Printed: 11/29/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI	(X3) DATE SURVEY COMPLETED 11/29/2021 P 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 a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	etc.) that affect the resident. **NOTE- TERMS IN BRACKETS H Based on record reviews and staff, failed to notify the Physician for cla orders for a bilevel positive airway non-invasive mechanical ventilator were not able to reach the Respira morning of [DATE] Nurse #2 was a non-invasive mechanical ventilator Respiratory Therapy for assistance [DATE] at 2:07 AM. The cause of c of oxygen). This failure affected 1 c The findings included: Resident #1 was admitted into the Pulmonary Disease (COPD) and re Review of Resident #1's hospital d chronic respiratory failure on home machine.	ischarge summary dated [DATE] revea oxygen therapy and the use of a non-i ischarge orders dated [DATE] revealed	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 icate revealed he expired on espiratory failure with hypoxia (lack i changes.

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

Facility ID: 345283

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F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #1 was admitted into the f received report from Emergency Mu decrease very quickly when off of s mask when he entered the facility a decreased. Nurse #1 stated he ther oxygen. He stated Resident #1 wor PM. He stated he was not aware th mechanical ventilator. He stated the Nurse Manager #1 had assessed th Review of a nursing progress note #1 had arrived at the facility from th supplemental oxygen and would be contacted Respiratory Therapy to c and oriented to person, place, and Review of a nursing progress note had contacted Respiratory Therapy said they would have someone con the call was placed. Review of a nursing progress note had called Respiratory Therapy and stated an on-call RT (Respiratory T note did not reveal the exact time th An interview conducted on [DATE] evening shift when Resident#1 was assisted him with the admission. Sf distress. The interview revealed Re oxygen. She stated there was an ou 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 revealed	at 12:25 PM with Nurse #1 revealed he facility. He stated the resident came aft edical Services (EMS) who stated that upplemental oxygen. EMS services ha ind Nurse #1 kept the mask on for a sh in changed the resident to a nasal cann e the nasal cannula at 4 Liters the entit at the family member with Resident #1 e Nurse Manager assisted him with the ne resident and obtained vital signs. dated [DATE] at 7:11 PM written by Nu e hospital. Resident #1 was document e using a BiPaP at night. Nurse Manage ome an evaluate the residents BiPaP. time. No vital signs were included in the dated [DATE] at 6:02 PM written by the r and spoke with the respiratory therapy ne evaluate Resident #1's BiPaP. The ne dated [DATE] at 10:13 PM written by the dated [DATE] at 10:13 PM written by the spoke with the respiratory therapy con herapist) would contact them again reg ne call was placed. at 2:02 PM with Nurse Manager #1 rev admitted on [DATE]. She stated Nurse he stated Resident #1 was alert, oriente sident #1 was wearing a nasal cannular dref for Resident #1 to receive a BiPaP sked them to send someone out to ass e company, so she went into the room echanical ventilator machine at home. I laid it onto his bed. She stated the mack t on. She stated she did not contact the aled Resident #1 went to sleep without DATE] and had not shown signs of resp	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 rese 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 he Nurse Manager #1 revealed she grading Resident #1's BiPaP. The ealed she was working during the e #1 was the hall nurse, but she ed and talking with no respiratory a with 4 liters of supplemental P 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 e Physician when the RT company t the non-invasive mechanical

345283 B. Wing 11/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE The Citadel Mooresville 550 Glenwood Drive Mooresville, NC 28115 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) An interview conducted on [DATE] at 9:15 AM with Nurse #6 revealed she was taking care of Resident #1 o F 0580 An interview conducted on [DATE] at 9:15 AM with Nurse #6 revealed she was taking care of Resident #1 o	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	
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Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Residents Affected - Few Affected - Few Residents Affected - Few Resident Aff 1 and the Integration (DATE) She stated in Feature Respiratory Therapy company and thought someone was coming to set up Resident #f1 and contacted the Respiratory Therapy company and thought someone was coming to set up Resident #f1 and contacted the Respiratory Therapy company and thought someone was coming to set up Resident #f1 as Resident #f1 as Resident #f1 and the Integrating the Respiratory Therapy company and thought someone was coming to set up Resident #f1 as Reside	Level of Harm - Immediate jeopardy to resident health or safety	

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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 mea- stated she immediately called the F her way to the facility. She stated s stated she had no issues getting af been informed of Resident #1's nor her while she was in the facility. Th mechanical ventilator machine, not she found out he needed his machi Resident #1 had been using the ma contacted her the night prior stating revealed when she saw Resident # was lying in bed. She stated she st at an abnormally fast rate with his I non-invasive mechanical ventilator resident did not move his arms or th Resident #1 was found with a nebu expired from hypoxia (lack of oxyge death was ultimately due to not rec An interview conducted with the Re contacted on [DATE] around 4:00 F machine. 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. Th responded with a yes due to being ventilator machine was set up his h The facility Administrator was not a The facility provided the following O 1) Immediate Action for Resident A Resident #1 expired on [DATE]. Pl On [DATE], an Ad Hoc Quality Ass conference call with facility Interdis Regional Director of Clinical Servic	at 3:10 PM with the Medical Director (M at 9:00 PM. She stated she had an inter- chanical ventilator machine and was inf RT and the RT answered the phone righ he was told the nurse had tried to conta- hold of them and them responding. The h-invasive mechanical ventilator not be being on it could have a serious negation ine initiated she wanted it on as soon a achine at home prior to admission in the g they couldn't get a RT to come initiate 1 at 9:00 PM he had his non-invasive r opped the machine for 2 minutes to spe- ips pursed. The MD stated Resident #1 machine. She stated during the 10 min ry to move his arms. The MD stated she dizer mask on his face and had expired en). The interview revealed she did not eiving his non-invasive mechanical ver espiratory Therapist (RT) on [DATE] at PM by the MD to initiate Resident #1's r arrived on [DATE] around 4:30 PM to t on 4 liters of oxygen. She stated she ha his heart rate was 125. Resident #1 wa te RT stated she asked Resident #1 if r afraid to overexert himself. She stated leart rate was 68 beats per minute with available for interview during the time of Corrective Action Plan with the correction ffected: hysician and Responsible Party was no surance Performance Improvement (QA ciplinary Team (IDT) and Regional Dire es (RDCS) and [NAME] President of C the immediate action plans based on imm	eraction with Nurse #2 earlier in the formed it had not been set up. She ht away and said she would be on act RT and was unsuccessful but interview revealed she had not ng set up prior to Nurse #2 telling quired the use of a non-invasive ive impact. That was why when s possible. The interview revealed e hospital. She stated nobody had his machine. The interview nechanical ventilator mask on and eak to him and he started breathing did not do well off of the utes she was in his room the e was notified [DATE] that . She stated she felt he had feel comfortable saying that his tilator machine timely. 12:45 PM she stated she was non-invasive mechanical ventilator he facility Resident #1's oxygen d to use two pulse oximeters on s observed by the RT to be short he was afraid to move and he after the Non-invasive mechanical an oxygen saturation level of 92%. the investigation. an date of [DATE]: tified on [DATE].

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F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 utilizing Non-Invasive Ventilator (NI positive airway pressure (C-Pap) al support-auto E-Pap (NIV/AVAPS-A the device settings and frequency of adverse effects to Resident #2 and On [DATE], the Physician was noti #2 's NIV/AVAPS-AE (Non-Invasive [DATE] by the Director of Nursing a On [DATE], the respiratory therapi on NIV devices to ensure settings wimade. On [DATE], all new admissions from to ensure any resident requiring NI' include settings and frequency of u On [DATE], the VPCS and contract Non-Invasive Ventilation: IV/AVAPS Therapists roles and responsibilitie as Trilogy) devices. 3) Education/Systemic Change On [DATE], the VPCS provided edition: IV/AVAPS-AE distribution: IV/AVAPS-AE distribution:	st completed a review (and revision as were accurate based upon physician or m,d+[DATE]-[DATE] will be reviewed I V devices per hospital discharge summ se. No additional residents were identif ted District Director of Respiratory The SA-E feature to reflect and further clarif s in the management of Bi-Pap, C-Pap lucation to the facility Administrator, DC AVAPSA-E feature to include that effect evices (brands such as trilogy) On [DA meeting was completed by the IDT and an was developed based on root cause off including agency licensed nurses will ing that the physician is notified of any vices. The DON will maintain education nired facility and agency licensed nurses an if clarifications are needed. The DOI nt and newly hired facility and agency li	 by pressure (Bi-Pap), continuous bume assured pressure nsure that physician orders include clarification. There was no harm or / settings. as needing clarification for Resident appropriate) of current residents ders. No further recommendations by the Director of Nursing/designee hary have appropriate orders to fied for correction. by reviewed and revised policy fy licensed nurses and Respiratory and APAPS-AE NIV (brands such DN and RDCS on the updated ctive immediately the facility shall TE], an Ad Hoc Quality Assurance d RDCS, RDO and VPCS a e analysis to address F580, F695, Il be educated by the Director of delay in implementing physician n records to validate staff es. Staff will not be allowed to work will maintain education records to

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Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	of Nursing /designee regarding the a company customer service number devices and any other respiratory ne respond within 10 minutes, the facili for further orders. In addition, if the a emergency room for further evaluati competency for current and newly h until education completed. Effective [DATE], each nursing stat Therapy company prominently poste weekends. By [DATE], the Admission Director respiratory therapist, unit clerk, and NIV devices. Education also include trilogy effective [DATE]. The Admiss Bi-PAP, and AVAPS-AE (Trilogy typ types of devices. The DON will main hired facility Admission staff. Staff w Effective [DATE], the Admission Director educated by the Director of Nursing required setting and frequency orde education records to validate staff c facility and agency licensed nurses. By [DATE], Licensed Nurses, Admit the Administrator on the facility clini- facility to determine admission appri competency for current and newly h Director and Social Services staff. S	ensed nursing staff including agency sinotification process which includes call to notify the Respiratory Therapist of a eeds of current residents. If the respira ity will reattempt x 1, if no response the resident is in any acute distress, he/shi ton. The DON will maintain education r ired facility and agency licensed nurse ion will have the contact information for ed. Respiratory therapy services are an will be educated by the Administrator/ supply personnel are notified prior to a d for admissions to no longer accept N sions Director was also educated by the be) devices to identify the differences in ntain education records to validate staf <i>i</i> ll not be allowed to work until education rector or Director of Nursing will ensure least 24 hours prior to an admission wi available prior to admission with the re and licensed nursing staff including ag on ensuring that ordered equipment/or rs when residents are admitted to the for ompetency for current and newly hired Staff will not be allowed to work until education is sions Director, Medical Director and S cal capabilities grid which specifies the oval. The DON will maintain education is dation to be allowed to work until ed longer accept NIV/ AVAPS-AE device sived education on [DATE].	ling the respiratory therapy all new admission requiring NIV tory therapy company does not e MD will be immediately contacted e will immediately be sent to the records to validate staff es. Staff will not be allowed to work or the contracted Respiratory vailable after hours and on designee on ensuring the admission when residents require NV/AVAPS-AE, brands such as e DON on [DATE] on C-PAP, n the settings associated with these f competency for current and newly on completed. e that the contracted respiratory th physician orders for NIV device equired settings verified. gency licensed nurses will be r devices are available with facility. The DON will maintain I facility Admissions staff and education completed. Social Services were educated by e care services provided by the records to validate staff res, Admissions staff, Medical function completed.

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F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 By [DATE], Licensed Nurses included the [DATE] Non-Invasive Ventilation devices, required ongoing respirator Respiratory Therapist and Director competency for current and newly bruntil education completed. By [DATE], Certified Nurse Aides (on the care of NIV residents includial alarms, remaining with the resident The DON will maintain education reagency CNAs. Staff will not be allow until education completed. Effective [DATE], all education for a facility licensed nurses, agency lice to work until education completed. Effective [DATE], new admission prin morning clinical report to ensure devices and notification to physician informed of review process during A 4) Monitoring Process: Beginning [DATE], 1) nursing manaclinical report to ensure the accurator NIV devices and notification to physician freview/audit nursing education files C-Pap NIV devices. Staff will not be accurated to the physician freview/audit nursing education files C-Pap NIV devices. Staff will not be accurated to the plan of correction binder in the plan of correction binder in the plan of correction binder in the least three months, overseen by the interdisciplinary team will recommer Beginning [DATE], the RDCS and/for three months to ensure ongoing 	ding agency licensed nurses will be edu on: IV/AVAPSA-E feature to include co ory assessment documentation related I of Nursing. The DON will maintain edu nired facility and agency licensed nurse CNA) including agency CNA will be ed ng notifying the Licensed Nurses of any 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 nsed nurses, CNAs, and admission sta experiences, cNAs, and admission sta apperwork and physician orders will be the accuracy and timely implementation n of any order discrepancies for clarifica Ad Hoc QAPI meeting on [DATE] by the agement will review/audit new admissio cy and timely implementation of physici sician of any order discrepancies for clarification for clarification and/or correction and 2) for new hires and agency staff to ensu- e allowed to work until education comple-	incated on the facility policy revision mpetencies on the use of all NIV NIV and oxygen therapy by the cation records to validate staff s. Staff will not be allowed to work ucated by the Director of Nursing y issues with the NIV including manipulating machine in any way. current and newly hired facility and Staff will not be allowed to work n process to include new hire ff. These staff will not be allowed reviewed by nursing management n of physician ' s orders for NIV ation. Nursing management was a Administrator.

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F 0580	The facility alleges compliance on [DATE]		
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The Corrective Action Plan was val corrective action plan on [DATE]. T respiratory therapy company custor admission requiring NIV devices an therapy company does not respond will be immediately contacted for fu meeting held on [DATE]. The weekly monitoring logs residen no concerns identified. Review of th training revealed the nursing staff h nursing staff from first, second and	idated on [DATE] and concluded the fa he facility amended the notification pro mer service number to notify the Respi d any other respiratory needs of curren within 10 minutes, the facility will reatt rther orders. The Corrective Action Pla hts requiring a BiPaP/ CPAP were revie he nursing staff in-service sheets on no had initialed as receiving the in-service third shifts revealed they had received eceived in-servicing on notification, abu	cess to include calling the ratory Therapist of all new nt residents. If the respiratory tempt x 1, if no response the MD in was reviewed during QAPI ewed from [DATE] to [DATE] with in-invasive mechanical ventilator training. Interviews conducted with the in-service as stated by the

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F 0609	Timely report suspected abuse, ne authorities.	glect, or theft and report the results of t	he investigation to proper
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40		
Residents Affected - Few	Based on record review and staff in of 2 residents reviewed for respirat	nterview, the facility failed to send an in ory care (Resident #1).	itial report to the State Agency for 1
	Findings included:		
	Immediate Jeopardy related to a la 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 membe	of Nursing and Corporate Compliance ck of necessary care and services for a echanical ventilator. Review of Residen e cause of death was listed as acute an at 4:54 PM with the Director of Nursing r who filed the initial reports. The DON trators and after conducting an investig	a compromised resident that was t #1's Death Certificate revealed he d chronic respiratory failure with g (DON) revealed the facility stated at the time of the incident
		vailable for interview during the time of	f the investigation.
	On [DATE] a search in the 24-hour for this incident.	and 5-day investigation reporting systemeters	em revealed no facility self-report

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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) F 0695 Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40476 jeopardy to resident health or safety Based on record reviews and staff, Respiratory Therapist, Medical Director (MD) and clinical respiratory provider interviews the facility failed to provide necessary respiratory care and services to a resident with a compromised respiratory status who was dependent on bilevel positive airway pressure (BiPaP). Resident #1 was admitted on [DATE] with orders for a bilevel positive airway pressure (BiPaP) that did not include th BiPaP on admission or involve respiratory therapy and as a result the BiPaP machine was not set up until	NAME OF PROVIDER OR SUPPLI	
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Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Residents Affected - Few Residents Affected - Few Residents Affected - Offection (MD) and clinical respiratory status who was dependent on bilevel positive airway pressure (BiPaP). Resident #1 was admitted on [DATE] with orders for a bilevel positive airway pressure (BiPaP) that did not include th settings or frequency for the non-invasive mechanical ventilator. The facility failed to clarify orders for the BiPaP on admission or involve respiratory therapy and as a result the BiPaP machine was not set up until	(X4) ID PREFIX TAG	
jeopardy to resident health or safety Residents Affected - Few Has admitted on [DATE] with orders for a bilevel positive airway pressure (BiPaP). Resident BiPaP on admission or involve respiratory therapy and as a result the BiPaP machine was not set up until	F 0695	
the evening of [DATE]. In addition, the facility failed to complete and document on-going comprehensive assessments of the resident's respiratory status and ensure Resident #1 had continuous oxygen. Review Resident #1's Death Certificate revealed he expired on [DATE] at 2:07 AM. The cause of death was listed acute and chronic respiratory failure with hypoxia (lack of oxygen). This failure affected 1 of 2 resident reviewed for respiratory care. The findings included: Resident #1 was admitted into the facility on [DATE] with diagnosis which included chronic obstructive pulmonary disease (COPD) and respiratory failure. 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. Resident #1's hospital discharge orders dated [DATE] revealed an order for BiPaP use as needed. The review revealed the orders did not include BiPaP settings, orders for oxygen therapy any orders for a nebulizer treatment. Resident #1's hospital ord (lact [DATE] at 6:23 PM revealed an order for supplemental oxygen at 4 liters continuously via nasal cannula initiated by the Nurse Manager #1. An interview conducted on [DATE] at 2:51 PM with the Admissions Coordinator for the facility revealed she had seen Resident #1 in the hospital. She stated she was unaware that he used a non-invasive mechanical ventilator machine. She stated they had another resident on a non-invasive mechanical ventilator machine. She stated they had another resident on a non-invasive mechanical ventilator machine. She stated they had another resident on a non-invasive mechanical ventilator machine. She stated they had another resident on a non-invasive mechanical ventilator machine. She stated they had another resident on a non-invasive mechanical ventilator machine. She stated they had nonter page)	Level of Harm - Immediate jeopardy to resident health or safety	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345283	A. Building B. Wing	11/29/2021	
NAME OF PROVIDER OR SUPPLIER The Citadel Mooresville		STREET ADDRESS, CITY, STATE, ZI 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 a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)	
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #1 was admitted into the f received report from Emergency M decrease very quickly when off sup 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 th mechanical ventilator. He stated the Nurse Manager #1 had assessed th A nursing progress note dated [DA' contacted Respiratory Therapy and they would have someone come ev- call was placed. A nursing progress note dated [DA' Respiratory Therapy and spoke wit RT (Respiratory Therapist) would c the exact time the call was placed. An interview conducted on [DATE] evening shift when Resident#1 was assisted him with the admission. SI distress. The interview revealed Re- liters. 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 revealed a wentilator machine on the night of [I	at 12:25 PM with Nurse #1 revealed he facility. He stated the resident came aff edical Services (EMS) who stated that plemental oxygen. EMS services had F and Nurse #1 kept the mask on for a sh in changed the resident to a nasal canne te the nasal cannula at 4 Liters the enti- at the family member with Resident #1 e Nurse Manager assisted him with the he resident and obtained vital signs. TE] at 6:02 PM written by the Nurse Ma I spoke with the respiratory therapy cor- raluate Resident #1's BiPaP. The note TE] at 10:13 PM written by the Nurse Ma h the respiratory therapy company Stat- ontact them again regarding Resident at at 2:02 PM with Nurse Manager #1 rev is admitted on [DATE]. She stated Nurse he stated Resident #1 was alert, oriente isident #1 was wearing a nasal cannula er for Resident #1 to receive a BiPaP ar sked them to send someone out to ass e company, so she went into the room echanical ventilator machine at home. N laid it onto his bed. She stated the mad it on. She stated she did not contact the aled Resident #1 went to sleep withou DATE] and had not shown signs of resp an oxygen saturation level documented aturation level is greater than 92%) on	er 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 ula 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 mpany 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 realed she was working during the e #1 was the hall nurse, but she ed 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 biratory distress. on [DATE] at 1:07 AM by Nurse #6	

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE The Citadel Mooresville 550 Glenwood Drive	
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)	
 F 0695 An interview conducted on [DATE] at 9:15 AM with Nurse #6 revealed she was taking care of Residen [DATE] following Nurse #1 at 11:00 PM. She stated she knew he did not have his BiPaP in place, so schecked his oxygen saturation level isordly after she took over at 11:00 PM and it was good. The inter revealed she could not remember the exact oxygen saturation level but stated it was greater than 92% titres of supplemental oxygen via nasal cannula. She stated Resident #1 did not seem like he was in a type of respiratory distress and did not mention his BiPaP machine. She stated she did not all the Ph because she knew Nurse Manager #1 had contacted the Respiratory Therapy company and thought some was coming to set up Resident #1's machine. Nurse #6 stated the vial signs she entered on [DATE] at 1:07 AM should have indicated oxygen via nasal cannula. Nurse #6 confirmed the flow met set at 14 Umin. Resident #1's vital signs revealed an oxygen saturation level documented on [DATE] at 10:57 AM by 1#2 of 94% receiving supplemental oxygen via nasal cannula. Nurse #6 confirmed the flow met set at 14 Umin. Resident #1's vital signs revealed an oxygen saturation level documented on [DATE] at 10:57 AM by 1#2 of 94% receiving supplemental oxygen via nasal cannula. An interview conducted on [DATE] at 12:06 PM with Nurse #2 revealed she took over care for Resider 7:00 AM on [DATE]. She stated in report Nurse #6 stated the resident % annihily member was in the roor during the shin 0 [DATE]. She stated the family member was in the roor during the shin 10 [DATE]. She stated the family member was in the roor was been continuative weeknical ventilator machine was not hooked up and she stated She idon to here show and instater of the sident #1 state and she stated She when here sident's and we very anxious at that the did not check his oxygen saturation level if a solution was not administering pine. The was be town at right and as needed during pape. The order i	ne had view on 4 ny sician r was urse t #1 at Nurse t #1 at Nurse amily was is in his ne, but ed due grapist for (4 12:00 1 was g tube. ve

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	345283	B. Wing	11/29/2021
NAME OF PROVIDER OR SUPPLIE	ĒR	STREET ADDRESS, CITY, STATE, ZI	P 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 a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
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 h the room Nurse #2 reapplied the re- into the room at 8:30 PM to check t tube. The interview revealed she re- resident's oxygen and he was still of midnight she went into the room to distress. She stated she administer awake at the time she was in the ro- midnight however she didn't admin ventilator mask. Nurse #3 stated ar have his non-invasive mechanical wo oxygen hooked to it and no other tu stated when she walked in the roor 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 A follow-up interview conducted on	an oxygen saturation level documented	nuilding when she received report, non-invasive mechanical ventilator when she and Nurse #2 entered supper meal. She stated she went er his medications via his feeding oking for humidification for the or machine. Nurse #3 stated at hd he was in no respiratory eeding tube, the resident was a breathing treatment ordered for h his non-invasive mechanical #1's room and saw he did not r mask on with no supplemental enebulizer mask on his face. She hecked for a pulse. She yelled for opulmonary resuscitation (CPR) but er mask had been on his bedside hechanical ventilator mask off and not hear an alarm coming from the lurse #3 stated she had received e or after the incident. She stated on [DATE] at 1:29 AM by Nurse #3 ealed Resident #1's vital signs must

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 the morning of [DATE]. She stated unresponsive. Nurse Manger #2 the while Nurse #3 stayed at the nurse was laying in the bed and felt cold to incorrect and not connected to the Resident #1 had no supplemental or nurse could feel one. She stated Ni Nurse Manager #2, so they began interview revealed she saw the nor on the resident stating it along with turned on. She stated she had to per revealed that afterwards the nurses been scared to touch his non-invas his 12:00 AM breathing treatment. I machines had an alarm if they beca heard any alarms coming from Rese An interview conducted on [DATE] said she had a resident who was un #4 and Nurse #5. She stated she to together. She stated when she enter revealed she could not feel a pulse supplemental oxygen, nor did she se resident was cool to the touch. Nur Nurse #4 initiated CPR. The nurses at 2:07 AM. She stated she did not running. A voicemail was left for Nurse #5 will A voicemail was left for the third she 	at 9:41 AM with Nurse Manager #2 rev nresponsive. Nurse Manager #2 stated old Nurse #3 to call EMS, the resident's ered the room Resident #1 was laying of and there was no rise or fall to his che see his non-invasive mechanical ventila se Manager #2 obtained the AED (Auto s continued CPR until EMS arrived and hear any alarms coming from his room tho worked on [DATE] during third shift ift Nurse Aide working on [DATE] with the ealed he expired on [DATE] at 2:07 AM	nger #2 and stated Resident #1 was ded with Nurse #5 to the room she entered the room Resident #1 lizer mask on, but the tubing was e nebulizer machine running. urse #5 felt for a pulse but neither pulse when she reported it to ned CPR unit EMS arrived. The ne, but it looked like it hadn't been and didn't remember seeing it orior to initiating CPR. The interview and Nurse #3 stated to her she had that's why she hadn't administered vasive mechanical ventilator interview revealed she had not realed Nurse #3 came to her and she ran into his room with Nurse family and to get his paperwork on his back lifeless. The interview st. Resident #1 was not wearing ator machine. She stated the omated External Defibrillator) while pronounced the resident expired to or hear the nebulizer machine with no return phone call.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
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-invasiv up. She stated she immediately cal would be on her way to the facility. unsuccessful but stated she had no was originally told that the facility di 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 o interview revealed when she saw R 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	at 3:10 PM with the Medical Director (at 9:00 PM. She stated she had an intro- ve mechanical ventilator machine and ve- led RT in which the RT answered the pro- She stated she was told the nurse had b issues getting ahold of them and them id not accept residents on non-invasive. The interview revealed for anyone who machine, not being on it could have a set d his machine initiated she wanted it on l been using the machine at home prior in [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 if at rate with his arms. The MD stated if a face and had expired. She stated view revealed she did not feel comfortation-invasive mechanical ventilator machine inon-invasive mechanical ventilator machines in this face and had expired. She stated is non-invasive mechanical ventilator machines the machine interview revealed she did not feel comfortation-invasive mechanical ventilator machines is non-invasive mechanis non-invasive mechanical ventilator mach	eraction with the hall nurse earlier was informed it had not been set ohone right away and said she tried to contact RT and was n responding. The MD stated she mechanical 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 he 10 minutes she was in his room d she was notified that Resident #1 she felt he had expired from ible saying that his death was

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	345283	B. Wing	11/29/2021
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0695 Level 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 slyes due to being afraid to overexert was set up his heart rate was 68 be educated Nurse #2 on use of the masked the nurse to educate the ond use of a non-invasive mechanical v notes and orders into the Point Clic RT contacted the Director of Nursir night. She stated she was told he w breathing treatment at midnight. She supplemental oxygen up with his ne logged into the system, she saw the because the resident was asleep. T resident prior and felt he could not have lasted 2 minutes without the u machine should have been alarmin was if someone had silenced it and She stated following the incident sh 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 nor for BiPaP to be on at night and as r consistently. The RT stated she har it more frequently at home since he facility to not accept residents without facility to not accept resident subtom she was setting up the machin she was having to press the silence face someone would have had to o Therapist stated the facility did not 	spiratory Therapist (RT) on [DATE] at 12 ^M by the MD to initiate Resident #1's r arrived around 4:30 PM to the facility R of oxygen. She stated she had to use tw was 125. Resident #1 was observed by the asked Resident #1 if he was afraid to thimself. She stated after the non-inva- acts per minute with an oxygen saturati achine and had asked her to demonstr coming nurses because she knew the fa- entilator machine. The RT stated she sis k Care system as she always did and h og to ask how Resident #1 was and was vas found with a nebulizer mask on his e stated she immediately thought the re- bulizer treatment when she administer e nurse had documented she did not ac the RT stated it didn't make sense to the have changed the mask himself. She sise of supplemental oxygen and the no g if it had been removed. She stated the Resident #1 wouldn't have been able for the was asked to have a meeting with the methen urses were not educated to cards the atted she was asked to provide a 4-co [DATE] at 11:15 AM with the Respirator horize mechanical ventilator machin heeded for naps because they could no d spoken with the resident's family mer had become sick. The Respiratory The but BiPaP settings included on their hos hout an order including his BiPaP settir ne and showing Nurse #2 how to use t be button because it was not yet on his fa f hit the silence button for the machine have a policy prior to [DATE] for accept interview revealed the RT felt Resider	non-invasive mechanical ventilator Resident #1's oxygen saturation vo pulse oximeters on his fingers to y the RT to be short of breath and o move and he responded with a sive mechanical ventilator machine on 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 eft the building. The next day the s told 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 tated with his breathing he wouldn't n-invasive mechanical ventilator to reach it on his bedside dresser. I e Director of Nursing and e for a resident with a non-invasive day in-service to staff following the spital discharge summary, but that ngs. She stated she had told the spital discharge summary, but that ngs. She stated once it was on his to stop alarming. The Respiratory ting admissions on a non-invasive

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	345283	A. Building B. Wing	11/29/2021
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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	company. She stated she was notif after Resident #1 had expired, so s [DATE] and [DATE]. She stated the resident in which the RT responded company was contacted on [DATE] contacting them regarding Residen her cell phone at 4:30 PM no prior of to respond after they obtain a call. An interview conducted on [DATE] policy that allowed them to accept r remained on the BiPaP setting. The as needed. She stated Nurse Mana the nurse's desk twice during her sl spoken to someone, but she felt tha stated if the order is as needed then 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 afte District Manager of the RT compan A follow up interview conducted on always communicate with the Admis she was unaware Resident #1 requ stated she had not seen Resident # expected the Admissions Coordinat mechanical ventilator machine. She The interview revealed the Admissi Resident #1's arrival into the facility BiPaP they notify Respiratory Thera use. The DON stated she learned a was her understanding the nurses I were coming to set up his non-invar	was conducted with the District Managied by the facility that they could not gehe had the corporate team pull all of the facility had contacted the agency on [I and was not notified about Resident #. The interview revealed the company t #1 except for when the Medical Direct calls were seen on the call log. She state at 4:54 PM with the Director of Nursing non-invasive mechanical ventilator reside DON stated Resident #1 came from the ager #1 called the Respiratory Therapy hift, but nobody responded. She stated at the call was routed to a different regin n Respiratory Therapy initiates the mach and a half for initiation of a non-invasiv She stated she had asked Nurse #3 winterview revealed the facility had startuer the incident for 4 days taught by the y. [DATE] at 4:36 PM with the Director of ssions Coordinator regarding new admired a BiPaP or non-invasive mechanica f1's hospital discharge summary. The i tor to communicate to her if a resident e stated residents don't always have or ons Coordinator should have notified F. She stated when the facility becomes apy and obtain a BiPaP machine that wabout the resident needing a BiPaP on had attempted to contact Respiratory T sive mechanical ventilator machine. vailable for interview during the time of the state of	et in touch with the RT company e call logs from the dates of DATE] at 2:24 PM for a different 41. She stated prior to that the had no record of the facility tor had directly called the RT on ited the RTs only have 10 minutes (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 re mechanical ventilator machine, hat happened to Resident #1 and ed an in-service on non-invasive Respiratory Therapist and the Nursing revealed she did not nissions in the facility. She stated cal ventilator machine. The DON nterview revealed she would have required a BiPaP or non-invasive ders prior to entering the facility. Respiratory Therapy prior to s aware of a resident needing vas kept in the facility for resident [DATE] after he was in the facility it herapy on [DATE] and that they

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
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 could the resident was still exhaling air in stated there was no way to disable however staff could silence the alar stop the alarm for one minute. He see explained when the battery got dow begin to sound and at 10 minutes rusing the alarm silence button. He soff. 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 I the night prior without his BiPaP ma 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 Fareceived a second call shortly after her she had just given him his med Member #1 confirmed with Family I Respiratory Therapist entering the Family Member #1 stated Resident prior to entering the hospital and wiremove his mask by himself in the vertice and the second call shortly after her she had just given him his med Member #1 confirmed with Family I Respiratory Therapist entering the family Member #1 stated Resident prior to entering the hospital and wiremove his mask by himself in the vector of I the facility provided the following C 1) Immediate Action for Resident A Resident #1 expired on [DATE]. Pl On [DATE], an Ad Hoc Quality Ass conference call with facility Interdisis Regional Director of Clinical Service 	Corrective Action Plan with the correction	which was non-reactive to any a Assured Pressure Support- Auto ns, to meet their changing needs t but not life sustaining. The non- a flow tracking function to sense if ing delivered prematurely. He as disconnected from the device, f 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 evealed she was in the facility on e Resident #1. Resident #1 was s 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 ly Member #2 stayed in the facility from Nurse #3 stating Resident #1 ve to the facility. She stated she ly Member #1 stated Nurse #3 told ad changed his mask. Family of breath on [DATE] prior to the mechanical ventilator machine. or mask had to be applied for him ed that Resident #1 could not on date of [DATE]. API) meeting was completed via ector of Operations (RDO), linical Services (VPCS) to discuss

345283 B. Ving 11/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560 Glenwood Drive Mooresville, NC 28115 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 TAC SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0695 On. d+IDATE] and IDATE], an audit was completed by the Director of Nursing of all current residents utilizing Non-invasive Venitidors (NIV) which include bi-level positive airway pressure (BI-Pap), continuous upport-auto E-Pap (NIV/AVPS-AE, brands such as trilogy) devices to ensure that physician orders include the device settings and frequency of use. Resident #2 i donts average volume assured pressure adverse effects to Resident #2 and resident remains stable on current NIV settings. On (DATE], the Physician was notified by the Director of Nursing and are plan revised on IDATE]. On (DATE], the respiratory therapist completed a review (and revision as appropriate) of current residents on INV devices to ensure settings are appropriate) of current residents on INV devices to ensure settings are reprised to revised on Surprise orders to include settings and frequency of use. No additional residents were identified for correction. On [DATE], the vPCS provided education to the facility Administrator, DON and RDCS on the updated point von-invasive Ventilation: IV/AVPSA-E feature to reflect and further clarify licensed nurses and Respipritary include settings and frequency of use. No addi	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
The Citadel Mooresville 550 Glanwood Drive Mooresville, NC 28115 For information on the nursing home's plan to correct this deficiency, please cortact 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 0695 On, d+[DATE] and [DATE], an audit was completed by the Director of Nursing of all current residents uppositive airway pressure (C-Pap) and non-invasive ventilation average volume assured pressure support-auto E-Pap (NU/AVAPS-AE, Endos such as trilogy) devices to ensure that physician orders include adverse effects to Resident #2 and resident memains stable on current NIV settings. Residents Affected - Few On [DATE], the Physician was notified by the Director of Nursing of orders needing clarification for Resident #2 's NU/AVAPS-AE (Non-invasive Ventilation) (device, Resident #2 orders revised and implemented on [DATE], the Physician was notified by the Director of Nursing of orders needing clarification for Resident #2 's NU/AVAPS-AE (Non-invasive Ventilation) (device, Resident #2 orders revised and implemented on [DATE]. The physician was notified by the Director of Nursing of orders needing clarification for Resident #2 's NU/AVAPS-AE (Non-invasive Ventilation) (NV devices be nospital discharge summary have appropriate orders to include settings and frequency of use. No additional resident #2 orders revised and implemented 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 identiffied for corection. On [DA		345283	B. Wing	11/29/2021
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) On .d=(DATE] and [DATE], an audit was completed by the Director of Nursing of all current residents utilizing Non-invasive Ventilator (NU) which include bi-level positive airway pressure (Bi-Pap), continuous suppositive airway pressure (Bi-Pap), continuous positive airway pressure (Bi-Pap), continuous positive airway pressure (CP-Pap) and non-invasive ventilation average volume assured pressure assured pressure assured pressure effects to Resident #2 and resident treanises table on current NIV settings. Residents Affected - Few On .d=(DATE], the Physician was notified by the Director of Nursing of orders needing clafification for Resident #2 's NIV/AVPS-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 repiratory 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], the vPCS and contracted District Director of Respiratory Therapist propriate orders to include settings and frequency of use. Ne additional residents were identified for correction. On [DATE], the vPCS provided education to the facility Administrator, DON and RDCS on the updated policy Non-invasive Ventilation: IV/AVAPSAE feature to include that effective therads surface anoregreating ty the advices fromads such as trilogy) on			550 Glenwood Drive	P CODE
(Each deficiency must be preceded by full regulatory or LSC identifying information) F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few On (DATE), the Physician was notified by the Director of Nursing of all current residents utilizing Non-invasive Ventilation (NIV) which include bi-levely positive airway pressure (C-Pap) devices to ensure that physician orders include the device settings and non-invasive ventilation average volume assure pressure (D-Pap) 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 is 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 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. On (DATE), the VPCS and contracted District Director of Resignatory Therapister 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 ed	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Utilizing Non-invasive Ventilation (NIV) which include bit-evel positive ainway pressure (B-Pap), continuous positive ainway 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. On [DATE], the VPCS and contracted District Director of Respiratory Therapy reviewed and revised policy Non-invasive Ventilation: IV/AVAPS-AE feature to reflect and further clarify licensed nurses and Respiratory Therapits roles and responsibilities in the management of Bi-Pap, C-Pap and APAPS-AE NIV (brands such as Trilogy) devices. Education/Systemic Change On [DATE], the VPCS provided education to the facility Administrator, DON and RDCS on the updated policy Non-invasive Ventiliation: IV/AVAPS-AE feature to include that effective	(X4) ID PREFIX TAG			
immediately contacting the physician if clarifications are needed. 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. (continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	 utilizing Non-invasive Ventilator (NI positive airway pressure (C-Pap) ar support-auto E-Pap (NIV/AVAPS-At the device settings and frequency of adverse effects to Resident #2 and On [DATE], the Physician was notif #2 's NIV/AVAPS-AE (Non-invasive [DATE] by the Director of Nursing a On [DATE], the respiratory therapies on NIV devices to ensure settings wimade. On [DATE], all new admissions frot to ensure any resident requiring NIN include settings and frequency of ure On [DATE], the VPCS and contract Non-invasive Ventilation: IV/AVAPS Therapists roles and responsibilities as Trilogy) devices. 3) Education/Systemic Change On [DATE], the VPCS provided ed policy Non-invasive Ventilation: IV// and preformance Improvement (QAPI) comprehensive corrective action plater 5726, and F835. By [DATE], all licensed nursing station of NIV devices for current and newly functil education completed. By [DATE], all licensed nursing station of NIV designee on ensuring and responsibilities and frequency for current and newly functil education completed. 	V) which include bi-level positive airwa and non-invasive ventilation average vol E, brands such as trilogy) devices to en- of use. Resident #2 identified for order of resident remains stable on current NIV fied by the Director of Nursing of order e Ventilation) device. Resident #2 order and care plan revised on [DATE]. st completed a review (and revision as were accurate based upon physician or m ,d+[DATE]-[DATE] will be reviewed I V devices per hospital discharge summ se. No additional residents were identified ted District Director of Respiratory The SA-E feature to reflect and further clarifies in the management of Bi-Pap, C-Pap ucation to the facility Administrator, DC AVAPSA-E feature to include that effect evices (brands such as trilogy) On [DA meeting was completed by the IDT and an was developed based on root cause iff including agency licensed nurses will ing that the physician is notified of any vices. The DON will maintain education nired facility and agency licensed nurses an if clarifications are needed. The DON and newly hired facility and agency li	y pressure (Bi-Pap), continuous ume assured pressure nsure that physician orders include clarification. There was no harm or <i>'</i> settings. s needing clarification for Resident rs revised and implemented on appropriate) of current residents ders. No further recommendations by the Director of Nursing/designee hary have appropriate orders to fied for correction. rapy reviewed and revised policy y licensed nurses and Respiratory and APAPS-AE NIV (brands such DN and RDCS on the updated trive immediately the facility shall TE], an Ad Hoc Quality Assurance d RDCS, RDO and VPCS a e analysis to address F580, F695, I be educated by the Director of delay in implementing physician n records to validate staff es. Staff will not be allowed to work

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, ZII 550 Glenwood Drive Mooresville, NC 28115	P CODE
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	on)
F 0695 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 n	full regulatory or LSC identifying information rensed nursing staff including agency is notification process which includes call to notify the Respiratory Therapist of a eeds of current residents. If the respira- ity will reattempt x 1, if no response the	taff will be educated by the Director ing the respiratory therapy Il new admission requiring NIV tory therapy company does not

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(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	 that maximizes each resident's well **NOTE- TERMS IN BRACKETS F Based on record reviews and staff, failed to ensure nursing staff could needs of a resident with a comprom [DATE] with diagnosis which includ Review of Resident #1's Death Cerwas listed as acute and chronic restresident reviewed for competent nut. The findings included: This tag is cross referred to: F 580: Based on record reviews ant facility failed to notify the Physician with orders for a bilevel positive air non-invasive mechanical ventilator. were not able to reach the Respiratory Therapy for assistance [DATE] at 2:07 AM. The cause of d of oxygen). This failure affected 1 of oxygen). This failure affected 1 of comprehensive assessments of the resident with a compromised respiratory provider interviews the fresident with a compromised respiratory for assistances (BiPaP). Resident #1 was admitted did not include the settings or frequative of a comprehensive assessments of the oxygen. Review of Resident #1's D death was listed as acute and chroo of 2 resident reviewed for respiratory for assistance of a comprehensive acute and chroo of 2 resident reviewed for respiratory for a solution of a thready of a comprehensive acute and chroo of 1 Immediate Action for Resident A 	AVE BEEN EDITED TO PROTECT CO Respiratory Therapist and Medical Dir demonstrate competency to provide fo nised respiratory status. Resident #1 w ed chronic obstructive pulmonary disea tificate revealed he expired on [DATE] piratory failure with hypoxia (lack of ox irsing staff. d staff, Respiratory Therapist and Med for clarification when a resident (Resid way pressure (BiPaP) that did not inclu . In addition, Nurse Manager #1 did not fory Therapist on [DATE] for assistance pproached by Resident #1's family mer was not being used. Nurse #2 did not a . Review of Resident #1's Death Certifi eath was listed as acute and chronic re of 1 resident reviewed for notification of d staff, Respiratory Therapist, Medical facility failed to provide necessary resp atory status who was dependent on bil on [DATE] with orders for a bilevel poz- iency for the non-invasive mechanical v ission or involve respiratory therapy an [DATE]. In addition, the facility failed to e resident's respiratory status and ensu eath Certificate revealed he expired on inc respiratory failure with hypoxia (lack ry care. Corrective Action Plan with the correction	ONFIDENTIALITY** 40476 ector (MD) interviews the facility r and to meet the respiratory care as admitted into the facility on ase (COPD) and respiratory failure. at 2:07 AM. The cause of death ygen). This failure affected 1 of 2 ical Director (MD) interviews the lent #1) was admitted on [DATE] de the settings or frequency for the contact the Physician when they attempt to contact the Physician or icate revealed he expired on aspiratory failure with hypoxia (lack changes. Director (MD) and clinical iratory care and services to a evel positive airway pressure sitive airway pressure (BiPaP) that ventilator. The facility failed to d as a result the BiPaP machine o complete and document on-going re Resident #1 had continuous n [DATE] at 2:07 AM. The cause of k of oxygen). This failure affected 1

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The Citadel Mooresville		550 Glenwood Drive Mooresville, NC 28115		
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(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	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 discription initial findings of event and to initiate immediate action plans based on immediate findings.			
Residents Affected - Few	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) on NIV devices to ensure settings were accurate based upon physician orders. No furth made.			
	to ensure any resident requiring NI	m ,d+[DATE]-[DATE] will be reviewed V devices per hospital discharge summ se. No additional residents were identif	ary have appropriate orders to	
	Non-invasive Ventilation: IV/AVAPS	ted 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 Respirator	
	3) Education/Systemic Change			
	policy Non-invasive Ventilation: IV// no longer accept NIV/AVAPS-AE d Performance Improvement (QAPI)	lucation to the facility Administrator, DC AVAPSA-E feature to include that effec evices (brands such as trilogy) On [DA meeting was completed by the IDT and an was developed based on root cause	tive immediately the facility shall TE], an Ad Hoc Quality Assurance I RDCS, RDO and VPCS a	
	Nursing (DON)/ designee on ensuri orders including initiation of NIV de	off including agency licensed nurses wil ing that the physician is notified of any vices. The DON will maintain educatior hired facility and agency licensed nurse	delay in implementing physician n records to validate staff	
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(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	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 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.			
Residents Affected - Few	By [DATE], the unit clerk and all licensed nursing staff including agency staff will be educated by the D 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 immediately cor for further orders. In addition, if the resident is in any acute distress, he/she will immediately be sent to emergency room for further evaluation. 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. Effective [DATE], each nursing station will have the contact information for the contracted Respiratory			
	 Therapy company prominently posted. Respiratory therapy services are available after hours and on weekends. By [DATE], the Admission Director will be educated by the Administrator/ designee on ensuring the respiratory therapist, unit clerk, and supply personnel are notified prior to admission when residents requir NIV devices. Education also included for admissions to no longer accept NIV/AVAPS-AE, brands such as trilogy effective [DATE]. The Admissions Director was also educated by the DON on [DATE] on C-PAP, Bi-PAP, and AVAPS-AE (Trilogy type) devices to identify the differences in the settings associated with the types of devices. The DON will maintain education records to validate staff competency for current and ne hired facility Admission staff. Staff will not be allowed to work until education completed. 			
	therapy company will be notified at	irector or Director of Nursing will ensur- least 24 hours prior to an admission wi vavailable prior to admission with the re	ith physician orders for NIV device	
	By [DATE], the Admission Director and licensed nursing staff including agency licensed nurses educated by the Director of Nursing on ensuring that ordered equipment/or devices are availabl required setting and frequency orders when residents are admitted to the facility. The DON will education records to validate staff competency for current and newly hired facility Admissions s facility and agency licensed nurses. Staff will not be allowed to work until education completed.			
	the Administrator on the facility clin facility to determine admission app competency for current and newly l	issions Director, Medical Director and s ical capabilities grid which specifies the roval. The DON will maintain education hired facility and agency licensed nurse Staff will not be allowed to work until ec	e care services provided by the records to validate staff es, Admissions staff, Medical	
	(continued on next page)			

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For information of the full sing formes				
(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	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].			
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:			
	clinical report to ensure the accurac NIV devices and notification to phy be communicated to the physician review/audit nursing education files	agement will review/audit new admission cy and timely implementation of physici sician of any order discrepancies for cla for clarification and/or correction and 2, of or new hires and agency staff to ensu- e allowed to work until education compl	an 's orders for Bi-Pap and C-Pap arification. Any discrepancies will) the Administrator/designee will ure staff competence of Bi-Pap and	
	Results of the audits will be docum in the plan of correction binder in th	nented on the Quality Improvement Dat ne Administrator ' s office.	a Collection Sheet and maintained	
	responsibilities. The results of the r least three months, overseen by the	vas notified by the Administrator of dele nonitoring will be discussed in the mon e Administrator, Director of Nursing, an nd revisions to the plan as indicated to	thly QAPI committee meeting for at dthe Medical Director. The	
	(continued on next page)			

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F 0726 Level of Harm - Immediate jopardy to resident health or safety Residents Affected - Few	for three months to ensure ongoing orders for Bi-Pap and C-Pap NIV d clarification. The facility alleges compliance on [The Corrective Action Plan was val corrective action plan on [DATE]. T respiratory therapy company custor admission requiring NIV devices ar therapy company does not respond will be immediately contacted for fur meeting held on [DATE]. The weekly monitoring logs resider no concerns identified. Review of th training revealed the nursing staff f nursing staff from first, second and	idated on [DATE] and concluded the fa 'he facility amended the notification pro- mer service number to notify the Respi ad any other respiratory needs of current d within 10 minutes, the facility will reat in the orders. The Corrective Action Pla hts requiring a BiPaP/ CPAP were revie 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, abo	implementation of physician 's any order discrepancies for acility implemented an acceptable occess to include calling the ratory Therapist of all new nt residents. If the respiratory tempt x 1, if no response the MD an was reviewed during QAPI ewed from [DATE] to [DATE] with on-invasive mechanical ventilator training. Interviews conducted with the in-service as stated by the

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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 safety Residents Affected - Few	 **NOTE- TERMS IN BRACKETS H Based on record reviews and Resp interviews the facility failed to provi systems for effective and necessar dependency on BiPap ventilation u Certificate revealed he expired on [respiratory failure with hypoxia (lac Administration. 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 Respirat morning of [DATE] Nurse #2 was a non-invasive mechanical ventilator. F 695: Based on record reviews an respiratory Therapy for assistance [DATE] at 2:07 AM. The cause of d of oxygen). This failure affected 1 of F 695: Based on record reviews an respiratory provider interviews the f resident with a compromised respir (BiPaP). Resident #1 was admitted did not include the settings or frequ clarify orders for the BiPaP on adm was not set up until the evening of comprehensive assessments of the 		
	(continued on next page)		

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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) interview facility failed to ensure nursing staff could demonstrate competency to provide for and to meet the re- care needs of a resident with a compromised respiratory status. Resident #1 was admitted into the t [DATE] with diagnosis which included chronic obstructive pulmonary disease (COPD) and respirator Review of Resident #1 's Death Certificate revealed he expired on [DATE] at 2:07 AM. The cause of was listed as acute and chronic respiratory failure with hypoxia (lack of oxygen). This failure affected resident reviewed for competent nursing staff.		
	The facility provided the following Corrective Action Plan with the correction 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:		
	utilizing Non-invasive Ventilator (NI positive airway pressure (C-Pap) a support-auto E-Pap (NIV/AVAPS-A the device settings and frequency of	It was completed by the Director of Nu V) which include bi-level positive airwa nd non-invasive ventilation average vol E, brands such as trilogy) devices to e of use. Resident #2 identified for order resident remains stable on current NIN	y pressure (Bi-Pap), continuous lume assured pressure nsure that physician orders include clarification. There was no harm of
		fied by the Director of Nursing of order Ventilation) device. Resident #2 order and care plan revised on [DATE].	5
	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/AVAPS	ted 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	(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, 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 a	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	 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 wor 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 records to validate staff validate staff competency for current and newly hired facility and agency licensed nurses. Staff will not be allowed to work until 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 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. 		
	of Nursing /designee regarding the company customer service number devices and any other respiratory r respond within 10 minutes, the faci for further orders. In addition, if the emergency room for further evaluation	censed nursing staff including agency s notification process which includes cal to notify the Respiratory Therapist of a needs of current residents. If the respira- lity 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 nurse	ling the respiratory therapy all new admission requiring NIV atory therapy company does not e MD will be immediately contacte will immediately be sent to the records to validate staff
		tion will have the contact information fo ted. Respiratory therapy services are a	
	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	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 th pe) devices to identify the differences i ntain education records to validate stat will not be allowed to work until educati	admission when residents require NIV/AVAPS-AE, brands such as the DON on [DATE] on C-PAP, n the settings associated with thes ff competency for current and new
	therapy company will be notified at to ensure NIV device will be readily	irector or Director of Nursing will ensur least 24 hours prior to an admission w vavailable prior to admission with the re	ith physician orders for NIV device
	(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
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(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	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 revisid 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 wor 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.		
	in morning clinical report to ensure devices and notification to physicia	paperwork and physician orders will be the accuracy and timely implementatio n of any order discrepancies for clarific Ad Hoc QAPI meeting on [DATE] by the	n of physician ' s orders for NIV ation. Nursing management was
	4) Monitoring Process:		
	(continued on next page)		

(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, ZIP CODE 550 Glenwood Drive Mooresville, NC 28115	
plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.	
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
Beginning [DATE], 1) nursing man clinical report to ensure the accurad NIV devices and notification to phy be communicated to the physician review/audit nursing education files C-Pap NIV devices. Staff will not be Results of the audits will be docum in the plan of correction binder in th On [DATE], the QAPI Committee w responsibilities. The results of the r least three months, overseen by the interdisciplinary team will recomme Beginning [DATE], the RDCS and/ for three months to ensure ongoing orders for Bi-Pap and C-Pap NIV d clarification. The facility alleges compliance on [The Corrective Action Plan was val corrective action plan on [DATE]. T respiratory therapy company custor admission requiring NIV devices ar therapy company does not respond will be immediately contacted for fu meeting held on [DATE]. The weekly monitoring logs resider no concerns identified. Review of th training revealed the nursing staff f nursing staff from first, second and facility. The staff verified they had r	agement will review/audit new admissi cy and timely implementation of physici sician of any order discrepancies for cla for clarification and/or correction and 2 s for new hires and agency staff to ensu- e allowed to work until education comple- nented on the Quality Improvement Data he Administrator 's office. was notified by the Administrator of dele- nonitoring will be discussed in the mon- e Administrator, Director of Nursing, an end revisions to the plan as indicated to for the RDO will review results of facility g compliance with accuracy and timely is evices and notification to physician of a "DATE] lidated on [DATE] and concluded the fa he facility amended the notification pro- mer service number to notify the Respi- nd any other respiratory needs of curren- d within 10 minutes, the facility will reatt in ther orders. The Corrective Action Pla hts requiring a BiPaP/ CPAP were revier he nursing staff in-service sheets on no- naid initialed as receiving the in-service third shifts revealed they had received received in-servicing on notification, abu	on paperwork during morning ian 's orders for Bi-Pap and C-Pap arification. Any discrepancies will the Administrator/designee will irre staff competence of Bi-Pap and ete. a Collection Sheet and maintained egation of QA monitoring thly QAPI committee meeting for at d the Medical Director. The maintain substantial compliance. <i>y</i> audits and QAPI minutes monthly mplementation of physician 's any order discrepancies for accility implemented an acceptable cess to include calling the ratory Therapist of all new th residents. If the respiratory mempt x 1, if no response the MD n was reviewed during QAPI ewed from [DATE] to [DATE] with n-invasive mechanical ventilator training. Interviews conducted with the in-service as stated by the	
	IDENTIFICATION NUMBER: 345283 ER plan to correct this deficiency, please con SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by 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 be Results of the audits will be docum in the plan of correction binder in th On [DATE], the QAPI Committee w responsibilities. The results of the r least three months, overseen by th interdisciplinary team will recomme Beginning [DATE], the RDCS and/ for three months to ensure ongoing orders for Bi-Pap and C-Pap NIV d clarification. The facility alleges compliance on [The Corrective Action Plan was val corrective action plan on [DATE]. T respiratory therapy company custo admission requiring NIV devices ar therapy company does not respond will be immediately contacted for fu meeting held on [DATE]. The weekly monitoring logs resider no concerns identified. Review of th training revealed the nursing staff f nursing staff from first, second and facility. The staff verified they had r	IDENTIFICATION NUMBER: 345283 A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 550 Glenwood Drive Mooresville, NC 28115 plan to correct this deficiency, please contact the nursing home or the state survey of SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informatic Beginning [DATE], 1) nursing management will review/audit new admissis clinical report to ensure the accuracy and timely implementation of physician NIV devices and notification to physician for clarification and/or correction and 2/ review/audit nursing education files for new hires and agency staff to ensu C-Pap NIV devices. Staff will not be allowed to work until education compl Results of the audits will be documented on the Quality Improvement Dat in the plan of correction binder in the Administrator 's office. On [DATE], the QAPI Committee was notified by the Administrator of dele responsibilities. The results of the monitoring will be discussed in the mon least three months, overseen by the Administrator, Director of Nursing, an interdisciplinary team will recommend revisions to the plan as indicated to Beginning [DATE], the RDCS and/or the RDO will review results of facility for three months to ensure ongoing compliance with accuracy and timely i orders for Bi-Pap and C-Pap NIV devices and notification to physician of a clarification. The facility alleges compliance on [DATE] The Corrective Action Plan was validated on [DATE] and concluded the fac corrective action plan on [DATE]. The facility amended the notification pro respiratory therapy company customer service number to notify the Respiratory needs of currer therapy company does not respond within 10 minutes, the facility will reat therapy company does not respond within 10 minutes, the facility will reat will be	