DEPARTMENT OF HEALTH AND HUMAN SERVICES

| | OR MEDICARE & MEDICAID SERVICES | | | "A" FO | | |
|--|--|-------------------|------------------------|-------------|--|--|
| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE | | PROVIDER # | MULTIPLE CONSTRUCTION | DATE SURVEY | | |
| | TH ONLY A POTENTIAL FOR MINIMAL HARM | | A. BUILDING: | COMPLETE: | | |
| FOR SNFs AND NFs | | 345339 | B. WING | 10/15/2024 | | |
| AME OF PRO | DVIDER OR SUPPLIER | STREET ADDRESS, C | ITY, STATE, ZIP CODE | | | |
| | | TD | 1306 SOUTH KING STREET | | | |
| WINDSOR | REHABILITATION AND HEALTHCARE CEN | TE WINDSOR, NC | | | | |
| ID PREFIX | | | | | | |
| AG | SUMMARY STATEMENT OF DEFICIENC | IES | | | | |
| F 580 | Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) | | | | | |
| | §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; | | | | | |
| | (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to | | | | | |
| | adverse consequences, or to commence a new form of treatment); or | | | | | |
| | (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). | | | | | |
| | (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all participation specified in $5482, 15(a)(2)$ is qualichle and provided upon request to the physician | | | | | |
| | pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- | | | | | |
| | (A) A change in room or roommate assignment as specified in §483.10(e)(6); or | | | | | |
| | (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of | | | | | |
| | this section. | | | | | |
| | (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident | | | | | |
| | representative(s). | | | | | |
| | \$482.10(-)(15) | | | | | |
| | §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must | | | | | |
| | disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: | | | | | |
| | Based on record review and staff and Responsible Party (RP) interviews, the facility failed to notify the RP | | | | | |
| | of a significant change in the resident's condition that included seizure activity requiring transfer to the hospital for 1 of 1 resident reviewed for notification of change (Resident #73). | | | | | |
| | Findings included: | | | | | |
| | Resident #73 was admitted to the facility on $11/3/23$. | | | | | |
| | Resident #73's Minimum Data Set assessment dated 11/10/23 revealed she was assessed as severely cognitively impaired. | | | | | |
| | A nursing note dated 12/12/23 revealed Nurse #5 documented Resident #73 left the facility via stretcher by emergency medical services accompanied by two emergency medical technicians at 1:52 AM due to seizure | | | | | |
| | activity. The nurse did not document notifying the RP until she received a call from the resident's RP at 4:35 | | | | | |

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

The above isolated deficiencies pose no actual harm to the residents

AH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

| CENTERS F | OR MEDICARE & MEDICAID SERVICES | | | "A" FORM | | | |
|--|--|------------------------|-----------------------|-------------|--|--|--|
| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE | | PROVIDER # | MULTIPLE CONSTRUCTION | DATE SURVEY | | | |
| NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | | | A. BUILDING: | COMPLETE: | | | |
| | | 345339 | B. WING | 10/15/2024 | | | |
| NAME OF PRO | OVIDER OR SUPPLIER | STREET ADDRESS, O | CITY, STATE, ZIP CODE | | | | |
| WINDSOR REHABILITATION AND HEALTHCARE CENTE | | 1306 SOUTH KING STREET | | | | | |
| | | WINDSOR, NC | | | | | |
| ID PREFIX | | | | | | | |
| TAG | SUMMARY STATEMENT OF DEFICIENCIES | | | | | | |
| F 580 | Continued From Page 1 | | | | | | |
| 1 300 | AM. | | | | | | |
| | | | | | | | |
| | During a phone interview on 10/8/24 at 6:40 PM Resident #73's Responsible Party stated sometime in | | | | | | |
| | December 2023, Resident #73 had a seizure | | | | | | |
| | hospital's automated notification system. She had not been notified by the facility that Resident #73 had been | | | | | | |
| | discharged to the hospital. Because of this, she called the facility to discover he had been discharged to the hospital 4 hours prior. | | | | | | |
| | During an interview on 10/10/24 at 1:17 PM the Director of Nursing stated when any resident is sent to the | | | | | | |
| | emergency department staff are expected to notify the family immediately. Written notification was sent to | | | | | | |
| | the RP; however, the nurse should have also called as soon as the resident was discharged for a significant | | | | | | |
| | change in condition. | | | | | | |
| | Nurse #5 who discharged Resident #73 on 12/12/23, was unavailable for interview. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

AH