

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER NC State Veterans Home-Kinston		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 Hull Road Kinston, NC 28504	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39731</p> <p>Based on staff interviews and record review, the facility failed to have accurate advanced directive documentation throughout the medical record for 2 of 7 residents reviewed for advanced directives (Residents #20 and #86).</p> <p>The findings included:</p> <p>1. Resident #86 was admitted to the facility on [DATE] with diagnoses that included dementia and hypertension.</p> <p>The electronic medical record profile indicated Resident #86's code status as a full code.</p> <p>Review of Resident #86's physician orders dated [DATE] revealed he had an active full code order in place.</p> <p>Review of Resident #86's revised active care plan dated [DATE] revealed a goal which stated, If the patient/resident's heart stops, or if the patient/resident stops breathing, CPR WILL NOT be initiated in honor of the DNR wishes through the next review period.</p> <p>An interview was conducted [DATE] at 3:40 PM with Nurse #1 who reported Resident #86 had a code status of full code.</p> <p>An interview was conducted on [DATE] at 4:16 pm with the Director of Nursing (DON). She stated the Registered Nurse (RN) Supervisor present at time of a resident's admission confirms code status. The DON could not explain why Resident #86's care plan showed a discrepancy regarding his code status. She reported it would be corrected as soon as possible.</p> <p>An interview was conducted on [DATE] at 4:16 pm with the Social Worker (SW). She stated the documentation of a resident's care plan (CP) is reviewed, discussed, and updated quarterly in CP meetings. The SW could not explain why Resident #86's care plan showed a discrepancy regarding his code status.</p> <p>49159</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
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #20 was admitted to the facility on [DATE] with diagnoses that included paroxysmal atrial fibrillation, osteoarthritis, generalized muscle weakness, and difficulty in walking.</p> <p>The electronic medical record profile indicated Resident #20's code status as a Do Not Resuscitate (DNR).</p> <p>Review of Resident #20's physician orders dated [DATE] revealed he had an active DNR order in place.</p> <p>The DNR book kept at the nurse's station on Resident #20's hall/wing was reviewed. An effective, executed DNR status form was found.</p> <p>Review of Resident #20's revised active care plan dated [DATE] at 6:42 PM showed a focus area of do not attempt resuscitation.</p> <p>Further review of Resident #20's revised active care plan dated [DATE] at 6:42 PM indicated a focus area of attempt resuscitation.</p> <p>An interview was conducted on [DATE] at 4:16 pm with the Director of Nursing (DON). She stated the Registered Nurse (RN) Supervisor present at time of a resident's admission confirms code status. The RN supervisor would get a physician's order and consent form for DNR. The DON could not explain why Resident #20's care plan showed a discrepancy regarding his code status, adding the nurse who revised the care plan should have discontinued the full code status.</p> <p>An interview was conducted on [DATE] at 4:16 pm with the Social Worker (SW). She stated the documentation of a resident's care plan (CP) is reviewed, discussed, and updated quarterly in CP meetings. The SW could not explain why Resident #20's care plan showed a discrepancy regarding his code status.</p>

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<p>F 0641</p> <p>Level of Harm - Potential for minimal 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** 39731</p> <p>Based on record review and staff interviews the facility failed to accurately code behaviors (Resident #27) and antiplatelet use (Resident #17) for 2 of 24 resident assessments reviewed.</p> <p>The findings included:</p> <p>1. Resident #27 was admitted to the facility on [DATE] with diagnoses that included dementia.</p> <p>Review of a nursing progress note dated 7/16/24 read in part, Resident #27 refused ADL (Activities of Daily Living) care, despite needing incontinence care.</p> <p>Resident #27's most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed he had severe cognitive impairment. Rejection of care was not indicated.</p> <p>An interview was conducted with MDS (Minimum Data Set) Nurse #1 on 8/21/24 at 4:48 PM who stated the facility social workers are responsible for completing the behavior section of the MDS assessment.</p> <p>During an interview with the Social Work Assistant on 8/21/24 at 4:49 PM she stated Resident #27 should have been coded for rejection of care and it was an oversight. She did not explain how she missed documentation of rejection of care.</p> <p>In an interview with the Administrator on 8/22/2024 at 11:08 a.m., she stated Resident #27's MDS assessment should had been coded correctly for behaviors.</p> <p>41387</p> <p>2. Resident #17 was admitted to the facility on [DATE] with diagnoses including myocardial infarction (heart attack).</p> <p>Physician orders dated 8/17/2023 included Aspirin Delayed Release (an antiplatelet medication that causes blood cells not to clump together to form a clot) 81 milligrams(mg) daily.</p> <p>A review of the May 2024 Medication Administration Record recorded Resident #17 received Aspirin Delayed Release 81 mg daily from 5/01/2024 to 5/31/2024. Resident #17 continues to receive Aspirin Delayed Release 81 mg daily.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #17 was cognitively intact and was not coded for antiplatelets.</p> <p>In an interview with MDS Nurse on 8/22/2024 at 9:58 a.m., she explained Resident #17's MDS dated [DATE] was not coded for antiplatelets because the medication, Aspirin Delayed Release, was a nonsteroidal anti-inflammatory drug (NSAID). After review of the Resident Assessment Instrument (RAI) guidelines, the MDS Nurse stated Aspirin Delayed Release was list as an antiplatelet, and Resident #17's MDS should had been coded for antiplatelets. The MDS Nurse stated not coding Resident #17's MDS for antiplatelets was an oversight on her part.</p> <p>(continued on next page)</p>		

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	In an interview with the Administrator on 8/22/2024 at 11:08 a.m., she stated Resident #17's MDS assessment should had been coded correctly for the use of antiplatelets according to the RAI guidelines.		