

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Tsali Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 267 Tsali Care Way Cherokee, NC 28719	
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** 18134</p> <p>Based on record review, confidential interviews, staff interview, and review of the Nursing Home Dialysis Transfer Agreement and Nursing Services-Dialysis Services Policy, the facility failed to ensure one (1) of two (2) sampled residents (Resident A) reviewed for dialysis services had coordinated care with the dialysis center and communication between both facilities was established to ensure any changes in condition, complications and/or changes in the plan of care were monitored to ensure appropriate interventions were developed and followed.</p> <p>The findings include:</p> <p>Resident A was admitted to the facility 9/26/24 with diagnoses of End Stage Renal Disease, Hypertension, Anemia, Dementia, Absence of Left Foot, Anxiety and Type II Diabetes. The resident was discharged to an acute care hospital on 10/6/24. Resident A was readmitted to the facility on [DATE]. A Minimum Data Set had not been completed.</p> <p>During a confidential interview on 10/11/24 at 1:37 p.m., an anonymous complainant reported Resident A was taken to the dialysis center on the day he previously went when he resided at another long term care facility, and the center had no chair for him. The complainant also indicated there was no shared communication between the dialysis center and the skilled nursing facility to include weight monitoring, nutritional status, pre and post dialysis condition or changes in status.</p> <p>Review of the medical record revealed that when admitted to the facility, Resident A had no new orders for dialysis. The facility was aware the resident was to receive dialysis however, there was no documentation the facility communicated with the dialysis center to ensure dialysis treatments were scheduled.</p> <p>Review of a Nurse's Note dated 10/1/24 revealed the following, Resident has pitting edema in the right elbow region. MD (physician) notified. Dialysis notified. Spoke with (first name) and asked what they would like to do in regard to it. She stated, 'That's something y'all should be doing. I then informed her that the MD wanted to know what dialysis wanted to do about it. She stated, 'We will assess him tomorrow at dialysis.' Resident is in bed resting with the HOB (head of bed) elevated in a semi-Fowlers position. Wife is with resident at bedside. Call bell is within reach. Will continue to monitor. There was no further documentation about the edema or if the edema was assessed by the physician. There was no documentation of any assessment by the dialysis center. There was no documentation of any follow-up by the facility regarding the pitting edema.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 345475
		If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Tsali Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 267 Tsali Care Way Cherokee, NC 28719	
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>Review of the medical record revealed the residents pre and post dialysis weights were not documented. In addition, there was no documentation that Resident A had been assessed by the Registered Dietitian.</p> <p>During an interview with the Director of Nursing (DON) on 10/16/24 at 1:33 p.m., she indicated the facility did not monitor pre or post dialysis weights, and said, We expect the dialysis center to notify us of any weight changes. The DON further indicated she was unaware of the process for the facility's Registered Dietitian (RD) to assess and/or make recommendations for residents. The DON said, I don't know how or if dialysis referrals are made to the RD or the timeframe for newly admitted residents to have a nutritional assessment.</p> <p>During an interview with the Certified Dietary Manager (CDM) on 10/16/24 at 2:37 p.m., she stated that nutritional assessments should be completed within forty-eight hours of admission. She further indicated that the RD would assess residents every Monday but used the hospital's charting system and not the system used by the nursing home. She further indicated that the information should be downloaded to resident's electronic medical records at the facility. The CDM further indicated that the RD would send a report to the Administrator, DON and herself that included any recommendations on a weekly basis. The CDM also indicated that all resident's should be weighed weekly for one month after admission and then monthly. She indicated the facility did not monitor pre and post dialysis weights.</p> <p>During an interview with Registered Nurse (RN) #1 on 10/17/24 at 1:45 p.m., she indicated that when she admitted a resident who required dialysis, she would ensure that the dialysis center was aware, and she would obtain the resident's schedule. RN #1 further indicated that the dialysis center no longer provided a communication sheet regarding a resident's status. She indicated there was no communication between a charge nurse and dialysis center staff unless there was a change in chair time. RN #1 indicated that vascular access site monitoring was recorded on the Medication Administration Record (MAR) or the Treatment Administration Record (TAR).</p> <p>Review of the printed October 2024 TAR for Resident A revealed no documentation that the AV (arteriovenous) fistula (a surgically created connection between an artery and a vein that allows for hemodialysis) was monitored for bruit and thrill. The TAR did include an order to monitor the peritoneal dialysis (PD) catheter, which was no longer used by Resident A.</p> <p>During an interview with the Administrator and DON on 10/17/24 at 10:07 a.m., the Administrator indicated that the facility previously used a daily communication sheet with the dialysis center. She further indicated that the sheet had been discontinued at the request of the dialysis center and no other method of communication had been implemented.</p> <p>The Nursing Services-Dialysis Services Policy read in part, 8. [Name of facility] and the dialysis facility dietitians coordinate the nutritional care, including monitoring, documenting, and deciding how and when to address weight changes and deciding how and when to address weight changes and nutrition issues. This includes identifying weight fluctuations due to fluid retention between dialysis sessions, possible fluid volume depletion in the immediate post-dialysis period .[Name of facility] teammates will weigh the resident and document the findings based on orders .10. [Name of facility] and the dialysis facility have ongoing communication, coordination and collaboration regarding dialysis care and services.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Tsali Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 267 Tsali Care Way Cherokee, NC 28719	
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>The Nursing Home Dialysis Transfer Agreement and Nursing Services-Dialysis Services Policy, read in part, 6.Facility will provide for the interchange of information useful or necessary for the care of the Designated Resident and will inform Center of a contact person at the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Tsali Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 267 Tsali Care Way Cherokee, NC 28719	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>18134</p> <p>Based on observation and test tray evaluation, the facility failed to ensure food and beverages were served at an appetizing temperature for residents who ate breakfast in their rooms and had the potential to affect 55 of 55 residents in the facility.</p> <p>The findings include:</p> <p>Review of an anonymous complaint revealed residents who ate breakfast in their room did not receive hot food. Review of the Resident Council Meeting Minutes from February 2024 through July 2024 revealed the resident council met on a regular basis and the Activity Director documented the meeting minutes and attendance. Concerns regarding food included the following:</p> <p>07/30/24 - Food trays are still coming out late and cold - will follow up with dietary supervisor.</p> <p>06/27/24 - Food trays are still coming out late and cold - will follow up with dietary supervisor. Residents are concerned about the food trays coming out late and cold. (Name of Dietary Manager) spoke with residents about staffing issues and why trays are late on the halls.</p> <p>05/28/24 - Breakfast and lunch trays are late residents say at times.</p> <p>04/25/24 - Residents are stating food is cold when is delivered to rooms at dinner time.</p> <p>During a confidential interview with Resident F, on October 17, 2024 at 8:45 a.m., the resident stated that breakfast was always cold and often times so cold residents could not eat the food. The resident further stated that the food was not reheated. The resident said, There is nothing worse than cold coffee in the morning.</p> <p>Based on complaints of cold food, a test tray was evaluated on October 17, 2024 at 9:16 a.m. with Certified Nursing Assistant (CNA) #1 after all residents on the hall had been served and were eating. Observations of food distribution began at 9:00 a.m. Three (3) CNAs were observed to pass the trays to residents. A calibrated thermometer was utilized to obtain food temperatures. The following concerns were identified:</p> <p>Waffles registered 68 degrees Fahrenheit and were not hot.</p> <p>Scrambled eggs registered 90 degrees Fahrenheit and were not hot.</p> <p>Sausage Patty registered 90 degrees Fahrenheit and were not hot.</p> <p>Spiced Apples registered 88 degrees Fahrenheit and were not hot.</p> <p>During an interview with CNA #1 on October 17, 2024 at 9:20 a.m., she confirmed the food items did not taste hot. She also indicated no residents asked to have their food reheated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Tsali Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 267 Tsali Care Way Cherokee, NC 28719	
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the Administrator and Director of Nursing (DON) on October 17, 2024 at approximately 1:30 p.m., the Administrator indicated all staff should assist with passing trays and she expected residents to be served hot food.		