STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 05/08/23 through 05/11/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # MCVN11.	E 000		
F 000	INITIAL COMMENTS The survey team entered the facility on 05/08/23 to conduct a recertification survey and complaint investigation survey and exited on 05/11/23. Additional information was obtained on 05/15/23. Therefore, the exit date was changed to 05/15/23. Event ID# MCVN111. The following intakes were investigated: NC00201767, NC00201835, NC00196721, NC00195623, NC00194305 and NC00193752. 13 of the 13 complaint allegations did not result in deficiency.	F 000		
F 578 SS=E	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to	F 578		6/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/10/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 1 inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on records reviews and staff interviews, the facility failed to have Advance Directives (AD) in the residents' records for 7 of 7 sampled residents. (Resident #49, Resident #95, Resident #21, Resident #47, Resident #58, Resident #84, Resident #6). Findings included: 1- Resident #49 was admitted to the facility on 01/13/2022.	F 578	F 578 Request/Refuse/Discontinue Treatment; Formulate Advance Directive Carolina Rivers Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 2 Minimum Data Set (MDS) dated 04/14/2023 indicated Resident#49's cognition was severely impaired. Review of the computerized clinical record for Resident #49 revealed no advanced directive noted in the resident's medical record. A review of Resident#49's admission's "Receipt of information Acknowledgments" dated 04/12/2023 revealed no note that the resident wanted to formulate an advance directive or refused. During phone interview with Social Worker (SW) on 05/09/23 at 10:42 AM, she acknowledged there was no note indicating Resident#49's representative wanted to formulate an advance directive or refused to formulate one. During an interview with Admission Coordinator (AC) on 05/09/23 at 1:42 PM, she indicated that there was no note indicating Resident#49's representative wanted to formulate an advance directive or refused to formulate one. She indicated that the SW was responsible for ensuring that the advance directives were reviewed and documented in the resident's record if they refused to formulate one. During the interview with Director of Nursing (DON) on 05/09/2023 at 01:04 PM, she stated that the Admission's Coordinator (AC)or SW was responsible for reviewing the advance directive forms with the residents or responsible party during the admission to the facility. She added that the expectation was that the advanced directive should have been completed and scanned in Resident #49's computerized clinical	F 578	Carolina Rivers Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Carolina Rivers Nursing and Rehabilitation reserves the right to refute any of the deficiencies in this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. On 5/9/23, the Admissions Director informed the resident representative (RR) for Resident #49 of the right to formulate an advance directive and provided information on advance directives as requested. Resident #95 was discharged from the facility on 5/31/23. On 5/9/23, the Admissions Director informed Resident #21 of the right to formulate an advance directive and provided information on advance directives as requested. On 5/11/23, the Admissions Director informed Resident #47 of the right to formulate an advance directive. Resident #47 did not wish to formulate an advance directive or receive information regarding advance directives. Resident #58 had advance directive	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 3	F 578		

record or a note indicating the resident's refusal to formulate an advance directive.

During the interview with the Administrator on 05/09/2023 at 1:30 PM, He stated the advanced directives should have been completed and scanned in Resident #49's clinical record or a note indicating refusal.

2- Resident #95 was admitted to the facility on 04/12/2023.

Minimum Data Set (MDS) dated 04/12/2023 indicated Resident#95's cognition was intact.

Review of the computerized clinical record for Resident #95 revealed no advanced directive noted in the resident's medical record.

A review of Resident#95's admission's "Receipt of information Acknowledgments" dated 04/12/2023 revealed no note that the resident wanted to formulate an advance directive or refused.

During phone interview with Social Worker (SW) on 05/09/23 at 10:42 AM, she acknowledged there was no note indicating Resident#95's representative wanted to formulate an advance directive or refused to formulate one.

During an interview with Admission Coordinator (AC) on 05/09/23 at 1:42 PM, she indicated that there was no note indicating Resident#95's representative wanted to formulate an advance directive or refused to formulate one. She indicated that the SW was responsible for ensuring that the advance directives were

information reviewed and updated in the medical record.

Resident #84 was discharged from the facility on 5/16/23.

On 5/9/23, the admissions director informed Resident #6 of the right to formulate an advance directive and provided information on advance directives as requested.

On 5/9/23, the Admissions Director and the Assistant Director of Nursing (ADON) initiated an audit of all residents' medical records to ensure documentation was present regarding the discussion of a resident's right to formulate, or decline to establish, an advance directive. The audit will be completed by 6/10/23. Any concerns identified during the audit will be immediately addressed by the Admissions Director, ADON, and/or the Administrator to include providing advance directive information with documentation in the medical record as applicable.

On 5/22/23, the facility nurse consultant in-serviced the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Worker (SW), nurse managers, Medical Record Director, and Admissions Director on Advance Directives with emphasis on resident's rights to formulate, or decline to establish, an advance directive and to provide documentation in the medical record of discussion with the resident and/or resident representative; All

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 4 reviewed and documented in the resident's record if they refused to formulate one. During the interview with Director of Nursing (DON) on 05/09/2023 at 01:04 PM, she stated that the Admission's Coordinator (AC)or SW was responsible for reviewing the advance directive forms with the residents or responsible party during the admission to the facility. She added that the expectation was that the advanced directive should have been completed and scanned in Resident #95's computerized clinical record or a note indicating the resident's refusal to formulate an advance directive. During the interview with the Administrator on 05/09/2023 at 1:30 PM, He stated the advanced directives should have been completed and scanned in Resident #95's clinical record or a note indicating refusal. 3- Resident #21 was admitted to the facility on 08/18/2015. A review of Resident #21's admission's advanced directive/advance care planning summary dated 11/10/2020 revealed no note that the resident wanted to formulate an advance directive or refused advanced directives. It was left blank. Minimum Data Set (MDS) dated 08/18/2023 indicated Resident #21's cognition was intact. Review of the computerized clinical record for Resident #21 revealed no advanced directives noted in the resident's medical record.	F 578	residents with established advance directives must have a copy in the medical record. All newly hired administrators, DONs, ADONs, SWs, Nurse Managers, Medical Records Directors, and Admissions Directors will receive the in-service on Advance Directives during orientation by the Staff Development Coordinator (SDC) or facility consultant. On 5/30/23, the administrator mailed letters to all resident representatives (RRs) regarding advance directive information and contact information for additional resources. On 6/2/23, the Admissions Director and the ADON initiated an audit of all residents with an advance directive established to ensure a copy of the advance directive is present in the medical record. The audit will be completed by 6/10/23. Any concerns identified during the audit will be immediately addressed by the Admissions Director, ADON, and/or the Administrator to include entering advance directive documentation in the medical record as applicable. The Medical Records Director, Quality Improvement (QI) Nurse, and/or the Admissions Director will review all admissions during Interdisciplinary Team Meeting (IDT) 5 times a week x 4 weeks, then monthly x 1 month, utilizing the Advance Directive Monitoring Tool. This audit is to ensure that the Social Worker reviewed advance directive information	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 5 During an interview with Resident #21 on 05/08/2023, she stated she did not remember discussing advanced directives on admissions or since her stay at the facility. During an interview with the Admission Coordinator on 05/09/2023 at 10:56 AM, she indicated that there was no note indicating Resident #21 wanted to formulate an advance directive or refused to formulate one. She indicated that the Social Worker was responsible for ensuring that the advance directives were reviewed and documented in the resident's record if they refused to formulate one. During telephone interview with the Social Worker on 05/09/2023 at 11:09 AM, she acknowledged there was no note indicating Resident #21 wanted to formulate an advance directive or a note of refusal. During the interview with Director of Nursing and the Administrator on 05/09/2023 at 11:39 AM, they stated that the Admission's Coordinator and/or Social Worker were responsible for reviewing the advance directive forms with the residents or responsible party during the admission to the facility. They also added advanced directives should have been completed and scanned in Resident #21's computerized clinical record or a note indicating the resident's refusal to formulate an advance directive. 4- Resident #47 was admitted to the facility on 10/19/2022. Minimum Data Set (MDS) dated 03/10/2023	F 578	regarding the right to formulate, or decline to establish, an advance directive with the resident and/or resident representative and documentation was provided in the medical record. The Medical Records Director, Admissions Director, and/or QI nurse. The DON will review the Advance Directive Monitoring Tool 5 times a week x 4 weeks, then monthly x 1 month, to ensure all concerns are addressed. The DON will forward the results of the Advance Directive Monitoring Tool to the Executive Quality Assurance and Performance Improvement (QAPI) Committee monthly x 2 months. The Executive QI Committee will meet monthly x 2 months and review the Advance Directive MonitoringTool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 6	F 578		

indicated Resident #47 was moderately cognitively impaired.

Record review of Resident #47's electronic medical record revealed there was no documentation of Resident #47's advanced directives.

During a telephone interview with Resident #47 Responsible Party (RP) on 05/09/2023 at 08:40 AM, the RP refused to answer any questions regarding Resident #47.

During an interview with the Admission Coordinator on 05/09/2023 at 10:56 AM, she indicated that there was no note indicating Resident #47 or the Responsible Party wanted to formulate an advance directive or refused to formulate one. She indicated that the Social Worker was responsible for ensuring that the advance directives were reviewed and documented in the resident's record if they refused to formulate one.

During telephone interview with the Social Worker on 05/09/2023 at 11:09 AM, she acknowledged she had not written any notes indicating Resident #47 or the Responsible Party wanted to formulate an advance directive or refused to formulate one.

During the interview with Director of Nursing and the Administrator on 05/09/2023 at 11:39 AM, they stated that the Admission's Coordinator and/or Social Worker were responsible for reviewing the advance directive forms with the residents or responsible party during the admission to the facility. They also added advanced directives should have been completed and scanned in Resident #47's computerized

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 7	F 578		

clinical record or a note indicating the resident's refusal to formulate an advance directive.

5- Resident #58 was admitted to the facility on 10/08/2021.

Minimum Data Set (MDS) dated 02/17/2023 indicated Resident #58's cognition was severely impaired.

Record review of Resident #58's electronic file revealed no documentation that the resident wanted to formulate an advance directive or refusal.

During an interview with Admission Coordinator on 05/09/2023 at 10:56 AM, she indicated that there was no note indicating Resident #58 or the Responsible Party wanted to formulate an advance directive or refused to formulate one. She indicated that the Social Worker was responsible for ensuring that the advance directives were reviewed and documented in the resident's record if they refused to formulate one.

During a telephone interview with Social Worker on 05/09/2023 at 11:09 AM, she acknowledged she had not written any notes indicating Resident #58 or the Responsible Party wanted to formulate an advance directive or refused to formulate one.

During the interview with Director of Nursing and the Administrator on 05/09/2023 at 11:39 AM, they stated that the Admission's Coordinator and/or Social Worker were responsible for reviewing the advance directive forms with the residents or responsible party during the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 8	F 578		

admission to the facility. They also added advanced directives should have been completed and scanned in Resident #58's computerized clinical record or a note indicating the resident's refusal to formulate an advance directive.

6- Resident #84 was admitted to the facility on 3/21/2023.

Minimum Data Set (MDS) dated 03/21/2023 indicated Resident #84's cognition was intact.

Review of the computerized clinical record for Resident #84 revealed no advanced directives noted in the resident's medical record.

During an interview with Resident #84 on 05/09/2023 at 8:20 AM, Resident #84 stated he did not remember discussing advanced directives on admission to the facility.

During an interview with Admission Coordinator on 05/09/2023 at 10:56 AM, she indicated that there was no note indicating Resident #84 wanted to formulate an advance directive or refused to formulate one. She indicated that the Social Worker was responsible for ensuring that the advance directives were reviewed and documented in the resident's record if they refused to formulate one.

During telephone interview with Social Worker on 05/09/2023 at 11:09 AM, she acknowledged there was no note indicating Resident #84 wanted to formulate an advance directive or refused to formulate one.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 9 During the interview with Director of Nursing and the Administrator on 05/09/2023 at 11:39 AM, they stated that the Admission's Coordinator and/or Social Worker were responsible for reviewing the advance directive forms with the residents or responsible party during the admission to the facility. They also added advanced directives should have been completed and scanned in Resident #84's computerized clinical record or a note indicating the resident's refusal to formulate an advance directive.. 7 - Resident #6 was admitted to the facility on 5-15-12 with diagnoses that included chronic respiratory failure. Her quarterly Minimum Data Set (MDS) indicated she was cognitively intact. Record review did not indicate advanced directives for Resident #6. During an interview on 5/9/23 at 11:00 AM, the Admission Coordinator revealed information about advanced directives was discussed in the admission packet. She did not have an additional form used to communicate preferences regarding care. During an interview on 5/11/23 at 1:00 PM, the Administrator revealed advanced directive were discussed with the admission packet. If a resident said they had an advanced directive in place, the facility would ask them to bring it in. The admission coordinator discussed advanced directives but did not have written documentation of preferences in place.	F 578		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse,	F 609		6/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 10 neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interviews, and record reviews, the facility failed to submit an initial allegation report and an investigation report to the state survey Agency for 1 of 3 sampled residents (Resident #148) reviewed for abuse. Findings included: Review of the facility policy revised on 10/15/22 titled "Abuse, Neglect, or Misappropriation of	F 609	F 609 Reporting of Alleged Violations Carolina Rivers Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 11 Resident Property Policy," revealed under subheading "Reporting/Response." The Administrator will ensure all allegation that involves abuse or results in serious bodily injury, state agency, adult protective services are notified immediately but no later than 2 hours after the allegation is received, and determination of alleged abuse is made. For all allegations that do not involve abuse or result in serious bodily injury, the Administrator will ensure that the state agencies are notified no later than 24 hours. Resident#148 was admitted to the facility on 06/22/2022 with diagnoses that included hypertension, migraine, and a history of falling. The resident was discharged home on 08/19/2022. The Admission Minimum Data Set (MDS) dated 06/29/2022 revealed Resident #148 was cognitively intact. MDS did not indicate the resident had any behavioral symptoms Review of Resident#148's investigation dated 06/23/2022 revealed the resident alleged Nurse#1 fondled her breast during admission exam and called police. The investigation revealed the resident indicated to the police that abuse did not occur, and the nurse was doing her job by completing the admission assessment. After Resident #148 was discharged on 08/19/2022, She filed a second report for sexual battery to the incident that happened 06/23/2022 on 10/24/2022. The summary of investigation revealed review of electronic health records, interview with staff, Resident #148 medical history, and Resident#1's admission to police that the abuse did not occur, the facility and police did not substantiate the abuse. Further review of the	F 609	Correction is submitted as a written allegation of compliance. Carolina Rivers Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Carolina Rivers Nursing and Rehabilitation reserves the right to refute any of the deficiencies in this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. Resident #148 no longer resides in the facility. The Initial Allegation report for Resident #148 was submitted to the state regulatory agency on 5/10/23 at 9:47 am. The Investigation Report for Resident #148 was submitted to the state regulatory agency on 5/12/23 at 10:20 am. On 5/19/223, the facility consultant completed an audit of all events that meet criteria for reporting to the state regulatory agency, Health Care Personnel Registry (HCPR), for the past 30 days to include, but not limited to, injury of unknown origin, misappropriation, and abuse. The facility consultant also completed an audit of all investigation visits to the facility by the police department and/or Adult Protective Services (APS) for the past 30 days. This	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 12 investigation revealed that the facility did not submit the initial report and the investigation report to the State Agency. Resident # 148 was no longer residing in the facility and did not answer the phone call. During the interview with the Director of Nursing (DON) on 05/10/23 at 11:15 AM, she explained a police officer came to the facility sometime in June 2022 and said he was investigating a complaint from Resident #148 about a nurse fondling the resident's breast during the admission's assessment. DON also indicated after resident was discharged on 08/19/2022, she filed on 10/24/2022 a second report for sexual battery referring to the incident that happened in June 2022. DON stated the police officer's investigation concluded on June 06/23/2022 the nurse was doing her job and the abuse did not occur. DON indicated the police were unable to substantiate the allegation. DON reported the facility did not submit the investigation report to the State Agency after the investigation in June 2022 and August 2022 because they felt the allegation was resolved. The DON explained that the initial report and the investigation report should have been sent to the State Agency within 2-5 days after the conclusion of the investigation per facility policy. During the interview with the Administrator on 05/10/23 at 10:35 AM, he stated he was new at the facility, and he was not present at the facility during the time the alleged allegation of abuse occurred in June 2022. He explained when an allegation of abuse was made by Resident#148,	F 609	audit is to ensure all reportable events were reported within the two-hour time frame when indicated and that the facility submitted an accurate investigation report within 5 days per the HCPR requirements. Upon completion of this audit, one event was identified as meeting the reporting requirements for Resident #63, regarding misappropriation on 4/16/23. The Initial Report was submitted to the HCPR on 5/19/23 and the Investigational Report with unsubstantiated outcome was submitted on 5/24/23 by the administrator. On 5/10/23, the facility consultant completed an in-service with the administrator and the Director of Nursing (DON) regarding Health Care Personnel Registry reportable requirements with emphasis on reporting allegations to include but not limited to injury of unknown, misappropriation, abuse, police visits, and APS investigation visits to the facility within 2 hours when indicated and completion of an accurate investigation report within 5 days per HCPR requirements. All newly hired administrators and/or DONs will be in-serviced during orientation regarding Health Care Personnel Registry reportable requirements. The admissions director and/or the facility consultant will review all investigative folders weekly x 4 weeks, then monthly x 1 month, utilizing the HCPR Investigation Monitoring tool. This audit is to ensure all HCPR reportable events to include injury of unknown origin, misappropriation,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 13 the facility should have followed the protocol of submitting the initial and the investigation report to the State Agency.	F 609	police visits, APS investigation visits, and/or abuse are reported timely, and an accurate investigative report completed within 5 days per HCPR requirements. The admissions director and/or the facility consultant will address all areas of concern identified during the audit to include reporting initial and investigative reports when indicated and re-training staff. The facility consultant or corporate leadership will review the HCPR Investigation Monitoring tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed. The Administrator will present the findings of the HCPR Investigation Monitoring tool to the Executive Quality Assurance Performance Improvement (QAPI) committee monthly for 2 months. The Executive QAPI Committee will meet monthly for 2 months and review the HCPR Investigation Monitoring tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.	
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff	F 759	F 759 Free of Medication Error Rates 5	6/12/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 759	Continued From page 14 interviews, the facility failed to have a medication error rate of less than 5% as evidenced by 2 medication errors out of 28 opportunities which gave the facility a medication error rate of 7.14%. This affected 2 of 4 residents observed during medication administration (Resident #31 and Resident #35). The findings included: 1. Resident #31's May 2023 Physician Orders were reviewed, and she was prescribed Oyster Shell Calcium / Vitamin D 500-200 1 tablet twice a day. A medication administration was observed on 05/10/23 at 9:05 a.m. with Med Tech (MT) #1. MT #1 was observed dispensing Calcium 500mg 1 tab into a medication cup and then administered it to Resident #31. The electronic Medication Administration Record (eMAR) was reviewed on 05/20/23 at 10:10 a.m. and Oyster Shell Calcium / Vitamin D 500-200 1 tablet was documented as having been administered on 05/10/23 by MT #1. MT #1 was interviewed on 05/10/23 at 10:50 a.m. MT #1 stated she gave Resident #31 the medication she always gave her and thought she had given her the correct medication. 2. Resident #35's May 2023 Physician Orders were reviewed, and he was prescribed Senna-Docusate Sodium 8.6-50 2 tablets twice a day. A medication administration was observed on 05/10/23 at 9:30 a.m. with Nurse #1. Nurse #1	F 759	Percent or Greater Carolina Rivers Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Carolina Rivers Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Carolina Rivers Nursing and Rehabilitation reserves the right to refute any of the deficiencies in this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. On 5/10/23, Resident #31 was assessed by the assigned hall nurse and no adverse reactions were noted from administering the incorrect medication. On 5/10/23, the assigned nurse notified the physician in the facility of the assessment findings for Resident #31. No new orders were received. On 5/10/23, Resident #35 was assessed by the assigned hall nurse and no adverse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 759	Continued From page 15 was observed dispensing Senna 8.6 2 tabs into a medication cup and then administered it to Resident #35. The eMar was reviewed on 05/20/23 at 10:25 a.m. and Senna-Docusate Sodium 8.6-50 2 tablets was documented as having been administered on 05/10/23 by Nurse #1. Nurse #1 was interviewed on 05/10/23 at 10:42 a.m. Nurse #1 explained it had been human error as the reason for her administering the incorrect medication to Resident #35. During an interview with the Administrator on 05/11 23 at 2:14 p.m., the Administrator stated it was his expectation that nurses and med techs follow the doctor's orders for medication administration. He explained he did not know the reason for the medication errors and stated the nursing staff were being in-serviced in this regard. During an interview with the Director of Nursing (DON) on 05/11/23 at 2:33 p.m., the DON stated it was her expectation nursing staff follow the physician orders for medication administration and if they are unable to do so they are to contact the doctor.	F 759	reactions were noted from administering the incorrect medication. On 5/10/23, the assigned nurse notified the physician in the facility of the assessment findings for Resident #35. No new orders were received. On 5/10/23, Medication Aide #1 was provided with retraining by the Assistant Director of Nursing (ADON) on medication administration regarding administering medications according to physician's orders on the resident's Medication Administration Record (MAR). On 5/10/23, Nurse #1 was provided with retraining by the ADON on medication administration regarding administering medications according to physician's orders specified on the Medication Administration Record (MAR). On 5/19/23, the Assistant Director of Nursing (ADON) conducted a medication pass audit with Medication Aide #1 to ensure all medication was administered according to the physician's orders specified on the MAR. No concerns were identified during the audit. On 5/19/23, the Assistant Director of Nursing (ADON) conducted a medication pass audit with Nurse #1 to ensure all medication was administered according to the physician's orders specified on the MAR. No concerns were identified during the audit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 759	Continued From page 16	F 759	On 5/19/23, a medication pass audit for all licensed nurses and medication aides was initiated by the ADON, Quality Improvement (QI) Nurse, and Unit Manager to ensure all medications were administered according to the physician's orders as specified on the MAR. The audit will be completed by 6/12/23. Any areas of concern identified during the audits will be immediately addressed by the QI Nurse, the ADON, and/or the unit manager to include additional staff training and increased monitoring of medication passes. On 5/19/23, an in-service was initiated by the ADON and the facility consultant for all licensed nurses and medication aides to ensure medications were administered correctly utilizing the "5 Rights of Medication Administration," including administering medications according to the physician's orders as specified on the MAR. The in-service will be completed by 6/12/23. All newly hired licensed nurses and medication aides will be provided with this in-service by the Staff Development Coordinator (SDC) during orientation. 10% of licensed nurses and medication aides, to include Nurse #1 and Medication Aide #1, will be audited by the QI Nurse, the ADON, and/or the unit manager weekly x 4 weeks, then monthly for 1 month, utilizing a Medication Pass Audit form, to ensure medications are administered according to the physician's orders as specified on the MAR. Any areas of concern identified during the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 759	Continued From page 17	F 759	audit will be immediately addressed by the QI Nurse, the ADON, and/or the unit manager to include prompt assessment of the involved resident, notification of the physician, if applicable, and/or providing additional staff training. The Director of Nursing (DON) will review the Medication Pass Audit forms weekly for 4 weeks, then monthly for 1 month, to acknowledge completion of the audit. The administrator and/or the DON will present the findings of the Medication Pass Audit forms to the Executive Quality Assurance and Performance Improvement (QAPI) committee monthly for 2 months. Any issues, concerns, and/or trends identified will be addressed by implementing changes as necessary, to include continued frequency of monitoring. The administrator and the DON will be responsible for the implementation of corrective actions to include all 100% audits, in-services, and monitoring related to the plan of correction.	