STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345423	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wilson Rehabilitation and Nursing Center	1705 South Tarboro Street Wilson, NC 27893

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, and staff, Medical Director, Psychiatric Nurse Practitioner, Pharmacy Consultant, and Guardian interviews, the facility failed to obtain consent and inform the resident or resident representative in advance of the risks and benefits of psychotropic medications or treatment alternatives for 4 of 4 residents reviewed for unnecessary medications (Resident #1, Resident #2, Resident #62, and Resident #46). The findings included: a. Resident #1 was admitted to the facility on [DATE] with diagnoses which included Parkinson's disease, dementia with behavioral disturbance, anxiety and depression. A physician's order dated 4/30/25 written by the Medical Director revealed an active order for quetiapine fumarate (antipsychotic medication) 12.5 milligrams (mg) to be administered at bedtime related to depression and Parkinson's disease. Review of Resident #1's electronic medical record (EMR) revealed no documented evidence that the resident or the RR were informed in advance of the risks, benefits, and treatment alternatives associated with the use of quetiapine fumarate. Further review of the EMR identified a psychotropic medication consent form dated 9/11/24 signed upon admission by Resident #1's RR that only provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to quetiapine fumarate therapy. Resident #1's care plan dated 11/25/25 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits, and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. Resident #1's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed he was moderately cognitively impaired. Resident #1 was coded for an antipsychotic medication. Review of Resident #1's May 2026 Medication Administration Record (MAR) documented the quetiapine fumarate 3 mg was initialed as administered per the physician order. An interview was conducted with Resident #1's RR on 5/20/26 at 12:45 PM who stated she was not notified by the facility of the risks, benefits and treatment alternatives associated with the use of quetiapine fumarate. She reported it was prescribed by Resident #1's neurologist. (continued on next page)

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

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. Resident #2 was admitted to the facility on [DATE] with diagnoses that included neurocognitive disorder with Lewy bodies, dementia with psychotic disturbance, depression and Parkinson's disease. A physician's order dated 2/10/26 revealed an active order for pimavanserin tartrate (antipsychotic medication) 34 milligrams (mg) to be administered daily related to dementia associated with Parkinson's disease. Review of Resident #2's electronic medical record (EMR) revealed no documented evidence that the resident or the RR were informed in advance of the risks, benefits, and treatment alternatives associated with the use of pimavanserin tartrate. Further review of the EMR identified a psychotropic medication consent form dated 9/11/24 signed upon admission by Resident #2's RR that only provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to pimavanserin tartrate therapy. Resident #2's care plan dated 2/11/26 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. Resident #2's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she was cognitively intact. Resident #2 was coded for antipsychotic medication. Review of Resident #2's May 2026 Medication Administration record (MAR) documented the pimavanserin tartrate 34 mg was administered per the physician order. Attempts to interview Resident #2 were not successful. Attempts to contact Resident #2's resident representative were not successful. c. Resident #62 was admitted to the facility on [DATE] with diagnoses that included dementia, anxiety and depression. A physician's order dated 8/26/25 revealed an active order for aripiprazole (an antipsychotic medication) 5 milligrams (mg) to be administered daily related to unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of Resident #62's electronic medical record (EMR) revealed no documented evidence that the resident representative was informed in advance of the risks, benefits, and treatment alternatives associated with the use of aripiprazole. Further review of the EMR identified the psychotropic medication consent form dated 7/28/25 signed upon admission by Resident #62's RR that only provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to aripiprazole therapy. Resident #62's care plan dated 9/2/25 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #62's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she was severely cognitively impaired. Resident #6 was coded for antipsychotic medication. Review of Resident #6's May 2026 Medication Administration record (MAR) documented the aripiprazole 5 mg was administered per the physician order. Attempts to contact Resident #6's resident representative were not successful. d. Resident #46 was admitted to the facility on [DATE] with diagnoses which included Parkinson's disease, schizoaffective disorder, and bipolar disorder with severe psychotic features. A physician's order dated 1/17/25 revealed an active order for risperidone (antipsychotic medication) 3 milligrams (mg) to be administered twice a day related to bipolar disorder with psychotic features. Resident #46's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she was moderately cognitively impaired. Resident #46 was coded for an antipsychotic medication. Resident #46's care plan dated 3/24/26 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits, and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. Review of Resident #46's May 2026 Medication Administration Record (MAR) documented the risperidone 3 mg was initialed as administered per the physician order. Review of Resident #46's electronic medical record (EMR) revealed no documented evidence that the resident's Guardian was informed in advance of the risks, benefits, and treatment alternatives associated with the use of risperidone. Further review identified the psychotropic medication consent form dated 10/28/22 signed upon admission on ly provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to risperidone therapy. During an interview on 5/19/26 at 2:05 pm, the Director of Nursing (DON) stated the only consent form for psychotropic medications was included in the admission packet and signed upon admission to the facility. The DON further stated she was under the impression the Psychiatric Providers were responsible for explaining the risks and benefits of psychotropic medications to the residents and/or the Guardian. The Administrator was interviewed on 5/19/26 at 2:05 pm and stated the psychotropic medication consent form was included in the admission packet and signed upon admission to the facility. The Administrator further stated she was also under the impression the Psychiatric Providers were responsible for explaining the risks and benefits of psychotropic medications to the residents and/or the Guardian. During a telephone interview conducted on 5/20/26 at 3:37 p.m., Resident #46's Guardian stated she was aware Resident #46 was receiving an antipsychotic medication. However, the Guardian reported she had not signed an informed consent form for the antipsychotic medication prior to 5/20/26. The Guardian stated the facility contacted her on 5/20/26 and requested that she sign an informed consent form for Resident #46's antipsychotic medication at that time. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a phone interview on 5/20/26 at 2:00 p.m., the Psychiatric Nurse Practitioner stated that during facility visits, she reviewed the risks and benefits of psychotropic medications in addition to nonpharmacological treatments with residents and documented in her progress notes. The Psychiatric Nurse Practitioner further stated it was the responsibility of the nursing staff to obtain signed consent forms from the resident and/or resident representative. During an interview on 5/20/26 at 2:14 pm, the Medical Director stated that when residents were admitted already receiving psychotropic medications, an informed consent form was not completed and the risks, benefits, and treatment alternatives were not explained. The Medical Director stated these discussions occurred only when psychotropic medications were initiated at the facility. The Medical Director further stated he was unaware of who was responsible for obtaining signed informed consent for psychotropic medications.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to accurately code the physician's documented clinical contraindication of a gradual dose reduction (GDR) of psychotropic medications for 2 of 25 residents reviewed for MDS assessment accuracy (Resident #1 and Resident #62).The findings included:a. Resident #1 was admitted to the facility on [DATE] with diagnoses which included Parkinson's disease, dementia with behavioral disturbance, anxiety and depression.A physician's order dated 4/30/25 revealed an active order for quetiapine fumarate (antipsychotic medication) 12.5 milligrams (mg) to be administered at bedtime related to depression and Parkinson's disease. A review of the psychiatric provider note dated 6/9/25 revealed an attempted dosage reduction to the psychotropic regimen was likely to impair the resident's function and exacerbate underlying psychiatric conditions. The quarterly MDS dated [DATE] for Resident #2 indicated a GDR had not been documented by the physician as clinically contraindicated.b. Resident #62 was admitted to the facility on [DATE] with diagnoses that included dementia, anxiety and depression.A physician's order dated 8/26/25 revealed an active order for aripiprazole (an antipsychotic medication) 5 milligrams (mg) to be administered daily related to unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A review of the psychiatric provider note dated 12/4/25 revealed an attempted dosage reduction to the psychotropic regimen was likely to impair the resident's function and exacerbate underlying psychiatric conditionsThe quarterly MDS dated [DATE] for Resident #62 indicated a GDR had not been documented by the physician as clinically contraindicated.An interview was conducted with MDS Nurse #1 and MDS Nurse #2 on 5/19/26 at 3:26 AM who stated the physician documented GDR as clinically contraindicated was marked no which was an error and should have been marked yes. They indicated MDS Nurse #2 coded the assessments and she misunderstood the question. An interview with Administrator was held on 5/20/26 at 3:30 PM. She stated her expectation was for MDS assessments to be accurate.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations and staff interviews, the facility failed to place cautionary no smoking signage on the primary entrance to the facility indicating it was a non-smoking facility for 1 of 1 primary entrance to the facility.Findings included:The facility's policy No Smoking Policy dated 12/31/22 and last revised 1/1/26 stated, Smoking or vaping by employees, contractors, visitors, or residents is strictly prohibited within the facility, in any company owned vehicle and on the grounds of the facility. The policy further stated that No Smoking signs are clearly posted to notify visitors and others of the policy.Observations on 5/18/26 at 2:15 PM, 5/19/26 at 8:00 AM, and 5/19/26 at 4:00 PM revealed there was not a No Smoking sign on the primary entrance of the facility.An observation on 5/19/26 at 4:43 PM revealed a No Smoking sign on the oxygen storage room.An interview was conducted with the facility Administrator on 5/19/26 at 4:46 PM and she stated she was unaware that a No Smoking sign was required at the main entrance of the facility. She confirmed it was a non-smoking facility, and she was aware of the facility policy.