

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Hickory Falls Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sunset Street Granite Falls, NC 28630	

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** Based on record review and staff, Nurse Practitioner and Medical Director interviews, the facility failed to maintain a complete and accurate medical record when identification of a new pressure injury and the completion of wound treatments were not documented in the medical record for 1 of 3 residents reviewed for accurate medical record (Resident #303).</p> <p>The findings included:</p> <p>Resident #303 was admitted to the facility on [DATE].</p> <p>A physician's order dated 1/3/2025 read: Cleanse sacrum with wound cleanser, pat dry, apply betadine and secure with foam patch once a day was written by the Wound Nurse.</p> <p>Review of the medical record revealed no documentation regarding a change in Resident #303's skin integrity on 1/3/2025.</p> <p>A physician's order dated 1/15/2025 that read cleanse sacrum with wound cleanser, pat dry, apply calcium alginate and secure with foam patch once a day.</p> <p>Review of Resident #303's January Treatment Administration Record (TAR) revealed there were two days when ordered treatments had no documentation on the TAR (1/16/2025 and 1/17/2025) and four days documented as not administered other (1/6/2025, 1/8/2025, 1/13/2025, and 1/24/2025).</p> <p>During a telephone interview on 05/21/25 8:35 AM NA #2 stated she was familiar with Resident #303. NA #2 stated Resident #303 had frequent loose bowel movements and redness to her bottom and a barrier cream was applied. NA # 2 stated she remembered reporting a new skin issue for Resident #303 to the Wound Nurse on 1/3/2025, but did not recall what the skin issue was. NA #2 explained if she reported it to the Wound Nurse, it would have been more than redness because that is why the barrier cream was applied.</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: 345246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Hickory Falls Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sunset Street Granite Falls, NC 28630	
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>During an interview on 5/20/2025 at 2:59 PM the Wound Nurse stated she was notified of a new skin issue for Resident #303 on 1/3/2025. The Wound Nurse stated she assessed Resident #303 and must have seen a dark purple spot on Resident #303's sacrum since the order that was obtained was for betadine and a cover dressing, which is the treatment normally utilized for deep tissue injury wounds. The Wound Nurse stated she measured the area, obtained an order for treatment and notified the MDS department so the care plan would be updated. The Wound Nurse stated she did not know why she did not document the new pressure injury for Resident #303 on 1/3/2025 and stated she normally documents new skin issues. The Wound Nurse verified the documentation on Resident #303's TAR showed no treatment completed on 1/16/2025 and 1/17/2025, and documentation on 1/6/2025, 1/8/2025, 1/13/2025 and 1/24/2025 that revealed the ordered treatment was documented and not administered other. The wound nurse stated if she was working the treatments were completed, but she may not have signed the TAR. The wound nurse stated she is normally in the facility until around 4:45 PM but the treatment orders show on the electronic medication administration record as late after 3:00 PM and sometimes the second shift nurses sign it off as not administered to remove it from their screen.</p> <p>Review of the facility's daily staffing sheets from January 2025 revealed the wound nurse was scheduled on 1/6/2025, 1/8/2025, 1/13/2025, 1/16/2025, 1/17/2025, and 1/24/2025.</p> <p>During a telephone interview with Nurse #2 she verified when she signed not administered other on 1/8/2025, 1/13/2025 and 1/24/2025 she had not completed the treatment because it was ordered for 1st shift and showing not completed on her screen.</p> <p>During an interview on 5/20/2025 at 4:45 PM the Nurse Practitioner (NP) stated a new skin issue should be documented in the medical record when it was discovered.</p> <p>During a telephone interview on 5/21/2025 at 8:19 AM the Medical Director stated he would expect the nurses to complete documentation to the best of their ability when a new pressure injury was identified. The Medical Director stated he expected ordered treatments be documented accurately to the best ability of the nurse.</p> <p>During an interview with the Director of Nursing (DON) on 5/20/2025 at 4:35 PM the DON stated she expected the TAR to be completed accurately and for documentation to reflect care provided.</p> <p>During an interview on 5/21/2025 at 10:03 AM the Administrator stated he expected for the medical record documentation to be complete and accurate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Hickory Falls Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sunset Street Granite Falls, NC 28630	
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>Based on observations, record review and staff interviews, the facility failed to clean and disinfect an individually assigned glucometer per manufacturer recommendations and the facility also failed to follow their infection control policy when staff wore a torn glove during blood glucose check for 1 of 3 staff observed during blood glucose monitoring (Nurse #3).</p> <p>Findings included:</p> <p>A review of facility policy entitled Blood Glucose Monitoring last updated 01/02/25 stated the nurse will abide by the infection control practices of cleaning and disinfection of the glucometer as per the manufacturer's instructions and in accordance with the facility's glucometer disinfection policy. Individual glucometers for residents must have proper identification to distinguish between residents and these should not be shared between residents.</p> <p>A review of facility policy entitled Personal Protective Equipment last updated 01/02/25 under section indications/consideration for PPE - gloves stated change gloves and perform hand hygiene between clean and dirty tasks, when moving from one body part to another, when heavily contaminated, or when torn.</p> <p>A review of the manufacturer's cleaning and disinfection procedure guide, the glucometer should be cleaned with an Environmental Protection Act (EPA) approved disinfectant after use on each patient. Hand sanitizing wipes were not listed as an appropriate disinfectant for glucometers on the manufacture's guide. Super Sani-cloth Germicidal disposable wipes were listed as an approved disinfectant on the manufacturer's cleaning instructions, and the facility had these wipes available on the medication cart.</p> <p>An observation of Nurse #3 who performed blood glucose check on Resident #109 on 05/19/25 at 11:57 AM revealed that Nurse #3 obtained Resident #109's glucometer from the drawer on medication cart. Glucometer was stored in the protective case labeled with Resident #109's name. Nurse #3 then cleaned the individually assigned glucometer with alcohol-based hand disinfectant wipes prior to use. She was observed applying gloves and the glove on left hand was torn over the entire palm area. She entered the room to check Resident #109's blood glucose level. Blood glucose check was performed while Nurse #3 wore the torn glove. An error message on glucometer indicated insufficient sample and she was not able to obtain glucose level on the first attempt. Nurse #3 wore the same torn glove to obtain a new glucometer test strip out of container to recheck blood glucose a second time. She then performed the blood glucose check again. Nurse #3 was able to obtain blood glucose level on second attempt. The glove remained torn during both blood glucose checks. She removed the torn, used gloves after completion of procedure and disposed of them in the trash. She then cleaned the glucometer with the alcohol-based hand disinfectant wipes after use. The glucometer was returned to the individual case labeled with Resident #109's name and stored in the drawer in the medication cart.</p> <p>During an interview with Nurse #3 on 05/19/25 at 12:11 PM she stated that she was not aware that her glove was torn during the blood glucose check. She stated that her understanding of the disinfection of glucometers was to use sani wipes and the disinfecting hand wipes say sani on them, so she thought that was sufficient. She stated she thought the disinfectant hand wipes were adequate and she was not familiar with the manufacturer's glucometer disinfection recommendations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Hickory Falls Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sunset Street Granite Falls, NC 28630	
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>An interview with the Director of Nursing on 05/19/25 at 1:06 PM revealed that the expectation was for the facility's blood glucose monitoring policy to be implemented during blood glucose checks. Intact gloves were to be worn during the procedure. Her expectation would be that the nurse would stop and change out glove if torn or damaged. According to the manufacturer's directions, alcohol-based hand disinfectant wipes were not approved to disinfect the glucometer and purple top disinfectant wipes were to be used.</p>		