

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345164                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Chowan River Nursing and Rehabilitation Center                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1341 Paradise Road<br>Edenton, NC 27932 |                                                 |
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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                 |
| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations, record review, staff and Pharmacist interviews, the facility failed to remove expired medication and refrigerate medications according to the manufacturer's recommendations for 1 of 3 medication refrigerators observed for medication storage (Refrigerator #3). The findings included: a. An observation was conducted of the medication room on 7/29/26 at 3:42 PM with the Director of Nursing (DON). Refrigerator #3 contained 31 doses of the influenza high dose vaccine with an expiration date of 6/2026. The DON confirmed the vaccines were expired and removed the expired vaccines. An immediate interview was conducted with the DON on 7/29/26 at 3:44 PM. The DON stated the night shift nurses were responsible for checking the medication refrigerators during the night shift. The DON stated the night shift nurses were to ensure that expired medications were discarded or returned to the pharmacy. b. A review of manufacturer's package insert indicated that Prevnar 20 should be refrigerated with temperature between 2 to 8 Celsius (C) (36 F to 46 Fahrenheit (F)). Do not freeze and to discard the medication if the vaccine has been frozen. An observation was conducted with the DON of Refrigerator #3 on 7/29/26 at 3:46 PM. Refrigerator #3 contained 3 boxes with 10 injections in each of Prevnar 20 pneumococcal vaccine that were encased in ice. Ice was also observed on the chiller compartment at the top left of Refrigerator #3. Review of the Refrigerator #3 temperature log revealed no issues. The DON immediately removed the pneumococcal vaccines. An immediate interview was conducted with the DON on 7/29/26 at 3:48 PM. The DON stated the night shift nurses were responsible for checking the medication refrigerator temperatures daily, observing the inside of the refrigerator for ice, and defrosting the medication refrigerators as needed as part of the medication refrigerator daily check. A telephone interview was conducted with Nurse #2 on 7/30/26 at 3:20 PM. Nurse #2 confirmed that she worked on the night shift from 7:00 PM on 7/26/26 to 7:00 AM on 7/27/26. Nurse #2 stated that during her shift she checked the medication room refrigerator for expired medications and temperature. Nurse #2 stated that expired medications were either discarded or returned to the pharmacy. Nurse #2 stated if there were issues with the medication refrigerator maintaining the correct temperature, she adjusted the thermostat to correct. Nurse #2 stated if refrigerator temperatures remained out of range, she notified maintenance of the issue. Nurse #2 denied that there had been any issues with Refrigerator #3 having ice during her shift and she had not seen the frozen or expired vaccines. A telephone interview was conducted with Nurse #1 on 7/29/26 at 3:04 PM. Nurse #1 confirmed that she worked on the night shift from 7:00 PM on 7/27/26 to 7:00 AM on 7/28/26. Nurse #1 stated that during her shift she looked at expiration dates of medications before she administered the medication. Nurse #1 admitted that she did not look at every medication to verify if the medication was expired. Nurse #1 stated she was responsible for checking the medication room refrigerator for expired medications during her shift. Nurse #1 denied (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | that she had looked at the influenza vaccine expiration dates during her shift. She also confirmed that she was responsible for checking the refrigerator temperatures during her shift. Nurse #1 stated she could not recall seeing any ice in Refrigerator #3 when she last worked. A telephone interview was conducted with the Pharmacist on 7/30/26 at 1:32 PM. The Pharmacist stated expired vaccines should be removed from the medication refrigerator and sent back to the pharmacy or discarded. She stated that medication temperatures should be monitored daily and vaccines were to be stored according to the manufacturer's suggestion. The Pharmacist stated that the frozen vaccines should have been returned to the pharmacy or discarded. A follow up interview was conducted with the DON on 7/30/26 at 4:00 PM. The DON stated she expected nursing staff to follow manufacturer's guidelines when storing the Prevnar 20 vaccine and the expired influenza vaccines should have been discarded. An interview was conducted with the Administrator on 7/30/26 at 4:28 PM. The Administrator stated he expected medication refrigerators would be maintained and defrosted as needed and expired medications returned or disposed of per the medication storage regulation. |                                                                                      |                                                 |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, resident, staff, and physician interviews, the facility failed to obtain a physician order for the use of an indwelling urinary catheter for 1 of 4 residents (Resident #26) reviewed for urinary catheter. The findings included: A hospital Discharge summary dated [DATE] revealed Resident #26 had an indwelling urinary catheter placed during his hospital stay and was discharged with the catheter in place but did not specify the size of the catheter. Resident #26 was admitted to the facility on [DATE] with diagnoses that included obstructive and reflux uropathy (urinary tract conditions that potentially caused abnormal urine backflow and an enlarged prostate). A nursing progress note dated 7/12/26 created by Nurse #3 revealed Resident #26 had an indwelling urinary catheter in place draining clear yellow urine. A care plan dated 7/13/26 indicated Resident #26 required an indwelling urinary catheter. Interventions included changing catheter per Physician orders and/or facility protocol, catheter care per facility policy, and maintaining a closed drainage system with an unobstructed urine flow. An admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #26 was cognitively intact and was coded for the use of an indwelling urinary catheter. Record review of the Physician's orders revealed no order for Resident #26's indwelling urinary catheter. An observation on 7/27/26 at 3:40 PM revealed Resident #26 was sitting up in his wheelchair with the indwelling urinary catheter drainage bag hung from the rail on the wheelchair and below the level of the bladder. An interview was completed on 7/30/26 at 10:54 AM with Resident #26. The Resident revealed the indwelling urinary catheter was placed during his hospital stay due to difficulties with completely emptying his bladder. Resident #26 stated he has an appointment with urology for follow up treatment. An interview was completed on 7/30/26 at 3:37 PM with Nurse # 4. The Nurse revealed she received Resident #26's discharge summary from the hospital on 7/10/26. Nurse #4 stated she reviewed the summary, input his medication orders, indwelling urinary catheter care orders, and any other required orders. Nurse #4 stated she reviewed the orders with the facility's Physician to ensure no orders needed to be updated. Nurse #4 stated she assessed Resident #26 and was aware he had an indwelling urinary catheter. The Nurse stated when a discharge summary does not include the urinary catheter size, she observed what size the resident currently had placed and reviewed with the Physician to receive an order for it. Nurse #4 was unable to say why she did not enter an order for Resident's #26's indwelling urinary catheter. An interview was completed on 7/30/26 at 2:31 PM with Nurse #3. The Nurse revealed she was assigned to care for Resident #26 on 7/12/26. Nurse #3 she reviewed Resident #26's Physician's orders and discovered there was no order for use of an indwelling urinary catheter. Nurse #3 stated she was not aware she could enter the order for the catheter use, so she entered a progress note describing the size of the indwelling urinary catheter. An interview was completed on 7/29/26 at 1:30 PM with the Medical Director. He revealed an indwelling urinary catheter required a Physician's order. The Medical Director stated the order for Resident #26's indwelling urinary catheter should have been entered upon admission. An interview was completed on 7/30/26 at 3:30 PM with the Director of Nursing (DON). The DON stated the Unit Management Nurses were responsible for inputting hospital discharge orders, and an available nurse reviewed the order summary in a resident's electronic medical record. The DON revealed all new admissions were reviewed at the next clinical morning meeting. The DON stated all indwelling urinary catheters are required to have an order for usage. The DON was unable to state how the order was overlooked. An interview was completed on 7/30/26 at 4:42 PM with the Administrator. The<br/>(continued on next page)</p> |                                                                                      |                                                 |

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| F 0690<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Administrator stated nursing was required to ensure that Physician orders were in place to properly<br>care for Resident # 26's indwelling urinary catheter. |                                                                                      |                                                 |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, record review, resident, and staff interviews, the facility failed to maintain an effective pest control program as evidenced by the presence of roaches in a resident's room and in the staff bathroom in the lobby for 2 of 5 areas observed for pest control. Findings included: a. During a tour of the facility on 7/27/26 at 11:43 AM a light brown roach which was approximately an inch long was observed on the floor of the staff bathroom located next to the reception office in the lobby. The roach was observed to be alive and crawled towards the commode then turned back toward the cabinet below the sink. b. An observation was conducted in Resident #44's room in conjunction with an interview with Resident #44 on 7/27/26 at 11:45 AM. The observation revealed a roach the size of a pea was crawling on the floor towards the door to the hallway. Housekeeping Staff #1 was observed to enter the room and stepped on the roach. An interview with Resident #44 revealed she saw roaches that size 2-3 times a week in her room and further explained she sometimes had seen some larger roaches a couple of times a month. Housekeeping Staff #1 was not interviewed. Pest control summary of services from the pest control company were reviewed for the following dates of 09/08/25, 09/15/25, 09/29/25, 10/06/25, 10/11/25, 10/20/25, 11/03/25, 11/17/25, 11/24/25, 12/01/25, 12/8/25, 12/22/25, 12/29/25, 01/05/26, 01/12/26, 01/19/26, 01/26/26, 02/02/26, 02/16/26, 02/23/26, 03/02/26, 03/09/26, 03/23/26, 03/30/26, 04/13/26, 05/04/26, 05/18/26, 05/25/26, 6/15/26, 6/22/26, 6/29/26, 07/6/26, 07/13/26, and 07/20/26. Summary of services documented on the above dates included spot treated in the bathrooms, resident rooms, dining rooms, kitchen and interior and exterior doorways for German roaches and general pest control. The pest control summary services showed that dead roaches were observed in the dining and storage area in hall two. Telephone attempts to speak with the Pest Control Technician on 7/28/26 11:03 AM, 7/29/26 at 2:22 PM, and on 7/30/26 at 8:59 AM were unsuccessful. Messages were left for the Pest Control Technician requesting a return call, but the calls were not returned. During a resident council meeting on 7/29/26 at 2:34 PM, the residents reported the roach problem in the facility was ongoing. The residents reported roaches would come out more in the night than during the day and would be observed crawling on the floors and walls in the rooms. In an interview conducted on 7/27/26 at 3:00 PM with Nursing Aide #1 (NA#1) she stated she had spotted roaches in resident rooms in the past crawling on the walls and reported seeing the roaches to the nurse. On 7/30/26 at 9:02 AM an interview was completed with the maintenance director who stated the roach problem in the facility was ongoing. He stated the pest control company technician came to the facility every week to treat areas noted to have roaches, but the roach problem was persistent. The maintenance director explained he had not talked to the pest control technician about the persistent roach concerns at the facility. The maintenance manager director further stated the pests were more prevalent in resident rooms and bathrooms than in the commons areas such as the dining and activities room. In an interview with Director of Nursing (DON) on 7/30/26 at 9:34 AM she revealed the pest control company was treating the ongoing roach problem, and it was getting better. She stated the pest control company technician came in every week to the facility to treat the roaches and water bugs. She stated that the roaches continued to show up in resident rooms. On 7/30/26 at 10:30 AM, an interview was conducted with Administrator. The Administrator stated he started working at the facility two months ago and did notice the problem of roaches. The Administrator further stated it seemed the pest control company who was treating the building was not doing a good job and had been servicing the building for many years. The Administrator explained they were in the process of switching pest control companies. He further stated he did not expect roaches to be in the residents' rooms or anywhere in the facility, and for the exterminator to do a good job.</p> |                                                                                      |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Chowan River Nursing and Rehabilitation Center                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1341 Paradise Road<br>Edenton, NC 27932 |                                                 |
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| F 0838<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | <p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on staff interview and review of the Facility Assessment, the facility failed to have an accurate Facility Assessment that recorded the current administrative staff. This deficient practice had the potential to affect 58 of 58 residents. The findings included: The Facility Assessment was reviewed and was noted to have been updated and reviewed with the facility's Quality Assurance Performance and Improvement (QAPI) committee on 3/30/26. Page 1 of the Facility Assessment recorded the name of the former Administrator. An interview was completed on 7/30/26 at 4:45 PM with the facility's Administrator. The Administrator revealed he was not employed by the facility when the current Facility Assessment was reviewed and updated on 3/30/26. The Administrator stated he had reviewed the current Facility Assessment but mistakenly did not update the administrative staff.</p> |                                                                                      |                                                 |

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| F 0628<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Some                                       | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and staff interviews, the facility failed to notify the resident and resident's representative (RR) in writing of the reason for the transfer/discharge to the hospital and failed to send a copy of the discharge notice to the Ombudsman for 4 of 5 residents. (Resident #57, Resident #24, Resident #2, and Resident #8) The facility also failed to notify the resident and/or Resident's Representative of the facility policy for bed hold for 1 of 5 residents reviewed for hospitalization. (Resident #8) The findings included:1.Resident #57 was admitted to the facility 3/28/25.The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #57 had moderately impaired cognitive skills for daily decision. He exhibited inattention and alerted level of consciousness. The nursing progress note dated 6/18/26 revealed Resident #57 was sent out to the hospital at 5:28 PM with increased temperature and decreased oxygen saturation. Resident #57 did not return back to the facility.The nursing progress note dated 6/19/26 at 4:16 AM revealed Resident #57 was admitted to the hospital with a diagnosis of sepsis. The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) or Ombudsman for Resident # 57's hospital transfer dated 6/18/26.An attempt to reach Resident #57's RR by phone on 7/28/26 at 3:00 PM was unsuccessful. During an interview with the Social Worker on 7/29/26 at 12:27 PM, she stated she had started working at the facility late November 2025. The Social Worker stated she was not responsible for sending out written notification of hospital transfer or bed hold policy to the RR and she did not know who was responsible for sending out that information.An interview conducted with the Ombudsman on 7/30/26 at 10:11 AM revealed she had not received notification of any residents transferred out for the month of June 2026.During an interview with the admission Director on 7/30/26 at 10:45 AM, revealed she started working at the facility in October 2025. The admission Director stated she had not been involved in the process of sending written notification of transfer to the hospital or sending the bed hold policy. The admission Director stated she received notifications and monitored the hospital portal for residents that transferred to the hospital. The admission Director stated she was notified a couple of weeks ago that she would be responsible for sending out the written notification of transfer/discharge to the hospital.An interview was conducted with the Administrator on 7/29/26 at 11:20 AM. The Administrator stated the admission Director was responsible for sending written notification of transfer/discharge to the hospital. He stated it was recently brought to his attention that the written notification was not being sent to the RR. The Administrator stated the admission Director had direct contact with the hospital and the hospital portal that tracked acute discharges to the hospital. The Administrator stated the admission Director had not been sending the written notification of transfer to hospital or bed hold policy to the RR. The Administrator stated he would be reviewing written notification of hospital transfer and bed hold policy to the RR expectations with the admission Director.2. Resident #24 was admitted to the facility 9/18/12.The quarterly MDS dated [DATE] revealed Resident #24 had moderate cognitive impairment.a. The Situation, Background, Assessment and Recommendation (SBAR) Summary for Provider dated 2/15/26 revealed Resident #24 was sent out to the hospital at 8:43 PM for altered mental status and uncontrolled pain. The nursing progress note dated 2/18/26 revealed Resident #24 was readmitted to the facility at 12:44 PM in stable condition.The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) for Resident # 24's hospital transfer dated 2/15/26. The Ombudsman received notification of hospital (continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>transfer on 3/2/26. b. The nursing progress note dated 6/1/26 revealed Resident #24 had altered mental status and visual hallucinations and was sent out to the hospital at 2:14 PM. Resident #24 was readmitted to the facility on [DATE].The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR)and Ombudsman for Resident # 24's hospital transfer dated 6/1/26. During an interview with the Social Worker on 7/29/26 at 12:27 PM, she stated she had started working at the facility late November 2025. The Social Worker stated she was not responsible for sending out written notification of hospital transfer or bed hold policy to the RR and she did not know who was responsible for sending out that information.An interview conducted with the Ombudsman on 7/30/26 at 10:11 AM revealed she had received notification of Resident #24's hospital transfer on 2/15/26. The Ombudsman stated the facility stopped sending the monthly list of admission/discharge residents transferred to the hospital in May 2026. The Ombudsman stated she had not received notification of any residents transferred out for the month of June 2026. During an interview with the admission Director on 7/30/26 at 10:45 AM, she started working at the facility in October 2025. The admission Director stated she had not been involved in the process of sending written notification of transfer to the hospital or sending the bed hold policy. The admission Director stated she received notifications and monitored the hospital portal for residents that transferred to the hospital. The admission Director stated she was notified a couple of weeks ago that she would be responsible for sending out the written notification of transfer/discharge to the hospital.An interview was conducted with the Administrator on 7/29/26 at 11:20 AM. The Administrator stated the admission Director was responsible for sending written notification of transfer/discharge to the hospital. He stated it was recently brought to his attention that the written notification was not being sent to the RR. The Administrator stated the admission Director had direct contact with the hospital and the hospital portal that tracked acute discharges to the hospital. The Administrator stated the admission Director had not been sending the written notification of transfer to hospital or bed hold policy to the RR. The Administrator stated he would be reviewing written notification of hospital transfer and bed hold policy to the RR expectations with the admission Director.3. Resident #2 was admitted to the facility 7/8/19 and readmitted on [DATE].The annual MDS dated [DATE] revealed Resident #2 was cognitively intact.a. The nursing progress note dated 6/4/25 revealed Resident #2 had decreased blood pressure and shortness of breath and was sent out to the hospital at 11:00 AM.The nursing progress note dated 6/8/25 revealed Resident #2 was readmitted to the facility at 2:45 PM in stable condition.The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) for Resident # 2's hospital transfer dated 6/4/25. The Ombudsman received notification of hospital transfer on 7/2/25.b. The nursing progress note dated 8/18/25 revealed Resident #2 had active rectal bleeding and was sent out to the hospital at 12:20 AM.The nursing progress note dated 8/23/25 revealed Resident #2 was readmitted to the facility at 4:49 PM in stable condition.The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) for Resident # 2's hospital transfer dated 8/18/25. The Ombudsman received notification of hospital transfer on 9/3/25. c. The nursing progress note dated 10/1/25 revealed Resident #2 had nausea, dizziness and low blood pressure and was sent to the hospital at 8:30 PM. Resident #2 was readmitted to the facility on [DATE].The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) for Resident # 2's hospital transfer dated 10/1/25. The Ombudsman received notification of hospital transfer 11/2/25.d. The nursing progress note dated 4/11/2026 revealed Resident #2 had a large burgundy colored stool and was sent out to the hospital at 11:20 AM.The nursing progress note dated (continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>4/14/2026 revealed Resident #2 was readmitted to the facility at 6:24 PM in stable condition. The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) or Ombudsman for Resident # 2's hospital transfer dated 4/11/26. An interview was conducted with Resident #2's RR on 7/30/26 at 9:12 AM. The RR stated he had never received written notification of transfer discharge when Resident #2 was transferred to the hospital. During an interview with the Social Worker on 7/29/26 at 12:27 PM, she stated she had started working at the facility late November 2025. The Social Worker stated she was not responsible for sending out written notification of hospital transfer or bed hold policy to the RR and she did not know who was responsible for sending out that information. An interview conducted with the Ombudsman on 7/30/26 at 10:11 AM revealed she received notification of Resident #2's hospital transfers for the months of June 2025, August 2025 and October 2025. The Ombudsman stated the facility stopped sending the monthly list of admission/discharge residents transferred to the hospital in May 2026. The Ombudsman stated she had not received notification of any residents transferred out for the month of June 2026. During an interview with the admission Director on 7/30/26 at 10:45 AM, she stated working at the facility in October 2025. The admission Director stated she had not been involved in the process of sending written notification of transfer to the hospital or sending the bed hold policy. The admission Director stated she received notifications and monitored the hospital portal for residents that transferred to the hospital. The admission Director stated she was notified a couple of weeks ago that she would be responsible for sending out the written notification of transfer/discharge to the hospital. An interview was conducted with the Administrator on 7/29/26 at 11:20 AM. The Administrator stated the admission Director was responsible for sending written notification of transfer/discharge to the hospital. He stated it was recently brought to his attention that the written notification was not being sent to the RR. The Administrator stated the admission Director had direct contact with the hospital and the hospital portal that tracked acute discharges to the hospital. The Administrator stated the admission Director had not been sending the written notification of transfer to hospital or bed hold policy to the RR. The Administrator stated he would be reviewing written notification of hospital transfer and bed hold policy to the RR expectations with the admission Director. 4. Resident #8 was admitted to the facility 3/17/26. The quarterly MDS dated [DATE] revealed Resident #8 had severe cognitive impairment. a. The nursing progress note dated 4/18/26 revealed Resident #8 had pain in her face, back, arm, leg, and buttocks and was sent out to the hospital. Resident #8 was readmitted to the facility on [DATE]. The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) or Ombudsman and there was no documentation that bed hold policy was sent for Resident # 8's hospital transfer dated 4/18/26. b. The nursing progress note dated 5/24/26 revealed Resident #8 fell forward while ambulating in the hallway and complained of a headache and back pain. Resident #8 was sent to the hospital at 7:42 PM. Resident #8 was readmitted to the facility on [DATE]. An attempt to reach Resident #8's RR on 07/30/2026 at 12:17 PM was unsuccessful. The facility was unable to provide documentation of written notification of hospital transfer to the Resident Representative (RR) or Ombudsman for Resident # 8's hospital transfer dated 5/24/26. During an interview with the Social Worker on 7/29/26 at 12:27 PM, she stated she had started working at the facility late November 2025. The Social Worker stated she was not responsible for sending out written notification of hospital transfer or bed hold policy to the RR and she did not know who was responsible for sending out that information. An interview conducted with the Ombudsman on 7/30/26 at 10:11 AM revealed she did not receive notification of Resident #8's hospital transfer on 4/18/26. The Ombudsman stated the facility stopped sending the monthly list of admission/discharge residents transferred to the (continued on next page)</p> |                                                                                      |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                 |
| F 0628<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Some                                       | <p>hospital in May 2026. The Ombudsman stated she had not received notification of any residents transferred out for the month of June 2026. During an interview with the admission Director on 7/30/26 at 10:45 AM, she started working at the facility in October 2025. The admission Director stated she had not been involved in the process of sending written notification of transfer to the hospital or sending the bed hold policy. The admission Director stated she received notifications and monitored the hospital portal for residents that transferred to the hospital. The Admission Director stated she was notified a couple of weeks ago that she would be responsible for sending out the written notification of transfer/discharge to the hospital. An interview was conducted with the Administrator on 7/29/26 at 11:20 AM. The Administrator stated the admission Director was responsible for sending written notification of transfer/discharge to the hospital. He stated it was recently brought to his attention that the written notification was not being sent to the RR. The Administrator stated the admission Director had direct contact with the hospital and the hospital portal that tracked acute discharges to the hospital. The Administrator stated the admission Director had not been sending the written notification of transfer to hospital or bed hold policy to the RR. The Administrator stated he would be reviewing written notification of hospital transfer and bed hold policy to the RR expectations with the admission Director.</p> |                                                                                      |                                                 |