PRINTED: 05/13/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
			D MINO			С
		345080	B. WING _			05/01/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
THE GREI	ENS AT VIEWMONT			220 13TH AVENUE PLACE NW HICKORY, NC 28601		
(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 ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD B HE APPROPRIA	
E 000	Initial Comments		E	000		
F 000	investigation survey through 05/01/25. The compliance with the	certification and complaint was conducted on 04/28/25 he facility was found in requirement CFR 483.73. dness Event ID #E93M11.	F	000		
F 641	survey were conduct 05/01/25. Event ID # intakes were investig NC00229141. 2 of th in a deficiency. Accuracy of Assessn	complaint investigation and from 04/28/25 through E93M11. The following pated: NC00227543 & le 2 allegations did not result ments	F6	641		5/13/25
SS=D	§483.20(g) Accuracy The assessment must resident's status. This REQUIREMEN' by: Based on observation interviews, the facility Minimum Data Set a to include a resident' bladder for 1 of 1 resident #74) The findings included	ons, record review, and staff y failed to accurately code a ssessment when they failed is diagnosis of neurogenic sident reviewed for catheters.		On 5/8/2025, the Minimum (MDS) Coordinator submitted to the MDS dated 1/29/2025 #74, indicating diagnosis of bladder resulting in the need catheter. On 5/12/25, an audit of all the MDSs for residents with a formal catheter.	ed a correct for resider neurogenic d for a foley ne most reco	ent
	10/22/24 with diagnoneoplasm of prostate replacement surgery dysfunction of bladde	dmitted to the facility on uses that included malignant e, aftercare following joint , and neuromuscular er.		suprapubic catheter was co regional MDS nurse to ensu correct diagnosis was indicaresident's MDS. No other enidentified. On 5/1/25, the Regional MD	mpleted by ire that the ated on the rors were	
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURI		TITLE		(X6) DATE

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

Electronically Signed 05/12/2025

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.

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 220 13TH AVENUE PLACE NW HICKORY, NC 28601	•	3/01/2023	
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F 641			F 6	educated each facility MDS on the importance of accura MDS, with special focus on section and the need to inclus appropriate diagnoses to accure reflect the resident's status. Resident Assessment Instructions of Section I for diagnoses. An alternate MDS nurse will completed MDS for resident suprapubic catheters weekly ensure accuracy of the diag supporting the resident's neor suprapubic catheter. The MDS audits will be review by the QAPI committee for a issues and/or the need for committering.	Coordinator acy of the the diagnosis ude all acurately per the ament (RAI) for completing review each as with foley or y x 8 weeks to nosis ed for a foley ewed monthly any identified continued		
	that it should have be the quarterly Minimul dated 01/29/25. An interview with the 05/01/25 at 11:09 AN diagnosis information assessments is pulle including diagnosis lidischarge summaries stated that with Residindicating that it was that the diagnosis should be resident #74's quart assessment dated 00 at 10 a	of neurogenic bladder and sen accurately reflected in m Data Set assessment Director of Nursing on M revealed she believed in for Minimum Data Set d from multiple areas sts, physician orders, s, and physician notes. She dent #74's catheter order used for neurogenic bladder, ould have been recorded in erly Minimum Data Set 1/29/25. The Director of d she expected Minimum		Date of completion for this p correction is 5/13/25.	olan of		

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		345080	B. WING _		05/01/2025
	ROVIDER OR SUPPLIER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVENUE PLACE NW HICKORY, NC 28601		1 00/0 1/2020
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F 658 SS=D	An interview with the 11:18 AM revealed is Set assessments to individual resident at Services Provided M CFR(s): 483.21(b)(3) Comp The services provide as outlined by the comust- (i) Meet professional This REQUIREMEN by: Based on observative resident interviews, Resident #35 swallo medication administrative for profess. The findings include Resident #35 was as 07/23/24 with diagnoral artery disease, diabet vascular disease and Resident #35's quarrassessment dated 1 Resident was cognitive.	and their care needs. Administrator on 05/01/25 at the expected Minimum Data be accurate and reflect the nd their care needs. Aleet Professional Standards (i) (i) The ensive Care Plans and or arranged by the facility, comprehensive care plan, Standards of quality. This not met as evidenced ons, record reviews, staff and the facility failed to ensure wed medication during ration for 1 of 2 residents ional standards. Additited to the facility on oneses that included coronary etes mellitus, peripheral did Alzheimer's disease. Alterly Minimum Data Set 1/20/24 revealed the	F 6	41	m upon eft at edside all of her nurse #1 that in ns, a ed, r anagers ure no ide of
	orders for *clopidogr (mg) by mouth in the	el bisulfate 75 milligrams e morning for peripheral ted 02/05/25, acetaminophen		medications were found left at any resident bedside.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345080	B. WING _			l	C 05/01/2025	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	03/	01/2025	
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THE GREE	ENS AT VIEWMONT			Н	IICKORY, NC 28601			
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F 658	Continued From page 3		F6	658				
F 058	325 mg 2 tablets by material dated 02/26/25, famous a day for reflux dated mg by mouth twice a 02/17/25 and dapaglimouth once a day for 11/14/24. On 04/29/25 at 8:37 / interview were made was lying in her bed expected was lying in her bed expected with the contained 6 pills. it was her morning material was her morning material date with her and so stated Nurse #1 gave morning and placed to Resident indicated shaped medications when should be okay to leave her in the Nurse stated 04/2 left Resident #35's material with her own on 04/30/25 at 11:40 conducted with the D. The DON explained to be medications and Nurse the medications at he indicated the nurses with t	nouth twice a day for pain tidine 20 mg by mouth twice 11/13/24, gabapentin 300 day for neuropathy dated flozin propanediol 10 mg by diabetes mellitus dated AM an observation and of Resident #35 while she eating breakfast. On the able was a medicine cup Resident #35 explained that edication that some nurses me do not. Resident #35 explained that hem on the table. The ne would take the e was ready. AM an interview was a #1 who explained that ith it" so she thought it would medications with her to take. 29/25 was the first time she edications at her bedside for not. AM an interview was irector of Nursing (DON). That Resident #35 had not able to self-administer her se #1 should not have left	F6	358	On 5/12/2025, education was complete by the Staff Development Coordinator (SDC) nurse who educated all nurses a medication aides that medications may not be left at bedside and that resident must be properly evaluated and care planned to self-administer medications new staff members will be educated proto working a shift. The DON/designee will conduct walkin round audits 5 times a week for 8 week to ensure medications are not left at the bedside. The audits will be reviewed monthly by QAPI committee for any identified issue and/or the need for continued monitorin by the DON. Date of completion for this plan of correction is 5/13/25.	and , s . All ior g ss e the		
F 759 SS=D	leave them at their be Free of Medication En	edside. rror Rts 5 Prcnt or More	F 7	759			5/13/25	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345080	B. WING		C 05/01/2025	
	ROVIDER OR SUPPLIER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 120 13TH AVENUE PLACE NW HICKORY, NC 28601	03/01/2023	
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F 759	percent or greater; This REQUIREMENT by: Based on observation manufacturer's instruct Pharmacy Consultant to have a medication as evidenced by 3 me opportunities, resultin of 11.54% for 1 of 4 re the medication admin Resident #46). The findings included 1. Resident #17 was a 07/26/23 with diagnos insufficiency, dyspnea vascular dementia. Resident #17's medic for *fluticasone-salme 100-50 MCG/ACT (m inhalation orally twice breath. Rinse mouth a *artificial tears 1% inst twice a day for dry ey	in Errors. Irre that its- Ition error rates are not 5 It is not met as evidenced Ins, record reviews, Interviews, the facility failed Interviews, the faci	F 759	On 4/29/25, the Director of Nursing (DON) assessed resident #17 following the reported medication errors. Reside #17 appeared to have no adverse effect from the medication errors. The errors were recorded as a medication error arreported to the provider with no new orders given. The bottle of eye drops were placed with a new bottle. Resident #1 rinsed mouth at the time of assessment by DON. Nurse #1 was educated by the DON/designee, on 4/29/25, that doctor orders must be followed as written. Residents must rinse their mouth following administration of steroid inhalers, when ordered by provider, to prevent negative side effects of the inhalers such as thrush or throat irritational residents may not self-administer medications without being properly assessed and care planned to do so. On 4/30/25, the Unit Manager nurse assessed resident #46 following the	nt cts nd ras 17 t	
	dated 01/22/25 revea cognitively intact.	led Resident #17 was		reported medication error. The resident appeared to have no adverse effects from the medication error. The error was recorded as a medication error and the	om	

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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
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F 759	Continued From page	e 5	F	759				
F 759	medication pass was medicating Resident Resident the inhaler a administer one puff a Resident #17 did not Nurse #1 instruct Resmouth. Nurse #1 ther Resident's eye drops she could do it hersel eye drops to the Resident eyes then drug the over her left eye lashed lashes and again over stated, "that eye is well ashes and again over stated, "that eye is well ashes and the Nurse exided not instill the eye Resident #17 rubbed eye lashes and if she bacteria could potent bottle now. The Nurse new bottle of eye drow #1 stated that the Redrops in each eye. We what she thought about the Resident dafter she administered did she instruct Resident to rinse her she was nervous.	made of Nurse #1 who was #17. Nurse #1 handed the and allowed the Resident to not inhale the medication. rinse her mouth out nor did sident #17 to rinse her not attempted to instill the when Resident #17 stated If and the Nurse handed the ident. Resident #17 closed he tip of the eye drop bottle es then over her right eye or her left eye lashes then horse." Inducted with Nurse #1 at 9:16 Nurse was asked what she edication pass to Resident drops correctly because the tip of the bottle on her had an infection going on, ially be on the eye drop e stated she would get a ps for Resident #17. Nurse sident put more than two then the Nurse was asked but the inhaler, Nurse #1 lid not rinse her mouth out do the inhaler to herself, nor dent #17 to rinse her mouth of the mouth out the Nurse stated	F	759	provider was notified of the error with now orders given. Nurse #2 was educated by the DON/designee on 4/30/25 that insulin pens must be primed before each use to ensure that the appropriate amoof insulin is provided to the resident. On 4/29/25, an audit was initiated by the DON/designee by observing inhaler medication administration to all other residents on steroid inhalers with order to rinse mouth after this medication administration to ensure they rinsed the mouth following administration of the inhaler. There were no other issues four The audit was completed on 5/12/25. On 4/30/25, an audit was initiated the DON/designee by observing the administration of insulin for each reside that receives insulin to ensure that the insulin pen was primed prior to each us There were no other issues found. The audit was completed on 5/12/25. On 5/12/25, education was completed the Staff Development Coordinator who educated all nurses and certified medication aides on proper administration of steroid inhalers with emphasis place on rinsing the mouth after administration when ordered by the provider and not allowing residents who have not been	ted ch unt e s eir nd. oy o ion d n		
	conducted with the D The DON explained t	AM an interview was irector of Nursing (DON). hat Resident #17 had not able to self-administer her			properly assessed and care planned to self-administer medications such as inhalers and eye drops.			

NAME OF PROVIDER OR SUPPLER THE GREENS AT VIEWMONT PROTECT AGAIN SECURITY IS SUMMARY STATEMENT OF DEPOSITIONED BY THE PROPERTY OF THE PROPER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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THE GREENS AT VIEWMONT MAY ID RECTIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX REQUILATORY OR USE DEMIPTIVE BY PROVIDERS PLAN OF CORRECTION PREFIX REQUILATORY OR USE DEMIPTIVE MINOR PROFUNDING INFORMATION) PREFIX TAG	NAME OF P	ROVIDER OR SUPPLIER	<u>l</u>		S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	01/2025
INCORY, NC 28601 INCORY, NC								
FREFIX TAG RESULATORY OR LSC IDENTIFYING INFORMATION) F759 Continued From page 6 medications and Nurse #1 should not have allowed the Resident to do so. The DON stated she felt Nurse #1 would have administered the medications correctly if she had done it herself. An interview was conducted with the Pharmacy Consultant on 04/30/25 at 2:10 PM who explained that the manufacturer's recommendation was for the residents to rinse their mouths after administering steroid inhalers because of the risk of thrush. The Pharmacy Consultant stated if the physician's order stated to rinse mouth after use, then it should be done. 2. The manufacturer's instructions for prefilled Lispro insulin pen indicated that priming the insulin pen each time was an important step to ensure there were no air bubbles in the insulin and the full dose of insulin was given. Priming the insulin pen: 1. Dail up 2 units: urn the dose selector dial to 2 units. 2. Prime the pen: Press the injection button to let out any air bubbles and ensure the insulin is flowing correctly, 3. Check for a drop of insulin: you should see a drop of insulin on the tip of the needle, 4. Repeat if necessary. Resident #46 was admitted to the facility on 10/26/23 with diagnoses that included diabetes mellitus. The QDN/designee will conduct audits on 5 residents receiving eye drops per week for 8 weeks to ensure nurses and certified medication aides are not allowing residents to self-administer medication such as readministering eye drops per per week for 8 weeks to ensure nurses and certified medication aides are not allowing residents to self-administer medication such as readministering eye drops per perely by applying the eye drops per the provider orders. Audits will also include that the nurse and certified medication aides are not allowing residents to self-administer medication such as readministering eye drops per perely by applying the eye drops per the provider orders. Audits will also include that the nurse and certified medication aides are not allowing	THE GREE	ENS AT VIEWMONT						
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administration of insulin via insulin pens, with emphasis placed on the requirement to prime the pen prior to each use to ensure the appropriate amount of insulin is provided to the residents. All new nurses and certified medication aides will receive this education prior to working a shift in the facility. All new nurses and certified medication aides will receive this education prior to working a shift in the facility. The DON/designee will conduct audits on 5 residents receiving steroid inhalers per week for 8 weeks to ensure nurses and certified medication aides are on allowing residents to ensure nurses and certified medication aides are not allowing residents receiving every by ensure the resident is rinsing his/her mouth after administration when it is ordered to do so by the provider. Audits will also include that the nurse and certified medication aides are not allowing residents to self-administering every drops per week for 8 weeks to ensure nurses and certified medication aides are not allowing residents to self-administering every drops properly by applying the eye drops per the provider orders. Audits will also include that the nurses and certified medication aides are not allowing residents to self-administering every drops properly by applying the eye drops per the provider orders. Audits will also include that the nurse and certified medication aides are not allowing residents to self-administer medication sides are not allowing residents to self-administer medication aides are not allowing residents to self-administer medication sides are not allowing reside						I ·	,	
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PRINTED: 05/13/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345080	B. WING		05/0	1/2025
		:	220 13TH AVENUE PLACE NW	1 00/0	112020
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
before meals on Mon Friday. On 04/30/25 at 11:31 made of Nurse #2 proto Resident #46 via a removed the Lispro in medication cart and so Nurse #2 administere without priming the inmanufacturer's instructure. An interview was conducted in the procedure an insulin pen and Notinsulin by the five right When the Nurse was priming the insulin pen the Nurse stated she when the insulin pen. An interview was conducted in the Nurse stated she when the insulin pen. An interview was conducted in the Nurse stated she when the insulin pen. An interview was conducted in the insulin pen insulin pen be prescribed to the residual priming an interview won 04/30/25 at 2:14 Fexplained priming the recommended because bubbles in the chamber very small incidences recommended. She in pen was usually recommended.	AM an observation was eparing to administer insulin n insulin pen. The Nurse issulin pen from the set the counter to 8 units. It is the sunits of insulin sulin pen as advised by the ctions. ducted with Nurse #2 at 5. The Nurse was asked to expend yield with the gave the insulin using urse #2 stated she gave the into five giving any medication. It is asked if she was aware of in before giving the insulin thought that was only for was used for the first time. ducted with the Director of 1/30/25 at 11:41 AM. The it was the facility's policy to infore you inject the insulin dent and Nurse #2 should sulin pen. With the Pharmacy Consultant in the Pharmacy Consulta		to do so. The DON/designee will conduct audits 5 nurses per week for 8 weeks to ensithat the appropriate dose of insulin is provided to the resident by observing the nurse primes the insulin pen prior each use. The audits will be reviewed monthly by QAPI committee for any identified issuand/or the need for continued monitor by the DON. Date of completion for this plan of correction is 5/13/25.	that to y the ues ing	5/13/25
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	Continued From page before meals on Mon Friday. On 04/30/25 at 11:31 made of Nurse #2 pre to Resident #46 via a removed the Lispro ir medication cart and s Nurse #2 administere without priming the in manufacturer's instru An interview was con 11:37 AM on 04/30/25 explain the procedure an insulin pen and Nuinsulin by the five righ When the Nurse was priming the insulin pen the Nurse stated she when the insulin pen An interview was con 11:37 AM on 04/30/25 explain the procedure an insulin pen and Nuinsulin by the five righ When the Nurse was priming the insulin pen An interview was con Nursing (DON) on 04 DON explained that it prime insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the insulin pens be prescribed to the resi have primmed the chamb very small incidences recommended. She in pen was usually reco Infection Prevention 8	CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 before meals on Monday, Wednesday and Friday. On 04/30/25 at 11:31 AM an observation was made of Nurse #2 preparing to administer insulin to Resident #46 via an insulin pen. The Nurse removed the Lispro insulin pen from the medication cart and set the counter to 8 units. Nurse #2 administered the 8 units of insulin without priming the insulin pen as advised by the manufacturer's instructions. An interview was conducted with Nurse #2 at 11:37 AM on 04/30/25. The Nurse was asked to explain the procedure when giving insulin using an insulin pen and Nurse #2 stated she gave the insulin by the five rights of giving any medication. When the Nurse was asked if she was aware of priming the insulin pen before giving the insulin the Nurse stated she thought that was only for when the insulin pen was used for the first time. An interview was conducted with the Director of Nursing (DON) on 04/30/25 at 11:41 AM. The DON explained that it was the facility's policy to prime insulin pens before you inject the insulin prescribed to the resident and Nurse #2 should have primmed the insulin pen. During an interview with the Pharmacy Consultant on 04/30/25 at 2:14 PM the Pharmacy Consultant explained priming the insulin pen is recommended because there could be air bubbles in the chamber of the pen but there were very small incidences of that, but it had to be recommended. She indicated to prime the insulin pen unfection Prevention & Control	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 before meals on Monday, Wednesday and Friday. On 04/30/25 at 11:31 AM an observation was made of Nurse #2 preparing to administer insulin to Resident #46 via an insulin pen. The Nurse removed the Lispro insulin pen from the medication cart and set the counter to 8 units. Nurse #2 administered the 8 units of insulin without priming the insulin pen as advised by the manufacturer's instructions. An interview was conducted with Nurse #2 at 11:37 AM on 04/30/25. The Nurse was asked to explain the procedure when giving insulin using an insulin pen and Nurse #2 stated she gave the insulin pen and Nurse #2 stated she gave the insulin by the five rights of giving any medication. 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WING STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVENUE PLACE NW HICKORY, NC 28601 SUMMARY STATEMENT OF DEFICIENCIES (BEACH DEPICIENCY MUST BE PRECEDED BY PILL REGULATORY ORLSE (DENTIFYING INFORMATION) Continued From page 7 before meals on Monday, Wednesday and Friday. On 04/30/25 at 11:31 AM an observation was made of Nurse #2 preparing to administer insulin to Resident #46 via an insulin pen. The Nurse removed the Lispro insulin pen from the medication cart and set the counter to 8 units. Nurse #2 administered the 8 units of insulin without priming the insulin pen as advised by the manufacturer's instructions. An interview was conducted with Nurse #2 at 11:37 AM on 04/30/25. 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Facility ID: 923004

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	(X3	(X3) DATE SURVEY COMPLETED	
		345080	B. WING			C 05/01/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVENUE PLACE NW HICKORY, NC 28601	<u> </u>	03/01/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 880	Continued From pa	ge 8	F 88	30		
	infection prevention designed to provide comfortable enviror development and tr diseases and infection program. The facility must es and control program a minimum, the following for the providing services the arrangement based conducted according accepted national significant accepted in the procedures for the put are not limited to (i) A system of survey possible communication infections before the persons in the facility of the provide system of survey possible communications in the facility of the persons in the facility of the provide system of survey possible communications before the persons in the facility of the provide system of survey possible communications before the persons in the facility of the provided system of survey possible communications before the persons in the facility of the provided system of survey possible communications before the persons in the facility of the provided system of survey possible communications before the persons in the facility of the provided system.	tablish and maintain an and control program a safe, sanitary and ament and to help prevent the ansmission of communicable ions. In prevention and control tablish an infection prevention in (IPCP) that must include, at owing elements: Item for preventing, identifying, ing, and controlling infections diseases for all residents, sitors, and other individuals under a contractual upon the facility assessment g to §483.71 and following tandards; en standards, policies, and program, which must include, occitions diseases or ey can spread to other				
	communicable dise reported; (iii) Standard and tra to be followed to pre	ase or infections should be ansmission-based precautions event spread of infections; solation should be used for a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345080	B. WING _			C 05/01/2025	
	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP COI 220 13TH AVENUE PLACE NW HICKORY, NC 28601	•	0/01/2020	
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F 880	involved, and (B) A requirement that least restrictive possicircumstances. (v) The circumstance must prohibit employed disease or infected siccontact with residents contact will transmit to (vi)The hand hygiene by staff involved in disease of infected siccontact will transmit to (vi)The hand hygiene by staff involved in disease or infection actions take \$483.80(a)(4) A system involved in disease of the system i	ation of the isolation, infectious agent or organism at the isolation should be the ble for the resident under the sunder which the facility sees with a communicable kin lesions from direct or their food, if direct he disease; and procedures to be followed rect resident contact. The for recording incidents acility's IPCP and the en by the facility. The store, process, and to prevent the spread of	F8				
	interviews, the facility Handwashing/Hand H Wound Nurse perforr treatment on Resider sanitize her hands be This practice occurre	Hygiene policy when the ned a pressure ulcer at #51 and did not wash or sfore donning new gloves. d for 1 of 2 staff members rved for infection control.		On 4/29/25, the wound nurs educated by the Director of N (DON) that she must wash o hands between glove change means of infection prevention On 4/30/25, an audit was init DON/designee where 5 episowound care were observed to during each episode soiled gremoved, hand hygiene was	Nursing or sanitize her es as a n. tiated by odes of o ensure that ploves were		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С	
		345080	B. WING _			05	5/01/2025	
NAME OF PI	ROVIDER OR SUPPLIER	-1		ST	REET ADDRESS, CITY, STATE, ZIP CODE			
				22	0 13TH AVENUE PLACE NW			
THE GREI	ENS AT VIEWMONT			Н	CKORY, NC 28601			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG	`	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	x	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 880	Continued From page 10			380				
	Review of the facility	y's policy entitled			and clean gloves were donned only af	ter		
		"Handwashing/Hand Hygiene" last revised in			hand hygiene had been completed as			
	October 2015 read i	n part:			means of infection prevention. There			
		his facility considers hand			were no additional observations of fail	ure		
	hygiene the primary	means to prevent the spread			to perform hand hygiene and change			
	of infections.				gloves appropriately. The audit was			
		d hand rub containing at least			completed on 5/12/25.			
		ernatively, soap and water for						
	the following situation				On 5/12/25, education was completed			
	m. After removing g			the Staff Development Coordinator wh				
	Hand hygiene is the final step after removing and disposing of personal protective equipment.				educated all nurses of the requiremen	1 10		
	Applying and Remo				perform hand hygiene between glove changes during wound care and that a	ofter		
		giene before applying			completing a wound treatment, soiled	iitei		
	non-sterile gloves.	gione solore applying			gloves must be removed, and hand			
	9.01.01.				hygiene must be performed. After har	nd		
	On 04/29/25 at 10:4	5 AM an observation was			hygiene is completed, clean gloves ca			
	made of the Wound	Nurse performing wound			donned for the application of clean			
	care to Resident #5	1's stage IV sacral pressure			dressings. The education also include	d		
	ulcer. The Wound N	urse washed her hands and			that hand hygiene is the primary mear	ıs to		
		d gloves then set up a work			prevent the spread of infection. All nev			
	1 1	on for the wound care. The			nurses will receive the education prior	to		
		ved the old dressing which			working a shift.			
		ount of drainage then			TI DON'/!			
		and washed her hands			The DON/designee will audit by obser	-		
		new gloves. The Wound			wound care treatments 5 times per we	ek		
		d the stage IV pressure ulcer			for 8 weeks to ensure nurses are			
		oves and without washing or she applied new gloves to			changing gloves and washing hands appropriately while performing treatments	onto		
		ent by applying the medicated			appropriately wrille performing treatme	;iii5.		
		ssing to secure the wound.			The audits will be reviewed monthly by	v the		
	pad and bolder dies	Joing to seedic the would.			QAPI committee for any identified issu			
	During an interview with the Wound Nurse on				and/or the need for continued monitori			
	_	M the Wound Nurse was			by the DON.	9		
		steps of the wound care			•			
		und Nurse repeated the steps			Date of completion for this plan of			
		d when she stated she			correction is 5/13/25.			
	-	after she cleansed the						
		and stated, "I did not wash						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVENUE PLACE NW HICKORY, NC 28601			
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F 880	my hands before I provided Mands after she remover nervous being watch at 10:57 AM on 10/2 conducted with the Example The DON explained utilize hand washing were removed. She	ut on new gloves." The I she usually did wash her oved her gloves, but she was	F	380			