

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Village Green Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 Purdue Drive Fayetteville, NC 28304	

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** 48007</p> <p>Based on observations, record review and staff and family interviews the facility failed to implement an activity intervention on the comprehensive care plan for 1 of 22 residents (Resident #29).</p> <p>The findings included:</p> <p>Resident #29 was admitted into the facility on [DATE] with a diagnosis of dementia.</p> <p>A review of Resident #29's significant change Minimum Data Set assessment dated [DATE] revealed that she was severely cognitively impaired, had trouble falling or staying asleep, or sleeping too much for 12-14 days, trouble concentrating on things for 12-14 days, was sometimes understood and sometimes understood by others and had impaired vision. She had no behaviors and noted it was very important to have her family be part of the discussions regarding her care.</p> <p>A review of Resident #29's comprehensive care plan updated 12/19/24 revealed a problem of a need for daily stimulation by having her television and lights on daily in the morning. The goal and intervention to the problem included she would have her television and lights on by 10:00 AM each day.</p> <p>An interview was conducted with Resident #29's family member on 2/16/25 at 12:35 PM who indicated a concern of Resident #29 not receiving any type of mental, tactile, or visual stimulation that the family member was aware of. The family member stated they visited the resident at different times during the week and that when they visited they always had to turn on the television and open the window blinds.</p> <p>An observation of Resident #29's room on 2/16/25 at 12:30 PM noted the television and lights were not on, and the window blinds were closed. The resident was lying in bed with her eyes open.</p> <p>Observations of Resident #29's room on 2/17/25 at 11:00 AM and 1:00 PM noted the television and lights were not on, and the window blinds were closed. Resident #29 was lying in bed with her eyes open.</p> <p>An observation of Resident #29's room on 2/18/25 at 10:30 AM noted the blinds were open but the lights and television were not on. Resident #29 was lying in bed with her eyes open.</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted on 2/18/25 at 10:25 AM with Nurse Assistant #1, who was working on Resident #29's hall, revealed that if a resident had a daily task that needed to be completed it was placed on the resident care card at the desk. Nurse Assistant #1 was not aware of any resident's care cards that had a notation of the lights or television turned on by a certain time.</p> <p>An interview conducted on 2/18/25 at 10:30 AM with Nurse Assistant #2, who was working on Resident #29's hall, indicated that any special tasks were on the resident care cards at the desk. She further indicated that she was not aware of any residents that had a certain time for the lights or television to be on.</p> <p>A review of Resident #29's care card did not reveal instructions for the lights and television to be on by 10:00 AM each day.</p> <p>An interview with the Activity Director on 2/18/25 at 12:38 PM revealed that she was not aware the care plan had the problem of the resident need for stimulation by having the lights and television on by 10:00 AM and stated she had not created that care plan, the former Social Service Worker had, and that the former Social Service Worker should have put that on Resident #29's care card so the nursing assistants were aware. She further stated that the activity department provided one-on-one visits to Resident #29 on Tuesdays and Thursdays.</p> <p>A telephone interview with the Administrator on 2/20/25 at 9:44 AM indicated that the Activity Director should have been aware of the care plan problem regarding the lights and television on by 10:00 AM and the information should have been placed on Resident #29's care card so that the nursing assistants were aware.</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>35930</p> <p>Based on observations and staff interviews, the facility failed to date opened food items and seal leftover frozen food stored in 1 of 1 reach-in freezer, 1 of 1 walk-in freezer, 1 of 1 dry goods storage area and failed to remove a bowl being used as a scoop observed nested in breadcrumbs in one of the dry ingredient storage bins in the kitchen. This practice had the potential to affect foods served to the residents.</p> <p>The findings included:</p> <p>On 02/16/25 at 11:28 A.M., an observation of the kitchen revealed the following:</p> <p>a. Reach-in freezer:</p> <ul style="list-style-type: none"> - A plastic bag containing slider buns (this item had a label with 8/20/24 written in the shelf life spot on the label and 11/20/24 written in the use by spot on the label) - A zippered type of plastic storage bag containing pork loin with no date on it - A zippered type of plastic storage bag containing pulled chicken with no date on it <p>b. Walk-in freezer:</p> <ul style="list-style-type: none"> - A box of pre-cooked egg patties - the egg product was in the manufacturer's box and contained inside the box in a plastic bag; both the box and the plastic bag were left open to air and there was no date on it. <p>c. Dry storage area:</p> <ul style="list-style-type: none"> - An opened package of devil's food cake mix in a plastic package with no date on it. <p>d. On 02/18/25 at 8:42 A.M., an observation of the kitchen revealed one of the white 3-bin dry ingredient storage bins contained a black bowl. The bowl had been left inside the bin and was observed in contact with the breadcrumbs being stored in the bin. The Dietary Manager, who was present during this observation, stated that she thought staff were using the bowl as a scoop and that it should not be stored inside the bin.</p> <p>An interview was conducted with the Dietary Manager (DM) on 02/18/25 at 11:28 A.M. The DM stated she thought staff were moving too fast as a possible reason why opened food items were not labeled or dated. When asked to explain what she meant, the DM gave an example of staff being busy on the line at mealtimes and had to run get an item for a resident and then forgot to go back after the busy period to properly label the food item that had been opened in a hurry. The DM stated it was her expectation that dietary staff seal opened food items appropriately and to label the items with the name of the item, the date it was opened and the expiration date of the item.</p> <p>(continued on next page)</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>An interview was conducted with the Administrator on 02/18/25 at 10:16 A.M. The Administrator stated it was her expectation that dietary and nursing staff label opened food items with the date opened and a use-by date. The Administrator also stated that if the opened food item cannot be packaged for storage appropriately, it should be discarded.</p>		