

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Wadesboro Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2051 Country Club Road Wadesboro, NC 28170	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the area of falls (Resident #32) for 1 of 3 residents reviewed for accidents.</p> <p>The findings included:</p> <p>Resident #32 was admitted to the facility on [DATE] with diagnoses that included a history of a fracture to the right knee and muscle weakness.</p> <p>A review of Resident #32's medical record revealed she had a self-reported fall on 1/3/25 that resulted in a skin tear to her left hip since the admission MDS assessment on 12/2/24.</p> <p>A quarterly MDS assessment dated [DATE] indicated that Resident #32 was cognitively intact. She was not coded with any falls since the last assessment.</p> <p>On 5/6/25 at 10:19 AM, an interview occurred with the MDS Nurse #2 who reviewed the MDS assessment dated [DATE] as well as Resident #32's medical record. MDS Nurse #2 confirmed Resident #32 had a documented fall with a skin tear on 1/3/25 and should have been coded as a fall with minor injury. She stated it was an oversight.</p> <p>The Director of Nursing was interviewed on 5/6/25 at 1:42 PM and stated that it was her expectation for the MDS to be coded accurately in the area of falls.</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>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** Based on record review, observations and staff interviews, the facility failed to develop an individualized person-centered care plan in the area of smoking for 1 of 1 resident reviewed for smoking (Resident #58).</p> <p>The findings included:</p> <p>Resident #58 was admitted to the facility on [DATE] with diagnoses that included wedge compression fracture of first lumbar vertebra, hypertension, and pain.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #58's cognition was intact. The MDS indicated Resident #58 used tobacco.</p> <p>Review of Resident #58's active care plan, dated 04/30/25, revealed no care plan related to smoking.</p> <p>An observation and interview were conducted on 05/06/25 from 8:55 AM through 09:20 AM with Resident #58 in the smoking area. She safely lit, smoked, discarded ashes and disposed of cigarette safely. No concerns were observed with Resident #58 while she was smoking. She stated she had smoked since she was admitted to the facility.</p> <p>An interview was conducted on 05/07/25 at 8:32 AM with MDS Coordinator #2. She verified there were no areas on Resident #58's care plan to include smoking until 05/06/25. She stated it was an oversight that this was not added on Resident #58's care plan prior to 05/06/25.</p> <p>An interview was conducted on 05/07/25 at 8:52 AM with the Director of Nursing. She indicated Resident #58's care plan should have included a focus related to smoking.</p> <p>An interview was conducted on 05/07/25 at 9:02 AM with the Administrator. She stated Resident #58's care plan should have included a focus related to smoking.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to transcribe the correct route of medication administration for 1 of 1 resident reviewed with gastric feeding tube (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was originally admitted to the facility on [DATE] with diagnoses that included cerebrovascular disease, and dysphagia (difficulty swallowing). Resident #2 had recently been hospitalized from [DATE] through 4/6/25.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #2 had severely impaired cognition, had a feeding tube and received all nutrition and fluids via a feeding tube.</p> <p>Review of Resident #2's active care plan, last reviewed 4/25/25, included a focus area for being at risk for nutrition and dehydration due to nothing by mouth (NPO) status and tube feed.</p> <p>The active May 2025 physician orders included the following orders:</p> <ul style="list-style-type: none"> - An order dated 4/6/25 read; NPO - An order dated 4/6/25 for Briviact (an antiseizure medication) 10 milligrams (mg) per milliliter (ml). Give 10 ml orally twice a day. - An order dated 4/7/25 for Hydrocodone-Acetaminophen 5-325 mg one tablet orally three times a day as needed. - An order dated 4/7/25 for Lacosamide (an antiseizure medication) 10 mg per ml. Give 15 ml orally twice a day. <p>All other medications were written to be provided through the gastric feeding tube.</p> <p>On 5/6/25 at 9:26 AM, an interview occurred with Nurse #1 who had transcribed the order for Briviact on 4/6/25. She explained that she entered the medication, dose and frequency into the Electronic Medical Record (EMR) but failed to change the medication route to gastrostomy tube (G-tube). She stated the system default route was oral.</p> <p>On 5/6/25 at 9:39 AM, an interview was conducted with the Unit Manager who had transcribed the orders for Hydrocodone-Acetaminophen and Lacosamide on 4/7/25. He explained that he entered the medication, dose and frequency into the EMR but failed to change the medication route to via G-tube. He explained the EMR system default route was oral.</p> <p>An interview occurred with Nurse #2 on 5/6/25 at 11:00 AM. She was working the medication cart for Resident #2's hall and had administered Resident #2's medications earlier. Nurse #2 confirmed that Resident #2 did not receive any medications orally and she had not provided the morning doses of Briviact or Lacosamide by mouth.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Director of Nursing (DON) was interviewed on 5/6/25 at 1:42 PM. She reviewed Resident #2's physician orders and confirmed the route for the Briviact, Hydrocodone-Acetaminophen and Lacosamide were entered as oral instead of via G-tube. She further explained that when entering the medications into the EMR the default route was oral, and she felt it was an oversight that the nursing staff failed to change the route to G-tube. The DON stated it was her expectation for all medication administration routes to be entered correctly when the order was received.</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>Based on observations and staff interviews the facility failed to discard leftover food stored past the use by date in 1 of 1 walk-in cooler. The facility also failed to label and date leftover frozen food removed from its original packaging in 1 of 1 reach-in freezer and 1 of 1 deep freezer. This practice had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>Observations during the initial tour of the main kitchen with Dietary Aide #1 on 05/04/25 at 11:03 AM, revealed the following:</p> <p>a. In the reach-in freezer the following leftover frozen food removed from its original packaging were observed:</p> <ul style="list-style-type: none"> -1/4 bag of beef riblets with no label or date. -1/2 of large bag of fish fillets with no label or date. <p>An interview was conducted on 05/04/25 at 11:10 AM with Dietary Aide #1. She stated a date should have been written on the bags of leftover frozen foods when they were opened. She stated whoever opened the items were the ones responsible for writing the open date on it. She indicated the Dietary Manager checks the freezers and coolers daily.</p> <p>b. In the deep freezer the following leftover frozen food removed from its original packaging was observed on 05/04/25 at 11:15 AM with the Dietary Manager.</p> <ul style="list-style-type: none"> -1/4 bag of mixed vegetables with no label or date. <p>c. In the walk-in cooler the following items were observed on 05/04/25 at 11:25 AM with the Dietary Manager.</p> <ul style="list-style-type: none"> - one gallon size bag of corn bread pieces with an open date of 04/24/25. - one gallon size bag with 20 precooked crescent rolls with an open date of 04/19/25. There were white and blue fuzzy spots present on 2 of the crescent rolls. - two 14 oz bags of mini bagels with an open date of 04/15/25. <p>An interview was conducted on 05/04/25 at 11:25 AM with the Dietary Manager. She explained when an item was opened the date should be written on the item at that time. The Dietary Manager also stated items in the cooler should be discarded within 7 days. Items in the freezer should include date of delivery and an open date upon opening 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 on 05/06/25 at 11:32 AM with Dietary [NAME] #2. She stated food items in the cooler should be discarded after 7 days and all food items should be dated when they were opened. The also stated the Dietary Manager checks the coolers and freezers daily for dated and/or expired food items.</p> <p>A follow-up interview was conducted on 05/06/25 at 11:42 AM with the Dietary Manager (DM). She stated she was responsible for monitoring the freezer and coolers for dated and labeled food items. She explained the cooks could also check for dated, expired, or labeled items but there was no one assigned to perform the tasks. She indicated staff turnover could have been a reason for food items not being dated upon opening in the freezers and items not being discarded after 7 days in the coolers. She then stated that the kitchen cooks and aides were to put the leftover food in an airtight container/baggy and write their initials and open date on the containers and store in the cooler. The DM indicated that all frozen foods must be dated to ensure proper rotation by expiration dates.</p> <p>An interview was conducted on 05/07/25 at 9:02 AM with the Administrator. She stated she was unaware that dietary staff were not labeling or dating opened food items and that they were not discarding opened food items within 7 days. She explained that she expected the Dietary Manager and kitchen staff to properly label, date, and discard prepared food items per regulations and for education to be provided during orientation and reeducation to current staff as needed.</p>		