STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345316	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Citizens Home	2275 Ruin Creek Road Henderson, NC 27537

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45044 Based on observations, record reviews, resident interview, and staff interviews the facility failed to correctly code the Minimum Data Set (MDS) assessment in the areas of falls and restraints for 2 of 23 residents whose MDS assessments were reviewed for accuracy (Residents #45 and #23). The findings included: 1. Resident #45 was admitted to the facility on [DATE] with diagnoses that included osteoarthritis, dementia, and a history of a stroke. An incident report dated 8/5/24 at 5:37pm stated Resident #45 was observed laying on the floor in front of her personal recliner. The note stated Resident #45's lower extremities had normal range of motion and were without pain. The facility Nurse Practitioner (NP) was notified and an order for an x-ray of the Resident's left hip was received. The quarterly MDS dated [DATE] revealed Resident #45 was severely cognitively impaired and was coded no for any falls since admission/entry, reentry, or prior assessment. The review further revealed the questions regarding the number of falls and major injury since admission/entry, reentry or prior assessment sections were disabled. An interview was completed on 12/4/24 at 10:46am with the MDS Nurse. The Nurse stated the MDS assessment was coded inaccurately and should have been coded for 1 fall with a major injury. An interview was completed on 12/5/24 at 10:01am with the Director of Nursing (DON). The DON stated the MDS assessment was coded in error. The DON stated the MDS Nurse had completed a modification to the inaccurate MDS assessment on 12/5/24. An interview was completed on 12/5/24 at 11:09am with the facility's Administrator. The Administrator stated it was her expectation that the MDS assessment be coded correctly and reflect an accurate picture of the Resident. 45045 2. Resident #23 was admitted to the facility on [DATE]. (continued on next page)

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: 345316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Senior Citizens Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2275 Ruin Creek Road Henderson, NC 27537	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #23 had an active physician order dated 12/31/21 for 1/4 bed rails to be used as assist device for bed mobility only. The care plan last reviewed on 5/27/24 revealed Resident #23 had an activities of daily living self-care performance deficit related to limited mobility with an intervention of 1/4 side rails to assist with bed mobility. The Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #23 was cognitively intact and was coded for physical restraints noted as bed rails, used daily. An observation and interview were conducted on 12/02/24 at 11:34 am with Resident #23. The bed was noted to have 2 upper side rails in place. Resident #23 stated she used the side rails to move and turn herself when she was in bed. A telephone interview was conducted on 12/04/24 at 8:15 am with MDS Nurse #2 who stated when a resident used side rails for mobility they were not to be coded as a restraint. MDS Nurse #2 stated she must have made an error when she coded Resident #23's side rails as a restraint. During an interview on 12/05/24 at 9:40 am with the Director of Nursing (DON) who revealed Resident #23 used the side rails to allow for turning and repositioning in bed and they should not have been coded as restraints. An interview was conducted with the Administrator on 12/05/24 at 10:44 am who revealed the MDS Nurse was responsible to ensure the resident assessments were coded accurately.

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NAME OF PROVIDER OR SUPPLIER Senior Citizens Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2275 Ruin Creek Road Henderson, NC 27537	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45045 Based on record review and staff interviews, the facility failed to conduct quarterly reviews of resident care plans for 5 of 23 resident care plans that were reviewed (Resident #23, Resident #6, Resident #9, Resident #8, and Resident #45). The findings included: 1. Resident #23 was admitted to the facility on [DATE] with chronic obstructive pulmonary disease (COPD) and osteoarthritis. A review of Resident #23's care plan revealed the most recent review date of 7/30/24 and no further reviews or updates had been completed. The Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #23 was cognitively intact. An interview was completed on 12/3/24 at 10:03 am with the Director of Nursing (DON) who revealed she was both the MDS Nurse and the DON for the facility. She stated she was responsible for reviewing resident care plans. The DON verified Resident #23's care plan review was overdue. The DON stated she was aware the resident care plans were behind, and she was working on getting them completed. An interview was completed on 12/5/24 at 11:07 am with the Administrator who revealed she was not aware the resident care plans were not being reviewed. The Administrator stated the MDS Nurse was responsible to review and update resident care plans as required. 2. Resident #6 was admitted to the facility on [DATE] with diagnoses which included diabetes, chronic kidney disease, and stroke. A review of Resident #6's care plan revealed the most recent review date of 5/23/24 and no further reviews or updates had been completed. The MDS quarterly assessment dated [DATE] revealed Resident #6 was cognitively intact. An interview was completed on 12/3/24 at 10:03 am with the Director of Nursing (DON) who revealed she was both the MDS Nurse and the DON for the facility. She stated she was responsible for reviewing resident care plans. The DON verified Resident #6's care plan review was overdue. The DON stated she was aware the resident care plans were behind, and she was working on getting them completed. An interview was completed on 12/5/24 at 11:07 am with the Administrator who revealed she was not aware the resident care plans were not being reviewed. The Administrator stated the MDS Nurse was responsible to review and update resident care plans as required. 45044 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Senior Citizens Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2275 Ruin Creek Road Henderson, NC 27537	

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Resident #9 was admitted to the facility on [DATE] with diagnoses that included heart disease, chronic obstructive pulmonary disease, and atrial fibrillation. A review of Resident #9's care plan list revealed the most recent review date of 7/15/24 and no further reviews or updates had been completed. A Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #9 was cognitively intact. An interview was completed on 12/5/24 at 9:59am with the Director of Nursing (DON). The DON verified Resident #9's care plan review was overdue. The DON stated she was currently working to ensure all resident care plans were reviewed and updated in a timely manner. An interview was completed on 12/5/24 at 11:15am with the facility's Administrator. The Administrator stated it was her expectation residents' care plan were reviewed and updated timely. 4. Resident #8 was admitted to the facility on [DATE] with diagnoses that included dementia and atrial fibrillation. A review of Resident #8's care plan list revealed the most recent review date of 7/22/24 and no further reviews or updates had been completed. A MDS assessment dated [DATE] revealed Resident #8 was severely cognitively impaired. An interview was completed on 12/5/24 at 9:59am with the Director of Nursing (DON). The DON verified Resident #8's care plan review was overdue. The DON stated she was currently working to ensure all resident care plans were reviewed and updated in a timely manner. An interview was completed on 12/5/24 at 11:15am with the facility's Administrator. The Administrator stated it was her expectation residents' care plan were reviewed and updated timely. 5. Resident #45 was admitted to the facility on [DATE] with diagnoses that included diabetes, dementia, and a history of a stroke. A review of Resident #45's care plan list revealed the most recent review date of 7/15/24 and no further reviews or updates had been completed. A MDS assessment dated [DATE] revealed Resident #45 was severely cognitively impaired. An interview was completed on 12/5/24 at 9:59am with the Director of Nursing (DON). The DON verified Resident #45's care plan review was overdue. The DON stated she was currently working to ensure all resident care plans were reviewed and updated in a timely manner. An interview was completed on 12/5/24 at 11:15am with the facility's Administrator. The Administrator stated it was her expectation residents' care plan were reviewed and updated timely.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Citizens Home	2275 Ruin Creek Road Henderson, NC 27537

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45789 Based on record review and staff interviews, the facility failed to have a physician order for dialysis in the medical record for 1 of 1 resident reviewed for dialysis (Resident #204). Findings included: Resident #204's hospital discharge summary dated 11/21/2024 included instructions that included the name, address and telephone number of the dialysis center and indicated Resident #204's chair time was Monday, Wednesday, and Friday at 12:00 PM. Resident #204 was admitted to the facility on [DATE] with diagnosis including end stage renal disease stage 5. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #204 was coded for dialysis. During an interview with the Unit Manager on 12/3/2024 at 2:51 p.m. she revealed she was responsible for admitting Resident #204 to the facility. She stated she reviewed the hospital discharge summary for Resident #204, and she did not remember how she omitted entering the physician order for dialysis in his medical record. In an interview with Nurse #2 on 12/3/2024 at 2:58 p.m. she revealed she could not locate a physician order for dialysis for Resident #204 but was aware Resident #204 received dialysis. During an interview with the Director of Nursing (DON) on 12/4/2024 at 9:50 a.m. she revealed that it was the responsibility of the admission nurse to ensure the physician orders were entered. The DON stated that the Unit Manager omitted the order for dialysis for Resident #204 in error. During an interview with the Administrator on 12/5/2024 at 8:25 a.m. she revealed it was the responsibility of nursing staff to ensure physician orders were transcribed upon receipt. She further stated that the admitting nurse should have reviewed the hospital discharge summary for Resident #204 and included the order for dialysis.

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(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. 45045 Based on record review and staff interviews, the facility failed to post accurate licensed nurse staffing data for 18 of 30 days reviewed for sufficient staffing (11/02/24, 11/03/24, 11/05/24, 11/06/24, 11/09/24, 11/10/24, 11/13/24, 11/15/24, 11/16/24, 11/17/24, 11/18/24, 11/22/24, 11/23/24, 11/24/24, 11/25/24, 11/27/24, 11/28/24, 11/30/24). The findings included: A review of the posted Daily Nursing Staffing Forms from 11/01/24 through 11/30/24 revealed the following: a. A review of the Daily Nursing Staffing Form for the 7:00 am-3:00 pm shift revealed the licensed nursing staff was not recorded accurately for the following days: 11/02/24-Daily Nursing Staffing Form recorded 3 Licensed Practical Nurses (LPNs); the Daily Staffing Sheet recorded 1 LPN. 11/03/24- Daily Nursing Staffing Form recorded 1 Registered Nurse (RN) and 3 LPNs; the Daily Staffing Sheet recorded 0 RN and 2 LPNs. 11/09/24-Daily Nursing Staffing Form recorded 1 RN and 3 LPNs; the Daily Staffing Sheet recorded 0 RN and 2 LPNs. 11/10/24-Daily Nursing Staffing Form recorded 3 LPNs; the Daily Staffing Sheet recorded 1 LPN. 11/16/24-Daily Nursing Staffing Form recorded 3 LPNs; the Daily Staffing Sheet recorded 1 LPN. 11/17/24-Daily Nursing Staffing Form recorded 3 LPNs; the Daily Staffing Sheet recorded 1 LPN. 11/23/24-Daily Nursing Staffing Form recorded 1 RN and 3 LPNs; the Daily Staffing Sheet recorded 0 RN and 2 LPNs. 11/24/24-Daily Nursing Staffing Form recorded 1 RN and 3 LPNs; the Daily Staffing Sheet recorded 0 RN and 2 LPNs. 11/28/24-Daily Nursing Staffing Form recorded 1 RN and 3 LPNs; the Daily Staffing Sheet recorded 1 LPN. 11/30/24-Daily Nursing Staffing Form recorded 1 RN and 3 LPNs; the Daily Staffing Sheet recorded 0 RN and 2 LPNs. b. A review of the Daily Nursing Staffing Form for the 3:00 pm-11:00 pm shift revealed the licensed nursing staff was not recorded accurately for the following days: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Citizens Home	2275 Ruin Creek Road Henderson, NC 27537

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	11/02/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/06/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/09/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/10/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/13/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/17/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/23/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/24/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/28/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/30/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. c. A review of the Daily Nursing Staffing Form data sheets for the 11:00 pm-7:00 am shift revealed the licensed nursing staff was not recorded accurately for the following days: 11/05/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/09/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/15/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/17/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/18/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPN; the Daily Staffing Sheet recorded 1 RN and 1 LPN. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Senior Citizens Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 2275 Ruin Creek Road Henderson, NC 27537	

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(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	11/22/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/25/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/27/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. 11/30/24-Daily Nursing Staffing Form recorded 0 RN and 2 LPNs; the Daily Staffing Sheet recorded 1 RN and 1 LPN. An interview was conducted on 12/04/24 at 12:37 pm with the Scheduler who revealed she used a staffing template when she completed the Daily Staffing Form, and she tried to make sure the staffing numbers were correct when she completed the form. The Scheduler stated she must have missed the days where the staffing was incorrect when she completed the form. During an interview with the Director of Nursing (DON) on 12/05/24 at 9:42 am who revealed she was new to the facility, and she was not aware the Daily Staffing Form information was being completed incorrectly. The DON stated she had not checked the Daily Staffing Forms for accuracy in the past, but she stated the Scheduler should verify the information was correct before posting the information.

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NAME OF PROVIDER OR SUPPLIER: Senior Citizens Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 2275 Ruin Creek Road Henderson, NC 27537	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. 45045 Based on staff interview and review of the Facility Assessment the facility failed to ensure the required parties were involved in developing the Facility Assessment, failed to evaluate contracted services utilized by the facility to provide necessary care for its residents during normal operations and emergencies, and failed to ensure the staffing plan considered specific staffing needs for each unit and shift as required, which had the potential to affect 49 of 49 residents. The findings include: Review of the Facility Assessment revealed it was revised 8/13/24 and updated on 9/24/24 and 11/01/24. The persons involved in completing the assessment were listed as the Administrator, the Director of Nursing (DON), the Medical Director, Social Service Director, Food Service Director, Environmental Operations Director, Therapy Director, and a Governing Board Member. There was no indication that direct care staff were involved in completing the assessment or that the facility solicited and considered input from residents, resident representatives and family members. The Facility Assessment did not note if a contract or other agreement was in place related to which provider was responsible for medical supplies, ambulance, or emergency services, and dialysis services for the facility. Further review of the Facility Assessment revealed that the staffing plan listed the number of Nurses (Registered Nurse or Licensed Practical Nurse), and Certified Nursing Assistants (CNAs) noted as the desired number FTE (full-time equivalent, the total number of full-time employees working in an organization) of staff and the professional requirement for those staff members. However, the staffing plan did not address staffing needs for each shift and weekends, or address staffing needs in these areas based on changes to the resident population as required. During an interview with the Administrator on 12/05/24 at 10:57 am she revealed the facility assessment was usually completed as a collaboration of department heads. She stated she was not in the facility when the new process was implemented, and she did not complete the provided facility assessment. The Administrator reported she did update the new management team on the facility assessment when she started at the facility, but she did not update or review any other information.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 45045 Based on record review and staff interviews, the facility failed to submit accurate payroll data on the Payroll Based Journal (PBJ) report to the Centers for Medicare and Medicaid Services (CMS) related to Registered Nurse (RN) hours and licensed nursing coverage 24-hours per day. This was for 1 of 3 quarters reviewed for sufficient nurse staffing (Quarter 3 2024). Findings included: Review of the PBJ for Fiscal Year Quarter 3 2024 (April 1 through June 30) revealed there were no Registered Nurse (RN) hours for 4/13/24, 4/14/24, 4/27/24, 4/28/24, and 6/15/24. The PBJ report also noted the facility failed to have licensed nursing coverage 24 hours per day for 4/13/24, 4/14/24, 4/28/24, 6/15/24, and 6/16/24. Review of the Posted Daily Nursing Staffing Forms, Daily Staffing Sheet, and the nursing staff time detail reports for 4/13/24, 4/14/24, 4/27/24, 4/28/24, and 6/15/24 revealed there were RN hours for the 3rd quarter of the fiscal year 2024. The Posted Daily Nursing Staffing Forms, Daily Staffing Sheet, and the nursing staff time detail reports for 4/13/24, 4/14/24, 4/28/24, 6/15/24, and 6/16/24 were reviewed and revealed there were 24-hour per day licensed nursing coverage for the 3rd quarter of the fiscal year 2024. An interview was conducted on 12/04/24 at 12:01 pm with the Human Resources Manager who revealed she was responsible for entering all nursing hours into the payroll system and the corporate office submitted the data to CMS for the PBJ reports. The Human Resources Manager stated she did recall that there were times that she submitted the payroll data to corporate without all the licensed nursing staff because she had not yet received the information from agency staff. The Human Resources Manager stated she did update the payroll system with the licensed nursing and RN hours when she received the information from the agency staff and she thought the PBJ reports would be resubmitted and updated once the payroll report was corrected. During an interview on 12/04/24 at 12:04 pm with the Administrator she revealed the PBJ data was submitted based off the information entered by the Human Resources Manager. The Administrator stated the facility had RN hours and licensed nursing staff as required but there must have been an error when the data was reported.