

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49159</p> <p>Based on observation and interviews with staff and a family member, the facility failed to provide a clean homelike environment for 1 of 5 resident rooms on 1 of 6 halls reviewed for the environment (room [ROOM NUMBER]).</p> <p>The findings included:</p> <p>In an interview on 2/5/25 at 2:15 PM with a family member she stated there was an issue concerning the ceiling vent in resident room [ROOM NUMBER].</p> <p>On 2/6/25 at 8:46 AM an observation was conducted of the ceiling vent in resident room [ROOM NUMBER]. The observation revealed the outside area around the ceiling vent was in disrepair with a black colored substance on one side of ceiling vent. The surrounding area of ceiling vent, approximately 2 inches in width, had the appearance of possible water damage that had been repaired with a white spackle-like substance.</p> <p>An interview was conducted on 2/6/25 at 8:53 AM with the Maintenance Director. He stated vent inspections were done once or twice a month. He reviewed his electronic service logs and stated there was no work order found for the ceiling vent in resident room [ROOM NUMBER].</p> <p>On 2/6/25 at 8:57 AM a visual inspection was conducted with the Maintenance Director concerning the ceiling vent in resident room [ROOM NUMBER]. He stated that the ceiling vent in disrepair had been overlooked. He further stated the damage appeared to be from condensation.</p> <p>An interview and visual inspection of the ceiling vent in resident room [ROOM NUMBER] was conducted on 2/6/25 at 9:01 AM with the Administrator. She stated it was her expectation that maintenance staff conducted inspections and made repairs when needed.</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49502</p> <p>Based on observations, record reviews, and staff, Pharmacist, and Pharmacy Consultant interviews, the facility failed to protect the resident's right to be free from misappropriation. This affected 1 of 1 resident reviewed for misappropriation of property (Resident #223).</p> <p>The findings included:</p> <p>Resident #223 was admitted to the facility on [DATE].</p> <p>Resident #223 expired on [DATE].</p> <p>Review of the facility reported incident investigation summary completed by the Regional Consultant dated [DATE] revealed on [DATE] the Unit Manager (UM) and Assistant Director of Nursing (ADON) completed a Return of Drug form with 63 Oxycodone HCL 5 mg tablets (2 cards of 30 and 1 card of 3) along with Lorazepam, Ultram, Oxycodone HCL 2.5 mg (4 cards), Oxycodone HCL 5 mg (1 card), and Morphine Sulfate (29.0 ml). The medications were placed in a sealed bag and the controlled bag number was 1787430. The UM attempted to fax the Return of Drugs form to the pharmacy two times. The UM noticed the first time the form did not go through and therefore faxed it again but did not wait for verification. The UM returned the Return of Drugs form to the hall nurse and asked her to place it in the lock drawer with the sealed bag of medications. On [DATE] the UM was notified by a nurse, but did not remember the nurse's name, there was a bag of medications in the 600-hall medication cart locked narcotic drawer waiting to be returned to the pharmacy. The UM asked Nurse #2, who was on the 600-hall medication cart, for the Return of Drug form so she could fax it to the pharmacy. The UM noticed the control bag number on the Return of Drug form had been altered. She returned the Return of Drug form to the medication cart and placed it in the locked narcotic drawer with the medications. On [DATE] the UM asked the floor nurse for the Return of Drug form and the bag of medications. The UM and floor nurse opened the sealed bag of medications and verified that one card of Resident #223's Oxycodone HCL 5 mg which contained 30 tablets was missing. The controlled bag number on the Return of Drug form had been altered. The 3 was changed to 2 and the 0 was changed to 9 to match the number of 1787429 on the bag. In conclusion, the return of controlled substance policy was not followed appropriately.</p> <p>Review of the Return of Drugs form dated [DATE] revealed the sealed control bag number of 1787430 with handwritten notes indicating the form was faxed 3 times and also a handwritten note indicating pharmacy did not pick up.</p> <p>Review of a second Return of Drugs form dated [DATE] revealed the sealed control bag number had been altered to read 1787429.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Assistant Director of Nursing (ADON) on [DATE] at 11:25 am, she confirmed she verified the narcotic count with the Unit Manager (UM) and packed the discontinued medications which included 63 Oxycodone HCL 5 mg tablets (2 cards of 30 and 1 card of 3) along with Lorazepam, Ultram, Oxycodone HCL 2.5 mg (4 cards), Oxycodone HCL 5 mg (1 card), and Morphine Sulfate (29.0 ml) in a sealed bag on [DATE]. The ADON stated all the medications were placed in one sealed bag which could not be re-opened. She indicated the UM returned the sealed bag of medications to the 600-hall medication cart and placed them in the locked narcotic drawer on [DATE]. The ADON did not recall how long the medications stayed in the medication cart. She stated she remembered the medications did not go back to the pharmacy that night ([DATE]) or the next night ([DATE]).</p> <p>Review of a faxed copy of the Return of Drugs form dated [DATE] revealed the form was faxed on [DATE] at 7:56 pm with a result of busy/no signal and faxed again on [DATE] at 7:57 pm with a result of busy/no signal.</p> <p>In an interview on [DATE] at 11:41 am with the Unit Manager (UM), she stated Resident #223's discontinued medications were verified, packaged and sealed on [DATE] with the Assistant Director of Nursing (ADON). The UM explained she made a copy of the return of drug form and gave the copy to the Director of Nursing (DON). She further explained she returned the medications with the Return of Drug form to the locked narcotic drawer on the 600-hall medication cart. The UM indicated she faxed the return of drug form to the pharmacy once on [DATE] but did not verify the fax was accepted. She did not recall who faxed the return of drug form the second time. The UM stated she should have followed up on the fax to the pharmacy. On [DATE] the UM stated a nurse, but did not recall who brought it to her attention that medications were on the cart in the locked narcotics drawer. The UM asked Nurse #2, the nurse on the 600-hall medication cart, if there were still medications in the locked narcotic drawer. The UM stated she was unsure why the medications were still in the locked narcotic drawer. Nurse #2 brought her the Return of Drug form on [DATE] and she noticed that the control number on the Return of Drug form had been altered. The UM further stated she returned the Return of Drug form back to the medication cart. The UM explained she should have notified the DON at that time; however, she wanted to be sure the Return of Drug form had been altered. On [DATE], the UM asked the DON to pull the copy of the Return of Drug form she had given him on [DATE] and at that time the UM realized there was a discrepancy. The UM explained the medications had been removed from the control sealed bag with the number of 1787430 to a completely new sealed bag with the control number of 1787429. The Return of Drug form had been altered to match the new control number on the new bag. The UM and the DON opened the bag of medications and counted the medications. The UM and the DON verified a card of 30 Oxycodone HCL 5 mg pills were missing. The medications should have been returned to the pharmacy on [DATE] or [DATE]. The DON took control of the incident at this point.</p> <p>During an interview with Medication Aide (MA) #1 on [DATE] at 12:18 pm, she stated she was scheduled to work on [DATE] but could not recall if she saw a bag of sealed medications in the cart.</p> <p>An interview with Medication Aide (MA) #2 on [DATE] at 12:24 pm, she stated the on-coming nurse or MA pulled out the resident's narcotic cards and verified the count of each narcotic. MA #2 further stated she was scheduled on [DATE] and remembered she saw a bag of sealed narcotics in the cart and attempted to separate each card to verify the count. She further stated it was difficult to count each card due to the number of cards in the bag and the bag could not be opened. MA #2 stated she reported this bag of medications in the cart but could not remember who she reported this to.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview with Unit Manager (UM) #1 on [DATE] at 12:50 pm, she stated she did not recall an issue with narcotics left on the medication cart.</p> <p>A phone interview with the Pharmacy Consultant on [DATE] at 9:51 am, she explained she did a monthly inspection at the facility which included checking the medication carts. Her medication cart review included the controlled substance count records to ensure the math and count were correct. The Pharmacy Consultant was unaware of any discrepancies in the facility for [DATE]. She further stated the facility called her if any discrepancies arose.</p> <p>During an interview with the Director of Nursing (DON) on [DATE] at 9:08 am, he stated he started in this position in [DATE]. The nursing staff was scheduled for 8-hour shifts and after the incident was found the nursing shifts were changed to 12-hour shifts for better accountability of the medication carts. The facility's policy concerning controlled substances being returned to the pharmacy stated the controlled substances should be returned immediately upon discontinuation, discharge of the resident, or death of the resident. The DON stated the facility employed agency nurses and these nurses did not package medications for return to the pharmacy. The DON indicated the only way the pharmacy knew there were medications that needed to be returned to the pharmacy was the Return of Drug forms which were filled out by the nursing staff and faxed to the pharmacy. The DON stated he did not have an answer as to why he was not notified when the discrepancy was first realized on [DATE]. His expectation was the nursing staff should have brought it to his attention on [DATE]. The DON explained it was brought to his attention on [DATE] by the Unit Manager (UM). He further explained he and the UM opened the bag on [DATE] and verified the medications. At this time the missing card of Oxycodone 5 HCL mg was confirmed. The DON indicated the narcotic medications that were to be returned to the pharmacy were kept in the locked narcotic drawer on the medication carts. He also stated the nursing staff were responsible for including these narcotics in the narcotic counts at each shift change. The DON indicated he started an investigation into the missing narcotics on [DATE]. He contacted the police department.</p> <p>In an interview with the Administrator on [DATE] at 4:25 pm, she stated the nursing staff should be verifying the narcotic counts at the end of the shift which included any discontinued narcotics being stored in the narcotic drawer of the medication carts for pharmacy return.</p> <p>The facility provided the following plan of correction (POC):</p> <p>Problem: On [DATE] a drug diversion was identified.</p> <p>o Address how corrective action will be accomplished for the resident found to have been affected by the deficient practice include:</p> <p>Resident #223 expired on [DATE].</p> <p>o Address how the facility will identify other residents having the potential to be affected by the same deficit practice include:</p> <p>On [DATE] the Staff Development Nurse (SDC) and Assistant Director of Nursing (ADON) completed an audit of the last 30 days of ordered narcotic medication to ensure the medications were in the cart, administered, or returned to the pharmacy per protocol.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] the Treatment Nurse initiated assessment of all residents for pain.</p> <p>On [DATE] the Social Worker (SW) completed interviews with all alert and oriented residents regarding any concerns with medication administered to include pain medication.</p> <p>o Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur include:</p> <p>The police were called on [DATE].</p> <p>A report was filed with North Carolina Department Health and Human Services (NCDHHS) on [DATE].</p> <p>The SDC nurse initiated an in-service with all nurses and medication aides regarding Controlled Substance Diversion to include: the definition, implications, and the process for returning narcotic medications. All in-services will be completed by [DATE]. After [DATE], all nurses and medication aides that have not worked and received the in-service will complete upon their next scheduled shift or via phone.</p> <p>o Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Beginning [DATE] the Quality Improvement Nurse and/or Unit Manager will complete 5 shifts change narcotic count observations to ensure outgoing and incoming nurses perform a correct and accurate count of narcotics.</p> <p>The DON will review and initial the Controlled Substance Audit Tool weekly x 4 weeks to ensure all areas of concern were addressed.</p> <p>100% of all ordered narcotic medications will be reviewed by the ADON/SDC weekly x 4 weeks and compared to the Controlled Substance Count sheets, medication administration record and/or return of drug slips to ensure the narcotic medications are being administered or have been returned to pharmacy as required per policy.</p> <p>The decision to take to Quality Assurance and Performance Improvement (QAPI) was made on [DATE]. The QAPI Committee will meet monthly for 2 months and review the Audit Tools.</p> <p>The Regional Nurse Consultant stated she was responsible for this POC.</p> <p>Compliance Date: [DATE]</p> <p>On [DATE] the facility's corrective action plan was validated by the following: The initial audit was conducted on [DATE] and monitoring audits began on [DATE]. No issues were identified. The North Carolina Department of Health and Human Services report was submitted on [DATE] and police were notified on [DATE]. The Treatment Nurse completed assessments of all residents for pain on [DATE] and the SW completed interviews with all alert and oriented residents regarding any concerns with medication administered to include pain medication on [DATE]. No issues were identified. Interviews and record review verified education was conducted for staff as indicated in the POC. The facility's compliance date was validated as [DATE].</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39731</p> <p>Based on record review and staff interviews, the facility failed to code cognition and mood (Resident #58), and discharge destination (Resident #70) for 2 of 26 residents reviewed for Minimum Data Set (MDS) accuracy.</p> <p>The findings included:</p> <p>1. Resident #58 was admitted to the facility on [DATE] with diagnoses that included chronic kidney disease.</p> <p>Resident #58's most recent annual Minimum Data Set (MDS) assessment dated [DATE] revealed the Mood and Cognition sections noted he was rarely/never understood and the staff assessments were not completed for these sections.</p> <p>During an attempted interview on 2/4/25 at 10:25 AM, Resident #58 was unable to answer questions.</p> <p>An interview was conducted with the facility Social Worker on 2/5/25 at 4:49 PM who stated she was responsible for conducting the cognition and mood section of the MDS assessment. She reported she was not aware a staff assessment needed to be done if the resident could not be understood. The facility Social Worker stated she had received some training from the corporate MDS consultant and had been made aware of this requirement.</p> <p>An interview was conducted with the Administrator on 2/6/25 at 4:10 PM who stated Resident #58's assessment should have been completed accurately.</p> <p>49502</p> <p>2. Resident #70 was admitted to the facility on [DATE].</p> <p>Review of Resident #70's discharge Minimum Data Set (MDS) dated [DATE] revealed he was cognitively intact and was discharged to an acute hospital.</p> <p>Review of a progress note dated 11/15/24 documented Resident #70 was to be transported from the facility to home.</p> <p>During an interview with the MDS Coordinator on 2/5/25 at 12:08 pm, she explained the MDS discharge for Resident #70 dated 11/15/24 should have been coded as discharged to home and this was coded incorrectly.</p> <p>During an interview with the Director of Nursing (DON) on 2/6/25 at 9:24 am, he stated the residents' discharge MDS should accurately reflect the discharge status.</p> <p>During an interview with the Administrator on 2/6/25 at 4:00 pm, she indicated the MDS should be completed accurately.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49502</p> <p>Based on record review, physician, and staff interviews, the facility failed to administer medications to Resident #21 as ordered when Resident #21 received the incorrect dose of Oxycodone Hydrochloride (HCL) on two occasions. This affected 1 of 1 resident reviewed for services provided meet professional standards (Resident #21).</p> <p>The findings included:</p> <p>Resident #21 was admitted to the facility on [DATE] with diagnoses which included osteomyelitis of vertebra (an infection of the spinal column which causes inflammation and pain), left elbow pain, and trigeminal neuralgia (a chronic pain disorder that affects the main sensory nerve in the face).</p> <p>A physician's order for Resident #21 dated 6/20/24, read Oxycodone HCL 10 mg to be administered one tablet every 4 hours for chronic osteomyelitis of vertebra.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #21 was cognitively intact.</p> <p>Resident #21 was interviewed on 2/6/25 at 8:30 am and she had no concerns or complaints related to her medications.</p> <p>A review of the narcotic controlled substance count record for Resident #21 revealed one Oxycodone HCL 5 mg was removed on 5/17/24 at 8:00 pm by Medication Aide (MA) #1 and one Oxycodone HCL 5 mg was removed on 5/18/24 at 4:00 pm by MA #4.</p> <p>Review of Resident #21's May Medication Administration Record (MAR) documented Resident #21 received Oxycodone HCL 10 mg on 5/17/24 at 8:00 pm administered by MA #1 and Oxycodone HCL 10 mg on 5/18/24 at 4:00 pm administered by MA #4.</p> <p>In an interview on 2/6/25 at 10:00 am with MA #1 she stated she gave Resident #21 only 1 tablet of Oxycodone HCL 5 mg on 5/17/24 at 8:00 pm. The MA explained she had only administered one tablet because she was confused about the dosage.</p> <p>Attempts made to interview MA #4 were unsuccessful.</p> <p>During an interview on 2/6/25 at 8:57 am with the Director of Nursing (DON), his expectation was the residents needed to receive the correct dosage of medications.</p> <p>In an interview with the Administrator on 2/5/25 at 4:25 pm, she stated her expectation was for the residents to receive the correct dose of medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49502</p> <p>Based on observations, staff interviews, and record review, the facility failed to apply a left-hand palm guard for 1 of 2 residents reviewed for a range of motion (Resident #30).</p> <p>The findings included:</p> <p>Resident #30 was admitted to the facility on [DATE] with diagnoses which included hemiplegia (complete paralysis) and hemiparesis (partial weakness) following cerebrovascular disease affecting the left dominant side, contracture left hand, and dementia.</p> <p>Review of Resident #30's quarterly Minimum Data Assessment (MDS) dated [DATE] revealed she was moderately cognitively impaired. Resident #30 had impairments on one side of her upper and lower extremities.</p> <p>Records review of the nursing progress notes revealed no documentation for Resident #30's refusal to have the carrot placed in her left hand.</p> <p>An observation was made on 2/3/25 at 3:23 pm revealed Resident #30 lying in bed on her back and appeared to be sleeping. The resident's left hand was resting on her chest with her fingers balled into a fist. This surveyor observed a piece of paper taped to the wall at the end of Resident #30's bed dated 9/2/24 by physical therapy which read in part Attn Staff: Keep carrot in left hand except during bathing.</p> <p>A second observation was made on 2/4/25 at 9:12 am revealed Resident #30 sitting up in her bed awake and when asked if she could open her left-hand Resident #30 tried but the left hand stayed closed.</p> <p>In an interview and observation with Nurse #1 on 2/5/25 at 8:22 am of Resident #30, she indicated Resident #30 was supposed to have a carrot in her left hand to protect the skin from moisture, pressure and nail puncture injuries. When asked where the carrot was, Nurse #1 presented the carrot from a basket located on Resident #30's bedside table. Nurse #1 stated Resident #30 would refuse at times to have the carrot placed in her left hand.</p> <p>During a subsequent observation on 2/5/25 at 10:20 am revealed Resident #30 sitting up in her bed awake. Resident #30's left hand was on her chest under the sheet. This surveyor asked Resident #30 could the cover sheet be pulled back to see her left hand and Resident #30 answered yes. Resident #30's left hand was empty. The carrot was still located in the basket on the bedside table.</p> <p>In an interview and observation with NA #1 on 2/5/25 at 11:00 am, she stated Resident #30 was resistive to care. NA #1 further stated she would make the nurse aware of her refusals. NA #1 explained to Resident #30 that she was putting the carrot in her left hand and Resident #30 shook her head and responded verbally yes. NA #1 proceeded to put the carrot in Resident #30's left hand while talking to Resident #30. NA #1 finished placing the carrot in Resident #30's left hand and asked Resident #30 was she okay. Resident #30 responded yes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Physical Therapy (PT) Director on 2/5/25 at 10:18 am, he explained Resident #30 had been seen by therapy since her admission. The PT Director further explained the nursing staff would make referrals for Resident #30 for therapy services and Resident #30 would be picked up on caseload. The therapy department would evaluate and work with Resident #30. The PT Director explained a physician's order was not needed for the carrot. The PT Director stated Resident #30 was to have the carrot placed in her left hand except during bathing. He further stated he had in-serviced the nursing staff on how to place the carrot in Resident #30's left hand. The PT Director further stated Resident #30 could be resistive to care at times.</p> <p>During an interview with the Director of Nursing (DON) on 2/5/25 at 10:25 am, he stated he was unaware of Resident #30's situation with the left-hand palm guard. The DON further stated he would investigate this concern. The DON indicated the nursing staff should have attempted to place the carrot in her left hand and if Resident #30 refused, the nursing staff should have documented the refusals.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49159</p> <p>Based on observations, record reviews, and staff interviews, the facility failed to post cautionary signage outside the resident's room to indicate supplemental oxygen (O2) was in use for 1 of 6 residents reviewed for respiratory care (Resident #174).</p> <p>The findings included:</p> <p>Resident #174 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident #174's diagnoses included acute respiratory failure with hypoxia (a medical condition where the lungs are unable to adequately provide oxygen to the body, resulting in a dangerously low level of oxygen in the blood) and chronic obstructive pulmonary disease (an ongoing lung condition caused by damage to the lungs).</p> <p>Review of Resident #174's physician's orders revealed she had an oxygen order dated 2/2/25 for oxygen supplementation at 2L (liters) via nasal cannula (a device that delivers extra oxygen through a tube and into the nose) or mask if oxygen saturation (the amount of oxygen you have circulating in your blood) is less than 90%.</p> <p>Resident #174's Admission Minimum Data Set, dated dated [DATE] revealed she was cognitively intact.</p> <p>Observations on 2/3/25 at 12:14 PM, 2/4/25 at 9:01 AM, and 2/5/25 at 5:41 AM revealed Resident #174 was in her room, lying in bed, wearing a nasal cannula for supplemental oxygen. There was no signage outside Resident #174's room indicating supplemental oxygen was in use.</p> <p>An interview was conducted on 2/5/25 at 5:44 AM with Nurse #8 who stated residents who received oxygen should have an oxygen sign on their door. She further stated the oxygen sign was put on the door upon a resident's admission.</p> <p>An interview was conducted on 2/5/25 at 10:11 AM with Unit Manager #1. She stated staff were supposed to put an oxygen sign on a resident's door immediately when admitted .</p> <p>An interview was conducted on 2/5/25 at 8:18 AM with the Director of Nursing (DON). He stated a sign was placed on a resident's door for any resident on oxygen upon admission and for any resident who experienced a change in condition requiring new oxygen therapy. He further indicated that an oxygen sign should have been placed on Resident #174's door.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49502</p> <p>Based on observations and staff interviews, the facility failed to secure residents' medications in a locked medication cart for 1 of 4 medication carts observed (Station 1 medication cart).</p> <p>Findings included:</p> <p>A continous observation was conducted on 2/5/25 from 6:47 am until 6:52 am of the Station 1 medication cart. The medication cart was observed unlocked and located outside the nurse's station in the hallway. There were no medications observed on top of the medication cart. There was no nurse observed at Station 1 medication cart or in the nursing station. There were no residents in the hallway, but staff was observed on the adjacent 100-hall coming in and out of the residents' rooms.</p> <p>On 2/5/25 at 6:52 am, Nurse #7 was observed walking down the 100-hall towards the unlocked Station 1 medication cart. Nurse #7 observed this surveyor standing beside Station 1 medication cart and locked the medication cart.</p> <p>On 2/5/25 at 6:52 am during an interview with Nurse #7, she was observed locking Station 1 medication cart. She stated she had left her cart unlocked. Nurse #7 further stated the medication cart was to be locked before leaving the medication cart unattended. When asked why Station 1 medication cart was observed unattended and unlocked, Nurse #7 did not provide a reason.</p> <p>In an interview with the Director of Nursing (DON) on 2/6/25 at 9:24 am, he stated Sation 1 medication cart was to be locked at all times when the nurse was not present at the medication cart.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  128 Snow Hill Road Ayden, NC 28513	
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49502</p> <p>Based on record review, staff interviews, the facility failed to ensure the medical record was accurate regarding administration of Oxycodone Hydrochloride (HCL) (an opioid medication which is a controlled substance) for 1 of 1 resident (Resident #21) reviewed for accuracy of medical records.</p> <p>The findings included:</p> <p>Resident #21 was admitted to the facility on [DATE] with diagnoses which included osteomyelitis of vertebra (an infection of the spinal column which causes inflammation and pain), left elbow pain, and trigeminal neuralgia (a chronic pain disorder that affects the main sensory nerve in the face).</p> <p>A physician's order for Resident #21 dated 6/20/24, read Oxycodone HCL 10 mg to be administered 1 tablet every 4 hours for chronic osteomyelitis of vertebra.</p> <p>A review of the narcotic controlled substance count record for Resident #21 revealed one Oxycodone HCL 5 mg on 5/17/24 at 8:00 pm was signed out by Medication Aide (MA) #1 and one Oxycodone HCL 5 mg on 5/18/24 at 4:00 pm MA #4.</p> <p>Review of Resident #21's May Medication Administration Record (MAR) revealed documentation the resident received Oxycodone HCL 10 mg on 5/17/24 at 8:00 pm administered by MA #1 and Oxycodone HCL 10 mg on 5/18/24 at 4:00 pm administered by MA #4.</p> <p>In an interview on 2/6/25 at 10:00 am with MA #1 she stated she gave Resident #21 only 1 tablet of Oxycodone HCL 5 mg on 5/17/24 at 8:00 pm.</p> <p>Attempts made to interview MA #4 were unsuccessful.</p> <p>During an interview on 2/6/25 at 8:57 am with the Director of Nursing (DON), his expectation was the residents' medical records needed to reflect the correct dosage of administered medications.</p> <p>In an interview with the Administrator on 2/5/25 at 4:25 pm, she stated her expectation was for the residents' medical records to be accurate and reflect the correct dosage of medications when they were administered.</p>		