STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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** 49159 Based on staff interviews and record review, the facility failed to have accurate advanced directive documentation throughout the medical record for 1 of 6 residents reviewed for advanced directives (Resident #51). The findings included: Resident #51 was initially admitted to the facility on [DATE] and had a reentry date of [DATE]. Her diagnoses included cerebral infarction (a disruption to blood supply that is severe enough and long enough in duration to result in tissue death), Type II diabetes, and chronic kidney disease. The electronic medical record profile indicated Resident #51's code status as a cardiopulmonary resuscitation (CPR)/Full Code. Review of Resident #51's physician orders dated [DATE] revealed her Do Not Resuscitate (DNR) order was discontinued; she was CPR/Full Code status. Review of Resident #51's electronic medical record revealed a signed Advance Directive form dated [DATE] which indicated no code (DNR) status. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #51 was moderately cognitively impaired. Review of Resident #51's care plan last reviewed on [DATE], showed a focus area of do not attempt resuscitation. An interview was conducted on [DATE] at 1:51 PM with Nurse #6. She stated when she verified code status, she first checked the banner in the electronic medical record (EMR). She stated she also looked in the medication administration record (MAR), and if she found a discrepancy, she notified the Director of Nursing (DON) and called the physician. (continued on next page)

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
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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 [DATE] at 3:03 PM with Nurse #7. She stated she spoke to Resident #51 at the time of readmission on [DATE] regarding her code status. She stated Resident #51 told her she wanted to have CPR. Nurse #7 added Resident #51 was readmitted to the facility with a full code order and Nurse #7 was not aware that she needed to fill out a new form that reflected a change to Full Code status. An interview was conducted on [DATE] at 2:08 PM with the DON. She stated a resident's code status was verified when staff checked the banner in a resident's EMR, reviewed the advanced directive document in the EMR, and verified the code status with the physician order. An interview was conducted on [DATE] at 3:26 PM with the Social Worker (SW). She could not explain the discrepancy in Resident #51's code status. She was unable to locate documentation regarding Resident #51's change in code status within the EMR. An interview was conducted on [DATE] at 3:52 PM with the Medical Director. He stated he relied on the documentation to be correct in a resident's chart. The Medical Director added he expected that staff ensured code status documentation was accurate when a resident returned to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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 - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33778 Based on record review and staff interviews, the facility failed to accurately code the discharge status on the discharge Minimum Data Set (MDS) assessment and oxygen therapy on the admission MDS assessment for 2 of 23 residents reviewed for MDS assessment accuracy. (Resident #97 and Resident #24). Findings included: 1. Resident #97 was admitted to the facility on [DATE]. Review of the physician discharge order dated 7/5/24 revealed Resident #97 was to discharge home on 7/5/24 with home health services related to home bound status. Home health physical therapy and occupation therapy to evaluate and treat. Home health Aide for Activities of Daily living support. Record review of the nurses' notes, dated 7/5/24 revealed Resident #97 was discharged home per his request on 7/5/24. Resident #97 was discharged with home care agency set up, ordered durable medical equipment, and follow up appointment scheduled. The Nurse Practitioner was present at discharge. Record review of the Discharge Minimum Data Set (MDS) assessment, dated 7/5/24, revealed Resident #97 was coded as having been discharged to an acute hospital. On 9/25/24 at 9:35 AM, during an interview, Nurse # 1 indicated Resident #97 was discharged home with his family and home care set up. On 9/25/24 at 9:40 AM, during an interview, MDS Coordinator, indicated the resident had a planned discharge home on 7/5/24. The nurse stated the discharge MDS dated [DATE] for Resident #97 was incorrectly coded as discharge to an acute hospital. 38077 2. Resident #24 was admitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD), dependence on supplemental oxygen, and chronic respiratory failure with hypoxia. Review of Resident #24's physician order dated 7/8/24 indicated Oxygen at 3 Liters (L) continuous via nasal cannula. Check every shift for Oxygen supplement. Oxygen saturation levels to be checked every shift. Nursing note dated 7/10/24 revealed Resident #24 was on continuous Oxygen at 3 L via nasal cannula. The resident was not in any acute distress. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] indicated the resident was assessed as moderately cognitively impaired and was not coded for oxygen use. During an interview on 9/24/24 at 2:41 PM, Nurse #7 stated Resident #24 had a long history of COPD and was admitted on continuous oxygen. The resident was on 3 L, continuous oxygen via nasal cannula. The resident has no distress, and able to tolerate her supplemental oxygen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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 - Potential for minimal harm Residents Affected - Some	During an interview on 9/25/24 at 10:38 AM, the MDS Coordinator stated Resident #24 was admitted with oxygen therapy. The MDS Coordinator indicated it was an oversight and MDS was inaccurately marked as not receiving oxygen. On 9/25/24 at 10:10 AM, during an interview, the Director of Nursing (DON) expected the staff to complete MDS data correctly and on time. She continued that it was an error by the MDS nurse and the MDS nurse was in the process of correcting it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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 - Potential for minimal harm Residents Affected - Some	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** 38077 Based on record review, resident interview, family interview, and staff interviews, the facility failed to provide the resident and their representative with a summary of the baseline care plan for 2 of 2 residents reviewed for care plans. (Resident #51 and Resident #248) Findings included: 1. Resident #51 was admitted to the facility on [DATE]. Baseline care plan meeting documentation dated 9/6/24 indicated Resident #51 would prefer discharge to assistant living or if resident did not improve then the resident would continue in the long-term care unit. The durable medical equipment that was needed at discharge and Resident #51's code status was discussed in the meeting. The document indicated the Social Worker (SW) and MDS coordinator attended the meeting. There was no indication that a copy of the baseline care plan was given to the resident's family member. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #51 was assessed as severely cognitively impaired. During an interview on 9/23/24 at 11:48 AM Resident #51 indicated she was recently admitted to the facility. The resident stated she does not recollect having received care plan documentation provided to her or her family member after resident's admission to the facility During an interview on 9/25/24 at 12:05 PM, the Social Worker (SW) stated the baseline/ Admission care plan meeting was usually conducted with the resident and/or resident representative within 72 hours of resident's admission. The SW further stated that the MDS coordinator and therapy staff were present during the care plan meeting. Resident #51's representative and MDS coordinator were present for the baseline care plan meeting. The baseline care plan meeting was held on 9/6/24. The SW stated she had not been providing the residents and their representatives with a summary of the baseline care plan. 2. Resident # 248 was admitted to the facility on [DATE]. Baseline care plan meeting documentation dated 9/20/24 indicated the meeting was attended by resident's representative and family member, SW, therapy staff and MDS coordinator. Document indicated Resident #248's discharge planning and code status were discussed in the meeting. There was no indication that a copy of the baseline care plan was given to the resident's family member. During an interview on 9/23/24 at 2:23 PM, Resident #248's representative indicated that the resident was admitted to the facility few days ago. The resident's representative stated she does not recollect having received care plan documentation provided to her after resident's admission to the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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 - Potential for minimal harm Residents Affected - Some	During an interview on 9/25/24 at 12:05 PM, the SW stated the resident's baseline care plan meeting was attended by the resident's representative, resident's family member, therapy staff and MDS coordinator. The baseline care plan meeting was held on 9/20/24. The SW stated she had not been providing the residents and their representatives with a summary of the baseline care plan. During an interview on 9/26/24 at 12:04 PM, the Administrator indicated all new admission resident's baseline care plan should be completed with resident and /or resident's representative within 48 hours of admission. A copy of baseline care plan should be provided to the resident and /or attending representative. The Administrator stated the SW was unaware that a copy of the baseline care plane should be provided to the resident and /or resident representative.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49159 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 2 of 3 residents reviewed for respiratory care (Resident #63 and Resident #24). The findings included: 1. Resident #63 was admitted to the facility on [DATE] with diagnoses which included chronic respiratory failure, interstitial pulmonary disease (a group of lung disorders that cause inflammation or scarring of the lungs and air sacs), and chronic obstructive pulmonary disease (an ongoing lung condition caused by damage to the lungs). Review of Resident #63's physician's orders revealed she had an oxygen order dated 4/19/2024 for oxygen supplementation at 4L (liters) continuous via nasal cannula (a device that delivers extra oxygen through a tube and into the nose). Resident #63's quarterly Minimum Data Set, dated dated dated [DATE] revealed she was severely cognitively impaired and was coded for oxygen use. Observations on 9/24/24 at 1:45 PM and 9/25/24 at 10:17 AM revealed Resident #63 was in her room wearing a nasal cannula for supplemental oxygen. There was no signage outside Resident #63's room indicating supplemental oxygen was in use. An interview was conducted on 9/25/24 at 10:20 AM with Nurse #5. She stated Resident #63 was on 4 l NC continuous oxygen (O2) therapy since April 2024. She stated nursing was responsible for putting the O2 sign on a resident's door. She added Resident #63 had moved rooms and staff may not have taken the O2 sign from her door when they moved her into her new room. An interview was conducted on 9/25/24 at 10:52 AM with the Director of Nursing (DON). She stated nursing was responsible for putting O2 signs on a resident's door. 38077 2. Resident #24 was admitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD), dependence on supplemental oxygen, and chronic respiratory failure with hypoxia. Review of Resident #24's physician order dated 7/8/24 indicated Oxygen at 3 Liters (L) continuous via nasal cannula. Check every shift for Oxygen supplement. Oxygen saturation levels to be checked every shift. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] indicated the resident was assessed as moderately cognitively impaired and was not coded for oxygen use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons Nursing & Rehab Alamance	791 Boone Station Drive Burlington, NC 27215

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #24 comprehensive care planned dated 7/15/24 included focus area related to COPD and the need for continuous oxygen therapy for COPD. Intervention included providing oxygen therapy as ordered by the physician. An observations was conducted on 9/24/24 at 10:04 AM as Resident #24 was lying in her bed with supplemental oxygen provided via nasal cannula by an oxygen concentrator placed next to her bed. There was no signage placed on the resident's door or anywhere near the entry to Resident #24's room to indicate oxygen was in use. An observation was conducted on 9/25/24 at 9:32 AM as Resident #24 was lying in her bed with supplemental oxygen provided via nasal cannula by an oxygen concentrator placed next to her bed. There was no signage placed on the resident's door or anywhere near the entry to Resident #24's room to indicate oxygen was in use. During an interview on 9/24/24 at 2:41 PM, Nurse #7 stated Resident #24 had a long history of COPD and was admitted on continuous oxygen. The resident was on 3 L, continuous oxygen via nasal cannula. The resident has no distress, and able to tolerate her supplemental oxygen. During an observation and interview on 9/25/24 at 9:42 AM, the 3 red signages Oxygen in Use were placed on the door of the nursing station. Nurse #8 indicated Resident #24 was 3 L of supplemental oxygen. Nurse #8 stated the oxygen signage should be placed on the resident's room doorway. She was unsure why it was not place near the entrance of the nursing station door. Nurse #8 further stated she was unsure who was responsible for placing the Oxygen in use signage on the resident's rooms entryway. During an interview on 9/25/24 at 11:11 AM, the Director of Nursing (DON), indicated Resident #24 was in a memory unit. The DON further indicated that there was one resident on the unit who removed these signage from the resident's room. The DON stated the nurses was responsible for placing and ensuring the Oxygen in Use signage was on the room entryway /door. DON indicated that she would ensure the signage was placed above the door so that the resident could not reach them.