

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Accordius Health at Scotland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 920 Jr High School Road Scotland Neck, NC 27874	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45045</p> <p>Based on record review, and staff and Dialysis Charge Nurse interviews, the facility failed to maintain ongoing communication with the dialysis treatment center for 1 of 1 resident reviewed for dialysis (Resident #18).</p> <p>The findings included:</p> <p>Resident #18 was admitted to the facility on [DATE] with diagnoses which included end stage renal disease (ESRD) and dependence on dialysis (treatment to filter wastes and water from the blood).</p> <p>Resident #18 had an active physician order dated 2/22/21 for dialysis on Monday, Wednesday, and Friday.</p> <p>Review of Resident #18's care plan last reviewed 7/09/24 revealed the need for dialysis related to renal failure with an intervention to communicate with the dialysis center by the dialysis communication form.</p> <p>Review of Resident #18's dialysis communication forms, located in the dialysis communication notebook at the nursing station, dated 8/01/24 through 9/09/24 revealed 8 of the 17 dialysis communications forms were not completed by the facility staff prior to dialysis for Resident #18. The reviewed dialysis communication forms did not have the following information noted from the facility: medications administered prior to dialysis, arteriovenous (catheter access area for delivery of hemodialysis) access site type, dialysis access type observation including signs or symptoms of infection, access site assessment including bruit (a whooshing sound heard at the fistula site with a stethoscope) and thrill (vibration caused by blood flow felt with fingers), resident pain, and time of transfer to dialysis center.</p> <p>A telephone interview was conducted on 9/10/24 at 1:46 pm with Medication Aide #1, who was assigned to Resident #18 on the dates the dialysis communication forms were not completed, revealed the only information she entered prior to Resident #18 leaving for dialysis were the vital signs (blood pressure, pulse, temperature, and respiratory rate), resident name, resident room number, the date, and the name of the physician. Medication Aide #1 stated she was not aware of any other information that was needed on the dialysis communication form for Resident #18 prior to the dialysis appointment.</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: 345375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Accordius Health at Scotland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 920 Jr High School Road Scotland Neck, NC 27874	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An attempt to conduct a telephone interview on 9/11/24 at 1:33 pm with Nurse #2, who was the nurse assigned to oversee Medication Aide #1 on the dates the dialysis communication forms were not completed, was unsuccessful.</p> <p>A telephone interview was conducted on 9/11/24 at 8:57 am with the Dialysis Charge Nurse who revealed the dialysis communication forms were sent with the resident from the facility. The Dialysis Charge Nurse stated the facility was to complete their portion of the form before the resident left the facility with information that included vital signs, any medications that were administered, any issues or concerns with the dialysis access site, and if any pain was reported. The Dialysis Charge Nurse stated the dialysis communication form was reviewed by staff at the dialysis center in the event there was a concern that needed to be addressed prior to starting treatment. The Dialysis Charge Nurse stated if any concerns were identified when Resident #18 arrived at the dialysis center a call would be placed to the facility for any additional information that was needed.</p> <p>An interview was conducted with the Director of Nursing (DON) on 9/10/24 at 1:08 pm who revealed the facility was responsible to complete the dialysis communication form prior to the resident being sent to dialysis center. The DON stated Medication Aide #1 was able to complete the non-assessment portions but was unable to complete the assessment portion of the form because Medication Aide #1 was not a licensed nurse. The DON stated Nurse #2, who was assigned to Medication Aide #1 should have completed the assessment portion of Resident #18's dialysis communication forms and made sure the forms were completed prior to dialysis. The DON stated she conducted random audits of the dialysis communication forms to ensure they were being completed, but she stated she just missed Resident #18's incomplete dialysis communication forms.</p> <p>During an interview on 9/11/24 at 10:33 am the Administrator reported the dialysis communication forms for Resident #18 should have been completed prior to his dialysis appointments. The Administrator stated the DON was responsible to ensure the dialysis communication forms for Resident #18 were completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Accordius Health at Scotland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 920 Jr High School Road Scotland Neck, NC 27874	
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>45045</p> <p>Based on observation, record review, and staff interviews, the facility failed to implement their infection prevention program policies and procedures when Nurse Aide (NA) #1 failed to perform hand hygiene after performing bathing and incontinence care for 1 of 2 residents observed for incontinence care (Resident #26).</p> <p>The findings included:</p> <p>The facility policy titled Infection Control, no date noted, revealed the purpose of the policy was to provide guidelines for the prevention of infection control in the facility. The policy stated in part that gloves were worn by all staff when providing care such as suctioning, bathing, care of perineal area, and wound care to prevent cross-contamination of infectious waste to hands.</p> <p>The facility policy titled Handwashing/Hand Hygiene dated 11/02/21 revealed hand hygiene was the primary means to prevent the spread of infections and that all staff shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. The policy further stated that hand hygiene was to be performed before moving from a contaminated body site to a clean body site during resident care.</p> <p>A continuous observation on 9/09/24 at 1:25 pm through 1:34 pm revealed NA #1 prepared to provide bathing and incontinence care to Resident #26. NA #1 performed hand hygiene and donned clean gloves and prepared a wash basin and wash cloth and proceeded to clean Resident #26's front side of her body including the perineal area (pelvic area located between the legs), placed Resident #26's gown on, without removing her gloves and performing hand hygiene, and assisted Resident #26 to turn onto her left side. NA #1 then removed the urine soiled incontinence brief from under Resident #26 and continued to wash Resident #26's back side and in between her buttocks. NA #1 removed the urine soiled bed pad from under Resident #26 and, without removing her gloves and performing hand hygiene, placed a new incontinence brief and clean sheet under Resident #26. NA #1 removed her gloves, performed hand hygiene and exited the Resident #26's room with the soiled linen and trash bags.</p> <p>An interview was conducted with NA #1 on 9/09/24 at 1:55 pm who revealed she did not change her gloves during the incontinence care and bathing that was performed for Resident #26. NA #1 stated she always used the same gloves for entire process of bathing and incontinence care without putting on new gloves. NA #1 stated she did not know she had to take off the gloves before putting on the clean sheet and clothes for Resident #26.</p> <p>During an interview on 9/10/24 at 1:04 pm with the Infection Preventionist she revealed gloves were to be removed and hand hygiene performed before moving from dirty to clean tasks during resident care. The Infection Preventionist stated NA #1 should have removed her gloves and performed hand hygiene before putting on the clean brief and linens for Resident #26.</p> <p>An interview was conducted on 9/11/24 at 1:12 pm with the Administrator who revealed NA #1 should have removed her gloves and performed hand hygiene before touching the clean brief and linens during Resident #26's bathing and incontinence care.</p>		