STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN EAST HEALTH AND REHAB, LLC	804 S POPLAR STREET ELIZABETHTOWN, NC 28337

(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 000	INITIAL COMMENTS A complaint investigation survey was conducted from 9/17/24 through 9/18/24. Event ID# 8L3T11. The following intakes were investigated NC00215739, NC00216578, NC00221444, NC00221704. 3 of the 6 complaint allegations resulted in a deficiency.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide care in a safe manner resulting in a fall from a bed that was in the elevated position which resulted in a closed displaced fracture of left clavicle shaft, closed fracture of the left third, fourth and fifth ribs and hospitalization for 1 of 3 sampled residents reviewed for supervision to prevent accidents (Resident #1). The findings included: Resident #1 was initially admitted to the facility on 9/20/2011 with the last readmission on 9/6/2024. Her diagnoses include diabetes, dementia and heart failure.	F 689	1. On 9/5/2024, one-to-one education was provided by the Staff Development Coordinator to the Nursing Assistant working with resident #1 at the time of her fall on 9/4/2024. Education provided was specific to ensuring resident safety should the nursing assistant need to step away from the resident while providing care. Resident #1 was transferred to the emergency room for evaluation immediately after the fall on 9/4/2024 and was admitted. 2. Residents residing in the facility requiring assistance with personal care/incontinent care have the potential to be affected. The residents are identified through medical record review of MDS,	9/27/24

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

Electronically Signed | 09/26/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN EAST HEALTH AND REHAB, LLC	804 S POPLAR STREET ELIZABETHTOWN, NC 28337

(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 689	Continued From page 1 Resident #1's significant change Minimum Data Set Assessment (MDS) dated 8/8/24 coded the resident as moderately cognitively impaired and dependent with bed mobility and toileting. Resident #1 was also coded for hospice care. Resident #1's care plan, last updated 6/10/24, revealed the staff identified the resident needing assistance with her activities of daily living due to heart failure. She required extensive assistance by 1 staff for toileting and incontinence care. The care plan also indicated Resident #1 was at risk for falls related to weakness and non-compliance with asking and waiting for assistance. Resident #1's medical records revealed physician order dated 8/2/24 that indicated to admit Resident #1 to hospice services for diagnoses of hypertensive heart and chronic kidney disease with heart failure. Resident #1 had an order dated 8/2/24 for morphine sulfate 0.25 milliliter by mouth every 2 hours as needed for end-of-life pain/discomfort and shortness of breath. Resident #1 was taking morphine for pain as needed prior to the fall injury on 9/4/24. An incident report dated 9/4/24 stated nursing assistant (NA) #1 was in the process of changing Resident #1 and turned away from the resident to get incontinent supplies from the chair. When NA #1 turned back Resident #1 had fallen off the bed to the floor landing on her left side. Resident #1 was assessed for injuries and Resident #1 was unable to rate her pain or describe what hurt. Resident #1 was grabbing her left shoulder stating, "it is killing me, help me please". Vital signs were taken, and Resident #1 was sent to the hospital for further evaluation.	F 689	nursing assessments, and Point of Care documentation. Resident requiring limited, extensive assistance of staff or dependent on staff for care have the potential to be affected. Residents' required assistance level is noted on the individualized care plan and on the Kardex in the residents' room. 3. Staff education specific to ensuring resident safety while providing care was originally initiated on 9/5/2024 and was concluded on 9/18/2024 once all staff were educated. Agency staff were included in the education. The Director of Nursing or designee will observe delivery of care by nursing assistants for residents requiring limited, extensive, or dependent assistance to ensure resident safety is maintained during delivery of care. These observations will be done 10 x per week for 2 weeks, 5 x per week for 2 weeks, then 10 x per month for 2 months. 4. Results of these observations will be reviewed by the facility's QAPI committee monthly x 3 months to ensure continued compliance and offer recommendations as indicated.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN EAST HEALTH AND REHAB, LLC	804 S POPLAR STREET ELIZABETHTOWN, NC 28337

(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 689	Continued From page 2	F 689		

During an interview on 9/17/24 at 11:42 AM with Nursing Assistant #1 (NA) #1, she indicated she went to provide incontinence care for Resident #1 on 9/4/24 at approximately 5:30 pm and she placed clean bed sheets on Resident #1's wheelchair which was inside the room by the door. She explained she raised Resident #1's bed to her waist level (NA #1 indicated she is 5 feet 8 inches tall), to provide incontinence care. She noticed the bed sheet and under pad were wet too and she tucked the sheet and under pad under Resident #1 who was turned away from her so that she could place a clean bed sheet on the bed. She then turned her back away from Resident #1 to grab the clean sheet which was on the wheelchair by the door and when she turned around Resident #1 had fallen to the floor on the opposite side of the bed. NA #1 went to the doorway and called Nurse #1 who was in the hallway and Nurse #1 came to the room to assess Resident #1.

During an interview on 9/17/24 at 11:56 AM with Nurse #1, she revealed she was the primary nurse for Resident #1 when she fell off the bed on 9/4/24. She indicated she became aware of the fall after NA #1 called for assistance from Resident #1's doorway. When she walked into the room Resident #1 was on the floor close to the window and the bed was raised. Resident #1 was saying help me but could state where the pain was. Nurse #1 stated she called emergency services who came to transport Resident #1 to the hospital for further evaluation.

Resident #1's pain level on the day of the fall on 9/4/24 during second shift (3 pm- 11pm) was documented as 9 out of 10 in the medication administration record (MAR).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN EAST HEALTH AND REHAB, LLC	804 S POPLAR STREET ELIZABETHTOWN, NC 28337

(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 689	Continued From page 3	F 689		

Hospital discharge summary dated 9/6/24 indicated Resident #1 was seen at the emergency department (ED) on 9/4/24 after a fall at a nursing home. Resident #1 was found to have fractures of the left third, fourth and fifth ribs as well as a left clavicle fracture. The left arm was placed in a sling at the ED. Computed tomography (CT) scan and X- rays completed at the ED revealed negative acute abnormality of the head, cervical spine, pelvis and left knee. Urinalysis showed leukocytes (sign of urinary tract infection) and Resident #1 was given a dose of intravenous Rocephin (antibiotic).

Resident # 1 was hospitalized for 2 days and was discharged to the facility on 9/6/24 with instructions to continue adequate analgesia (pain management), sling to the left upper extremity, continue with incentive spirometer-respiratory therapy, and follow up with orthopedic outpatient in 1 - 2 weeks. Resident #1 was also prescribed oral antibiotics (cefdinir) for 5 days for urinary tract infection, and Breo Ellipta inhalation (breathing treatment) for shortness of breath as needed once a day.

Review of Resident #1's MAR revealed Resident #1 had not required the breathing treatments since she was readmitted to the facility on 9/6/24 - 9/17/24.

Resident #1 medication administration record (MAR) revealed Resident #1 received morphine 0.25 milliliter on 9/7/24 at 3:57 PM for 6/10 pain, and Percocet 1 tablet on 9/11/24 at 2:30 PM for 10/10 pain, 9/12/24 at 6:34 PM for 5/10 pain and on 9/16/24 at 6:23 AM for 4/10 pain.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN EAST HEALTH AND REHAB, LLC	804 S POPLAR STREET ELIZABETHTOWN, NC 28337

(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 689	Continued From page 4	F 689		

Documentation of Resident #1's pain assessment on all three shifts from 9/6/24 to 9/17/24 were documented as follows: 6/10 on 9/7/24, 10/10 on 9/11/24, 5/10 on 9/12/24, 4/10 on 9/16/24. All other pain assessments completed from 9/6/24 to 9/17/24 were 0 out of 10.

During survey on 9/17/24 at 1:00 PM and 9/18/24 at 10:40 AM Resident #1 was observed in bed with a sling to the left upper extremity, her bed was noted in the lowest position and two fall mats were at bedside. Resident #1 did not appear to be in any pain or distress. She denied pain when asked if she was in any pain, but she was unable to describe what happened on the day she fell or why she had the sling on.

During an interview on 9/18/24 at 11:36 AM with the Director of Nursing (DON), she indicated Resident #1 fell while being provided care by NA #1. The DON stated NA #1 should have placed all the items she needed at bedside before she started providing care for Resident #1 or she should have used the call light for another employee to come and get her the bed sheet from the wheelchair which was close to the door. The DON also stated NA #1 should not have left Resident #1 unattended while the bed was in an elevated position.

An interview was conducted on 9/18/24 at 11:50 AM with the Administrator. She stated NA#1 should not have left Resident #1 unattended while the bed was in an elevated position. The Administrator verbalized NA #1 should have positioned Resident #1 midline in bed and lowered the bed to the lowest position before stepping away to grab the clean bed sheets.