STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13811 Based on observation, staff interview, and record review the facility failed to secure the indwelling urinary catheter to reduce tension for 1 of 2 residents (Resident #200) reviewed for urinary catheter. Findings included: Resident #200 was admitted to the facility on [DATE] with diagnoses that included neuromuscular dysfunction of bladder, and calculus of ureter. The physician order dated 11/08/24 was to use an indwelling catheter with closed drainage system due to neuromuscular dysfunction of bladder. The physician order dated 11/08/24 included to use catheter securing device to reduce excessive tension on the tubing and facilitate urine flow. The order included to rotate site of securement as needed and check the securement every shift. Documentation on his care plan noted 11/9/24 for the resident had Indwelling urinary catheter related to neurogenic bladder. The approaches included to position catheter bag and tubing below the level of the bladder and away from entrance room door and to place secure tape on leg for catheter security. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #200 was severely cognitively impaired. He was coded to have an indwelling urinary catheter and was always incontinent of bowel. An observation on 11/12/24 at 3:14 pm showed Resident #200 indwelling catheter was not secured on his leg. There was a tape on the catheter tubing but was loose and the tape was not attached to the leg for securement. The resident was in bed and the catheter tube was visible when observed on the right side of his bed. It was also noted that the urine color in the tubing was dark colored with some sediment. Observation of catheter care on 11/13/24 at 3:48 pm noted that the urinary catheter tube was not secured to Resident #200's leg. Nurse Aide (NA #2) stated that it was loose and not secured to resident's leg. NA #2 further stated that she didn't know anything about the securement and did not know what to do with it. The tape was dated 11/11/24. (continued on next page)

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
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Nurse #5 on 11/13/24 at 3:57 pm stated that the Wound Nurse was the one to check the securement device daily. Interview with the Wound Nurse on 11/14/24 at 9:58 am stated that she checked Resident #200's securement device for his catheter tubing at 7:00 am this morning and it was intact at that time. She stated that the nurse on the floor also checks the securement devices. The Wound Nurse further stated the securement devices comes off easily. Interview with the DON on 11/15/24 at 10:50 am stated that all residents with indwelling urinary catheter should have a securement device attached. She stated the nurses should check them every shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 38920 Based on record review and staff interviews the facility failed to post accurate Registered Nurse (RN) staffing information for 51 of 103 days reviewed for posted nurse staffing (8/12/24, 8/14/24, 8/15/24, 8/19/24, 8/20/24, 8/21/24, 8/22/24, 8/23/24, 8/25/24, 8/28/24, 8/29/24, 8/30/24, 8/31/24, 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/7/24, 9/9/24, 9/10/24, 9/11/24, 9/12/24, 9/13/24, 9/16/24, 9/17/24, 9/18/24, 9/19/24, 9/20/24, 9/25/24, 9/26/24, 9/30/24, 10/1/24, 10/5/24, 10/7/24, 10/9/24, 10/10/24, 10/14/24, 10/15/24, 10/17/24, 10/23/24, 10/24/24, 10/26/24, 10/28/24, 10/29/24, 10/30/24, 11/6/24, 11/7/24, 11/8/24, 11/11/24, 11/12/24). The findings included: The daily posted nurse staffing sheets were reviewed from August 2024 through November 2024 and revealed the following: -August 2024 did not have any RN documented as working for all 3 shifts on the following days: 8/12/24, 8/14/24, 8/15/24, 8/19/24, 8/20/24, 8/21/24, 8/22/24, 8/23/24, 8/25/24, 8/28/24, 8/29/24, 8/30/24, 8/31/24. -September 2024 did not have any RN documented as working for all 3 shifts on the following days: 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/7/24, 9/9/24, 9/10/24, 9/11/24, 9/12/24, 9/13/24, 9/16/24, 9/17/24, 9/18/24, 9/19/24, 9/20/24, 9/25/24, 9/26/24, 9/30/24. -October 2024 did not have any RN documented as working for all 3 shifts on the following days: 10/1/24, 10/5/24, 10/7/24, 10/9/24, 10/10/24, 10/14/24, 10/15/24, 10/17/24, 10/23/24, 10/24/24, 10/26/24, 10/28/24, 10/29/24, 10/30/24. -November 2024 did not have any RN documented as working for all 3 shifts on the following days: 11/6/24, 11/7/24, 11/8/24, 11/11/24, 11/12/24. An interview with the Office Assistant occurred on 11/13/24 at 12:19pm. The Office Assistant confirmed she was responsible for completing the daily posted nurse staffing sheets. She explained she was provided with the schedule for the day by the Scheduler and from the schedule she completed the daily posted nurse staffing sheet. The Office Assistant stated that when she was not available to complete the daily posted nurse staffing sheets, the manager on duty was responsible for the completion of the daily posted nurse staffing sheet. The Office Assistant stated she was trained in completing the daily posted nurse staffing sheet by the Scheduler and that she was aware there needed to be a RN in the building at least 8 hours a day. The Office Assistant explained if there was not a RN listed on the daily posted nurse staffing sheet then there was a salaried RN in the building such as the Staff Development Coordinator, Assistant Director of Nursing, and/or the Minimum Data Set Nurse. She said she was told by the Scheduler that a salaried RN could not be counted on the daily posted nurse staffing sheet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	The Scheduler was interviewed on 11/13/24 at 12:37pm. The Scheduler confirmed she had trained the Office Manager in completing the daily posted nurse staffing sheets. She stated she was aware a RN had to be present in the building for at least 8 hours a day but said she was not informed that a salaried RN could be placed on the daily posted nurse staffing sheets. During an interview with the Director of Nursing (DON) on 11/13/24 at 12:44pm, the DON discussed that there was no process in place to check the daily posted nurse staffing sheets. She explained she looked at the assignment sheets every day but not the daily posted nurse staffing sheets. The DON stated she would want to see on the daily posted nurse staffing sheets the census, how many LPN's, how many RNs, and how many Nursing Assistant's were working on each shift. She also stated she was aware a RN needed to be in the building at least 8 hours a day. The DON explained that a salaried RN had not been typically placed on the daily posted staffing sheets because they were not working on the halls. An interview with the Administrator occurred on 11/13/24 at 12:51pm. The Administrator stated she would want to see on the daily posted nurse staffing sheets the date, census, and how many hours per discipline. She explained she had used the daily posted nurse staffing sheets as who was providing hands on care to the residents not who was present in the building. The Administrator stated there had been a RN in the building every day at least 8 hours each day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38920 Based on observations and staff interviews, the facility failed to (1a) remove expired medication from hall 3 medication cart, (1b) discard loose pills from hall 1,2, and 4 medication carts, and (1c) failed to date an open vial of lidocaine (local anesthetic) found in hall 4's medication cart for 4 of 5 medication carts reviewed for medication storage. The findings included: 1a. Observation of Hall 3 medication cart occurred on [DATE] at 10:31am with Nurse #3. The following item was found: -Bisacodyl (laxative) 5 milligrams (mg) bottle expired in [DATE]. During an interview with Nurse #3 on [DATE] at 10:33am, Nurse #3 stated she was unaware the medication had expired. She explained the night shift nurses were responsible for checking the medication carts for expired medication. b. Observation of the medication cart for halls 1 and 2 occurred on [DATE] at 10:48am with Nurse #4. The following item was found: - one small pink round pill was loose in the top drawer of the medication cart. Nurse #4 was interviewed on [DATE] at 10:50am. The nurse stated she was unaware of the pill being loose in the drawer and stated if she had known she would have disposed of the pill. c. During an observation of hall 4's medication cart on [DATE] at 11:08am with Nurse #2, the following items were found: - one oblong white pill was loose in the top drawer of the medication cart. - one round off white pill was also loose in the top drawer of the medication cart. - one 10 cubic centimeter (cc) vial of lidocaine 1% was found to be open with no open date documented. An interview with Nurse #2 occurred on [DATE] at 11:11am. Nurse #2 explained she did not see the loose pills in the drawer, and she had not administered the lidocaine, so she was unaware the vial had been opened but not dated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Assistant Director of Nursing (ADON) was interviewed on [DATE] at 11:45am. ADON explained that the third shift nurses were responsible for cleaning the medication carts, checking for expired medication and ensuring medications had an open date if needed. She also explained that the nurses assigned to a medication cart were also responsible for checking expiration dates, checking for any loose pills, and open dates if needed. The ADON stated the nurses were aware of their duties and said she could not explain why the above issues were found.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38920 Based on record review, observations, resident and staff interviews, the facility failed to provide adaptive eating utensils to a resident who required light weight utensils with a rubber grip. This occurred for 1 of 1 resident (Resident #28) reviewed for accommodation of needs. The findings included: Resident #28 was admitted to the facility on [DATE] with multiple diagnoses that included multiple sclerosis and muscle weakness. Physician order dated 4-9-24 revealed Resident #28 was to receive a divided plate, a special cup (a cup with 2 handles and a lid), and built-up utensils. Resident #28's care plan with a revision date on 7-21-24 revealed the resident had nutritional problems or the potential for nutritional problems related to multiple sclerosis. The goal for Resident #28 involved her maintaining adequate nutritional status. The interventions included Resident #28 having a lightweight fork with a rubber grip handle. The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #28 was cognitively intact, had upper extremity impairment on one side, and required set up/clean up assistance with eating. Observation of Resident #28's lunch meal occurred on 11-12-24 at 12:20pm. Resident #28's meal ticket had that she was to receive light weight rubber handles utensils with meals. The observation revealed Resident #28 had received weighted utensils with a rubber grip, however, when the surveyor picked up the utensils by the handle, the weight of the utensils was heavy. Resident #28 was interviewed on 11-12-24 at 12:21pm. Resident #28 was sitting in a small dining room with one other resident. The resident stated she was not able to eat with the utensils because they are too heavy for me, and I cannot hold them. She said no staff had checked on her since bringing her tray, so she was not able to tell anyone about the utensils. During an interview with the Dietary Manager on 11-12-24 at 12:25pm, the Dietary Manager came to where Resident #28 was eating. He reviewed Resident #28's meal ticket and confirmed the resident was to receive light weighted utensils with her meals. The Dietary Manager picked up Resident #28's utensils and stated, oh no these are the heavy weighted utensils. Resident #28 told the Dietary Manager she could not eat with heavy weighted utensils, so she was not going to eat. The Dietary Manager did not respond to Resident #28 but stated there was a new Dietary Aide on the tray line and must have gotten confused between the heavy weighted and light weight utensils and then the Dietary Manager left the room. Continuous observation of the dining room where Resident #28 was sitting occurred on 11-12-24 from 12:28pm to 12:59pm. The observation revealed no staff member had entered the dining room to bring Resident #28 the proper utensils. Resident #28 was observed to be eating crackers during this time and not her meal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing Assistant (NA) #1 was interviewed on 11-12-24 at 1:01pm. NA #1 explained prior to giving a resident their meal tray, she will read the meal ticket to ensure the resident received the correct meal. She stated she had not read Resident #28's meal ticket today and was unaware the resident needed light weight rubber grip utensils. The NA said she did see there were special utensils on the tray but did not know they were not the right ones. NA #1 stated if Resident #28 had told her the utensils were not right, she would have gone to the kitchen to retrieve the right utensils. NA #1 confirmed that she had not checked on Resident #28 after providing the resident with her tray. An interview with Dietary Aide #1 occurred on 11-12-24 at 2:06pm. The Dietary Aide explained she had been working at the facility for 3 weeks and she was still in training. She stated she was taught to get a meal ticket from the pile of tickets, place the ticket on the tray, read the ticket to see if there are special needs in silverware or cups, and then wrap the silverware in a napkin. Dietary Aide #1 stated she was aware Resident #28 received light weighted utensils and that she just grabbed the wrong utensils. A follow-up interview was conducted with the Dietary Manager on 11-13-24 at 1:17pm. The Dietary Manager confirmed he had not provided Resident #28 the lightweight utensils on 11-12-24 after he had discovered the resident had the wrong utensils. He explained he did not provide the utensils because Resident #28 had told him she was not going to eat cold food. The Dietary Manager stated he should have asked Resident #28 if she would like her food heated and provided the lightweight utensils but said, I didn't think about it. During an interview with the Administrator on 11-13-24 at 12:59pm, The Administrator stated she would have wanted the Dietary Manager to bring Resident #28 the light weighted utensils so she could eat but said the Dietary Manager explained to her Resident #28 said she was not going to eat because her food was cold.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehabilitation and Healthcare Center	226 N Oakland Avenue Eden, NC 27288

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 13811 Based on observation, staff interview, and record review the facility failed to implement Enhanced Barrier Precautions (EBP) when a nurse aide provided catheter care for Resident #200 and did not wear a gown for 1 of 1 staff members observed for infection control practices. Findings included: The facility policy for Enhanced Barrier Precautions dated 2024 read in part that they required the use of gown and gloves for high-contact resident care activities in the resident's room when doing device care or use of urinary catheter. The physician order dated 11/08/24 to use indwelling catheter with closed drainage system due to neuromuscular dysfunction of bladder. Another order included for enhanced barrier precautions related to indwelling catheter every shift and to provide catheter cleansing and perineal hygiene every shift and as needed if soiled. An observation for the urinary catheter care was done on 11/13/24 at 3:48 PM. NA #1 washed her hands in the bathroom and collected her water in a basin with soap and towels for the catheter care. She wore her gloves during the entire urinary catheter care but did not wear any gown during the process. Interview with NA #1 on 11/13/24 at 5:07 PM stated she forgot to wear her gown during the catheter care, and she only realized after she was done cleaning. She stated she should have worn a gown as part of the enhanced barrier precautions. Interview with Director of Nursing (DON) on 11/15/24 at 10:50 am stated that nurses doing close personal care for resident with EBP would wear a gloves and gowns when doing catheter care. Interview with Administrator on 11/15/24 at 11:55 am stated that nursing staff should wear gloves and gowns when doing catheter care.