

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bladen East Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 804 S Poplar Street Elizabethtown, NC 28337	
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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21483</p> <p>Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment for 2 of 2 residents reviewed for restraints (Resident #15 and Resident #62).</p> <p>The findings included:</p> <p>1. Resident #15 was admitted to the facility on [DATE].</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] indicated Resident #15 was cognitively intact, and a physical restraint of a bed rail was used daily.</p> <p>During an interview with Resident #15 on 03/03/2025 at 11:48 AM. The resident stated she did not have bedrails on her bed.</p> <p>An observation of Resident # 15's bed on 03/03/2025 at 11:48 AM did not reveal any bed rails.</p> <p>An interview with the MDS Coordinator was conducted on 03/04/2025 at 12:44 PM. She stated she was not at the facility at the time the screening was completed for Resident #15. She reported Resident # 15 did not have bedrails on her bed and the use of bedrails as a restraint was coded in an error on the MDS.</p> <p>An interview with the Director of Nursing (DON) was conducted on 03/04/2025 at 1:03 PM. The DON stated she completed Resident # 15's MDS assessment because the MDS Coordinator was on leave in December 2024. She reported the facility was restraint free and Resident #15 did not use bedrails on her bed. She stated the use of restraint coding on MDS was an error.</p> <p>An interview with the Administrator was conducted on 03/05/2025 at 3:00 PM. The Administrator explained she and the DON had completed MDS screenings while the MDS Coordinator was on leave in December 2024. She stated the use of restraint coding on MDS was an error and she expected the MDS to be coded correctly.</p> <p>38702</p> <p>2. Resident #62 was admitted to the facility on [DATE].</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 345267
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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The quarterly Minimum Data Set (MDS) dated [DATE] noted Resident #62 was cognitively intact, and a physical restraint of a bed rail was used less than daily.</p> <p>The care plan dated 02/27/2025 had focus for activity of daily living (ADL) self-care performance deficit. The care plan did not include any interventions for physical restraint or bed rail use.</p> <p>An observation of Resident #62's bed on 03/03/2025 at 10:58 AM did not reveal any bed rails.</p> <p>An interview with Resident #62 was conducted on 03/03/2025 at 10:58 AM. The Resident stated he had never had rails on his bed.</p> <p>An interview with the MDS Coordinator was conducted on 03/04/2025 at 12:44 PM. She stated physical restraints should not be coded because the facility was restraint free. She was not at the facility at the time the screen was completed for Resident #62. She stated it was a coding error because Resident #62 has never had bedrails.</p> <p>An interview with the Director of Nursing (DON) was conducted on 03/04/2025 at 12:51 PM. The DON stated the facility was restraint free and it was a coding error because Resident #62 had not had rails on his bed.</p> <p>An interview with the Administrator was conducted on 03/04/2025 at 1:17 PM. The Administrator explained she and the DON had completed MDS screenings while the MDS Coordinator was on leave in December. The Administrator also explained the facility was restraint free and Resident #62 did not have bedrails. She stated she expected the MDS to be coded correctly.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43798</p> <p>Based on observations and staff interviews, the facility failed to label and date resident's personal food items and discard expired food items stored in 1 of 1 nourishment refrigerator. This practice had the potential to cause foodborne illnesses.</p> <p>Findings included:</p> <p>An observation of the nourishment refrigerator with the facility's Dietary Manager on [DATE] at 1:28 PM revealed the following:</p> <ul style="list-style-type: none"> a. 2 yogurt cups with the expiration date of [DATE] b. A Ranch dressing bottle with the expiration date of [DATE] c. Partially eaten chicken wings and corn on the cob in a disposable plate with no date or label d. A 2-liter soda bottle approximately two thirds full with no label or date e. A plastic bottle with orange colored liquid with no label or date <p>The Dietary Manager, who was present during the observation, stated that nursing staff were supposed to ensure the food items were labeled and dated and that expired items were discarded.</p> <p>An interview was conducted on [DATE] at 1:30 PM with the Assistant Director of Nursing (ADON) when she came into the nourishment room and placed the food items in the trash can. The ADON stated that nursing staff should have labeled and dated the food items before placing them in the refrigerator and discarded any expired food items.</p> <p>An interview was conducted with the facility Administrator on [DATE] at 2:14 PM. The Administrator stated that if there were any expired food items they should have been thrown out and all foods should have been labeled and dated before being placed in the refrigerator.</p>