STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345385	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cardinal Healthcare and Rehab	931 N Aspen Street Lincolnton, NC 28092

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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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43643 Based on record review and resident, resident representative and staff interviews the facility failed to afford the resident and/or resident representative the right to participate in the care plan process for 2 of 3 (Resident #7 and Resident #22) residents reviewed for care plans. The findings included: 1. Resident #7 was admitted to the facility on [DATE]. Review of Resident #7's quarterly Minimum Dat Set (MDS) dated [DATE] revealed the resident was severely cognitively impaired. Review of resident #7's care plan revealed it was last revised on 01/19/24. Review of Resident #7's record review revealed no documentation a care plan meeting had been completed with Resident #7 and resident representative (RR). An interview conducted with Resident #7's RR on 03/11/24 at 10:15 AM revealed they had not been invited to any care plan meetings in several months. The RR further revealed she wanted to be invited to care plan meetings to discuss Resident #7. An interview conducted with the Social Worker (SW) on 03/13/24 at 2:45 PM revealed she was hired as the facility SW in November 2023. It was further revealed she had just recently received training for conducting care plan meetings but only a couple of meetings had been completed since November 2023. The SW stated she was aware Resident #7 did not have a care plan meeting this past quarter and did not notify Resident #7's RR that a care plan meeting would not be completed. 2. Resident #22 was admitted to the facility on [DATE]. Review of Resident #22's annual MDS dated [DATE] revealed the resident was cognitively intact. Review of Resident #22's care plan revealed it was last revised on 02/12/24. Review of Resident #22's record review revealed no documentation that a care plan meeting had been completed with Resident #22 and resident representative (RR). (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview conducted with Resident #22 on 03/11/24 at 3:15 PM revealed she had not been invited to her care plan meetings in several months. Resident #22 further revealed she wanted to attend care plan meetings to discuss her care. Resident #22 indicated she was not aware why she had not been notified. An interview conducted with the Social Worker (SW) on 03/13/24 at 2:45 PM revealed she was hired as the facility SW in November 2023. It was further revealed she had just recently received training for conducting care plan meetings but only a couple of meetings had been completed since November. The SW stated she was aware Resident #22's had not received a care plan meeting due to the SW not being trained. The SW indicated she did not notify Resident #22 that her care plan meeting would not be completed. An interview conducted with the Administrator on 03/14/24 at 5:40 PM revealed he was not aware of Resident #7 and Resident #22 had not received a care plan meeting timely. It was indicated that the Administrator expected care plan meetings to be completed and the resident representative/responsible party notified if changes were made.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45380 Based on record review, resident and staff interview the facility failed to honor resident preference and requests to eat dinner in the dining room (Resident #46, Resident #47, and Resident #39) for 3 of 3 residents reviewed for choices. The findings included: a. Resident #46 was admitted to the facility on [DATE]. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #46 was cognitively intact and was assessed as independent requiring no assistance for eating. An interview conducted with Resident #46 on 03/12/24 at 3:10 PM revealed she has always preferred to eat lunch and dinner in the dining room and staff have been aware of that since her admission. She stated for a minimum of the last four months, she and other residents have not been allowed to eat their dinner in the dining room and have had to eat in their rooms. She revealed when she asked staff why she and other residents were not able to eat their dinner in the dining room, staff would say they didn't have time to take residents to the dining room or they were short staffed although she would see multiple staff on the hall. Resident #46 stated although she participated in facility activities and would sit on the outside porch to read, eating lunch and dinner in the dining room was important to her because it allowed her to socialize with other residents and have a break from being in her room and not being able to eat her dinner in the dining room aggravated her and made her feel isolated. b. Resident #47 was admitted to the facility on [DATE]. Review of annual Minimum Data Set (MDS) dated [DATE] revealed Resident #47 was cognitively intact and required set-up and clean-up assistance for eating. An interview conducted with Resident #47 on 03/14/24 at 11:10 AM revealed she preferred to eat lunch and dinner in the dining room and over the past few months she had been served dinner in her room and was not allowed to eat dinner in the dining room. She stated when she would ask staff why she could not eat her dinner in the dining room they would tell her because she had to eat in her room, or they did not have enough staff to go to the dining room. Resident #47 revealed she participated in facility activities but the reason she preferred eating lunch and dinner in the dining room and why it was important to her was because it allowed her time to socialize with other residents and having to eat dinner in her room made her feel like she was stuck. c. Resident #39 was admitted to the facility on [DATE]. Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #39 to be cognitively intact and required supervision for eating. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview conducted with Resident #39 on 03/14/24 at 2:45 PM revealed he preferred to eat lunch and dinner in the dining room and over the past several months he had not been allowed to eat dinner in the dining room and was made to eat in his room. He stated he when he asked staff about going to the dining room for dinner, they would say they did not have the time to take him. He revealed eating lunch and dinner in the dining room was important to him because it allowed him to be in a different setting besides his room and able to socialize with other residents. Resident #39 stated he also was able to participate in some facility activities but not being able to eat dinner in the dining room bothered him and made him feel left out. An interview conducted with Dietary Aide #1 on 03/13/24 at 8:48 AM revealed she had observed over the past few months they had been sending resident trays to the halls and residents were not being brought into the dining room for dinner. She stated they typically had a big turnout in the dining room for lunch and she had wondered why residents were no longer coming to the dining room for dinner but when she asked staff about it, she never received an answer as to why. An interview conducted on 03/13/24 at 5:11 PM with Nursing Assistant (NA) #1 revealed she had been employed at the facility for the past 6 years and worked both 1st and 2nd shift. She stated she was aware of residents being served their dinner meal in their rooms during the week and on the weekends instead of going to the dining room. When asked why residents were being served their dinner meals in their rooms instead of the dining room, NA #1 stated staff did not always have the time to leave the hall and assist certain residents in the dining room, so it was easier for the residents to be served their dinner meal on the hall. NA #1 stated she had a few residents that would ask her from time to time about eating their dinner in the dining room and she would explain to them about not having the time or staff to assist them to the dining room. An interview conducted on 03/14/24 at 11:17 AM with Nurse #1 revealed she had been employed at the facility for the past [AGE] years and worked 12-hour shifts from 7AM to 7PM. She stated over the past few months she had observed residents being served their dinner meals in their rooms instead of being taken to the dining room. She revealed she was not aware of why staff were not taking residents to the dining room for dinner because there had been no issues with the halls being short-staffed or with staff not being able to complete their tasks. Nurse #1 stated that she had not reported the issue to anyone because she assumed administration was aware. An interview conducted on 03/14/24 at 5:07 PM with the Administrator, Director of Nursing (DON), and Vice-President of Clinical Services revealed they had not been aware of staff not honoring resident mealtime preference of being able to eat their dinner meal in the dining room. When asked why they had not been aware of residents not being served their dinner meals in the dining room, they stated no residents or staff had come to them with any issues or concerns of not eating their dinner meal in the dining room until this week and they had not noticed residents not being in the dining room in the evenings when dinner was being served. They also stated there had been no staffing issues at the facility that would attribute to staff not being able to take residents to the dining room for their meals. They revealed staff should always honor resident's mealtime preference of being able to eat their meals in the dining room.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45380 Based on record review and staff interviews the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) was completed for resident with mental health diagnosis upon admission and resident with new mental health diagnoses for 2 of 3 residents (Resident #9 and Resident #15) reviewed for PASRR. The findings include: 1. Review of Resident #9's medical record revealed the resident had a PASRR level I completed prior to her admission and was admitted to the facility on [DATE]. The resident had been diagnosed with paranoid schizophrenia as part of her admission. No PASRR level II had been completed per Resident # 9 medical records. During an interview on 03/14/24 at 4:20 PM with the Social Worker (SW) revealed she had been employed as the facility SW since November 2023 and was still receiving training on how to complete PASRR paperwork for residents. She stated she was not aware of Resident #9 mental health diagnosis or that a Level II PASRR had not been completed. The SW revealed that based on the PASRR training she had received a Level II PASRR should be completed upon resident admission with a mental health diagnosis, when there was a change in condition or behavior, and when a resident had received a new mental health diagnosis. She also revealed that based on Resident #9 admission diagnosis of paranoid schizophrenia and the preadmission PASRR level I, paperwork for a PASRR level II should have been completed. During an interview on 03/14/24 at 5:05 PM with the Administrator revealed a PASRR level II should be completed in a timely manner upon admission for a resident with a mental health diagnosis or anytime a resident has had a change of condition or a newly added mental health diagnosis. He stated based on Resident #9 admission diagnosis of paranoid schizophrenia, a PASRR level II should have been completed. 2. Review of Resident #15's medical record revealed the resident had a PASRR level I completed prior to her admission and was admitted to the facility on [DATE]. The resident was diagnosed with bipolar disorder, depressed, with mild or moderate severity on 02/08/23 and major depressive disorder on 12/01/23. No PASRR level II had been completed per Resident #15 medical records. During an interview on 03/14/24 at 4:20 PM with the Social Worker (SW) revealed she had been employed as the facility SW since November 2023 and was still receiving training on how to complete PASRR paperwork for residents. She stated she was not aware of Resident #15 newly added mental health diagnosis or that a Level II PASRR had not been completed. The SW revealed that based on the PASRR training she had received a Level II PASRR should be completed upon resident admission with a mental health diagnosis, when there was a change in condition or behavior, and when a resident had received a new mental health diagnosis. She also revealed that based on Resident #15 new mental health diagnosis of bipolar disorder, depressed with mild or moderate severity and major depressive disorder and the preadmission PASRR level I, paperwork for a PASRR level II should have been completed. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/14/24 at 5:05 PM with the Administrator revealed a PASRR level II should be completed in a timely manner upon admission for a resident with a mental health diagnosis or anytime a resident has had a change of condition or a newly added mental health diagnosis. He stated based on Resident #15 new mental health diagnosis of bipolar disorder, depressed with mild or moderate severity and major depressive disorder, a PASRR level II should have been completed.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 48684 Based on observations, record reviews, and staff interviews, the facility's Quality Assurrance and Performance Improvement (QAPI) committee failed to maintain implemented procedures and monitor interventions the committee put into place following the recertification and complaint investigation surveys that occurred on 10/28/21. This was for one deficiency in the area of Self Determination that was originally cited on 10/28/21 recertification and complaint investigation survey and cited again during the recertification and complaint investigation survey completed on 3/14/24. The continued failure of the facility during two federal surveys showed a pattern of the facility's inability to sustain an effective QAPI program. The findings included: This tag is cross referred to: F561: Based on record review, resident and staff interview the facility failed to honor resident preference and requests to eat dinner in the dining room for 3 of 3 residents reviewed for choices. During the recertification and complaint investigation survey completed on 10/28/21 the facility failed to provide showers for 1 resident at least 2 times per week as scheduled for 1 of 3 residents reviewed for choices. During an interview on 10/14/24 at 5:30 PM with the Administrator, he revealed the QAPI committee meets monthly with department heads, administrative staff, the Medical Director, and at least quarterly the Pharmacist and Registered Dietician attend and monthly attend by phone. He reported they currently had Process Improvement Plans (PIPs) addressing some of the issues he and the corporate advisors had identified at the facility. Some of the PIPs currently being addressed included grievances, care plan meetings, and he also reported they would be putting PIPs into place to address the current concerns addressed during the current recertification and complaint survey. The Administrator stated the PIPs would be ongoing and monitored to ensure ongoing and future compliance.