

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Starr Regional Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 886 Hwy 411 North Etowah, TN 37331	

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 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** 27405</p> <p>Based on Resident Assessment Instrument (RAI) Manual, medical record review, observation, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 1 resident (#46) of 27 residents reviewed.</p> <p>The findings include:</p> <p>Review of the Resident Assessment Instrument (RAI) Manual dated 10/2011 showed .The RAI process has multiple regulatory requirements .the assessment accurately reflects the resident's status .a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals .the assessment process includes direct observation, as well as communication with the resident and direct care staff .</p> <p>Review of the medical record showed Resident #46 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease and Peripheral Vascular Disease.</p> <p>Review of the Quarterly MDS assessment dated [DATE] showed .Section K .Feeding tube .</p> <p>During an observation on 2/4/2024 at 10:40 AM, Resident #46 was sitting up in bed with no tube feeding in place.</p> <p>During an interview on 2/5/2024 at 7:45 AM, Registered Nurse (RN) #1 stated .Resident #46 has never had a tube feeding to his knowledge .</p> <p>During an interview on 2/5/2024 at 11:26 AM, with the Director of Nursing (DON), Minimum Data Set (MDS) Coordinator #1 and MDS Coordinator #2 confirmed the MDS completed on 1/15/2024 was not accurate.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40606</p> <p>Based on facility policy review, medical record review, observation and interview, the facility failed to ensure a level I PASSAR [Preadmission screening and resident review] was submitted for 1 resident (#25) of 5 residents reviewed for PASSAR.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Screening and Resident Review (PASSARR) dated 8/2019, showed . PASRR a federally mandated advocacy process that requires that anyone who is admitted to a Medicaid-funded NF [Nursing Facility] be screened to identify the presence of serious mental illness, intellectual disability, or development disability or related condition. The purpose of conducting PASRR is to ensure that the nursing facility is the most appropriate place for the person to live and receive services .</p> <p>Resident #25 was admitted to the facility on [DATE] with diagnoses including Psychosis (10/2016), Anxiety Disorder (2/2023), Adult Failure to Thrive (4/2023), and Dementia (10/2022).</p> <p>Review of Resident #25's Comprehensive Care Plan dated 11/04/2016, revealed Resident #25 had an Impaired cognitive function r/t (related to) Dementia with psychosis and Adult Failure to thrive.</p> <p>Medical record review revealed Resident #25 had no PASSAR included in the facility's record.</p> <p>During an observation/interview on 2/5/2024 at 3:18 PM, the Director of Nursing (DON) provided a document titled, Admission Notice and stated .there's not a level I PASSAR on file for [Resident #25 name] .</p> <p>During an interview on 2/6/2024 at 9:50 AM, revealed the Business Development Coordinator (BDC) confirmed Resident #25 was admitted to the facility without a level I PASSAR. The BDM stated she understood the resident was .grandfathered in and did not need a PASSAR . Interview confirmed Resident #25 had an additional mental health diagnoses of Anxiety Disorder and Adult Failure to Thrive. The facility failed to submit to the designated agency for a level I PASSAR for Resident #25.</p>

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to update a Pre-Admission Screening and Resident Review (PASARR) after a new mental health diagnosis (Anxiety) was added for 1 resident (Resident #40) of 5 residents reviewed for PASARR.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Screening and Resident Review (PASARR) dated 8/2019, showed, . federally mandated advocacy process that requires that anyone who is admitted to a Medicaid-funded NF [Nursing Facility] be screened to identify the presence of serious mental illness .purpose of conducting PASRR [PASARR] is to ensure that the nursing facility is the most appropriate place for the person to live and receive services .</p> <p>Resident #40 admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Atrial Fibrillation, Anxiety and Dementia.</p> <p>Review of a PASARR dated 3/12/2021, showed Resident #40 had no mental health diagnosis known or suspected.</p> <p>Review of a Physician Admission/ Readmit Order dated 11/27/2023, showed Resident #40 had readmitted to the facility with Anxiety added as a new diagnosis.</p> <p>Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], showed Resident #40 had an active diagnosis of Anxiety and received anti-anxiety medications.</p> <p>Review of Resident #40's comprehensive care plan revised 1/3/2024, showed .Dx [diagnosis] of Anxiety . observe for behaviors .</p> <p>During an interview on 2/6/2024 at 9:50 AM, the Business Development Coordinator confirmed Resident #40's PASARR had not been updated after a new mental health diagnosis (Anxiety) was added when readmitted .</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>27405</p> <p>Based on facility policy review, observation and interview, the facility failed to post daily staffing information.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Posting of Nurse Staffing dated 12/2023, showed .staffing information will be posted and/or updated at the beginning of each shift by the designated staff member .</p> <p>During an observation on 2/4/2024 at 10:15 AM, showed the daily staff posting was dated 2/2/2024.</p> <p>During an interview on 2/4/2024 at 11:32 AM, the Administrator stated it was his expectation daily staffing was posted. The Administrator confirmed the daily staffing was not updated and posted as required.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>27405</p> <p>Based on review of facility policy, Quarterly Payroll Based Journal (PBJ) and interview, the facility failed to report PBJ for Quarter 4 2023 (July 1- September 30).</p> <p>The findings include:</p> <p>Review of the facility policy titled, Reporting Direct-Care Staffing Information (Payroll-Based Journal) showed, .Direct-care staffing and census information will be reported electronically to CMS though the Payroll-Based Journal System (PBJ) system .</p> <p>Review of Quarterly Payroll Based Journal (PBJ) dated 7/1/2023 - 9/30/2023 showed, .Failed to Submit Data for the Quarter .</p> <p>During an interview on 2/6/2024 at 9:22 AM, the Administrator confirmed the facility failed to submit the PBJ data, by the required deadline, for the fourth quarter of 2023.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</p> <p>Based on facility policy review, observation and interview, the facility failed to ensure proper infection control practices during the medication administration for 1 resident (#50) of 3 residents reviewed for medication administration.</p> <p>The findings include:</p> <p>Review of the facility policy titled Medication Administration-General Guidelines showed, .the person administering medications adheres to good hand hygiene .if breaking tablets are necessary to administer proper doses, hand hygiene is performed, and examination gloves are worn prior to handling tablets .</p> <p>Review of the medical record showed Resident #50 was admitted on [DATE] and readmitted on [DATE] with diagnoses including Chronic Respiratory Failure, Congestive Heart Failure and Dementia.</p> <p>Review of the current physician's recapitulation orders showed, .Baclofen (medication for muscle spasms) 5 mg (milligrams) .three times a day .Nuedexta (medication for Pseudobulbar affect) .two times a day .</p> <p>During observation of a medication administration on 2/5/2024 at 7:40 AM, Registered Nurse (RN) #1 prepared medications for Resident #50, dropped the Baclofen pill on the unclean medication cart, picked the medication up with an ungloved hand and put into a medication cup. Continued observation showed the RN obtained the Nuedexta with an ungloved hand, broke the tablet and placed the medication into the cup and administered the medications to Resident #50.</p> <p>During an interview on 2/4/2024 at 7:55 AM, RN #1 stated the Baclofen dropped on the medication cart should have been discarded and another pill obtained. RN #1 stated the hands should have been washed and gloves donned prior to breaking the Nuedexta tablet to obtain the prescribed dose.</p> <p>During an interview on 2/4/2024 at 9:20 AM, the Director of Nursing (DON) confirmed it was her expectation for medications dropped to be discarded and hands washed, and gloves donned prior to breaking of medications to be administered.</p>