STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725 Based on record review and staff interviews, the facility failed to ensure Minimum Data Set (MDS) assessments were transmitted to the Centers for Medicare and Medicaid Services (CMS) database (Resident #1) and failed to electronically transmit to the Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, a 5 day assessment within 14 days of the completion date (Resident #16) for 2 of 9 residents reviewed for resident assessment. Findings Included: a.Resident #1 was admitted on [DATE]. The discharge MDS assessment dated [DATE] was signed as completed on 3/8/24. The facility's electronic medical record indicated the assessment had been transmitted and accepted to the CMS database. Review of the CMS database on 6/5/24 did not indicate this assessment had been accepted. An interview was conducted on 6/6/24 at 10:22 AM with MDS Nurse #1. She indicated that she completed the assessment but was not sure why this was not transmitted and accepted correctly but she had been behind from being off the month of January 2024. An interview was conducted on 6/5/24 at 1:57 PM with the Director of Nursing. She indicated that she is not sure why the MDS Nurse #1 did not confirm that the assessment had been transmitted and accepted and that all assessments should be completed and submitted within the required timeframes. b.Resident #16 was admitted on [DATE]. A review of Resident #16 5-day assessment with an Assessment Reference Date (ARD) of 1/18/24 was signed as completed on 2/1/24. The assessment was submitted to the QIES ASAP system on 3/13/24. An interview was conducted on 6/5/24 at 1:57 PM with the Director of Nursing. She indicated that she is not sure why the MDS Nurse #1 did not confirm that the assessment had been transmitted and that all assessments should be completed and submitted within the required timeframes. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	An interview was conducted on 6/6/24 at 10:22 AM with MDS Nurse #1. She indicated that she completed the assessment, but it was rejected and had to be resubmitted. She further revealed that she did not know why this was done late but that and that she had been behind from being off the month of January 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0657 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725 Based on record review and staff interviews, the facility failed to review and revise the care plan in the area of falls for Resident # 2. This was for 1 of 9 residents reviewed for care plans. The findings included: Resident #2 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction and unsteadiness of feet. Resident #2's active care plan dated 10/24/23 revealed a focus that read resident was at risk for falls related to weakness and fall history. The care plan was initiated on 1/5/22. The active care plan has had no other updates or revisions since 10/24/23. A review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #2 was cognitively impaired and no falls since admission. A review of the nurse's progress note dated 4/2/24 and authored by Nurse #1, revealed Resident # 2 had attempted to go to the bathroom without calling for staff assistance and fell in her room. The progress note further revealed staff implemented more frequent checks on Resident #2 due to the possibility of her forgetting to call for staff assistance again. An interview was conducted on 06/05/24 at 12:07 PM with MDS Nurse #1. She indicated that Resident #2's falls care plan had not been reviewed or revised since 10/24/23 due to an oversight and the care plan should have been updated to reflect the fall that occurred in the facility. An interview was conducted on 6/5/24 at 12:39 PM with the Director of Nursing. She revealed that she does not know why Resident #2's falls care plan had not been reviewed or revised since 10/24/23 but the care plan should have been reviewed and revised to reflect the fall in the facility and that each care plan should be reviewed and or revised every 92 days and as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48945 Based on observations and staff interviews, the facility failed to discard expired food items, and label and date food available for resident use in 1 of 1 walk-in cooler and 1 of 4 reach-in coolers in the main kitchen, in 1 of 1 walk-in cooler and in 2 of 3 reach-in coolers in building 4 kitchen, and in 2 of 4 nourishment room refrigerators ([NAME] and blue bird pods' refrigerators) in the 3rd floor of building 4 where the nursing home residents resided. These practices had the potential to affect food and beverages served to the residents. Findings included: a. An initial tour of the kitchen on [DATE] at 11:05 am was made with the Dining Services Director, Master Chef and building 4 Kitchen Manager. An initial observation of the walk-in cooler on [DATE] at 11:10 am revealed an opened bag of large flour tortillas dated [DATE], a large tray of mushrooms labeled Discard [DATE], a half block of white cheese wrapped in plastic dated [DATE], an opened jar of blue cheese dressing without any date, an opened jar labeled with a marker salad dressing [DATE] discard [DATE], an opened jar of cheese vinaigrette dressing labeled [DATE]. b. An initial observation of the reach-in cooler in the main kitchen on [DATE] at 11:15 am revealed a medium tray labeled egg salad with a sticker date showing [DATE] and discard [DATE], and olives in a large tray with a sticker date of [DATE] and discard [DATE]. The Dining Services Director stated they were mislabeled but should have been discarded after 7 days. The Master Chef stated the items in the main kitchen were used in preparation of food for residents in all buildings. c. An initial observation of the building 4 kitchen where the nursing home residents resided on [DATE] at 11:45 am revealed the walk-in cooler had an open carton of fat free milk dated [DATE], reach-in cooler #1 had a small tray of shredded cheese without any date, reach-in cooler #2 had a small tray of lettuce without any date and an opened bag of turkey slices dated [DATE]. d. An initial observation of the nourishment refrigerators on [DATE] at 2:30 pm revealed an opened lemonade bottle without a date in the [NAME] pod's refrigerator. The blue bird pod's refrigerator had 6 small cups of cottage cheese dated [DATE] with a marker and a small, opened bag of loaf bread dated [DATE]. During an interview on [DATE] at 1:51 pm, the Dining Services Director stated the Master, and the Sous Chefs were responsible for checking labels and expiration dates in the main kitchen twice daily. He stated one of them was off during the initial tour and the checks were not done yet. He stated there were a lot of new staff that needed to be trained in food storage. He stated the Kitchen Manager was responsible for checking food items in building 4 and she was new. The nourishment refrigerators were also checked by the Kitchen Manager and her staff. He stated they should be checked twice daily. During an interview on [DATE] at 3:24 pm, the Administrator stated she was aware of unlabeled and misdated food items found in the kitchen. She stated they will work on correcting the problem. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a follow up interview on [DATE] at 9:59 am, the Administrator stated she expected staff to follow their policy on labeling and storing food items.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 46725 Based on staff interview and record review the facility failed to submit accurate payroll data, regarding 24-hour licenses nurse coverage, for 9 of 9 days reviewed (10/14/23, 10/28,23, 11/25/23, 11/26/23, 12/9/23, 12/16/23, 12/17/23, 12/23/23, 12/31/23) of the Payroll Based Journal (PBJ) report to the Centers for Medicare and Medicaid Services (CMS) for the 1st quarter in fiscal year 2024. Findings included: The CMS submission report, PBJ Final File Validation Report for Fiscal Year 2024 (October 1 to December 31) showed the facility failed to have Licensed Nursing Coverage, 24 hours out of 24 hours for the days of 10/14/23, 10/28/23, 11/25/23, 11/26/23, 12/9/23, 12/16/23, 12/17/23, 12/23/23, and 12/31/23. Posted Nurse Staffing, nurse schedules, and the nursing staff's timecards for 10/14/23, 10/28,23, 11/25/23, 11/26/23, 12/9/23, 12/16/23, 12/17/23, 12/23/23, and 12/31/23 were reviewed and revealed there was 24-hour licensed nursing coverage for the 1st quarter of Fiscal Year 2024. During an interview with the Administrator on 6/6/24 at 11:35am she revealed that there was 24-hour licensed nursing staff working on 10/14/23, 10/28,23, 11/25/23, 11/26/23, 12/9/23, 12/16/23, 12/17/23, 12/23/23, and 12/31/23 but that the office must have not submitted the information incorrectly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48945 Based on record review and resident and staff interviews the facility failed to follow their policy on pneumococcal vaccine and offer up to date pneumonia vaccines to 5 of 5 residents reviewed for immunization status (Resident #3, Resident #8, Resident #9, Resident #12, and Resident #123). The findings included: The facility's policy on pneumococcal vaccine last reviewed in July 2023 stated, the administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendation at the time of the vaccination. a. Resident #3 was admitted to the facility on [DATE]. Her diagnoses included rheumatic heart disease, hypertension and atrial fibrillation. Review of Resident #3's immunization record revealed she received PPSV23 on 10/16/14 and PCV13 on 2/1/16. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #3 was cognitively intact, and her pneumococcal immunization was up to date. Review of Resident #3's medical record revealed no information that the Resident or their legal representative was provided education regarding the benefits and potential side effects of the 20-valent pneumococcal conjugate vaccine (PCV20). During an interview on 6/5/24 at 10:30 am, Resident #3 stated she did not know about pneumonia vaccine. She could not remember if a staff member talked to her about it. b. Resident #8 was admitted to the facility on [DATE]. Her diagnoses included atherosclerotic heart disease, cholecystitis and hypertension. Review of Resident #8's immunization record revealed she received PPSV23 on 4/15/10 and a PCV13 on 10/4/16. Review of the quarterly MDS dated [DATE] revealed that Resident #8 was cognitively intact, and her pneumococcal immunization was up to date. Review of Resident #8's medical record revealed no information that the Resident or their legal representative was provided education regarding the benefits and potential side effects of PCV20 vaccine. During an interview on 6/5/24 at 10:40 am, Resident denied being offered a pneumonia shot and denied receiving one. c. Resident #9 was admitted to the facility on [DATE]. His diagnoses included chronic kidney disease, heart attack and stroke. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #9's immunization record revealed he received PPSV23 on 1/1/94 and a PCV13 on 4/22/16. Review of the comprehensive MDS dated [DATE] revealed that Resident #9 was cognitively intact, and his pneumococcal immunization was up to date. Review of Resident #12's medical record revealed no information that the Resident or their legal representative was provided education regarding the benefits and potential side effects of PCV20 vaccine. Resident #9 was not available for interview. d. Resident #12 was admitted to the facility on [DATE]. His diagnoses included diabetes mellitus, hypertension and vascular dementia. Review of Resident #12's immunization record revealed he received PPSV23 on 7/13/10 and a PCV13 on 2/26/16. Review of the quarterly MDS dated [DATE] revealed that Resident #12 was severely cognitively impaired, and his pneumococcal immunization was up to date. Review of Resident #12's medical record revealed no information that the Resident or their legal representative was provided education regarding the benefits and potential side effects of PCV20 vaccine. The resident's representative was not available for interview by telephone during the survey. e. Resident #123 was admitted to the facility on [DATE]. His diagnoses included hypertension, atherosclerotic heart disease and vascular dementia. Review of Resident #123's immunization record revealed he received PPSV23 on 7/7/10 and a PCV13 on 4/3/15. Review of the quarterly MDS dated [DATE] revealed that Resident #123 was cognitively intact, and his pneumococcal immunization was up to date. Review of Resident #123's medical record revealed no information that the Resident or their legal representative was provided education regarding the benefits and potential side effects of PCV20 vaccine. Resident #123 preferred not to be interviewed during the survey. During an interview on 6/5/23 at 3:50 pm, his representative stated she did not get any information on the update pneumonia vaccine for the resident. During an interview on 6/5/24 at 2:24 pm, the Infection Preventionist stated she thought the residents did not need any more pneumococcal vaccines after they received the PPSV23. She stated she would check the current guidelines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carol Woods	750 Weaver Dairy Road Chapel Hill, NC 27514

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a follow up interview on 6/6/24 at 8:46 am, the Infection Preventionist stated she would discuss the current guidelines for the pneumococcal vaccine with the Medical Director. During an interview on 6/6/24 at 10:03 am, the Director of Nursing stated she expected staff to follow the facility's policy, current guidelines and immunization best practices for the residents.