

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2025
NAME OF PROVIDER OR SUPPLIER  Tsali Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 267 Tsali Care Way Cherokee, NC 28719	
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 - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews, the facility failed to treat two (2) residents (Resident #6 and #23) in a dignified manner to promote the residents' quality of care and quality of life in a sample size of 23 residents who were reviewed for resident rights. The findings include:</p> <p>1. Resident #6 was admitted on [DATE] with diagnoses that included vascular dementia, type 2 diabetes, and major depressive disorder.</p> <p>Resident #6's quarterly Minimum Data Set (MDS) dated [DATE] revealed that he was cognitively impaired, dependent on activities for daily living (ADLs) and required a two person assist Hoyer lift transfer.</p> <p>In a telephone interview with the resident representative for Resident #6 on 07/29/25 at 11:12 AM, she stated she filed a complaint/grievance with Social Worker (SW) #3 regarding an incident that occurred with her uncle while she visited the facility sometime in June. She recounted that, on this day, she requested that the Certified Nurse Aide (CNA) staff put her uncle in his chair so that he could visit with them out on the covered porch. She stated, "When my uncle appeared from his room sitting in the chair, his hair was uncombed, his clothes were twisted, and his socks were on wrong." She stated, "no one should be treated that way."</p> <p>During an interview with SW #3 on 07/30/25 at 2:34 PM, she verified that resident representative for Resident #6 did file a complaint/grievance on 06/16/25 regarding an incident in which Resident #6 when put in his chair and not properly groomed. She stated the Director of Nursing (DON) was made aware and provided a resolution.</p> <p>Review of the facility Concern, Complaint or Grievance form on 07/30/25 revealed, the incident was reported by the resident representative for Resident #6 on 06/16/25 but occurred on 06/8/25 around 3:00 PM. She reported that the resident wanted to get up. She asked both CNAs to get Resident #6 up. They both rolled their eyes. CNA #10 glared and ran the Hoyer lift into the wall. When asked, CNA #10 stated, "I'm not mad, I'm just a bad driver." After 8-9 minutes, the resident representative for Resident #6 reported, Resident #6 was brought out of his room with his shirt all twisted up, his socks halfway up and uncombed hair.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 07/31/25 at 11:00 AM, she verified that she received a complaint/grievance reported by the resident representative for Resident #6 and interviewed both CNAs. She stated she discussed providing resident care with dignity with both CNAs. She stated her expectation was that when a resident is gotten out of bed, all of the ADLS are provided. She stated she completed verbal coaching/coaching for success with both CNAs and removed CNA #10 from Resident #6's staffing assignment on the 7 AM to 7 PM shift to prevent any future interactions with Resident #6 or his representative as requested.</p> <p>Review of the facility's policy titled " (Facility Name) Administrative-Residents Rights for Senior Service, dated 10/30/24 read " &amp;hellip;. Policy &amp;hellip;(Facility Name) will treat each resident with respect and dignity and will care for each resident in a manner and in an environment that promotes maintenance or enhancement of their quality of life&amp;hellip;. F550 1. The resident has the right to a dignified existence, &amp;hellip;. with persons and services inside and outside of the facility.&amp;rdquo;</p> <p>2. Resident #23 was admitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD) and anxiety disorder.</p> <p>Review of Resident #23's quarterly Minimum Data Set (MDS) dated [DATE] revealed that Resident #23 was cognitively intact and required staff assistance with activities of daily living (ADL), including bathing and grooming.</p> <p>Review of the medical record for ADL bathing documentation dated 07/29/25 revealed that Resident #23 had received a shower.</p> <p>During an observation and interview on 07/30/25 at 4:00 PM, Resident #23 was lying in bed watching television. She appeared groomed except for the visible scattered chin hairs of different lengths. She stated she was supposed to have her chin hairs shaved on shower days. She stated she had a shower yesterday, but the staff had not shaved her or asked her if she wanted to be shaved.</p> <p>During an interview with Certified Medication Aide (CMA) #10 on 07/30/25 at 4:00 PM while she was standing outside of Resident #23's room, she stated that as a female resident, she would not want her chin hairs to look like how Resident #23's chin hairs looked. She stated that with each shower, the residents should be shaved or offered to be shaved.</p> <p>(continued on next page)</p>

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>(continued on next page)</p>

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record review, and review of the facility's policy titled Restorative Nursing Care, the facility failed to initiate restorative care nursing services for Activities of Daily Living (ADL) for two (2) residents out six (6) residents sampled for ADL decline and rehabilitation and restorative care (Residents' #3 and #5). The findings include: 1. Resident #3 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, contracture of right hand, adult failure to thrive, and end stage renal disease (ESRD). Review of Resident #3's Minimum Data Set (MDS) dated [DATE] revealed the resident was cognitively intact. During an interview on 07/29/25 at 10:50 AM with Resident #3, she stated that she was not getting any stronger and still weak. She stated she was informed that she would continue with exercises, but the facility staff had done nothing. Review of Resident #3's therapy note dated 07/08/25 revealed .Pt will be DC on Thursday and be placed on restorative. PTA assisted POC supervisor with restorative paperwork. Communicated with restorative aide regarding clarification on goals for pt. once on the restorative program. Paperwork completed and restorative aide is confident in completing goals. Review of Resident #3's therapy note dated 07/10/25 revealed Per previous notes, pt. will be d/c today from PT to restorative program. Maximum progress/potential has been met with PT. Patient in agreement with this plan. Review of Resident #3's care plan revealed a care plan for ADL self-care performance deficit related to activity intolerance, impaired balance, decreased safety awareness, and limited mobility with no restorative nursing care interventions. Review of Resident #3's medical record revealed no restorative assessment or notes in the chart. Review of the Restorative Nursing List revealed Resident #3's name was missing. During an interview on 07/31/25 at 12:15 PM with the Physical Therapy Assistant (PTA), she stated that Resident #3 was discharged to the restorative program on 07/10/25 and was no longer on the therapy schedule. 2. Resident #5 was admitted to the facility on [DATE] with diagnoses that included below the knee amputation of left lower leg, peripheral vascular disease, chronic obstructive pulmonary disease (COPD), and morbid obesity. Review of Resident #5's Minimum Data Set (MDS) dated [DATE] revealed the resident was cognitively intact. During an interview with Resident #5 on 07/31/25 at 2:38 PM, he stated facility staff had not provided restorative care and he was advised by the physical therapist that someone would provide those services after he completed therapy. Review of Resident #5's therapy note dated 07/01/25 revealed .Patient was informed of findings and given opportunity to ask questions throughout. At this time, patient would like to be placed in the restorative program to maintain current functional status. Patient in agreement with plan. Review of Resident #5's care plan revealed a care plan for ADL self-care performance deficit related to debility, left below the knee amputation, peripheral arterial disease, diabetes, obesity and impaired balance with no restorative nursing care interventions. Review of Resident #5's medical record revealed no restorative assessment or notes in the chart. Review of the Restorative Nursing List revealed Resident #5's was listed as never enrolled. During an interview on 07/31/25 at 12:02 PM with the PTA, she stated Resident #5 was referred to the restorative program on 07/01/25 and was no longer on the therapy schedule. During an interview on 70/31/25 at 3:00 PM with the Nurse Practitioner (NP), she stated that if a resident completed therapy and was referred to the restorative program, the expectation was that staff would follow the physical therapist orders. During an interview on 07/31/25 at 4:28 PM with the Restorative Nurse Program (RNP) Coordinator/MDS Coordinator, she stated the process was that a restorative referral form was completed by therapy staff who provide that information to the restorative aide. The therapy staff then train the restorative Certified Nurse Aide (CNA) with the residents to help them to understand the exercises and care goals. The RNP Coordinator confirmed that Resident #3 and Resident #5 restorative therapy program referrals were missed. During an interview on 08/01/2025 at 9:34 AM with the Director of Nursing, she stated the expectation was that if a resident was referred to restorative nursing care, then a restorative nursing assessment form was completed, and the resident should receive those services. Review of the policy titled Restorative Nursing Care, effective 11/12/24, read The purpose of this Policy is to provide (Facility Name) teammates with guidelines for restorative nursing care assisting each resident in achieving and maintaining an optimal level of self-care and independence. Restorative nursing care is rehabilitative nursing care that does not require the use of a qualified professional therapist. A resident may be referred to the restorative nursing program due to: In conjunction with, or at discharge from, therapy (physical therapy (PT), occupational therapy (OT), speech therapy). After a triggering event (such as weight</p>		