

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45045</p> <p>Based on record review, staff interviews, and resident interviews, the facility failed to honor a resident's right to participate in the planning process of the person-centered plan of care for 1 of 4 residents reviewed for care planning (Resident #34).</p> <p>The findings included:</p> <p>Resident #34 was admitted to the facility on [DATE].</p> <p>Review of the care plan meeting note dated 4/30/24 revealed a care plan meeting was conducted with Resident #34 and their Responsible Party (RP).</p> <p>Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #34 was cognitively intact.</p> <p>A review of Resident #34's electronic medical record revealed no further documentation that a care plan meeting had been held or that Resident #34 had been invited to participate in a care plan meeting in the time between the 4/30/24 care plan meeting through 3/17/25.</p> <p>During an interview on 3/17/25 at 12:47 pm Resident #34 reported she was unable to remember the last time the facility invited her to attend a care plan meeting. Resident #34 stated she would be interested in attending a care plan meeting to review her medications and other concerns but it had not been offered.</p> <p>An interview was conducted with the Social Worker on 3/18/25 at 2:05 pm. The Social Worker revealed she started working at the facility in August of 2024 and she had not had a care plan meeting for Resident #34. The Social Worker stated long-term care residents were to have a care plan meeting every 3 months or more often if requested. The Social Worker stated she had been trying to keep track of the process of scheduling care plan meetings but she stated she was not provided with an actual list of resident care plan meetings that were due.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The MDS Nurse was interviewed on 3/18/25 at 2:37 pm who revealed it was not her normal practice to provide the Social Worker with a list of residents who required a care plan meeting based on the MDS assessments. The MDS Nurse stated a resident care plan would be automatically updated when she opened them and each department would have to review and sign off on their sections. She stated she did not participate in the care plan meeting. The MDS Nurse stated that once all the departments have completed their sections of the care plan, she would complete the nursing portions and sign off that the care plan had been reviewed. The MDS Nurse stated she did not confirm that the Social Worker scheduled and held a care plan meeting for Resident #34 before she completed the care plan review.</p> <p>An interview was conducted with the Administrator on 3/20/25 at 1:44 pm who revealed the MDS Nurse should have provided the Social Worker with a list of residents that needed to have a care plan meeting scheduled when the quarterly care plans were reviewed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43222</p> <p>Based on record review, and resident, staff and Medical Director interviews, the facility failed to honor a resident with a diagnosis of type I diabetes the choice to use an insulin pump (small, wearable device that delivers doses of insulin at specific times and are an alternative to multiple daily injections) as preferred for 1 of 1 resident (Resident #29) reviewed for choices.</p> <p>Findings included:</p> <p>Resident #29 was readmitted to the facility on [DATE].</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that Resident #29 was cognitively intact and was independent or required supervision with most activities of daily living (ADL).</p> <p>Resident #29's care plan dated 10/13/23 revealed Resident #29 had diabetes mellitus and the potential for complications of hyper/hypoglycemia such diabetic ketoacidosis (DKA). The care plan was revised on 12/30/24 to include that Resident #29 had a potential for fluid volume deficit due to a history of dehydration requiring intravenous fluids, nausea and vomiting, acute kidney injury, and diabetic ketoacidosis due to hyperglycemia.</p> <p>Review of physician orders for Resident #29 revealed that she received the following insulin orders:</p> <ul style="list-style-type: none"> - 2/25/25: Insulin Lispro Injection Solution 100 unit/milliliter (mL) Inject as per sliding scale: if 200 - 250 = 2 unit; 251 - 300 = 4 units; 301 - 350 = 6 units; 351 - 400 = 8 units; 401 - 500 = 10 units if 400 and over give 10 units and call the physician, subcutaneously four times a day for diabetes - 2/26/25: Insulin Glargine Subcutaneous Solution Pen-injector 100 unit/mL Inject 20 units subcutaneously one time a day for diabetes <p>Review of a Medical Director Encounter note dated 2/25/25 revealed that Resident #29 had a follow up endocrinology appointment today, and the use of an insulin pump with the hope of restarting would be readdressed.</p> <p>Review of an Endocrine Follow-up visit dated 2/26/25 revealed that the consultation was requested by the Medical Director. She had been in and out of hospitals over the past few months due to her Parkinson's and blood pressure. Resident #29 was not allowed to use an insulin pump at the nursing facility. However, she had been hospitalized twice in the past year for DKA, and the blood sugars were not controlled. The plan was to start Resident #29 on continuous glucose monitor, since she will be moving to an independent facility.</p> <p>Review of an Medical Director Encounter note dated 2/28/25 revealed that Resident #29 went to the endocrinologist on 2/26/25 for a follow up. Resident #29 requested the use of an insulin pump. The endocrinologist office ordered one for her and would provide her with proper training.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with Resident #29 on 03/17/25 11:57 AM. She revealed that she had an insulin pump prior to admission, but the facility would not allow her to use it due to policy. Resident #29 stated that she was a very brittle diabetic, and her endocrinologist had spoken to facility staff about the use of an insulin pump. All the supplies could be sent to her directly, and she would use the pump on her own.</p> <p>The Medical Director was interviewed on 3/18/25 at 1:49 PM. She revealed that Resident #29 used to be on an insulin pump, so when she went into DKA in the hospital or when she was admitted to the facility, the insulin pump was replaced with short-/long-acting insulin for better blood sugar control. The Medical Director recently referred Resident #29 to endocrinology to prepare her for a planned discharge. Resident #29 was seen on 2/26/25 and was last seen by the endocrinologist over a year ago. The Medical Director stated that the facility had a continuous glucose monitor (a wearable device by the user that tracks blood sugar every few minutes 24 hours per day) in the building, but Resident #29 was not using it yet because she was waiting for the insulin pump to arrive. The endocrinologist office ordered the insulin pump, and Resident #29 required reeducation on its use. The Medical Director stated she had not yet received permission from corporate for Resident #29 to use the insulin pump. She further stated that she was aware Resident #29 wanted an insulin pump for the last 6 months. If Resident #29 received an insulin pump education and received it from the endocrinologist, then she would be safe to administer the insulin pump.</p> <p>An interview was conducted with the Regional [NAME] President on 3/18/25 at 2:21 PM. He stated that the facility did not have a policy on insulin administration, and if there was not a policy related to an insulin pump, then that meant the facility did not allow that specific medical device. The Regional [NAME] President indicated he was under the impression that an insulin pump was brought up by Resident #29 due to her planned discharge. However, Resident #29 did not approve of the facility where she was to be transferred. Now that she remained in the facility, the insulin pump conversation was on pause.</p> <p>During a follow-up interview with Resident #29 on 3/18/25 at 2:42 PM, she revealed that she administered the insulin pump on her own for 5 years prior to admission and received multiple education opportunities. Currently, she was waiting for an independent handicap apartment to be discharged from the facility. Resident #29 stated that she discussed the insulin pump with the Medical Director many times, and she recommended that it was a medical necessity. Resident #29 stated that nursing staff did not know how to respond with insulin to her brittle blood sugar readings. She did refuse certain insulin dosages at times to prevent hypoglycemia.</p> <p>During a follow-up interview with the Medical Director on 3/19/25 at 2:08 PM, she stated that the insulin pump for Resident #29 was a preference, and not a medical necessity.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Regional Assistant [NAME] President (AVP) of Health Services was interviewed on 3/19/25 at 8:33 AM. She revealed that she was contacted by the Director of Nursing (DON) 2 weeks ago about how to get an insulin pump for Resident #29 because the endocrinologist was going to order a pump and continuous glucose monitor upon discharge. The Regional AVP of Health Services stated that she was unsure how to attain these medical devices, provide education to the resident and staff, and which vendor source to use. Home health was supposed to provide Resident #29 with education about the insulin pump when she admitted to another facility. She indicated that a resident could obtain an insulin pump if they were admitted with one, since they already had a carrier for the device. The company's pharmacy did not provide insulin pumps. If Resident #29 requested an insulin pump 6 months ago, the facility would have made efforts to fulfill this medical device request. If facility staff spoke directly to pharmacy, then this request would be denied without further investigation. The Regional AVP of Health Services said she performed more investigation since contacted by the DON, and she found that if the resident was not admitted with an insulin pump but expressed great interest to acquire one, the facility would accommodate the request as best as possible.</p> <p>During an interview with the DON on 3/19/25 at 2:44 PM, she revealed that the first time she heard about Resident #29 wanting an insulin pump was several weeks ago. Resident #29 had an appointment with the Endocrinologist on 2/26/25. The DON contacted the endocrinology office to speak with the provider, which took a couple of days for a return phone call. The provider told the DON that Resident #29 could use the insulin pump upon discharge from the facility. The DON told the provider that she needed to speak with the Medical Director on the use of this medical device. The provider stated that Resident #29 needed to come back to the office to receive the authorization and education on the insulin pump, and it would be a few weeks before she would receive the supplies in the mail. The DON stated she spoke with the Medical Director, who was aware of the entire situation and was working on getting Resident #29 the insulin pump. The DON then left it with the Medical Director because she was already working on the request. The DON indicated that if there was not a problem with implementing the insulin pump, and the facility approved, then Resident #29 should be able to use that preferred medical device.</p> <p>The Administrator was interviewed on 3/19/25 at 3:18 PM. He revealed that Resident #29's preference for an insulin pump should have been fulfilled in a timely manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45045</p> <p>Based on record review, and resident and staff interviews, the facility failed to provide a written grievance decision to a resident for 1 of 1 resident reviewed for grievances (Resident #24).</p> <p>The findings included:</p> <p>Resident #24 was admitted to the facility on [DATE].</p> <p>The Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #24 was cognitively intact.</p> <p>Review of the Facility Concern/Grievance Form dated 1/20/25 revealed Resident #24 had reported concerns to the Social Worker regarding staff language in hall and not getting along with a roommate and possible room change. The grievance was assigned to the Director of Nursing (DON) on 1/20/25 with an expected return due date of 1/23/25. The actions taken section, which was completed by the DON, noted that she spoke with Resident #24 related to reported concerns and that she met with staff members related to customer service, mindfulness of environment, and professionalism. The DON further noted the Social Worker was aware of Resident #24's request for a room change. The Facility Concern/Grievance Form noted it was to be returned to the Administrator after the investigation was completed. The grievance resolution section was not completed and the grievance was not signed by the facility's grievance officer.</p> <p>Review of Resident #24's progress notes dated 1/20/25 through 3/18/25 revealed no documentation regarding the discussion of the room change requested on the 1/20/25 grievance form.</p> <p>An interview was conducted with Resident #24 on 3/18/25 at 12:37 pm who reported she had talked to someone a few months ago about a room change because the roommate kept her awake at night and that the staff language in the hall was not appropriate. Resident #24 stated she did not know what the outcome of her reported concern was because she was still in the same room and the staff were still loud in the hallways.</p> <p>During an interview on 3/18/25 at 3:43 pm with the Social Worker she revealed that when Resident #24 reported the grievance she talked about a possible room change but did not recall her requesting the room to be changed at the time the grievance was reported. The Social Worker stated the DON did not tell her that Resident #24 wanted to change her room after the DON met with Resident #24. She stated the grievance form was to be returned to the grievance officer once the DON completed the investigation for Resident #24's concerns. The Social Worker stated the previous Administrator was the grievance officer at the time Resident #24's Facility Concern/Grievance Form was received and was responsible to provide the written grievance resolution to Resident #24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the DON on 3/19/25 at 2:11 pm who revealed she did not follow up with the Social Worker about the room change request after meeting with Resident #24 because she thought the Social Worker was aware. The DON stated she met with staff when Resident #24's concerns were reported but she did not follow up with Resident #24 to discuss steps taken towards the resolution of the concerns or if the concerns were resolved. The DON stated she believed she returned Resident #24's grievance to the Social Worker. The DON stated she did not recall seeing the form was to be returned to the Administrator once she completed her portion.</p> <p>A telephone interview was conducted on 3/19/25 at 2:30 pm with the previous Administrator who revealed she was the facility grievance officer at the time of Resident #24's concern. She stated she was responsible for providing the written resolution of grievance to the residents once the concern was fully investigated. She reported at the time she had left the facility in March 2025, the DON still had not returned several grievance forms and Resident #24's grievance could have been one that was outstanding. The previous Administrator stated she would have reviewed the grievance investigation when it was completed and the resolution would have been completed. She stated if Resident #24 confirmed to the DON that she wanted a room change it would have been discussed and implemented. The previous Administrator stated she did not recall Resident #24's grievance being brought to her to complete the resolution or address the requested room change.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45045</p> <p>Based on observation, record review, and resident, staff, and Responsible Party interviews, the facility failed to ensure that a resident with reported hearing difficulties was evaluated for treatment and services to maintain his hearing ability for 1 of 1 resident reviewed for vision and hearing (Resident #14).</p> <p>The findings included:</p> <p>Resident #14 was admitted to the facility on [DATE] with diagnoses which included unspecified sensorineural hearing loss (hearing loss caused by damage to the inner ear or nerve from the ear to the brain with treatment that included hearing aids).</p> <p>Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #14 had severe cognitive impairment and was coded for moderate hearing difficulty and was not coded for the use of hearing aids.</p> <p>The care plan last reviewed on 3/05/25 revealed Resident #14 had a care plan in place for auditory alteration characterized by decreased hearing in the left and right ears related to aging process. Interventions included getting the resident's attention before speaking and moving the resident to a low-noise place or remove as much background noise before speaking with the resident.</p> <p>Review of Resident #14's electronic health record revealed no audiology consultations (healthcare professionals that identify, assess, and manage hearing issues) were scheduled or completed regarding Resident #14's hearing difficulties.</p> <p>An interview and observation were conducted on 3/17/25 at 10:50 am with Resident #14. Resident #14 reported he was very hard of hearing and this surveyor needed to speak louder if he was to hear what was being said. This surveyor had to move about 2 inches from Resident #14's left ear for Resident #14 to hear the questions. Resident #14 stated he found it hard to listen to his television so he just looked at the screen without the volume up. Resident #14 stated he did not remember anyone asking him about his hearing or getting him tested for hearing aids but stated he would like to have them.</p> <p>During an interview on 3/17/25 at 11:00 am Nurse Aide (NA) #1 revealed he knew Resident #14 well and was assigned to his care at times. NA #1 stated Resident #14 was very hard of hearing. NA #1 stated he did not recall Resident #14 ever having hearing aids he just knew he needed to talk very loud for the resident to hear him.</p> <p>A telephone interview was conducted with Resident #14's Responsible Party (RP) on 3/17/25 at 2:27 pm. The RP stated she was aware of Resident #14's hearing loss but did not know if he had any previous hearing tests or hearing aids prior to admission to the facility.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 3/18/25 at 2:42 pm with the MDS Nurse who revealed she completed Resident #14's MDS assessment and coded him for hearing impairment. She stated if she felt the hearing loss was chronic or their baseline hearing she would not normally discuss it with the interdisciplinary team. The MDS Nurse stated the facility had the availability to have an audiology consult conducted in the facility and the Social Worker would be responsible for the scheduling. The MDS Nurse stated she made sure Resident #14 had a care plan in place for hearing loss but she did not discuss the need for an audiology consult with the Social Worker because she felt it was chronic and his baseline.</p> <p>During an interview with the Social Worker on 3/18/25 at 3:38 pm she revealed she had been employed at the facility for approximately six months, and she was not aware Resident #14 was hard of hearing. The Social Worker stated she was not notified by the MDS Nurse that Resident #14 had hearing impairment so she did not schedule him for an audiology consult at the facility. The Social Worker stated she was unable to locate any documentation that Resident #14 had been seen by the audiology provider and she stated she would have scheduled the consultation had she been notified of the need.</p> <p>An interview was conducted on 3/20/25 at 1:38 pm with the Administrator who revealed the MDS Nurse should have provided the hearing impairment findings for Resident #14 to the Social Worker so the audiology consult could have been completed to determine if there was a need for hearing aids or other treatment options.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45045</p> <p>Based on record review, observation, and staff and Pharmacist interviews, the facility failed to remove expired medications stored for use in the medication storage room [ROOM NUMBER] of 1 medication storage room observed.</p> <p>The findings included:</p> <p>During an observation on 3/19/25 at 7:52 am of the medication storage room with the Director of Nursing (DON) the following was observed:</p> <p>Twenty-two (22) lidocaine 4% pain relief patches with an expiration date of 2/25/25. The expired lidocaine 4% pain relief patches were located in a bin on the counter in the medication storage room with multiple bags of unexpired lidocaine 4% pain relief patches.</p> <p>The expiration date was confirmed by the DON.</p> <p>A telephone interview was conducted with the Pharmacist on 3/20/25 at 10:08 am who revealed the facility was able to return expired medications to the pharmacy every day. She stated the facility would have to put the expired medications in the pharmacy tote when they were ready to be returned and would be picked up when the daily delivery was made.</p> <p>An interview was conducted on 3/19/25 at 2:13 pm with the DON who stated the facility did not have anyone who was assigned or responsible to make sure expired medications were removed from the medication storage room. The DON stated she did not notice that the pain patches were expired, but she stated it was possible that the pain patches were supposed to be sent back to the pharmacy. The DON stated medications were able to be returned to the pharmacy a few times a week but they may have missed sending the pain patches back.</p> <p>During an interview with the Administrator on 3/20/25 at 1:49 pm he revealed the Director of Nursing and the nursing team were responsible for ensuring expired medications were removed from the medication room.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 - Minimal harm or potential for actual 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43222</p> <p>Based on observations, record review, resident and staff interviews, the facility failed to ensure a medical record was accurate regarding medication administration and wound treatment. This was for 2 of 20 sampled residents whose medical records were reviewed (Resident #29 and Resident #7).</p> <p>Findings included:</p> <p>1. Resident #29 was readmitted to the facility on [DATE] with a diagnosis of hypotension.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that Resident #29 was cognitively intact.</p> <p>The physician orders for Resident #29 revealed an order dated 11/21/24 for Midodrine HCl Oral Tablet 10 milligrams (mg) 1 tablet by mouth three times a day (8:00 AM, 12:00 PM, and 5:00 PM) for hypotension, take blood pressure (BP) in a sitting position, and hold if the systolic blood pressure (the top number in a BP reading that measures the pressure in the arteries when the heart beats) is greater than 120.</p> <p>A Pharmacist's Report to Nursing dated 2/24/25 revealed that the Midodrine medication was documented as administered to Resident #29 on the following dates per the February 2025 medication administration record (MAR) even though the systolic BP was greater than 120:</p> <ul style="list-style-type: none"> - 2/1/25: 138/70 (8:00 AM), 145/82 (12:00 PM) - 2/2/25: 128/78 (8:00 AM), 145/84 (12:00 PM), 133/80 (5:00 PM) - 2/7/25: 179/95 (8:00 AM), 171/92 (12:00 PM), 165/80 (5:00 PM) - 2/8/25: 127/78 (8:00 AM), 145/86 (12:00 PM) - 2/9/25: 141/65 (8:00 AM) - 2/12/25: 145/77 (8:00 AM), 139/87 (12:00 PM) - 2/15/25: 145/83 (8:00 AM) - 2/19/25: 124/72 (8:00 AM) - 2/20/25: 155/73 (8:00 AM) - 2/21/25: 170/70 (8:00 AM), 127/76 (5:00 PM) - 2/22/25: 126/74 (8:00 AM), 132/76 (12:00 PM) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 2/23/25: 126/76 (8:00 AM), 126/76 (12:00 PM)</p> <p>The February 2025 MAR revealed the following nurses were responsible for the documentation that Midodrine was administered to Resident #29 even though the systolic BP was greater than 120:</p> <p>- 2/1/25: Nurse #5</p> <p>- 2/2/25: Nurse #6</p> <p>- 2/7/25: Nurse #8 (8:00 AM and 12:00 PM), Nurse #6 (5:00 PM)</p> <p>- 2/8/25: Nurse #6</p> <p>- 2/9/25: Nurse #9</p> <p>- 2/12/25: Nurse #6</p> <p>- 2/15/25: Nurse #5</p> <p>- 2/19/25: Nurse #2</p> <p>- 2/20/25: Nurse #2</p> <p>- 2/21/25: Nurse #6</p> <p>- 2/22/25: Nurse#2</p> <p>- 2/23/25: Nurse #2</p> <p>- 2/27/25: 126/76 (8:00 AM), 126/76 (12:00 PM), 126/76 (5:00 PM)</p> <p>The March 2025 MAR revealed the following BP values and nurses who documented they administered Midodrine to Resident #29 even though the systolic BP was greater than 120:</p> <p>- 3/2/25: 131/85 at 5:00 PM by Nurse #6</p> <p>- 3/4/25: 138/84 (8:00 AM) and 162/87 (12:00 PM) both by Nurse #10</p> <p>- 3/6/25: 123/79 at 8:00 AM by Nurse #6</p> <p>- 3/7/25: 163/89 (8:00 AM), 163/89 (12:00 PM), 192/98 (5:00 PM) all by Nurse #8</p> <p>- 3/8/25: 140/88 at 8:00 AM by Nurse #11</p> <p>- 3/9/25: 126/74 (8:00 AM) and 126/74 (12:00 PM) both by Nurse #3</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with Resident #29 on 3/20/25 at 12:31 PM. She was able to describe the appearance of the Midodrine tablet and indicated she would not have taken Midodrine if anyone attempted to give it to her with a systolic BP higher than 120.</p> <p>Nurse #6 was interviewed via telephone on 3/20/25 at 11:59 AM. She revealed that if a medication order states to hold if systolic BP was greater than 120, she would not administer the medication. Nurse #6 stated that Resident #29's BP was taken right before Midodrine was scheduled to be given. For the dates that she documented Midodrine was given, even though Resident #29's systolic BP was greater than 120, she did not administer the medication. She stated that she made the wrong choice of coding on the February and March MARs in error. Nurse #6 indicated that instead of coding Midodrine as given, she should have chosen 5, which meant Hold/See Nurses Notes. She stated she needed to pay more attention and read the MAR more closely.</p> <p>An interview was conducted with Nurse #5 on 3/20/25 at 12:10 PM. She revealed that if an order with parameters for Midodrine was initiated, then the medication should be held if the systolic BP was greater than 120. Nurse #5 stated that for all entries on the MARs that indicated it was given even though Resident #29's systolic BP was higher than 120, they were entered in error. She should have chosen the action as 5 for Hold/See Nurses Notes. Nurse #5 stated that Resident #29 was alert and oriented and very familiar with her own medication regimen.</p> <p>Nurse #2 was interviewed on 3/20/25 at 12:35 PM. She revealed that if an order stated to hold Midodrine if systolic BP was greater than 120, she would hold the medication and not administer it. Nurse #2 indicated that in the MAR there was an option where the BP value could be entered and an opportunity to choose if the medication was held. Nurse #2 indicated that the Midodrine was not given to Resident #29 when her systolic BP was greater than 120. She stated that the electronic medical record (EMR) was new to her, and the reason why administered was chosen instead of hold was due to clerical errors. She indicated that Resident #29 was aware of her medication orders and any parameters.</p> <p>An interview was conducted via telephone with Nurse #9 on 3/20/25 at 12:48 PM. She revealed that she did not administer the Midodrine on 2/9/25 at 8:00 AM. It must have been a clerical error. Nurse #9 indicated that Resident #29 was alert and oriented, very involved in her care, and would not accept the medication if her systolic BP was more than 120.</p> <p>During a telephone interview with Nurse #10 on 3/20/25 at 12:54 PM, she revealed that the Midodrine medication was held on 3/4/25. She indicated she must not have coded the MAR correctly.</p> <p>Multiple attempts were made to contact Nurse #3, Nurse #8, and Nurse #11 during the investigation, but they did not return the phone calls.</p> <p>The Director of Nursing (DON) was interviewed on 3/20/25 at 1:14 PM. She revealed that all nurses should not have chosen the code in the MAR that indicated Midodrine was administered for Resident #29 when it was not given. They should have chosen the correct code of 5 - Hold/See Nurses Note.</p> <p>During an interview with the Administrator on 3/20/25 at 1:16 PM, he revealed that all nurses should have chosen hold rather than administered when Midodrine was not given in February and March 2025.</p> <p>45045</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident #7 was admitted to the facility on [DATE]. Resident #7 had diagnoses which included a pressure ulcer of sacral region stage 3.</p> <p>The Minimum Data Set (MDS) significant change assessment dated [DATE] revealed Resident #7 had moderate cognitive impairment and was coded for a stage 3 pressure ulcer.</p> <p>Resident #7 had a physician order dated 1/28/25 to validate wound vac (negative pressure wound therapy) function and setting every shift for monitoring.</p> <p>Observations of Resident #7 were conducted on 3/19/25 at 8:30 am and 9:30 am with the wound vac machine was noted to be in the off position and the drainage canister was empty.</p> <p>A wound care observation was conducted on 3/19/25 at 10:20 am with the Wound Treatment Nurse. Upon initiation of the treatment, Resident #7's wound vac was noted to be connected to the wound vac dressing, the machine was in the off position, and the drainage canister was empty. The Wound Treatment Nurse removed the wound vac therapy and changed the treatment to a wet to dry dressing due to appearance of the wound bed.</p> <p>Review of Resident #7's Medication Administration Record (MAR) for 3/19/25 through 3/20/25 revealed the following:</p> <p>3/19/25 7:00 am to 3:00 pm shift- the wound vac was validated as functioning with proper settings by Nurse #2.</p> <p>3/19/25 3:00 pm to 11:00 pm shift- the wound vac was validated as functioning with proper settings by Nurse #2.</p> <p>3/19/25 11:00 pm to 7:00 am shift- the wound vac was validated as functioning with proper settings by Nurse #1.</p> <p>3/20/25 7:00 am to 3:00 pm shift- the wound vac was validated as functioning with proper settings by Nurse #6.</p> <p>An attempt to interview Nurse #1 on 3/20/25 at 10:39 am was unsuccessful.</p> <p>An attempt to interview the Wound Treatment Nurse on 3/20/25 at 10:42 am was unsuccessful.</p> <p>An interview was conducted on 3/20/25 at 10:48 am with Nurse #2 who revealed she was not notified by the Wound Treatment Nurse on 3/19/25 that Resident #7's wound vac was removed. Nurse #2 stated she did not really look at the wound vac because the Wound Treatment Nurse took care of the wound. Nurse #2 stated she did not recall if she checked if Resident #7's wound vac was functioning and at the correct setting before she documented it was for the 7:00 am-3:00 pm and 3:00 pm-11:00 pm shifts on 3/19/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview and observation with Nurse #6 was conducted on 3/20/25 at 10:51 am. Nurse #6 stated she did not perform wound treatments at the facility but confirmed Resident #7 no longer had the wound vac therapy in place. Nurse #6 stated the Wound Treatment Nurse had just completed Resident #7's wound treatment and she did not report that the wound vac therapy was removed and the order was still in the computer. Nurse #6 was unable to state why she documented Resident #7's wound vac therapy to be functioning with correct settings without confirming it was in place.</p> <p>During an interview on 3/20/25 at 11:02 am the Director of Nursing (DON) revealed the nurses were responsible for checking the wound vac prior to documenting it was functioning. She stated the nurses should not have documented the wound vac therapy was functioning when it was no longer in place. The DON stated the Wound Treatment Nurse should have discontinued or placed the wound vac therapy orders on hold so the staff would know what treatment was being performed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45045</p> <p>Based on observations, record reviews, and staff interviews, the facility failed to implement their infection prevention program policies and procedures when the Wound Treatment Nurse failed to apply personal protective equipment (PPE) during wound care for residents on Enhanced Barrier Precautions (EBP). This deficient practice was for for 1 of 1 staff member observed for wound care (Wound Treatment Nurse).</p> <p>The findings included:</p> <p>The facility's Infection Prevention and Control Program (IPCP) policy last updated 4/2023 indicated that the facility was responsible for establishing and maintaining an effective program that provides a safe, sanitary, and comfortable environment and attempts to prevent the development and the transmission of diseases and infections. The policy further noted that the objectives of the IPCP included ensuring proper utilization of standard precautions and or when needed, transmission-based precautions which should be the least restrictive possible for a resident under the given circumstances.</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy last revised 7/26/22 revealed EBP was to be utilized for all residents who had a wound (skin opening that required a dressing). The policy further noted that personal protective equipment (PPE) for EBP was necessary when performing high-contact care activities which included wound care and required staff to wear gloves and gown when the wound care was provided.</p> <p>a. Resident #7 had signage posted on the door that alerted staff that the resident was on EBP. The signage noted that providers and staff must wear gloves and gowns for the following high-contact resident care activities which included wound care. A 3-drawer bin was observed in the hall stocked with PPE, which included disposable gowns.</p> <p>A continuous observation of wound care was conducted on 3/19/25 at 10:20 am through 10:45 am for Resident #7. The Wound Treatment Nurse was observed to perform hand hygiene and don clean gloves and began to perform wound care for Resident #7. The Wound Treatment Nurse performed Resident #7's stage 3 sacral pressure ulcer treatment without a gown in place.</p> <p>During an interview on 3/29/25 at 11:38 am the Wound Treatment Nurse confirmed Resident #7 was on EBP for her wounds and she was required to wear a gown during the wound care. The Wound Treatment Nurse stated she normally wore a gown when she performed wound care but she must have forgotten to put on a gown when she performed Resident #7's wound treatment.</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/19/25 at 2:35 pm who revealed the facility did not have an Infection Preventionist but she stated she had worked with the previous Unit Manager to provide education to staff regarding EBP and use of PPE. The DON stated the Wound Treatment Nurse was required to wear a gown when she performed wound care for Resident #7.</p> <p>During an interview on 3/20/25 at 1:40 pm with the Administrator he revealed the Wound Treatment Nurse should have followed the guidelines for EBP when she performed wound care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street Raleigh, NC 27604	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Resident #22 had signage posted on the door that alerted staff that the resident was on EBP. The signage noted that providers and staff must wear gloves and gowns for the following high-contact resident care activities which included wound care. A 3-drawer bin was observed in the hall stocked with PPE, which included disposable gowns.</p> <p>A continuous observation was conducted on 3/19/25 at 11:07 am through 11:37 am for Resident #22's wound care treatment. The Wound Treatment Nurse was observed to perform hand hygiene and don clean gloves and began wound care for Resident #22. The Wound Treatment Nurse completed Resident #22's stage 3 pressure ulcer and venous stasis ulcer (wound on the leg or ankle caused by abnormal or damage to veins) treatments to the lower extremities without a gown in place.</p> <p>During an interview on 3/29/25 at 11:38 am the Wound Treatment Nurse confirmed Resident #22 was on EBP for his wounds and she was required to wear a gown during the wound care. The Wound Treatment Nurse stated she normally wore a gown when she performed wound care but she must have forgotten to put on a gown when she performed Resident #22's wound treatments.</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/19/25 at 2:35 pm who revealed the facility did not have an Infection Preventionist but she stated she had worked with the previous Unit Manager to provide education to staff regarding EBP and use of PPE. The DON stated the Wound Treatment Nurse was required to wear a gown when she performed wound care for Resident #22.</p> <p>During an interview on 3/20/25 at 1:40 pm with the Administrator he revealed the Wound Treatment Nurse should have followed the guidelines for EBP when she performed wound care.</p>