17/2024 revealed Resident #4 was currently on puree diet. The Resident has had eating trials of mechanically soft diet with no overt signs and symptoms of aspiration.</p> <p>Review of physician's order dated 09/20/2024 revealed an order to upgrade diet to mechanical soft/finger foods with thin liquids.</p> <p>Review of speech therapy note dated 09/26/2024 revealed Resident #4 seen in room for dysphagia therapy. Trial meal mechanical soft with thin liquids. There were no overt signs or symptoms of aspiration with solids or liquids. Resident #4 does need assist to cut finger foods into manageable pieces. Recommend diet upgrade to mechanical soft/ finger foods with thin liquids.</p> <p>Review of Resident #4's meal ticket dated 09/30/2024 revealed regular pureed diet.</p> <p>Observation of Resident #4 on 09/30/2024 at 12:26 PM Resident #4 was served a pureed regular diet.</p> <p>Review of dietary communication form dated 10/03/2024 revealed Resident #4 diet change to mechanical soft with finger foods and regular liquids.</p> <p>An interview with Resident #4 was conducted on 09/30/2024 at 12:26 PM. Resident #4 stated he spoke with the DM and told her he wanted to stop the pureed diet because he did not like the texture. He had speech therapy for about a month and had completed it. Resident #4 indicated he could eat a more textured diet with finger foods.</p> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35930</p> <p>Based on observation and staff interviews, the facility failed to label opened food items, stored in their walk-in refrigerator in the kitchen, with the date opened and a use-by or expiration date. This practice had the potential to affect foods served to the residents.</p> <p>The findings included:</p> <p>On 09/29/24 at 11:45 a.m., an observation of the of the walk-in refrigerator in the kitchen was conducted with the Assistant Dietary Manager (ADM). The observation revealed the following:</p> <ul style="list-style-type: none"> --bag of thawed crab cakes - no label, no date opened, no use-by or expiration date --bag of shredded cheddar cheese - with a handwritten date of 09/23/24, no use-by or expiration date --bag of cheese slices - with a handwritten date of 09/16/24, no use-by or expiration date --bag of sliced ham - with a handwritten date of 09/25/24, no use-by or expiration date --bag of sliced ham - with a handwritten date of 09/23/24, no use-by or expiration date --bag of 1 thawed croissant - with a handwritten date of 09/21/24, no use-by or expiration date --bag of thawed croissants - with a handwritten date of 09/24/24, no use-by or expiration date <p>An interview was conducted with the Assistant Dietary Manager (ADM) on 09/29/24 at 12:05 p.m. The ADM stated opened food items should be labeled with the date opened and a use-by and/or an expiration date. She stated opened food items should be discarded after three days.</p> <p>An interview was conducted with the Dietary Manager (DM) on 10/02/24 at 11:00 a.m. The DM explained the staff of the Dietary Department had been trained many times to label and date opened food items. She further explained that the number of staff working in the kitchen was based on the facility's census and she thought that their failure to label and date opened food items may have been because the staff felt hurried to complete their kitchen tasks timely while still trying to accommodate the residents many requests for certain foods at mealtimes. The DM stated that it was her expectation that staff label and date opened food items and to discard items after three days.</p> <p>An interview was conducted with the Administrator on 10/02/24 at 1:30 p.m. The Administrator stated it was her expectation that any time the kitchen staff open a new food item that it is labeled and dated and then discarded according to their policy.</p> | | |