

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37468</p> <p>Based on observation, record review, and staff interviews, the facility failed to treat a resident with dignity when a nurse aide did not sit while feeding a resident who needed assistance with meals for 1 of 2 dining observations (Resident #51). The reasonable person concept was applied as individuals have the expectation of being treated with dignity and would not want staff to stand over them while assisting with meals.</p> <p>Findings included:</p> <p>Resident #51 was admitted to the facility on [DATE]. Her active diagnoses included dysphagia.</p> <p>Review of Resident #51's Minimum Data Set assessment dated [DATE] revealed she was assessed as severely cognitively impaired and totally dependent on staff for eating.</p> <p>Review of Resident #51's care plan dated 4/21/25 revealed she was dependent on staff for eating.</p> <p>During observation on 4/23/25 at 1:06 PM Nurse Aide #4 was observed assisting Resident #51 with lunch. The nurse aide was standing next to Resident #51 who was seated in her specialized wheelchair with her bedside table in front of her with her meal tray. Nurse Aide #4 was not at eye level with the resident. A chair was available in the room and the nurse aide did not use it.</p> <p>During an interview on 4/23/25 at 1:12 PM Nurse Aide #4 stated they could sit or stand when providing assistance with meals. The nurse aide stated she felt like standing today but they could sit when assisting as well.</p> <p>During an interview on 4/23/25 at 1:19 PM the Director of Nursing stated staff were to sit when assisting residents with meals for dignity reasons. She stated some residents may not care but you never know what standing next to the resident while feeding them might imply to the resident, especially a person with dementia. Sitting puts staff at the resident's eye level and is more personable.</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: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 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** 41009</p> <p>Based on observations, record review, and resident and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the areas of swallowing/nutritional status (Resident #39) and hospitalization (Resident #138). This was for 2 of 24 residents reviewed for accuracy of assessments.</p> <p>Findings included:</p> <p>1. Resident #39 was admitted to the facility on [DATE].</p> <p>A review of an admission nursing progress note for Resident #39 dated 10/2/24 at 6:45 PM revealed in part he had a percutaneous endoscopic gastrostomy feeding tube (a PEG tube is a feeding tube placed into the stomach through the abdominal wall).</p> <p>A review of a physician's order for Resident #39 dated 10/2/24 revealed to flush his tube every 4 hours with 100 cubic centimeters (cc) of water (H2O).</p> <p>A review of Resident #39's March 2025 Medication Administration Record (MAR) revealed documentation indicating 100 cc of H2O was administered via Resident #39's PEG tube every 4 hours at 12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, and 6:00 PM on 3/6/25 through 3/14/25 except on 3/9/25 at 2:00 PM when it was held.</p> <p>A review of Resident #39's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed he was not coded for having a feeding tube on admission or while a resident. He was not coded for receiving fluid intake via feeding tube.</p> <p>On 4/23/25 at 2:01 PM an interview with the Dietary Manager (DM) indicated she would have been responsible for coding the Swallowing/Nutrition section of Resident #39's quarterly MDS assessment dated [DATE]. She stated she was not aware that Resident #39 still had a PEG tube.</p> <p>On 4/23/25 at 3:39 PM an interview with the Director of Nursing (DON) indicated Resident #39's quarterly MDS assessment dated [DATE] should have accurately reflected the presence and use of his PEG tube.</p> <p>On 4/24/25 at 10:12 AM an interview with the Administrator indicated Resident #39's quarterly MDS assessment dated [DATE] should have been coded accurately at the time of the assessment.</p> <p>48230</p> <p>2. Resident #138 was admitted to the facility on [DATE].</p> <p>A review of Resident #138's Discharge MDS assessment dated [DATE] revealed his discharge location to be a short term general hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the discharge Nurse's note written by the Unit Manager dated 2/10/25 indicated Resident #138 was discharged with his belongings, medications, discharge paperwork and medication list.</p> <p>The Unit Manager was not available for interview.</p> <p>In an interview with the Director of Nursing (DON) on 4/23/25 at 8:55 AM she stated Resident #138 was discharged home on 2/10/25.</p> <p>MDS Nurse #1 was interviewed on 4/23/25 at 9:08 AM. MDS Nurse #1 stated she had miscoded Resident #138's Discharge MDS assessment as going to a short stay general hospital when he actually went home on 2/10/25. She stated the error was made unintentionally.</p> <p>An interview with the Administrator was conducted on 4/23/25 at 10:41 AM. She stated she expected Resident #138's Discharge MDS assessment to be coded that he went home from the facility on 2/10/25.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41009</p> <p>Based on observation, record review, and resident, Responsible Party (RP) and staff interviews, the facility failed to implement the comprehensive care plan in the area of activities of daily living (Resident #27), and failed to develop an individualized, person-centered comprehensive care plan to include the use of a percutaneous endoscopic gastrostomy feeding tube (a PEG tube is a feeding tube placed into the stomach through the abdominal wall) (Resident #39), and the use of a noninvasive mechanical ventilator (a device to help with nighttime breathing for people with respiratory issues) (Resident #290 and Resident #71). This was for 1 of 5 residents reviewed for activities of daily living, 1 of 2 residents reviewed for tube feeding, and 2 of 4 residents reviewed for respiratory services.</p> <p>Findings included:</p> <p>1. Resident #27 was admitted to the facility on [DATE] with a diagnosis of intracerebral hemorrhage (bleeding in the brain).</p> <p>A review of Resident #27's annual Minimum Data Set (MDS) assessment dated [DATE] revealed he did not speak. Resident #27 was severely cognitively impaired. It was very important to have his family member involved in discussions about his care. His family member was the daily and activity preferences primary respondent. He had functional limitation of range of motion on both sides of his upper and lower extremities. He was dependent on staff for all transfers and mobility. His family member participated in his assessment and goal setting.</p> <p>A review of Resident #27's comprehensive care plan dated last revised on 9/13/24 revealed a focus area for activities of daily living. The goal was for Resident #27's activities of daily living to be completed with staff support to maintain his highest level of functioning. An intervention was mobility dependent in Geri chair.</p> <p>The associated care guide revealed Resident #27 was to be up in his Geri chair by 10:00 AM and back to bed by 2:00 PM daily Monday through Friday.</p> <p>On 4/21/25 at 1:21 PM Resident #27 was observed in bed. No Geri chair was observed in his room.</p> <p>On 4/21/25 at 3:19 PM a telephone interview with Resident #27's RP indicated she participated in all his care plan discussions. She stated she had expressed her desire to have Resident #27 assisted up into his Geri chair daily. She went on to say she although she visited often, she had not really seen him up in his Geri chair regularly since Christmas.</p> <p>On 4/22/25 at 11:48 AM Resident #27 was observed in bed. No Geri chair was observed in his room.</p> <p>On 4/22/25 at 2:11 PM Resident #27 was observed in bed. No Geri chair was observed in his room.</p> <p>On 4/23/25 at 10:59 AM Resident #27 was observed in bed. No Geri chair was observed in his room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/25 at 12:55 PM Resident #27 was observed in bed. No Geri chair was observed in his room.</p> <p>On 4/23/25 at 3:07 PM an interview with Nurse Aide (NA) #1 indicated she was assigned to care for Resident #27 on the 7:00 AM to 3:00 PM shift on 4/21/25. She reported she was familiar with Resident #27 and had cared for him previously. She stated she had not gotten Resident #27 up into a Geri chair on 4/21/24 because when she went to get him up, there had not been a Geri chair in his room. NA #1 stated that while she could have gone to the storage area to get one, she had not.</p> <p>On 4/23/25 at 1:05 PM an interview with NA #2 indicated he was assigned to care for Resident #27 on 4/22/25 on the 7:00 AM to 3:00 PM shift. He stated he had not gotten Resident #27 up into a Geri chair on 4/22/25. He reported he was familiar with Resident #27 and had cared for him previously. He reported that if Resident #27's family member came to visit and asked for Resident #27 to be up in a chair he would assist Resident #27. NA #2 stated while he did have access to Resident #27's care plan and care guide, he had not seen that it indicated Resident #27 should be up in his Geri chair daily.</p> <p>On 4/23/25 at 1:14 PM an interview with NA #3 indicated she was assigned to care for Resident #27 on the 7:00 AM to 3:00 PM shift on 4/23/25. She stated she was familiar with Resident #27 and had cared for him previously. She reported she had not gotten Resident #27 up into a Geri chair today. NA #2 indicated while she did have access to Resident #27's care plan and care guide that indicated he was to be assisted up into his Geri chair daily, she had not gotten him up yet because she had gotten busy with other things.</p> <p>On 4/23/25 at 3:39 PM an interview with the Director of Nursing (DON) indicated the NAs should be assisting Resident #27 up into a Geri chair in accordance with expressed preferences and his care plan.</p> <p>On 4/24/25 at 10:12 AM an interview with the Administrator indicated the NAs should be following resident's care plan and care guide when caring for resident's.</p> <p>2. Resident #39 was admitted to the facility on [DATE] with a diagnosis of gastrostomy status.</p> <p>A review of an admission nursing progress note for Resident #39 dated 10/2/24 at 6:45 PM revealed in part he had a percutaneous endoscopic gastrostomy feeding tube (a PEG tube is a feeding tube placed into the stomach through the abdominal wall).</p> <p>A review of a physician's order for Resident #39 dated 10/2/24 revealed to flush his tube every 4 hours with 100 cubic centimeters (cc) of water (H2O). The resident had an oral diet ordered and did not receive routine nutrition via the PEG tube.</p> <p>A review of Resident #39's admission Minimum Data Set (MDS) assessment dated [DATE] revealed he had a feeding tube on admission, and while a resident. He received 501 cc per day or more of his average fluid intake per day via feeding tube.</p> <p>A review of the Care Area Assessment (CAA) on Resident #39's admission MDS assessment dated [DATE] revealed documentation indicating the CAA for feeding tube was triggered but not addressed in Resident #39's care plan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #39's comprehensive care plan, dated last revised on 2/7/25, did not reveal a focus area for the use of a feeding tube nor mention of his use of a feeding tube to receive nutrition or hydration.</p> <p>On 4/24/25 at 9:57 AM an observation of H2O flush via Resident #39's PEG tube by Nurse #2 was conducted.</p> <p>On 4/23/25 at 2:01 PM an interview with the Dietary Manager (DM) indicated she was responsible for addressing Resident #39's use of a PEG tube on his admission MDS assessment dated [DATE]. She reported that if the CAA for a feeding tube was triggered on the admission assessment, Resident #39's use of a feeding tube should have been reflected on his comprehensive his care plan. She stated she could not explain why it was not.</p> <p>On 4/23/25 at 3:39 PM an interview with the Director of Nursing (DON) indicated Resident #39 had a PEG tube since his admission to the facility on [DATE]. She stated if Resident #39's admission MDS assessment dated [DATE] reflected his use of a feeding tube and the CAA for this was triggered the DM should have included Resident #39's use of a feeding tube on his comprehensive care plan.</p> <p>On 4/24/25 at 10:12 AM an interview with the Administrator indicated if Resident #39's admission MDS assessment dated [DATE] reflected his use of a feeding tube and the CAA for this was triggered, his use of a feeding tube should have been included on his comprehensive care plan.</p> <p>48230</p> <p>3. Resident #290 was admitted to the facility on [DATE] with diagnoses that included acute and chronic respiratory failure.</p> <p>The hospital discharge summary for Resident #290 dated 4/3/25 stated she needed to wear BiPAP machine (a device that delivers two levels of air pressure during inhalation and exhalation to help people with breathing difficulties) at night and with naps for obesity hypoventilation syndrome (a condition where a person breathes too shallowly, or their breathing is interrupted while sleeping due to obesity).</p> <p>In an interview with Resident #290 on 4/21/25 at 2:56 PM she stated she needed the BiPAP machine at night to help her breathe while she was sleeping. Resident #290 further stated staff helped her put the mask on at night and she can remove it herself in the morning. Resident #290 indicated the BiPAP machine was delivered to her room on 4/4/25 and she had been using it nightly since then.</p> <p>An interview with the Central Supply clerk was conducted on 4/23/25 at 8:38 AM. She stated Resident #290's BiPAP machine arrived on 4/4/25 and she delivered it to the resident's room herself.</p> <p>A review of the delivery order for Resident #290's BiPAP was reviewed. The delivery order was dated 4/4/25.</p> <p>Resident #290's Physician orders for the month of April 2025 revealed there was no order for BiPAP machine usage.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #290's comprehensive care plan dated 4/8/25 revealed no care plan that referenced BiPAP machine usage.</p> <p>Resident #290's admission Minimum Data Set (MDS) dated [DATE] revealed she was cognitively intact and had active diagnoses of respiratory failure and pneumonia. The MDS did not code Resident #290 as using a BiPAP machine.</p> <p>In an interview with the Minimum Data Set (MDS) Coordinator and MDS Nurse #2 on 4/22/25 at 2:27 PM they stated that comprehensive care plans were made by the MDS office based on the residents' MDS information. They further stated Resident #290 was not coded as using a BiPAP machine on her 5-day MDS assessment. MDS Nurse #2 indicated that when they go to make the care plan, a respiratory care section does not automatically populate. In this case, the MDS Nurse needed to either look back at the MDS assessment or rely on memory. MDS Nurse #2 revealed she was responsible for making the comprehensive care plan for Resident #290 and must have relied on memory as she missed adding the BiPAP machine usage.</p> <p>An interview was conducted with the Administrator and Director of Nursing on 4/22/25 at 2:52 PM. They stated that Resident #290 should have had a care plan for use of the BiPAP machine. They indicated Resident #290's BiPAP machine was delivered on 4/4/25 and that nursing could have added to the care plan at any time.</p> <p>4. Resident #71 was admitted to the facility on [DATE] with diagnoses that included sleep apnea (sleep disorder characterized by repetitive pauses in breathing or reduced airflow during sleep).</p> <p>Resident #71's Physician orders for the month of April 2025 revealed there was no order for use of the CPAP machine.</p> <p>In an interview with Resident #71 on 4/22/25 at 11:38 AM she stated she wore the CPAP machine at night due to a diagnosis of sleep apnea and that she brought it from home when she was admitted .</p> <p>A nursing progress note dated 3/24/25 at 12:48 AM written by Nurse #3 stated Resident #71 was wearing her CPAP machine (CPAP- a machine that used mild air pressure to keep breathing airways open while sleeping).</p> <p>Nurse #3 was not able to be reached for interview.</p> <p>Resident #71 was observed using the CPAP machine while asleep on 4/22/25 at 8:45 AM.</p> <p>Resident #71's comprehensive care plan dated 3/24/25 revealed no reference to CPAP machine usage.</p> <p>Resident #71's 5-day Minimum Data Set (MDS) dated [DATE] revealed she was coded as needing a noninvasive mechanical ventilator (CPAP- a machine that used mild air pressure to keep breathing airways open while sleeping).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Minimum Data Set (MDS) Coordinator and MDS Nurse #1 on 4/22/25 at 2:48 PM they stated that comprehensive care plans were made by the MDS office based on the residents' MDS information. They further stated Resident #71 was coded as using a CPAP machine on her 5-day MDS assessment. MDS Nurse #1 indicated that when they go to make the care plan, a respiratory care section does not automatically populate. In this case, the MDS Nurse needed to either look back at the MDS assessment or rely on memory. MDS Nurse #1 revealed she was responsible for making the comprehensive care plan for Resident #71 and must have relied on memory as she missed adding the CPAP machine usage.</p> <p>An interview was conducted with the Administrator and Director of Nursing on 4/22/25 at 2:52 PM. They stated that Resident #71 should have had a care plan for use of the CPAP machine. They indicated Resident #71 brought her CPAP from home when she was admitted to the facility and that nursing could have added to the care plan at any time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48230</p> <p>Based on observations, record review, and resident, staff and Medical Director interviews the facility failed to obtain a physician's order for the use of a BiPAP machine (a device that delivers two levels of air pressure during inhalation and exhalation to help people with breathing difficulties) (Resident #290) and a physician's order for use of a CPAP machine (a machine that used mild air pressure to keep breathing airways open while sleeping) (Resident #71). The facility also failed to administer oxygen by tracheostomy (a surgical opening in the neck for breathing) in accordance with the Physicians order (Resident #39). This was for 3 of 4 residents reviewed for respiratory care (Resident #290, Resident #71 and Resident #39).</p> <p>Findings included:</p> <p>1. Resident #290 was admitted to the facility on [DATE] with diagnoses that included acute and chronic respiratory failure.</p> <p>The hospital discharge summary for Resident #290 dated 4/3/25 stated she needed to wear a BiPAP machine (a device that delivers two levels of air pressure during inhalation and exhalation to help people with breathing difficulties) at night and with naps for obesity hypoventilation syndrome (a condition where a person breathes too shallowly, or their breathing is interrupted while sleeping due to obesity).</p> <p>A review of Resident #290's Physician orders for the month of April 2025 revealed there was no order for BiPAP machine usage.</p> <p>Review of Resident #290's Admission Minimum Data Set (MDS) dated [DATE] revealed she was cognitively intact and had active diagnoses of respiratory failure and pneumonia. The MDS did not code Resident #290 as using a BiPAP machine.</p> <p>The BiPAP machine was observed at Resident #290's bedside on 4/21/25 at 2:56 PM.</p> <p>In an interview with Resident #290 on 4/21/25 at 2:56 PM she stated she needed the BiPAP machine at night to help her breathe while she was sleeping. Resident #290 further stated staff helped her put the mask on at night and she can remove it herself in the morning. Resident #290 indicated the BiPAP machine was delivered to her room on 4/4/25 and she had been using it nightly since then.</p> <p>In an interview with the Administrator and Director of Nursing on 4/22/25 at 2:53 PM they stated they did not know why Resident #290 did not have a Physician's order for use of the BiPAP machine, but that one should have been requested from the Medical Director or Nurse Practitioner on call when she was admitted .</p> <p>The Medical Director was interviewed on 4/23/25 at 11:43 AM. The Medical Director indicated he often does not see new admissions for a day or two after they arrive. He further indicated any orders needed would have been requested before he saw the resident. He stated he was unaware Resident #290 was using a BiPAP machine as those orders were not requested by nursing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #71 was admitted to the facility on [DATE] with diagnoses that included sleep apnea (sleep disorder characterized by repetitive pauses in breathing or reduced airflow during sleep).</p> <p>Resident #71's Physician orders for the month of April 2025 revealed there was no order for use of the CPAP machine.</p> <p>Review of a Nursing progress note dated 3/24/25 at 12:48 AM written by Nurse #3 stated Resident #71 was wearing her CPAP machine (CPAP- a machine that used mild air pressure to keep breathing airways open while sleeping).</p> <p>Nurse #3 was not able to be reached for interview.</p> <p>Review of Resident #71's 5-day Minimum Data Set (MDS) dated [DATE] revealed she was coded as using a noninvasive mechanical ventilator in the form of a CPAP machine.</p> <p>Resident #71 was observed using the CPAP machine while asleep on 4/22/25 at 8:45 AM.</p> <p>In an interview with Resident #71 on 4/22/25 at 11:38 AM she stated she wore the CPAP machine at night due to a diagnosis of sleep apnea and that she brought it from home when she was admitted .</p> <p>An interview was conducted with the Administrator and Director of Nursing on 4/22/25 at 2:52 PM. They stated that nursing should have requested an order for CPAP machine usage from the Medical Director or on-call Nurse Practitioner when Resident #71 was admitted .</p> <p>The Medical Director was interviewed on 4/23/25 at 11:43 AM. The Medical Director indicated he often does not see new admissions for a day or two after they arrive. He further indicated any orders needed would have been requested before he saw the resident. He stated he was unaware Resident #71 was using a CPAP machine as those orders were not requested by nursing.</p> <p>41009</p> <p>3. Resident #39 was admitted to the facility on [DATE] with a diagnosis of tracheostomy status.</p> <p>A review of a current physician's order for Resident #39 dated as initiated on 12/12/24 revealed to administer 4 liters (L) of oxygen (O2) per minute via tracheostomy to maintain Resident #39's O2 saturations above 90 percent (%).</p> <p>A review of Resident #39's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed he was moderately cognitively impaired. His vision was adequate. He had no functional limitation in range of motion of his upper extremities. Resident #39 had functional limitation in range of motion of his lower extremities on both sides. He received oxygen therapy and tracheostomy care.</p> <p>A review of Resident #39's comprehensive care plan dated last reviewed on 4/11/25 revealed a focus area dated last revised on 10/15 24 for ineffective breathing pattern related to tracheostomy with O2 at 3L per minute via nasal cannula (NC). The goal was for Resident #39 to verbalize understanding of his disease process, treatments and the importance of compliance through the next review. An intervention was oxygen therapy at 3L via NC as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/21/25 at 2:44 PM an observation of Resident #39 in his room revealed he was receiving O2 via NC at 3L per minute. He was not in any respiratory distress.</p> <p>On 4/22/25 at 2:12 PM an observation of Resident #39 in his room revealed he was receiving O2 via NC at 3L per minute. He was not in any respiratory distress.</p> <p>On 4/23/24 at 11:02 AM an observation of Resident #39 in his room revealed he was receiving O2 via NC at 3L per minute. He was not in any respiratory distress. In an interview with Resident #39 at that time he stated the correct rate for his O2 was 4L.</p> <p>A review of Resident #39's Medication Administration Record (MAR) for April 2025 revealed documentation by Nurse #2 indicating Resident #39 was receiving O2 at 4L via his tracheostomy on the 7:00 AM to 3:00 PM shift on 4/21/25, 4/22/25, and 4/23/25 and his O2 saturations were 95%.</p> <p>On 4/23/25 at 12:56 PM an interview with Nurse #2 revealed she was assigned to care for Resident #39 on 4/21/25, 4/22/25, and 4/23/25 on the 7:00 AM to 3:00 PM shift. She stated she was very familiar with Resident #39 and had been his regular day shift nurse since November 2024. She reported Resident #39 was receiving O2 at 3L per minute via a NC. When asked to look at the current physician's order for Resident #39, she stated the current physician's order was for O2 at 4L per minute via his tracheostomy. She reported her documentation on his MAR for 4/21/25, 4/22/25, and 4/23/25 indicated she had verified he was receiving 4L per minute via tracheostomy when she checked his O2 saturation on her shift. Nurse #2 went on to say at one time Resident #39 had been receiving O2 via his tracheostomy, but he wouldn't keep it on. She stated she should have called Resident #39's medical provider to get his O2 order changed, but she just hadn't thought about it. She reported Resident #39 had not experienced any respiratory distress and his O2 saturations had remained above 90 %.</p> <p>On 4/23/25 at 1:20 PM an interview with the Medical Director indicated he was familiar with Resident #39 and was his facility physician. He stated Resident #39 liked to do things his way, and he didn't have any problem with that. He reported he would have gladly changed Resident #39's O2 order to 3L per minute via NC if someone had let him know this was Resident #39's preference, although he did not recall anyone asking for this. The Medical Director stated Resident #39's O2 saturation had been stable, and he did not feel Resident #39 had experienced any harm from wearing his O2 at 3L per minute via NC rather than 4L per minute via his tracheostomy.</p> <p>On 4/23/25 at 1:46 PM an interview with the MDS Coordinator indicated he was involved in the revision of Resident #39's care plan focus area for ineffective breathing on 10/15/24. He stated he recalled a discussion about Resident #39's preference for his O2 being 3L per minute via NC. He went on to say he had not been involved in the review of Resident #39's care plan focus area for ineffective breathing on 4/11/25.</p> <p>On 4/23/25 at 1:48 PM an interview with MDS Nurse #1 indicated she had participated in the review of Resident #39's care plan focus area for ineffective breathing on 4/11/25. She stated she should have updated this area to reflect that Resident #39's preference for O2 was 3L per minute via NC as that was not actually what the physician's order was.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/25 at 3:39 PM an interview with the Director of Nursing (DON) indicated Resident #39 did not like to wear his O2 via his tracheostomy collar and preferred to wear it via NC. She stated Nurse #1 should have called a medical provider and gotten Resident #39's O2 order changed. She reported his care plan focus area for ineffective breathing should have reflected wearing O2 at 3L per minute via NC was Resident #39's preference rather than as ordered.</p> <p>On 4/24/25 at 10:12 AM an interview with the Administrator indicated with regards to medical issues like O2 rates and routes she would have to defer to her nursing staff. She stated she did feel Nurse #1 should have called a medical provider and gotten the O2 order changed rather than just documenting on Resident #39's MAR verifying he was receiving his O2 at 4L per minute via his tracheostomy if he was not.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48230</p> <p>Based on observations, record review, and resident and staff interviews the facility failed to attempt alternatives, assess entrapment risk, review risks and benefits and obtain informed consent prior to installing and utilizing bilateral quarter length side rails for 1 of 1 resident reviewed for side rails (Resident #290).</p> <p>Findings included:</p> <p>Resident #290 was admitted to the facility on [DATE] with diagnoses that included acute and chronic respiratory failure.</p> <p>Resident #290's 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed she was cognitively intact and had impairment to bilateral upper and lower extremities. The MDS further revealed she needed substantial to maximum assistance with bed mobility.</p> <p>Resident #290 was observed lying in her bed with bilateral quarter length side rails in the raised position on 4/21/25 at 11:15 AM.</p> <p>In an interview with Resident #290 on 4/21/25 at 11:15 AM she stated she needed the side rails for bed mobility and positioning.</p> <p>A review of Resident #290's electronic medical record (EMR) revealed she was her own Responsible Party (RP). The EMR further revealed no evidence that the following was completed prior to the installation and usage of bilateral quarter length side rails: attempt alternatives, assess entrapment risk, review risks and benefits and obtain informed consent.</p> <p>An observation was conducted on 4/22/25 at 1:45 PM. Resident #290 was observed lying in her bed with bilateral quarter length side rails in the raised position.</p> <p>Resident #290 was observed lying in bed with bilateral quarter length side rails in the raised position on 4/23/25 at 2:50 PM.</p> <p>An interview with Nurse #1 on 4/23/25 at 11:28 AM she stated she was the admitting nurse for Resident #290 on 4/3/25. Nurse #1 indicated she did not do side rail assessments as they were completed by the Unit Manager.</p> <p>The Unit Manager could not be reached for interview.</p> <p>In an interview with the Director of Nursing (DON) on 4/23/25 at 12:34 PM she stated Nurse #1 should have completed the side rail assessment for Resident #290 upon admission. She further stated all Nurses were expected to complete all forms in the admissions packet when admitting a new resident to their hall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Administrator on 4/23/25 at 2:49 PM. The Administrator stated that Resident #290 should have had a side rail assessment completed upon admission. She was unsure who was responsible for this task.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41009</p> <p>Based on observations, record review, and staff interviews, the facility failed to maintain an accurate medical record with regards to documentation of actual oxygen (O2) administration rate and route. This was for 1 of 4 residents (Resident #39) reviewed for the accuracy of medical records related to respiratory care.</p> <p>Findings included:</p> <p>Resident #39 was admitted to the facility on [DATE] with a diagnosis of tracheostomy status.</p> <p>A review of a current physician's order for Resident #39 dated as initiated on 12/12/24 revealed to administer 4 liters (L) of oxygen (O2) per minute via tracheostomy to maintain Resident #39's O2 saturations above 90 percent (%).</p> <p>On 4/21/25 at 2:44 PM an observation of Resident #39 in his room revealed he was receiving O2 via NC at 3L per minute. He was not in any respiratory distress.</p> <p>On 4/22/25 at 2:12 PM an observation of Resident #39 in his room revealed he was receiving O2 via NC at 3L per minute. He was not in any respiratory distress.</p> <p>On 4/23/24 at 11:02 AM an observation of Resident #39 in his room revealed he was receiving O2 via NC at 3L per minute. He was not in any respiratory distress. In an interview with Resident #39 at that time he stated the correct rate for his O2 was 4L.</p> <p>A review of Resident #39's Medication Administration Record (MAR) for April 2025 revealed documentation by Nurse #2 indicating Resident #39 was receiving O2 at 4L via his tracheostomy on the 7:00 AM to 3:00 PM shift on 4/21/25, 4/22/25, and 4/23/25 and his O2 saturations were 95%.</p> <p>On 4/23/25 at 12:56 PM an interview with Nurse #2 indicated she was assigned to care for Resident #39 on 4/21/25, 4/22/25, and 4/23/25 on the 7:00 AM to 3:00 PM shift. She stated she was very familiar with Resident #39 and had been his regular day shift nurse since November 2024. She reported Resident #39 was receiving O2 at 3L per minute via a NC. When asked to look at the current physician's order for Resident #39, Nurse #1 stated the current physician's order was for O2 at 4L per minute via his tracheostomy. She reported her documentation on his MAR for 4/21/25, 4/22/25, and 4/23/25 7:00 AM to 3:00 PM shift indicated she had verified he was receiving 4L per minute via tracheostomy when she checked his O2 saturation on her shift. Nurse #2 went on to say at one time Resident #39 had been receiving O2 via his tracheostomy, but he wouldn't keep it on. She stated she should not have documented on Resident #39's MAR verifying he was receiving his O2 at 4L per minute via his tracheostomy if he was not.</p> <p>On 4/23/25 at 3:39 PM an interview with the Director of Nursing (DON) indicated Resident #39 did not like to wear his O2 via his tracheostomy collar and preferred to wear it via NC. She stated Nurse #1 should have called a medical provider and gotten the O2 order changed and not documented on Resident #39's MAR verifying he was receiving his O2 at 4L per minute via his tracheostomy if he was not.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/25 at 10:12 AM an interview with the Administrator indicated Nurse #1 should have called a medical provider and got the order changed rather than just documenting on Resident #39's MAR verifying he was receiving his O2 at 4L per minute via his tracheostomy if he was not.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41009</p> <p>Based on observations, record review, and staff interviews, the facility failed to implement their policy for enhanced barrier precautions (EPB) when Nurse #4 failed to wear a gown when providing tracheostomy (a surgical opening in the neck for breathing) care for Resident #27 and when Nurse #5 and Nurse #6 failed to wear a gown during a high contact care activity that included transfer and the provision skin care and hygiene for Resident #39 who had a tracheostomy. This was for 3 of 8 staff members observed for infection control practices. This had the potential to result in the risk of multidrug-resistant organism (MDRO) transmission.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Enhanced Barrier Precautions dated last revised on 6/13/24 revealed in part the following: Enhanced Barrier Precautions are used in conjunction with standard precautions to reduce the risk of MDRO transmission during high-contact resident care activities. It includes the use of both gown and gloves. Enhanced Barrier Precautions apply to residents with any of the following: Presence of an indwelling medical device with or without the presence of an MDRO infection or colonization. Examples of indwelling medical devices: Tracheostomies. Resident care activities that are considered high contact include but are not limited to: Transferring. EBP should be utilized for transfers under the following circumstances: Providing hygiene.</p> <p>1. On 4/22/25 at 4:05 PM a continuous observation of tracheostomy care was conducted for Resident #27 with Nurse #4. Personal Protective Equipment (PPE) supplies including gowns were observed outside Resident #27's room. An EBP sign was observed over the head of Resident #27's bed. Nurse #4 was observed to perform hand hygiene and don (apply) clean gloves prior to the start of the procedure. She was not wearing a gown. At 4:17 PM Nurse #4 was observed to remove Resident #27's tracheostomy collar, and as she attempted to remove Resident #27's tracheostomy inner cannula she was stopped and asked to step outside Resident #27's room. Nurse #4 replaced Resident #27's tracheostomy collar at 4:17 PM, remove her soiled gloves and performed hand hygiene at which time the continuous observation ended.</p> <p>On 4/22/25 at 4:18 PM an interview with Nurse #4 was conducted in the hall outside Resident #27's room. Nurse #4 indicated she had not been wearing a gown when she was performing tracheostomy care for Resident #27. She stated she had received education on the use of EBP for residents who had tracheostomies, and there were PPE supplies including gowns outside Resident #27's room. She reported EBP precautions were designed to prevent the spread of germs to Resident #27 during his tracheostomy care. Nurse #4 stated she did usually wear a gown during this care but had been nervous and had forgotten.</p> <p>On 4/23/25 at 3:39 PM an interview with the Director of Nursing (DON) indicated she had been made aware of the concern that Nurse #4 had not adhered to EBP precautions when providing tracheostomy care to Resident #27 on 4/22/25. She stated while Nurse #4 had previously received education on the use of EBP precautions, she had been reeducated immediately after the incident. The DON stated Nurse #4 should have been wearing a gown during Resident #27's tracheostomy care to prevent the spread of microorganisms to Resident #27.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Premier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 White Street Jacksonville, NC 28546	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/25 at 10:12 AM an interview with the Administrator indicated Nurse #4 should have followed EPB which included wearing a gown while performing tracheostomy care to Resident #27 to prevent the potential spread of microorganisms.</p> <p>2. On 4/23/25 at 11:02 AM a continuous observation of skin care for a rash and abrasion was conducted for Resident #39 with Nurse #5 and Nurse #6. An EBP sign was observed at the entry of Resident #39's room. PPE including gowns were observed on the treatment cart. Nurse #5 and Nurse #6 were observed to perform hand hygiene and apply clean gloves prior to entering Resident #39's room. Resident #39 was observed to have a tracheostomy. Nurse #5 was observed to assist Resident #39 to transfer to a standing position and use a washcloth with soap and water to wash Resident #39's inner thighs and buttocks, rinse and dry the area. Nurse #6 was then observed to apply a barrier cream to the same area. While applying the cream to Resident #39's inner thigh and buttocks area, the right arm sleeve of Nurse #6's shirt was observed to contact the skin of Resident #39's back. Neither Nurse #5 nor Nurse #6 were observed to be wearing a gown during the activity. At 11:10 AM Nurse #5 and Nurse #6 were observed to remove their soiled gloves, perform hand hygiene, and exit Resident #39's room at which time the continuous observation ended.</p> <p>At 11:10 AM, in the hall outside of Resident #39's room, an interview was conducted with Nurse #5 and Nurse #6. Nurse #5 stated she had previously received education of the importance of EBP for residents who had an indwelling device such as a tracheostomy like Resident #39 did to prevent the potential spread of microorganisms, and she usually did wear a gown, but she had just not been thinking about it this time. She stated there were gowns available in the treatment cart outside Resident #39's room. Nurse #6 stated she did not usually wear a gown when providing skin treatments to Resident #39, because sometimes it made him nervous.</p> <p>On 4/23/25 at 3:39 PM an interview with the Director of Nursing (DON) indicated she was not aware of any issues with Resident #39 being nervous about staff wearing gowns when performing activities that required the use of EBP, and this was not currently reflected on his care plan. The DON stated if that were the case, she would expect the nurse to provide education to Resident #39 regarding the reason and importance of EBP, and if he was still resistant, the nurse should report this to her so she could speak with Resident #39. The DON indicated all nursing staff had been educated on the facility's EBP policy and should be adhering to this when providing care to residents such as Resident #39 who had a tracheostomy.</p> <p>On 4/24/25 at 10:12 AM an interview with the Administrator indicated nurses should be adhering to the facility's EBP policy when providing care to residents.</p>		