STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037 Based on observations and staff interviews the facility failed to maintain sanitary overbed tables for 8 of 23 overbed tables (Rooms #106, #229, #104, #102, #100, #101, #228, #220), maintain overbed tables in good condition for 1 of 1 overbed table (room [ROOM NUMBER]), maintain a sanitary dresser in 1 of 1 room (room [ROOM NUMBER]), they also failed to maintain sanitary wheelchairs for 5 of 7 wheelchairs (Wheelchair #1, #2, #3, #4, and #5) and wheelchair armrests in good condition for 3 of 7 (Wheelchair #2, #4, #5) reviewed for safe, clean, comfortable and homelike environment. Findings included: 1. a. An observation of room [ROOM NUMBER]'s A-bed overbed table on 09/08/21 at 10:50 AM revealed an area of dried debris to the top of the table and multiple areas of dried debris to the base of the table. An observation of room [ROOM NUMBER]'s A-bed overbed table on 09/09/21 at 07:22 AM revealed the overbed table remained unchanged. b. An observation of the B-bed overbed table in room [ROOM NUMBER] on 09/08/21 at 11:18 AM revealed peeling finish to the top of the table and dried stains to the base of the table. The A-bed overbed table was observed to have dried stains to the top of the table. An observation of the A-bed and B-bed overbed tables of room [ROOM NUMBER] on 09/09/21 at 12:40 PM revealed the tables were unchanged. c. An observation of the base of the B-bed overbed table in room [ROOM NUMBER] on 09/08/21 at 11:29 AM revealed dried debris to the base of the table and dried debris to the base of the A-bed overbed table. An observation of the A-bed and B-bed overbed tables in room [ROOM NUMBER] on 09/09/21 at 07:25 AM revealed the tables remained unchanged. d. An observation of the overbed table in room [ROOM NUMBER] on 09/08/21 at 11:39 AM revealed dried debris to the top and base of the table and dried streaks to the front of the dresser. An observation of the overbed table and dresser in room [ROOM NUMBER] on 09/09/21 at 07:27 AM revealed the table and dresser were unchanged. e. An observation of the overbed table of room [ROOM NUMBER] on 09/08/21 at 11:44 AM revealed dried debris to the top and base of the table. An observation of the overbed table of room [ROOM NUMBER] on 09/09/21 at 07:29 AM revealed the table was unchanged. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	f. An observation of the overbed table of room [ROOM NUMBER] on 09/08/21 at 11:47 AM revealed dried debris to the base of the table. g. An observation of the A-bed overbed table of room [ROOM NUMBER] on 09/08/21 at 11:59 AM revealed dried material to the top and base of the table. The base of the B-bed overbed table was observed to have dried material to the base of the table. An observation of the A-bed overbed table of room [ROOM NUMBER] on 09/09/21 at 12:45 PM revealed dried material to the base of the table. h. An observation of the A-bed overbed table of room [ROOM NUMBER] on 09/08/21 at 12:04 PM revealed dried material to the top and base of the table. An observation of the A-bed overbed table of room [ROOM NUMBER] on 09/09/21 at 07:39 AM revealed the table was unchanged. An interview with the Housekeeping Supervisor on 09/09/21 at 03:37 PM revealed cleaning of resident rooms included cleaning the tops and bases of overbed tables and dressers daily during room rounds. He stated housekeeping should also be monitoring overbed tables to make sure they were in good repair and if not to notify him. A walking round was conducted with the Administrator, Director of Nursing (DON), and Housekeeping Supervisor on 09/09/21 at 05:12 PM to observe areas of concern regarding overbed tables and the unsanitary dresser. A joint interview with all 3 staff members at the same date and time revealed overbed tables and dressers were expected to be cleaned daily and there was no excuse for the tables and dresser to be soiled. The Administrator stated the overbed tables should not have peeling finish and the facility would develop a plan to make sure overbed tables were maintained in good repair. 2. a. An observation of Wheelchair #1 on 09/08/21 at 11:44 AM revealed dried debris to the right armrest and both wheels. An observation of Wheelchair #1 on 09/09/21 at 07:29 AM revealed the wheelchair was unchanged. b. An observation of Wheelchair #2 on 09/08/21 at 11:47 AM revealed dried material to both armrests and unraveling tape to both armrests. An observation of Wheelchair #2 on 09/09/21 at 07:31 AM revealed the wheelchair was unchanged. c. An observation of Wheelchair #3 on 09/08/21 at 11:51 PM revealed the frame and the left brake were rusty. An observation of Wheelchair #3 on 09/09/21 at 07:33 AM revealed the wheelchair was unchanged. d. An observation of Wheelchair #4 on 09/08/21 at 11:55 AM revealed the covering of the left armrest was peeling off, the frame was rusty, and there was dried material to the spokes of both wheels. An observation of Wheelchair #4 on 09/09/21 at 12:43PM revealed the wheelchair was unchanged. e. An observation of Wheelchair #5 on 09/08/21 at 12:04 PM revealed the covering of both armrests was peeling and there was dried material to both wheels. An observation of Wheelchair #5 on 09/09/21 at 07:39 AM revealed the wheelchair was unchanged. An interview with the Housekeeping Supervisor on 09/09/21 at 03:37 PM revealed housekeeping was responsible for wiping down wheelchair armrests and cushions as needed and he was not sure who was responsible for cleaning wheelchair frames and wheels. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Maintenance Director on 09/09/21 at 04:35 PM revealed housekeeping was responsible for cleaning wheelchairs and if there were tears in the armrest of wheelchairs he was responsible for fixing them. He explained if the therapy or nursing departments notified of him of a need to fix wheelchair armrests he would fix the armrests. The Maintenance Director stated he was notified of the need for repairs either verbally or through a computer system and he did not perform rounds to check wheelchairs for needing repairs. An interview with the Director of Nursing on 09/09/21 at 04:57 PM revealed she was not sure who was responsible for cleaning wheelchairs and she would have to check with the Social Worker or the Maintenance Director to see if they knew who was responsible for cleaning wheelchairs. A walking round was conducted with the Administrator, Director of Nursing (DON), and Housekeeping Supervisor on 09/09/21 at 05:12 PM to observe areas of concern regarding unsanitary wheelchairs and wheelchair armrests in need of repair. A joint interview with all 3 staff members at the same date and time revealed they were not sure who was responsible for cleaning wheelchairs but they were going to meet with each other and develop a plan for cleaning the wheelchairs. The Administrator stated maintenance was responsible for repairing wheelchair armrests and wheelchair armrests should be in good condition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on record review and staff interviews, the facility failed to implement their abuse policy and procedure by not submitting an initial or 5-day investigative report for 1) an injury of unknown origin for a dependent resident with swelling noted to her leg that was subsequently determined to be a fracture (Resident #5) and 2) an allegation of resident-to-resident abuse within 2 hours of being notified (Resident #2) to the Division of Health Service Regulation (DHSR) for 2 of 4 sampled residents reviewed for abuse. Findings included: The facility policy titled, Abuse, Neglect and Exploitation implemented 11/01/20, read in part: it is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. All alleged violations will be reported to the Administrator, state agency, adult protective services and to all other required agencies within specified timeframes: Immediate, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. 1. Resident #5 was admitted to the facility on [DATE] with multiple diagnoses that included Alzheimer's disease. The quarterly Minimum Data Set (MDS) dated [DATE] assessed Resident #5 with severe impairment in cognition for daily decision making. The MDS noted Resident #5 required extensive staff assistance with bed mobility, total staff assistance with transfers and had impairment on both lower extremities. A nurse progress note for Resident #5 dated 05/31/21 written by Nurse #4 read in part, Resident complained of Right Lower Extremity (RLE) pain. During assessment resident's RLE had mild swelling and tender to touch. RLE elevated using a pillow and cold compress applied to site. One hour post scheduled pain medication pain lessened. Nurse Practitioner notified via written report to evaluate. The Medical Doctor (MD) progress note for Resident #5 dated 06/03/21 read in part, acute visit for evaluation of right leg fracture at the request of nursing staff. Resident #5 was noted to have swelling in her right leg yesterday. STAT (urgent) x-ray obtained and demonstrated an acute proximal tibia (long bone on inside of lower leg) fracture with malignment (displacement). I spoke in length with the nursing team including the Director of Nursing. Resident #5 has not had any witnessed falls or recent injuries. I saw Resident #5 in her room, she denies any falls or injury, however, she is a very poor historian. She does have a history of osteoporosis and previous fractures. Assessment: Right tibial fracture. She appears to have sustained a spontaneous fracture. Spontaneous fractures are seen in elderly, debilitated patients. She has multiple risk factors for spontaneous fractures including her advanced age, diabetes, osteoporosis, Vitamin D deficiency and history of previous fractures. I have no suspicion for abuse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility documentation revealed no initial or 5-day investigative reports were submitted to the DHSR related to Resident #5's injury of unknown origin. During an interview on 09/09/21 at 1:40 PM, Nurse #4 confirmed she was assigned to provide care to Resident #5 on 05/30/21 during the hours of 6:30 PM to 6:30 AM. Nurse #4 stated during early morning rounds on 05/31/21, Resident #5 complained of pain in her right lower extremity and upon assessment, she noticed it was swollen but had no discoloration or signs of obvious fracture. Nurse #4 stated when Resident #5 received her scheduled pain medication and ice was applied, her pain lessened. Nurse #4 added she did not contact the on-call physician but did give report during shift change and left a communication note for the MD or Nurse Practitioner to evaluate. Telephone attempts on 09/10/21 at 1:46 PM and 09/13/21 at 12:26 PM to speak with the facility's former MD who evaluated Resident #5 on 06/03/21 were unsuccessful. The Director of Nursing (DON) and Administrator at the time this incident occurred were no longer employed at the facility and unavailable for an interview. During an interview on 09/09/21/21 at 5:00 PM, the Regional Clinical Operations Consultant (RCOC) explained Resident #5 was noted to have mild swelling to her leg on 05/31/21 and upon exam an x-ray was ordered by the Nurse Practitioner on 06/02/21 which confirmed a fracture and she was sent to the Emergency Department for evaluation and treatment. The RCOC stated the incident was investigated by the previous DON who noted Resident #5 had no reported falls or other incidents but she did have an outside visit with her family on 05/29/21. When Resident #5 was asked what had happened to her leg, Resident #5 reported she fell getting into the truck; however, her family reported she did not get into a truck to go anywhere during their visit on 05/29/21. The RCOC added they were unable to determine the source of the injury. The RCOC confirmed the previous administrative staff did not report Resident #5's injury of unknown origin as required and stated they should have submitted the initial and investigative reports to DHSR when the injury was identified and subsequently investigated. 2. Resident #2 was admitted to the facility on [DATE] with multiple diagnoses that included Parkinson's disease and dementia. The quarterly Minimum Data Set (MDS) dated [DATE] assessed Resident #2 with intact cognition. Review of the initial investigative report submitted by the facility to the Division of Health Service Regulation (DHSR) noted an allegation type of resident abuse involving Resident #2 and a cognitively impaired female resident that occurred on 08/14/21 at 4:00 PM. It was further noted, the initial investigative report was submitted to DHSR on 08/16/21 at 11:37 AM. During an interview, Nurse #3 revealed she worked on 08/14/21 when Resident #2 was observed touching a female resident inappropriately. Nurse #3 stated the residents were separated and the female resident was assessed with no injury or signs of distress noted. She added she called the Director of Nursing (DON) to inform her of the incident and was instructed to place Resident #2 on 15-minute checks for monitoring. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/09/21 at 3:00 PM, the DON confirmed she was notified by Nurse #3 of the resident-to-resident incident involving Resident #2. The DON explained she was out of town at the time and instructed Nurse #3 to notify the Assistant Director of Nursing and place Resident #2 on 15-minute checks for monitoring. The DON stated when she arrived back at the facility on 08/16/21, she discussed the incident with the Administrator, the initial investigative report was faxed to DHSR, and an investigation was initiated. During an interview on 09/09/21 at 3:28 PM, the Administrator confirmed he was notified the morning of 08/16/21 of the resident-to-resident incident that occurred the afternoon of 08/14/21 involving Resident #2 and an investigation was immediately initiated. The Administrator was aware of the regulatory time frame for reporting abuse allegations and verified the initial report was not submitted to DHSR until 11:37 AM on 08/16/21. He stated staff should have notified him on 08/14/21 when the incident occurred and added all staff had since been re-educated on the abuse policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on record review and staff interviews, the facility failed to have a dependent resident assessed by a licensed medical professional when the resident complained of pain and swelling was noted to her leg that was subsequently determined to be a fracture which caused a delay of treatment for 1 of 3 residents reviewed for accidents (Resident #5). Findings included: Resident #5 was admitted to the facility on [DATE] with multiple diagnoses that included Alzheimer's disease, leg pain, osteoporosis, and history of left femur fracture. Review of Resident #5's medical record revealed the following physician orders: 11/19/20 read in part, Observation: pain - observe every shift. If pain present, complete pain flow sheet and treat trying non-pharmacologic interventions prior to medicating if appropriate. 11/19/20 read in part, Tramadol (pain medication) 50 mg three times a day for leg pain. 11/24/20 Tylenol (pain medication) 325 milligrams (mg) - give 2 tablets by mouth two times a day for pain. The quarterly Minimum Data Set (MDS) dated [DATE] assessed Resident #5 with severe impairment in cognition for daily decision making. The MDS noted Resident #5 required extensive staff assistance with bed mobility, total staff assistance with transfers and had impairment on both lower extremities. Review of Resident #5's Medication Administration Record (MAR) for May 2021 revealed her pain level was assessed using a scale of 0 (no pain) to 10 (severe pain) each shift as ordered and recorded as follows: 05/30/21 at 6:30 AM, pain level was documented as a level 0. 05/30/21 at 2:30 PM, pain level was documented as a level 0. 05/31/21 at 6:30 AM, pain level was documented as a level 0. 05/31/21 at 2:30 PM, pain level was documented as a level 5. 05/31/21 at 10:30 PM, pain level was documented as a level 5. A nurse progress note for Resident #5 dated 05/31/21 written by Nurse #4 read in part, Resident complained of Right Lower Extremity (RLE) pain. During assessment resident's RLE had mild swelling and tender to touch. RLE elevated using a pillow and cold compress applied to site. One hour post scheduled pain medication pain lessened. Nurse Practitioner notified via written report to evaluate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0684 Level of Harm - Actual harm Residents Affected - Few	The radiology x-ray results dated 06/02/21 revealed in part, acute proximal (nearer to the center) tibia (larger of the two bones in the lower leg) fracture. A nurse progress note for Resident #5 dated 06/03/21 written by Nurse #5 stated x-ray results were received and indicated a proximal tibia fracture to the right leg. Nurse #5 documented a physician was contacted and gave orders for Resident #5 to be transferred to the emergency room for treatment. Nurse #5 noted Resident #5 left the facility with emergency medical services at 6:00 AM. Review of the medical record revealed Resident #5 returned to the facility later that same day with a splint on her right leg. The Medical Doctor (MD) progress note for Resident #5 dated 06/03/21 read in part, acute visit for evaluation of right leg fracture at the request of nursing staff. Resident #5 was noted to have swelling in her right leg yesterday. STAT (urgent) x-ray obtained and demonstrated an acute proximal tibia (long bone on inside of lower leg) fracture with malignment (displacement). I spoke in length with the nursing team including the Director of Nursing (DON). Resident #5 has not had any witnessed falls or recent injuries. I saw Resident #5 in her room, she denies any falls or injury, however, she is a very poor historian. She does have a history of osteoporosis and previous fractures. Assessment: Right tibial fracture. She appears to have sustained a spontaneous fracture. Spontaneous fractures are seen in elderly, debilitated patients. She has multiple risk factors for spontaneous fractures including her advanced age, diabetes, osteoporosis, Vitamin D deficiency and history of previous fractures. I have no suspicion for abuse. Pain Management: still with some pain. Will increase Tramadol to 50 mg every 6 hours scheduled with Tylenol 650 mg. every 6 hours as scheduled. Continue to monitor. During an interview on 09/13/21 at 3:34 PM, Nurse Aide (NA) #2 confirmed she was assigned to provide care to Resident #5 during the hours of 6:30 AM to 2:30 PM on 05/31/21. NA #2 recalled being told during shift report Resident #5's leg was swollen and they had applied ice. She stated during the shift, Resident #5 complained of some pain but nothing abnormal for her. NA #2 stated Resident #5's leg was swollen but she did not grimace or voice any complaints of pain when care was provided during the shift. During an interview on 09/13/21 at 10:03 AM, NA #3 confirmed she was assigned to provide care to Resident #5 during the hours of 10:30 PM to 6:30 AM on 05/31/21 and 06/01/21. On 05/31/21 during the shift, she stated she had notified the nurse that Resident #5's leg was bruised and was told by the agency nurse she was aware and there was nothing she could do about it except leave a note for the MD. On 06/01/21, NA #3 stated she told another agency nurse Resident #5's leg was bruised and was told the same thing as the previous evening. NA #3 could not recall the names of the agency nurses she had notified. NA #3 recalled Resident #5 never really complained of any pain during her shift and her leg wasn't that swollen, not like you would expect with a fracture, just bruised. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0684 Level of Harm - Actual harm Residents Affected - Few	During an interview on 09/13/21 at 11:31 AM, Nurse #2 confirmed she was assigned to provide care to Resident #5 on 05/30/21 during the hours of 6:30 AM to 6:30 PM. Nurse #2 could not recall the exact time but stated she was in Resident #5's room, fluffing her pillows and assisting with repositioning her in bed, when she complained about her leg being sore. Nurse #2 added when she assessed Resident #5's legs, she didn't remember her having any swelling in either leg and explained both legs looked the same with no discoloration or other signs of a fracture. Nurse #2 stated she administered Resident #5's scheduled pain medication which was effective and since Resident #5 did not display signs of severe pain, she felt it was just the normal aches and pains. During an interview on 09/09/21 at 1:40 PM, Nurse # Nurse #4 confirmed she was assigned to provide care to Resident #5 on 05/30/21 during the hours of 6:30 PM to 6:30 AM. Nurse #4 stated during early morning rounds on 05/31/21, Resident #5 complained of pain in her right lower extremity and upon assessment, she noticed it was swollen but had no discoloration or signs of obvious fracture. Nurse #4 stated when Resident #5 received her scheduled pain medication and ice was applied, her pain lessened. Nurse #4 added she did not contact the on-call physician but did give report during shift change and left a communication note for the MD or Nurse Practitioner to evaluate. The Nurses assigned to provide care to Resident #5 during both shifts on 06/01/21 and during the hours of 6:30 AM to 6:30 PM on 06/02/21 were no longer employed by the facility and unavailable for an interview. During an interview on 09/13/21 at 11:47 AM, Nurse #5 confirmed she was assigned to provide care to Resident #5 on 06/02/21 during the hours of 6:30 PM to 6:30 AM. Nurse #5 could not recall the exact time but stated during the shift, Resident #5 was grimacing and she couldn't recall what Resident #5's response was but when she looked at her leg, she noticed it was bruised. Nurse #5 did not remember being told anything had happened to Resident #5's leg during shift report and nothing was written in the previous nurses' notes; however, she did receive the x-ray results confirming a fracture. Nurse #5 added she notified the on-call MD who gave orders to send Resident #5 to the hospital for evaluation and treatment. Telephone attempts on 09/10/21 at 1:46 PM and 09/13/21 at 12:26 PM to speak with the facility's former MD who evaluated Resident #5 on 06/03/21 were unsuccessful. Attempts to interview the radiologist who interpreted Resident #5's x-ray completed on 06/02/21 were not successful. The Director of Nursing (DON) and Administrator at the time this incident occurred were no longer employed at the facility and unavailable for an interview. During an interview on 09/13/21 at 12:40 PM, the current DON explained she was not employed with the facility when Resident #5's fracture was identified and was not sure what their process was at the time related to notifying the physician with changes in condition. The DON stated in her opinion, they should have notified the on-call physician when the swelling was first identified. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0684 Level of Harm - Actual harm Residents Affected - Few	During interviews on 09/09/21/21 at 5:00 PM and 09/20/21 at 2:30 PM, the Regional Clinical Operations Consultant (RCOC) explained Resident #5 was noted to have mild swelling to her knee on 05/31/21 and upon exam an x-ray was ordered by the Nurse Practitioner (NP) on 06/02/21 which confirmed a fracture and she was sent to the Emergency Department for evaluation and treatment. The RCOC explained since Resident #5 had no known falls or injuries and Resident #5's scheduled pain medications were effective she felt it was appropriate for the nurse to leave a written communication note for the NP or MD.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037 Based on observations, record review, and staff and Wound Care Nurse Practitioner (NP) interviews the facility failed to provide pressure ulcer care per physician orders for 1 of 2 residents (Resident #11) reviewed for pressure ulcer care. Findings included: Resident #11 was admitted to the facility 12/07/20 with diagnoses including anemia and heart failure. Review of the significant change Minimum Data Set (MDS) dated [DATE] revealed Resident #11 had 1 unhealed stage 3 (a wound involving full-thickness skin loss) pressure ulcer that was not present on admission. The MDS further indicated Resident #11 had a pressure reducing device for his bed and chair and received pressure ulcer care. Review of Resident #11's wound treatment order dated 08/25/21 revealed the left buttock wound was to be cleaned with normal saline/wound cleanser, patted dry, santyl (an enzyme that helps remove dead skin and tissue) applied to the open area, covered with calcium alginate (an absorbent dressing), and covered with a bordered gauze every day shift. An observation of Nurse #2 on 09/08/21 at 04:27 PM revealed she cleansed Resident #11's left buttock wound with normal saline, patted the wound dry, applied calcium alginate, and covered the wound with a bordered gauze. An interview with Nurse #2 on 09/08/21 at 05:09 PM revealed she was aware santyl was ordered for Resident #11's wound but she was unable to find santyl so she put a dry dressing on without santyl. She stated she did not notify the Wound Care NP santyl wasn't available and get an order for a dry dressing change and she should have. Nurse #2 was unable to state why she did not call the Wound Care NP and notify her that santyl wasn't available. An interview with the Director of Nursing (DON) on 09/08/21 at 06:50 PM revealed she expected nurses to follow physician orders for wound care and to notify the provider if the ordered wound treatment was not available. An interview with the Wound Care NP on 09/13/21 at 04:10 PM revealed she should have been notified if santyl wasn't available for Resident #11's wound care and she was not notified. She stated she could have given an order for a dry dressing or other wound treatment until the santyl was available. An interview with the Administrator on 09/15/21 at 05:54 PM revealed he expected nursing staff to follow physician orders for wound care or notify the provider if the ordered treatment was not available.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on record review and staff interviews, the facility failed to maintain a Peripheral Inserted Central Catheter (PICC; used to draw blood and give treatments) line after Intravenous (IV; process of administering medications/fluids through a tube inserted into a vein) antibiotics were discontinued for 1 of 3 residents reviewed for medication errors (Resident #6). Findings included: The hospital records for Resident #6 dated 12/31/20 to 01/13/21 noted in part, PICC line was placed on 01/12/21 and he was deemed stable for discharge to the skilled nursing facility for long-term IV antibiotics. Resident #6 admitted to the facility on [DATE] with multiple diagnoses that included enterococcus (bacteria), bacteremia and hepatic failure. A nurse progress note dated 01/13/21 written by Nurse #1 read in part, Resident #6 arrived from the hospital at approximately 1:30 PM. PICC is in right arm. Medications verified by the Medical Doctor (MD). The admission Minimum Data Set (MDS) dated [DATE] assessed Resident #6 with intact cognition and noted he received antibiotics 6 of 7 days during the MDS assessment period. Review of Resident #6's Medication Administration Record (MAR) for January 2021 revealed the following physician orders: *01/14/21 read in part, Heparin and NaCl (Sodium Chloride) lock flush 10-0.9 unit/milliliter % - use one syringe intravenously every 4 hours for maintenance of PICC line (daily flushing of the PICC line with Sodium Chloride Solution and Heparin keeps the line clear and prevents blood clotting). The order was initialed on the MAR as completed every 4 hours starting at 5:00 PM on 01/14/21 and discontinued on 01/21/21 after the last dose of antibiotic was administered at 9:00 PM. *01/25/21 read in part, Dextrose-Sodium Chloride Solution (solution used to supply water, calories, and electrolytes to the body) 5-0.45% - use two liters intravenously via PICC line every shift. The order was initialed as administered at 10:30 PM on 01/25/21 and 6:30 AM on 01/26/21. The hospital records dated 01/26/21 to 02/03/21 noted in part, Resident #6 was recently discharged from this facility on 01/13/21 following a hospital stay for recurrent enterococcus faecalis bacteremia. Blood cultures cleared and the patient was discharged with a recommendation for Ampicillin 2 grams (gm) every 4 hours and Rocephin 2 gm every 12 hours through 02/18/21. In reviewing available records in the system, it appears the patient never received Rocephin at discharge, and according to notes his Ampicillin was discontinued on 01/21/21. PICC line remains in place. Given the patient's presentation, I suspect he has developed recurrence of bacteremia and therefore we should remove the PICC line and place peripheral IV (thin tube inserted in the vein of the lower arm or back of hand). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON and Administrator at the time this incident occurred were no longer employed at the facility and unavailable for an interview. During an interview, the current DON revealed she started her employment at the facility the last week of June 2021 and was not present during Resident #6's stay at the facility. The DON couldn't speak as to why Resident #6's order for the Heparin and NaCl lock flush was discontinued but explained when a PICC line remained in place it was standard practice to continue assessing the site for infection and flushing the line to prevent it from becoming clogged. During an interview on 09/09/21 at 11:40 AM and 09/13/21 at 12:52 PM, the Regional Clinical Operations Consultant explained Resident #6's order for the Heparin and NaCl lock flush was done in conjunction with the IV antibiotics administered every 4 hours and was mistakenly discontinued on 01/21/21 when the antibiotic therapy was completed. The Regional Clinical Operations Consultant reviewed the nurse progress notes for Resident #6 and stated on 01/25/21 it was noted he was started back on IV fluids via PICC line with no complications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on record review, staff and physician interviews, the facility failed to prevent a significant medication error by not accurately transcribing and administering medication orders from the hospital discharge summary prescribed to treat a bacterial infection for 1 of 3 residents reviewed for medication errors (Resident #6). As a result, Resident #6 was not administered 24 doses of Rocephin (antibiotic) and 24 doses of Ampicillin (antibiotic) and subsequently readmitted to the hospital for suspected severe sepsis (life-threatening complication of an infection) secondary to incompletely treated bacteremia (presence of bacteria in the bloodstream). Findings included: The hospital records for Resident #6 dated 12/31/20 to 01/13/21 noted in part, Resident #6 presented to the Emergency Department (ED) the morning of 12/31/20 for reported increased weakness, recurrent falls, and left arm pain. On arrival to the ED, he was afebrile with stable vital signs. Labs showed stable renal functions, urinalysis without evidence of infection, chest x-ray showed possible faint infiltrate at the lung bases, nonspecific. Resident #6 was admitted and placed on Intravenous (IV; process of administering medications/fluids through a tube inserted into a vein) antibiotics. On 01/04/21 Infectious Disease (ID) consult was done with recommendation to continue monitoring blood cultures. Throughout the hospitalization , he had multiple sets of positive blood cultures through 01/06/21 and finally negative on 01/07/21 and 01/08/21. ID recommended 6 weeks of Ampicillin and Rocephin through 02/18/21. Peripherally Inserted Central Catheter (PICC; used to draw blood and give treatments) line was placed and he was deemed stable for discharge to the skilled nursing facility for long-term IV antibiotics. The hospital discharge summary dated 01/13/21 for Resident #6 included the following orders: Ampicillin 2 grams (gm) via IV every 4 hours for 37 days and Rocephin 2 gm every 12 hours for 37 days through 02/18/21. Resident #6 admitted to the facility on [DATE] with multiple diagnoses that included enterococcus (bacteria), bacteremia and hepatic failure. A nurse progress note dated 01/13/21 written by Nurse #1 read in part, Resident #6 arrived from the hospital at approximately 1:30 PM. PICC is in right arm. Medications verified by the Medical Doctor (MD). The admission Minimum Data Set (MDS) dated [DATE] assessed Resident #6 with intact cognition and noted he received antibiotics 6 of 7 days during the MDS assessment period. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Resident #6's Medication Administration Record (MAR) for January 2021 revealed an order for Ampicillin Sodium Solution Reconstituted 2 gram via IV every 4 hours for infection related to Escherichia Coli (E. Coli; infection caused by bacteria) and bacteremia until 01/21/21. The order for Ampicillin was initialed on the MAR as administered daily starting at 5:00 AM on 01/14/21 and discontinued on 01/21/21 after the last dose was administered at 9:00 PM. Ampicillin was not administered from 01/22/21 through his discharge to the hospital on 01/26/21, resulting in a total of 24 missed doses. There was no order for Rocephin from the time of his admission on 01/13/21 through his discharge on 01/26/21, resulting in a total of 24 missed doses. The hospital records dated 01/26/21 to 02/03/21 noted in part, Resident #6 was recently discharged from this facility on 01/13/21 following a hospital stay for recurrent enterococcus faecalis bacteremia. Blood cultures cleared and the patient was discharged with a recommendation for Ampicillin 2 gm every 4 hours and Rocephin 2 gm every 12 hours through 02/18/21. In reviewing available records in the system, it appears the patient never received Rocephin at discharge, and according to notes his Ampicillin was discontinued on 01/21/21. PICC line remains in place. The infectious disease service became aware of this on 01/25/21 and recommended blood cultures times 2, resume Ampicillin and Rocephin unless repeat blood cultures positive. The following day, the resident was sent to the Emergency Department (ED) with a fever. ED work-up was notable for lactic acid above 4, white blood cell count 7,000 but with left shift and bandemia (blood infection). Patient was febrile to 102.3 degrees Fahrenheit on arrival, tachycardic (rapid heartbeat) in the 120s, blood pressure generally above 120 systolic. Is referred for inpatient admission for suspected severe sepsis secondary to incompletely treated bacteremia. I suspect the rapid return of positive blood cultures likely indicates recurrent enterococcal bacteremia, or more accurately incompletely treated enterococcal bacteremia. During a telephone interview on 09/10/21 at 10:10 AM, the Infectious Disease (ID) physician explained the type of infection Resident #6 had was very difficult to treat and usually his blood cultures did not come back as positive until after his antibiotics were finished. She stated she was alarmed when notified that Resident #6 had not received the antibiotic Rocephin in addition to Ampicillin which were both on the hospital discharge summary and should have been administered as ordered. As a result, she added his bacteremia relapsed and directly related to him becoming septic and hypotensive (abnormally low blood pressure). The ID physician further stated Resident #6 had a history of bacteremia and was not doing well even before this incident occurred. During a telephone interview on 09/09/21 at 10:32 AM, Nurse #1 confirmed she completed Resident #6's admission to the facility on [DATE]. She was unable to recall who she spoke with to verify his admitting orders but stated it was either the MD or Nurse Practitioner (NP). Nurse #1 was unable to recall if the antibiotic order was changed when verified with the MD/NP or explain how the order for Rocephin was missed. Nurse #1 did state that the Director of Nursing (DON) became involved at one point when the error was discovered but could not remember the exact date or further specifics. During a telephone interview on 09/09/21 at 11:13 AM, the previous MD for the facility could not recall if he had talked with Nurse #1 to verify Resident #6's admitting medication orders. He did state that while he may have questioned the dosage of the Rocephin, he would not have changed or discontinued the order until speaking with the ID physician. The MD stated Resident #6 should have received both the Ampicillin and Rocephin as ordered by the ID physician. The MD added on 01/26/21 Resident #6 was hypotensive and sent out to the hospital. The MD stated it was a significant medication error that Resident #6 did not receive both antibiotics as ordered and could have led to his hospital diagnosis of suspected severe sepsis secondary to incompletely treated bacteremia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The DON and Administrator at the time this incident occurred were no longer employed at the facility and unavailable for an interview. During interviews on 09/09/21 at 11:40 AM and 09/13/21 at 12:52 PM, the Regional Clinical Operations Consultant (RCOC) stated she could not understand how the medication order for Resident #6 was missed until she reviewed his medical records and discovered the initial hospital discharge summary sent from the hospital, that was used to create his list of medications upon his admission to the facility, did not contain the order for Rocephin. She added two days later they received a duplicate discharge summary that did contain the Rocephin order; however, the hospital did not inform them that anything had been added or changed, and the summary was given to the MD to sign and then uploaded into Resident #6's electronic medical record. Regarding the antibiotic medication being discontinued on 01/21/21 instead of 02/18/21 as ordered, she stated staff likely reviewed the narrative of the hospital course next to the medication list on the initial hospital discharge summary that contained a statement indicating the medication would be completed 01/21/20 and just didn't notice the statement was referring to a prior year. The RCOC explained when Resident #6's condition declined and prior to his rehospitalization on [DATE], the previous DON identified the transcription errors related to Resident #6's antibiotic orders in addition to the order for Rocephin that was not entered into the system or administered and Infectious Disease was notified on 01/25/21. She revealed Resident #6's medication error occurred prior to the facility being placed out of compliance due to a separate incident involving a medication error and the IV antibiotic error identified for Resident #6 was reviewed during the QAPI meeting held on 03/23/21. The facility provided the following corrective action plan with a completion date of 03/05/21: * Facility failed to administer Resident #6's IV medications as ordered per hospital discharge orders. Infectious Disease at Hospital was notified on 1/25/2021 by Director of Nursing of Resident #6 not receiving IV antibiotics at admission. The infectious disease service became aware of this on 01/25/21 and recommended blood cultures times 2, resume Ampicillin and Rocephin unless repeat blood cultures positive. * A review of the discharge instructions for residents going to outside medical appointments or to the emergency room in February was conducted to ensure that any new medications were entered into the Electronic Medical Record (EMR) correctly. Review completed by the Medical Records Clerk (MRC) by 3-2-21. Any errors identified were corrected with the Physician and Responsible party being notified by the Director of Nursing (DON). * Measures put into place to prevent this same alleged deficient practice from recurring include: 1) All licensed nurses will be inserviced on the significance of this citation and how discharge instructions are to be handled. The DON is providing the inservice education. All nurses will be inserviced by 3-5-21. New nurses will be educated about this process during orientation as will agency nurses. 2) Discharge instructions from outside appointments/ER are to be reviewed by the Charge Nurse as well as the DON upon receipt. 3) New orders are to be entered into the EMR by the Charge Nurse immediately. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	4) DON will receive a copy of the discharge instructions and these will be reviewed daily (M-F) in the morning meeting. In the meeting any new orders will be checked in the EMR for accuracy (DON/MDS nurse). 5) A monitor listing residents with outside appointments/ER visits will be started which reflects any new orders starting 3-1-21. This monitor will be used in the morning meetings to verify that no new orders were missed. This monitor will be maintained and completed by the DON/MDS nurses. * The results of the monitor will be presented by the DON in the monthly Quality Assurance Performance Improvement (QAPI) meeting starting in March. The QAPI team may make suggestions to adjust this plan/monitor in order to achieve compliance. The results of this monitor will be reviewed for a period of at least 3 months by the QAPI team. * Completion date 3-5-21 The facility's corrective action plan was validated by the following: *On 03/30/21, the facility's plan of correction was validated upon review of the sign-in sheets for in-service education provided to nursing staff on how to enter and review new orders. Review of the monitoring audits revealed they were completed as specified in the plan of correction with no concerns identified. The facility was placed back into compliance effective 03/05/21. *On 09/20/21, The Director of Nursing described the process implemented to ensure the accuracy of all orders which consisted of reviewing all new orders during the clinical morning meetings, comparing the orders with the hospital discharge summary if related to a new admission, and double checking the order in the computer system to ensure the order was transcribed correctly. Interviews conducted with licensed nursing staff revealed they received re-education on the importance of accurately entering and reviewing new medication orders and were able to describe the process. Record review of sampled residents recently admitted and/or with new orders revealed no concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037 Based on record review and staff interviews the facility failed to maintain accurate Treatment Administration Records (TAR) and Medication Administration Records (MAR) for 4 of 4 sampled residents (Resident #11, Resident #4, Resident #8, and Resident #6) reviewed for wound care and medication errors. Findings included: 1. Resident #11 was admitted to the facility 12/07/20 with diagnoses including anemia and heart failure. The significant change Minimum Data Set (MDS) dated [DATE] revealed Resident #11 had 1 unhealed stage 3 (a wound with full thickness tissue loss) pressure ulcer not present on admission and received pressure ulcer care. a. Review of Resident #11's August 2021 TAR for left buttock wound care revealed no documentation wound care was provided as ordered on 08/14/21, 08/16/21, 08/18/21, 08/19/21, 08/20/21, 08/23/21, 08/25/21, and 08/28/21. b. Review of Resident #11's September 2021 TAR for left buttock wound care revealed no documentation wound care was provided as ordered on 09/01/21, 09/04/21, and 09/05/21. Nurses who worked with Resident #11 were not available for interview during the investigation. An interview with the Director of Nursing (DON) on 09/15/21 at 4:55 PM revealed she expected nurses to maintain a complete and accurate MAR and TAR and if an ordered treatment wasn't done or ordered medication given there should be documentation on the MAR or TAR to indicate the reason. An interview with the Administrator on 09/15/21 at 5:24 PM revealed he expected nursing staff to document accurately on resident MARs and TARs. 2. Resident #4 was admitted to the facility 12/21/19 with diagnoses including hypertension (high blood pressure) and non-Alzheimer's dementia. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #4 had no weight loss and no pressure ulcers. Review of Resident #4's physician orders revealed an order for weekly weights dated 10/23/20. a. Resident #4's MAR revealed no documentation of weights being recorded on the following dates: 10/23/20, 12/18/20, 12/25/20, 02/12/21, 02/19/21, 02/25/21, 03/12/21, 03/19/21, and 04/23/21. b. Resident #4's TAR for May 2021 revealed no documentation treatments were administered as ordered as follows: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	daily treatment to head wound on 05/05/21, 05/07/21-05/09/21, 05/14/21-05/16/21, 05/18/21, 05/20/21, 05/22/21, 05/23/21, 05/26/21-05/30/21. daily pressure ulcer wound care to head on 06/09/21, 06/10/21, 06/12/21, 06/13/21 and 06/14/21. Nurses who worked with Resident #8 were not available for interview during the investigation. An interview with the Director of Nursing (DON) on 09/15/21 at 4:55 PM revealed she expected nurses to maintain a complete and accurate MAR and TAR and if an ordered treatment wasn't done or ordered medication given there should be documentation on the MAR or TAR to indicate the reason. An interview with the Administrator on 09/15/21 at 5:24 PM revealed he expected nursing staff to document accurately on resident MARs and TARs. 3. Resident #8 was admitted to the facility 08/09/19 with diagnoses including hypertension, Alzheimer's disease, and non-Alzheimer's dementia. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #8 had 1 stage 2 (a wound with partial-thickness skin loss) pressure ulcer not present on admission and 1 unstageable pressure ulcer not present on admission. a. Resident #8's January 2021 MAR revealed no documentation the following medications were administered as ordered: clonazepam 0.5 milligrams (mg) at 01:00 PM on 01/07/21 magnesium oxide 400mg at 4:00 PM on 01/15/21 pepcid 20mg at 5:00 PM on 01/19/21 pro-stat liquid 60 milliliters (ml) at 5:00 PM on 01/19/21 tylenol 650mg at 4:00 PM on 01/15/21 gabapentin 200mg at 12:00 PM on 01/07/21 and at 5:00 PM on 01/19/21 valproic acid 250mg/5 milliliter (ml) 5ml at 12:00 PM on 01/07/21 and at 5:00 PM on 01/19/21 blood glucose check at 11:30 AM on 01/07/21 and 4:30 PM on 01/15/21 b. Resident #8's January 2021 TAR revealed no documentation the following treatments were administered as ordered: three times a week right lateral heel wound treatment 01/01/21, 01/04/21, 01/06/21, 01/08/21, 01/11/21, 01/15/21, 01/20/21, 01/22/21, 01/25/21, 01/27/21, 01/29/21 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	zinc oxide ointment to bilateral (both) buttocks every shift at 6:30 AM on 01/01/21, 01/02/21, 01/04/21-01/12/21, 01/19/21-01/31/21; at 2:30 PM o 01/01/21, 0104/21, 01/06/21, 01/07/21, 01/11/21, 01/14/21, 01/15/21, 01/19/21-01/24/21, 01/26/21, 01/28/21, 01/29/21; at 10:30 PM on 01/01/21, 01/04/21-01/07/21, 01/11/21, 01/12/21, 01/14/21, 01/15/21, 01/19/21, 01/23/21-01/26/21 c. Resident #8's February 2021 MAR revealed no documentation of the following medications were administered as ordered: daily admelog insulin 100 units (u) /ml 5units daily on 02/09/21 daily aspirin 81mg on 02/09/21 daily miralax 17 grams on 02/09/21 daily multivitamin on 02/09/21 daily Norvasc 2.5mg on 02/09/21 risperdal 0.5mg at 9:00 AM on 02/09/21 daily sertraline 50mg on 02/09/21 pepcid 20mg at 5:00 PM on 02/09/21 pro-stat liquid 60ml at 9:00 AM on 02/09/21 tylenol 650mg at 8:00 AM on 02/09/21 gabapentin 200mg at 8:00 AM and 12:00 PM on 02/09/21 valproic acid 250mg/5ml 5ml at 8:00 AM and 12:00 PM on 02/09/21 blood glucose check at 11:30 AM on 02/09/21 d. Resident #8's February 2021 TAR revealed no documentation of the following treatments were provided as ordered: daily right lateral heel treatment 02/01/21-02/11/21, 02/16/21, 02/19/21, 02/23/21, 01/25/21 -01/27/21 zinc oxide ointment to bilateral buttocks every shift at 6:30 AM on 02/01/21-02/04/21, 02/06/21-02/11/21, 02/16/21, 02/19/21, 02/23/21, 02/25/21-02/27/21; at 2:30 PM on 02/01/21-02/04/21, 0206/21-02/09/21, 02/11/21, 02/16/21, 02/17/21, 02/19/21, 02/22/21-02/24/21; at 10:30 PM on 02/01/21, 02/02/21, 02/06/21-02/11/21, 02/16/21, 02/17/21, 02/22/21, 02/23/21 e. Resident #8's MAR for March 2021 revealed no documentation the following medications were administered as ordered on: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	daily finasteride 5mg on 03/07/21 and 03/10/21 lantus insulin 100u/ml 25 units at 9:00 PM on 03/07/21 and 03/10/21 clonazepam 0.5mg at 1:00 PM on 03/03/21; 9:00 PM on 03/07/21, 03/10/21 blood glucose check at 6:30 AM on 03/07/21, 03/31/21; at 9:00 PM on 03/07/21, 03/10/21 f. Resident #8's March 2021 TAR revealed no documentation the following treatments were administered as ordered: daily right lateral heel treatment 03/02/21-03/10/21, 03/17/21, 03/19/21, 03/22/21, 03/23/21, 03/24/21, and 03/25/21 zinc oxide to bilateral buttocks every shift at 6:30 AM on 03/03/21-03/10/21, 03/19/21, 03/22/21, 03/24/21, 03/25/2103/26/21; at 2:30 PM on 03/01/21-03/04/21, 03/07/21-03/10/21, 03/15/21, 03/16/21, 03/19/21, 03/22/21, 03/24/21, 03/25/21; at 10:30 PM 03/01/21-03/04/21, 03/06/21-03/09/21, 03/15/21, 03/16/21, 03/19/21, 03/22/21, 03/03/24/21 g. Resident #8's April 2021 MAR revealed no documentation the following medications were administered as ordered: admelog 100u/ml 5 units at 9:00 on 04/20/21 daily aspirin 81mg on 04/20/21 daily vitamin b12 on 04/20/21 daily vitamin c 500mg on 04/20/21 clonazepam 0.5mg at 1:00 PM on 04/08/21, 04/20/21, 04/25/21 tylenol 650mg at 8:00 AM on 04/20/21 gabapentin 200mg at 8:00 AM on 04/20/21; at 12:00 PM on 04/20/21, 04/25/21 silver sulfadiazine (an antibiotic) cream 1% on day shift on 04/08/21 valproic acid 250mg/5ml 5ml at 8:00 AM on 04/20/21; at 12:00 PM on 04/20/21, 04/25/21 h. Resident #8's May 2021 MAR revealed no documentation the following medications were administered as ordered: daily aspirin 81mg on 05/13/21 and 05/14/21 daily vitamin d 2000 units 05/13/21 daily Claritin D (allergy medication) 10mg on 05/13/21 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nurses who worked with Resident #8 were not available for interview during the investigation. An interview with the Director of Nursing (DON) on 09/15/21 at 4:55 PM revealed she expected nurses to maintain a complete and accurate MAR and TAR and if an ordered treatment wasn't done or ordered medication given there should be documentation on the MAR or TAR to indicate the reason. An interview with the Administrator on 09/15/21 at 5:24 PM revealed he expected nursing staff to document accurately on resident MARs and TARs. 37014 4. Resident #6 was admitted to the facility on [DATE] with multiple diagnoses that included enterococcus (bacteria), bacteremia (presence of bacteria in the bloodstream), and hepatic failure. The admission Minimum Data Set (MDS) dated [DATE] assessed Resident #6 with intact cognition and noted he received antibiotics 6 of 7 days during the MDS assessment period. a. Review of Resident #6's January 2021 MAR revealed the following physician orders were not initialed as administered: Protonix Packet (medication used to treat acid reflux) give 40 milligrams (mg) on 01/14/21 and 01/15/21 Ensure (liquid nutritional supplement) 237 milliliters (ml) one time a day on 01/15/21, 01/16/21, 01/17/21, 01/18/21, and 01/19/21 b. Review of Resident #6's February 2021 MAR revealed the following physician orders were not initialed as administered: Ceftriaxone Sodium Solution (antibiotic medication) use 2 grams (gm) intravenously every 12 hours for 38 days on 02/04/21 at 6:00 AM, 02/18/21 at 6:00 PM, and 02/19/21 at 6:00 PM. The order was discontinued on 02/23/21. Heparin Lock Flush Solution 10 unit/ml (keeps the line clear and prevents blood clotting) use 5 ml intravenously every 12 hours for maintenance on 02/04/21 at 6:00 AM and 02/18/21 at 6:00 PM. The order was discontinued on 02/18/21 at 7:59 PM. Heparin Lock Flush Solution 10 unit/ml use 5 ml intravenously every 4 hours for maintenance on 02/18/21 at 5:00 PM. The order was discontinued on 02/18/21 at 7:54 PM. Normal Saline Flush Solution 0.9% (Sodium Chloride) use 1 syringe intravenously every 12 hours for maintenance on 02/04/21 at 6:00 AM and 02/18/21 at 6:00 PM. The order was discontinued on 02/18/21 at 8:06 PM. Ampicillin Sodium Solution Reconstituted (antibiotic medication) use 2 gm intravenously every 4 hours for bacterial infection for 38 days on 02/18/21 at 5:00 PM and 02/19/21 at 5:00 PM. The order was discontinued on 02/23/21 at 7:54 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Heparin Lock Flush Solution 10 unit/ml use 5 ml intravenously every 4 hours for maintenance on 02/19/21 at 5:00 PM, 02/24/21 at 1:00 AM and 5:00 AM. Normal Saline Flush Solution 0.9% use 1 syringe intravenously every 4 hours for maintenance on 02/24/21 at 1:00 AM and 5:00 AM. Heparin Lock Flush Solution 10 unit/ml use 5 ml intravenously every 12 hours for maintenance on 02/21/21 at 6:00 AM, 02/23/21 at 6:00 AM, and 02/24/21 at 6:00 AM. Normal Saline Flush Solution 0.9% (Sodium Chloride) use 1 syringe intravenously every 12 hours for maintenance on 02/23/21 at 6:00 AM and 02/24/21 at 6:00 AM. c. Review of Resident #6's March 2021 MAR revealed the following physician orders were not initialed as administered: Amitriptyline (antidepressant medication) 50 mg by mouth at bedtime on 03/10/21 Mirtazapine (antidepressant medication) 30 mg by mouth at bedtime on 03/10/21 Protein Liquid give 15 ml at bedtime for supplement on 03/10/21 Metoprolol Tartrate (medication used to treat hypertension) 25 mg twice a day on 03/10/21 at 5:00 PM Heparin Lock Flush Solution 10 unit/ml use 5 ml intravenously every 12 hours for maintenance on 03/02/21 at 6:00 AM, 03/03/21 at 6:00 AM, and 03/10/21 at 6:00 PM. The order was discontinued on 03/17/21. Heparin Lock Flush Solution 10 unit/ml use 5 ml intravenously every 4 hours for maintenance on 03/02/21 at 5:00 AM, 03/03/21 at 5:00 AM, 03/05/21 at 9:00 AM and 1:00 PM, 03/10/12 at 1:00 PM and 9:00 PM. Normal Saline Flush Solution 0.9% use 1 syringe intravenously every 12 hours for maintenance on 03/03/21 at 6:00 AM, 03/03/21 at 6:00 AM, and 03/10/21 at 6:00 PM. The order was discontinued on 03/17/21 at 5:52 PM. Normal Saline Flush Solution 0.9% use 1 syringe intravenously every 4 hours for maintenance on 03/02/21 at 5:00 AM, 03/03/21 at 5:00 AM, 03/05/21 at 9:00 AM and 1:00 PM, 03/10/21 at 1:00 PM and 9:00 PM Daptomycin Solution (antibiotic medication) Reconstituted use 500 mg intravenously one time a day on 03/10/21. The order was discontinued on 03/17/21. Potassium Chloride (medication used to treat low amounts of potassium in the blood) 20 milliequivalent by mouth twice a day on 03/10/21 at 5:00 PM. Nurses who worked with Resident #6 were not available for interview during the investigation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with the Director of Nursing (DON) on 09/15/21 at 4:55 PM revealed she expected nurses to maintain a complete and accurate MAR and TAR. She added, if an ordered treatment wasn't done or ordered medication given there should be documentation on the MAR or TAR to indicate the reason. An interview with the Administrator on 09/15/21 at 5:24 PM revealed he expected nursing staff to accurately document on residents' MAR and TAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 37538 Based on record review, observations, and interviews with staff the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following a complaint survey conducted on 9/20/21. This was for one deficiency originally cited on 9/20/21 and cited again during two revisit surveys on 11/12/21 and 12/17/21. The deficiency was in the area of Infection Prevention and Control. This continued failure of the facility during the past complaint survey and two revisit surveys show a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance Program. The findings included: This tag is cross referenced to: F 880 F 880: Infection Prevention and Control: Based on record review, observations, and interviews with staff the facility failed to ensure infection prevention procedures for hand hygiene were followed when Nurse #1 and Nurse #2 failed to perform hand hygiene after gloves were removed during a dressing change for 3 of 3 residents reviewed for wound care (Resident #1, Resident #2, and Resident #3). During the complaint survey of 9/20/21 the facility was cited for failure to ensure staff handled soiled linen and a soiled brief in a sanitary manner for 1 of 1 resident reviewed for infection control. During the revisit survey on 11/12/21 the facility was cited for failure to ensure staff changed gloves and performed hand hygiene when going from a dirty to a clean task and failed to remove soiled gloves and perform hand hygiene after completing wound care for 1 of 1 resident reviewed for wound care. An interview conducted on 12/17/21 at 3:07 PM with the Regional Clinical Operations Consultant (RCOC) revealed she had put together the facility's Plan of Correction book that showed the previous Director of Nursing (DON) educated all facility employees on proper hand hygiene. The RCOC revealed nurses were validated for infection control and hand hygiene procedures and the facility's monitoring tool for competency of non-sterile dressing changes were done 3 times a week and ongoing at this time. The RCOC stated she didn't understand why the nurse didn't follow through with the training the facility provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 39037 Based on observations and staff interviews the facility failed to ensure staff handled soiled linen and a soiled brief in a sanitary manner for 1 of 1 resident (Resident #11) reviewed for infection control. Findings included: Review of a policy titled Handling Soiled Linen last updated July 2019, read in part: It is the policy of this facility to handle, store, process, and transport linen in a safe and sanitary method to prevent the spread of infection. This policy pertains to soiled linen. Linen includes sheets, blankets, pillows, towels, washcloths, and similar items from departments such as nursing, dietary, rehabilitative services, beauty shops, and environmental services. 1. Linen can become contaminated with pathogens from contact with intact skin, body substances, or from environmental contaminants. Transmission of pathogens can occur through direct contact with linens or aerosols generated from sorting and handling contaminated linen. 2. Linen should not be allowed to touch the uniform or floor and should be handled as little as possible, with minimum agitation to avoid contamination of air, surfaces, and persons. 3. Used or soiled linen shall be collected at the bedside and placed in a linen bag or designated linen receptacle. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. An observation of Nurse Aide (NA) #1 on 09/08/21 at 04:27 PM revealed she and Nurse #1 changed the soiled bottom sheet, bed pad, and brief for Resident #11. NA #1 was wearing gloves during resident care. NA #1 removed the soiled linen and brief from Resident #11's bed and laid the linen and brief on the floor of the resident's room. After NA #1 and Nurse #1 completed care for Resident #11, NA #1 placed the soiled linen in a trash bag, left the used brief on the floor, picked up the trash bag of soiled linen and the used brief in her left hand, opened the Resident #11's door, exited the room, walked down the hall to the soiled linen room carrying the uncovered soiled brief and bag of soiled linen wearing both gloves, and entered the soiled linen room. An interview with NA #1 on 09/08/21 at 05:03 PM revealed she usually placed soiled linen on the floor of a resident's room, finished resident care, moved the soiled linen to a trash bag, exited the room, and took the soiled linen to either the soiled linen room or soiled linen cart outside the resident's door while wearing soiled gloves. She explained she did not know how to get the soiled linen out of a resident room without wearing soiled gloves in the hall. NA #1 stated she should have bagged the used brief before leaving Resident #11's room but she got in a hurry and overlooked the fact that the brief was not enclosed in a trash bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. Building B. Wing	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Ridge Health and Rehabilitation	115 N Country Club Road Brevard, NC 28712

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Director of Nursing (DON) on 09/08/21 at 06:50 PM revealed all soiled linen and soiled briefs should be placed in a trash bag and not on the resident's floor when changing a resident's bed. She stated NAs were trained to place soiled linen and soiled briefs in a trash bag, remove their soiled gloves and place them in the trash bag with the soiled disposable brief, tie up the trash bags, and carry the trash bags to the soiled utility without wearing soiled gloves in the hall. An interview with the Administrator on 09/15/21 at 05:54 PM revealed he expected soiled linen and soiled briefs to be placed in a trash bag in the resident's room as soon as they were removed, soiled gloves should be placed in the trash bag and tied up, and the trash bag should be transported to the soiled linen room or placed in a soiled linen barrel placed right outside the resident's room. He stated soiled gloves should not be worn in the hall and briefs should not be carried in the hall without being enclosed in a trash bag