

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER River Trace Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Lovers Lane Washington, NC 27889	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER River Trace Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Lovers Lane Washington, NC 27889	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and resident, staff, and Medical Director (MD) interviews, the facility failed to provide care in a safe manner. On 6/30/25 Resident #2 rolled off her bed during incontinence care and landed on the floor. Resident #2 sustained a right forearm skin tear and complained of severe pain and was sent to the Emergency Department (ED) for evaluation. The Resident was diagnosed with a closed fracture (the broken bone does not penetrate the skin) at the distal end (just above the knee joint) of the left femur (thighbone) and closed fracture at the distal end of the right femur. In the ED, Resident #2 required intravenous (IV) fentanyl (an opioid drug used to treat severe pain) for pain. The Resident was discharged back to the facility the same day with an immobilizer on her right knee and orders to follow up with orthopedic surgery. Following the incident Resident #2 required oxycodone for pain management with pain levels rated up to a 9 (on a scale of 0 to 10 with 10 being the worst possible pain). On 7/14/25, a new order was entered for methocarbamol (muscle relaxer) for fracture induced muscle spasms. Prior to the incident Resident #2 was getting out of bed daily and attending activities. The Resident stated during interview that she missed attending group activities. This was for 1 of 3 residents reviewed for supervision to prevent accidents (Resident #2). The findings included: Resident #2 was admitted to the facility on [DATE] with diagnoses that included age related osteoporosis, restless leg syndrome, chronic pain and osteoarthritis. Review of a physician's order dated 5/12/2025 revealed an order for Acetaminophen 325 milligram (mg) tablet - Give 2 tablets every 4 hours as needed for general discomfort. A care plan dated 5/13/25 and revealed a focus of Risk for falls characterized by multiple risk factors related to pain and osteoarthritis. The goal was for Resident #2 not to sustain serious injury through the review date. The interventions included: Substantial/maximal assistance with 1 person assistance for bed mobility and toileting hygiene. A care plan initiated 5/13/25 revealed a focus of chronic pain related to osteoporosis, restless leg syndrome. The goal was for Resident #2 to report satisfactory pain control. A care plan dated 5/13/25 revealed a focus of osteoporosis/osteoarthritis: At risk for fractures. The goal was for Resident #2 to remain free from fractures through the next review date. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 was cognitively intact and had no behaviors. She had no impairment of her upper or lower extremities and used a wheelchair for mobility. Resident #2 requires substantial maximal assistance with 1 staff physical assistance for rolling left and right. She was always incontinent of bowel and bladder. Resident #2 was coded as on a scheduled pain medication regimen within the past five days. Resident #2 denied pain during the pain assessment. Resident #2's activity assessment found it somewhat important to do things with a group and she enjoyed participating in religious services or practices. Review of a physician's order dated 6/5/2025 with an end date of 7/5/25 revealed an order for Acetaminophen 325 mg tablet - Give 2 tablets two times a day for acute toe pain. The investigational summary written by the Administrator dated 6/30/25 revealed Nurse Aide (NA) #1 entered Resident #2's room to provide incontinent care. NA #1 was standing on the resident's left side. NA #1 grasped the draw sheet and pulled Resident #2 towards her. NA #1 told Resident #2 to grab the bed rail to turn over. NA #1 was straightening the draw sheet to get ready to place the brief beneath Resident #2. NA #1 indicated Resident #2 grabbed the bed rail with her left hand and rolled over to her right side. NA #1 stated she noticed Resident #2 had crossed her leg over the edge of the bed and continued to roll onto the floor. NA #1 reported she attempted to catch Resident #2 by grabbing her arm but was unsuccessful. Resident #2 landed on her left side on the floor on her left side with her legs slightly bent at the knees and Resident #2 was propping her upper body up with the left arm. Resident #2 complained of pain in her legs. Resident #2 was sent to the emergency department where x-rays and CT (computed topography) scans revealed she had severe osteopenia and diagnoses of fracture to the right and left distal femurs. A nursing progress note dated 6/30/25 and written by Nurse #1 revealed NA#1 stated she was assisting Resident #2 with incontinence care when resident turned to grab bedside rail and resident's legs began to swing off the bed and resident fell off the bed onto the floor. NA #1 came out of Resident #2's room and called a code green. (Code used by the facility to indicate an emergency). Nurse #1 entered Resident #2's room and on visual assessment observed the resident lying on the floor on her left side and holding her upper body up with her left elbow. Resident #2 complained of severe left hip and left ankle pain. Nurse #1 noted a skin tear to Resident #2's right forearm and applied a dressing. 911 was called due to a resident's complaint of severe pain and Resident #2 was transported to the hospital emergency department</p>		