

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345183</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>Cabarrus Health and Rehabilitation</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 Brookwood Avenue NE , Concord, North Carolina, 28025</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	INITIAL COMMENTS  An onsite complaint investigation and revisit survey was conducted from 8/6/2025 through 8/7/2025. Tags E0039, F553, F585, F640, F641, F677, F684, F689, F690, F697, F761, F777, F806, F842, and F925 were corrected effective 8/7/2025. Repeat tags and new tags were cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance. Event ID: KRWY-H2.		F0000			08/26/2025	
F0693 SS = D	<p>Tube Feeding Mgmt/Restore Eating Skills</p> <p>CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition</p> <p>(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, staff and physician interviews, the facility failed to enter hospital discharge orders for tube feedings and free water administration for 1 of 3 residents reviewed for tube feedings (Resident #1).</p>		F0693	<p>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.</p> <p>F0693</p> <p>Corrective actions accomplished for those residents found to be affected by the deficient practice:</p> <p>Resident #1 was admitted on 8-5-25 and was discharged to the hospital on 8-8-25.</p> <p>The order was clarified and verified for the Free water Bolus via Tube Feeding on 8-6-25 by the Director of Nursing with the Registered Dietician. The order was transcribed in the electronic medical record on 8-6-25.</p> <p>Identification of other residents having the potential to be affected by the same deficient practice:</p> <p>100% audit of all current residents requiring enteral nutrition in the facility completed on</p> <p>8-8-25 by unit by the Unit Coordinator and was verified by the Director of Nursing to identify any other resident that requires enteral nutrition management orders on the electronic medical record related to Flush order, Placement, G-Tube (Gastric Tube) Ostomy, Residual check, Registered referral as needed, Care planning and Tube feeding care. There was only 1 out of</p>		07/30/2025	

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 reverse for further 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.

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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345183</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>Cabarrus Health and Rehabilitation</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 Brookwood Avenue NE , Concord, North Carolina, 28025</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F0693 SS = D	<p>Continued from page 1 The findings included:</p> <p>Resident #1 was admitted to the facility 2/24/25 with diagnoses including stroke and feeding tube.</p> <p>The significant change Minimum Data Set (MDS) assessment dated 6/23/25 documented Resident #1 was severely cognitively impaired. The MDS documented Resident #1 received tube feedings.</p> <p>An order dated 7/11/25 indicated for tube feedings (Nutren 2.0) to be administered by pump at 60 milliliters (ml) per hour for 22 hours and turned off from 1:00 PM to 3:00 PM daily. The order directed a total of 1320 ml to be administered.</p> <p>An order dated 7/11/25 revealed free water flushes of 300 milliliters (ml) to be administered 5 times per day.</p> <p>Resident #1 was transferred to the hospital on 7/31/25 and was readmitted to the facility 8/5/25 after hospitalization.</p> <p>Hospital discharge orders dated 8/5/25 specified that Resident #1 should return to his previous diet.</p> <p>Review of the medication administration record (MAR) revealed there were no orders for tube feeding or free water flushes.</p> <p>Resident #1 was observed on 8/6/25 at 11:51 AM in bed. Tube feeding Nutren was infusing by pump at 60 ml per hour.</p> <p>An interview was conducted with Nurse #2 on 8/6/25 at 1:18 PM. Nurse #2 explained she received report from the hospital for Resident #1 before he arrived to the facility. Nurse #2 reported the hospital instructed her to continue previous tube feeding orders, and she reported this to Nurse #1. When Resident #1 returned to the facility, Nurse #2 hung the Nutren tube feeding. Nurse #2 reported she was not assigned to Resident #1 and did not notice the orders for the tube feeding or free water flushes were not added to the medication administration record.</p> <p>Nurse #1 was interviewed on 8/6/25 at 1:13 PM. Nurse #1 reported she was assigned to Resident #1 on 8/5/25 when he returned from the hospital and she was told by Nurse #2, who received report from the hospital, to continue the same tube feeding as before. Nurse #1 explained she hung the Nutren at 60 ml per hour as before and gave him free water flushes as before, but she did not</p>	F0693	<p>Continued from page 1 8 Tube Feeding residents that required an order for Residual checks, and it was corrected on 8-12-25. The other 2 out of the 8 Tube Feeding residents were transcribed with a new order per Registered Dietician's recommendation. Findings of this audit are documented on the 100% enteral feeding audit tool dated 8-8-25 located in the facility compliance binder.</p> <p>Measures/systemic changes will be put into place to ensure that the deficient practice does not recur:</p> <p>Effective 8-12-25, all licensed nurses on duty and assigned to care for residents requiring enteral feedings will be educated on enteral feeding management upon admission, readmission and with any significant or condition changes.</p> <p>Effective 8-12-25, all licensed nurses on duty will be educated on order transcription, discontinuation and adding interventions on care plan related to Tube Feeding Management and Care.</p> <p>Effective 8-12-25, the Clinical team, which consists of the Director of Nursing, Assistant Director of Nursing ADON, Minimum Data set (MDS), and/or Unit Coordinators (1, 2) will incorporate the process of discussing residents admitted/readmitted with enteral tube devices to validate proper handling of enteral feeding orders by licensed nurses.</p> <p>Effective 8-12-25, the Unit Coordinator #1 will complete the admission audit checklist to include Tube Feeding checklist. This Admission Audit Checklist will be reviewed and verified completed by the Director of Nursing or Assistant Director of Nursing or designee within 24 hours of admission/ re-admission or any significant or changes in condition related to Tube Feeding orders and management.</p> <p>This systemic process will take place starting 8-13-25. Any identified issues will be addressed promptly. This process will be incorporated into the daily clinical meeting that takes place Mondays to Fridays.</p> <p>The Staff Development Coordinator will complete 100% of education for all licensed nurses to include full-time, part-time, agency employees, and as needed employees (PRN). The emphasis of this education will be the importance of ensuring each resident with an enteral feeding has Tube Feeding orders transcribed on the electronic medical record to include Free Bolus Water flushes aside from keeping a clean and dry enteral feeding syringe for medication and feeding administration. Any licensed nurses who are not</p>				

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345183</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>Cabarrus Health and Rehabilitation</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 Brookwood Avenue NE , Concord, North Carolina, 28025</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0693 SS = D	<p>Continued from page 2</p> <p>notice that the orders for the tube feeding had not been added to the medication administration record. Nurse #1 explained she had hung a replacement container of the tube feeding at 9:30 AM because the previous container was empty and had given him flushes of water after the medication administration but had not administered free water flushes this date. Nurse #1 reported the Unit Manager was responsible for entering hospital discharge orders into the electronic documentation system.</p> <p>The Unit Manager (UM) #1 was interviewed on 8/6/25 at 1:25 PM and she reported she had received the hospital discharge orders for Resident #1 and had entered the orders on 8/5/25. UM #1 reviewed the medication administration record and reported that she must have forgotten to add the tube feeding formula, the rate of administration, and the free water flushes to the orders. UM #1 explained she was going to review the orders that morning on 8/6/25 but did not have the opportunity.</p> <p>A phone interview was conducted with the Registered Dietician (RD) on 8/6/25 at 12:36 PM. The RD explained that Resident #1 was receiving continuous feeding by feeding tube and receiving 2640 calories per day, plus 1500 ml of free water flushes. The RD reported she did not receive a phone call from the facility requesting clarification of dietary orders after Resident #1 returned to the facility after hospitalization.</p> <p>A phone interview was conducted with Nurse #3 on 8/6/25 at 10:21 PM. Nurse #3 reported he was assigned to Resident #1 for the night shift 7:00 PM on 8/5/25 to 7:00 AM on 8/6/25. Nurse #3 explained the tube feeding was running at 60 ml per hour and he had allowed that to run all night. Nurse #3 reported he had not noticed there were no orders for the tube feeding nutrition or for the free water flushes, but he had given water after administering medications (amount unknown) and had given him 240 ml of water at bedtime and in the morning. Nurse #3 reported he did not document the administration of these water flushes, and he used his nursing judgment for the administration of the water flushes.</p> <p>The physician was interviewed on 8/7/25 at 11:05 AM and he reported that nursing staff should not use their nursing judgement for tube feeding water flushes, and the facility should have called him on 8/5/25 to receive tube feeding and free water flushes orders and to clarify the hospital orders.</p> <p>The Director of Nursing (DON) was interviewed on 8/7/25</p>			F0693	<p>Continued from page 2</p> <p>educated by 8-13-25 will not be allowed to work until they are educated. This education will also be provided annually and implemented in a new hire orientation for licensed nurses, effective 8-13-25</p> <p>Monitoring of corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Effective 8-13-25, the Director of Nursing and/or Assistant Director of Nursing will monitor compliance with enteral feeding maintenance by completing rounds on random residents with enteral feeding devices to ensure compliance. This monitoring process will be completed daily (Monday through Friday) for two weeks, weekly for two more weeks, then monthly for two months, or until the pattern of compliance is established. Any negative findings will be addressed by the Director of Nursing promptly. This monitoring process will be documented on a "Tube QA Audit" monitoring tool located in the facility compliance binder.</p> <p>Effective 8-20-25, the Director of Nursing will report findings of this monitoring process to the facility Quality Assurance and Performance Improvement (QAPI) 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.</p> <p>Compliance date 08-29-25</p>		

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345183</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>Cabarrus Health and Rehabilitation</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 Brookwood Avenue NE , Concord, North Carolina, 28025</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F0693 SS = D	Continued from page 3 at 2:54 PM. The DON reported the facility reviewed orders received the day before during the morning meeting and she did not know why UM #1 did not call to clarify the tube feeding and free water flushes orders with the physician. The DON reported the hospital discharge orders for Resident #1 dated 8/5/25 were not reviewed during the morning meeting on 8/6/25.  The Administrator reported that he expected all hospital discharge orders to be clarified as needed and entered into the electronic document system.	F0693					
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary  CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements.  The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  This REQUIREMENT is NOT MET as evidenced by:  Based on observations and staff interviews, the facility failed to label and date food items and remove a meal tray with uneaten food and a dirty utensil from a nourishment room. The issues were observed in 2 of 2 two nourishment rooms (Nourishment room #1 and #2) and in the kitchen pantry.  1.a. Observations and interview conducted with the Assistant Director of Nursing (ADON) on 08/07/25 at 9:15 AM revealed Nourishment Room #1 (200 hall) had a	F0812	F0812  Corrective actions accomplished for those residents found to be affected by the deficient practice:  All expired and undated items in the Kitchen and Nourishment room for Unit A and Unit B were discarded by Certified Dietary Manager (CDM) on 8-7-25. The kitchen and Nourishment Rooms Unit A and B were also cleaned and organized by the CDM on 8-8-25.  Measures/systemic changes will be put into place to ensure the proper functioning of refrigerators and freezers used to store resident food items:  Effective 8-8-25, the CDM checked all the storage areas in the kitchen and Nourishment Rooms to include dry storage, refrigerators, walk in cooler and walk in freezer for any unlabeled and undated or expired items. All items found that are not labeled and dated properly and / or expired were all labeled, dated as needed and/ or discarded.  Effective 8-13-25, the CDM will put out a monitoring log to ensure that dietary staff are logging in the checking of Nourishment Room at Unit A and Unit B for cleanliness, organization and for proper labelling, dating and verification of expiration date daily. Any food items found not to meet requirements of proper labeling and dating will automatically be discarded. Any expired items will automatically be discarded.  Effective 8-13-25, current dietary will be re-educated on food safety and proper handling / storage to include proper labeling, dating and verification on expiration date. No current dietary staff will be allowed to work without completing this re-education.  Orientation to the dietary service will include food safety as well as the proper procedure on storage to include labeling, dating and verifying expiration dates. Any dietary staff who are not in-serviced will			07/30/2025	

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345183</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>Cabarrus Health and Rehabilitation</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 Brookwood Avenue NE , Concord, North Carolina, 28025</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0812 SS = F	<p>Continued from page 4</p> <p>tray with a meal ticket from dinner dated 08/06/25 with uneaten slaw and pickles sitting on the counter. Stacked on the tray was a dirty plate and three dirty bowls. The observation further revealed a closed drawer that had an empty bowl with crumbs and a bowl with cereal with no lid or label. The ADON stated she expected uneaten food to be discarded, dirty dishes and trays not to be taken back to the kitchen and not stored in the nourishment room. In addition, the ADON observed an unlabeled energy drink observed in the refrigerator. The ADON indicated the energy drink belonged to a resident and should have been labeled.</p> <p>b. Observation and interview conducted with the ADON on 08/07/25 at 9:30 AM revealed Nourishment Room #2 had an open container of yogurt that was not labeled in the refrigerator and a dirty kitchen knife in a cabinet. The ADON stated she expected the yogurt to be labeled and would need to be discarded since it was not labeled and opened. The ADON stated she was not sure why the knife was in the kitchen but needed to be removed and immediately sent back to the kitchen.</p> <p>2. Observation and interview conducted with the Dietary Manager (DM) on 08/07/25 at 9:45 AM revealed two bags of opened cereal in the kitchen pantry that had not been labeled. The DM further revealed the bags should have been labeled with open and discard date. The DM indicated he had new dietary staff that he needed to educate. The DM indicated nursing staff has been educated not to store resident trays in the nourishment room and to also label and discard items.</p> <p>An interview conducted with the Director of Nursing (DON) on 08/07/25 at 3:20 PM revealed all nursing staff had been educated, and notes were posted in the nourishment rooms to label residents in the nourishment rooms. The DON indicated she expected nursing staff to follow those instructions. The DON stated all staff were educated during orientation.</p> <p>An interview conducted with the Administrator on 08/07/25 at 3:30 PM revealed staff were educated to label residents' items when placed in the nourishment rooms. The Administrator further revealed when new staff were hired, they were taught that residents' items were to be labeled during orientation. The Administrator indicated dietary staff checked the nourishment rooms daily as well and were advised to look for items that were unlabeled.</p>		F0812	<p>Continued from page 4</p> <p>be in-serviced before the next scheduled shift.</p> <p>Monitoring of corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Effective 8-13-25, the CDM/designee will monitor compliance with labeling, dating and discarding expired food items. This monitoring process will be completed daily (Monday through Friday) for two weeks, weekly for two more weeks, then monthly for two months, or until the pattern of compliance is established. Any negative findings will be addressed by the CDM/ designee promptly. This monitoring process will be documented on a "Dietary Audit/Log" monitoring tool located in the facility compliance binder.</p> <p>Effective 8-20-25, the CDM will report findings of this monitoring process to the facility Quality Assurance and Performance Improvement (QAPI) 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.</p> <p>Compliance date 08-29-25</p>			