

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER Kenansville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Beasley Street Kenansville, NC 28349	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interviews, the facility failed to provide visual privacy when a buttock wound dressing was changed in the presence of another resident without the privacy curtain being pulled for 1 of 18 residents reviewed for concerns with privacy (Resident #17).</p> <p>Findings included:</p> <p>Nurse #1 was observed on 6/10/25 at 2:30 PM providing wound care to Resident #17's left buttock wound without pulling the privacy curtain between Resident #17's bed and Resident #17's roommate (Resident #35) closest to the window in the room. Nurse #1 was already at bedside ready to complete wound care and was positioned on Resident #17's left side of the bed facing Resident 17's backside. Resident #17 was positioned with her backside turned away from Resident #35's bed with her blankets pulled down, gown pulled up and incontinence brief straps unfastened pulled down on her backside but covering her front. Resident #35 was seated on a wheelchair next to her bed close to the foot of her bed eating a snack and was not observed looking over toward Resident #35.</p> <p>Resident #17 was coded on the most recent Minimum Data Set (MDS) assessment dated [DATE] as severely cognitively impaired.</p> <p>The quarterly MDS dated [DATE] coded Resident #35 as moderately impaired and attempts to engage Resident #35 in a conversation were unsuccessful.</p> <p>An interview was conducted on 6/10/25 at 2:45 PM with Nurse #1 after the wound care observation. Nurse #1 stated she normally pulled the privacy curtain when completing wound care, but she had just missed that day and she knew she should have pulled it to provide privacy for Resident #17 while she completed the left buttock treatment.</p> <p>An interview was conducted on 6/11/25 at 11:41 AM with the Director of Nursing (DON). The DON stated that Nurse #1 should have ensured Resident #17's privacy curtain was pulled while she was treating Resident #17's buttock wound.</p> <p>During an interview on 6/12/25 at 2:39 PM, the facility Administrator verbalized she expected residents to be provided privacy during care and that Nurse #1 should have ensured Resident #17 had privacy during wound care.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and Resident Representative and staff interviews the facility failed to notify the resident representative in writing of the reason for the transfer/discharge to the hospital for 1 of 1 resident reviewed for hospitalization (Resident #55).</p> <p>The findings included:</p> <p>Resident #55 was admitted into the facility on 6/7/24.</p> <p>A review of Resident #55's quarterly Minimum Data Set assessment dated [DATE] indicated that she was cognitively intact.</p> <p>A review of Resident #55's nursing progress notes revealed that she was discharged to the hospital on 6/25/24 and returned to the facility on 6/29/24. She was also discharged to the hospital on 8/18/24 and returned to the facility on 8/28/24.</p> <p>A review of the Resident #55's medical record revealed there was no documentation that a written notice of discharge had been sent to the Resident Representative.</p> <p>A telephone interview with Resident #55's Representative was conducted on 6/10/25 at 11:00 AM and revealed she had not received any written notices including the reason Resident #55 had been discharged to the hospital.</p> <p>An interview with the Assistant Director of Nursing (ADON) on 6/10/25 at 1:29 PM revealed nursing staff had not sent written notification of transfer or discharge including the reason for the transfer to the families/resident representatives. The ADON stated she was unaware that it was a requirement for these to be mailed.</p> <p>An interview with the Social Worker on 6/10/25 at 2:07 PM revealed she sends a bed hold to the family, but she does not notify the family or resident in writing for the reason of discharge or transfer to the hospital. She further revealed that she was not aware of the requirement for these to be mailed</p> <p>During an interview on 6/10/25 at 2:23 PM the Administrator indicated a written notice of transfer/discharge including the reason for transfer should be mailed to the family/resident representative.</p>		