

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER East Carolina Rehab and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 W 5th Street Greenville, NC 27834	

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** 48230</p> <p>Based on record review and staff interview the facility failed to develop and implement a comprehensive care plan for 1 of 1 resident reviewed for physical environment (Resident #6).</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses that included essential hypertension (high blood pressure) and dysphagia (trouble swallowing).</p> <p>A review of Resident #6's medical record on 9/17/24 at 3:32 PM did not reveal comprehensive care plans had been developed and implemented.</p> <p>In an interview with the Minimum Data Set (MDS) nurse on 9/18/24 at 8:38 AM she looked for Resident #6's care plan in the EMR and stated he did not have one. She further stated he had been here for about 6 weeks and should have had a comprehensive care plan done within the first 21 days after admission. She felt that it was not completed as the previous MDS nurse left the facility around the time of his admission.</p> <p>An interview with the Director of Nursing (DON) on 9/18/24 at 8:40 AM revealed the MDS nurse was ultimately responsible for developing care plans. She stated nurses can add to care plans as long as they notify the MDS nurse. She was unaware Resident #6 did not have a care plan. The DON further stated she believed it was missed as the Resident moved from a lesser level of care (assisted living) to a higher level of care (long term care) within the facility and the MDS nurse left at the same time he was transferred. She felt it was a communication issue.</p> <p>An interview with the Administrator was conducted on 9/18/24 at 12:43 PM where he stated he was not aware Resident #6 did not have a care plan. He further stated he felt the care plan was not completed as the previous MDS nurse left employment at the facility on the same day the resident was admitted to long term care.</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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