

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
NAME OF PROVIDER OR SUPPLIER Litchford Falls Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8200 Litchford Road Raleigh, NC 27615	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident and Responsible Party interviews and staff interviews, the facility failed to provide written grievance summaries for a grievance filed by or on behalf for 4 of 4 residents reviewed for grievances (Resident #3, Resident #33, Resident #68 and Resident #48). The findings included: 1. Resident #3 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 was moderately cognitively impaired. A review of Medical Records revealed a responsible party (RP) listed for Resident #3. A review of the facility's grievance log for May 2026 through June 2026 revealed a grievance filed on behalf of Resident #3 by the RP on 5/18/26, 5/19/26 and 6/10/26. a. A grievance form filed by the RP dated 5/18/26 revealed a complaint about Resident #3's C-Pap machine (a machine that provides a steady stream of pressurized air through a mask) missing a clip. There was no resolution note documented on the grievance form or indication of what department manager was responsible for initiating any action related to the concern. There was no documentation about who completed the form. b. A grievance form dated 5/19/26 revealed a complaint filed by the RP about Resident #3's wheelchair arms needing to be repaired. There was no resolution note documented on the grievance form. The form was completed by Administrator #1 (a former Administrator). e. A grievance form dated 6/10/26 revealed a complaint about lack of teamwork amongst staff. There was no resolution note documented on the grievance form. There was no documentation about who completed the form. An interview was conducted with Resident #3's RP on 7/9/26 at 4:48 PM. The RP stated she never received any written response from the Administrator concerning any of the grievances that were submitted on behalf of Resident #3. (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
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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A telephone interview was conducted with Administrator #1 on 7/10/26 at 9:44 AM. Administrator #1 stated she communicated mostly with the RP through email. She added that she spoke on the phone with the RP about concerns but could not recall which ones. An interview was conducted with Administrator #3 (the current Administrator) on 7/10/26 at 3:20 PM. Administrator #3 indicated that staff were expected to ensure that individuals who filed a grievance were informed of the grievance summary and its conclusion. 2. Resident #33 was admitted to the facility on 7/725. The quarterly MDS assessment dated [DATE] revealed Resident #33 was severely cognitively impaired. A review of Medical Records revealed a RP listed for Resident #33. A review of the facility's grievance log for November 2025 through February 2026 revealed grievances filed on behalf of Resident #33 by the RP on 9/15/25, 12/19/26, 1/13/26, and 2/11/26. a. A grievance form dated 9/15/25 revealed a complaint about Resident #33 getting out of bed at 7:30 AM, attending all activities, and having breakfast and lunch in the dining room. The form was completed by Administrator #2) (a former Administrator). There was no documentation that the RP was given a written grievance summary. b. A grievance form dated 12/19/26 revealed a complaint about Resident #33 not participating in activities, compression stockings not being applied as ordered, teeth not being brushed, skin not being moisturized, deodorant not being worn, and hair not being combed. The form was completed by Administrator #2. There was no documentation that the RP given a written grievance summary. c. A grievance form dated 1/13/26 revealed a complaint about Resident #33 not participating in activities and requesting information about primary care and therapy. There was no documentation that the RP was given a written grievance summary. d. A grievance form dated 2/11/26 revealed a complaint about Resident #33 receiving double portions of food on the weekends as agreed previously. There was no resolution note documented on the grievance form. The form was completed by Administrator #4 (a former Administrator). There was no documentation that the RP was given a written grievance summary. An interview was conducted with Resident #33's RP on 7/8/26 at 10:30 AM. The RP stated she never received any summary information or written response from the Administrator concerning any of the grievances. Administrator #2 was unable to be reached for an interview. Administrator #4 was unable to be reached for an interview. (continued on next page)		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with Administrator #3 (the current Administrator) on 7/10/26 at 3:20 PM. Administrator #3 indicated that staff were expected to ensure that individuals who filed a grievance were informed of the grievance summary and its conclusion. 3. Resident #68 was admitted to the facility on [DATE]. A quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #68 was cognitively intact. A review of the facility's grievance logs from May 2025 to July 2026 revealed a grievance report had been initiated on 5/19/26 by Resident #68's Responsible Party (RP). Review of the grievance form dated 5/19/26 and completed by Administrator #1 (a former Administrator) revealed the Responsible Party spoke with Administrator #1 about concerns regarding care being provided to Resident #68. Review of the grievance form did not indicate if the grievance had been resolved, how the results of the investigation were communicated to the complainant, when the results were communicated to the complainant/resident representative and no indication that a written summary was provided. Resident #68's RP was unable to be reached for an interview. An interview with Resident #68 on 7/7/26 at 10:18 AM revealed staff were doing better with checking on him day and night. Resident #68 stated that he was aware of the grievance filed by his RP. On 7/10/26 at 8:36 AM, an interview with Administrator #1 (a former Administrator) revealed concerns about waiting 1-2 hours on a call light response was received by Resident #68 and his Responsible Party. Former Administrator #1 did not state if grievance resolution was provided to Resident #68's Responsible Party. On 7/10/26 at 3:20 PM, an interview was held with Administrator #3 (the current Administrator). She indicated that the staff were expected to ensure that individuals who filed a grievance were informed of the grievance summary and its conclusion. 4. Resident #48 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #48 was cognitively intact. A review of the facility's grievance log for January 2026 indicated Resident #48 filed a grievance on 1/25/26. A grievance/concern form dated 1/25/26 completed by Administrator #2 (the former Administrator) revealed Resident #48 reported a dietary complaint of not receiving two boiled eggs. The grievance was investigated by Administrator #2 and indicated an interview was conducted with the nurse on the floor who stated Resident #48 did receive two boiled eggs. There was no follow-up or resolution (continued on next page)		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented on the grievance form. The form was not signed but marked as resolved. An interview was conducted with Resident #48 on 7/7/26 at 12:55 PM and she indicated she did not receive follow up to the grievance she submitted on 1/25/26 and did not receive a written grievance summary. Administrator #2 was unable to be reached for an interview. The former Social Worker who worked at the facility when the grievance was filed was unable to be reached for an interview. An interview was conducted with Administrator #3 (the current Administrator) on 7/10/26 at 3:20 PM and she indicated that the staff were expected to ensure that individuals who filed a grievance were informed of the grievance summary and its conclusion.		

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN, a form used by skilled nursing facilities to inform residents about potential costs and coverage limitations for services that may not be covered by Medicare) to beneficiaries who intended to continue services and the SNF believed the services may not be covered under Medicare prior to discharge from Medicare Part A skilled services for 1 of 3 residents reviewed for beneficiary notification review (Residents #113). The findings included: Resident #113 was admitted to the facility on [DATE]. Medicare Part A coverage for skilled services began on 10/29/25. A Notice of Medicare Non-Coverage (NOMNC) revealed the notice was discussed with and signed by Resident #113 on 1/5/26 which indicated his Medicare Part A coverage for skilled services would end on 1/7/26. Resident #113 remained in the facility. Resident #113's medical record revealed no evidence a SNF ABN was reviewed with or provided to Resident #113. During an interview on 7/10/26 at 12:33 PM, the Social Work Assistant revealed she was responsible for reviewing and providing residents and/or Responsible Parties with the NOMNC and SNF ABN notice and then filed a copy at the facility. She further revealed she recalled reviewing the NOMNC information with Resident #113 on 1/5/26 but could not recall if she had also reviewed the SNF ABN information with Resident #113. She further revealed she was the only staff member working in the social work department during this time and could have forgotten to provide the SNF ABN information to Resident #113. During an interview with the Administrator on 7/10/26 at 3:15 PM, the Administrator revealed she would have expected Resident #113 to have received a SNF ABN as required when his Medicare Part A services were ending.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on record review and staff interviews, the facility failed to maintain accurate daily nurse staffing sheets for 10 of 30 days reviewed for daily posted nurse staffing information (6/17/26, 6/19/26, 6/24/26, 6/26/26, 6/28/26, 7/1/26, 7/2/26, 7/3/26, 7/5/26, and 7/6/26).The findings included:a. On 7/7/26 (Tuesday) at 9:42 AM an initial tour was conducted at the facility. The posted daily nurse staffing information sheet was observed on the wall at the reception desk in lobby and was dated 7/4/26 (Saturday).Review of the daily nurse staffing sheets posted for 7/5/26 (Saturday) and 7/6/26 (Sunday) revealed no information was available for the days of 7/5/26 and 7/6/26.b. Review of the daily nurse staffing sheets posted for 6/17/26, 6/19/26, 6/24/26, 6/26/26, 6/28/26, 7/1/26, 7/2/26, 7/3/26 showed there was not a Registered Nurse (RN) working at the facility for those dates. Review of the timecards for the nursing staff showed there was a RN working for at least 8 consecutive hours on 6/17/26, 6/19/26, 6/24/26, 6/26/26, 6/28/26, 7/1/26, 7/2/26, and 7/3/26.An interview was conducted with the Staff Scheduler on 7/10/26 at 11:02 AM. The Staff Scheduler stated he was unaware that the Wound Care Nurse (an RN), who worked Monday-Friday, should be listed on the daily nurse staffing sheets as having a RN present and, therefore, had not been including her when she was the only RN present in the building.In a follow up interview on 7/10/26 at 11:23 AM, the Staff Scheduler stated sometimes he would create the daily nurse staffing sheets on Friday before he left and then adjusted them on Mondays when he returned. The Staff Scheduler also stated sometimes, if he got pulled to help on the floor on Fridays, he would create the daily nurse staffing sheets when he returned to the facility on Mondays for the days he had been off based on the staffing schedules and census for those days to ensure the record of them was complete and accurate. When asked about the absent daily nurse staffing sheets for 7/5/26 and 7/6/26, the Staff Scheduler stated he was pulled to the floor to work on 7/6/26 and had not gotten around to creating the daily nurse staff sheets for those days yet.During an interview with the Director of Nursing #3 (current DON) on 7/10/26 at 12:00 PM, the DON stated she had been working at the facility for only a few days. She stated the Nursing Staff Scheduler was responsible for completing and maintaining the daily nurse staffing sheets and was unaware that the Staff Scheduler was creating the weekend daily nurse staffing sheets on Fridays and then adjusting them as needed on Mondays when he returned to work.During an interview on 7/10/26 at 4:30 PM, the Administrator #3 (current Administrator) stated the Nursing Staff Scheduler was responsible for the daily nurse staffing sheets. Her expectation was for daily nurse staffing sheets to be accurate and posted daily.		