

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/30/2025
NAME OF PROVIDER OR SUPPLIER BLUMENTHAL HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455		
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 5/28/25 through 5/30/25. Event ID# NPGG11. The following intakes were investigated NC00230466, NC00230857, and NC00230908. One (1) of the 10 complaint allegations resulted in deficiency.	F 000			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff and Wound Nurse Practitioner (NP) interviews, the facility failed to obtain a treatment order for a suspected deep tissue injury when it was first observed which resulted in a delay in the initiation of treatment for 1 of 3 residents reviewed for pressure ulcers (Resident #5). The findings included:	F 686	The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.	6/26/25	

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

TITLE

(X6) DATE

Electronically Signed

06/20/2025

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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F 686	<p>Continued From page 1</p> <p>Resident #5 was admitted to the facility on 12/01/24 with diagnoses that included left total knee arthroplasty (surgical procedure to restore or repair a damaged joint) on 11/25/24, type 2 diabetes, chronic kidney disease, osteoarthritis, chronic pain, neuralgia (pain caused by damaged nerve), spondylosis with radiculopathy cervical region (spinal degeneration with nerve root compression of the bones and disks in the neck), hypertension, systemic inflammatory response syndrome (widespread inflammation in the body), hypothyroidism, neuromuscular disorder and obesity.</p> <p>The care plan dated 12/01/24 revealed the resident was at risk for pressure ulcers related to chronic health conditions, immobility, and incontinence. The goal was Resident #5 would not have any skin impairments. Interventions included assessing resident for risk of skin breakdown, keeping skin clean and dry as possible, and skin assessments as indicated.</p> <p>A review of the Wound Nurse Practitioner (NP) progress note dated 12/01/24 read in part, "Preventative measures: continue with turning and repositioning schedule per protocol for pressure prevention, position patient side to side as tolerated, float heels while in bed with use of pillows. New recommendations as follows: schedule an appointment visit in 2 weeks with the surgeon. The patient has a surgical wound. There is no evidence of infection noted today upon assessment. If complications arise, staff understand to contact operating surgeon. The risk of complications and/or morbidity/mortality of the patient's management is moderate."</p> <p>The admission Minimum Data Set (MDS) dated</p>	F 686	<p>F686</p> <p>Corrective actions were accomplished for those residents found to be affected by the deficient practice:</p> <p>Resident #5 no longer resides in the facility</p> <p>On May 30, 2025, the Director of Nursing provided education to the Treatment Nurse on obtaining and adding Physician Orders for all treatments before initiating the treatment or adding it to the Treatment Administration records (TAR).</p> <p>Identification of other residents having the potential to be affected by the same deficient practice:</p> <p>100% skin inspection for all current residents in the facility was completed on June 15, 2025, by the Director of Nursing and Unit managers. This audit will be completed by June 26, 2025. Findings of this audit are documented in a skin observation located in the facility compliance binder.</p> <p>100% review of all residents with open wounds conducted by the Director of Nursing or designee on 6/15/25 to validate that any residents with impaired skin integrity have been appropriately documented, and corresponding provider orders and treatment interventions have been initiated. Newly identified skin concerns were communicated to the attending physician and responsible parties for appropriate medical follow-up. Measures/systemic changes will be put into place to ensure that the deficient practice does not recur;</p> <p>Effective 6/20/2025, all residents in the facility with an open area that requires</p>		

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F 686	<p>Continued From page 2</p> <p>12/08/24 revealed that Resident #5 was cognitively intact and required supervision/touching assistance to moderate assistance with activities of daily living. The MDS further revealed that Resident #5 was at risk for pressure ulcers.</p> <p>A review of the progress notes by the Advanced Practice Nurse (APN) dated 12/10/24 revealed Resident had a planned discharge to home on 12/10/24 and had 2 two falls at home and returned to the facility the same day. The Resident was evaluated via teleconference by the Advance Practice Nurse (APN) and indicated the left knee surgical wound initially was bleeding and had stopped, the surgical dressing was in place and was reinforced with ace bandage. Resident was to follow up with orthopedic on 12/11/24.</p> <p>A review of physician orders revealed an order dated 12/10/24 to monitor left knee for changes and rewrap dressing every other day.</p> <p>A review of the NP's note dated 01/28/25 revealed Resident #5 was sent to neurology to evaluate her complaint of upper and lower extremity weakness as well as upper extremity tremors. The resident had labs done and an electromyography (EMG) (a diagnostic test that asses the health of muscle and the nerves connected to them) for bilateral legs were ordered and awaiting scheduling. An evaluation of upper extremities deferred as it was considered less concerning to the provider and suspected pinched nerve. An electroencephalogram (EEG) (electrical activity of the brain) to rule out seizure disorder causing episodes of loss of cognitive abilities and flailing of arms and legs. Plan to follow up in office in 3 months.</p>	F 686	<p>treatment has a physician order in place entered in the electronic health records. Effective 6/20/25, the Clinical team, which consists of the DON, ADON, Minimum Data set (MDS), and/or Unit coordinators (1 #2), resumed the process for reviewing completed skin inspections and validate any newly identified skin alteration have corresponding physician orders in place. This systemic process will take place Monday through Friday. Any identified issues will be addressed promptly. This process will be incorporated into the daily clinical meeting taking place Mondays through Fridays.</p> <p>The Staff Development Coordinator (SDC) has provided in-service education to all licensed nursing staff, including agency personnel, on the appropriate procedures for initiating physician orders when new skin conditions are identified. Training emphasized: Timely assessment and documentation of skin changes, Immediate provider notification and initiation of treatment orders, Accurate entry of physician orders into the electronic medication administration record (eMAR), Procedures for obtaining orders related to changes in condition or new skin impairments, This education has been incorporated into the orientation process for all new licensed nursing hires. Any nurse who has not received this training by June 26, 2025, will complete it prior to their next scheduled shift to ensure full compliance.</p> <p>Monitoring of corrective actions to ensure that the deficient practice is being</p>		

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F 686	<p>Continued From page 3</p> <p>A review of the weekly skin observation tool form dated 01/30/25 revealed Resident #5 had a suspected deep tissue injury on the left heel.</p> <p>Review of Resident #5's Treatment Administration Record (TAR) dated January 2025 revealed no treatment for a left heel pressure ulcer.</p> <p>An interview was conducted on 05/30/25 at 3:52 pm with the Wound Nurse and she indicated she had conducted a skin assessment on Resident #5 on 01/30/25 and observed a suspected deep tissue injury on Resident #5's left heel. She indicated she thought she had received an order for the wound and had placed the order on the computer. The Wound Nurse stated, "I'm not sure what happened."</p> <p>A review of Resident #5's care plan dated 02/04/25 revealed the Resident had a deep tissue injury to the left heel. The goal was the Resident would not develop any further skin impairment, and the wound will show signs and symptoms of healing. The interventions included treatment as ordered, assessing resident for risk of skin breakdown, keep skin clean and dry as possible, referral to wound physician as indicated, skin assessments as indicated, and wound reviews as indicated.</p> <p>An interview was conducted with the Wound NP on 05/30/25 at 4:10 pm and she indicated she was informed by the Wound Nurse on 02/04/25 during wound rounds that Resident # 5 had a deep tissue injury on the left heel. Wound NP stated she observed Resident # 5's left heel pressure ulcer on 02/04/25 and she placed orders to treat the wound with skin prep to left heel DTI</p>	F 686	<p>corrected and will not recur: Effective 6/20/2025, DON and/or ADON will monitor compliance with order transcription to include treatment orders by reviewing the completed skin inspection reports to ensure completion and validate that any newly identified skin alterations have treatment orders entered into the facility's EHR. This will be done daily Monday through Friday for two weeks, weekly for two weeks, then monthly for three months or until a pattern of compliance is maintained. Effective 06/20/2025, the Director of Nursing will report findings of this monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for three months, or until a pattern of compliance is maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance. Complete Date: 6/26/2025</p>		

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F 686	Continued From page 4 and leave open to air daily and as needed. She indicated Resident #5 had something going on with her neurologically and did not think the facility did anything wrong in this case. A review of Resident #5's February TAR revealed a treatment had been initialed on 02/05/25 indicating the treatment had been started on 02/05/25 for skin prep to left heel deep tissue injury (DTI) and leave open to air daily and as needed. During an interview with the Nurse Practitioner (NP) on 05/30/25 at 4:04 pm it was indicated he did not recall if he received notification about Resident #5's left heel pressure ulcer. He stated sometimes the facility would notify him and sometimes they would notify the Wound NP. He indicated he observed Resident #5 offloading her heels during his visits with Resident. The NP indicated he would expect to have seen a treatment order for the left heel pressure ulcer. The Director of Nursing (DON) was interviewed on 05/30/25 at 5:04 pm and she stated, "I would expect that we notify the provider and get an order in place". She indicated she did not know why an order was not in place for Resident #5's left heel pressure ulcer. The Administrator was interviewed on 05/30/25 at 5:44 pm and she indicated the Nurse should have notified the physician immediately and receive an order for Resident #5' s left heel pressure ulcer.	F 686			
F 777 SS=D	Radiology/Diag Srvcs Ordered/Notify Results CFR(s): 483.50(b)(2)(i)(ii) §483.50(b)(2) The facility must-	F 777		6/26/25	

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F 777	<p>Continued From page 5</p> <p>(i) Provide or obtain radiology and other diagnostic services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to: 1) Obtain a provider's order prior to requesting radiology testing (x-ray) be completed for a resident; and 2) Notify the Nurse Practitioner (NP) when the results of the x-ray revealing 4 rib fractures became available. This occurred for 1 of 3 residents (Resident #2) reviewed for accidents.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 2/24/25 with cumulative diagnoses which included a history of stroke, generalized muscle weakness, and dementia.</p> <p>The resident's admission Minimum Data Set (MDS) dated 2/28/25 revealed she had severely impaired cognition. Resident #2 required set-up or clean-up assistance for eating, partial/moderate assistance for bed mobility and walking 10 feet; with substantial/maximum assistance for toileting, bathing, sit to stand, and chair to bed to chair transfers.</p> <p>Resident #2's electronic medical record (EMR)</p>	F 777	<p>F777</p> <p>1. Corrective actions accomplished for those residents found to be affected by the deficient practice: Resident #2 is no longer a resident of the facility.</p> <p>2. Identification of other residents having the potential to be affected by the same deficient practice: On 5/21/25 the Director of Nursing and Unit Managers reviewed the last 30 days of radiology reports completed to ensure that proper notification was made for each radiology result to the appropriate medical provider. The audit included verification of physician orders was received for all radiology tests prior to the radiology testing. No issues were identified at the time of the audit.</p> <p>3. Measures/systemic changes will be put into place to ensure that the deficient practice does not recur On 5/10/25, the Staff Development Coordinator began education for all licensed nurses on notification of the provider of all radiology results, falls with</p>		

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F 777	<p>Continued From page 6</p> <p>included a Fall Note dated 4/21/25 at 1:00 PM. This note reported Resident #2 had a fall to the floor after attempting to rise out of her wheelchair in the hall despite verbal redirection. She was witnessed by staff as she sat down on the floor. The resident denied having any pain at the time of the incident.</p> <p>On 4/21/25, the facility's Nurse Practitioner (NP) ordered x-rays be completed for Resident #2 due to staff reporting the resident complained of "general" achiness.</p> <p>A Radiology Results Report documented an x-ray of Resident #2's bilateral ribs (3 views) was completed on 4/22/25 at 2:57 AM and the x-ray results were reported on 4/22/25 at 7:00 AM. The findings of this report noted in part, "There is no acute fracture or dislocation of ribs demonstrated in these projections ...the visualized lungs are clear ...The bony mineralization is mildly decreased ..." The "Impression" on the report noted mild osteopenia was demonstrated in the x-ray.</p> <p>A Progress Note dated 4/22/25 at 11:15 AM and authored by the NP reported Resident #2 was seen for a post-fall evaluation and follow-up review of her 4/22/25 x-ray results. No concerns related to the x-ray results were noted.</p> <p>No additional falls were documented in Resident #2's EMR after the fall she experienced on 4/21/25.</p> <p>On 5/7/25 at 12:39 PM, a Progress Note authored by the NP documented an interim visit was conducted with the resident for her acute and chronic issues. The note indicated Resident #2</p>	F 777	<p>injury, injuries of unknown origin, pain assessment, and notifications of both to the provider, DON, and Administrator in a timely manner. This education also included the need to obtain a physician's order for any procedure, lab, or radiology report. This also included educating nurses to check the results in the cue within the EMAR each shift for resulting labs or radiology reports. All nurses will receive this education by 5/15/25. Any nurses who did not receive this education by 5/15/25 will receive the education prior to starting their next scheduled shift. This education will become a part of the new hire orientation process for all newly hired nurses.</p> <p>4. Indicate how the facility plans to monitor its performance to ensure that solutions are sustained: The Director of Nursing or Designee will complete daily audits (Monday through Friday) of all radiology reports, proper physician order for the radiology report and to ensure that all results have been communicated to the medical provider as necessary. Any radiology results obtained over the weekend will be audited on Monday to ensure that proper notification has been made. The audit will be conducted 5x weekly for 4 weeks, 3x/weekly for 4 weeks, then weekly for four weeks to ensure compliance. The Director of Nursing will report the findings from the audits to the Quality Assurance Performance Improvement Committee for recommendations and/or modifications until a pattern of compliance is achieved.</p>		

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F 777	<p>Continued From page 7</p> <p>had no pain at that time. The Assessment and Plan read in part: "resting in bed at start of this encounter. easily awakened but wants to return to sleep ..."</p> <p>A review of the resident's EMR and Physician's Orders revealed no orders were obtained or documented for an x-ray to be conducted for this resident. However, a Radiology Results Report in the EMR indicated another x-ray of Resident #2's bilateral ribs (3 views) was completed on 5/7/25 at 12:37 PM with the x-ray results reported on 5/7/25 at 4:18 PM. The report noted that a comparison of Resident #2's 4/22/25 x-ray was conducted. The findings read: "There is visualization of multiple right-sided rib fractures involving ribs five through eight. There is no obvious pneumothorax (collapsed lung)." The results of the x-ray were sent electronically to the facility.</p> <p>An interview was conducted on 5/29/25 at 12:39 PM with Nurse #1. Nurse #1 was identified as the nurse who requested an x-ray for Resident #2 on 5/7/25 without obtaining and/or documenting a provider order for the testing. When asked what prompted her to request radiology testing for the resident on 5/7/25, the nurse stated on that date she herself had a cough and congestion. Nurse #1 stated "it was going around" and she thought the resident had the same type of signs/symptoms. The nurse reported that the resident did not complain of pain during her shift. When asked, Nurse #1 reiterated that pain was not the reason for obtaining the x-ray. Upon further inquiry, the nurse stated the facility's NP verbally ordered this x-ray, so she put the request in for it. She stated, "That's the one I forget to put the order in for." Nurse #1 reported she was</p>	F 777	5. Complete Date: 6/26/2025		

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F 777	<p>Continued From page 8</p> <p>assigned to another hall when Resident #2's x-ray results came back. During the interview, Nurse #1 stated she was not sure if she told the oncoming nurse an x-ray was taken and that the results were still pending for this resident.</p> <p>An interview was conducted on 5/29/25 at 11:33 AM with the facility's NP. During the interview, the NP reported he received a call from the Unit 1 Manager on 5/8/25 informing him that Resident #2 was declining and that her oxygen saturation rate was low despite supplemental oxygen being provided. Therefore, he gave an order to send the resident out to the hospital Emergency Department (ED) for evaluation and treatment. The NP reported he then went into the resident's EMR to review the resident's past lab results. At that time, he noticed a chest x-ray was done on 5/7/25, adding that he did not order that x-ray. After seeing the results of the x-ray revealing Resident #2 had 4 rib fractures, he reported he called back to the facility's Unit 1 Manager to discuss concerns related to these results. The NP noted his discovery of the radiology report occurred after the resident had already been sent out to the ED due to a change in condition. When asked if he would have done anything differently if he had been notified of the x-ray results when they first became available to the facility on 5/7/25, the NP stated he would have wanted to assess Resident #2 fully to see if she had any other clinical findings of concern. He noted the resident did not have any respiratory problems until 5/8/25 (when she was sent out to the hospital ED).</p> <p>Resident #2's EMR documented she was sent out to the hospital Emergency Department (ED) due to altered mental status on 5/8/25. She</p>	F 777			

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F 777	<p>Continued From page 9</p> <p>arrived at the hospital on 5/8/25 at 10:32 AM. The ED records indicated a chest x-ray completed on 5/8/25 at 12:00 PM reported the resident had "multiple subacute/healing" right rib fractures noted. The term "subacute" refers to a post-injury period of time that may vary depending on individual factors. A subacute fracture typically falls within the 5-14 day range after the initial injury but may be as much as 6 weeks post-injury. The ED to Hospital Admission (Discharged) notes dated 5/8/25 reported Resident #2's primary hospital problem was determined to be sepsis (the body's extreme reaction to an infection).</p> <p>An interview was conducted on 5/30/25 at 10:35 AM with the facility's Director of Nursing (DON). During the interview, the DON was asked what measures were put into place to track and/or follow-up on radiology reports to ensure the provider was notified of the results in a timely manner. She reported that the off-going nurse was supposed to report to the on-coming nurse if any lab/radiology reports were pending results. A follow-up interview was conducted with the DON on 5/30/25 at 5:13 PM. Upon inquiry, the DON reported that she would expect nursing staff to notify the provider of every lab or radiology report when the results became available.</p> <p>On 5/29/25 at 11:50 AM, the Administrator reported a 4-point Plan of Correction (POC) had been implemented. A review of the facility's POC revealed it addressed conducting audits that ensured that all radiology results have been communicated to the medical provider. However, the POC did not address including audits that ensured a physician's order was obtained for any radiology testing. For this reason, the POC could</p>	F 777			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/30/2025
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F 777	Continued From page 10 not be accepted.	F 777			