

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Countryside		STREET ADDRESS, CITY, STATE, ZIP CODE  7700 US Highway 158 Stokesdale, NC 27357	

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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49366</p> <p>Based on observations, residents and staff interviews, the facility failed to maintain walls in good repair for 2 of 2 rooms (rooms [ROOM NUMBERS]) reviewed for environment.</p> <p>The findings included:</p> <p>1a. An observation on 4/15/24 at 1:01 PM in room [ROOM NUMBER] revealed multiple black marks and marring on the drywall next to Resident #32's bed. The drywall appeared to have been patched in an area that included the marred area, but not painted.</p> <p>A second observation was conducted on 4/18/24 at 10:10 AM in room [ROOM NUMBER]. The observation revealed the same black marks and marring next to Resident #32's bed. Some areas appeared to have been patched but not painted.</p> <p>1b. An observation on 4/15/24 at 1:06 PM in room [ROOM NUMBER] revealed the wall behind Resident #36's chair to have multiple black marks of various sizes and marring.</p> <p>A second observation of room [ROOM NUMBER] on 4/17/24 at 10:09 AM revealed the wall behind Resident #36's chair to have black scuffs and marring at the top of the height of the chair.</p> <p>An interview with the Maintenance Director 4/18/24 01:20 PM revealed she had been the Maintenance Director since July 2023. She stated that staff, residents, and visitors were able to enter maintenance requests through an electronic kiosk in the hallway. These requests were reviewed by Maintenance several times a day. She stated she checks the system first thing each morning. The Maintenance Director further revealed staff could alert her to Maintenance concerns that required more immediate attention by stopping her in the facility. When completed, the request would be initialed by the Maintenance staff.</p> <p>A facility tour with the Maintenance Director occurred on 4/18/24 at 1:28 PM. She was not aware of the black marks and marring on the drywall in rooms [ROOM NUMBERS]. The Maintenance Director had the expectation that other staff would have reported these concerns. She stated she completed regular rounding of rooms and safety rounds every month.</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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>An interview and facility tour with the Administrator on 4/18/24 at 1:33 PM revealed she was not aware of the marks and marring on the walls in rooms [ROOM NUMBERS]. She stated that the marks were due to furniture and equipment against the walls. She stated that anyone can fill out a work request and staff would assist residents with the kiosk if needed. The Administrator revealed she and other management staff completed rounds and the safety committee met monthly to discuss concerns.</p>		