PRINTED: 06/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
	345237		B. WING		05	C / 20/2015
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE		
DADDOU	ID COLIDT MUDCING	AND DELIABILITATION CENTED		515 BARBOUR ROAD		
BARBUU	IR COURT NURSING	AND REHABILITATION CENTER		SMITHFIELD, NC 27577		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETION DATE
F 241 SS=D	INDIVIDUALITY The facility must promanner and in an e	AND RESPECT OF comote care for residents in a environment that maintains or ident's dignity and respect in	F 24	41		6/17/15
	This REQUIREMENT by: Based on record reinterviews, the facil dignified manner for (resident #164) who resident who requestheir wheelchair for assistance. Findings included: Review of the clinic indicated the resident 1/24/2013. The annual Minimus 1/4/2015 indicated intact with no deficing resident required expersons for transfer the resident was in on 5/19/2015 and of the phone on 5/20/2 resident stated on 8	In the respect in the series of the resident and resident in the facility allowed a steed to be put to bed to sit in 5 to 6 hours without In the resident #164 and resident was admitted to facility on the resident was cognitively the resident was undertaken the resident was cognitively the resident was co		Barbour Court Nursing Center acknowledges Statement of Deficiency this Plan of Corrections the summary of finding correct and in order to compliance with applications of quality of The Plan of Corrections written allegation of compliance of the Plan of Corrections written allegation of compliance of the Plan of Corrections written allegation of compliance does not with the Statement of the Stat	receipt of the cies and proposes to the extent that gs is factually maintain cable rules and care of residents. It is submitted as a ampliance. If and Rehabilitation this Statement of denote agreement Deficiencies nor dmission that any Further, Wilson habilitation Center efute any of the atement of nformal Dispute peal procedure	
ABOBATON	Assistant #1 (NA) to the NA came on du NA told her she did	ed she asked Nursing o put her to bed as soon as ty. The resident reported the not have anyone to help put DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	F241 Resident #164 will cor in a dignified manner a bed per resident; s red	and transferred to	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

06/05/2015

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDING			С	
		345237	B. WING		_	05/2	20/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST.	ATE, ZIP CODE		
DADDOL	ID COUDT NUIDEING	AND REHABILITATION CENTER		515 BARBOUR ROAD			
DANDO	JK COUKT NUKSING	AND REHABILITATION CENTER		SMITHFIELD, NC 2757	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD D TO THE APPROPP CIENCY)	BE	(X5) COMPLETION DATE
F 241	her to bed but wou staff person was a also stated she asl the next few hours the resident stated to put her to bed. recall specific nam resident also indica nurse's station aro help to go to bed a available to assist indicated she wore change her when stated during those to soil herself. Wh her feel, the reside bad. I missed my have to be in my bed by phone to hear it will not reach from in my bed to hear i very important to mempty." Staff nurse #1 who second shift on 5/1 5/19/2015 at 3:00 If the resident on 5/1 to bed when reque anyone asking her resident to bed. NA #1 who cared ff 5/1/2015 was interipm. The NA states	Id return as soon as another vailable to help. The resident sed other staff members during to help her back to bed, and staff replied there was no one. The resident stated she did not es of staff she asked. The ated she wheeled herself to the and 7:30 PM and asked for and was told there was no one her. The resident further briefs and required staff to she was soiled. The resident en hours she had no choice but en asked how this event made and stated "It made me feel very religious service that night. I ed and connect to the service at around 7:30 PM. The cord my wheelchair, so I have to be at. My religious services are ne. If I miss them, I feel very recome for the resident on 2015 was interviewed on 2015 having to wait to be put sted. The nurse did not recall to assist with putting the	F 2	A dignity questionna with 100% of all aler resident is to include ensure residents fee manner to include hand being put to be 6/17/15 by the Social Administrator or Dir (DON) immediately identified areas of coresident dignity que Resident care obseon 6/5/15 by the ME Facilitator, treatment supervisors with 100 Nursing Assistances and license nurses #1 to ensure all CN are treating resident manner to include hand transferring resident request. Retrait conducted during the MDS nurses, Staff Finurses, and nursing identified areas of conducted during the MDS nurse, Direct Facilitator, and Nursell staff to include Nall CNAs, all licenses therapy staff, house maintenance staff, a bookkeeping, recep workers staff regard the definition of digress the staff regard the staf	aire was complert and oriented e resident #164 el treated in a di conoring prefered when requeste al Workers. The ector of Nursing addressed all oncerns from the stionnaires by 6 rvations were in 0% CNAs (Certist) to include NA to include staff in the conoring prefere ident; s to bed paining was immented to be concerns. In a dignified conoring prefere ident; s to bed paining was immented by the concerns oncerns. In a cilitator, treatron oncerns oncerns. In a supervisors for oncerns oncerns, a #1, Staff nurses oncerns, a transfer on the concerns oncerns oncerns oncerns oncerns oncerns. In the concerns of the concerns of the concerns of the concerns of the concerns oncerns oncern	to gnified nces ed by ed	
	5/1/2015 was inter PM. The NA state assigned to reside NA reported the re	viewed on 5/19/2015 at 3:35		bookkeeping, recep workers staff regard	tionist and socialing dignity to in hity and example itting residents to ewly hired staff we we way to see the staff we	al clude es of o bed vill be	

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345237		B. WING			C 05/20/2015	
	PROVIDER OR SUPPLIER JR COURT NURSING	AND REHABILITATION CENTER		51	REET ADDRESS, CITY, STATE, ZIP CODE 15 BARBOUR ROAD MITHFIELD, NC 27577	00/2	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241	the hall that evening she would return as her to bed, as she in The NA stated that or maybe even late her to bed. She state she recalled reside time to be put to be because there was NA stated she did runtil late and further help. " The facility Director on 5/20/2015 at 4:4 expectation was a inhonored when reas no resident should assistance. The Doshould ask an NA can NA from any oth resident when assistance the facility Administ 5/20/2015 at 4:45 Find was a resident's chreasonable. The A	was the only NA on that end of g, and she told the resident s soon as she could and put needed 2 people to do this. it was at least 8:00 or 8:30 PM r before she got help to put ated there were other times in #164 having to wait a long at when she requested, not enough staff to help. The not ask any staff to assist her r stated "they knew I needed of Nursing was interviewed to PM and stated the resident's choices should be conable, and she further stated have to wait for hours for ON also stated a staff person on the other end of the unit or iter unit for assistance with a	F 2	241	definition of dignity and examples of dignity to include putting residents to upon request during orientation by Staff Facilitator. A dignity questionnaire will be compwith 10% of all alert and oriented residents to include resident #164 is social workers utilizing a QI Tool we 8 weeks then monthly x 2 months to ensure residents feel treated in a dignarier manner. The Administrator and Doi immediately address any identified of concern. Resident care observativill be completed with 10% of licen nurses and CNAs on all shifts to include staff nurse #1 and to include NA #1 to ensure staff are treating residents to include resider in a dignified manner utilizing a resider audit tool 3x per week times 4 weeks, then weekly x 4 weeks, then monthly x 2 months by the MDS nuticated audit tools weekly x 8 weeks to monthly x 2 months for completion ensure all areas of concern were addressed. The Quality Assurance committee were review the results of the Resident Equestionnaires QI Tools and reside audit tools at the monthly QI meeting four months for the need to continue monitoring and the frequency of monitoring. The QI committee meconsist of the QI nurse. DON. ADO	to bed the oleted by the elekly x or ignified DN will areas tions seclude elected CNAs ent #164 ident in areas ident ator or ity ident hen and to will Dignity ent care ing for ite embers	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED		
		345237	B. WING		C 05/20/2015
NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER				TREET ADDRESS, CITY, STATE, ZIP CODE 15 BARBOUR ROAD 6MITHFIELD, NC 27577	00/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
F 241	Continued From pa	ge 3	F 241	MDS Coordinator, Staff Facilitator, Business Manager, Therapy Manager Medical Records Managers, Dietary Manager, and Administrator.	-,
F 242 SS=D	483.15(b) SELF-DE MAKE CHOICES	TERMINATION - RIGHT TO	F 242		6/17/15
	schedules, and hea her interests, asses interact with member inside and outside to about aspects of his are significant to the				
	by: Based on observat and resident intervie a resident's choice (resident #164) whe resident who reques their wheelchair for resident to bed. Findings included: Review of the clinic indicated the reside 1/24/2013. The annual Minimum 1/4/2015 indicated to	0 ,		F242 Resident #164 will continue to have choices honored and be transferred to bed per resident; s request. A resident choice questionnaire was completed with 100% of all alert and oriented residents to include resident #164 regarding preferences in care by MDS nurses by 6/17/15. The MDS nuimmediately addressed all identified a of concerns from the resident choice questionnaire by updating the resident care plan and care guide to reflect the residents; preference by 6/17/15. The Social Workers reviewed the federal resident rights with all alert and orient	y the rses reas t
	1/4/2015 indicated the resident was cognitively intact with no deficits. The MDS also indicated the resident required extensive assistance of 2 persons for transfers, locomotion and toileting.			residents and a copy of the federal resident; s rights was given to the residents by 6/17/15. An in-service was initiated on 6/5/15 to	ру

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		345237	B. WING				20/2015
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>		S1	FREET ADDRESS, CITY, STATE, ZIP CODE	00/2	20/2010
					15 BARBOUR ROAD		
BARBOL	JR COURT NURSING	AND REHABILITATION CENTER		SI	MITHFIELD, NC 27577		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	Κ	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETION DATE
F 242	Continued From p	age 4	F 2	42			
	The resident was	interviewed in her room briefly			the MDS nurse, Director of Nursing	, Staff	
		completed the interview over			Facilitator, and Nursing Supervisors		
		/2015 at 10:30 AM. The			all staff to include NA #1, Staff nurs		
		5/1/2015, she was up in her			all CNAs, all license nurses, dietary	staff,	
		second shift staff arrived around			therapy staff, housekeeping staff,		
		ted she asked Nursing to put her to bed as soon as			maintenance staff, activities, payrol bookkeeping, receptionist and social		
		uty. The resident reported the			workers staff regarding residents rig		
		d not have anyone to help put			and right to make decisions. All nev		
		uld return as soon as another			hired staff will be in-serviced regard		
		available to help. The resident			resident¿s rights and right to make		
		ked other staff members during			decisions during orientation by the	Staff	
		s to help her back to bed, and			Facilitator.		
		d staff replied there was no one			A resident choice questionnaire will presented to all newly admitted res		
		The resident stated she did not nes of staff she asked. The			upon admission regarding preferen		
		ated she wheeled herself to the			care by the MDS Nurses. The MDS		
		ound 7:30 PM and asked for			nurses will immediately update the		
		and was told there was no one			resident preferences on the resider	nt care	
		sident further indicated it was			guide and resident care plan. A res		
		efore staff put her to bed that			choice questionnaire will be comple	eted	
	night.				with 10% of all alert and oriented		
					residents to include resident #164 b		
	Staff nurse #1 who	o cared for the resident on			Nurses weekly x 8 weeks then mor 2 months to ensure residents prefe		
		1/2015 was interviewed on			are being honored and for any char		
		PM. The nurse did not recall			preferences utilizing a QI Tool. The		
		1/2015 having to wait to be put			nurses will immediately address an		
	to bed when reque	ested. The nurse did not recall			identified areas of concern and upo	ate the	
		r to assist with putting the			resident care plan and resident car	e guide	
	resident to bed.				for any changes. Resident care	4.007	
	NA 44	for the registers of the second of 199			observations will be completed with		
		for the resident on second shift			of license nurses and CNAs on all		
		rviewed on 5/19/2015 at 3:35 ed on 5/1/2015, she was			include nights and weekends to obs license nurses to include staff nurse		
		ent #164 on the 3-11 shift. The			and CNAs to include NA #1 to ensu		
		esident requested to be put to			resident preferences are being hon		
		ght after the NA arrived on duty.			include resident #164 utilizing a res		
		e was the only NA on that end of			care audit tool 3x per week times 4		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		E SURVEY IPLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-	20/2013
BARBOU	IR COURT NURSING	AND REHABILITATION CENTER		515 BARBOUR ROAD SMITHFIELD, NC 27577		
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F 242 F 312 SS=D	she would return as her to bed, as she The NA stated that or maybe even late her to bed. She state she recalled reside time to be put to be because there was NA stated she did runtil late and further help." The facility Director on 5/20/2015 at 4:4 expectation was rehonored when reas no resident should assistance. The D should ask an NA can NA from any oth resident. The facility Administ 5/20/2015 at 4:45 from the NA from the NA from the NA resident should was sistance. 483.25(a)(3) ADL CO DEPENDENT RESIDENT	g, and she told the resident soon as she could and put needed 2 people to do this. It was at least 8:00 or 8:30 PM or before she got help to put ated there were other times not #164 having to wait a long at when she requested, not enough staff to help. The not ask any staff to assist her er stated "they knew I needed to PM and stated the sident's choices should be sonable, and she further stated have to wait for hours for ON also stated a staff person on the other end of the unit or her unit for assistance with a strator was interviewed on PM and stated the expectation ices should be honored when dministrator also stated no it for hours to receive CARE PROVIDED FOR	F 24	weeks, then weekly x 4 weeks, monthly x 2 months by MDS not Facilitator, treatment nurses, a supervisors. The Administrator will review and initial the reside questionnaires QI audit tool and resident care audit tools weekly then monthly x 2 months for coand to ensure all concerns were addressed. The Quality Assurance commit review the results of the Reside Questionnaires QI audit Tool at care audit tools at the monthly for four months for the need to monitoring and the frequency of monitoring. The QI committee consist of the QI nurse, DON, and MDS Coordinator, Staff Facilita Business Manager, Therapy M Medical Records Managers, Di Manager, and Administrator.	urses, Staff and nursing or DON ant choice d the y x 8 weeks ampletion e tee will ent Choice and resident QI meeting continue of e members ADON, ator, anager,	6/17/15

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	345237	B. WING			C 20/2015
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PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 312 Continued From pa	age 6	F 312	2		
by: Based on record r interviews, the faci from a wheel chair s request for of 1 of #164). Findings included: Review of the clinic indicated the reside 1/24/2013. The annual Minimu 1/4/2015 indicated intact with no defic resident required e persons for transfe The resident was in on 5/19/2015 and of the phone on 5/20/ resident stated on wheelchair when s 3:00 PM. She stat Assistant #1 (NA) th the NA came on du NA told her she did her to bed but wou staff person was ar also stated she asl the next few hours the resident stated to put her to bed. recall specific nam resident also indicat nurse's station arou help to go to bed a available. The resi wore briefs and rec	eview and staff and resident lity failed to transfer a resident to bed following the resident of 1 sampled residents (resident of 1 sampled resident resident reported the 1 not have anyone to help put resident resident resident resident resident resident resident resident staff of 1 sampled resident staff of 1 sampled resident staff of 1 sampled resident of 1 sampled resident staff of 1 sampled resident of 1 sampled resident staff of 1 sampled resident of 1 sampled resident staff of 1 sampled resident of 1 sampl	1 F.	Resident #164 will continue to he choices honored, treated in a dismanner and be transferred to be resident; s request. A resident choice questionnaire completed with 100% of all aler oriented residents to include residents to include residents to be transback to bed by the MDS Nurses 6/17/15. The MDS nurses immediated and care reflect the resident choice question updating the care plan and care reflect the resident preference to any preferences of specific times transferred back to bed by 6/17. An in-service was initiated on 6/17 to make decisions to include Northe MDS nurse, Director of Nurse and license nurses to include Northe MDS nurse, and Nursing Supervitall Certified Nursing Assistance and license nurses to include Northe MDS nurse #1, regarding residents right to make decisions to include and to immediately notify the supervisor if a two person assist needed for care and assistance found. All newly hired license in CNAs will be in-serviced regard resident; s rights and right to mediately notify the supervisor to include ADL care at the transferred back to bed and the transferred back to be t	gnified ed per was and sident care to sferred shy ediately froncerns onnaire by guide to or include es to be (15. (5/15 by sing, Staff sors with s (CNAs) A #1, Staff ghts and de ADL I back to e tris cannot be urses and ing take and when and to or if a two e and	et Page 7 of 9

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILDING			С	
		345237	B. WING				20/2015
NAME OF I	PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
BARBOI	IR COURT NURSING	AND REHABILITATION CENTER			5 BARBOUR ROAD		
БАПБОС	on occur noncinc	AND REMADIEMATION SERVER		SI	MITHFIELD, NC 27577		
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F 312	hours she had no cresident also stated to be in bed by 7:30 religious program caccess it by phone Staff nurse #1 who second shift on 5/1/5/19/2015 at 3:00 F the resident on 5/1/to bed when reques anyone asking her resident to bed. NA #1 who cared fo 5/1/2015 was interved. The NA stated assigned to resident NA reported the resident to bed, as she recalled return as her to bed, as she rehall that evening she would return as her to bed. She stated that or maybe even late her to bed. She stated the recalled resident to be put to be because there was NA stated she did nuntil late and furthe help. " The facility Director on 5/20/2015 at 4:4 expectation was resassistance with tolle needed, and she ful have to wait for hour access it was not stated to wait for hour resident to be put to be because there was NA stated she did nuntil late and furthe help. "	hoice but to soil herself. The how important it was for her PM, as that was the time her ame on, and she could only	F3	.12	assistance cannot be found during orientation by the Staff facilitator. Resident care observations will be completed with 10% of license nurse completed with 10% of license nurse include staff nurse #1 and CNAs to include staff nurse #1 and CNAs to include NA #1 perform ADL care to include transfers to ensure resident include resident #164 preferences being honored per the resident care and care guide to include transfers utilizing a resident care audit tool 3: week times 4 weeks, then weekly x weeks, then monthly x 2 months by nurses, Staff Facilitator, treatment and nursing supervisors. Retrainin be immediately conducted by the M nurses, Staff Facilitator, treatment and nursing supervisors for any ide areas of concern during the resider observations. The Administrator or Director of Nursing will review and the resident care audit tools weekly weeks then monthly x 2 months for completion and to ensure all conce were addressed. The Quality Assurance committee of the Quality Assuran	and es to are e plan ex per 4 murses, gwill lDS nurses, ntified nt care initial ex 8 musers will are ng for e mbers N, ger,	

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		B. WING _				
	PROVIDER OR SUPPLIER JR COURT NURSING	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 515 BARBOUR ROAD SMITHFIELD, NC 27577		20/2013
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F 312	unit for assistance The facility Adminis 5/20/2015 at 4:45 F	with a resident when needed. strator was interviewed on PM and stated the expectation ould have to wait for hours to	F 31	12		