Printed: 08/28/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283  NAME OF PROVIDER OR SUPPLIER The Citadel Mooresville		(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive Mooresville, NC 28115	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES	
F 0580  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	ne's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/roor etc.) that affect the resident.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40476  Based on record reviews and staff, Respiratory Therapist and Medical Director (MD) interviews the facilit failed to notify the Physician for clarification when a resident (Resident #1) was admitted on [DATE] with orders for a bilevel positive airway pressure (BiPaP) that did not include the settings or frequency for the non-invasive mechanical ventitator. In addition, Nurse Manager #1 did not contact the Physician when the were not able to reach the Respiratory Therapist on [DATE] for assistance with setting up the BiPaP. The morning of [DATE] Invarse #2 was approached by Resident #1's family member who asked why the non-invasive mechanical ventitator was not being used. Nurse #2 did not attempt to contact the Physician Respiratory Therapy for assistance. Review of Resident #1's Death Certificate revealed he expired on [DATE] at 2:07 AM. The cause of death was listed as acute and chronic respiratory failure with hypoxia (of oxygen). This failure affected 1 of 1 resident reviewed for notification of changes.  The findings included:  Resident #1 was admitted into the facility on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD) and respiratory failure.  Review of Resident #1's hospital discharge summary dated [DATE] revealed he had a history of COPD chronic respiratory failure on home oxygen therapy and the use of a non-invasive mechanical ventilator machine.  Review of Resident #1's hospital discharge orders dated [DATE] revealed an order for BiPaP use as neather review revealed the orders did not include BiPaP settings.		ONFIDENTIALITY** 40476  rector (MD) interviews the facility ) was admitted on [DATE] with he settings or frequency for the t contact the Physician when they e with setting up the BiPaP. The mber who asked why the attempt to contact the Physician or ficate revealed he expired on espiratory failure with hypoxia (lack f changes.  The included Chronic Obstructive  alled he had a history of COPD invasive mechanical ventilator

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 345283

If continuation sheet Page 1 of 30

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF DROVIDED OR SURDIUS	-n	STREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIE	EK .	STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive	PCODE
The Citadel Mooresville		Mooresville, NC 28115	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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F 0580  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	An interview conducted on [DATE] Resident #1 was admitted into the a received report from Emergency Midecrease very quickly when off of signs mask when he entered the facility a decreased. Nurse #1 stated he there oxygen. He stated Resident #1 wor PM. He stated he was not aware the mechanical ventilator. He stated the Nurse Manager #1 had assessed the Review of a nursing progress note #1 had arrived at the facility from the supplemental oxygen and would be contacted Respiratory Therapy to and oriented to person, place, and Review of a nursing progress note had contacted Respiratory Therapy said they would have someone contacted they would have someone contacted an on-call RT (Respiratory Thorapy and stated an on-call RT (Respiratory Thorapy and stated an on-call RT (Respiratory Thorapy and stated him with the admission. Stated him with the admission. Stated him with the admission. Stated there was an orespiratory therapy company and a hadn't heard anything back from the stated he used his Non-invasive metook the machine from his bag and know how to put it together or turn did not respond. The interview revealed revened to the stated he used his Non-invasive metook the machine from his bag and know how to put it together or turn did not respond. The interview revealed revened to the stated he used his Non-invasive metook the machine from his bag and know how to put it together or turn did not respond. The interview revealed revened his non-invasive metook the machine from his bag and know how to put it together or turn did not respond. The interview revealed revened his non-invasive metook the machine from his bag and know how to put it together or turn did not respond. The interview revealed revened his non-invasive metook the machine from his bag and know how to put it together or turn did not respond. The interview revealed revened his non-invasive metook the machine from his bag and know how to put it together or turn did not respond.	at 12:25 PM with Nurse #1 revealed he facility. He stated the resident came aftedical Services (EMS) who stated that supplemental oxygen. EMS services has and Nurse #1 kept the mask on for a shan changed the resident to a nasal cannote the nasal cannula at 4 Liters the entited that the family member with Resident #1 e Nurse Manager assisted him with the he resident and obtained vital signs.  dated [DATE] at 7:11 PM written by Nune hospital. Resident #1 was document to using a BiPaP at night. Nurse Manager come an evaluate the residents BiPaP. It was detent to an evaluate the residents biPaP. It was detent to an evaluate the residents biPaP. It was detent to an evaluate the respiratory therapy one evaluate Resident #1's BiPaP. The dated [DATE] at 10:13 PM written by the dispoke with the respiratory therapy contents) would contact them again registers.	e was working the evening er 3:00 PM on [DATE] and he the resident's oxygen level would d Resident #1 on a non-rebreather ort period in case his oxygen levels ula on 4 liters of supplemental re time he was working until 11:00 had brought in a non- invasive admission. The interview revealed arese Manager #1 revealed Resident ed as being on 4 liters of er #1 documented she had Resident #1 was noted to be alert e initial assessment of Resident #1.  E Nurse Manager #1 revealed she y company Staff Member #1 who note did not reveal the exact time  The Nurse Manager #1 revealed she mpany Staff Member #2 who parding Resident #1's BiPaP. The  The ealed she was working during the er #1 was the hall nurse, but she ed and talking with no respiratory a with 4 liters of supplemental er as needed so she called the ist the resident. She stated she around 9:30 PM and Resident #1 Nurse Manager #1 stated she then chine was in pieces and she did not the Physician when the RT company it the non-invasive mechanical

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F 0580  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	[DATE] following Nurse #1 at 11:00 checked his oxygen saturation lever revealed she could not remember to liters of supplemental oxygen via notype of respiratory distress and didecause she knew Nurse Manager someone was coming to set up Resource. An interview conducted on [DATE] 7:00 AM on [DATE]. She stated in the (Resident #1) and the hospital had #2 the resident had issues with hypological during the shift on [DATE]. She state residents non-invasive mechanical member that it was her understand supposed to come set up his mach administering his morning medication bed. Nurse #2 stated Resident #1 she did not check his oxygen sature resident was able to calm down. In the difficulty breathing. She stated the (RT) who entered the building arounchecked Resident #1's oxygen sature on 4 liters via nasal cannula.  Review of a Physician Order initiate mechanical ventilator machine was	at 9:15 AM with Nurse #6 revealed she of PM. She stated she knew he did not be shortly after she took over at 11:00 Pe the exact oxygen saturation level but stated cannula. She stated Resident #1 onto mention his BiPaP machine. She sident #1's machine.  at 12:06 PM with Nurse #2 revealed streport Nurse #6 stated the facility had sent the incorrect BiPaP machine with soxia. Nurse #2 stated the resident's fated the family member came to her arc ventilator machine was not hooked uping that another nurse had called respine. Nurse #2 stated she went into the on and saw his non-invasive mechanic was experiencing labored breathing an ation level. After administering the breaurse #2 stated the resident was sitting the Medical Director was able to get in the facility of the properties of the word of the properties of th	mave his BiPaP in place, so she had M and it was good. The interview rated it was greater than 92% on 4 did not seem like he was in any stated she did not call the Physician rapy company and thought the took over care for Resident #1 at received a new admission the resident. The nurse told Nurse mily member was in the room and 8:45 AM asking why the and she stated she told the family irratory therapy, and someone was resident's room when she was call ventilator machine laying on his did was very anxious at that time, but athing treatment, she stated the atta 90-degree angle in the bed due ouch with the Respiratory Therapist the stated when the RT in saturation level greater than 92%) realed Resident #1's non-invasive ring naps. The order included the

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F 0580  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Resident #1 in his room on [DATE] day regarding his non-invasive med stated she immediately called the Fer her way to the facility. She stated she had no issues getting all been informed of Resident #1's nor her while she was in the facility. The mechanical ventilator machine, not she found out he needed his machine. Resident #1 had been using the macontacted her the night prior stating revealed when she saw Resident # was lying in bed. She stated she stat an abnormally fast rate with his I non-invasive mechanical ventilator resident did not move his arms or to Resident #1 was found with a nebu expired from hypoxia (lack of oxyge death was ultimately due to not recomplete the contacted on [DATE] around 4:00 Fermachine. The RT stated when she saturation level was "d+[DATE]" of his fingers to obtain a reading and of breath and lying like a statue. The responded with a yes due to being ventilator machine was set up his her facility Administrator was not at the facility provided the following C1. Immediate Action for Resident A1 Resident #1 expired on [DATE]. Plon [DATE], an Ad Hoc Quality Asconference call with facility Interdis Regional Director of Clinical Services.	at 3:10 PM with the Medical Director (Nat 9:00 PM. She stated she had an international ventilator machine and was infact and the RT answered the phone right he was told the nurse had tried to control of them and them responding. The ninvasive mechanical ventilator not be einterview revealed for anyone who rebeing on it could have a serious negatine initiated she wanted it on as soon a achine at home prior to admission in the other than the prior to admission in the other couldn't get a RT to come initiated at 9:00 PM he had his non-invasive reped the machine for 2 minutes to sprips pursed. The MD stated Resident #1 machine. She stated during the 10 minutes to make the prior to move his arms. The MD stated she had lizer mask on his face and had expired the prior to move his arms. The MD stated she had lizer mask on his face and had expired the prior to move his arms. The MD stated she had lizer mask on his face and had expired the prior to move his arrived on [DATE] at 12 minutes of DATE] at 13 minutes of DATE] at 14 minutes of oxygen. She stated she had arrived on [DATE] around 4:30 PM to the prior to make the	eraction with Nurse #2 earlier in the formed it had not been set up. She in away and said she would be on act RT and was unsuccessful but interview revealed she had not ing set up prior to Nurse #2 telling required the use of a non-invasive ive impact. That was why when is possible. The interview revealed in his machine. The interview revealed in his machine. The interview mechanical ventilator mask on and eak to him and he started breathing it did not do well off of the interview she was in his room the ele was notified [DATE] that it. She stated she felt he had feel comfortable saying that his intilator machine timely.  12:45 PM she stated she was non-invasive mechanical ventilator he facility Resident #1's oxygen and to use two pulse oximeters on its observed by the RT to be short the was afraid to move and he after the Non-invasive mechanical an oxygen saturation level of 92%. If the investigation.  API) meeting was completed via actor of Operations (RDO), linical Services (VPCS) to discuss

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	343263	B. Wing	11/25/2521
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F 0580  Level of Harm - Immediate jeopardy to resident health or safety	On ,d+[DATE] and [DATE], an audit was completed by the Director of Nursing of all current residents utilizing Non-Invasive Ventilator (NIV) which include bi-level positive airway pressure (Bi-Pap), continuous positive airway pressure (C-Pap) and non-invasive ventilation average volume assured pressure support-auto E-Pap (NIV/AVAPS-AE, brands such as trilogy) devices to ensure that physician orders include the device settings and frequency of use. Resident #2 identified for order clarification. There was no harm or adverse effects to Resident #2 and resident remains stable on current NIV settings.  On [DATE], the Physician was notified by the Director of Nursing of orders needing clarification for Resident #2 's NIV/AVAPS-AE (Non-Invasive Ventilation) device. Resident #2 orders revised and implemented on [DATE] by the Director of Nursing and care plan revised on [DATE].		
Residents Affected - Few			
	On [DATE], the respiratory therapist completed a review (and revision as appropriate) of current residents on NIV devices to ensure settings were accurate based upon physician orders. No further recommendation made.		
	On [DATE], all new admissions from ,d+[DATE]-[DATE] will be reviewed by the Director of Nursing/designe to ensure any resident requiring NIV devices per hospital discharge summary have appropriate orders to include settings and frequency of use. No additional residents were identified for correction.		
	On [DATE], the VPCS and contracted District Director of Respiratory Therapy reviewed and revised policy Non-Invasive Ventilation: IV/AVAPSA-E feature to reflect and further clarify licensed nurses and Respiratory Therapists roles and responsibilities in the management of Bi-Pap, C-Pap and APAPS-AE NIV (brands such as Trilogy) devices.		
	3) Education/Systemic Change		
	On [DATE], the VPCS provided education to the facility Administrator, DON and RDCS on the updated policy Non-Invasive Ventilation: IV/AVAPSA-E feature to include that effective immediately the facility shall no longer accept NIV/AVAPS-AE devices (brands such as trilogy) On [DATE], an Ad Hoc Quality Assurance Performance Improvement (QAPI) meeting was completed by the IDT and RDCS, RDO and VPCS a comprehensive corrective action plan was developed based on root cause analysis to address F580, F695 F726, and F835.  By [DATE], all licensed nursing staff including agency licensed nurses will be educated by the Director of Nursing (DON)/ designee on ensuring that the physician is notified of any delay in implementing physician orders including initiation of NIV devices. The DON will maintain education records to validate staff competency for current and newly hired facility and agency licensed nurses. Staff will not be allowed to wo until education completed.		
	By [DATE], all licensed nursing staff including agency staff will be educated by the Director of Nursing/designee related to the admission process including verification and transcription of orders and immediately contacting the physician if clarifications are needed. The DON will maintain education reconvalidate staff competency for current and newly hired facility and agency licensed nurses. Staff will not be allowed to work until education completed.		
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F 0580  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	By [DATE], the unit clerk and all lic of Nursing /designee regarding the company customer service number devices and any other respiratory respond within 10 minutes, the faci for further orders. In addition, if the emergency room for further evalua competency for current and newly until education completed.  Effective [DATE], each nursing statherapy company prominently posweekends.  By [DATE], the Admission Director respiratory therapist, unit clerk, and NIV devices. Education also includ trilogy effective [DATE]. The Admis Bi-PAP, and AVAPS-AE (Trilogy ty types of devices. The DON will mai hired facility Admission staff. Staff of the Effective [DATE], the Admission Director educated by the Director of Nursing required setting and frequency ordeducation records to validate staff facility and agency licensed nurses.  By [DATE], Licensed Nurses, Admithe Administrator on the facility clin facility to determine admission app competency for current and newly Director and Social Services staff.	censed nursing staff including agency senotification process which includes cally to notify the Respiratory Therapist of a needs of current residents. If the respirality will reattempt x 1, if no response the resident is in any acute distress, he/shitton. The DON will maintain education whired facility and agency licensed nurses that the respiratory therapy services are a set of the respiratory therapy services are a services and services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the competency for current and newly hire services are admitted to the services are admit	staff will be educated by the Director ling the respiratory therapy all new admission requiring NIV atory therapy company does not the MD will be immediately contacted the will immediately be sent to the records to validate staff theses. Staff will not be allowed to work the contracted Respiratory valiable after hours and on the edmission when residents require NIV/AVAPS-AE, brands such as the DON on [DATE] on C-PAP, and the settings associated with these off competency for current and newly on completed.  The the contracted respiratory ith physician orders for NIV device equired settings verified.  The pool will maintain the facility. The DON will maintain the discility Admissions staff and education completed.  Social Services were educated by the a records to validate staff the settings of the product of the provided by the a records to validate staff the settings of the provided by the provide

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F 0580  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	By [DATE], Licensed Nurses including agency licensed nurses will be educated on the facility policy revision date [DATE] Non-Invasive Ventilation: IV/AVAPSA-E feature to include competencies on the use of all NIV devices, required ongoing respiratory assessment documentation related NIV and oxygen therapy by the Respiratory Therapist and Director of Nursing. The DON will maintain education records to validate staff competency for current and newly hired facility and agency licensed nurses. Staff will not be allowed to work until education completed.  By [DATE], Certified Nurse Aides (CNA) including agency CNA will be educated by the Director of Nursing on the care of NIV residents including notifying the Licensed Nurses of any issues with the NIV including alarms, remaining with the resident until licensed nurse responds and not manipulating machine in any way. The DON will maintain education records to validate staff competency for current and newly hired facility and agency CNAs. Staff will not be allowed to work until education completed. Staff will not be allowed to work until education completed.			
	Effective [DATE], all education for above will be included in the orientation process to include new hire facility licensed nurses, agency licensed nurses, CNAs, and admission staff. These staff will not be allowed to work until education completed.			
	Effective [DATE], new admission paperwork and physician orders will be reviewed by nursing management in morning clinical report to ensure the accuracy and timely implementation of physician 's orders for NIV devices and notification to physician of any order discrepancies for clarification. Nursing management was informed of review process during Ad Hoc QAPI meeting on [DATE] by the Administrator.			
	4) Monitoring Process:			
	Beginning [DATE], 1) nursing management will review/audit new admission paperwork during morning clinical report to ensure the accuracy and timely implementation of physician s orders for Bi-Pap and C-Pap NIV devices and notification to physician of any order discrepancies for clarification. Any discrepancies will be communicated to the physician for clarification and/or correction and 2) the Administrator/designee will review/audit nursing education files for new hires and agency staff to ensure staff competence of Bi-Pap and C-Pap NIV devices. Staff will not be allowed to work until education complete.			
	Results of the audits will be docum in the plan of correction binder in the	nented on the Quality Improvement Dat ne Administrator's office.	ta Collection Sheet and maintained	
	On [DATE], the QAPI Committee was notified by the Administrator of delegation of QA monitoring responsibilities. The results of the monitoring will be discussed in the monthly QAPI committee meeting for a least three months, overseen by the Administrator, Director of Nursing, and the Medical Director. The interdisciplinary team will recommend revisions to the plan as indicated to maintain substantial compliance.			
	Beginning [DATE], the RDCS and/or the RDO will review results of facility audits and QAPI minutes month for three months to ensure ongoing compliance with accuracy and timely implementation of physician 's orders for Bi-Pap and C-Pap NIV devices and notification to physician of any order discrepancies for clarification.			
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F 0580	The facility alleges compliance on [	[DATE]	
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The Corrective Action Plan was validated on [DATE] and concluded the facility implemented an acceptable corrective action plan on [DATE]. The facility amended the notification process to include calling the respiratory therapy company customer service number to notify the Respiratory Therapist of all new admission requiring NIV devices and any other respiratory needs of current residents. If the respiratory therapy company does not respond within 10 minutes, the facility will reattempt x 1, if no response the MD will be immediately contacted for further orders. The Corrective Action Plan was reviewed during QAPI meeting held on [DATE].		
	no concerns identified. Review of the training revealed the nursing staff hursing staff from first, second and	nts requiring a BiPaP/ CPAP were revieue nursing staff in-service sheets on not add initialed as receiving the in-service third shifts revealed they had received eceived in-servicing on notification, above.	on-invasive mechanical ventilator training. Interviews conducted with the in-service as stated by the

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F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, negauthorities.  **NOTE- TERMS IN BRACKETS H Based on record review and staff in of 2 residents reviewed for respirate Findings included:  On [DATE] at 5:50 PM the Director Immediate Jeopardy related to a lad dependent upon a non-invasive me expired on [DATE] at 2:07 AM. The hypoxia (lack of oxygen).  An interview conducted on [DATE] Administrator was the staff member the facility was in between Administrator needed to be completed.  The facility Administrator was not a	glect, or theft and report the results of to a second and the seco	he investigation to proper  DNFIDENTIALITY** 40476  itial report to the State Agency for 1  Consultant were notified of a compromised resident that was t #1's Death Certificate revealed he d chronic respiratory failure with  (DON) revealed the facility stated at the time of the incident jation she did not feel like an initial the investigation.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0695  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Provide safe and appropriate respine **NOTE- TERMS IN BRACKETS In Based on record reviews and staff, provider interviews the facility failed compromised respiratory status where the same and interviews the facility failed compromised respiratory status where the same and interviews the facility failed compromised respiratory status where the same and interviews for the provider of the non-in BiPaP on admission or involve respirate evening of [DATE]. In addition, assessments of the resident's respiratory failur reviewed for respiratory care.  The findings included:  Resident #1 was admitted into the pulmonary disease (COPD) and respiratory disease (COPD) and respiratory failure on home oxygen.  Resident #1's hospital discharge or review revealed the orders did not nebulizer treatment.  Resident #1's Physician order date liters continuously via nasal cannul.  An interview conducted on [DATE] had seen Resident #1 in the hospit ventilator machine but knew he had summary but did not see where it to the facility was not supposed to additional respiratory and the facility was not supposed to additional respiratory and the facility was not supposed to additional states.	ratory care for a resident when needed HAVE BEEN EDITED TO PROTECT Considerable. The provide necessary respiratory care to was dependent on bilevel positive aiders for a bilevel positive airway pressivasive mechanical ventilator. The facility biratory therapy and as a result the Bip the facility failed to complete and docu iratory status and ensure Resident #1 lealed he expired on [DATE] at 2:07 AN e with hypoxia (lack of oxygen). This factorized the provided has been supported by the facility on [DATE] with diagnosis which	ONFIDENTIALITY** 40476  or (MD) and clinical respiratory and services to a resident with a rway pressure (BiPaP). Resident ure (BiPaP) that did not include the ity failed to clarify orders for the aP machine was not set up until ment on-going comprehensive had continuous oxygen. Review of the alternative and continuous oxygen. Review of the area fected 1 of 2 resident  included chronic obstructive  a history of COPD chronic mechanical ventilator machine.  for BiPaP use as needed. The len therapy or any orders for a are for supplemental oxygen at 4  inator for the facility revealed she is used a non-invasive mechanical sually read the hospital discharge all ventilator machine. She stated anical ventilator machine. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF PROVIDED OR SUPPLIE		CTREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive	PCODE
The Citadel Mooresville		Mooresville, NC 28115	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0695  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	An interview conducted on [DATE] Resident #1 was admitted into the received report from Emergency M decrease very quickly when off sup mask when he entered the facility a decreased. Nurse #1 stated he the oxygen. He stated Resident #1 won PM. He stated he was not aware the mechanical ventilator. He stated the Nurse Manager #1 had assessed to the Nurse Manager #1 had assessed to the would have someone come excall was placed.  A nursing progress note dated [DA contacted Respiratory Therapy and they would have someone come excall was placed.  A nursing progress note dated [DA Respiratory Therapy and spoke with RT (Respiratory Therapist) would the exact time the call was placed.  An interview conducted on [DATE] evening shift when Resident#1 was assisted him with the admission. Sidistress. The interview revealed Reliters. She stated there was an order respiratory therapy company and a hadn't heard anything back from the stated he used his non-invasive me took the machine from his bag and know how to put it together or turn did not respond. The interview reverse ventilator machine on the night of [Interview reverse]	at 12:25 PM with Nurse #1 revealed he facility. He stated the resident came affectical Services (EMS) who stated that plemental oxygen. EMS services had I and Nurse #1 kept the mask on for a shan changed the resident to a nasal canner the nasal cannula at 4 Liters the entited that the family member with Resident #1 enteresident and obtained vital signs.  TE] at 6:02 PM written by the Nurse Mail spoke with the respiratory therapy convaluate Resident #1's BiPaP. The note with the respiratory therapy convaluate Resident #1's BiPaP. The note at 2:02 PM with Nurse Manager #1 reverse and the mail of the property of the stated Nurse Mail spoke with the respiratory therapy company States and the mail of the property of the stated Resident #1 was alert, oriented as stated Resident #1 to receive a BiPaP as sked them to send someone out to assess the company, so she went into the room exchanical ventilator machine at home. Note alid it onto his bed. She stated the mail to n. She stated she did not contact the stated Resident #1 went to sleep without DATE] and had not shown signs of respiratory in the property of	e was working the evening ter 3:00 PM on [DATE] and he the resident's oxygen level would Resident #1 on a non-rebreather nort period in case his oxygen levels tala on 4 liters of supplemental re time he was working until 11:00 had brought in a non- invasive e admission. The interview revealed anager #1 revealed she had appany Staff Member #1 who said did not reveal the exact time the Manager #1 revealed she had called ff Member #2 who stated an on-call #1's BiPaP. The note did not reveal we and talking with no respiratory a with supplemental oxygen at 4 s needed so she called the sist the resident. She stated she around 9:30 PM and Resident #1 Nurse Manager #1 stated she then chine was in pieces and she did not e Physician when the RT company t the non-invasive mechanical piratory distress.  on [DATE] at 1:07 AM by Nurse #6

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NAME OF PROVIDER OR SUPPLIER The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive Mooresville, NC 28115	P CODE
For information on the nursing home's p	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0695  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	An interview conducted on [DATE] at 9:15 AM with Nurse #6 revealed she was taking care of Resident #1 on [DATE] following Nurse #1 at 11:00 PM. She stated she knew he did not have his BiPaP in place, so she had checked his oxygen saturation level shortly after she took over at 11:00 PM and it was good. The interview revealed she could not remember the exact oxygen saturation level but stated it was greater than 92% on 4 liters of supplemental oxygen via nasal cannula. She stated Resident #1 did not seem like he was in any type of respiratory distress and did not mention his BiPaP machine. She stated she did not call the Physician because she knew Nurse Manager #1 had contacted the Respiratory Therapy company and thought someone was coming to set up Resident #1's machine. Nurse #6 stated the vital signs she entered on [DATE] at 1:07 AM should have indicated oxygen via nasal cannula. Nurse #6 confirmed the flow meter was set at 4 L/min.  Resident #1's vital signs revealed an oxygen saturation level documented on [DATE] at 10:57 AM by Nurse		
	An interview conducted on [DATE] at 12:06 PM with Nurse #2 revealed she took over care for Resident #1 at 7:00 AM on [DATE]. She stated in report Nurse #6 stated the facility had received a new admission (Resident #1) and the hospital had sent the incorrect BiPaP machine with the resident. The nurse told Nurse #2 the resident had issues with hypoxia. Nurse #2 stated the resident's family member was in the room during the shift on [DATE]. She stated the family member came to her around 8:45 AM asking why the residents non-invasive mechanical ventilator machine was not hooked up and she stated she told the family member that it was her understanding that another nurse had called respiratory therapy, and someone was supposed to come set up his machine. Nurse #2 stated she went into the resident's room when she was administering his morning medication and saw his non-invasive mechanical ventilator machine laying on his bed. Nurse #2 stated Resident #1 was experiencing labored breathing and was very anxious at that time, but she did not check his oxygen saturation level. After administering the breathing treatment, she stated the resident was able to calm down. Nurse #2 stated the resident was sitting at a 90-degree angle in the bed due to difficulty breathing. She stated the Medical Director was able to get in touch with the Respiratory Therapist (RT) who entered the building around 5:00 PM on [DATE] to see Resident #1. She stated when the RT checked Resident #1's oxygen saturation level it was 85% (normal oxygen saturation level greater than 92%) on 4 liters via nasal cannula.  A Physician Order initiated by the RT on [DATE] at 5:33 PM revealed Resident #1's non-invasive mechanical ventilator machine was to be worn at night and as needed during naps. The order included the settings for non-invasive mechanical ventilator machine to deliver the BiPaP ventilation  Resident #1's Medication Administration Record (MAR) revealed an order dated [DATE] for Ipratropium-Albuterol Solution 0XXX,d+[DATE].5 milligrams/3 millili		

(continued on next page)

Resident #1 was pronounced as expired at 2:07 AM.

Review of a nursing progress note dated [DATE] at 12:00 AM written by Nurse #3 revealed Resident #1 was administered Diltiazem (a medication used to treat high blood pressure) tablet 30 milligrams via feeding tube. The note stated Resident #1 was receiving oxygen via his non-invasive mechanical ventilator machine. Around 1:50 AM Resident #1 was found with his nebulizer mask on and unresponsive. The non-invasive mechanical ventilator mask was immediately reapplied, and his oxygen saturation level checked with no reading. CPR was initiated at 1:55 AM and 911 was called. EMS arrived to the facility at 2:00 AM and

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NAME OF PROVIDER OR SUPPLIER  The Citadel Mooresville		STREET ADDRESS, CITY, STATE, Z 550 Glenwood Drive Mooresville, NC 28115	IP CODE
For information on the pursing home's	plan to correct this deficiency, please con		agency
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC		
F 0695  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	on [DATE] at 7:00 PM for Resident but Nurse #2 took her into the room machine. She stated Resident #1 if the room Nurse #2 reapplied the reinto the room at 8:30 PM to check tube. The interview revealed she reresident's oxygen and he was still midnight she went into the room to distress. She stated she administe awake at the time she was in the remidnight however she didn't admin ventilator mask. Nurse #3 stated an have his non-invasive mechanical oxygen hooked to it and no other to stated when she walked in the room another nurse to call 911 and come were unable to revive the resident. dresser and the resident must have replaced it with his nebulizer treatm non-invasive mechanical ventilator no training regarding a non-invasive nobody had asked her anything ab Resident #1's vital signs revealed a of 95% receiving supplemental oxy	an oxygen saturation level documented	building when she received report, non-invasive mechanical ventilator of when she and Nurse #2 entered is supper meal. She stated she went ster his medications via his feeding oking for humidification for the stor machine. Nurse #3 stated at sund he was in no respiratory feeding tube, the resident was a breathing treatment ordered for the his non-invasive mechanical at #1's room and saw he did not be remask on with no supplemental enebulizer mask on his face. She shecked for a pulse. She yelled for inpulmonary resuscitation (CPR) but the remask had been on his bedside mechanical ventilator mask off and not hear an alarm coming from the large #3 stated she had received the or after the incident. She stated the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #3 stated she had received the or after the incident. She stated the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #3 stated she had received the or after the incident. She stated the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #3 stated she had received the or after the incident. She stated the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #3 stated she had received the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #4 stated she had received the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #4 stated she had received the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #4 stated she had received the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large #4 stated she had received the non-invasive mechanical ventilator mask off and not hear an alarm coming from the large from the

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NAME OF PROVIDER OR SUPPLIER The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive Mooresville, NC 28115	P CODE
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Evel of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	the morning of [DATE]. She stated unresponsive. Nurse Manger #2 th while Nurse #3 stayed at the nurse was laying in the bed and felt coldincorrect and not connected to the Resident #1 had no supplemental on the resident #1 had no supplemental on the resident #2, so they began interview revealed she saw the nor on the resident stating it along with turned on. She stated she had to prevealed that afterwards the nurses been scared to touch his non-invast his 12:00 AM breathing treatment. machines had an alarm if they becheard any alarms coming from Resident who was u #4 and Nurse #5. She stated she to together. She stated when she entrevealed she could not feel a pulse supplemental oxygen, nor did she resident was cool to the touch. Nur Nurse #4 initiated CPR. The nurse at 2:07 AM. She stated she did not running.  A voicemail was left for Nurse #5 was A voicemail was left for the third she	at 9:41 AM with Nurse Manager #2 revences ponsive. Nurse Manager #2 stated old Nurse #3 to call EMS, the resident's ered the room Resident #1 was laying a rand there was no rise or fall to his che see his non-invasive mechanical ventile is Manager #2 obtained the AED (Autos continued CPR until EMS arrived and hear any alarms coming from his room who worked on [DATE] during third shift lift Nurse Aide working on [DATE] with realed he expired on [DATE] at 2:07 AM	and stated Resident #1 was ded with Nurse #5 to the room a she entered the room Resident #1 dizer mask on, but the tubing was be nebulizer machine running.  The state of the room Resident #1 dizer mask on, but the tubing was be nebulizer machine running.  The state of the reported it to med CPR unit EMS arrived. The med CPR unit EMS arrived. The med to the state of the period of the second of the reported it to med the state of the second of the reported it to med the second of the second of the reported of the second of the sec

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F 0695  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Resident #1 in his room on [DATE] in the day regarding his non-invasivup. She stated she immediately cal would be on her way to the facility. unsuccessful but stated she had now was originally told that the facility d but they had two residents on them non-invasive mechanical ventilator why when she found out he needed interview revealed Resident #1 had stated nobody had contacted her or interview revealed when she saw F mask on and was lying in bed. She started breathing at an abnormally off of the non-invasive mechanical the resident did not move his arms was found with a nebulizer mask on hypoxia (lack of oxygen). The interview revealed was not not move his interview resident did not move his arms	at 3:10 PM with the Medical Director (Nat 9:00 PM. She stated she had an intive mechanical ventilator machine and villed RT in which the RT answered the pShe stated she was told the nurse had be issues getting ahold of them and then id not accept residents on non-invasive. The interview revealed for anyone who machine, not being on it could have a sid his machine initiated she wanted it or if been using the machine at home prion [DATE] stating they couldn't get a RT resident #1 at 9:00 PM he had his non-stated she stopped the machine for 2 fast rate with his lips pursed. The MD stated in his face and had expired. She stated view revealed she did not feel comfortation-invasive mechanical ventilator machine.	eraction with the hall nurse earlier was informed it had not been set whone right away and said she tried to contact RT and was a responding. The MD stated she emechanical ventilator machines, no required the use of a serious negative impact. That was a soon as possible. The to admission in the hospital. She to come initiate his machine. The invasive mechanical ventilator minutes to speak to him and he stated Resident #1 did not do well the 10 minutes she was in his room dishe was notified that Resident #1 she felt he had expired from ble saying that his death was

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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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Evel of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	contacted on [DATE] around 4:00 F machine. The RT stated when she level was ,d+[DATE] % on 4 liters of obtain a reading and his heart rate lying like a statue. The RT stated since yes due to being afraid to overexer was set up his heart rate was 68 be educated Nurse #2 on use of the masked the nurse to educate the oncuse of a non-invasive mechanical values of the Director of Nursin night. She stated she was told he values the resident was asleep. The supplemental oxygen up with his not logged into the system, she saw the because the resident was asleep. The resident prior and felt he could not have lasted 2 minutes without the unachine should have been alarmin was if someone had silenced it and She stated following the incident she corporate team where she told the mechanical ventilator machine. She incident on the weekend.  A follow-up interview conducted on were for the BiPaP mode of the not for BiPaP to be on at night and as a consistently. The RT stated she had it more frequently at home since he facility to not accept residents with Resident #1 came to the facility with when she was setting up the machishe was having to press the silence face someone would have had to on Therapist stated the facility did not	espiratory Therapist (RT) on [DATE] at PM by the MD to initiate Resident #1's arrived around 4:30 PM to the facility For foxygen. She stated she had to use to was 125. Resident #1 if he was afraid it himself. She stated after the non-invaluation and had asked her to demonstrate the facility of the stated after the non-invaluation and had asked her to demonstrate the facility of t	Resident #1's oxygen saturation we pulse oximeters on his fingers to y the RT to be short of breath and to move and he responded with a sive mechanical ventilator machine for level of 92%. The RT stated she rate how to use it. She stated she acility staff was not familiar with stayed in the facility and placed her left the building. The next day the stold he had expired during the face and knew he had orders for a nurse on duty had not hooked his red it. The RT stated when she dminister the breathing treatment er because she had seen the stated with his breathing he wouldn't en-invasive mechanical ventilator he only way it wouldn't have been to reach it on his bedside dresser. He Director of Nursing and he for a resident with a non-invasive day in-service to staff following the sory Therapist revealed the settings he. She stated she always wrote of the only longer than 12 hours hours mober who told her he was wearing erapist stated she had told the spital discharge summary, but that higs. She stated she remembered the machine it kept alarming, and face. She stated once it was on his to stop alarming. The Respiratory titing admissions on a non-invasive

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 345283	A. Building B. Wing	COMPLETED 11/29/2021
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The Citadel Mooresville		550 Glenwood Drive Mooresville, NC 28115	
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F 0695  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	On [DATE] at 1:30 PM an interview company. She stated she was notiful after Resident #1 had expired, so so [DATE] and [DATE]. She stated the resident in which the RT responder company was contacted on [DATE] contacting them regarding Residen her cell phone at 4:30 PM no prior to respond after they obtain a call.  An interview conducted on [DATE] policy that allowed them to accept remained on the BiPaP setting. The as needed. She stated Nurse Manathen the nurse's desk twice during her sepoken to someone, but she felt the stated if the order is as needed the for a resident to have to wait a day she stated no that was not normal. did not question it any farther. The mechanical ventilator machines aft District Manager of the RT compant.  A follow up interview conducted on always communicate with the Adm she was unaware Resident #1 requistated she had not seen Resident #1 expected the Admissions Coordina mechanical ventilator machine. She The interview revealed the Admissi Resident #1's arrival into the facility BiPaP they notify Respiratory Ther use. The DON stated she learned a was her understanding the nurses were coming to set up his non-invalidation.	was conducted with the District Manafied by the facility that they could not go the had the corporate team pull all of the facility had contacted the agency on [I d and was not notified about Resident 1]. The interview revealed the company at #1 except for when the Medical Direct calls were seen on the call log. She stated at 4:54 PM with the Director of Nursing non-invasive mechanical ventilator resident point and the Respiratory Therapy hift, but nobody responded. She stated at the call was routed to a different region Respiratory Therapy initiates the manand a half for initiation of a non-invasive She stated she had asked Nurse #3 winterview revealed the facility had starter the incident for 4 days taught by the	ger from the Respiratory Therapy et in touch with the RT company the call logs from the dates of DATE] at 2:24 PM for a different of 1. She stated prior to that the had no record of the facility for had directly called the RT on steed the RTs only have 10 minutes of (DON) revealed the facility had a dents as long as the machine he hospital with orders for a BiPaP company using number located at the Nurse Manager said she had on incorrectly by the company. She chine. When asked if it was normal the mechanical ventilator machine, hat happened to Resident #1 and ed an in-service on non-invasive Respiratory Therapist and the following revealed she would have required a BiPaP or non-invasive ders prior to entering the facility. Respiratory Therapy prior to saware of a resident needing was kept in the facility for resident [DATE] after he was in the facility it therapy on [DATE] and that they

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	specializing in ventilator therapy. H change in patient needs. On the ott EPAP) mode automatically adjusts over time. The interview revealed the invasive mechanical ventilator coult the resident was still exhaling air in stated there was no way to disable however staff could silence the alarstop the alarm for one minute. He sexplained when the battery got down begin to sound and at 10 minutes rusing the alarm silence button. He off.  An interview conducted on [DATE] [DATE] at the front desk due to the being quarantined as a new admiss stated she stopped the Director of the night prior without his BiPaP m family was on high alert because R before on [DATE] and on [DATE]. Suntil 6:00 PM with Resident #1. She was unresponsive, so she called Fireceived a second call shortly after her she had just given him his med Member #1 confirmed with Family Respiratory Therapist entering the Family Member #1 stated Resident prior to entering the hospital and w remove his mask by himself in the The facility provided the following C 1) Immediate Action for Resident A Resident #1 expired on [DATE]. Plon [DATE], an Ad Hoc Quality Asconference call with facility Interdis Regional Director of Clinical Services.	Corrective Action Plan with the correction	which was non-reactive to any a Assured Pressure Support- Auto ns, to meet their changing needs to but not life sustaining. The nona flow tracking function to sense if sing delivered prematurely. He as disconnected from the device, if the machine, but it would only ere was a battery back-up and a more aggressive alarm would build sound that cannot be silenced alarm is if the machine was turned exealed she was in the facility on the Resident #1. Resident #1 was in the room with the resident. She ng her why Resident #1 had gone ments. The interview revealed the extremely short of breath the day lify Member #2 stayed in the facility from Nurse #3 stating Resident #1 inve to the facility. She stated she ly Member #1 stated Nurse #3 told lad changed his mask. Family of breath on [DATE] prior to the mechanical ventilator machine. For mask had to be applied for him led that Resident #1 could not with the properties of the p

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AND PLAN OF CORRECTION		A. Building	11/29/2021	
	345283	B. Wing	11/25/2021	
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPPLIER		P CODE	
The Citadel Mooresville		550 Glenwood Drive		
		Mooresville, NC 28115		
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F 0695  Level of Harm - Immediate jeopardy to resident health or safety	On ,d+[DATE] and [DATE], an audit was completed by the Director of Nursing of all current residents utilizing Non-invasive Ventilator (NIV) which include bi-level positive airway pressure (Bi-Pap), continuous positive airway pressure (C-Pap) and non-invasive ventilation average volume assured pressure support-auto E-Pap (NIV/AVAPS-AE, brands such as trilogy) devices to ensure that physician orders include the device settings and frequency of use. Resident #2 identified for order clarification. There was no harm or adverse effects to Resident #2 and resident remains stable on current NIV settings.			
Residents Affected - Few	On [DATE], the Physician was notified by the Director of Nursing of orders needing clarification for Residual #2 's NIV/AVAPS-AE (Non-invasive Ventilation) device. Resident #2 orders revised and implemented on [DATE] by the Director of Nursing and care plan revised on [DATE].			
	On [DATE], the respiratory therapist completed a review (and revision as appropriate) of current resident on NIV devices to ensure settings were accurate based upon physician orders. No further recommendation made.			
	On [DATE], all new admissions from ,d+[DATE]-[DATE] will be reviewed by the Director of Nursing/design to ensure any resident requiring NIV devices per hospital discharge summary have appropriate orders to include settings and frequency of use. No additional residents were identified for correction.			
	On [DATE], the VPCS and contracted District Director of Respiratory Therapy reviewed and revised policy Non-invasive Ventilation: IV/AVAPSA-E feature to reflect and further clarify licensed nurses and Respirator Therapists roles and responsibilities in the management of Bi-Pap, C-Pap and APAPS-AE NIV (brands sugas Trilogy) devices.			
	3) Education/Systemic Change			
	policy Non-invasive Ventilation: IV/ no longer accept NIV/AVAPS-AE d Performance Improvement (QAPI)	S provided education to the facility Administrator, DON and RDCS on the updated entilation: IV/AVAPSA-E feature to include that effective immediately the facility shall AVAPS-AE devices (brands such as trilogy) On [DATE], an Ad Hoc Quality Assurance ment (QAPI) meeting was completed by the IDT and RDCS, RDO and VPCS a tive action plan was developed based on root cause analysis to address F580, F695,		
	By [DATE], all licensed nursing staff including agency licensed nurses will be educated by the Directo Nursing (DON)/ designee on ensuring that the physician is notified of any delay in implementing physic orders including initiation of NIV devices. The DON will maintain education records to validate staff competency for current and newly hired facility and agency licensed nurses. Staff will not be allowed to until education completed.			
	By [DATE], all licensed nursing staff including agency staff will be educated by the Director of Nursing/designee related to the admission process including verification and transcription of orders and immediately contacting the physician if clarifications are needed. The DON will maintain education recovalidate staff competency for current and newly hired facility and agency licensed nurses. Staff will not allowed to work until education completed.			
	(continued on next page)			

Level of Harm - Immediate of Nursing /designee regarding the notification process which includes calling the respiratory therapy company customer service number to notify the Respiratory Therapist of all new admission requiring N				10.0930-0391
The Citadel Mooresville  550 Glenwood Drive Mooresville, NC 28115  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)  By [DATE], the unit clerk and all licensed nursing staff including agency staff will be educated by the Deficiency of Nursing /designee regarding the notification process which includes calling the respiratory therapy company customer service number to notify the Respiratory Therapist of all new admission requiring New devices and any other respiratory needs of current residents. If the respiratory therapy company does respond within 10 minutes, the facility will reattempt x 1, if no response the MD will be immedia [TRUNCATED]		IDENTIFICATION NUMBER:	A. Building	COMPLETED
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  By [DATE], the unit clerk and all licensed nursing staff including agency staff will be educated by the Dof Nursing /designee regarding the notification process which includes calling the respiratory therapy company customer service number to notify the Respiratory Therapist of all new admission requiring Notices and any other respiratory needs of current residents. If the respiratory therapy company does respond within 10 minutes, the facility will reattempt x 1, if no response the MD will be immedia [TRUNCATED]			550 Glenwood Drive	IP CODE
F 0695  By [DATE], the unit clerk and all licensed nursing staff including agency staff will be educated by the E of Nursing /designee regarding the notification process which includes calling the respiratory therapy company customer service number to notify the Respiratory Therapist of all new admission requiring N devices and any other respiratory needs of current residents. If the respiratory therapy company does respond within 10 minutes, the facility will reattempt x 1, if no response the MD will be immedia [TRUNCATED]	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Immediate jeopardy to resident health or safety  of Nursing /designee regarding the notification process which includes calling the respiratory therapy company customer service number to notify the Respiratory Therapist of all new admission requiring N devices and any other respiratory needs of current residents. If the respiratory therapy company does respond within 10 minutes, the facility will reattempt x 1, if no response the MD will be immedia [TRUNCATED]	(X4) ID PREFIX TAG			ion)
	Level of Harm - Immediate jeopardy to resident health or safety	By [DATE], the unit clerk and all licensed nursing staff including agency staff will be educated by the Dire of Nursing /designee regarding the notification process which includes calling the respiratory therapy company customer service number to notify the Respiratory Therapist of all new admission requiring NIV devices and any other respiratory needs of current residents. If the respiratory therapy company does not respond within 10 minutes, the facility will reattempt x 1, if no response the MD will be immedia		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF PROVIDER OR SUPPLIER  The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive Mooresville, NC 28115	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Ensure that nurses and nurse aide that maximizes each resident's wel **NOTE- TERMS IN BRACKETS IN Based on record reviews and staff, failed to ensure nursing staff could needs of a resident with a compror [DATE] with diagnosis which included Review of Resident #1's Death Cel was listed as acute and chronic resident reviewed for competent numbers of the findings included:  This tag is cross referred to:  F 580: Based on record reviews an facility failed to notify the Physician with orders for a bilevel positive air non-invasive mechanical ventilator were not able to reach the Respiral morning of [DATE] Nurse #2 was a non-invasive mechanical ventilator Respiratory Therapy for assistance [DATE] at 2:07 AM. The cause of confoxygen). This failure affected 1 confoxygen). This failure affected 1 confoxygen with a compromised respiratory provider interviews the resident with a compromised respiration of the settings or frequential forms of the settings of the conformation of the setting of the conformation of the conformation of the setting of the setting of the conformation of the setting of the conformation of the setting of the conformation of the setting of the setting of the conformation of the setting of	s have the appropriate competencies to I being.  HAVE BEEN EDITED TO PROTECT Competency of the demonstrate competency to provide for insed respiratory status. Resident #1 will led chronic obstructive pulmonary disertificate revealed he expired on [DATE] spiratory failure with hypoxia (lack of oxprising staff.  In addition, Nurse Manager #1 did not tory Therapist on [DATE] for assistance approached by Resident #1's family me was not being used. Nurse #2 did not inclusted the expired on the expired of a service of 1 resident reviewed for notification of a staff, Respiratory Therapist, Medical facility failed to provide necessary respiratory status who was dependent on bit on [DATE] with orders for a bilevel power for the non-invasive mechanical insistion or involve respiratory therapy are [DATE]. In addition, the facility failed to be resident's respiratory status and ensure the expiratory failure with hypoxia (lack respiratory failure with hypoxia (lack respiratory failure with hypoxia (lack respiratory failure with hypoxia).	ONFIDENTIALITY** 40476 rector (MD) interviews the facility or and to meet the respiratory care vas admitted into the facility on ase (COPD) and respiratory failure. at 2:07 AM. The cause of death regen). This failure affected 1 of 2  dical Director (MD) interviews the dent #1) was admitted on [DATE] and the settings or frequency for the at contact the Physician when they be with setting up the BiPaP. The mber who asked why the attempt to contact the Physician or icate revealed he expired on espiratory failure with hypoxia (lack of changes.  Director (MD) and clinical continuous in complete and document on-going are Resident #1 had continuous in [DATE] at 2:07 AM. The cause of k of oxygen). This failure affected 1 on date of [DATE]:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF PROVIDER OR SUPPLII		STREET ADDRESS, CITY, STATE, ZI	D CODE
The Citadel Mooresville		550 Glenwood Drive Mooresville, NC 28115	PCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	On [DATE], an Ad Hoc Quality Ass conference call with facility Interdist Regional Director of Clinical Service initial findings of event and to initial 2) Identification of Others:  On ,d+[DATE] and [DATE], an audutilizing Non-invasive Ventilator (Nipositive airway pressure (C-Pap) a support-auto E-Pap (NIV/AVAPS-Athe device settings and frequency adverse effects to Resident #2 and On [DATE], the Physician was not #2 s NIV/AVAPS-AE (Non-invasive [DATE] by the Director of Nursing at On [DATE], the respiratory therapion NIV devices to ensure settings made.  On [DATE], all new admissions from the ensure any resident requiring NI include settings and frequency of under the ensure and responsibilities as Trilogy) devices.  3) Education/Systemic Change  On [DATE], the VPCS provided expolicy Non-invasive Ventilation: IV/no longer accept NIV/AVAPS-AE deperformance Improvement (QAPI)	surance Performance Improvement (QA ciplinary Team (IDT) and Regional Dire es (RDCS) and [NAME] President of C te immediate action plans based on immediate was completed by the Director of Nu plans action average volume. Resident #2 identified for order of use. Resident #2 identified for order are identified by the Director of Nursing of order a ventilation) device. Resident #2 order	API) meeting was completed via ector of Operations (RDO), dinical Services (VPCS) to discuss mediate findings.  In the services of the services include clarification. There was no harm or a services of the s
	By [DATE], all licensed nursing staff including agency licensed nurses will be educated by the Director of Nursing (DON)/ designee on ensuring that the physician is notified of any delay in implementing physician orders including initiation of NIV devices. The DON will maintain education records to validate staff competency for current and newly hired facility and agency licensed nurses. Staff will not be allowed to wo until education completed.		
	(continued on next page)		

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF PROVIDER OR SUPPLIER The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive Mooresville, NC 28115	P CODE
For information on the nursing home's p	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	:IENCIES full regulatory or LSC identifying informati	on)
F 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Nursing/designee related to the adrimmediately contacting the physicial validate staff competency for currer allowed to work until education commodified by [DATE], the unit clerk and all lic of Nursing /designee regarding the company customer service number devices and any other respiratory in respond within 10 minutes, the facilifor further orders. In addition, if the emergency room for further evaluate	off including agency staff will be educated insistion process including verification and if clarifications are needed. The DOI and and newly hired facility and agency impleted.  The ensed nursing staff including agency so notification process which includes call to notify the Respiratory Therapist of a needs of current residents. If the respirative will reattempt x 1, if no response the resident is in any acute distress, he/sh tion. The DON will maintain education in hired facility and agency licensed nurses.	and transcription of orders and N will maintain education records to icensed nurses. Staff will not be staff will be educated by the Director ling the respiratory therapy all new admission requiring NIV atory therapy company does not be MD will be immediately contacted the will immediately be sent to the records to validate staff
	Therapy company prominently post weekends.  By [DATE], the Admission Director respiratory therapist, unit clerk, and NIV devices. Education also include trilogy effective [DATE]. The Admis Bi-PAP, and AVAPS-AE (Trilogy ty types of devices. The DON will mai hired facility Admission staff. Staff v.  Effective [DATE], the Admission D therapy company will be notified at to ensure NIV device will be readily.  By [DATE], the Admission Director educated by the Director of Nursing required setting and frequency order education records to validate staff of facility and agency licensed nurses.  By [DATE], Licensed Nurses, Admithe Administrator on the facility clin facility to determine admission approximate the set of the competency for current and newly in the set of t	tion will have the contact information for ted. Respiratory therapy services are a will be educated by the Administrator/ I supply personnel are notified prior to a ed for admissions to no longer accept I sions Director was also educated by the pe) devices to identify the differences intain education records to validate stativill not be allowed to work until educativill not be allowed to work until educativitiector or Director of Nursing will ensural least 24 hours prior to an admission we available prior to admission with the responsibility of the competency for current and newly hirectors when residents are admitted to the competency for current and newly hirectors. Staff will not be allowed to work until dissions Director, Medical Director and sical capabilities grid which specifies the royal. The DON will maintain education included facility and agency licensed nurses Staff will not be allowed to work until edital capabilities grid which specifies the royal. The DON will maintain education included facility and agency licensed nurses Staff will not be allowed to work until edital capabilities grid which specifies the royal. The DON will maintain education included facility and agency licensed nurses Staff will not be allowed to work until edital capabilities.	designee on ensuring the admission when residents require NIV/AVAPS-AE, brands such as the DON on [DATE] on C-PAP, on the settings associated with these off competency for current and newly on completed.  The that the contracted respiratory in the physician orders for NIV device equired settings verified.  The DON will maintain a facility Admissions staff and the ducation completed.  Social Services were educated by the a records to validate staff eas, Admissions staff, Medical

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF PROVIDER OR SUPPLIER  The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive Mooresville, NC 28115	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	ltact 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)		
Evel of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	facility. The Admission Director red By [DATE], Licensed Nurses inclu date [DATE] Non-invasive Ventilati devices, required ongoing respirator Respiratory Therapist and Director competency for current and newly until education completed.  By [DATE], Certified Nurse Aides on the care of NIV residents includ alarms, remaining with the residen The DON will maintain education reagency CNAs. Staff will not be allo until education completed.  Effective [DATE], all education for facility licensed nurses, agency lice to work until education completed.  Effective [DATE], new admission process and notification to physicial informed of review process during  4) Monitoring Process:  Beginning [DATE], 1) nursing man clinical report to ensure the accura NIV devices and notification to phy be communicated to the physician review/audit nursing education files C-Pap NIV devices. Staff will not b  Results of the audits will be docun in the plan of correction binder in the least three months, overseen by the	ding agency licensed nurses will be edion: IV/AVAPSA-E feature to include cory assessment documentation related of Nursing. The DON will maintain eduhired facility and agency licensed nurse (CNA) including agency CNA will be eding notifying the Licensed Nurses of art until licensed nurse responds and not ecords to validate staff competency for wed to work until education completed above will be included in the orientation ensed nurses, CNAs, and admission states accuracy and timely implementation of any order discrepancies for clarific Ad Hoc QAPI meeting on [DATE] by the aggement will review/audit new admissions and timely implementation of any order discrepancies for clarific and timely implementation of physic sician of any order discrepancies for clarification and/or correction and 2 for new hires and agency staff to ensity and timely or the understand the quality Improvement Damented on the Quality Improvement Damented on the Quality Improvement Damented on the Quality Improvement	ucated on the facility policy revision impetencies on the use of all NIV NIV and oxygen therapy by the location records to validate staff es. Staff will not be allowed to work ducated by the Director of Nursing by issues with the NIV including manipulating machine in any way. current and newly hired facility and staff will not be allowed to work on process to include new hire aff. These staff will not be allowed reviewed by nursing management on of physician 's orders for NIV station. Nursing management was e Administrator.  on paperwork during morning ian 's orders for Bi-Pap and C-Pap arification. Any discrepancies will ure staff competence of Bi-Pap and lete.  ta Collection Sheet and maintained egation of QA monitoring of the Medical Director. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021	
NAME OF PROVIDER OR SUPPLIER The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZIP CODE  550 Glenwood Drive  Mooresville, NC 28115		
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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)		on)	
F 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	for three months to ensure ongoing orders for Bi-Pap and C-Pap NIV diclarification.  The facility alleges compliance on The Corrective Action Plan was va corrective action plan on [DATE]. Trespiratory therapy company custor admission requiring NIV devices at therapy company does not respond will be immediately contacted for furneeting held on [DATE].  The weekly monitoring logs resident no concerns identified. Review of the training revealed the nursing staff hoursing staff from first, second and	lidated on [DATE] and concluded the facility amended the notification promer service number to notify the Respind any other respiratory needs of curred within 10 minutes, the facility will reaturate orders. The Corrective Action Plants requiring a BiPaP/ CPAP were revien the nursing staff in-service sheets on notification, above the convenience of the c	acility implemented an acceptable access to include calling the ratory Therapist of all new intresidents. If the respiratory tempt x 1, if no response the MD in was reviewed during QAPI are well as the property of the prop	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021	
NAME OF PROVIDED OR CURRUED				
The Citadel Mooresville 550 Gle		550 Glenwood Drive Mooresville, NC 28115		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835	Administer the facility in a manner that enables it to use its resources effectively and efficiently.			
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 40476	
safety  Residents Affected - Few	Based on record reviews and Respiratory Therapist, Medical Director (MD) and Administrative staff interviews the facility failed to provide oversight for effective admission procedures and decisions, and systems for effective and necessary delivery of care for a resident with a compromised respiratory status at dependency on BiPap ventilation using a non-invasive mechanical ventilator. Review of Resident #1's Deat Certificate revealed he expired on [DATE] at 2:07 AM. The cause of death was listed as acute and chronic respiratory failure with hypoxia (lack of oxygen). This failure affected 1 of 2 residents reviewed for Administration.			
	The findings included:			
	This tag is cross referred to:  F 580: Based on record reviews and staff, Respiratory Therapist and Medical Director (MD) interviews the facility failed to notify the Physician for clarification when a resident (Resident #1) was admitted on [DATE] with orders for a bilevel positive airway pressure (BiPaP) that did not include the settings or frequency for the non-invasive mechanical ventilator. In addition, Nurse Manager #1 did not contact the Physician when they were not able to reach the Respiratory Therapist on [DATE] for assistance with setting up the BiPaP. The morning of [DATE] Nurse #2 was approached by Resident #1's family member who asked why the non-invasive mechanical ventilator was not being used. Nurse #2 did not attempt to contact the Physician or Respiratory Therapy for assistance. Review of Resident #1's Death Certificate revealed he expired on [DATE] at 2:07 AM. The cause of death was listed as acute and chronic respiratory failure with hypoxia (lack of oxygen). This failure affected 1 of 1 resident reviewed for notification of changes.			
	respiratory provider interviews the resident with a compromised respir (BiPaP). Resident #1 was admitted did not include the settings or frequestrify orders for the BiPaP on admitted was not set up until the evening of comprehensive assessments of the oxygen. Review of Resident #1's D	d staff, Respiratory Therapist, Medical facility failed to provide necessary respiratory status who was dependent on bill on [DATE] with orders for a bilevel postency for the non-invasive mechanical vission or involve respiratory therapy ar [DATE]. In addition, the facility failed to be resident's respiratory status and ensure eath Certificate revealed he expired or nic respiratory failure with hypoxia (lactory care.	iratory care and services to a level positive airway pressure sitive airway pressure (BiPaP) that ventilator. The facility failed to a a result the BiPaP machine o complete and document on-going are Resident #1 had continuous in [DATE] at 2:07 AM. The cause of	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF DROVIDED OR SURBLIED		CTDEET ADDRESS SITV STATE 7ID CODE	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
The Citadel Mooresville		550 Glenwood Drive Mooresville, NC 28115	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	F 726: Based on record reviews and staff, Respiratory Therapist and Medical Director (MD) interviews the facility failed to ensure nursing staff could demonstrate competency to provide for and to meet the respiratory care needs of a resident with a compromised respiratory status. Resident #1 was admitted into the facility on [DATE] with diagnosis which included chronic obstructive pulmonary disease (COPD) and respiratory failure. Review of Resident #1 's Death Certificate revealed he expired on [DATE] at 2:07 AM. The cause of death was listed as acute and chronic respiratory failure with hypoxia (lack of oxygen). This failure affected 1 of 2 resident reviewed for competent nursing staff.		
	The facility provided the following (	Corrective Action Plan with the correction	on date of [DATE]:
	1) Immediate Action for Resident Affected:		
	Resident #1 expired on [DATE]. Physician and Responsible Party was notified on [DATE].  On [DATE], an Ad Hoc Quality Assurance Performance Improvement (QAPI) meeting was completed via conference call with facility Interdisciplinary Team (IDT) and Regional Director of Operations (RDO), Regional Director of Clinical Services (RDCS) and [NAME] President of Clinical Services (VPCS) to discuss initial findings of event and to initiate immediate action plans based on immediate findings.  2) Identification of Others:  On ,d+[DATE] and [DATE], an audit was completed by the Director of Nursing of all current residents utilizing Non-invasive Ventilator (NIV) which include bi-level positive airway pressure (Bi-Pap), continuous positive airway pressure (C-Pap) and non-invasive ventilation average volume assured pressure support-auto E-Pap (NIV/AVAPS-AE, brands such as trilogy) devices to ensure that physician orders include the device settings and frequency of use. Resident #2 identified for order clarification. There was no harm or adverse effects to Resident #2 and resident remains stable on current NIV settings.		
	On [DATE], the Physician was notified by the Director of Nursing of orders needing clarification for Resident #2's NIV/AVAPS-AE (Non-invasive Ventilation) device. Resident #2 orders revised and implemented on [DATE] by the Director of Nursing and care plan revised on [DATE].		
	On [DATE], the respiratory therapist completed a review (and revision as appropriate) of current residents on NIV devices to ensure settings were accurate based upon physician orders. No further recommendations made.		
	On [DATE], all new admissions from ,d+[DATE]-[DATE] will be reviewed by the Director of Nursing/designee to ensure any resident requiring NIV devices per hospital discharge summary have appropriate orders to include settings and frequency of use. No additional residents were identified for correction.		
	Non-invasive Ventilation: IV/AVAP	cted District Director of Respiratory The SA-E feature to reflect and further clarif s in the management of Bi-Pap, C-Pap	y licensed nurses and Respiratory
	3) Education/Systemic Change		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF PROVIDER OR SUPPLIER  The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZIP CODE  550 Glenwood Drive  Mooresville, NC 28115	
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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)		
Evel of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	policy Non-invasive Ventilation: IV/no longer accept NIV/AVAPS-AE deperformance Improvement (QAPI) comprehensive corrective action ple F726, and F835.  By [DATE], all licensed nursing state Nursing (DON)/ designee on ensure orders including initiation of NIV decompetency for current and newly until education completed.  By [DATE], all licensed nursing state Nursing/designee related to the addimmediately contacting the physicial validate staff competency for current allowed to work until education completed.  By [DATE], the unit clerk and all lice of Nursing /designee regarding the company customer service number devices and any other respiratory of respond within 10 minutes, the fact for further orders. In addition, if the emergency room for further evaluated competency for current and newly until education completed.  Effective [DATE], each nursing state Therapy company prominently posweekends.  By [DATE], the Admission Director respiratory therapist, unit clerk, and NIV devices. Education also included trilogy effective [DATE]. The Admission Director respiratory therapist, unit clerk, and NIV devices. Education also included trilogy effective [DATE]. The Admission Director respiratory therapist, unit clerk, and NIV devices. Education also included trilogy effective [DATE]. The Admission Director respiratory therapist, unit clerk, and NIV devices. Education also included trilogy effective [DATE]. The Admission Director respiratory therapist, unit clerk, and NIV devices. Education also included trilogy effective [DATE]. The Admission Director respiratory therapist, unit clerk, and NIV devices. Education also included trilogy effective [DATE]. The Admission Director respiratory therapist, unit clerk, and NIV devices. Education also included trilogy effective [DATE]. The Admission Director respiratory therapy company will be notified at	lucation to the facility Administrator, DC AVAPSA-E feature to include that effectives (brands such as trilogy) On [DA meeting was completed by the IDT and an was developed based on root cause of including agency licensed nurses with the physician is notified of any vices. The DON will maintain education hired facility and agency licensed nurse of including agency staff will be educated mission process including verification agency licensed nurse of including agency licensed nurse of including agency licensed nursing staff including agency line and newly hired facility and agency line and newly hired facility and agency line and newly hired facility and agency licensed nursing staff including agency so notification process which includes can to notify the Respiratory Therapist of a needs of current residents. If the respiration in the current residents in any acute distress, he/shiton. The DON will maintain education hired facility and agency licensed nurse that it is in any acute distress, he/shiton. The DON will maintain education hired facility and agency licensed nurse that it is not be allowed by the Administrator of a supply personnel are notified prior to a supply personnel are notified prior to be dornadmissions to no longer accept the sions Director was also educated by the pe) devices to identify the differences in intain education records to validate staff will not be allowed to work until education was available prior to admission with the response to	ctive immediately the facility shall LTE], an Ad Hoc Quality Assurance of RDCS, RDO and VPCS are analysis to address F580, F695,  Il be educated by the Director of delay in implementing physician in records to validate staff es. Staff will not be allowed to work and transcription of orders and N will maintain education records to iccensed nurses. Staff will not be staff will be educated by the Director discensed nurses. Staff will not be staff will be educated by the Director all new admission requiring NIV enterapy company does not e MD will be immediately contacted ne will immediately be sent to the records to validate staff es. Staff will not be allowed to work for the contracted Respiratory evailable after hours and on admission when residents require NIV/AVAPS-AE, brands such as the DON on [DATE] on C-PAP, in the settings associated with these eff competency for current and newly ion completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021	
NAME OF PROMPER OF CURRULES		CTDEFT ADDRESS SITU STATE TIP CODE		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive	PCODE	
The Citadel Mooresville		Mooresville, NC 28115		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0835  Level of Harm - Immediate jeopardy to resident health or safety	By [DATE], the Admission Director and licensed nursing staff including agency licensed nurses will be educated by the Director of Nursing on ensuring that ordered equipment/or devices are available with required setting and frequency orders when residents are admitted to the facility. The DON will maintain education records to validate staff competency for current and newly hired facility Admissions staff and facility and agency licensed nurses. Staff will not be allowed to work until education completed.			
Residents Affected - Few	By [DATE], Licensed Nurses, Admissions Director, Medical Director and Social Services were educated by the Administrator on the facility clinical capabilities grid which specifies the care services provided by the facility to determine admission approval. The DON will maintain education records to validate staff competency for current and newly hired facility and agency licensed nurses, Admissions staff, Medical Director and Social Services staff. Staff will not be allowed to work until education completed.			
	Effective [DATE], the facility will no longer accept NIV/ AVAPS-AE devices (brands such as trilogy) in the facility. The Admission Director received education on [DATE].			
	By [DATE], Licensed Nurses including agency licensed nurses will be educated on the facility policy revision date [DATE] Non-invasive Ventilation: IV/AVAPSA-E feature to include competencies on the use of all NIV devices, required ongoing respiratory assessment documentation related NIV and oxygen therapy by the Respiratory Therapist and Director of Nursing. The DON will maintain education records to validate staff competency for current and newly hired facility and agency licensed nurses. Staff will not be allowed to work until education completed.			
	on the care of NIV residents includi alarms, remaining with the resident The DON will maintain education re	urse Aides (CNA) including agency CNA will be educated by the Director of Nursing ents including notifying the Licensed Nurses of any issues with the NIV including the resident until licensed nurse responds and not manipulating machine in any way. Education records to validate staff competency for current and newly hired facility and not be allowed to work until education completed. Staff will not be allowed to work ed.		
		ducation for above will be included in the orientation process to include new hire, agency licensed nurses, CNAs, and admission staff. These staff will not be allo completed.		
	in morning clinical report to ensure devices and notification to physicia	paperwork and physician orders will be the accuracy and timely implementation of any order discrepancies for clarific Ad Hoc QAPI meeting on [DATE] by th	n of physician 's orders for NIV ation. Nursing management was	
	4) Monitoring Process:			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
The Citadel Mooresville		550 Glenwood Drive Mooresville, NC 28115	
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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)		ion)
F 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	dent health or  be communicated to the physician for clarification and/or correction and 2) the Administrator/designee will review/audit nursing education files for new hires and agency staff to ensure staff competence of Bi-Pap a C-Pap NIV devices. Staff will not be allowed to work until education complete.		
	The facility alleges compliance on [DATE]		
	corrective action plan on [DATE]. T respiratory therapy company custo admission requiring NIV devices ar therapy company does not respond	lidated on [DATE] and concluded the facility amended the notification promer service number to notify the Respind any other respiratory needs of curred within 10 minutes, the facility will reat urther orders. The Corrective Action Plant	ocess to include calling the ratory Therapist of all new nt residents. If the respiratory tempt x 1, if no response the MD
	no concerns identified. Review of the training revealed the nursing staff hoursing staff from first, second and	nts requiring a BiPaP/ CPAP were revieus ne nursing staff in-service sheets on no had initialed as receiving the in-service third shifts revealed they had received received in-servicing on notification, above.	on-invasive mechanical ventilator training. Interviews conducted with the in-service as stated by the