

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48295</p> <p>Based on record review, staff, and resident interviews, the facility failed to treat residents (Resident #1, and Resident #2) with dignity and respect when staff failed to provide the resident with a bed bath or shower. The residents expressed anger, frustration, and embarrassment. This was for 2 of 8 residents reviewed for dignity.</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included diabetes, atherosclerotic heart disease, and muscle weakness.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #3 was cognitively intact, dependent on staff for toileting, and required substantial maximum assistance with bathing.</p> <p>Review of Care Plan dated 4/15/24 revealed Resident #1 required assistance with activities of daily living (ADL) care to include bathing.</p> <p>An interview with Resident #1 on 6/26/24 at 11:48 am revealed that the facility frequently ran out of briefs, wash cloths, and towels. She stated yesterday (6/25/24) that she no washcloth and she had to wash herself off with disposable wipes. She further indicated that she did not get a bath today (6/26/24) because the facility ran out of wash cloths and towels. Resident #1 stated this made her feel angry and frustrated.</p> <p>In an interview with NA #5 on 6/26/24 at 12:15 pm she stated that she had been employed for the facility since December 2023 and that they had been short of towels and wash cloths for the past 2 to 3 months. NA #5 further indicated that Resident #1 did not get a bath today (6/26/24) because she did not have clean washcloths available. NA#5 stated that when washcloths and towels became available that she did go back and bath residents that had not had their bath that morning because many were already up and she would not have time to complete her assignment if she did. She stated she told the Director of Nursing (DON) about a month ago and was told the facility was trying to order more washcloths and towels.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included hemiplegia, hemiparesis, cerebral infarction (stroke), chronic obstructive pulmonary disease, and diabetes.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #2 was cognitively intact and required substantial maximum assistance with bathing and toileting.</p> <p>Review of Care Plan dated 5/13/24 revealed Resident #2 required extensive assistance with one staff member for activities of daily living (ADL) care to include bathing.</p> <p>During an interview with Resident #2 on 6/27/24 at 8:10 am she stated that she did not get a shower on her shower day 6/25/24 and did not get a bed bath on 6/26/24 because the facility did not have any towels or wash cloths. She further indicated the facility did not have disposable wipes. She stated this was an ongoing issue and she was not sure how long it had occurred. She stated that it made her feel uncomfortable and dirty when she could not get a bath or shower and that embarrassed her.</p> <p>In an interview with NA #5 on 6/26/24 at 12:15 pm she stated that she had been employed for the facility since December 2023 and that they had been short of towels and wash cloths for the past 2 to 3 months. NA #5 further indicated that Resident #2 did not get a bath yesterday (6/25/24) or today (6/26/24) because she did not have clean towels or washcloths available. NA#5 stated that when washcloths and towels became available that she did go back and bath residents that had not had their bath that morning because many were already up and she would not have time to complete her assignment if she did. She stated she told the Director of Nursing (DON) about a month ago and was told the facility was trying to order more washcloths and towels.</p> <p>In an interview with Nurse #3 on 6/26/24 at 11:03 am she stated that if her unit ran out of supplies that she had to find someone with a key to central supply to access supplies. She stated staff had to wait for towels and wash cloths today (6/26/24) and residents could not get a bath, shower or incontinence care completed until they found wash cloths and that it could take an hour and a half before they found washcloths and towels.</p> <p>In an interview with NA #7 on 6/26/24 at 2:26 pm revealed that she could not give baths to the residents in her assignment in the mornings when she arrived to work because she did not have access to clean wash cloths and towels and this upset the residents and some got angry.</p> <p>An interview with NA #8 on 6/27/24 revealed that she had been employed by the facility for 2 weeks. She stated that she had not had clean wash cloths and towels for morning care for the past 2 weeks so the care did not get done and that the residents would get angry and upset with the NAs.</p> <p>An interview with the Director of Nursing (DON) on 6/27/24 at 10:15 am She stated that residents should be getting their daily bath or shower unless they refused. She stated she was unaware that residents did not get a bath.</p> <p>In an interview with the Administrator on 6/27/24 at 11:45 am it was revealed that he was aware of an issue with a shortage of wash cloths and towels but was not aware residents did not get a bath.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48295</p> <p>Based on observation and staff interviews, the facility failed to safeguard protected health information (PHI) for 1 of 100 residents residing in the facility by leaving confidential PHI unattended and exposed in an area accessible to the public (Resident #11).</p> <p>The findings included:</p> <p>Resident #11 was admitted to the facility on [DATE].</p> <p>An observation was made of an unattended medication cart on the 200 Hall on 06/26/24 11:05 am. Nurse #4 left the medication cart with the Medication Administration Record (MAR) in the computer exposed when he walked away from the medication cart and went down the hall. The computer screen showed the name, picture, and other PHI of Resident #11. Staff and family passed by the exposed computer screen that displayed the PHI of Resident #11. Nurse #3 returned to the medication cart approximately 2 minutes later at 11:07 am.</p> <p>A second observation was made of the medication cart on 200 hall on 6/26/24 at 11:14 am. Nurse #4 left the medication cart with the Medication Administration Record (MAR) in the computer exposed when he walked to the opposite side of the nurse's station to talk to another staff member. The computer screen showed the name, picture, and other PHI of Resident #11. Nurse #3 returned to the medication cart approximately 1 minute later at 11:15 am.</p> <p>During an interview conducted on 06/26/24 at 11:16 am, Nurse #4 stated residents' PHI should not be exposed or left unattended and acknowledged that it was his oversight. He stated had been trained to not leave resident PHI visible to others and that he should have closed his computer before he walked away.</p> <p>During an interview with the Administrator on 06/27/24 at 11:45 am he stated all residents' confidential PHI should be protected. He indicated that he would not have expected resident PHI to be accessible in plain view.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48295</p> <p>Based on record review, resident and staff interviews, the facility failed to report an allegation of abuse to the Administrator immediately for 1 of 1 resident (Resident #4) reviewed for Abuse. The facility further failed to implement their policy and procedures in the area of resident protection.</p> <p>Findings included:</p> <p>Review of facility policy entitled Abuse, Neglect, Exploitation, & Misappropriation read in part Protection- any suspect(s), who is an employee or contract service provider, once he/she have been identified, will be suspended pending the investigation and Reporting/Response- any employee or contracted service provider who witness or has knowledge of an act of abuse or an allegation of abuse, to a resident, is obligated to report such information immediately, but no later than 2 hours after the allegation is made if the events that cause the allegation involve abuse, to the Administrator and to other officials in accordance with State law.</p> <p>Resident #4 was admitted to the facility on [DATE].</p> <p>The Annual Minimum Data Set (MDS) dated [DATE] revealed Resident #4 was moderately cognitively impaired and was dependent on staff for bathing, and toileting.</p> <p>In an interview with Resident #4 on 6/25/24 at 12:10 pm she stated that she was touched inappropriately by a male NA when incontinence care was provided a few weeks ago, she could not recall the date or his name. She stated that she reported her concern to two women that worked that day but could not recall their names or what time the event occurred.</p> <p>In an interview with Nurse #2 on 6/25/24 at 4:42 pm he stated that NA #11 reported to him that Resident #4 had made a complaint that she had been inappropriately touched by NA #11 when incontinence care was provided. He stated that this was reported to him soon after he came on duty after 3:00 pm (he did not recall the exact time) on 6/15/24. He stated that he spoke to Resident #4 around 4:00 pm on 6/15/24 during medication pass and she told him that NA # 11 had touched her private area. Nurse #2 stated that he did not report this to anyone because he did not think it was abuse, because he told Resident #4 that NA #11 had to touch her in her private area to provide incontinence care and she had responded oh, ok. He further stated that at 8:00 pm on 6/15/24 that Resident #4 asked him if she should apologize to NA #11 for accusing him of touching her inappropriately. He indicated that Resident #4 was alert with confusion and often needed to be reoriented (reacquaint someone with a situation or environment). He further stated that he did not feel like this was abuse or that it was reportable so he did not report it. He stated that he did not receive any concerns on shift report from the off-going day shift nurse (Nurse #6).</p> <p>Attempts to contact Nurse #6 by phone were unsuccessful during the survey. It was learned from the Administrator that Nurse #6 only worked for the facility on the weekend and worked elsewhere during the weekdays.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with NA #11 on 6/26/24 at 5:19 pm he stated that on the morning of 6/15/24 (unsure of exact time) when he provided incontinence care to Resident #4 that she accused him of touching her private areas. He further stated that because of the seriousness of the allegation that he immediately reported the concern to Nurse #6, and she did not take it seriously and told him to that she would get another staff member to provide care for Resident #4 for the remainder of the shift. NA #11 stated that he worked a double shift that day and remained concerned about the allegation against him, so he again reported the concern to the evening shift Nurse #2, and he told him that he was the best NA and to just do the best he could. NA#11 stated he did not feel that Nurse #2 took him seriously and that no one cared what he reported to them. He stated he reported the concern to the Central Supply Manager on the morning of 6/17/24 because the Director of Nursing (DON) and the Administrator were not in the facility and that she directed him to report to the Social Worker (SW). The interview further revealed that NA #11 reported the allegation to the SW on the afternoon of 6/17/24 and she told him to not to worry about it because the resident had dementia, and that she would report it to the Administrator. He stated that on 6/18/24 when he arrived at work, he went to the DON office so he could report the concern, but she was not available, so he returned to his hall to begin work. Later that afternoon he stated he went to the Administrator's office to report the concern and at that time he was suspended pending an investigation into the concern.</p> <p>In an interview with the SW on 6/26/24 at 2:56 pm she stated that on 6/17/24 around 3:40 pm NA #11 reported to her that Resident #4 had made an allegation of abuse against him and afterwards she finished her work left the facility for the day without reporting it to the Administrator. She indicated that Adult Protective Services (APS) came into the facility on [DATE] and that is when she reported what NA #11 reported to her on 6/17/24.</p> <p>In review of staffing schedules for 6/15/24 NA #11 was on the schedule assigned to care for Resident #4 for a double shift that included hours from 7:00 am to 11:00 pm.</p> <p>In review of staffing schedules for 6/16/24 NA #11 was on the schedule assigned to care for Resident #4 for a double shift that included hours from 7:00 am to 11:00 pm.</p> <p>In review of staff schedules for 6/17/24 3-11 shift NA #11 was assigned to work as medication aide on the 100 hall where Resident #4 resided.</p> <p>In review of staff schedules for 6/18/24 3-11 shift NA #11 was assigned to work as medication aide on the 100 hall where Resident #4 resided.</p> <p>In an interview with the Administrator on 6/26/24 at 4:13 pm he stated he had not been made aware of the alleged abuse until 6/18/24 when APS arrived at the facility and informed him, they had received a report of abuse for Resident #4. He stated that on 6/18/24 he learned that the SW had knowledge of the alleged abuse on 6/17/24 and failed to report the allegation to the Administrator. He indicated that staff who worked on 6/15/24 should have called him at home to report the allegation immediately but did not and stated that staff did not follow the facility's own policy for 2-hour reporting. The interview further revealed that the Administrator was made aware of the alleged abuse on 6/18/24 at 4:15 pm and that he reported it to the local police department on 6/18/24 at 4:30 pm and to the Division of Health Service Regulation (DHSR) on 6/18/24 at 5:10 pm. He further stated that he filed the 5-day report with DHSR on 6/25/24 at 4:15 pm.</p> <p>The facility provided the following Corrective action plan</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Abuse Reporting</p> <p>Allegation Reported to Facility Administration 06/18/2024</p> <p>Event occurred on 06/15/2024</p> <p>On 06/18/2024, at approximately 4:00 pm an Adult Protective Services Supervisor spoke with Facility Administrator regarding an intake they had received on 06/17/2024. The APS worker was escorted to the resident room for interview and upon completion of their discussion, the accused Certified Nursing Assistant was suspended pending investigation following an allegation of inappropriate touching. The initial allegation report was submitted to North Carolina Department of Health and Human Services within an hour of notification to facility administrator. Police were contacted. The physician and resident responsible party were notified. Education of staff started immediately by facility administrator for all on-site staff at that time. Staff scheduler submitted notification to all off-shift staff they were not allowed to return to work until education had been completed. Scheduler and Social Worker were suspended for failure to report potential abuse timely.</p> <p>On 06/19/2024, Resident #4 was interviewed, physician team provided a clinical evaluation and a head-to-toe assessment was completed. Resident #4's roommate was interviewed. An ad hoc Quality Assurance Performance Improvement (QAPI) program was completed and discussed regarding facility plan and monitoring to include education of department heads.</p> <p>Interviews for inter-viewable residents were conducted by Director of Nursing, Regional RN Nurse Consultant, Unit Manager, RN Day Supervisor and RN Evening Supervisor on 06/20/2024 regarding definition of abuse and neglect and if they witnessed it on someone else or personally experienced it. In addition, Unit Manager and RN Evening Supervisor also conducted Skin Integrity tool (skin sweeps) on 06/20/2024 for non-inter-viewable residents to assess for any signs of abuse. All current staff were interviewed for knowledge of known abuse and neglect, abuse policy and mandatory abuse reporting criteria. Director of Nursing interviewed all staff who worked with the resident on date of allegation and statements were obtained.</p> <p>The Director of Nursing, Facility Administrator and Unit Manager educated all staff including all shifts, part-time and PRN on the abuse policy which included a test for abuse and abuse questions to validate any known awareness of abuse and validation of who to report abuse to. Education began on 06/18/2024 and staff were not allowed to return to work until education, test and abuse question responses were completed. Facility abuse policy and direct test questions included requirements for whom to report to (mandatory reporting immediately to Administrator and/or Director of Nursing). Abuse policy and employee handbook state that the accused employee will be suspended immediately pending investigation and a failure of staff to report immediately, result in disciplinary action including suspension and potential termination of employment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility administration determined on 06/19/2024 to develop a Quality Assurance and Performance Improvement (QAPI) program to ensure resident safety and compliance with our abuse policy including immediate reporting by all staff of any allegations or actual resident abuse. The Director of Nursing and/or Designee will complete quality monitoring of 5 inter-viewable residents using the resident abuse questions and will be completed weekly for 12 weeks and then monthly for 3 months to ensure residents are free from abuse. The DON and/or Designee will complete quality monitoring on 5 non-inter-viewable residents using the facility Weekly Skin Integrity tool on a weekly review for 12 weeks and then monthly for 3 months to ensure residents are free from abuse.</p> <p>Any abuse allegation cases will be reviewed to ensure the event was reported immediately to the Administrator and/or Director of Nursing and the accused was immediately suspended pending investigation. This will be discussed during QAPI for any incidents where the employee did not immediately report and will include targeted education for all staff. The Director of Nursing and/or Designee will conduct random interviews of 5 staff members per week for 12 weeks and then monthly for 3 months to ensure clear understanding of abuse policy and immediate mandatory reporting.</p> <p>The DON will report on the results of the quality monitoring (audit) and report to the QAPI IDT Committee. Findings will be reviewed by the QAPI Committee monthly and the quality monitoring report (audit) will be updated as indicated.</p> <p>Date of Compliance = 06/20/2024</p> <p>The facility's Past Non-Compliance date of 6/20/24 was validated.</p> <p>The corrective action plan was verified on 6/27/24. Interviews were conducted with a sample of Nursing Assistants, Nurses, and administrative and ancillary staff to verify education was conducted regarding reporting allegations of abuse and reporting timeline requirements. Documentation of in-service records was reviewed.</p> <p>In an interview with the Director of Nursing on 6/27/24 at 4:05 pm, she stated that all Nurses, Nursing Assistants, therapists, housekeeping, dietary, and administrative personnel had been educated on abuse types, abuse reporting, abuse reporting timelines and that return demonstration of the training was verified through a written test. She stated that PRN (as needed staff), part-time staff and staff that had not reported to work since the onset of the education would be educated prior to being given an assignment. She further stated that the new hire orientation had been reviewed and included abuse, what to report, when to report, how to report and who to notify.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13030</p> <p>Based on record review, resident interview, and staff interview the facility failed to create a baseline care plan with the resident or responsible party for one (Resident #7) of three residents reviewed for creation of a baseline care plan upon admission. Findings included:</p> <p>Resident #7 was admitted to the facility on [DATE] and discharged from the facility on 2/11/2024. Resident #7 had multiple diagnoses some of which included acquired absence of right leg below the knee, type 2 diabetes mellitus, peripheral vascular disease, rheumatoid arthritis, and lymphedema.</p> <p>There was no documentation in the electronic medical record of a baseline care plan for Resident #7.</p> <p>Documentation on a paper copy of a Baseline Care Plan and Summary dated 2/7/2024 for Resident #7 revealed the form was filled out with the resident care needs but was unsigned by facility staff, Resident #7, or a resident representative.</p> <p>An interview was conducted with Resident #7 on 6/26/2024 at 12:54 PM. Resident #7 stated he had just had surgery to remove his leg and while he was at the facility nobody went over his plan of care with him or his wife.</p> <p>An interview was conducted with the Director of Nursing (DON) on 6/27/2024 at 9:39 AM. The DON explained that she became the full time DON at the facility in March of 2024 and up until that time the facility did not have a consistent system in place for the preparation of baseline care plans. The DON explained in February, it was hit or miss if the baseline care plans were completed and the paper documents were not being uploaded into the electronic record system. The DON stated she currently had a system in place for the completion of baseline care plans, but she did not have a performance improvement plan or monitoring to confirm compliance.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	

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 0657</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48295</p> <p>Based on record review, resident and staff interviews, the facility failed to update the care plan after the quarterly assessment for 1 of 4 residents reviewed for care plans (Residents #3).</p> <p>Findings included:</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses which included diabetes, muscle weakness, and right below the knee amputation.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #3 was cognitively intact.</p> <p>Review of care plan history revealed that the last care plan for Resident #3 was dated 1/25/24.</p> <p>Review of the electronic medical record (EMR) for Resident #3 revealed that there was no documentation of a care plan meeting being held since 1/25/24.</p> <p>An interview with Resident #3 on 6/27/24 at 9:09 am revealed that he did not know if a care plan review meeting had been held since 1/25/24.</p> <p>In an interview with MDS Nurse #1 on 6/26/24 at 2:34 pm it was revealed that care plan meetings were triggered after the completion of each MDS assessment update. She stated that Resident #3's MDS assessment was last updated 4/28/24 and a care plan review meeting should have followed. The interview further revealed that the care plan review should have been held quarterly, and the Social Worker (SW) planned the care plan review meetings.</p> <p>In a phone interview with SW on 6/26/24 at 2:56 pm it was revealed that she was aware that Resident #3's care plan had not been reviewed on time. She stated that she had not held care plan review meetings regularly in the past few months because she did not have an assistant and she was behind. She stated that she addressed more urgent matters by prioritization until she could get caught up. The SW added that care plan review meetings should be held on admission, quarterly, annually, and as needed.</p> <p>An interview with the Director of Nursing on 6/26/24 at 3:50 pm revealed that a care plan review meeting should be held regularly to review the resident's plan of care. She stated that Resident #3's care plan review had not been done on time because the SW did not have an assistant. She stated the facility was aware the care plan reviews were behind.</p> <p>In an interview with the Administrator on 6/26/24 at 4:13 pm he stated that he was aware that care plan meetings were not being held on time. He further indicated that care plan meetings were not on time because the SW did not have an assistant and was behind in her work. He stated he felt care plan reviews were behind related to a changeover in the SW position. He stated Resident #3's care plan review should have been up to date.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48295</p> <p>Based on record review, observation, and staff and resident interviews, the facility failed to provide a bed bath or shower for 3 of 7 dependent residents (Resident #1, Resident #2, and Resident #12) reviewed for activities of daily living (ADL) care.</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on [DATE] with diagnoses including diabetes, atherosclerotic heart disease, and muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #1 was cognitively intact, dependent on staff for toileting, and required substantial maximum assistance with bathing.</p> <p>Review of Care Plan dated 4/15/24 revealed Resident #1 required assistance with ADL care to include bathing.</p> <p>An interview with Resident #1 on 6/26/24 at 11:48 am revealed yesterday (6/25/24) she only had one towel, no washcloth and she had to wash herself off with disposable wipes. She further indicated that she did not get a bath today (6/26/24) because the facility ran out of wash cloths and towels.</p> <p>In an interview with Nurse Aide (NA) #5 on 6/26/24 at 12:15 pm she revealed that she could not bathe Resident #1 today (6/26/24) because she did not have clean towels or washcloths. She indicated that she had to work without washcloths or towels every day until around 11:00 am, when they became available from the laundry. She stated that on average Resident #1 did not get a bath 3 to 4 days a week because of no available towels or washcloths.</p> <p>In an interview with Nurse #3 on 6/26/24 at 11:03 am she stated staff had to wait for towels and washcloths today (6/26/24) and residents, such as, Resident #1 and Resident #12 could not get a bath or shower completed until they found washcloths and that it could take an hour and a half before they found washcloths and towels.</p> <p>2. Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included hemiplegia, hemiparesis, cerebral infarction (stroke), chronic obstructive pulmonary disease, and diabetes.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #2 was cognitively intact and required substantial maximum assistance with bathing and toileting.</p> <p>Review of Care Plan dated 5/13/24 revealed Resident #2 required extensive assistance with one staff member for ADL care to include bathing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Resident #2 on 6/27/24 at 8:10 am she stated that she did not get a shower on her shower day 6/25/24 and did not get a bed bath on 6/26/24 because the facility did not have any towels or washcloths. She stated this was an ongoing issue and she was not sure how long it had occurred.</p> <p>In an interview with NA #5 on 6/26/24 at 12:15 pm she stated that Resident #2 did not get a shower yesterday (6/25/24) and did not get a bath today (6/26/24) because she did not have clean towels or washcloths available. She indicated that she had to work without washcloths or towels every day until around 11:00 am, when they became available from the laundry.</p> <p>3. Resident #12 was admitted to the facility on [DATE] with diagnoses which included myocardial infarction (heart attack), diabetes, chronic kidney disease, and hypertension (high blood pressure).</p> <p>The annual Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #12 was severely cognitively impaired and required partial to moderate assistance with bathing and supervision for toileting.</p> <p>Review of Care Plan dated 5/8/24 revealed Resident #12 required one person assistance for ADL care to include bathing and toileting.</p> <p>During an interview with Resident #12 on 6/26/24 at 11:50 am Resident #12 stated that she did not get a bath this morning (6/26/24) because they did not have washcloths and towels when she got up.</p> <p>In an interview with NA #5 on 6/26/24 at 12:15 pm she revealed that she could not bathe Resident #12 today because she did not have washcloths or towels, so instead she assisted Resident #12 to wipe off with wipes. She indicated that she had to work without washcloths or towels every day until around 11:00 am, when they became available from the laundry. She stated that on average Resident #12 did not get a bath 3 to 4 days a week because of no available towels or washcloths.</p> <p>In an interview with Nurse #3 on 6/26/24 at 11:03 am she stated staff had to wait for towels and washcloths today (6/26/24) and residents, such as, Resident #1 and Resident #12 could not get a bath or shower completed until they found washcloths and that it could take an hour and a half before they found washcloths and towels.</p> <p>An interview with the Director of Nursing (DON) on 6/27/24 at 10:15 am she was not aware that the facility had been low on towels and washcloths or that residents did not get baths and showers. She stated that residents should be getting their daily bath or shower unless they refuse.</p> <p>In an interview with the Administrator on 6/27/24 at 11:45 am he stated that residents should get a bath or shower each day unless they refuse. He stated that he felt that this concern was related to a shortage of washcloths and towels and that he would address that.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48295</p> <p>Based on record reviews, resident and staff interviews, the facility failed to provide effective leadership and implement effective systems to ensure there was an adequate number of washcloths and towels for the provision of resident care. This failure had the potential to affect all the residents in the facility.</p> <p>The findings included:</p> <p>1a. Resident #1 was admitted to the facility on [DATE].</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #1 was cognitively intact.</p> <p>An interview with Resident #1 on 6/26/24 at 11:48 am revealed that the facility frequently would run out of washcloths and towels. She stated yesterday (6/25/24) that she only had one towel, no washcloth and she had to wash herself off with disposable wipes. She further indicated that she did not get a bath today (6/26/24) because the facility ran out of washcloths and towels</p> <p>1b. Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #2 was cognitively intact.</p> <p>During an interview with Resident #2 on 6/27/24 at 8:10 am she stated that she did not get a shower on her shower day 6/25/24 and did not get a bed bath on 6/26/24 because the facility did not have any towels or washcloths. She stated not having washcloths and towels was an ongoing issue and she was not sure how long it had occurred.</p> <p>1c. Resident #12 was admitted to the facility on [DATE].</p> <p>The annual Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #12 was severely cognitively impaired.</p> <p>During an interview with Resident #12 on 6/26/24 at 11:50 am she stated that she did not get a bath this morning (6/26/24) because they did not have wash cloths and towels when she got up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with Nurse Aide (NA) #5 on 6/26/24 at 12:15 pm she indicated that Resident #1 did not get a bath today (6/26/24) because she did not have clean towels or washcloths. She stated that on average Resident #1 did not get a bath 3 to 4 days a week because of no available towels or washcloths. She stated that Resident #2 did not get a bath yesterday (6/25/24) or today (6/26/24) because she did not have clean towels or washcloths available. She further indicated that she could not bathe Resident #12 today because she did not have washcloths or towels, so instead she assisted Resident #12 to wipe off with wipes. She stated that on average Resident #12 did not get a bath 3 to 4 days a week because of no available towels or washcloths. She indicated that she had to work without washcloths or towels every day until around 11:00 am, when they became available from the laundry. She stated that she had made her own wipes/cloths by wetting paper towels and that she had bought her own wipes to use for resident care. She stated that she did what she had to do to ensure the resident was cared for. She stated that she reported this concern through the chain of command and reported it to the unit manager who told her she had to wait for the washcloths and towels to be washed. She stated she told the Director of Nursing (DON) about the lack of washcloths and towels a month ago and was told the facility was trying to order more washcloths and towels. NA #5 stated that she had been employed by the facility since December 2023 and that they had been short of towels and washcloths for the past 2 to 3 months.</p> <p>In an interview with NA #2 on 6/25/24 at 1:36 pm she stated that she worked short of clean towels and washcloths every day. She stated that she told the nurses, but they often could not find clean towels or wash cloths. She stated the facility had some washcloths but not enough to provide care to all residents. She stated that it was after lunch some days before clean towels and washcloths were received on the hall.</p> <p>In an interview with NA #6 on 6/26/24 at 12:30 pm she indicated she had worked for the facility since March 2024 and that she had worked short of towels and washcloths on most days. She stated she felt she could not provide proper care to the residents without clean towels and washcloths. She stated the facility stopped providing wipes so she bought her own so she could, at minimum, wipe the residents arm pits and private areas when the facility did not have wash cloths and towels available. She stated this occurred mostly on weekdays and was not an issue on the weekend.</p> <p>In an interview with NA #7 on 6/26/24 at 2:26 pm revealed that she could not give baths in the mornings when she arrived to work because she did not have access to clean washcloths and towels. She indicated that residents did not get a bath or showers when they did not have available washcloths and towels because some residents were already up for the day, and she would not have time to complete her assignments. She stated this happened about 3 to 4 times a week.</p> <p>In an interview with NA #1 on 6/27/24 at 8:15 am she indicated that she could not clean resident's hands prior to meals or provide morning care because she did not have access to clean towels and washcloths and she had to wait for clean towels and wash cloths to become available. By the time they arrived from the laundry many of the residents had gotten up for the day.</p> <p>An interview with NA #8 on 6/27/24 revealed that she had been employed by the facility for 2 weeks. She stated that she had not had clean washcloths and towels for the past 2 weeks so the residents on her assignment did not get a bath and that the residents would get angry with the NAs.</p> <p>An interview with Nurse #1 on 6/25/24 at 4:21 pm revealed that NAs complained to her that they did not have clean washcloths and that laundry had ordered more washcloths, but they had not arrived.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with Nurse #2 on 6/25/24 at 4:53 pm he stated that he worked 3:00 PM to 11:00 PM shift on a regular basis, and the NAs often ran out of washcloths, so they tore up clean briefs and used them as wipes for incontinence care. He further indicated that they were out of washcloths last night. He stated that on days that the facility was short on washcloths that he had passed the concern on in shift report and that administration had been aware of the problem.</p> <p>In an interview with Nurse #3 on 6/26/24 at 11:03 am she stated staff had to wait for towels and washcloths today (6/26/24) and residents could not get a bath, shower or incontinence care completed until they found washcloths and that it could take an hour and a half before they found washcloths and towels. She further indicated that towels and washcloths were not washed during the night, so they had to wait for linen to be washed in the mornings before they had clean washcloths and towels.</p> <p>In an interview with Nurse #5 on 6/26/24 at 2:11 pm she stated that she worked part time for the facility as needed and did not work every day. She stated when staff told her they were short on towels and washcloths she checked with laundry and was told towels and washcloths would be available after they had been washed and dried. She stated that it would take until 10:00 am or 11:00 am before clean towels and wash cloths were available.</p> <p>During an interview with the Housekeeping Director on 6/27/24 at 9:15 am it was revealed that he was an outside contractor, and he oversaw the laundry department as well as other housekeeping duties. He stated that when he arrived at the job just over a month ago (exact date unknown) that the facility hardly had any washcloths (he had not done a count) so he borrowed washcloths from another facility that also contracted with his company. He stated a week and a half after he borrowed washcloths there was still a shortage. He stated that staff told him they were not permitted to use disposable wipes and threw away washcloths that were soiled with bowel movement. He further indicated that housekeeping staff had reported to him that they saw soiled washcloths in the trash when they disposed of trash in the dumpster. The Housekeeping Director stated that a Periodic Automatic Replacement (PAR) level (an inventory control system that tells you what levels of inventory you should have in stock to fulfil a demand) for washcloths should be eight washcloths' times the number of residents on the census. He stated that with a census of one hundred residents that the facility should have 800 washcloths in stock and that the facility only had approximately 100 washcloths available. He stated the facility did not have any washcloths in storage. He stated the facility was low on towels, but not as low as washcloths, and he did not know how many towels were on hand, because he had not counted. He stated he ordered a large order of towels and washcloths yesterday that should arrive Monday, 7/1/24. He indicated the process to prep soiled linens, towels, and washcloths for the next morning was laundry staff picked up by the soiled linens each evening, washed and dried, and prepped the clean linen cart for the next day before their shift ended at 10:00 pm so clean linen was ready to be rolled out to the units first thing the next morning, but that system did not work at the facility because they did not have enough towels and washcloths. He further stated that laundry staff picked up the soiled laundry from the units when they arrived to work at 7:00 am each morning and washed, dried, and folded the laundry and that it took them from 7 am to about 9:30 to get the some linen ready to deliver to the units each day. He stated that he had noticed that staff used pillowcases for incontinence care because they did not have washcloths. The Housekeeping Director explained that since he had been in the position he had been working with the Administrator to resolve the issue of the shortage of washcloths and towels and they were working on establishing a PAR level.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Cary Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road Cary, NC 27518	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Director of Nursing (DON) on 6/27/24 at 10:15 am she was not aware that the facility had been low on towels and wash cloths. She stated the facility was currently in the process of establishing a PAR level with the new Housekeeping Director for towels and washcloths. She stated that when she was hired as the DON on 3/13/24 that staff used disposable wipes for all resident care and did not use washcloths. She stated that the wipes clogged toilets because staff flushed them, so wipes were no longer used. She stated that she educated staff to use washcloths for resident care, and to use the soiled diaper and toilet paper to wipe bowel movement from resident's during incontinence care, but they used the washcloths instead and threw them away. She stated that the facility had an emergency supply of washcloths and staff could ask for them and they would be provided to staff for use for resident care, but they had not asked. The interview further revealed that staff were hoarding and hiding washcloths and that decreased the number of washcloths available for use by all staff.</p> <p>In an interview with the Administrator on 6/27/24 at 11:45 am it was revealed that he was aware of an issue with a shortage of washcloths and towels, and he had been working with the Housekeeping Director to establish a PAR level. He further indicated that the facility had used wipes in the past but had stopped because staff and residents had flushed them, and it clogged the toilets. Staff then used washcloths and towels for incontinence care and threw away washcloths soiled with bowel movement and that caused a shortage of washcloths and reduced the number of washcloths and towels available for morning care. The Administrator stated that he would transition back to providing wipes today(6/27/24) for incontinence care.</p>		