

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Grantsbrook Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Keel Road Grantsboro, NC 28529	

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** 50404</p> <p>Based on record review and staff, Resident, and Resident Representative interviews, the facility failed to develop and implement a comprehensive care plan for a resident with a shellfish allergy. This was for 1 of 3 residents reviewed for dietary allergies (Resident #63).</p> <p>The findings included:</p> <p>Resident #63 was admitted to the facility on [DATE].</p> <p>Resident #63's quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident was cognitively intact.</p> <p>A review of Resident #63's care plan dated 1/3/25 and last revised on 3/4/25 did not include a focus area, goal or intervention for shellfish allergies.</p> <p>An interview with Resident #63 was conducted on 5/4/25 at 11:45 AM. Resident #63 stated he was served shrimp shortly after he moved into the facility. He told the aide he was allergic to shrimp, and she removed the meal tray. Resident #63 added, he had an allergic reaction when he was in his twenties, after eating shrimp it felt as if his throat was closing and he could not breathe.</p> <p>An interview with Resident #63's Resident Representative (RR) was conducted on 5/4/25 at 1:35 PM. The RR stated on 2/3/25 when she was made aware the facility had served Resident #63 shrimp, she called the facility and spoke with Nurse #1 to make sure they were aware Resident #63 had a shellfish allergy.</p> <p>An interview was conducted with the Regional Registered Dietician on 5/7/25 at 8:15 AM. She stated she did not know if a food allergy should be included in a care plan.</p> <p>An interview with the MDS Nurse was conducted on 5/7/25 at 9:10 AM and revealed she would not add food allergies to the care plan, but the Dietary Manager would complete that task.</p> <p>The Dietary Manager was interviewed on 5/7/25 at 9:15 AM. She stated she would have been responsible for nutritional screenings and the nursing team would be assigned to discuss allergies. The nurse in charge on the day of the discussion would be tasked with adding any allergies to the care plan.</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: 345292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Grantsbrook Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Keel Road Grantsboro, NC 28529	

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>An interview with the Director of Nursing (DON) on 5/7/25 at 9:20 AM revealed the Dietary Manager or any of the nurses would be responsible for adding food allergies to the care plan. She added there was not one person assigned to that task.</p> <p>An interview with the Administrator was conducted on 5/7/25 at 9:30 AM, he stated either the Dietary Manager or the MDS Nurse would be responsible for adding a food allergy to a care plan.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Grantsbrook Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Keel Road Grantsboro, NC 28529	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50404</p> <p>Based on record reviews, and interviews with the Resident, Resident Representative, and staff, the facility failed to obtain a resident's dietary allergies prior to serving food to a resident that would create an allergic reaction. This was for 1 of 3 residents (Resident #63) reviewed for food allergies and preferences.</p> <p>Findings included:</p> <p>Resident #63 was admitted to the facility on [DATE]. There were no allergies listed on the discharge paperwork from the hospital.</p> <p>Resident #63's quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident was cognitively intact.</p> <p>An interview with Resident #63 was conducted on 5/4/25 at 11:45 AM. Resident #63 stated he was served shrimp shortly after he moved into the facility. He told the aide he was allergic to shrimp, and she removed the meal tray. Resident #63 added, he had an allergic reaction when he was in his twenties, after eating shrimp it felt as if his throat was closing and he could not breathe.</p> <p>An interview with Resident #63's Resident Representative (RR) was conducted on 5/4/25 at 1:35 PM. The RR stated on 2/3/25 when she was made aware the facility had served Resident #63 shrimp, she called the facility and spoke with Nurse #1 to make sure they were aware Resident #63 had a shellfish allergy.</p> <p>A progress note dated 2/3/25 and written by Nurse #1 revealed the RR and Resident discussed with dietary that he had a shellfish allergy and the allergy had been added to his medical record.</p> <p>An interview was conducted with Nurse #1 on 5/6/25 at 8:30 AM. She stated she did not remember if Resident had been served shellfish. She further stated the RR called on 2/3/25 and told her the resident was allergic to shellfish. Nurse #1 revealed typically new residents meet with the dietary team within 24 hours of admission to discuss likes, dislikes and allergies if they do not come into the facility with that information.</p> <p>An interview was conducted with [NAME] #1 on 5/4/25 at 11:00 AM. He stated the food allergies and preferences are listed on the tray slips that are used to prepare trays for meal service.</p> <p>An interview with the Dietary Manager was conducted on 5/5/25 at 1:15 PM. She revealed part of her role is to meet with the family at the preadmission meeting and talk with the resident within 36 hours of admission. She went on to say she did not remember meeting with Resident #63's family.</p> <p>An interview with the Nurse Supervisor was held on 5/5/25 at 1:30 PM. He stated the admitting nurse would put allergies into the resident's record upon admission. He was the admitting nurse for Resident #63 and there was not an allergy listed on the discharge summary from the hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Grantsbrook Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Keel Road Grantsboro, NC 28529	
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 0806</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 was conducted on 5/6/25 at 9:15 AM. She revealed her expectation would have been that the admission nurse or hall nurse would add allergies to the record if the information was included in the admission paperwork. She went on to say family/resident preadmission meetings were held with each facility department represented. If there was not a family/resident preadmission meeting each facility department manager should meet with the family or resident within 24 hours of admission. The admission nurse would be responsible for adding allergies to the medical record.</p> <p>An interview conducted with the Regional Registered Dietician on 5/7/25 at 8:15 AM. She stated she would expect food allergies to be reviewed by the Dietary Manager and the nursing team would make a notation on the medical record within 48 hours of admission.</p> <p>An interview with the Administrator was conducted on 5/6/25 at 9:30 AM. He revealed he expected food allergies would be addressed by nurses. He went on to say the admitting hall nurse should address allergies on admission prior to the first meal service.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Grantsbrook Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Keel Road Grantsboro, NC 28529	
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>37468</p> <p>Based on observations, record review, and staff interviews, the facility failed to implement their policy for enhanced barrier precautions (EPB) when Nurse Aide #1 and Nurse Aide #2 failed to wear a gown when providing incontinence care for Resident #14. This was for 2 of 9 staff members observed for infection control practices.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Enhanced Barrier Precautions dated last revised on 4/1/24 revealed in part the following: Enhanced Barrier Precautions (EBP) are used in conjunction with Standard Precautions to reduce the risk of MDRO [Multidrug-resistant bacteria] transmission during high-contact resident care activities. [It includes] the use of both gowns and gloves. Enhanced Barrier Precautions apply to residents with any of the following: .Wounds with or without the presence of an MDRO infection. Example[s] of chronic wounds requiring EBP include but are not limited to the following types of wounds: Pressure ulcers .Resident care activities that are considered high contact include but are not limited to: .changing briefs or assisting with toileting.</p> <p>During observation on 5/5/25 at 1:36 PM Nurse Aide #1 and Nurse Aide #2 were observed providing incontinent care for Resident #14. Nurse Aide #2 was observed to shut the resident's door, close the window blinds, and then both nurse aides performed hand hygiene. Both nurse aides introduced themselves to Resident #14 and explained what they were about to do. Nurse Aide #1 raised the bed and then lowered the head of bed and both nurse aides used hand sanitizer and then put on gloves. As Nurse Aide #1 pulled the covers back on Resident #14 and the nurse aides were about to start incontinent care, both nurse aides were asked to stop and step outside of the hearing of the resident.</p> <p>During an interview on 5/5/25 at 1:43 PM both Nurse Aide #1 and Nurse Aide #2 stated Resident #14 did have a wound at one point, but due to there being no EBP signage or Personal Protective Equipment (PPE) on the door, the wound must now be closed, and the dressing was a preventative dressing. Due to this, there was no need for them to wear a gown for EBP. Both nurse aides stated they could not remember Resident #14 having Enhanced Barrier Precautions so the wound must have been closed for a long time. The nurse aides then continued to complete incontinent care on Resident #14.</p> <p>While completing the observation of incontinent care on Resident #14 on 5/5/25 at 1:43 PM, a clean and dry border foam wound dressing approximately 2 inches by 2 inches was observed on Resident #14's sacrum.</p> <p>During an interview on 5/5/25 at 1:48 PM the Infection Preventionist stated Resident #14 did have a chronic sacral pressure ulcer with a small opening that on 4/29/25 was measured to be 2.5 centimeters by 2.5 centimeters by 0.1 centimeters depth with no drainage. She stated Resident #14 had the pressure ulcer for over a year and it would not close but was very small and had no drainage. The Infection Preventionist stated that because there was no drainage and the wound was small and could be covered with boarder foam dressing, she did not believe Resident #14 needed enhanced barrier precautions. If residents were on EBP then staff should wear a gown and gloves for incontinence care. She stated she was trained on EBP 3/4/25 and had a refresher course on 3/31/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Grantsbrook Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Keel Road Grantsboro, NC 28529	
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>During an interview on 5/5/25 at 3:49 PM the Director of Nursing stated Resident #14 should have been on enhanced barrier precautions due to his chronic wound and signage and PPE should have been placed on his door to alert the staff of this. A gown and gloves should have been worn by the nurse aides while providing incontinence care to Resident #14.</p> <p>During an interview 5/6/25 at 12:04 PM the Administrator stated the Enhanced Barrier Precautions policy and procedures should be followed by staff.</p>		