

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spp, NC 28612	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014</p> <p>Based on record review, family and staff interviews, the facility failed to immediately notify a resident's Responsible Party of a medication change for 1 of 1 sampled resident (Resident #23).</p> <p>Findings included:</p> <p>Resident #23 was admitted to the facility on [DATE] with diagnoses that included dementia.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] assessed Resident #23 with severe impairment in cognition.</p> <p>Review of Resident #23's profile revealed his family member was listed as his Responsible Party (RP).</p> <p>A Physician Assistant (PA) progress note dated 07/24/24 revealed in part, staff administered Resident #23's as needed (PRN) Lorazepam at times which was reported to be generally effective. The plan was to change Resident #23's current order for PRN Lorazepam from every 8 hours to every 12 hours and start scheduled Lorazepam (medication used to treat anxiety) 0.25 milligrams (mg) once daily at 4:00 PM. The PA noted the medication change was discussed at length with Resident #23's private sitter.</p> <p>A physician order entered by the PA with a start date of 07/24/24 read, Lorazepam 0.5 milligram (mg) - give 0.5 (1/2) tablet by mouth one time a day for anxiety, note dose.</p> <p>A physician order entered by the PA with a start date of 07/24/24 read, Lorazepam 0.5 mg every 12 hours PRN anxiety for 14 days.</p> <p>During a telephone interview on 07/30/24 at 9:57 AM, Resident #23's RP revealed the private sitter was just a companion and not able to make decisions regarding Resident #23's care. The RP stated she had met with Unit Manager #1 and the Administrator on previous occasions and requested they send her weekly emails to provide updates on Resident #23's condition to include any medication changes. The RP stated she was not notified his Lorazepam medication had changed until she was contacted on Sunday morning (07/28/24) by facility staff to let her know that he had fallen.</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: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/01/24 at 1:54 PM, the PA revealed she did not speak with Resident #23's RP on 07/24/24 when a scheduled dose of Lorazepam was added for Resident #23 but she had discussed the medication change with Resident #23's private sitter who was in agreement with the plan and had appeared to have been texting Resident #23's RP.</p> <p>During an interview on 08/01/24 at 4:53 PM, the Director of Nursing (DON) revealed they met with Resident #23's RP and agreed on weekly emails to communicate any updates. The DON stated she knew that Unit Manager #1 had communicated with Resident #23's RP via email but she was uncertain if or when Unit Manager #1 had informed the RP of the medication change and she would have to touch base with her (Unit Manager #1) when she returned from vacation.</p> <p>During an interview on 08/01/24 at 5:58 PM, the Administrator revealed Resident #23 had a private sitter that was very involved in his care and when staff discussed anything with the private sitter, she sent text messages to Resident #23's RP and they had assumed the private sitter was informing the RP. The Administrator stated she would expect for staff to have called Resident #23's RP to inform them of the medication change and not rely on the private sitter to inform them.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014</p> <p>Based on record review and staff interviews, the facility failed to accurately code Minimum Data Set (MDS) assessments in the areas of oxygen therapy, functional limitation in range of motion, dialysis, hospice and prognosis, hypoglycemic medication (used to help reduce the amount of sugar in the blood), and Preadmission Screening and Resident Review (PASRR) for 6 of 20 sampled residents (Residents #23, #71, #130, #74, #38, and #6).</p> <p>Findings included:</p> <p>1. Resident #23 was admitted to the facility on [DATE] with diagnoses that included pneumonia.</p> <p>A physician's order dated 06/04/24 for Resident #23 read, oxygen at 1-2 liters per minute (LPM) via nasal cannula.</p> <p>Review of the June 2024 Treatment Administration Record (TAR) for Resident #23 revealed oxygen at 1-2 LPM was initialed as administered twice daily per physician order.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] for Resident #23 did not reflect he received oxygen therapy during the MDS assessment period.</p> <p>During an interview on 08/01/24 at 9:49 AM, the MDS Coordinator reviewed the June 2024 TAR for Resident #23 and confirmed the admission MDS assessment dated [DATE] did not accurately reflect that he received oxygen therapy during the MDS assessment period. She stated it was an oversight.</p> <p>During an interview on 08/01/24 at 5:58 PM, the Administrator stated she expected MDS assessments to be completed as accurately as possible to reflect an accurate picture of the resident.</p> <p>2. Resident #71 was admitted to the facility on [DATE] with diagnoses that included displaced fracture of surgical neck of right humerus (upper arm bone).</p> <p>A physician order dated 06/27/24 for Resident #71 read, non-weight bearing to right upper extremity.</p> <p>A physician order dated 06/27/24 for Resident #71 read, ensure sling to right arm is in place every shift.</p> <p>Review of the July 2024 Treatment Administration Record (TAR) for Resident #71 revealed the right arm sling was initialed as in place per physician order.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #71 had no impairment of her upper extremities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spp, NC 28612	
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 - Some</p>	<p>During an interview on 07/31/24 at 9:20 AM, the MDS Assistant revealed Resident #71 had impairment on the upper extremity due to a right arm fracture. The MDS Assistant stated it was an oversight that the admission MDS assessment dated [DATE] did not reflect Resident #71 had impairment on one side of the upper extremities.</p> <p>During an interview on 07/31/24 at 9:25 AM, the MDS Coordinator stated Resident #71's admission MDS assessment dated [DATE] should have reflected she had impairment on one side of the upper extremity and it was an oversight.</p> <p>During an interview on 08/01/24 at 5:58 PM, the Administrator stated she expected MDS assessments to be completed as accurately as possible to reflect an accurate picture of the resident.</p> <p>3. Resident #130 was admitted to the facility on [DATE] with diagnoses that included end-stage renal disease and dependence on renal dialysis.</p> <p>A physician order dated 07/22/24 for Resident #130 read in part, dialysis three times a week on Tuesday, Thursday and Saturday.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] revealed that Resident #130 received dialysis and hemodialysis upon admission but did not receive either while a resident.</p> <p>During an interview on 07/31/24 at 9:20 AM, the MDS Assistant stated it was an oversight that Resident #130's admission MDS assessment dated [DATE] did not accurately reflect she received dialysis while a resident.</p> <p>During an interview on 07/31/24 at 9:25 AM, the MDS Coordinator stated it was an oversight that Resident #130's admission MDS assessment dated [DATE] did not accurately reflect she received dialysis while a resident.</p> <p>During an interview on 08/01/24 at 5:58 PM, the Administrator stated she expected MDS assessments to be completed as accurately as possible to reflect an accurate picture of the resident.</p> <p>39037</p> <p>4. Resident #74 was admitted to the facility 07/13/24 with a diagnosis including diabetes.</p> <p>Review of Resident #74's physician orders revealed an order dated 07/13/24 for insulin deglu[DATE] units per milliliter (ml) inject 30 units subcutaneously (under the skin) one time a day for diabetes. Resident #74 had a physician order dated 07/17/24 to discontinue insulin deglu[DATE] units once a day and begin insulin deglu[DATE] units subcutaneously at bedtime. Resident #74 had a physician order dated 07/18/24 to discontinue insulin deglu[DATE] units at bedtime and begin insulin deglu[DATE] units subcutaneously at bedtime. Resident #74 had an order dated 07/16/24 for insulin lispro 100 units per ml inject 4 units subcutaneously one time only for diabetes.</p> <p>Review of Resident #74's July 2024 Medication Administration Record (MAR) revealed he received insulin as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 - Some</p>	<p>Resident #74's admission Minimum Data Set (MDS) assessment dated [DATE] did not reflect he received hypoglycemic (medication to lower blood sugar) medication during the look-back period.</p> <p>An interview with the MDS Coordinator on 08/01/24 at 4:44 PM revealed Resident #74's admission MDS dated [DATE] should have been coded to indicate he received hypoglycemic medication during the past 7 days, and it was an oversight.</p> <p>An interview with the Administrator on 08/01/24 at 6:04 PM revealed she expected the MDS assessment to be coded to reflect an accurate picture of the resident.</p> <p>5. Resident #38 was admitted to the facility 08/24/22 with diagnoses including malnutrition and adult failure to thrive (a syndrome of physical and cognitive decline in older adults).</p> <p>Review of Resident #38's medical record revealed he began receiving hospice services on 06/11/24.</p> <p>Review of a significant change in status Minimum Data Set (MDS) dated [DATE] revealed he was not coded as having a condition or chronic disease that may result in a life expectancy of less than 6 months or that he was receiving hospice services.</p> <p>An interview with the MDS Coordinator on 08/01/24 at 4:34 PM revealed Resident #38's significant change in status MDS dated [DATE] should have reflected he had a life expectancy of less than 6 months and was receiving hospice services, and it was probably an oversight.</p> <p>An interview with the Administrator on 08/01/24 at 6:04 PM revealed she expected the MDS assessment to be coded to reflect an accurate picture of the resident.</p> <p>37538</p> <p>6. Resident #6 was admitted to the facility on [DATE] with diagnoses that included schizophrenia.</p> <p>Record review revealed a PASRR Level II determination notification letter dated 09/16/19 with no expiration date for Resident #6.</p> <p>The significant change in status Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 was not currently considered by the state Level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition.</p> <p>During an interview on 08/01/24 at 9:26 AM the Regional Social Worker confirmed Resident #6 had a Level II PASRR determination for the diagnosis of schizophrenia.</p> <p>During an interview on 08/01/24 at 5:58 PM the Administrator revealed she expected the MDS to be as accurate as possible to reflect an accurate picture of the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37538</p> <p>Based on record review and staff interviews, the facility failed to request a Preadmission Screening and Resident Review (PASRR) re-evaluation after a significant change in the physical or mental status for a resident with a serious mental health diagnosis for 1 of 1 resident reviewed for PASRR (Resident #6).</p> <p>Findings included:</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses that included schizophrenia.</p> <p>A PASRR Level II determination notification letter dated 09/16/19 revealed Resident #6 had a Level II PASRR with no end date and no limitation unless there was a change in condition.</p> <p>The significant change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 was not currently considered by the state Level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition.</p> <p>During an interview on 08/01/24 at 9:26 AM the Regional Social Worker confirmed there was no request made for a PASRR reevaluation when Resident #6 had a significant change of condition in April 2024. She revealed a request for PASRR should have been done by the previous Social Worker but at that time a change was made in her employment status. The Regional Social Worker confirmed there was no oversight in place to ensure a PASRR request was completed for Resident #6, and stated the new Social Worker was still in training and had just started her position.</p> <p>An interview was conducted on 08/01/24 at 5:10 PM with the Director of Nursing (DON). The DON stated PASRR was the responsibility of the Social Worker, and she was not knowledgeable in the process for requesting PASRR for residents.</p> <p>During an interview on 08/01/24 at 6:39 PM the Administrator revealed she expected PASRR requests for reevaluation to be completed and it was the responsibility of the Social Worker to complete.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014</p> <p>Based on record review, resident and staff interviews, the facility failed to develop an individualized, person-centered Activities of Daily Living (ADL) care plan that included how much staff assistance was needed to care for a resident who required assistance with ADL for 1 of 2 sampled residents reviewed for ADL (Resident #71).</p> <p>Findings included:</p> <p>Resident #71 was admitted to the facility on [DATE] with diagnoses that included displaced fracture of surgical neck of right humerus (upper arm bone) and displaced fracture of base of neck of right femur (upper bone of the leg).</p> <p>The admission Minimum Data Set (MDS) dated [DATE] revealed Resident #71 had intact cognition and required substantial to maximum assistance with toileting hygiene, personal hygiene, shower/bathing, upper/lower body dressing, putting on/taking off footwear, bed mobility, and transfers.</p> <p>Resident #71's comprehensive care plans, last revised on 07/16/24, included a plan that addressed her need for assistance with ADL. The only intervention listed was for Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) to evaluate and treat as needed.</p> <p>During an observation and interview on 07/29/24 at 11:16 AM, Resident #71 was lying in bed with bilateral bed rails in the upright position and a sling on her right arm. Resident #71 stated she had broken her arm and hip when she fell at home and was admitted to the facility to receive therapy before returning back home. Resident #71 stated she needed staff assistance with most ADL tasks but was able to hold onto the bed rails with her left hand to help as much as she could when staff were providing her care.</p> <p>During an interview on 07/31/24 at 9:20 AM, the MDS Assistant reviewed Resident #71's ADL care plan and confirmed the only intervention listed was for PT, OT, ST to evaluate and treat as needed. The MDS Assistant explained the care plan should include interventions relating to care needs, such as transfer status and use of bed rails, so that staff would know what level of care to provide. The MDS Assistant stated it was an oversight and Resident #71's ADL care plan should have reflected her care needs.</p> <p>During an interview on 07/31/24 at 9:25 AM, the MDS Coordinator verified Resident #71's ADL care plan did not include specific interventions that addressed her care needs and it was an oversight.</p> <p>During an interview on 08/01/24 at 5:58 PM, the Administrator stated she would expect for care plans to be developed to accurately reflect the resident's needs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spp, NC 28612	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037</p> <p>Based on record review and staff interviews the facility failed to revise an advance directive care plan for 1 of 20 residents whose care plans were reviewed for accuracy (Resident #38).</p> <p>Findings included:</p> <p>Resident #38 was admitted to the facility 08/24/22.</p> <p>The significant change in status Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #38 was severely cognitively impaired.</p> <p>Review of the form Medical Orders for Scope of Treatment (MOST) dated 06/18/24 revealed Resident #38 had Do Not Resuscitate (DNR) Physician orders.</p> <p>Resident #38's electronic medical record revealed a Physician order dated 06/19/24 for Do Not Resuscitate/Do Not Intubate (place a breathing tube).</p> <p>Review of Resident #38's advance directive care plan last revised 07/16/24 revealed he had an advance directive of full code (providing life-saving measures). Interventions included honoring Resident #38's advance directive choices, referring him to the Physician as needed for advance directive changes, and reviewing advance directives with the resident as needed.</p> <p>An interview with the MDS Coordinator on 08/01/24 at 4:34 PM revealed Resident #38's advance directive care plan should have been updated on 06/18/24 to reflect he was a DNR, and she was not sure why his care plan had not been revised.</p> <p>An interview with the Administrator on 08/01/24 at 6:04 PM revealed she expected care plans to be revised to reflect an accurate picture of the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037</p> <p>Based on observations, record review, and staff interviews the facility failed to keep emergency tracheostomy (surgically created airway in the front of the neck) supplies needed for an unplanned extubation (removal of airway tube) or emergency supplies for mechanical ventilation (ambu bag) at bedside and easily accessible for immediate use in an emergency (Resident #56). The facility also failed to post cautionary and safety signs that indicated the use of oxygen (Resident #39, Resident #71, and Resident #23). This affected 4 of 4 residents reviewed for respiratory services.</p> <p>Findings included:</p> <p>1. Resident #56 was admitted to the facility 07/12/24 with diagnoses including respiratory failure with hypoxia (lack of oxygen), tracheostomy status, and pneumonia.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #56 was cognitively intact and received tracheostomy care.</p> <p>An observation of Resident #56 on 07/30/24 at 2:15 PM revealed she was sitting in her wheelchair in her room. She was observed to have a tracheostomy in place with oxygen at six liters being delivered via a tracheostomy collar. No ambu bag or obturator (a curved tube which helps keep the tracheostomy open in the event of extubation) were observed in Resident #56's room.</p> <p>An observation of Resident #56 on 07/31/24 at 10:35 AM revealed she was resting quietly in bed with her tracheostomy in place and she was receiving six liters of oxygen through her tracheostomy collar. No ambu bag or obturator were observed in Resident #56's room.</p> <p>An observation of the Infection Prevention (IP) Nurse on 07/31/24 at 10:54 AM revealed she placed an ambu bag in Resident #56's room.</p> <p>An observation of Resident #56 on 07/31/24 at 11:14 AM revealed the area around her tracheostomy tube was cleaned and fresh gauze was applied by the Staff Development Coordinator (SDC) Nurse and IP Nurse. No obturator was observed in Resident #56's room.</p> <p>An interview with the IP Nurse on 07/31/24 at 11:33 AM revealed 2 spare inner cannulas were kept at Resident #56's bedside and she wasn't sure if an obturator was available in the facility.</p> <p>In a follow-up interview with the IP Nurse on 07/31/24 at 3:15 PM she stated she was able to locate an obturator in a tracheostomy kit and she placed the tracheostomy kit in the dresser beside Resident #56's bed. She stated she placed an ambu bag in Resident #56's room earlier on 07/31/24. The IP Nurse stated she was not sure how long an ambu bag and obturator had not been present in Resident #56's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 - Some</p>	<p>An interview with the SDC Nurse on 08/01/24 at 9:58 AM revealed she had been employed in the SDC role for approximately a year. She stated she provided education to nursing staff regarding how to clean tracheostomies, but she did not provide education regarding what to do in the event of an accidental extubation. The SDC Nurse stated she was unsure if an ambu bag or obturator needed to be present in a resident's room if they had a tracheostomy.</p> <p>An interview with the Director of Nursing (DON) on 08/01/24 at 5:24 PM revealed every resident with a tracheostomy should have an obturator and ambu bag readily accessible to them in the event of an emergency. She stated she considered storing an ambu bag on the crash cart as being readily accessible and obturators were available in tracheostomy kits that were kept in the supply room. The DON stated if a resident with a tracheostomy did not have a tracheostomy kit in their room, nursing staff had access to the supply room.</p> <p>37014</p> <p>2. a. Resident #23 was admitted to the facility on [DATE].</p> <p>A physician's order for Resident #23 dated 06/04/24 read, oxygen at 1-2 liters per minute (LPM) every shift.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #23 had severe cognitive impairment and did not receive oxygen therapy during the MDS assessment period.</p> <p>Review of Resident #23's Treatment Administration Record (TAR) for June 2024 and July 2024 revealed he had received continuous oxygen at 1-2 LPM via nasal cannula each shift since 06/04/24.</p> <p>An observation conducted on 07/29/24 at 10:44 AM revealed Resident #23 lying in bed, sleeping soundly and receiving supplemental oxygen via nasal cannula at 1.5 LPM. There was no sign posted on the door or doorframe of Resident #23's room to indicate oxygen was in use.</p> <p>Subsequent observations conducted on 07/30/24 at 9:35 AM, 07/31/24 at 9:18 AM and 08/01/24 at 12:50 PM revealed Resident #23 sitting in his wheelchair in the room receiving supplemental oxygen via nasal cannula. There was no sign posted on the door or doorframe of Resident #23's room to indicate oxygen was in use.</p> <p>b. Resident #39 was admitted to the facility on [DATE].</p> <p>A physician's order for Resident #39 dated 07/17/24 read, oxygen at 2 liters per minute (LPM) via nasal cannula every shift.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #39 had intact cognition and received oxygen therapy during the MDS assessment period.</p> <p>Review of Resident #39's Treatment Administration Record (TAR) for July 2024 revealed she had received continuous oxygen at 2 LPM via nasal cannula each shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 - Some</p>	<p>An observation conducted on 07/29/24 at 10:50 AM revealed Resident #39 sitting in her wheelchair in the room receiving supplemental oxygen via nasal cannula at 2 LPM. There was no sign posted on the door or doorframe of Resident #39's room to indicate oxygen was in use.</p> <p>Subsequent observations conducted on 07/30/24 at 9:36 AM and 07/31/24 at 9:20 AM revealed Resident #39 in her room receiving supplemental oxygen at 2 LPM. There was no sign posted on the door or doorframe of Resident #39's room to indicate oxygen was in use.</p> <p>c. Resident #71 was admitted to the facility on [DATE].</p> <p>A physician's order for Resident #71 dated 06/27/24 read, oxygen at 2 liters per minute (LPM) via nasal cannula every shift.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #71 had intact cognition and received oxygen therapy during the MDS assessment period.</p> <p>Review of Resident #71's Treatment Administration Record (TAR) for July 2024 revealed she received continuous oxygen at 2 LPM via nasal cannula each shift.</p> <p>An observation conducted on 07/29/24 at 10:50 AM revealed Resident #71 lying in bed receiving supplemental oxygen via nasal cannula at 2 LPM. There was no sign posted on the door or doorframe of Resident #71's room to indicate oxygen was in use.</p> <p>Subsequent observations conducted on 07/30/24 at 9:36 AM and 07/31/24 at 9:20 AM revealed Resident #71 in her room receiving supplemental oxygen at 2 LPM. There was no sign posted on the door or doorframe of Resident #71's room to indicate oxygen was in use.</p> <p>During an interview on 08/01/24 at 9:59 AM, the Staff Development Coordinator stated for dignity reasons, they did not post oxygen cautionary signage on the doors of residents' rooms.</p> <p>During an interview on 08/01/24 at 2:37 PM, Nurse #2 revealed she had questioned using oxygen cautionary signage and was told that since it was a non-smoking facility, they did not have to post oxygen cautionary signage on the room doors or doorframes of residents receiving supplemental oxygen as long as the signage was posted on the door of the main entrance to the facility.</p> <p>During an interview on 08/01/24 at 4:53 PM, the Director of Nursing revealed the facility used to post oxygen cautionary signage on the doors of residents' rooms receiving supplemental oxygen but was told that since they were a non-smoking facility, oxygen cautionary signage only had to be posted on the facility's entrance and exit doors.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>39037</p> <p>Based on observations, record review, and interviews the facility failed to educate nursing staff to ensure emergency tracheostomy supplies were immediately available to provide respiratory care needs for 1 of 1 resident reviewed for tracheostomy (surgically created airway in the front of the neck) care. This was for 5 of 5 nurses (Staff Development Coordinator Nurse, Infection Preventionist Nurse, Nurse #1, Nurse #2, and Nurse #3) reviewed for competency.</p> <p>Findings included:</p> <p>Resident #56 was admitted to the facility 07/12/24 with diagnoses including respiratory failure with hypoxia (lack of oxygen), tracheostomy status, and pneumonia.</p> <p>Observations of Resident #56's room on 07/30/24 at 2:15 PM and 07/31/24 at 10:35 AM revealed no ambu bag (a device for mechanical ventilation) or obturator (a curved tube which helps keep the tracheostomy open in the event of dislodgement) were observed in her room.</p> <p>An interview with the Staff Development Coordinator (SDC) Nurse on 08/01/24 at 9:58 AM revealed she had been employed in her current role around a year and she was responsible for orienting and educating all new nursing staff and providing ongoing education to existing nursing staff. She explained new nursing staff received education regarding performing tracheostomy care and suctioning during orientation and she also provided education to existing nursing staff when a new resident with a tracheostomy was admitted to the facility. The SDC Nurse stated she usually contacted respiratory therapy personnel to provide additional education on tracheostomy care when a resident with a tracheostomy was admitted to the facility, but she had not had time to set up education with respiratory therapy since Resident #56 had been admitted . She stated she did not provide any education to nursing staff regarding emergency procedures in the event of a tracheostomy tube dislodgement because respiratory therapy personnel provided education on emergency tracheostomy care. The SDC Nurse stated she was not sure if an ambu bag and an obturator needed to be present or readily available in a resident room if the resident had a tracheostomy.</p> <p>Review of the facility's educational classes revealed respiratory therapy personnel last provided classes on tracheostomy care (how to clean a tracheostomy) and suctioning on 07/05/23, 07/06/23, and 07/07/23. There was no documentation that respiratory therapy personnel provided education on emergency procedures in the event of a tracheostomy tube dislodgement.</p> <p>An interview with the Infection Preventionist (IP) Nurse on 08/01/24 at 10:24 AM revealed she switched to the infection prevention role in March 2024. The IP Nurse stated she received education on cleaning and suctioning a tracheostomy but could not recall receiving any education since beginning employment on emergency procedures in the event of tracheostomy tube dislodgement.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A telephone interview with the Respiratory Therapist (RT) on 08/01/24 at 11:35 AM revealed the facility usually notified him when they admitted a new resident with a tracheostomy and he or another respiratory therapist came to the facility and provided staff with additional education. He stated topics he reviewed with nursing staff included removing and replacing tracheostomy ties, removing the inner cannula (tube), cleaning the stoma (opening of the tracheostomy), suctioning, and the importance of always keeping an obturator and ambu bag at the bedside in the event of dislodgement. The RT stated he could not recall the exact date, but the last time he provided tracheostomy training for nursing staff was in July 2023.</p> <p>A telephone interview with Nurse #1 on 08/01/24 at 12:07 PM revealed she had been employed at the facility since 2021 and she had received periodic education regarding tracheostomy suctioning and cleaning of the tracheostomy, but she could not recall receiving education on the importance of having an obturator readily available in the event of tracheostomy becoming dislodged. She stated an ambu bag was available on the code cart, which was kept at the nursing station.</p> <p>An interview with Nurse #2 on 08/01/24 at 2:36 PM revealed she had been employed at the facility for 3 years. She stated from her previous employment at another facility she was used to residents with a tracheostomy always having an obturator and ambu bag at their bedside, but she had been informed at this facility as long as an ambu bag was available on the code cart that was fine. Nurse #2 stated she could not recall receiving any education from the facility regarding obturator use or storage.</p> <p>An interview with Nurse #3 on 08/01/24 at 3:14 PM revealed she worked prn (as needed) at the facility, and she could not recall receiving any training from the facility regarding the procedure for tracheostomy dislodgement, including what supplies needed to be readily available. She stated the only education she received from the facility for residents with a tracheostomy was to make sure suction was available and to provide tracheostomy care at least once a shift.</p> <p>An interview with the Director of Nursing (DON) on 08/01/24 at 5:24 PM revealed every resident with a tracheostomy should have an obturator and ambu bag readily accessible to them in the event of an emergency. She stated she considered storing an ambu bag on the crash cart as being readily accessible and obturators were available in tracheostomy kits that were kept in the supply room. The DON stated if a resident with a tracheostomy did not have a tracheostomy kit in their room, nursing staff had access to the supply room. She stated education regarding tracheostomy care was provided as part of the orientation process for nursing staff and periodically when a new resident with a tracheostomy tube was admitted . The DON stated inner cannulas were available in Resident #56's room instead of an obturator and further education would be provided to nursing staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037</p> <p>Based on observations and staff interviews the facility failed to date and cover an open food item and discard food with signs of spoilage in 1 of 1 walk-in cooler; date an open beverage item and date milkshakes to identify their use-by date in 1 of 1 reach-in cooler; label and date open food items and discard expired beverages in 1 of 1 dry storage room; date an open food item in the food preparation area of 1 of 1 kitchen; and maintain clean refrigerators in 3 of 3 nourishment rooms (,d+[DATE] hall, 300 hall, and 200 hall). This failure had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>1. An initial tour of the walk-in cooler on [DATE] at 09:30 AM revealed the following:</p> <p>(a). a 3-pound bag of sliced ham that was undated and open to air</p> <p>(b). a box containing tomatoes with brown spots</p> <p>An interview with the Dietary Manager on [DATE] at 09:30 AM revealed all opened food items should be dated when they were opened and should be covered to prevent spoilage by the person placing the item in the cooler. She stated all dietary staff should be checking produce daily for spoilage and discard if needed.</p> <p>An interview with the Administrator on [DATE] at 06:00 PM revealed she expected dietary staff to follow their policy regarding dating food items, storing food, and discarding spoiled food items.</p> <p>2. An observation of the reach-in cooler on [DATE] at 09:40 AM revealed the following:</p> <p>(a). an opened and undated 48-ounce bottle of prune juice</p> <p>(b). 9 fully thawed 4-ounce manufactured milkshakes with no label to indicate the date they were removed from the freezer or the expiration date</p> <p>An interview with the Dietary Manager on [DATE] at 09:40 AM revealed all opened beverage items should be dated when opened and manufactured milkshakes should have a date they were removed from the freezer. She stated staff who opened beverages were responsible for dating them at the time they were opened. The Dietary Manager stated staff who removed manufactured milkshakes from the freezer were responsible for dating the milkshakes and they were only good for 14 days after being thawed.</p> <p>An interview with the Administrator on [DATE] at 06:00 PM revealed she expected dietary staff to follow their policy regarding dating food items.</p> <p>3. An observation of the dry storage room on [DATE] at 09:52 AM revealed the following:</p> <p>(a). 8 46-ounce boxes of honey thickened water with a use-by date of [DATE]</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Burke		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Miller Bridge Road Connelly Spg, NC 28612	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(b). 1 46-ounce box of honey thickened apple juice with a use-by date of [DATE]</p> <p>(c). 2 46-ounce boxes of honey thickened apple juice with a use-by date of [DATE]</p> <p>(d). 1 46-ounce box of honey thickened tea with a use-by date of [DATE]</p> <p>(e). 1 opened and undated 10-pound bag of rice</p> <p>(f). 1 opened and undated 10-pound bag of elbow noodles</p> <p>An interview with the Dietary Manager on [DATE] at 09:52 AM revealed staff were responsible for dating items when they were opened and staff who stocked items in the dry storage room were responsible for checking for expired items and discarding them if needed.</p> <p>An interview with the Administrator on [DATE] at 06:00 PM revealed she expected dietary staff to follow their policy on dating items when opened and discarding expired items.</p> <p>4. An observation of the food preparation area of the kitchen on [DATE] at 09:58 AM revealed an undated bin of sugar.</p> <p>An interview with the Dietary Manager on [DATE] at 09:58 AM revealed the bin of sugar should have an expiration date and she was not sure why it wasn't dated.</p> <p>An interview with the Administrator on [DATE] at 06:00 PM revealed she expected dietary staff to follow their policy on dating opened food items.</p> <p>5. (a). An observation of the ,d+[DATE] hall nourishment room refrigerator on [DATE] at 12:40 PM revealed multiple dried stains to the shelves and drawers of the refrigerator.</p> <p>(b). An observation of the 300 hall nourishment room refrigerator on [DATE] at 12:45 PM revealed multiple dried brown stains to the shelves of the door.</p> <p>(c). An observation of the 200 hall nourishment room refrigerator on [DATE] at 12:55 PM revealed multiple dried yellow stains to the shelves and door of the refrigerator.</p> <p>An interview with the Dietary Manager on [DATE] at 04:26 PM revealed dietary staff who stock nourishment rooms should clean the refrigerators as needed daily.</p> <p>An interview with the Administrator on [DATE] at 06:00 PM revealed she expected nourishment room refrigerators to be clean.</p>		