PRINTED: 11/26/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		1 ' '			(X3) DATE SURVEY COMPLETED	
		345156	B. WING			C
NAME OF PI	ROVIDER OR SUPPLIER	343130		STREET ADDRESS, CITY, STATE, ZIP	CODE	10/30/2024
HARMON	Y HALL NURSING AND I	REHABILITATION CENTER		312 WARREN AVENUE KINSTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BI THE APPROPRIA	
E 000	Initial Comments		EC	000		
F 000	investigation survey through 10/30/24. The compliance with the r	certification and complaint was conducted on 10/27/24 ne facility was found in requirement CFR 483.73, dness. Event ID # 5F3S11.	FC	000		
	survey was conducte 10/30/24. Event ID# intakes were investig NC00218158, NC002	219827, NC00221106, 221421, NC00213759,				
F 554 SS=D	deficiency. Resident Self-Admin	allegations resulted in  Meds-Clinically Approp	F 5	554		11/13/24
	defined by §483.21(b this practice is clinica This REQUIREMENT by:	erdisciplinary team, as o)(2)(ii), has determined that		F554 Resident Self Admir	1	
	resident interview and failed to assess the a	d staff interviews, the facility ability of a resident to		Meds-Clinically Appropriat	te	
	resident's medication resident's room for 2	cations prior to leaving the is on the bedside table in the of 2 residents observed with de (Resident #25 and		On 10/28/24, the Director immediately verbally educ on ensuring resident takes prescribed and not leaving resident bedside unless a Self-Administration of Medical Control of Medical Co	ated nurse # s medications g medications	sas
	Findings included:			assessment has been con physician order obtained f	-	
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUF	RE	TITLE		(X6) DATE

Electronically Signed 11/08/2024

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.

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345156	B. WING_		<del></del>		30/2024	
NAME OF P	ROVIDER OR SUPPLIER	•		S1	FREET ADDRESS, CITY, STATE, ZIP CODE			
HARMON	Y HALL NURSING AND	REHABILITATION CENTER			2 WARREN AVENUE INSTON, NC 28501			
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F 554	Continued From pag	e 1	F	554				
	1. Resident #25 was 5/1/23.	admitted to the facility on			self-administer medications.			
	Resident #25's quart Assessment (MDS) of Resident #25 was con Physician orders incl medication orders for active on 10/28/24: - Atorvastatin Calciunt tablet give one tablet supplement - Gabapentin Oral Calciunt one tablet one time a - Metoprolol Succina tablet one time a day - Sertraline HCL oral tablet one time a day - Amoxicillin-Pot Clay give one tablet every infection	uded the following r Resident #25 that were m Tablet 40 milligram (mg) c one time a day for apsule 100 mg tablet give a day for pain te ER 50 mg tablet give one of for hypertension 150 mg tablet give one of for depression vulanate 875-125 mg tablet of 12 hours for bacterial			On 10/28/24, resident #25 took medications as prescribed under the supervision of the Director of Nursing.  On 10/28/24, resident #62 took medications as prescribed under the supervision of the Director of Nursing.  On 10/28/24, the Director of Nursing educated resident #25 on the risks of n taking medications as prescribed by the physician to include risks of saving medications and taking at times not recommended by the physician. Reside #25 verbalized understanding of risks.  On 10/28/24, the Director of Nursing educated resident #62 on the risks of n taking medications as prescribed by the physician to include risks of saving medications and taking at times not recommended by the physician. Reside	ent ot		
	There was no docum Medical Record (EM been assessed to se medications. There is self-administration, a that addressed self-at On 10/28/24 at 9:00 observed on Resider on the right side of R were several pills in the #25 was sitting up in	nentation in the Electronic R) that Resident #25 had If-administer his was no physician's order for administration of medication.  am, one medication cup was at #25's bedside table located esident #25's bed. There the medication cup. Resident his bed.			#62 verbalized understanding of risks.  On 11/8/24, the Director of Nursing completed an assessment for Medicatic Self Administration for resident #25. The resident was determined not safe to self-administer medications.  On 11/8/24, the Director of Nursing completed an assessment for Medicatic Self Administration for resident #62. The resident was determined not safe to self-administer medications.	on e		
	An observation and i	nterview were conducted on			On 10/29/24, the nurse supervisor			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345156	B. WING				30/2024	
NAME OF PI	ROVIDER OR SUPPLIER	1		ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
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HARMON	T HALL NURSING AND	REHABILITATION CENTER		K	INSTON, NC 28501			
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F 554	observed at the med outside Resident #25 into Resident #25 into Resident #25 in medication cup with bedside table and as ready to take his medications. Resident #25 room the cup of medication not taken his medication not taken his medication not taken his medications on the bruther stated she sh #25 room and water medications.  An interview was cor 10/28/24 at 9:21 am, did not need anyone medications. Resident nurses left his medicon his bedside table state how often the nhis bedside table.  A follow-up interview at 2:28 pm with Nurs not usually left the medications on the bruther indicated that when someone water as evidenced earlier.	with Nurse #3. She was ication cart in the hallway 5's room. Nurse #3 walked oom and reached for the his medications on the ked Resident #25 if he was dications. Resident #25 se #3 and asked why she sident #25 told her to leave e. Nurse #3 then walked out om into the hallway without his and Resident #25 still had tions. Nurse #3 stated she the medication cup with his redside table. Nurse #3 ould have stayed in Resident hed him swallow the hid watch him take his not #25 further stated the ation cup with medications for him to take but did not hurses left his medication on was conducted on 10/28/24 e #3 who indicated she had redication cups with redside table. Nurse #3 Resident #25 got upset hed him take his medications that morning.	F	554	completed an audit of all resident room. This audit is to ensure medications were not left at the resident bedside unless to resident had been assessed to safely self-administer medications and physico order obtained. There were no addition concerns identified.  On 10/29/24, the Director of Nursing, Seacilitator, Nurse Supervisor and Treatment Nurse initiated Med Pass Audits with all nurses and medication aides. This audit is to ensure the nurse and/or medication aid administered medications following the rights to medication administration and to ensure that the nurse and/or medication aid dinot leave medication at bedside unless the resident had been assessed to safe self-administer medications and physico order obtained. The Director of Nursing and Staff Facilitator will address all concerns identified during the audit to include but not limited to the education staff. The audit will be completed by 11/12/24. After 11/12/24, any nurse or medication aid who has not completed audit will complete upon next schedule work shift.  On 10/29/24, the Director of Nursing and Staff Facilitator initiated an in-service we all nurses to include nurse #3 and medication aides regarding Rights of Medication Administration with emphasion administering medication per physic order to include right medication at the right time and not leaving medication.	re the tian tial Staff  re d the d t		
	(DON) on 10/28/24at	vith the Director of Nursing t 3:30 pm, she explained that t been assessed to perform						

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F 554	F 554 Continued From page 3		F 5	554			
F 554	self-administration stated Resident #2 have been left on the should have watch medications before 2. Resident #62 was 11/2/22.  Resident #62's quation 10/14/24 revealed intact.  Physician orders in medication orders active on 10/28/24 -Amlodipine Besylone time a day for -Aspirin 81 mg tab day for anticoagulary for anticoagulary for anticoagulary for a day for diabundary for ime a day for diabundary for right key morning for right key mo	of his medication. She further 25's medications should not the bedside table and Nurse #3 and Resident #25 take his a she left his room.  The arterly MDS assessment dated Resident #62 was cognitively and the following for Resident #62 that were:  The attention the facility on the facility of the facility on the facility of the facility on the facility of the facil	F	assessed to safely self-addinedications and physician In-service will be complete After 11/12/24, any nurses aid who have not worked or in-service will be in-service scheduled work shift. All nurses and or medication a in-serviced during orientating Rights of Medication Administer of Nursing, Quality Nurse will complete 5 Med with nurses to include nurse medication aides weekly x monthly x 1 month. This at the nurse and/or medication administered medications rights to medication administered medication aid did not leave medication unless the resident had be safely self-administer med physician order obtained. A include all shifts and week Nurse Supervisor, Director Staff Facilitator, Quality Im Nurse will address all conduring the audit to include to re-education of staff. The will review the Med Pass A	order obtained by 11/12/24 or medication or received the ed prior to nexewly hired aides will be ion regarding nistration.  aff Facilitator, y Improvement Pass Audits se #3 and 4 weeks then udit is to ensure aid following the istration and to a be distraction and to a seen assessed ications and Audits will ends. The rof Nursing, aprovement cerns identified but not limited audits weekly a seekly a	t t t t t t t t t t t t t t t t t t t	
	Resident #62 had self-administer her physician's order for	umentation in the EMR that		4 weeks then monthly x 1 lensure all concerns were a  The Nurse Supervisor, Sta Quality Improvement Nurs resident rooms to include r and resident #62 twice we	addressed. aff Facilitator, e will audit 10 resident #25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER Y HALL NURSING AND	REHABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP C 312 WARREN AVENUE KINSTON, NC 28501		
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F 554	medication cup was bedside table locate #62's bed. There we medication cup. Resibed.  During an interview 9:15 am, she stated for Resident #62. N should not have left cup with her medicat Nurse #3 indicated s Resident #62's roon the medications.  In an interview with 2:16 pm, she stated medications with mi stated the nurses lemedications on her breakfast. Resident more than once during the bedside table. Nurse taken the medication cubedside table. Nurstaken the medication back to the medication back to the medication table.	on on 10/28/24 at 8:30 am, a observed on Resident #62's d on the left side Resident ere several medications in the sident #62 was lying in her with Nurse #3 on 10/28/24 at she was the assigned nurse urse #3 further stated she Resident #62's medication tions on the bedside table. She should have stayed in and watched her swallow  Resident #62 on 10/28/24 at she liked to take her k. Resident #62 further ft her medication cup with bedside table to take with a #62 indicated this happened ing the week.  ew with Nurse #3 on 10/28/24 ed she should not have left ation cup with medications on lurse #3 indicated she had her resident's room for a thinking she left Resident p with her medications on the e #3 stated she should have in cup with the medications on cart and returned with lications after evaluating the	F5	then monthly x 1 month. Thensure medications were nesident bedside unless the been assessed to safely semedications and physician. The Nurse Supervisor, State Quality Improvement Nurse all concerns identified durir include ensuring medication administered per physician re-training of staff. The Dire will review the room audits 4 weeks then monthly x 1 mensure all concerns are additional to the Quality Performance Improvement committee monthly for 2 mereview and to determine the issues that may need further put into place and to determine for further frequency of months.	and left at the expression resident had belf-administer order obtained. If Facilitator, expected will address and the audit to a sare order and/or ector of Nursing twice weekly xomonth to dressed.  The will present as Audits and Assurance of (QAPI) on the forends and/or er interventions mine the need.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		345156	B. WING		C 10/30/2024
	ROVIDER OR SUPPLIER Y HALL NURSING AND	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 312 WARREN AVENUE KINSTON, NC 28501	10/00/2024
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F 554	3:30 pm, she explai been assessed to p her medication. She #62's medications s the bedside table. I watched Resident # before she left her n	with the DON on 10/28/24 at med that Resident #62 had not erform self-administration of e further stated Resident hould not have been left on Nurse #3 should have 62 take her medications boom.	F 5		
F 582 SS=D	CFR(s): 483.10(g)(17) The (i) Inform each Med writing, at the time of facility and when the Medicaid of-(A) The items and s nursing facility servifor which the reside (B) Those other item facility offers and for charged, and the anservices; and (ii) Inform each Medicaid in §483.10 section.  §483.10(g)(18) The resident before, or a periodically during the available in the faciliservices, including a covered under Medifacility's per diem radii where changes i and services covered under versions.	facility must-icaid-eligible resident, in of admission to the nursing experience that are included in ces under the State plan and int may not be charged; ins and services that the which the resident may be mount of charges for those dicaid-eligible resident when to the items and services of (g)(17)(i)(A) and (B) of this of admission, and the resident's stay, of services ity and of charges for those any charges for services not care/ Medicaid or by the	F 5	32	11/13/24

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NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
HARMON'	Y HALL NURSING AN	D REHABILITATION CENTER			2 WARREN AVENUE			
				KI	INSTON, NC 28501			
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F 582	Continued From pa	age 6	F 5	582				
	notice to residents reasonably possibl	of the change as soon as is e.						
		are made to charges for other that the facility offers, the						
	facility must inform	the resident in writing at least						
	60 days prior to im	plementation of the change.						
	` '	es or is hospitalized or is						
	transferred and do							
	facility must refund							
		estate, as applicable, any						
		already paid, less the facility's						
		he days the resident actually						
		d or retained a bed in the						
	discharge notice re	of any minimum stay or						
	_	st refund to the resident or						
		ative any and all refunds due						
		30 days from the resident's						
	date of discharge f							
		admission contract by or on						
	' '	ual seeking admission to the						
	facility must not co	nflict with the requirements of						
	these regulations.							
	This REQUIREME by:	NT is not met as evidenced						
	Based on record r	eview and staff interviews, the vide a complete Centers for			F582 Liability Notice			
		icaid Services (CMS) Skilled			Resident #170 was discharged home	oer		
		vanced Beneficiary Notice			preference on 9/6/24 and no longer			
	(SNF ABN) (form 1	0055) prior to discharge from			resides in the facility.			
	' ' '	illed services by omitting the			-			
		ection indicating a resident's			On 11/7/24 the Social Worker reviewed	Ł		
		e part A Medicare services and			with resident #7, the process of			
		ident's signature on the form			notification of medical non-coverage			
		(Resident#170 and Resident			letters to include checking the desired			
	#7) reviewed for b	eneficiary protection review.			of Medicare billing options and signing			
					form when completed. An updated lial	•		
	The findings includ	ed:			notice was completed and provided to			
					resident #7 by the social worker with the	ne	1	

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NAME OF PROVIDER OR SUPPLIER  #HARMONY HALL NURSING AND REHABILITATION CENTER  ##WARRON WALL NURSING AND REHABILITATION CENTER  ###WARRON WALL NURSING AND REHABILITATION CENTER  ###WARRON WALL NURSING AND REHABILITATION CENTER  ####WARRON WALL NURSING AND REHABILITATION CENTER  ####WARRON WALL NURSING AND REHABILITATION CENTER  #####WARRON WALL NURSING AND REHABILITATION CENTER  ##########WALL NURSING AND REHABILITATION CENTER  ###################################	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
MARIOT PROVIDER OR SUPPLER  HARMONY HALL NURSING AND REHABILITATION CENTER  SIMMARY STATEMENT OF DEFICIENCES  SUMMARY STATEMENT OF DEFICIENCES  SUMMARY STATEMENT OF DEFICIENCES  REGILATORY OR LSC IDENTIFYING INFORMATION)  FRECTIX TAG  FRECTIX TAG  FRECTIX TAG  FRECTIX TAG  Continued From page 7  1. Resident 170's Medicare Part A services ended on 19/62/4 and he remained in the facility. The SNF ABN review revealed Resident 170's name, the date services were to end, the estimated cost of the services and Resident #170's signature. There were no options checked for the decision made about continuing Medicare Part A services. She stated the SNF ABN should have been completed with Resident #170's denistor regarding continued Medicare Part A skilled services. She stated the SNF ABN should have been documented on the form.  2. Resident #70 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services ended on 10/14/24 and she remained in the facility.  Resident #7° Part A services ended on 10/14/24 and she remained in the facility.  STAGE PRICED REMAINS OF CONTRICT OF TAGE			245156	B WING	NG			_	
HARMONY HALL NURSING AND REHABILITATION CENTER    District   Summary stratement or deficiences   Part   Par		201/1252 02 01/221/52	343136	D. WING _			10	/30/2024	
RAMMONY HALL NURSING AND REHABILITATION CENTER   ID   SUMMARY STATEMENT OF DEFIDENCIES   ID   PROVIDERS PLAN OF CORRECTION   COMMITTION   COMMITTI	NAME OF PI	ROVIDER OR SUPPLIER							
(MA) ID REETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEPRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 582  Continued From page 7  1. Resident 170 was admitted to the facility 8/21/24 and admitted to Medicare Part A services ended on 9/6/24 and he remained in the facility.  The SNF ABN review revealed Resident 170's name, the date services were to end, the estimated cost of the services and Resident #170's signature. There were no options checked for the decision made about continuing Medicare Part A services.  An interview was conducted with the facility Social Worker on 10/29/24 at 9.46 AM who stated Resident #170' did not choose an option.  Altempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170' decision regarding continued Medicare Part A skilled services. She stated the SNF ABN should have been completed with Resident #170' decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to the facility on 11/16/20. She was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services ended on 10/14/24 and and she remained in the facility.  Resident #7* Part A services ended on 10/14/24 and she remained in the facility.	HARMON	Y HALL NURSING AND	REHABILITATION CENTER						
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 582  Continued From page 7  1. Resident 170 was admitted to the facility 8/21/24 and admitted to Medicare Part A skilled services ended on 9/6/24 and he remained in the facility.  The SNF ABN review revealed Resident 170's name, the date services were to end, the estimated cost of the services and Resident #170's signature. There were no options checked for the decision made about continuing Medicare Part A skilled services.  An interview was conducted with the facility Social Worker on 10/29/24 at 9 46 AM who stated Resident #170' did not choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services and Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services and poption it should have been documented on the form.  2. Resident #7 was admitted to choose an option it should have been documented on the form.  2. Resident #7 was admitted to choose an option it should have been documented on the form.  3. Resident #7 was admitted to Medicare Part A services on 9/6/24.  3. Resident #7 Part A services ended on 10/14/24 and she remained in the facility.  4. Resident #7 Part A services ended on 10/14/24 and she remained in the facility.					K	INSTON, NC 28501			
1. Resident 170 was admitted to the facility 8/21/24 and admitted to Medicare Part A services.  Resident #170's Medicare Part A skilled services ended on 9/6/24 and he remained in the facility.  The SNF ABN review revealed Resident 170's name, the date services and Resident #170's signature. There were to end, the estimated cost of the services and Resident #170's signature. There were no options checked for the decision made about continuing Medicare Part A services.  An interview was conducted with the facility Social Worker on 10/29/24 at 9:46 AM who stated Resident #170 did not choose an option for the decision made regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding con	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	×	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION	
8/21/24 and admitted to Medicare Part A services.  Resident #170's Medicare Part A skilled services ended on 9/6/24 and he remained in the facility.  The SNF ABN review revealed Resident 170's name, the date services were to end, the estimated cost of the services and Resident #170's signature. There were no options checked for the decision made about continuing Medicare Part A services.  An interview was conducted with the facility Social Worker on 10/29/24 at 9.46 AM who stated Resident #170 did not choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator controlled with Resident #170 decision mode regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10.56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services ended on 10/14/24 and she remained in the facility.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.	F 582	Continued From pag	ge 7	F t	582				
8/21/24 and admitted to Medicare Part A services.  Resident #170's Medicare Part A skilled services ended on 9/6/24 and he remained in the facility.  The SNF ABN review revealed Resident 170's name, the date services were to end, the estimated cost of the services and Resident #170's signature. There were no options checked for the decision made about continuing Medicare Part A services.  An interview was conducted with the facility Social Worker on 10/29/24 at 9.46 AM who stated Resident #170 did not choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator controlled with Resident #170 decision mode regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10.56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services ended on 10/14/24 and she remained in the facility.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.		1. Resident 170 was admitted to the facility				appropriate box checked and signature	3		
Resident #170's Medicare Part A skilled services ended on 9/6/24 and he remained in the facility.  The SNF ABN review revealed Resident 170's name, the date services were to end, the estimated cost of the services and Resident #170's signature. There were no options checked for the decision made about continuing Medicare Part A services.  An interview was conducted with the facility Social Worker on 10/29/24 at 9-46 AM who stated Resident #170 did not choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated than interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170's decision regarding option it should have been documented on the form.  by the Administrator on 11/12/24.  On 10/29/24, the Administrator on the facility on 11/16/20. She was admitted to the facility on 11/16/20. She was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  By the Administrator on 10/12/924, the Administrator or ompleted and discharges for the desired Medicare and suit fall Medicar A discharges will be reviewed by the Admission Director completed and 30 nucli fall Medicare A discharges will be reviewed by the Admission Director completed and 30 nucli fall Medicare A discharges will be reviewed by the Admission Director completed and 30 nucli fall Medicare A discharges will be reviewed by the Administrator on 10/14/24 and she remained in the facility.			•						
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checked for the decision made about continuing Medicare Part A services.  An interview was conducted with the facility Social Worker on 10/29/24 at 9:46 AM who stated Resident #170 did not choose an option for the decision made regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170 sedision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  checked for the desired Medicare billing options and signed by the completed. There were no additional concerns identified.  On 10/29/24, the Administrator completed an in-service with the Accounts Receivable and Social Worker regarding (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicar A residents with estimated cost of services, (2) ensuring the resident/resident representative when completed. There were no additional concerns identified.  On 10/29/24, the Administrator completed an in-service with the Accounts Receivable and Social Worker regarding (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicare Non-Coverage (NOMNC) with estimated cost of services, (2) ensuring the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).						Medical Non-Coverage (NOMNC) were	Э		
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An interview was conducted with the facility Social Worker on 10/29/24 at 9:46 AM who stated Resident #170 did not choose an option for the decision made regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  An interview was conducted with the facility and in-service with the Accounts Receivable and Social Worker regarding Notifications of Medical Non-Coverage (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicare A residents with estimated cost of services, (2) ensuring the resident/resident representative when completed. There were no additional concerns identified.  On 10/29/24, the Administrator completed an in-service with the Accounts Receivable and Social Worker regarding Notifications of Medical Non-Coverage (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicare A residents with estimated cost of services, (2) ensuring the resident/resident representative checked the appropriate box for the desired Medicare billing options and signed the NOMNC when form completed and (3) providing appropriate notifications of Medical Non-Coverage (NOMNC).  Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).							g		
An interview was conducted with the facility Social Worker on 10/29/24 at 9:46 AM who stated Resident #170 did not choose an option for the decision made regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services ended on 10/14/24 and she remained in the facility.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.		Medicare Part A serv	vices.			· · · · · · · · · · · · · · · · · · ·			
Worker on 10/29/24 at 9:46 AM who stated Resident #170 did not choose an option for the decision made regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services ended on 10/14/24 and she remained in the facility.  Concerns identified.  On 10/29/24, the Administrator completed an in-service with the Accounts Receivable and Social Worker regarding Notifications of Medical Non-Coverage (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicare A residents with estimated cost of services, (2) ensuring the resident/resident representative checked the appropriate box for the desired Medicare billing options and signed the NOMNC when form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Worker will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).									
Resident #170 did not choose an option for the decision made regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  On 10/29/24, the Administrator completed an in-service with the Accounts Receivable and Social Worker regarding Notifications of Medical Non-Coverage (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicare A residents with estimated cost of services, (2) ensuring the resident/resident representative checked the appropriate box for the desired Medicare billing options and signed the NOMNC when form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and Social Worker regarding Notifications of Medical Non-Coverage (NOMNC).						•			
decision made regarding continuing Medicare Part A skilled services. She stated that she did not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  On 10/29/24, the Administrator completed an in-service with the Accounts Receivable and Social Worker regarding Notifications of Medical Non-Coverage (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicare A residents with estimated cost of services, (2) ensuring the estimated cost of services, (2) ensuring the Accounts vith eAccounts Receivable and Social Worker regarding Notifications of Medical to non-coverage of Medicare A residents with estimated cost of services, (2) ensuring the resident/resident representative checked the appropriate box for the desired Medicare billing options and signed the NOMNC when form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).						concerns identified.			
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not document his refusal to choose an option.  Attempts to contact Resident #170 were unsuccessful.  An interview was conducted with the facility Administrator on 10/30/24 at 10:56 AM who stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  Receivable and Social Worker regarding Notifications of Medical Non-Coverage (NOMNC) with emphasis on (1) providing appropriate notification related to non-coverage of Medicare Newload Appropriate with estimated cost of services, (2) ensuring the resident/resident representative checked the appropriate box for the desired Medicare billing options and signed the NOMNC when form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).		_	-				ted		
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stated the SNF ABN should have been completed with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  representative checked the appropriate box for the desired Medicare bliling options and signed the NOMNC when form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).  10% audit of all Medicare A discharges will be reviewed by the Admission Director		An interview was co	nducted with the facility						
with Resident #170's decision regarding continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  box for the desired Medicare billing options and signed the NOMNC when form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).  10% audit of all Medicare A discharges will be reviewed by the Admission Director									
continued Medicare Part A skilled services. She stated if Resident #170 refused to choose an option it should have been documented on the form.  Calculate the Nomen options and signed the Nomen form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (Nomen)  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  Options and signed the NOMNC when form completed and (3) providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).						•	3		
stated if Resident #170 refused to choose an option it should have been documented on the form.  In the providing a copy option it should have been documented on the form.  In the providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  In the providing a copy to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).						•			
option it should have been documented on the form.  to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  to the resident/resident representative. All newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).									
form.  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  newly hired Accounts Receivable and/or Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).  10% audit of all Medicare A discharges will be reviewed by the Admission Director									
Social Workers will be in-serviced by the  2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  Social Workers will be in-serviced by the Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).  10% audit of all Medicare A discharges will be reviewed by the Admission Director		_ ·	e been documented on the						
2. Resident #7 was admitted to the facility on 11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  Staff Facilitator during orientation regarding Notifications of Medical Non-Coverage (NOMNC).  10% audit of all Medicare A discharges will be reviewed by the Admission Director		Torm.				-			
11/16/20. She was admitted to Medicare Part A services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  regarding Notifications of Medical Non-Coverage (NOMNC).  10% audit of all Medicare A discharges will be reviewed by the Admission Director		0 Dooidant #7	admitted to the feetility are				ıe		
services on 9/6/24.  Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  Non-Coverage (NOMNC).  10% audit of all Medicare A discharges will be reviewed by the Admission Director		11/16/20. She was admitted to Medicare Part A							
Resident #7's Part A services ended on 10/14/24 and she remained in the facility.  10% audit of all Medicare A discharges will be reviewed by the Admission Director									
and she remained in the facility.  will be reviewed by the Admission Director		Services on 9/6/24.				Non-Coverage (NOMNC).			
and she remained in the facility.  will be reviewed by the Admission Director		   Pacident #7's Dort ^	services ended on 10/14/24			10% audit of all Medicare A discharge	•		
						<del>-</del>			
			i iio iaoiiity.				Oloi		

	DF DEFICIENCIES CORRECTION	I DENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345156	B. WING _				30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	
II A DIMONI	VIIALL NUIDOING AND D	SELLA DIL ITATIONI GENITED		31	12 WARREN AVENUE		
HARMON	Y HALL NURSING AND R	REHABILITATION CENTER	KINSTON, NC 28501		INSTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 582	The SNF ABN review name, the date service estimated cost of the options checked for the continuing Medicare I was no signature on the An interview was consummer was no signature on the An interview was consummer was consummer of the SNI normal procedure for same time as the Note Non-Coverage (Form An interview was composed to the SNF ABN suith Resident #7's designation of the SNF ABN suith Resident	revealed Resident 170's sees were to end, and the services. There were no ne decision made about Part A services and there the form.  ducted with the facility Social at 9:46 AM who stated it was t#7 did not choose an FABN. She stated it was the form to be signed at the ice of Medicare CMS 10123).	F	582	weeks then monthly x 1 month utilizing NOMNC Audit Tool to ensure the appropriate notification of medical non-coverage was provided to the resident/resident representative to include the cost of services, to ensure the appropriation of the desired Medicare billing option and the resident/resident representative signed the form when completed. The Admission Director and Director of Nursing will address all area of concern to include reviewing with the resident/resident representative the process of completing notification of non-coverage, providing an updated of the resident/resident representative when indicated. The Staff Facilitator wire-educate staff for any concerns identified. The Administrator will review and initial the NOMNC Audit Tool week 4 weeks then monthly x 1 month to ensure all areas of concern were addressed.	ude iate ig d/or as e	
F 689 SS=D	Free of Accident Haza CFR(s): 483.25(d)(1)( §483.25(d) Accidents		F€	689	The Administrator will forward the NOMNC Audit Tool to the Quality Assurance and Performance Improvement (QAPI) Committee month x 2 months for review and to determine trends and / or issues that may need further interventions put into place and determine the need for further and / or frequency of monitoring.	to	11/13/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  . BUILDING			(X3) DATE SURVEY COMPLETED	
		345156	B. WING _				30/2024	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		S1	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	30/2024	
					12 WARREN AVENUE			
HARMON	Y HALL NURSING AND F	REHABILITATION CENTER			INSTON, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 689	Continued From page	9	F 6	689				
	The facility must ensu	ıre that -						
		sident environment remains						
	as free of accident ha	zards as is possible; and						
	supervision and assis accidents. This REQUIREMENT by: Based on observatio resident and staff inte secure smoking mate	sident receives adequate stance devices to prevent is not met as evidenced ins, record review, and erviews, the facility failed to rials (cigarettes/lighters) for			F689 Free of Accident Hazards/Supervision/Devices			
	2 of 4 residents samp #23, Resident #106).	led for smoking (Resident			On 10/28/24, medication aide #1 immediately removed all smoke paraphernalia to include a pack of			
	Findings included:				cigarettes and two lighters from resider #23 and secured per facility protocol. C			
	dated 3/27/2019 reve	s revised smoking policy aled all resident smoking a secure area and are staff only.			10/28/24, the Nurse Supervisor educat the resident on the Smoking Policy to include storage of smoke paraphernalia and designated smoke areas.	ed		
	1. Resident #23 was 5/29/2019.	admitted to the facility on			On 10/29/24, the treatment nurse updathe smoking assessment for resident #Resident #23 scare plan was updated	23.		
		Data Set (MDS) dated Resident #23 was cognitively			for smoke supervision due to non-compliance with returning smoke paraphernalia per facility protocol. The resident was re-educated by the			
	Review of the smokin	g assessment dated			Administrator regarding smoke policy,			
		esident #23 was a safe/			consequences to violating smoke polic	у,		
	independent smoker.				and smoking supervision to include tim for smoking. The resident verbalized			
	Resident #23's revise				understanding.			
		he was an independent and						
	safe smoker.				On 10/29/24, the Director of Nursing			
					removed all smoke paraphernalia to			
		5 am Resident #23 was ack of cigarettes and 2			include a lighter from resident #106 an secured per facility protocol. On 10/29/			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С	
		345156	B. WING _			10/	/30/2024	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
DMON		ID DELLA DIL ITATIONI GENTED		3	12 WARREN AVENUE			
HARMON	Y HALL NURSING AN	ID REHABILITATION CENTER		K	KINSTON, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 689	Continued From p	age 10	F	689				
	_	side table in his room. An tor was also observed in			the resident was educated by the Administrator regarding smoke policy,			
	Resident #23's roo and was currently			consequences to violating smoke police and smoking supervision to include time for smoking. The resident verbalized				
	An interview was of 8:47 am with Medi			understanding.				
	when a resident co	omes back from smoking, they			On 11/8/24, the treatment nurse update	ed		
		ring smoking materials to the			the smoking assessment for resident			
	1	ock them on the medication			#106. Resident #106□s care plan was			
		on Aide #1 was observed to			updated for smoke supervision due to			
		ve Resident #23's smoking			non-compliance with returning smoke			
	materials and lock	ed them in the medication cart.			paraphernalia per facility protocol. The resident was re-educated by the Direct			
	An interview was	conducted with Resident #23 on			of nursing regarding smoke policy,	.01		
		m. Resident #23 stated he			consequences to violating smoke police	:V		
		lighters at his bedside.			and smoking supervision to include tim			
					for smoking. The resident verbalized			
	An interview with I	Nurse Aide (NA) #1 was			understanding.			
		29/2024 at 4:49 am. She stated						
	she has never see	en Resident #23 smoke in his			On 10/29/24, the Admission Director			
	room or have ciga	rettes/lighters at his bedside.			completed an audit of all resident room	ıs		
					for smoking paraphernalia. This audit i	s to		
	In an interview wit	h Nurse #1 conducted on			identify any resident in possession of			
		3 am, she stated Resident #23			smoking paraphernalia that was not			
	has never smoked	I in his room.			secured per facility protocol. There we no additional concerns identified during			
	An observation of	Resident #23 was conducted			the audit.			
	on 10/29/24 at 12:	01 pm in the designated						
	smoking area; no	concerns were noted.			On 10/29/24, the Administrator and			
					Director of Nursing completed			
		was admitted to the facility on			questionnaires with all alert and oriente			
	12/4/2023.				residents who smoke regarding (1) Ha			
		D 4 0 4 (4 DC) 1 4 4			you been educated on the facility smol	ring		
		um Data Set (MDS) dated			policy to include consequences to			
		led Resident #106 was			violating smoke policy? (2 ) Do you	-4		
	cognitively intact.				understand that all smoke material mu			
	Dovious of the series	lking apparament data d			be secured at the nurse station and			
	review of the Smo	king assessment dated			stored in resident rooms for safety of a	.H	1	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		E SURVEY MPLETED
		345156	B. WING	B. WING		C
NAME OF D	ROVIDER OR SUPPLIER	343130		STREET ADDRESS, CITY, STATE, ZIP CODE		0/30/2024
NAME OF FI	NOVIDER OR SUFFLIER					
HARMON	HALL NURSING AND F	REHABILITATION CENTER		312 WARREN AVENUE		
				KINSTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 689	Continued From page	e 11	F 6	89		
	4/2/2024revealed Reindependent smoker.	sident #106 was a safe/		residents? (3) Do you understa smoking with Oxygen is dange could cause an explosion? (4)	rous and	
	Resident #106's revised care plan dated 4/2/2024 indicated he was an independent and safe smoker.  On 10/29/2024 at 11:45 am Resident #106 was observed in a Resident Council meeting with a cigarette lighter attached to a flap of a crossbody type bag.  An observation of Resident #106 was conducted on 10/29/24 at 12:01 pm in the designated smoking area; no concerns were noted.			know where the designated sm is located? (5) Do you underst smoking is not allowed outside areas? This questionnaire wa	and that of these	
				residents who desire to smoke educated on the smoke policy storage of smoke paraphernali consequences of violating smo	was to include a and ke policy.	
				Nursing will address all concer identified during the questionnal include education of the reside	ns aires to nt and	
	on 10/29/2024 at 12:0	ducted with Resident #106 01 pm. He stated he always him, but the staff keep his		removal of smoke paraphernal indicated. There were no addit concerns identified.		
	cigarettes.	•		On 10/29/24, the Staff Facilitat questionnaires with all staff reg	garding	
	An interview with Nurse #2 was conducted on 10/29/2024 at 12:14 pm. She stated she was not aware of a lighter attached to Resident #106's bag. She further stated residents who smoke were expected to return all cigarette packs and lighters after smoking.			Smoking with emphasis on (1) know of any resident who smower balized a desire to smoke, the already been identified as a smower balized and the smoking paraphernalia to inclusive smoking paraphernalia to inclusive smoking paraphernalia to inclusive smoking paraphernalia.	kes or has hat has not noker? (2) rho has	
	An interview was con 10/29/2024 at 12:17 psaw Resident #106 w residents who smoke	ducted with NA #2 on om. She stated she never with a lighter. She added asked for their cigarettes f before they went to the		lighters/matches/vapes or ciga their room and (3) Do you under all smoking paraphernalia mus secured at the nurse □s station smoke paraphernalia may not resident room? The Staff Facili Director of Nursing will address concerns identified during the	rettes in erstand that t be and that be stored in itator and/or	
	10/29/2024 at 12:22 not aware Resident #	vith NA #3 conducted on or or, NA#3 stated she was 106 had a lighter. She ound cigarettes or lighters in		questionnaire to include educa for removal of smoke parapher indicated, and reporting incider Administrator/DON. The questi	nalia when nts to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345156		I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345156	B. WING			C 10/30/2024		
NAME OF PROVIDER OR SUPPLIER  HARMONY HALL NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 312 WARREN AVENUE KINSTON, NC 28501		1 10/	00/2024	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG				(X5) COMPLETION DATE	
F 689	nurse.  An interview was cor Administrator on 10/2 stated some resident Regarding Resident; Resident #23 does n room.  An interview was cor Nursing on 10/29/20/2 per the facility's smol supposed to keep lig	e would go directly to the	F	689	will be completed by 11/12/24. After 11/12/24, any staff who have not worked or completed the questionnaires will complete it upon the next scheduled wishift.  On 10/29/24, the Director of Nursing completed a review of all nursing prograntes for the past 7 days. This audit was to identity any incidents related to smoking paraphernalia not being return to a secure location when the resident was in the facility. There were no additional concerns identified.  On 10/29/24, the Director of Nursing and	ess as ned		
	residents.				Administrator reviewed all incidents for the past 30 days. This audit was to identify any incidents related to smokin non-designated areas or failure to secus moke paraphernalia per facility protoc There were no additional concerns identified.  On 10/29/24, the Minimum Data Set Nurse (MDS) initiated an audit of all smoke assessments/care plans for residents who smoke or desire to smok This audit is to ensure the resident was assessed for smoke safety to include compliance with returning smoke paraphernalia to secured location and care plan accurately reflects resident smoke safety as supervised or independent safe smoker. The MDS nurse and/or Director of Nursing will address all concerns identified during the audit to include assessment of the resident, updating care plan for smoke	g in ure col.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345156	B. WING _	3		C 10/30/2024		
NAME OF PROVIDER OR SUPPLIER				STREET	ADDRESS, CITY, STATE, ZIP CODE	1 10/-	30/2024	
					RREN AVENUE			
HARMON	Y HALL NURSING AND F	REHABILITATION CENTER			DN, NC 28501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 689	Continued From page	e 13	F 6	safe will  On Directimp ories smooth	ety and/or education of staff. The aube completed by 11/12/24.  10/29/24, the Administrator, Activity ector and Director of Nursing held a romptu meeting with all alert and ented residents who smoke or desire oke regarding the Smoke Policy with ohasis on designated smoking, whe tore smoking paraphernalia, hazard moking with oxygen and the sequences for violations of the smokey. Any alert and oriented resident okes or desires to smoke that did not have the meeting were educated 1:1 Administrator. Education was appleted on 10/29/24.  10/29/24, the Staff Facilitator initiatin-service for all facility staff regarding Smoking Policy and Monitoring oking Paraphernalia to include the enediately reporting to the supervisor seany resident with smoke aphernalia to include vapes, and to be vaping/smoking at the facilities overbalizes a desire to smoke or is and to be vaping/smoking at the facilities will be completed by 11/12/24, any staff who has not ked or completed the in-service will replete prior to the next scheduled with All newly hired staff will be in-serving orientation by the SDC regarding Smoking Paraphernalia.	/ an e to h ere ds ke who ot by ed ng r or ia ity. 24.		

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345156	B. WING			C 10/30/2024		
NAME OF P	ROVIDER OR SUPPLIER	1.0.00		STREET ADDRESS, CITY, STATE, ZIP CODE			30/2024	
					2 WARREN AVENUE			
HARMON'	Y HALL NURSING AND I	REHABILITATION CENTER			NSTON, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 689	Continued From page	e 14	F	689	colored sign at the door to access the smoking area that reads residents pleaturn in all smoking materials to the nurse. The MDS nurse, Medical Records Director, Activities Director, and/or Stat Facilitator will audit 10% of resident root to include resident #23 and resident #1 utilizing the Smoking Paraphernalia Au Tool weekly x 4 weeks, then monthly x month. This audit is to identify any resident with smoke paraphernalia to include but not limited to lighters or cigarettes that is not secured per facility protocol. All areas of concern will be immediately addressed by the MDS nurse, Medical Records Director, Activities Director, and/or Staff Facilitat to include securing smoke paraphernal re-education, and assessment of the resident for smoke safety, initiating interventions to include but not limited increasing supervision, updating care pfor smoke safety/supervision of resider who are non-compliant with the Smokin Policy. The Director of Nursing and/or Administrator will review the Smoking Paraphernalia Audit Tool weekly x 4 weeks, then monthly x1 month to assurall areas of concern were addressed.  The DON will present the findings of the Smoking Paraphernalia Audit Tool to the Quality Assurance Performance Improvement (QAPI) committee month for 1 months for review and to determing trends and/or issues that may need further interventions put into place or the need for further frequency of monitoring the place of the plac	se.  ff pms 06 dit 1  y  or ia,  plan pts ng		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED  C 10/30/2024	
	345156		B. WING _				
NAME OF PROVIDER OR SUPPLIER  HARMONY HALL NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 312 WARREN AVENUE KINSTON, NC 28501	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 690 SS=D	admission receives se maintain continence u condition is or becom not possible to maintain \$483.25(e)(2)For a reincontinence, based of comprehensive assessensure that- (i) A resident who entindwelling catheter is resident's clinical concatheterization was not indwelling catheter or is assessed for removas possible unless the demonstrates that cathand (iii) A resident who is receives appropriate to prevent urinary tract in continence to the extension as possible.	nce.  cility must ensure that tent of bladder and bowel on ervices and assistance to unless his or her clinical es such that continence is ain.  sident with urinary on the resident's esment, the facility must ers the facility without an not catheterized unless the dition demonstrates that eccessary; ters the facility with an subsequently receives one val of the catheter as soon eresident's clinical condition theterization is necessary; incontinent of bladder treatment and services to infections and to restore ent possible.  esident with fecal on the resident's esment, the facility must to who is incontinent of bowel treatment and services to	F	690		11/13/24	
		ns, staff interviews, and		F690 Bowel/Bladder Incontine	nce,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345156		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345156	B. WING			C <b>10/30/2024</b>		
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	00/2024	
				31	12 WARREN AVENUE			
HARMON	Y HALL NURSING AND F	REHABILITATION CENTER			INSTON, NC 28501			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROFILE OF THE APPROPROFILE OF THE APPROPROFILE OF THE APPROPROFILE OF T			(X5) COMPLETION DATE	
F 690 Continued From page 16		e 16	F	690				
	urinary catheter bag f	s, the facility failed to keep a from touching the floor to			Catheter, UTI			
		ection for 2 of 4 residents			On 10/30/24 resident #87 Catheter bag	-		
	(Resident #87 and Resident #91) reviewed with urinary catheters.				was repositioned by Treatment Nurse so that catheter bag was not positioned or			
	The findings included	:			touching the floor.			
					On 10/30/24 resident #91 Catheter bag			
	Resident #87 was admitted to the facility on 2/23/22 with diagnoses which included chronic kidney disease, benign prostatic hyperplasia, and urinary retention.				was repositioned by Treatment Nurse s			
					that catheter bag was not positioned or			
					touching the floor.			
	Posidont #97's care r	plan dated 9/6/24 revealed			On 10/30/24, the Treatment nurse completed an audit of all residents to			
		y retention and at risk for			include resident # 87 and resident #91			
	infection. Intervention	=			with catheter bags to ensure no cathete	er		
	signs/symptoms of ur	inary retention and urinary			bag was positioned on or touching the			
	tract infections (UTI's	).			floor. All areas of concern were			
					immediately corrected during the audit	by		
		Data Set (MDS) assessment			the Treatment Nurse to include	_		
	dated 9/12/24 revealed	gnition. The assessment			repositioning the catheter bag, so it wa not positioned on or touching the floor			
		37 was dependent upon staff			the education of staff.	and		
	for all of his activities	•						
	Resident #87 was coded for an indwelling				On 10-29-24 the Staff Facilitator initiate	∍d		
	catheter.				an in-service with all nurses and nursin	5		
	A	1 1 1 10/07/04			assistants (NA) regarding Positioning o	of		
		was conducted on 10/27/24			Catheter Bags with emphasis on not positioning catheter bags on or touchin			
		ent #87 as he was lying in theter bag was observed to			the floor. If a resident s bed must be in			
	-	dframe on the resident's			the lowest position possible then the			
		with a solid, blue-colored			catheter bag should be placed inside a			
	side of the bag facing	the doorway). The entire			black catheter sleeve to decrease the r			
	_	catheter bag was resting on			of infection. Attach the catheter bag to			
		d not have a detachable			foot of the bed and elevate the foot of t			
	cover.				bed to a height so that the catheter bag	-		
	An additional observa	ation was conducted on			not positioned on or touching the floor.			
An additional observation was conducted on 10/28/24 at 2:34 pm Resident #87's urinary				The in-service will be completed by 11- 24 After 11-12-24 any nurse or nursing				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345156	B. WING	B. WING		C	
			STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u>	10/30/2024	
NAME OF PROVIDER OR SUPPLIER				JE		
HARMONY HALL NURSING AN	D REHABILITATION CENTER		312 WARREN AVENUE			
			KINSTON, NC 28501			
PREFIX (EACH DEFICIE	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE	
F 690 Continued From pa	age 17	F 69	90			
catheter bag was obedframe on the reacting on the floor not have a detachar on the resting on the floor not have a detachar observed to be in had hanging from again the entire both bag was touching to had was care for Resident the thoughts were resident's urinary of shouldn't touch the thought the urinary touching the floor of Resident #87's bed During a subseque 8:22 am, Resident with his urinary cat right side of the bed During an interview (DON) on 10/29/24 nursing staff to attaresident's bed fram bag so it would not risk of infection.	Continued From page 17 catheter bag was observed to be hanging off the bedframe on the resident's right side of the bed. The entire bottom of the urinary catheter bag was resting on the floor. The urinary catheter bag did not have a detachable cover.  On 10/28/24 at 2:45 pm, Resident #87 was observed to be in his bed with his urinary catheter bag hanging from the right side of the bed and again the entire bottom of the urinary catheter bag was touching the floor.  In an interview with Nurse #3 on 10/28/24 at 2:45 pm, she stated was the hall nurse assigned to care for Resident #87. Nurse #3 was asked what her thoughts were about the position of the resident's urinary catheter bag. She replied, "It shouldn't touch the floor." The nurse stated she thought the urinary catheter bag ended up touching the floor due to the low position of Resident #87's bed.  During a subsequent observation on 10/30/24 at 8:22 am, Resident #87 was observed in his bed with his urinary catheter bag hanging from the right side of the bed and again touching the floor.  During an interview with the Director of Nursing (DON) on 10/29/24 at 3:51 pm, she expected the nursing staff to attach a urinary catheter bag to a resident's bed frame or geri chair and position the bag so it would not touch the floor to reduce the		assistant who has not worked completed the in-service will upon the next scheduled wor newly hired nurses and NAs in-serviced regarding Position Catheter Bags during orienta Staff Development Coordinate.  The Treatment Nurse will aud residents with catheter bags resident #87 and resident #87 Catheter Bag Audit Tool 3 tim 4 week, then monthly x 1 mo catheter bags are not position touching the floor. The Treatment will immediately address all in areas of concern to include residenter bag, so it is not poor touching the floor and/or restaff. The DON will review the Bag Audit Tool 3 times a weethen monthly x 1 month to en areas of concern have been at the DON will forward the residenter Bag Audit Tool to the Assurance Performance Importante (QAPI) Committee monthly x review and to determine trendissues that may need further put into place and to determine for further and / or frequency monitoring.	complete it k shift. All will be ning of tion by the tion by the tor.  dit of all to include to include to include to include the sa week x nth to ensure the ned on or ment Nurse dentified epositioning ositioned on e-training of the Catheter the x 4 week, asure all addressed.  sults of the Quality rovement 2 months for the need to the need	-	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345156			I ` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		B. WING _			C <b>10/30/2024</b>		
NAME OF PROVIDER OR SUPPLIER  HARMONY HALL NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 312 WARREN AVENUE KINSTON, NC 28501	DE	10/30/2024	
(X4) ID PREFIX TAG			ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SH		(X5) COMPLETION DATE	
F 690	A review of Resident Data Assessment (MI Resident #91 was mo impaired. Resident # catheter.  Resident #91's care p focus areas for urinar infection. Intervention signs/symptoms of ur tract infections (UTI's  An initial observation at 11:00 am of Reside her bed. A urinary ca be hanging off the be side of the bed (with a the bag facing the do of the urinary cathete floor. The bag did no  During an interview o Nurse #3 was identifie assigned to care for F stated the resident's u not touch the floor. T the urinary catheter b floor due to the low po bed.  During an interview w (DON) on 10/29/24 at nursing staff to attach resident's bed frame a	#91's quarterly Minimum OS) dated 9/25/24 revealed orderately cognitively 91 was coded for indwelling olan dated 9/25/24 revealed by retention and at risk for an according to the series of the serie	F	390			