STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. 46725 Based on record review, and staff and resident interviews, the facility failed to act upon grievances that were reported by the Resident Council, resolve repeat grievances, and communicate the facility's efforts to address grievances voiced during Resident Council meetings for 7 of 7 consecutive months: September 2024, October 2024, November 2024, December 2024, January 2025, February 2025, and March 2025. The findings included: a. A review of the Resident Council minutes completed by the Activities Director dated 9/18/24 revealed the following grievance was expressed: banking hours 9-3pm. b. A review of the Resident Council minutes completed by the Activities Director dated 10/21/24 revealed the following grievances were expressed: would like monthly billing statements, larger size people want proper care and handle accordingly, portion size has gotten smaller, and they want to know why they can't get sandwiches and snacks, think rights have been violated with noise level at night. There was no documented resolution from the previous month's grievance related to banking hours. c. A review of the Resident Council minutes completed by the Activities Director dated 11/18/24 revealed the following grievances were expressed: call lights turned off but don't address the reason for being on, portion still small. The resolution addressed only one of the previous month's grievances related to monthly billing statements. d. A review of the Resident council minutes completed by the Activities Director dated 12/16/24 revealed the following grievances were expressed: staff not knocking on doors, still on phones and talking through ear buds, portions small and can't get seconds, still no snacks. There was no documented resolution from the previous month. e. A review of the Resident Council minutes completed by the Activities Director dated 1/13/25 revealed the following grievances were expressed: baseboards need cleaning. There was no documented resolution from the previous month. f. A review of the Resident council minutes completed by the Activities Director dated 2/20/25 revealed the following grievances were expressed: staff still wearing earbuds and on phones, want less pasta and more condiments. The stated resolution was the dietary manager spoke about what they are doing in the kitchen so it can get better. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	g. A review of the Resident Council minutes completed by the Activities Director dated 3/27/25 revealed the following grievances were expressed: ear buds, staff on the phone, loud noises, why can't snacks not as plentiful, nursing assistants not assisting residents unless they are the assigned nursing assistant, too many sandwiches for dinner, snacks not as plentiful, food mediocre, noise on hall. There was no documented resolution from the previous month. A Resident Council meeting was held on 4/17/25 at 1:00 PM with Residents #17, #52, #84 and #32. During the meeting, Resident #17 , the resident council president, expressed frustrations that the Resident Council has made repeated grievances month after month which had not been addressed or resolved. Resident #52 stated the resident council's complaints did not seem to matter to corporate. The members present at the Resident Council meeting expressed their collective frustration in attempting to get their voices heard by corporate staff and the previous administrator. An interview with the Activities Director on 4/16/25 at 3:44 PM revealed that she did not fill out a grievance form for grievances or concerns brought up in Resident Council. She indicated she would try to tell the department heads about concerns but did not document the follow-up in the minutes for each concern. An interview with the Administrator on 4/16/25 at 4:05 PM revealed he just started in the position about four weeks ago and he was not aware that the Activities Director had not documented Resident Council grievances on a form and had not received follow-up to all grievances voiced during the meetings. He further indicated that all Resident Council grievances should be documented on a grievance form, provided to the appropriate department head and signed off by the Administrator each month.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. 46725 Based on staff and resident interviews, the facility failed to provide residents with access to their personal fund accounts for 2 of 2 residents reviewed for management of personal funds (Resident #17 and #52). The findings included: 1. Resident #17 was admitted to the facility 9/27/23. Review of #17's annual Minimum Data Set (MDS) dated 1/6/25 revealed Resident #17 was cognitively intact. An interview conducted with Resident #17 on 4/16/25 at 1:00 PM revealed he was a Medicaid recipient, and he was only allowed to withdraw $20 dollars a day and could not retrieve any money after hours or on the weekends. Resident #17 indicated this had been an issue for as long as he has been a resident at the facility. An interview was conducted with the Business Office Manager (BOM) on 4/16/25 at 2:49PM. The Business Office Manager indicated that corporate staff only allows residents to receive $20 a day and if they request funds over that amount the money would be provided in a check form by the following business day. The BOM further revealed that residents can only withdraw funds Monday-Friday between the hours of 9:00 AM and 3:00 PM. An interview conducted with the Administrator on 4/16/25 at 3:37 PM revealed he had only been in this position for four weeks and he was not aware residents were only able to withdraw $20 a day and did not have access to personal funds after hours on the weekends and weekdays. The Administrator further revealed he had expected all residents to always have access. 2. Resident #52 was admitted to the facility 9/23/22. Resident # 52's 3/28/25 quarterly Minimum Data Set assessment revealed Resident #52 was cognitively intact. An interview was conducted with Resident #52 on 4/16/25 at 1:05 PM. Resident #52 indicated she had not been able to buy the things she wants because the facility will allow residents to withdraw $20 a day and the banking hours are only during the week from 9:00 AM- 3:00 PM and the facility offered no options to residents to access any of their funds during the weekends. An interview was conducted with the Business Office Manager (BOM) on 4/16/25 at 2:49PM. The Business Office Manager indicated that corporate staff only allows residents to receive $20 a day and if they request funds over that amount the money would be provided in a check form by the following business day. The BOM further revealed that residents can only withdraw funds Monday-Friday between the hours of 9:00 AM and 3:00 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview conducted with the Administrator on 4/16/25 at 3:37 PM revealed he had only been in this position for four weeks and he was not aware residents were only able to withdraw $20 a day and did not have access to personal funds after hours on the weekends and weekdays. The Administrator further revealed he had expected all residents to always have access.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32394 Based on observation, staff interviews and record review, the facility failed to maintain accurate advance directive information (code status) throughout both the electronic medical record and paper record kept at the Nursing Station for 1 of 32 residents reviewed for advance directives (Resident #5). The findings included: Resident #5 was admitted to the facility on [DATE] with cumulative diagnoses which included heart failure, renal insufficiency, and a history of respiratory failure. A 3-ring binder containing paper copies of the residents' advance directives was observed at the nursing station. A review of Resident #5's record kept in this binder revealed it included a signed Do Not Resuscitate (DNR) form printed on bright yellow/orange-colored paper, which indicated the resident had a DNR status. The DNR form was dated 6/19/23 and indicated by a checked box that this DNR directive had No Expiration Date. A review of Resident #5's electronic medical record (EMR) revealed the banner at the top of Resident #5's EMR page documented that her advance directive was, Full Code. A review of the resident's physician orders in the EMR revealed an order was received on 9/19/24 for Resident #5 to have a code status of Full code. The resident's care plan included an area of focus last revised on 9/23/24 which read, The resident has an advance directive of full code. Resident #5's most recent Minimum Data Set (MDS) was a quarterly assessment dated [DATE]. A review of the MDS assessment revealed Resident #5 had moderately impaired cognition. An interview was conducted on 4/15/25 at 9:17 AM with the facility's Admission Director. During the interview, the Admission Director stated that the initial information on Advance Directives was addressed in the resident's contract upon admission. When asked, she reported nursing staff was responsible for inputting the resident's code status after admission into the resident's EMR. An interview was conducted on 4/15/25 at 10:30 AM with Nurse #1. Nurse #1 identified herself as the hall nurse assigned to care for Resident #5. Upon inquiry, Nurse #1 was asked where she would locate a resident's advance directive to identify his/her code status in the event this was needed. The nurse reported she could access this information from the resident's EMR. She also stated there was a binder kept at the nursing station where she could check a resident's code status. At that time, Nurse #1 reviewed Resident #5's advance directive in her EMR. The EMR indicated the resident had a Full Code status. Next, Nurse #1 reviewed the resident's paper record kept in the Advance Directives binder. The paper record was observed to include a signed DNR form which indicated Resident #5 had a DNR status. When asked, the nurse stated both the EMR and the paper record in the Advance Directives binder should contain the same information. Nurse #1 reported if the resident coded, she would need to initiate a full code for her but then added, There would be some confusion. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 4/15/25 at 3:26 PM with the facility's Unit 2 Manager. During the interview, the Unit Manager was asked where the nursing staff could find a resident's code status. She stated it was on the MAR [Medication Administration Record] in the resident's EMR. Additionally, the Unit Manager reported the residents' code status was kept in a binder at the nursing station. She stated the provider was typically responsible to put any change in code status into a resident's EMR. If a resident returned from the hospital, then nursing needed to add it into the EMR as part of his/her admission orders. When the Unit Manager was informed of the discrepancy between Resident #5's two sources of information for code status, she reviewed the resident's EMR and confirmed it indicated she was a Full Code. The Unit Manager stated, I'm going to take it [the DNR form] out [of the binder]. An interview was conducted on 4/16/25 at 3:19 PM with the facility's Director of Nursing (DON). During the interview, the DON reported there needed to be only one source of information for a resident's code status. She stated, I'm going to remove the binder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725 Based on record review and staff interview the facility failed to complete the comprehensive Minimum Data Set (MDS) assessment within the regulatory timeframe as specified in the Resident Assessment Instrument (RAI) Manual for 1 of 1 resident reviewed for completion of a comprehensive MDS assessment (Resident #204). The findings included: Resident #204 was admitted to the facility on [DATE]. Review of the admission Comprehensive Minimum Data Set (MDS) assessment on 4/16/25 revealed the assessment had not been completed and was still in progress. An interview was conducted with MDS Nurse #1 on 4/17/25 at 5:15 PM. MDS Nurse #1 stated that they had 14 days from the assessment reference date (ARD) to complete the MDS assessment and indicated that this assessment was late due to the influx of new admissions that had recently occurred. An interview was conducted with the Director of Nursing (DON) on 4/17/25 at 5:25 PM. The DON stated she had no idea why the MDS assessment for Resident #204 was not completed within 14 days of admission but stated she would expect that it would be completed within 14 days of admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 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** 45045 Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of discharge location for 1 of 4 residents (Resident #100) and in the area of feeding tubes for 1 of 3 residents (Resident #36) whose MDS assessment was reviewed. The findings included: 1. Resident #100 was admitted to the facility on [DATE]. Review of the discharge planning note dated 3/14/25 at 2:36 pm by the Discharge Planner revealed Resident #100 was noted to have been ready for discharge on 3/15/25 to another facility. The Discharge Planner further noted that transportation arrangements were made, and the admission paperwork was signed and returned to the accepting facility. The Nursing progress note dated 3/15/25 at 2:02 pm revealed Resident #100 was discharged to another facility with transport team. The Minimum Data Set (MDS) return not anticipated assessment dated [DATE] and completed by the Discharge Planner revealed Resident #100 was noted to have a discharge status of short-term general hospital. An interview was conducted with the Discharge Planner on 4/15/25 at 3:18 pm who revealed Resident #100 was discharged to another skilled nursing facility on 3/15/25 with the anticipation to transition to long-term care after therapy services were completed. The Discharge Planner confirmed she completed the MDS assessment in error and should have chosen discharge to skilled nursing facility instead of short-term general hospital for Resident #100. During an interview on 4/16/25 at 10:22 am with the MDS Nurse she revealed she did not review the sections of the assessment that were completed by the other departments for accuracy. She stated the person that completed their assigned sections was responsible to ensure the information was accurate. An interview was conducted with the Administrator on 4/16/25 at 10:26 am who revealed the Discharge Planner should have reviewed Resident #100's information to ensure the assessment was correct before completing it. 50234 2. Resident #36 was admitted to the facility on [DATE] with diagnoses that included severe protein-calorie malnutrition, adult failure to thrive, and gastrostomy status. A physician order dated 11/15/24 read Resident #36 was to receive the prescribed tube feeding formula continuously at 65 milliters per hour from 2:00 PM to 9:00 AM for a total of 19 hours via gastrostomy tube. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #36's annual Minimum Data Set (MDS) dated [DATE] noted she had impaired cognition, did not have any behaviors or rejection of care. The MDS did not code that Resident #36 took her nutrition and hydration through a feeding tube. A progress note dated 2/3/25 at 7:17 PM by the MDS Nurse documented a MDS Reconciliation Note for the assessment reference date 1/20/25 which indicated after observation of the resident, interview with staff, and per progress notes, it was determined that the resident did not eat or drink by mouth and was fed by tube feeding only.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41579 Based on record review, resident, and staff interview, the facility failed to create a person-centered baseline care plan and provide a summary to the residents and/or responsible party within 48 hours of admission for 5 of 14 residents reviewed for new admission procedures (Resident #153, #159, Resident #94, Resident #26 and Resident #11). Findings included: 1. Resident # 153 admitted to the facility on [DATE] with an diagnosis that included urinary retention. A Physician's Order dated 04/11/2025 indicated Resident #153 required an indwelling urinary catheter for urinary retention. A review of Resident #153's baseline care plan dated 04/10/2025 was conducted and there was no indication for urinary catheter use. An interview was conducted with Nurse #6 on 4/17/2025 at 11:18 AM and she indicated when a new resident admits to the facility, she completes a nursing admission assessment. She stated the information she identifies as a concern on the admission assessment triggers the baseline care plan to be developed. Attempts were made to contact the Nurse that admitted Resident #153 and were unsuccessful. An interview was conducted on 4/17/2025 at 11:39 AM with the DON and she stated, the basics of care should be on the baseline care plan and the catheter should have been put on the baseline care plan. The DON indicated she would need to come up with a process to put the needed information on the baseline care plan. During an interview with the Administrator on 04/17/2025 at 4:43 PM he indicated the baseline care plan should be accurate with the needs of the residents to be identified. 2. Resident #159 was admitted to the facility on [DATE] with diagnoses which included end stage renal disease, congestive heart failure, coronary artery disease, hypertension and type 2 diabetes. A review of Resident #159's physician orders dated 4/11/2025 revealed an order for a life vest (LifeVest is a wearable defibrillator that can detect and treat abnormal heart rhythms). A review of the baseline care plan dated 4/12/2025 revealed there was no mention of the life vest. An interview was conducted with Nurse #6 on 4/17/2025 at 11:18 AM and she indicated when a new resident admits to the facility, she completes a nursing admission assessment. She stated the information she identifies as a concern on the admission assessment triggers the baseline care plan to be developed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Attempts were made to contact the Nurse who admitted on Resident #159 and were unsuccessful. During an interview with the Director of Nursing (DON) on 4/17/2025 at 11:39 AM she indicated the life vest should have been on the baseline care plan. An interview was conducted on 4/17/2025 at 04:38 PM with the Administrator and he indicated the life vest should have been on the baseline care plan. 45045 3. Resident #11 was admitted to the facility on [DATE]. Review of the admission assessment dated [DATE] by Nurse #4 revealed no documentation that the baseline care plan or list of medications were reviewed or provided to Resident #11 or the Responsible Party (RP). Review of the Baseline Care Plan assessment initiated on 3/27/25 by Unit Manager #1 revealed the following: the baseline care plan was marked as initiated and completed. The baseline care plan was not marked as being reviewed with Resident #11 and/or the RP and was not marked that a copy of the baseline care plan and copy of the medications were provided to the resident and/or RP. Review of the progress notes revealed no documentation that Resident #11's baseline care plan was reviewed with the Resident or the RP. The progress notes further revealed no documentation that Resident #11 or the RP received a copy of the baseline care plan or list of medications. The Minimum Data Set (MDS) admission assessment dated [DATE] revealed Resident #11 had moderate cognitive impairment. An interview was conducted with the MDS Nurse on 4/16/25 at 9:22 AM and she indicated that the baseline care plan was initiated on the day of admission by the admitting nurse and nursing staff were responsible to review and provide a copy to Resident #11 and/or the RP. An interview was conducted on 4/16/25 at 2:41 pm with Unit Manager #1 who revealed she opened and completed the baseline care plan assessment at the time of the admission but she did not review it with Resident #11 or provide the Resident with a copy of the care plan or medications. Unit Manager #1 stated the nurse that completed the admission assessment for Resident #11 was responsible to review and provide a copy of the baseline care plan and the current medications to Resident #11 and the RP. A telephone interview was conducted on 4/16/25 at 3:13 pm with Nurse #4 who revealed she was not responsible for completing the baseline care plan or reviewing the information with Resident #11 or his RP. Nurse #4 stated she was an agency nurse and she believed that the facility staff were responsible to review the baseline care plan and medications with Resident #11. An interview was conducted with the Director of Nursing (DON) on 04/16/25 at 11:28 AM. The DON indicated that she had determined that nurses were not completing all sections of the baseline care plan and should have been reviewing the care plan and providing a copy of the summary to the resident and responsible party as appropriate with 48 hours of admission. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	46725 4. Resident #94 was admitted to the facility on [DATE]. Diagnosis included, in part, nontraumatic intracerebral hemorrhage. The medical record was reviewed and revealed a baseline care plan was completed on 2/6/25. There was no documented evidence that a summary of the baseline care plan was offered or given to Resident #94 or to the responsible party. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #94 was severely cognitively impaired. An interview was conducted with Resident #94's responsible party on 4/16/25 at 9:14 AM and he indicated he was not provided with the opportunity to review or get a copy of the summary of the baseline care plan. An interview was conducted with the MDS Nurse #1 on 4/16/25 at 9:22 AM and she indicated that the baseline care plan was initiated on the day of admission by the admitting nurse and nursing staff are responsible for reviewing and providing a copy to the resident and/or the responsible party. An interview was conducted with the Director of Nursing (DON) on 04/16/25 at 11:28 AM. The DON indicated that she had determined that nurses were not completing all sections of the baseline care plan and should have been reviewing the care plan and providing a copy of the summary to the resident and responsible party as appropriate with 48 hours of admission. 5. Resient #26 was admitted to the facility on [DATE]. Diagnosis included in part, Nondisplaced fracture of fifth metatarsal bone in left foot. The medical record was reviewed and revealed a baseline care plan was completed on 3/26/25. There was no documented evidence that a summary of the baseline care plan was offered or given to Resident #26. The Admission Minimum Data Set, dated dated dated [DATE] indicated Resident #26 was cognitively intact. An interview was conducted with Resident #26 on 4/15/25 at 4/11/25 and she indicated she was not offered or provided a copy of the summary of the baseline care plan. An interview was conducted with the MDS Nurse #1 on 4/16/25 at 9:22 AM and she indicated that the baseline care plan was initiated on the day of admission by the admitting nurse and nursing staff are responsible for reviewing and providing a copy to the resident and/or the responsible party. An interview was conducted with the Director of Nursing (DON) on 04/16/25 at 11:28 AM. The DON indicated that she had determined that nurses were not completing all sections of the baseline care plan and should have been reviewing the care plan and providing a copy of the summary to the resident and responsible party as appropriate with 48 hours of admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725 Based on observation, record review, and Responsible Party and staff interviews, the facility failed to complete a smoking assessment for 1 of 1 resident reviewed for smoking (Resident # 94). Findings included: Resident #94 was admitted to the facility on [DATE] which included nontraumatic intracerebral hemorrhage. A review of the smoking safety screen completed on 2/5/25 indicated Resident #94 was not a smoker. Review of Resident #94's admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was severely cognitively impaired and was not coded for tobacco use. Review of Resident #94's care plan revised on 2/18/25 revealed no care plan related to smoking. Review of Resident #94's medical record revealed the resident had not been assessed for safe smoking. An observation of Resident #94 was made on 04/15/25 2:21 PM. Resident #94 was observed smoking a cigarette in the facility's designated smoking area without staff present. There was no safety concern observed. An interview was conducted with the Responsible Party on 04/15/25 01:34 PM and he indicated that Resident #94 did not smoke upon admission but after he improved, he started to smoke again about three weeks after his admission. The Responsible Party had no concerns with Resident #94 smoking independently. An interview was conducted with Nurse #6 on 4/15/25 1:45 PM. Nurse #6 indicated that Resident # 94 was a smoker, and he was safe to smoke independently. Nurse #6 was not sure why there was not a smoking assessment on file. An interview was conducted with Unit Manager #1 on 4/15/25 1:50 PM. She indicated Resident #94 was an independent smoker and a smoking assessment was supposed to be completed by the admitting nurse. An interview was conducted with the Director of Nursing (DON) on 4/15/25 at 3:32 PM. She indicated that the admitting nurse was responsible for completing resident smoking assessments on admission and the charge nurse was responsible for completing the smoking assessment when a resident started smoking after they were admitted . The DON further explained that she was not aware that Resident #94 did not have a smoking assessment, and it should have been completed by the charge nurse when he started smoking. An interview was conducted with the Administrator on 4/15/25 at 3:40 PM. He indicated that any residents who smoked should be assessed for safety and have a smoking care plan created.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41579 Based on record review, observations, and staff interviews, the facility failed to secure an indwelling catheter tubing to prevent tension and/or trauma and to keep a urinary catheter bag and its tubing from touching the floor to reduce the risk of infection for 1 of 1 resident (Resident #153) reviewed. Findings included: Resident #153 was admitted to the facility on [DATE] and had diagnoses that included urinary retention. A Physician's Order dated 04/11/25 indicated Resident #153 required an indwelling urinary catheter for urinary retention. An admission nursing assessment dated [DATE] indicated Resident #153 was cognitively intact. A review of the Nurse Practitioner admission note dated 04/11/25 revealed Resident #153 had an indwelling urinary catheter in place for urinary retention. During an observation of Resident #153 on 04/14/25 at 10:04 AM she was found to be in bed and her urinary catheter drainage bag was lying on the floor beside her bed. An observation was conducted on 04/17/25 at 10:08 AM of Nursing Assistant (NA) #2 performing catheter care on Resident #153. The indwelling catheter tubing was not secured to the resident's leg, and the tubing was noted on the floor bedside the bed. NA #2 attempted to secure the indwelling urinary tubing to the bed with clips, however she was unable to do so, and the tubing remained on the floor. During an interview at the end of the observation, NA #2 indicated she had informed Nurse #5, Resident #153 needed catheter to be secured on 04/16/25 and would inform Nurse 5 again. An interview was conducted on 04/17/25 at 10:48 AM with Nurse #5 and she indicated NA #2 had informed her on 04/16/25 about Resident #153 not having a secure strap. She stated, I got busy and forgot. She indicated the drainage tubing should not be on the floor. The Director of Nursing was interviewed on 04/17/25 at11:39 AM, and she stated Resident #153's indwelling catheter drainage bag or the tubing should not have been on the floor and it should have had a device to keep the indwelling catheter tubing in place. During an interview with the Administrator on 04/17/25 at 04:43 PM he stated he expected staff to follow proper procedures to keep the indwelling catheter secured and the tubing off the floor. He further stated Resident #153's urinary catheter bag should not have been on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50234 Based on observation, record review, and staff and Registered Dietitian interviews, the facility failed to administer tube feedings via a gastrostomy tube as ordered by the physician for 1 of 3 residents reviewed for tube feeding (Resident #36). The findings included: Resident #36 was admitted to the facility on [DATE] with diagnoses that included severe protein-calorie malnutrition, adult failure to thrive, and gastrostomy status. Resident #36's annual Minimum Data Set (MDS) dated [DATE] noted she had impaired cognition and did not have any behaviors or rejection of care. The MDS did not include she had a feeding tube and received all of her nutrition and hydration through the tube feedings. Resident #36's comprehensive care plan dated 11/17/22 noted she was dependent on tube feedings to meet her estimated nutrition and hydration needs with interventions including to provide tube feedings per order. A physician order dated 11/15/24 read Resident #36 was to receive the prescribed tube feeding formula continuously at 65 ml (milliters) per hour from 2:00 PM to 9:00 AM for a total of 19 hours via gastrostomy tube. An observation was made of Resident #36 on 4/16/25 at 4:06 PM. Resident #36 was asleep in bed. There was a feeding tube pump mounted to a pole beside Resident #36's bed. The pump was not turned on and the tubing connected to the pump was not connected to the resident's gastrostomy tube. There was a bottle of the prescribed tube feeding formula hanging from the pole which was dated 4/16/25 and timed 6:00 AM. According to the graduated lines on the tube feeding bag there were 900 ml of formula remaining in the bag. Resident #36's private attendant was not observed to be in the resident's room. Nurse #2 was interviewed on 4/16/25 at 4:10 PM. She stated when she came to the facility that morning at approximately 7:30 AM, Resident #36's tube feeding was not running. She explained she hooked up the tube feeding to administer the prescribed tube feeding formula at 65 ml per hour at approximately 8:15 AM and disconnected it at 9:30 AM when the resident requested. She stated in the mid-afternoon (she was unable to remember the time), she hooked up Resident #36's prescribed tube feeding formula at 65 ml per hour until Resident #36 wanted to be taken outside by her private attendant. The nurse explained it was at that time she disconnected the tube feeding. Nurse #2 stated she was not sure when Resident #36 had returned from being outside. She said the resident had not been reconnected to the tube feeding since the resident came in from outside. She stated she had not observed that Resident #36 had any complications such as gastric reflux or too much residual (formula which remained undigested in the stomach) that would have necessitated holding the resident's tube feeding. She stated she was an agency nurse and that was her first time in the facility, and she was not aware of Resident #36's tube feeding orders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Registered Dietitian (RD) was interviewed on 4/17/25 at 12:28 PM. She explained Resident #36's tube feeding order hours were set for the evening so Resident #36 was able to visit with her private attendant outside of her room throughout the day. The RD indicated Resident #36's private attendant had a history of turning off the resident's tube feeding when she felt Resident #36 had too much formula or when the resident wanted it off. She stated Resident #36 had been gaining weight over the last few months but not significantly. The Registered Dietitian indicated Resident #36 needed her tube feeding to be administered as ordered to ensure the resident received the daily caloric intake she needed. She stated if there was 900 milliliters remaining in the formula bottle which was scheduled to start at 6:00 AM, it meant Resident #36 only received 100 ml of the 1,000 ml bag. The RD explained 100 ml of formula would have been 150 calories. The RD further stated Resident #36 should have received 325 ml since 6:00 AM (65 ml/hour from 6:00 AM through 9:00 AM and 65 ml/hour from 2:00 PM to 4:00 PM, a total of 5 hours at 65 ml/hour which would equate to a total 325 ml) and the resident would have received a total of 487.5 calories for that 5 hour period. In an interview on 4/17/25 at 4:01 PM, the Director of Nursing (DON) stated Nurse #2 should have ensured the tube feeding was running as ordered. She said Resident #36's private attendant had a history of turning off the feeding pump, but Nurse #2 should have started it. Attempts made to interview the resident's physician were unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50234 Based on record review, observation, and interviews with residents and staff, the facility failed to provide fluids in accordance with the physician ordered fluid restriction and failed to provide a bagged meal/snack on dialysis days for 2 of 3 residents reviewed for dialysis (Resident #41 and Resident #159). The findings included: 1. Resident #41 admitted to the facility on [DATE] with diagnoses including end-stage renal disease and dependence on dialysis. Resident #41's physician orders dated 8/15/24 noted he was on a 1200 milliliter (ml) fluid restriction per day due to end-stage renal disease. The order did not indicate how much fluid should be given from dietary with his meals and how much was to be provided by the nursing staff throughout the day. Resident #41's Minimum Data Set, dated dated dated [DATE] indicated he was cognitively intact, had no behaviors, and was receiving dialysis care. Resident #41's comprehensive care plan updated 11/13/24 indicated he attended dialysis care three times a week with an intervention of a fluid restriction. Resident #41's dialysis laboratory result summary for March 2025 indicated his fluid weight gain had increased from the month prior and he needed to focus on taking in less fluids during the day. Observation and interview with Resident #41 on 4/14/25 at 12:50 PM revealed him in his room with a cup of water on his table. He indicated he had just finished lunch and had the cup of water already in his room. Resident #41's fluid intake record from 3/17/25 to 4/14/25 noted he drank more than 1200 ml per day on 3/28/25, 4/07/25, 4/11/25, and 4/13/25. In an interview on 4/17/25 at 9:53 AM Nurse Aide #1 was passing out water to residents on the 200 hall. She said Resident #41 was on a fluid restriction but the amount of fluids he had per day varied. She said sometimes he would drink between 450-600 ml in the morning because he liked coffee, had milk in his cereal, and would have a glass of juice. She said the nurse would tell her how many fluids to give him throughout the day due to his fluid restriction. In an interview on 4/17/25 at10:08 AM, Nurse #3 said Resident #41 would be given 120 ml when she passed medications, and he would not drink all of that amount. She said he would drink 120 ml at breakfast, but didn't drink much throughout the day. Nurse #2 said she thought the dietitian liberalized his diet and had allowed for more fluids during the day. She said the physician's orders would detail how much fluid Resident #41 should receive from dietary with meals and how much the nursing staff should provide. She looked at the orders during the interview and said the order did not specify the amount of fluids to be given by the different departments. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 4/17/25 at 12:28 PM, the consultant Registered Dietitian (RD) said the dietary meal tracking system calculated how many fluids would be given by dietary with meals. She said he would get 840 ml per day with his meals, leaving 360 ml to be given by the nursing staff. She did not know if the nursing staff knew how many fluids to give him. In an interview on 4/17/25 at 4:01 PM, the Director of Nurses (DON) said she was not aware that the nursing staff did not know how the fluid restriction breakdowns were done for Resident #41. She said Resident #41 was noncompliant with his fluid restriction and would drink what he wanted throughout the day and would ask staff for fluids which they would give him because he was noncompliant. In an interview on 4/17/25 at 5:17 PM, the Administrator said the dietary department and the nursing department would need to coordinate how the fluid restriction amounts would be divided. 2. Resident #159 admitted to the facility on [DATE] with diagnoses including end-stage renal disease and dependence on dialysis. Review of physician orders dated 4/11/25 revealed Resident #159 was on a renal diet. A review of Resident #159's nursing admission assessment dated [DATE] indicated Resident was cognitively intact. Reviewed baseline care plan dated 4/12/25 and it revealed Resident #159 received dialysis three times a week. A review of Resident 159's physician orders revealed an order dated 4/13/25 for Dialysis three times weekly Monday, Wednesday and Friday. During an interview with Resident #159 on 4/16/25 at 09:12 AM Resident indicated he did not receive any food or lunch when going to dialysis. The resident stated, he be hungry a little, can't eat while on machine but can eat before getting on or when get off. Resident #159 indicated he would like to have something to eat when he went to dialysis. Resident #159 stated he had not reported the lack of a lunch meal on dialysis days to anyone at the facility. An interview was conducted 4/16/25 at 09:17 AM with the Dietary Manager and he indicated generic food bags were placed in the refrigerator and the receptionist would retrieve the food bags for dialysis residents prior to them leaving for dialysis. He indicated they had a list of dialysis residents and presented the list, however Resident #159's name was not on the list. On 4/16/25 at 09:20 AM an interview was conducted with Nurse # 7, and she indicated staff would take dialysis residents to the front lobby for pickup and they would get a bag of food to take with them from the receptionist. Nurse #7 indicated if the food bag was not at the reception desk staff would go to the kitchen and get one for the resident. She stated, this is my first day working this week and I haven't met him (Resident #159) yet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 4/16/25 at 09:26 AM with the Assistant Business Office Manager, and she indicated the regular receptionist was on vacation this week. She indicated she was aware of the dialysis residents from the dialysis listed and she would get a bag of food from the kitchen to take with them to dialysis. She stated, I'm not sure who he is (Resident #159), he is not on the list. Assistant Business Office Manager indicated she did not recall giving Resident #159 a food bag before going to dialysis on Monday. On 4/16/24 at 09:27 AM, an observation of the dialysis list was presented by the Assistant Business office Manager, and Resident #159 was not on the list. During an interview on 4/16/25 at 09:28 AM with the Director of Nursing (DON) she indicated Resident #159 should have been given a snack to take with him to dialysis and she would make sure he had one now. The DON stated she was not sure what happened. An interview with the Administrator was conducted on 4/17/25 at 04:38 PM and he indicated there should be a procedure in place for any new residents that were admitted to the facility for reports to be updated and communicated to the kitchen that were on dialysis and for dietary to have accurate information about diets, and appropriate information needed to be documented for resident needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32394 Based on observations, staff interviews, and record reviews, the facility failed to have a medication error rate of less than 5% as evidenced by 5 medication errors out of 25 opportunities, resulting in a medication error rate of 20% for 1 of 5 residents (Resident #36) observed during the medication administration observation. The findings included: Resident #36 was admitted to the facility on [DATE]. Her cumulative diagnoses included dysphagia (difficulty swallowing) and the presence of a percutaneous endoscopic gastrostomy (PEG) tube. A PEG tube is a feeding tube inserted through the skin and the stomach wall to provide nutrition and a route for medication administration. A review of Resident #36's current physician orders included the following, in part: ---Flush the PEG-tube with 20 - 30 milliliters (ml) of water before and after administration of medication pass (Order Date 11/11/24); ---Flush the PEG-tube with 30 ml of water before and after each medication (Order Date 11/11/24). On 4/16/25 at 8:15 AM, Nurse #2 was observed as she began to prepare medications for administration to Resident #36 via a PEG-tube. The medications included, in part: one - 100 micrograms (mcg) levothyroxine tablet (a thyroid medication); two - 8.6 milligrams (mg)/50 mg sennosides/docusate tablets (a combination stimulant laxative and stool softener); one - 100 mg lamotrigine tablet (an antiseizure medication); one - 10 mg midodrine tablet (a medication used to treat low blood pressure); and one - 5 mg metoclopramide tablet (a gastrointestinal or GI medication which may be used to treat nausea). All 5 medications (6 tablets) were placed into one small medication cup. On 4/16/25 at 8:21 AM, Nurse #2 was observed as she transferred all the tablets into a single plastic sleeve, crushed the tablets together, and then poured the contents of the plastic sleeve back into one medication cup. Nurse #2 was observed on 4/16/25 at 8:25 AM as she brought the medications for administration into Resident #36's room. After the nurse connected a syringe to the resident's PEG-tube, she flushed the tube with 20 - 30 milliliters (ml) of water prior to initiating the medication administration. The crushed tablets were observed to be mixed with approximately 30 ml of water in a cup and the solution was poured into the syringe connected to Resident #36's PEG-tube. The nurse added an additional 15 ml of water into the cup to dissolve the remaining solids from the crushed tablets, then poured this solution into the syringe and PEG-tubing. Nurse #2 completed the medication administration by flushing the resident's PEG-tube with 20 - 30 ml of water. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with Nurse #2 on 4/16/25 at 12:30 PM. Nurse #2 reported she was an agency nurse (a temporary employee) who was assigned to care for Resident #36. During the interview, concerns regarding the resident's medications (tablets) being crushed and administered together via the PEG-tube were discussed. Resident #36's physician orders instructing the PEG-tube to be flushed with water before and after each individual medication's administration were also discussed. At that time, Nurse #2 reviewed the resident's current physician orders. She acknowledged there were no physician orders that allowed Resident #36's tablets to be crushed and administered together via her PEG-tube. The nurse reported she was not aware the medications should be administered individually, with water flushes used before and after each medication. An interview was conducted on 4/16/25 at 3:19 PM with the facility's Director of Nursing (DON). During the interview, the DON stated she would expect that the orders are followed for all medications administered to a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 50234 Based on a lunch meal tray line observation, staff interviews and record review the facility failed to follow the approved menu when pureed bread was not served to 11 of 11 residents on a pureed diet, salisbury steak was not served to 3 of 3 residents on a renal diet and 15 of 15 residents on a heart healthy diet, and the recipe for beef stroganoff was not followed for 55 residents receiving a regular and mechanical soft texture diet (200 Hall). The findings included: Review of the resident diet order report dated 4/16/25 documented 11 residents had orders for a pureed diet, 3 residents had orders for a renal diet, and 15 residents had orders for a heart healthy diet. The order report documented 55 residents received a regular or mechanical soft textured diet on the 200 Hall. Review of the facility's dietitian approved menu for 4/16/25 revealed the meal was beef stroganoff (beef in a cream sauce), buttered egg noodles, green peas, and a dinner roll. Residents on a heart healthy (lower fat) and renal (for residents with kidney disease) diet were to receive 3 ounces of salisbury steak instead of the beef stroganoff. Residents on a pureed diet were to receive pureed beef stroganoff, pureed noodles, pureed peas, and one #30 (standard size 1.22 ounce) scoop of pureed bread in place of the regular dinner roll. Continuous observation of the lunch meal on 4/16/25 from 12:05 PM to 1:27 PM revealed the Dietary Manager (DM) served beef stroganoff to all residents on a regular, mechanical soft, and a puree diet. Residents on a pureed diet received pureed beef stroganoff, pureed noodles, and pureed peas as their entree. There was no pureed bread served to residents on a pureed diet in place of the dinner roll served to residents on a regular diet and no pureed bread on the serving line. Residents on a heart healthy diet and a renal diet were served egg noodles, beef stroganoff, peas, and a dinner roll. There was no salisbury steak on the serving line. An observation on 4/16/25 at 12:32 PM revealed the DM went to the stove, took a large saucepan off the stove, and poured additional cream sauce onto the beef. The DM did not add more beef to the pan, just the sauce. Service continued with resident trays being put into the first cart for the 200 Hall. In an interview on 4/16/25 at 12:54 PM, the DM said all residents received the beef stroganoff, including residents on a renal diet and a heart healthy diet. He said the menu was the same as the regular diet, so they received the same meal. He said he did not serve a puree option in place of the regular dinner roll. He said he normally would puree the bread but he forgot that day and no other bread was served to residents on a puree diet. He said the extended menu with the detailed diet listing was kept in a drawer in his filing cabinet and not within easy reach to consult when needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 4/17/25 at 11:45 AM, the DM reviewed the menu and said he did not realize residents on a renal diet and a heart healthy diet should have received the salisbury steak instead of the beef stroganoff. He said he added approximately 5 cups of sauce to the beef stroganoff. He said the beef had absorbed a lot of the sauce, and he was adding extra to make sure the meat did not dry out. He said he did not use the recipe to make the sauce and did not think adding more sauce would change the composition of the beef in cream sauce. In an interview on 4/17/25 at 12:28 PM, the Registered Dietitian said the beef stroganoff would have more fat because of the cream sauce that was added. She said the menus should have been followed so residents would get the nutrition they needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50234 Based on observations, resident and staff interviews, the facility failed to provide snacks when requested for 4 of 4 residents reviewed for resident council and 1 of 1 resident who reported feeling hungry between meals (Resident #17, Resident #32, Resident #84, Resident #52, and Resident #90). The findings included: a. Resident #17 was admitted to the facility on [DATE]. Review of the annual Minimum Data Set (MDS) dated [DATE] revealed that Resident #17 was cognitively intact for daily decision making and was independent with eating. b. Resident #32 was readmitted to the facility on [DATE]. Review of the annual Minimum Data Set (MDS) dated [DATE] revealed that Resident #32 was cognitively intact for daily decision making and was independent with eating. c. Resident #84 was admitted to the facility on [DATE]. Review of the significant change Minimum Data Set (MDS) dated [DATE] revealed that Resident #84 was cognitively intact for daily decision making and was independent with eating. d. Resident #52 was readmitted to the facility on [DATE]. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed that Resident #30 was moderately cognitively impaired for daily decision making and required set up assistance with eating. e. Resident #90 was readmitted to the facility on [DATE]. Review of the significant change Minimum Data Set (MDS) dated [DATE] revealed that Resident #90 was cognitively intact for daily decision making and was independent with eating. In an interview on 4/14/25 at 10:12 AM, Residents #84 and #90 said they did not get any snacks throughout the day. They said when they would get hungry, they would ask the staff, who would tell them there were no snacks and that they were busy and could not go to dietary to get snacks. The residents said they would go themselves to the kitchen to request snacks but were also told by dietary there were no snacks. The residents reported that snacks were put into each unit's nourishment room, which had a cabinet that used to be full of snacks. They said the kitchen staff would bring 1-2 trays full of variety of sandwiches and cookies that would be put in the unit fridge, but snacks were no longer always available between meals. The residents said they had met with the Dietary Manager several times and he knows and his response is corporate tells the kitchen manager what food can be ordered/ served so he has tried to do what he could to help but not able to resolve the concern. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guilford Health Care Center	2041 Willow Road Greensboro, NC 27406

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interviews conducted during a Resident Council meeting on 4/16/25 at 1:00 PM with four residents, Residents # 17, # 32, #84, and #52, revealed residents voiced concerns about snacks not being available throughout the day. Residents reported they were told by nursing staff (Nurse Aides and Nurses) they did not have snacks available. The residents stated they were hungry throughout the day and would have to go to the dietary department to request snacks, which they said were sometimes not available. The Resident Council Minutes noted concerns that snacks were not available at the meetings on 3/27/25, 12/16/24, and 10/21/24. In an observation on 4/16/25 at 3:04 PM, the nourishment room on the 200 hall did not have any snacks in the snack cabinet. In an interview with Nurse Aide (NA) #3, who was present during the observation, said the dietary department would send evening snacks in the late afternoon, but snacks were not consistently brought to the unit during the day. If a resident requested a snack, the resident or the staff would have to go to the kitchen. She said at times when staff was busy, the resident would go to the kitchen themselves. An observation on 4/16/25 at 3:17 PM of the 100 Hall nourishment room-revealed there was a bag of bread with three slices in it and a bottle of mustard in the snack cabinet. In an interview with NA #4, who was present during the observation, she said the dietary department would bring snacks for the evening, such as cookies and sandwiches. She said there would be gelatin and pudding snacks in the refrigerator during the day. She looked in the refrigerator and identified one snack container of mandarin oranges but no pudding or gelatin. She said families would mostly bring in snacks for the residents on the unit, so residents had snacks they liked. In an interview on 4/17/25 at 8:31 AM, the Dietary Manager (DM) indicated that he has been the DM at the facility for about 8 months. He shared that he had been made aware verbally by the residents and the Activity Director of dietary concerns from the resident council members and had attended 3 resident council meetings, the last meeting he attended was in March. Residents expressed concern that there were not enough snacks, soups, and sandwiches available and that they were hungry between meals. He explained that the contracted dietary company determined the budget and provided him with an order guide that did not include snacks. He said he attempted to address their concerns by ordering additional turkey and ham for sandwiches but it was still not enough for the residents to not feel hungry. In an interview on 4/17/25 at 5:17 PM, the Administrator said he knew that the residents had concerns about snacks and said snacks should be available for the residents. He said he knew the DM was working with the contracted dietary company to supply snacks for the residents, but was not aware there were no snacks in the nourishment rooms.