

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Accordius Health at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE  204 Old Highway 74 East Monroe, NC 28112	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50415</p> <p>Based on observation, record review, and resident and staff interviews, the facility failed to perform quarterly safe smoking assessments and secure smoking materials, specifically a vaping pen (an electronic nicotine delivery system/electronic smoking device), for 1 of 4 residents (Resident #20) reviewed for safe smoking.</p> <p>Findings included:</p> <p>A review of the facility's smoking policy titled Smoking Permitted with a revision date of 10/20/22 stated in part:</p> <p>Residents, visitors, and staff may smoke in designated areas only. Smoking will be strictly prohibited in all non-smoking areas. All areas indoors including but not limited to . resident rooms, common living and dining areas. Residents who desire to smoke may not keep smoking related materials (i.e. cigarettes, electronic smoking devices [e-cigarettes], refill cartridges/fluid) . on their person when not smoking or in their room. Residents who are determined by the interdisciplinary team as safe for independent smoking will request smoking materials when desiring to smoke and will return them upon completion of the smoking session.</p> <p>Evaluations will be reviewed by the interdisciplinary team at least quarterly and as the resident's functional, behavioral, or cognitive status change; impacting their ability to smoke safely. Residents who are determined by the interdisciplinary team as needing supervision will be within the eyesight of staff, family, or designated volunteer during the time that the resident is smoking.</p> <p>Resident #20 was admitted to the facility on [DATE] with diagnoses of type 2 diabetes, cerebral infarction (stroke) without residual deficits, and nicotine dependence.</p> <p>A review of Resident #20's care plan revised on 8/24/22 indicated the resident smoked and vaped. The care plan further indicated the resident was assessed to be a safe smoker.</p> <p>A review of the safe smoking screening assessment dated [DATE] revealed staff had educated Resident #20 on the smoking policy related to smoking times as well as the storage of smoking materials, and the resident acknowledged understanding. Resident #20 was assessed as a safe smoker and could smoke independently.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Accordius Health at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE  204 Old Highway 74 East Monroe, NC 28112	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #20 was cognitively intact without behavioral concerns.</p> <p>On 4/1/25 a continuous observation was made from 1:15 PM to 1:35 PM. At 1:15 PM Resident #20 was observed sitting in a wheelchair in the doorway of her room. Her right hand covered the lower part of her face, and a large white cloud of smoke was observed to exit her cupped hand. Resident #20 was immediately interviewed, and she stated she did smoke, but lately she had enjoyed vaping more. She stated she was an unsupervised smoker and had a locker in the courtyard where she stored her smoking supplies. Resident #20 stated she kept a key to her locker, could retrieve her smoking supplies, and smoke or vape in the courtyard during the scheduled smoking times. Upon further questioning she did confirm that she had a vaping pen on her person and presented a blue vape pen in her left hand. She stated she knew she should not smoke or vape in her room and was supposed to put her supplies away after smoking. Resident #20 indicated the facility was unaware she had a vape pen in her possession in her room. There was no oxygen in use in the resident's room, or in the vicinity of the resident while she had been observed to be vaping. While waiting for Nurse #2, the nurse assigned to Resident #20 who was completing care with another resident, the surveyor remained on the hall to continually observe Resident #20. Resident #20 was not observed to vape during the time of the observation. The continuous observation concluded at 1:35 PM when Nurse #2 was made aware Resident #20 had a vaping pen in her possession.</p> <p>During an interview conducted with Nurse #2 on 4/1/25 at 1:35 PM he stated 4/1/25 was his first day working for the facility. He further stated he had not observed Resident #20 smoking or vaping in the facility during his time at the facility. Nurse #2 was then observed to go to Resident #20's room.</p> <p>The Unit Manager was interviewed on 4/1/25 at 1:50 PM and stated residents were not allowed to smoke or vape inside the facility. The Unit Manager indicated all residents who chose to smoke were educated face to face regarding the facility's smoking policy upon entry into the facility. She further stated if the facility discovered someone had smoking materials, including vaping materials, in their room then they would be removed from the resident, and she would report the incident to her supervisor. The Unit Manager was made aware by Nurse #2 that Resident #20 had been observed vaping in the facility at 1:15 PM. The Unit Manager responded she had never observed Resident #20 smoking or vaping in the facility. The Unit Manager further stated she would notify the Administrator the resident was vaping.</p> <p>On 4/1/25 at 2:48 PM an interview was conducted with the Administrator who stated she had never observed Resident #20 smoking or vaping in the facility. During the interview, the Administrator called the former Director of Nursing (DON) to give details concerning the latest educational session held with the residents who smoked. The former DON stated she had educated all the residents who smoked in the facility regarding the facility's smoking policy before leaving in March 2025 and had the residents sign a copy of the smoking agreement that acknowledged they agreed not to smoke or vape in their room. According to the Administrator, the facility had identified some residents who smoked were missing quarterly safe smoking assessments in the electronic charting system, including Resident #20. The root cause identified was all the resident assessment schedules, including the smoking assessments, had been cleared during the company changeover in December 2024. Per the Administrator, safe smoking assessments were completed on all residents who smoked or vaped by the facility unit manager on 3/31/25 and the assessments would be completed on admission, readmission, quarterly, and with changes in condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Accordius Health at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE  204 Old Highway 74 East Monroe, NC 28112	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #20's electronic medical record revealed she had signed a copy of the smoking policy agreement. However, the document was undated.</p> <p>On 4/3/25 at 10:14 AM an interview was conducted with the current Director of Nursing who stated the vaping pen had been removed from Resident #20 once it was discovered on 4/1/25. She further stated that she, the Social Worker, and the Administrator met with and re-educated Resident #20 about the smoking policy that day. The DON stated the resident had been changed to a supervised smoker after reassessment.</p> <p>A review of the care plan revealed it was revised on 4/2/25 and indicated Resident #20 had been updated as a supervised smoker.</p> <p>A follow-up phone interview with the Administrator occurred on 4/10/25 at 11:43 AM. She stated she had been notified Resident #20 had been seen vaping in her room on 4/1/25 shortly after it occurred. After being notified, she, the Social Worker, and the DON went to the resident's room to speak with her. She stated Resident #20 had denied having vaping materials to Nurse #2 and the Unit Manager who questioned her immediately after the surveyor had reported to Nurse #2 Resident #20 had vaping materials. She further stated the Unit Manager took over monitoring of Resident #20 to ensure the resident was not using any vaping materials until the administrative team arrived. Nurse #2 continued with his assignment for his shift. She reported the resident had not produced any vaping materials to Nurse #2 or the Unit Manager. The Administrator stated the resident initially denied having vaping materials, but she eventually admitted she had a vaping pen. According to the Administrator, the team searched the room for any other smoking or vaping materials and the DON took the vaping pen as well as the key to the smoking locker from Resident #20 at that time. The vaping pen was placed in the resident's locker in the smoking area, and the key was locked in the medication cart where the supervised smoking locker keys were kept. The Administrator indicated she informed Resident #20 due to being changed to a supervised smoker she would have to request smoking and vaping materials from the nurse on duty during smoking times. The Administrator indicated either she, the nurse on duty, or a department head provided supervision during supervised smoking times.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Accordius Health at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE  204 Old Highway 74 East Monroe, NC 28112	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50415</p> <p>Based on observations, record review, and Physician Assistant and staff interviews, the facility failed to follow their hand hygiene and enhanced barrier protection portion of the infection control policy when 2 of 3 staff (Physician Assistant and Nurse #1) did not don personal protective equipment and perform hand hygiene before donning clean gloves during wound care. This deficient practice occurred for 2 of 3 staff members reviewed for infection control practices.</p> <p>The findings included:</p> <p>A review of the facility's Infection Prevention and Control Policy revised 6/1/23 revealed in part:</p> <p>Hand hygiene should be completed after contact with non-intact resident's skin, wound dressings, or contaminated items.</p> <p>A review of the facility's Enhanced Barrier Precautions policy dated 3/28/24 revealed in part:</p> <p>Enhanced Barrier Precautions (EBP) refer to the infection control intervention aimed at reducing transmission of MDRO's (Multidrug-Resistant Organism) through the targeted use of gown and gloves during high contact resident care activities.</p> <p>High-contact resident care activities requiring EBP: Wound care (any skin opening requiring a dressing).</p> <p>On 4/2/25 at 1:53 PM, an observation was made of the Physician Assistant (PA) and Nurse #1 as they provided wound care to Resident #5 who was on enhanced barrier precautions. Nurse #1 stood at the wound care cart in the hallway and gathered supplies to perform wound care. She used hand sanitizer then donned 4 gloves on each hand. Without donning one of the gowns in the EBP supply caddy on the resident's door, Nurse #1 and the PA entered the resident's room. The PA washed his hands and donned gloves at the sink at the resident's bedside. Nurse #1 laid the barrier with the wound care supplies on the resident's bed then she removed the elastic bandage from the resident's left leg. With the same pair of gloves, Nurse #1 removed the elastic bandage from the resident's right leg. Once the elastic bandage was removed, Nurse #1 then removed the white dressing from the resident's right foot then she removed the bandage from the left foot. Nurse #1 then doffed the top glove on both hands and threw them in the trash. She did not perform hand hygiene. With the second layer of gloves Nurse #1 washed the resident's left foot wound with normal saline and then she washed the right foot wound with normal saline without changing gloves or performing hand hygiene in between. The PA assessed each wound then instructed Nurse #1 to complete the dressing change. Nurse #1 then doffed the second layer of gloves and did not perform hand hygiene. She applied the bordered gauze dressing to the resident's right foot wound, then without changing gloves, she applied the bordered gauze dressing to the left foot wound. Nurse #1 then doffed her gloves and did not perform hand hygiene. She used the last layer of gloves to wrap the resident's right leg with an elastic bandage, then without changing gloves or performing hand hygiene, she wrapped the resident's left leg in an elastic bandage. Nurse #1 then doffed her gloves and washed her hands. She donned another pair of gloves and removed the trash from the resident's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Accordius Health at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE  204 Old Highway 74 East Monroe, NC 28112	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/2/25 at 2:23 PM the Physician Assistant was interviewed, and he stated he did not don a gown and gloves before entering the resident's room because he did not think Resident #5 was still placed on enhanced barrier precautions because her foot wounds were not infected.</p> <p>Nurse #1 was interviewed on 4/2/25 at 2:40 PM and stated she was an agency nurse and had only worked at the facility one other day during the week of the survey. She stated she knew she was supposed to wear a gown and gloves while providing wound care to Resident #5. She stated she thought it was the facility's policy that she could wear multiple layers of gloves to perform resident care, but she realized she made a mistake and had used the same pair of gloves when she cleaned then dressed Resident #5's wounds on both feet.</p> <p>An interview was conducted with the Unit Manager on 4/2/25 at 2:46 PM, and she stated Nurse #1 did not follow the infection control policy for enhanced barrier precautions or hand hygiene. She indicated Nurse #1 should have donned a gown and gloves before entering Resident #5's room to perform wound care. The Unit Manager further stated it had never been the policy of the facility to don multiple layers of gloves during wound care, and Nurse #1 should have changed gloves and performed hand hygiene between each step.</p> <p>The Administrator was interviewed on 4/2/25 at 2:50 PM and stated Nurse #1 was an agency nurse. She stated her preference was for the facility's staff to perform wound care due to the agency staff not being familiar with the residents. She stated she had a dedicated wound care nurse, but she was off that week.</p> <p>On 4/3/25 the Director of Nursing was interviewed. She stated Nurse #1 and the Physician Assistant should have followed the facility's EBP policy since the signage and caddy were both posted on Resident #5's door. She stated hand hygiene should have been completed with each glove change, and donning 4 pairs of gloves prior to performing wound care was not a safe infection control practice.</p> <p>A review of Nurse #1's education records revealed she had completed the facility's course on infection control and handwashing on 3/31/25.</p>		