

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2026
NAME OF PROVIDER OR SUPPLIER  Iredell Memorial Hospital Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  557 Brookdale Drive Statesville, NC 28677	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff, and family interviews, the facility failed to have an effective discharge planning process that ensured home health services were set up prior to discharge to the community for a resident who had a wound vac (a therapeutic device that uses controlled negative pressure [suction] to accelerate the healing of acute or chronic wounds). This failure was for 1 of 4 residents reviewed for discharge (Resident #64). The findings included: Resident #64 was admitted to the facility on [DATE] with diagnoses that included history of sleeve gastrectomy (a common, irreversible weight-loss surgery), Surgical wound dehiscence (the partial or total separation of previously stitched surgical incision edges), encounter for surgical aftercare following surgery of the digestive system, and small bowel perforation (a life-threatening, full-thickness hole in the small intestine wall that leaks digestive contents into the abdominal cavity, causing severe abdominal pain, peritonitis, and potential septic shock). Resident #64's admission Minimum Data Set assessment dated [DATE] revealed Resident #64 was cognitively intact with no delusions, behaviors, rejection of care, or instances of wandering. Resident #64 was coded as independent with eating, needed supervision with oral hygiene, and limited assistance with bed mobility, transfers, personal hygiene, upper body dressing, and bathing. Resident #64 was dependent on others for toileting hygiene, lower body dressing, and putting on and taking off footwear. Resident #64 was also coded as having a recent gastrointestinal surgery that required active skilled nursing facility care and had a present surgical wound. Her goal was to discharge to the community and active discharge planning was in process. A physician order dated 09/19/25 read: wound vac dressing change every Monday, Wednesday, and Friday to abdomen. Review of the Discharge Planner's note dated 10/01/25 revealed the Discharge Planner had verified Resident #64's wound vac was to be delivered and that a referral was sent out to a home health agency that morning at 11:38 AM on 10/01/25. The note also revealed that the Discharge Planner was contacted at 4:15 PM on 10/01/25 by the home health agency who indicated they would not be able to provide services to Resident #64 due to her geographical location. The note indicated that the Discharge Planner reached out to 3 additional home health agencies on 10/01/25 that reported they too, would not be able to service Resident #64 due to her geographical location. Per Resident #64's progress notes, Resident #64 discharged home with their spouse to their private home on [DATE] approximately 2:45 PM. An interview with Resident #64's Family Member on 03/03/26 at 12:32 PM revealed Resident #64 had a medical procedure in her abdominal area which resulted in the placement of a wound vacuum for wound healing prior to her admission to the facility on [DATE]. She stated that when it came time for Resident #64 to discharge home on [DATE], she and Resident #64's spouse worked with the Discharge Planner to facilitate Resident #64's discharge home. During the discharge planning process they (Resident #64's) family was concerned about ensuring that home health was scheduled to see Resident #64 when she returned home due to the significant abdominal wound that still required the placement of a</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
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