

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Raleigh Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 616 Wade Avenue Raleigh, NC 27605	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and Responsible Party (RP) and staff interviews, the facility failed to provide written grievance summaries for 4 grievances filed by Resident #136's responsible party. The deficient practice occurred for 1 of 1 resident reviewed for grievances (Resident #136). Findings included: Review of facility policy dated 08/2023 titled Resident Rights/Grievances read in part: The Administrator is responsible for overseeing the grievance process. The process includes receiving and tracking grievances, leading investigations while maintaining the confidentiality of all information associated with grievance, reaching conclusion, and taking appropriate actions. The resident, or anyone acting on their behalf filing the grievance, will be communicated with regarding the conclusion of the investigation and the corrective actions that will be taken. The resident or anyone acting on their behalf has the right to obtain a copy of the written conclusion. The Administrator will validate the completion of the process in a timely manner upon receipt of the completed Grievance Report. Resident 136 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident #136's Minimum Data Set (MDS) assessment dated [DATE] indicated that the resident was severely cognitively impaired. A review of the facility's grievance log from January 2025 through March 2026 revealed four grievances from Resident #136's RP that revealed: A grievance dated 02/03/25 read in part, issues with activities of daily living (ADL) care, with Resident #136 found wet and soiled. Date the written decision was issued section, was left blank. Identify the method(s) used to notify the resident and/or anyone acting on their behalf section, was left blank. Delivery method of conclusion section was left blank. Was the grievance conclusion accepted or declined section, was left blank. Resident/Responsible Party offered conclusion section, was left blank. Date notification offered section, was left blank. Summary of pertinent findings of conclusions regarding the resident's concerns section, was left blank. Resident/Responsible Party signature section was left blank. A grievance dated 07/22/25 read in part, issues with missing washable pads and a listening ear microphone. Date the written decision was issued section, was left blank. Identify the method(s) used to notify the resident and/or anyone acting on their behalf section, was left blank. Delivery method of conclusion section was left blank. Was the grievance conclusion accepted or declined section, was left blank. Resident/Responsible Party offered conclusion section, was left blank. Date notification offered section, was left blank. Summary of pertinent findings of conclusions regarding the resident's concerns section, was left blank. Resident/Responsible Party signature section was left blank. A grievance dated 02/12/26 read in part, RP expressed concern with Resident #136's hair appearance. Identify the method(s) used to notify the resident and/or anyone acting on their behalf section, was left blank. Resident/Responsible Party offered conclusion section, was left blank. Date notification offered section, was left blank. Summary of pertinent findings of conclusions regarding the resident's concerns section, was not completed. Corrective actions taken or to be taken by the facility as a result of the grievance (be specific), was left blank. Summary statement of the grievance was left blank. Completed by (signature and title), was left blank. Resident/Responsible Party signature section was left blank. A grievance dated 03/09/26 read in part, issue with discoloration on Resident (continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>#136's right and left hand from a lab draw. Identify the method(s) used to notify the resident and/or anyone acting on their behalf section, was left blank. Resident/Responsible Party offered conclusion section, was left blank. Date notification offered section, was left blank. Resident/Responsible Party signature section was left blank. An interview was conducted on 03/25/26 at 3:02 PM with Resident #136's RP. She reported submitting multiple verbal grievances to the facility's administrative staff, including the Administrator. She stated that she was not asked whether she wanted a written grievance summary, did not receive any written summaries or follow-up communication, and was not provided with any verbal or written updates or follow-up interviews regarding her grievances. An interview was conducted on 03/23/26 at 3:21 PM with the Administrator. The Administrator confirmed that Resident #136's RP did not receive written grievance summaries for any grievances filed. She acknowledged she was not fully aware that complainants or those filing a grievance on the resident's behalf must receive written summaries of grievance findings, even when issues were resolved verbally. The Administrator stated that Resident #136's RP also did not receive written grievance summaries because the administrative staff did not believe formal written documentation was required for the representative's four verbal grievances, which concerned activities of daily living (ADL) care, missing pads and a microphone, hair grooming, and right/left hand discoloration. The Administrator reported that she learned only today (03/23/26) that the facility was required to offer or provide written grievance summaries to complainants or those filing a grievance on the resident's behalf. Prior to this, staff communicated resolutions solely through phone calls or in-person conversations, with no written documentation provided. The Administrator indicated that all four of Resident #136's grievances were resolved. The interview further revealed the Administrator investigated and resolved grievances and was responsible for overseeing the grievance process. On 03/26/26 at 8:05 AM, an interview was conducted with the [NAME] President of Operations. He stated that staff were expected to follow the facility's grievance policy, ensuring that individuals who filed a grievance were informed of the grievance summary and its conclusion. An interview was conducted on 03/26/26 at 9:08 AM with the Director of Clinical Services. She confirmed that Resident #136's RP did not receive a verbal or written grievance summary or any follow-up notifications from the grievances she filed. She stated that, moving forward, all individuals submitting a grievance would receive a written grievance summary and decision.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of use of anticonvulsant medication for 1 of 39 residents whose MDS assessments were reviewed (Resident #128). The findings included: Resident #128 was admitted to the facility on [DATE] with diagnoses which included bipolar disorder, dementia with other behavioral disturbances, and anxiety disorder. Resident #128 had a physician order dated 6/03/25 for lamotrigine (an anticonvulsant medication) 25 milligram (mg) oral tablet; give one tablet by mouth two times a day for bipolar disorder. Review of the Medication Administration Record (MAR) for January 2026 revealed Resident #128 was administered the lamotrigine medication as ordered. The Minimum Data Set (MDS) quarterly assessment dated [DATE] and completed by MDS Nurse #2, revealed Resident #128 had severely impaired cognition. Resident #128 was not coded for anticonvulsant medication use during the 7-day lookback period. The Regional MDS Nurse was interviewed on 3/25/26 at 3:15 pm and revealed MDS Nurse #2 was a per diem staff member that assisted the facility with resident assessments when needed. The Regional MDS Nurse reviewed Resident #128's physician order and MAR and confirmed the quarterly MDS assessment should have been coded for the use of the anticonvulsant medication. A telephone interview was conducted with MDS Nurse #2 on 3/26/26 at 10:44 am. MDS Nurse #2 stated that not coding the anticonvulsant medication was an oversight when she completed Resident #128's MDS assessment. During an interview with the Administrator on 3/26/26 at 11:35 am she revealed MDS Nurse #2 should have coded Resident #128's MDS assessment correctly based on the documentation in the medical record within the look back period.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and staff interviews, the facility failed to maintain an accurate Medication Administration Record (MAR) for 1 of 39 residents reviewed for accurate medical records (Resident #139).The findings included:Resident #139 was admitted into the facility on 4/9/25.Resident #139 had a physician's order dated 4/9/25 for Lidocaine External Patch (topical anesthetic) 4% apply to bilateral shoulders topically in the morning for pain.Resident #139's September 2025 Medication Administration Record (MAR) indicated that the Lidocaine patches were not documented as administered on 9/1/25 and 9/9/25 by Nurse #1.Resident #139's October 2025 MAR indicated that the Lidocaine patches were not documented as administered on 10/6/25 and 10/20/25 by Nurse #1.An interview with the Unit Manager on 3/25/26 at 7:55 AM revealed that all nurses should ensure medications were documented at the end of their shift.A telephone interview on 3/25/26 at 4:00 PM with Nurse #1 revealed that she could not remember if she applied the Resident #139's Lidocaine patches or not. She further revealed that she could not remember why the Lidocaine patches were not documented as administered on 9/1/25, 9/9/25, 10/6/25, or 10/20/25. A telephone interview on 3/26/25 at 8:34 AM with the Director of Nursing indicated that the nursing staff should ensure all medication was documented accordingly at the end of their shift.A telephone interview on 3/26/25 at 11:32 AM with the Administrator revealed that she expected the nursing staff to document medication administration when the medication was given.</p>		