STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345423	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wilson Rehabilitation and Nursing Center	**1705 South Tarboro Street , Wilson, North Carolina, 27893**

(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
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 5/17/26 through 5/20/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 231C83-H1.	E0000		06/09/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 5/17/26 through 5/20/26. Event ID# 231C83-H1. The following intakes were investigated: 2661615, 272017, 883903, 883902, and 2677694. 9 of the 9 complaint allegations did not result in deficiency.	F0000		06/09/2026
F0552 SS = E	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is NOT MET as evidenced by:	F0552	Resident(s) Affected by the Deficient Practice: The Facility Administrative Nursing Team consisting of the Director of Nursing, Unit Managers, Infection Control Nurse, Admissions Coordinator, MDS Coordinator, and Staff Development nurse completed informed consent relating to psychotropic medications administrated to Resident #2, Resident #62, and Resident #46 on 05/20/2026. The Facility Administrative Nursing Team consisting of the Director of Nursing, Unit Managers, Infection Control Nurse, Admissions Coordinator, MDS Coordinator, and Staff Development nurse immediately completed informed consent relating to psychotropic medications administrated to Resident #1 on 05/21/2026. Resident(s) with the Potential to be Affected by the Deficient Practice: All residents have the potential to be affected by the deficient practice. The Director of Nursing, and/or Designee will complete a 100% audit on the facility	06/12/2026

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

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F0552 SS = E	Continued from page 1 Based on record reviews, and staff, Medical Director, Psychiatric Nurse Practitioner, Pharmacy Consultant, and Guardian interviews, the facility failed to obtain consent and inform the resident or resident representative in advance of the risks and benefits of psychotropic medications or treatment alternatives for 4 of 4 residents reviewed for unnecessary medications (Resident #1, Resident #2, Resident #62, and Resident #46). The findings included: a. Resident #1 was admitted to the facility on 4/30/25 with diagnoses which included Parkinson's disease, dementia with behavioral disturbance, anxiety and depression. A physician's order dated 4/30/25 written by the Medical Director revealed an active order for quetiapine fumarate (antipsychotic medication) 12.5 milligrams (mg) to be administered at bedtime related to depression and Parkinson's disease. Review of Resident #1's electronic medical record (EMR) revealed no documented evidence that the resident or the RR were informed in advance of the risks, benefits, and treatment alternatives associated with the use of quetiapine fumarate. Further review of the EMR identified a psychotropic medication consent form dated 9/11/24 signed upon admission by Resident #1's RR that only provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to quetiapine fumarate therapy. Resident #1's care plan dated 11/25/25 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits, and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. Resident #1's quarterly Minimum Data Set (MDS) assessment dated 2/21/26 revealed he was moderately cognitively impaired. Resident #1 was coded for an antipsychotic medication. Review of Resident #1's May 2026 Medication Administration Record (MAR) documented the quetiapine fumarate 3 mg was initialed as administered per the physician order. An interview was conducted with Resident #1's RR	F0552	Continued from page 1 resident population who are prescribed psychotropic medications by 06/12/2026. Systemic Change: The Facility Administrator, Director of Nursing, and Staff Development Coordinator will complete 100% licensed staff education on the regulatory requirement and policy relating to resident rights; informed consent on all prescribed psychotropic medications. The Director of Nursing or Designee will educate any new employees on the regulatory requirement and policy relating to resident rights; informed consent on all prescribed psychotropic medications during orientation. The facility will be implementing new processes for obtaining informed consents on all new admissions and new orders for residents receiving psychotropic medication prior to medication administration: The Admissions Coordinator will complete a 100% audit on the new resident admissions who are prescribed psychotropic medications effective 05/20/2026 through 06/12/2026. The Admissions Coordinator will now obtain informed consent of all new residents admitting to facility on psychotropic admissions effective 6/12/2026. The Resident Primary Nurse will obtain informed consent prior to medication administration for all new psychotropic medication orders effective 06/12/2026. Monitoring: The Assistant Director of Nursing will monitor completion of informed consent for all new resident psychotropic medication orders and new residents admitting to facility on psychotropic admissions effective 06/12/2026. The facility MDS Nurse will monitor completion of informed consent during admission and quarterly care plan meetings for all new resident psychotropic medication orders and new residents admitting to	06/12/2026

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F0552 SS = E	Continued from page 2 on 5/20/26 at 12:45 PM who stated she was not notified by the facility of the risks, benefits and treatment alternatives associated with the use of quetiapine fumarate. She reported it was prescribed by Resident #1's neurologist. b. Resident #2 was admitted to the facility on 9/11/24 with diagnoses that included neurocognitive disorder with Lewy bodies, dementia with psychotic disturbance, depression and Parkinson's disease. A physician's order dated 2/10/26 revealed an active order for pimavanserin tartrate (antipsychotic medication) 34 milligrams (mg) to be administered daily related to dementia associated with Parkinson's disease. Review of Resident #2's electronic medical record (EMR) revealed no documented evidence that the resident or the RR were informed in advance of the risks, benefits, and treatment alternatives associated with the use of pimavanserin tartrate. Further review of the EMR identified a psychotropic medication consent form dated 9/11/24 signed upon admission by Resident #2's RR that only provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to pimavanserin tartrate therapy. Resident #2's care plan dated 2/11/26 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. Resident #2's quarterly Minimum Data Set (MDS) assessment dated 3/16/26 revealed she was cognitively intact. Resident #2 was coded for antipsychotic medication. Review of Resident #2's May 2026 Medication Administration record (MAR) documented the pimavanserin tartrate 34 mg was administered per the physician order. Attempts to interview Resident #2 were not successful. Attempts to contact Resident #2's resident representative were not successful. c. Resident #62 was admitted to the facility on 7/8/25 with diagnoses that included dementia,	F0552	Continued from page 2 facility on psychotropic admissions effective 06/12/2026. The monitoring of this plan of correction will occur 5 times per week for 4 weeks, then weekly for 4 weeks, then monthly for 2 months. The Director of Nursing will report the findings of the monitoring of the plan of correction to the Quality Assurance and Performance Improvement Committee monthly for 3 months and implement any changes to this corrective action as needed. The Facility alleges compliance for this deficient practice on 06/12/2026.	06/12/2026

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F0552 SS = E	Continued from page 3 anxiety and depression. A physician's order dated 8/26/25 revealed an active order for aripiprazole (an antipsychotic medication) 5 milligrams (mg) to be administered daily related to unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of Resident #62's electronic medical record (EMR) revealed no documented evidence that the resident representative was informed in advance of the risks, benefits, and treatment alternatives associated with the use of aripiprazole. Further review of the EMR identified the psychotropic medication consent form dated 7/28/25 signed upon admission by Resident #62's RR that only provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to aripiprazole therapy. Resident #62's care plan dated 9/2/25 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. Resident #62's quarterly Minimum Data Set (MDS) assessment dated 2/4/26 revealed she was severely cognitively impaired. Resident #6 was coded for antipsychotic medication. Review of Resident #6's May 2026 Medication Administration record (MAR) documented the aripiprazole 5 mg was administered per the physician order. Attempts to contact Resident #6's resident representative were not successful. d. Resident #46 was admitted to the facility on 10/28/22 with diagnoses which included Parkinson's disease, schizoaffective disorder, and bipolar disorder with severe psychotic features. A physician's order dated 1/17/25 revealed an active order for risperidone (antipsychotic medication) 3 milligrams (mg) to be administered twice a day related to bipolar disorder with psychotic features.	F0552		06/12/2026

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F0552 SS = E	Continued from page 4 Resident #46's quarterly Minimum Data Set (MDS) assessment dated 3/24/26 revealed she was moderately cognitively impaired. Resident #46 was coded for an antipsychotic medication. Resident #46's care plan dated 3/24/26 identified the use of psychotropic medications and included interventions for education regarding the risks, benefits, and side effects of psychotropic medications, as well as monitoring and documenting for behaviors and adverse reactions. Review of Resident #46's May 2026 Medication Administration Record (MAR) documented the risperidone 3 mg was initialed as administered per the physician order. Review of Resident #46's electronic medical record (EMR) revealed no documented evidence that the resident's Guardian was informed in advance of the risks, benefits, and treatment alternatives associated with the use of risperidone. Further review identified the psychotropic medication consent form dated 10/28/22 signed upon admission only provided general permission to treat with psychotropic medications and did not include documentation of the specific risks, benefits, or alternative forms of treatment related to risperidone therapy. During an interview on 5/19/26 at 2:05 pm, the Director of Nursing (DON) stated the only consent form for psychotropic medications was included in the admission packet and signed upon admission to the facility. The DON further stated she was under the impression the Psychiatric Providers were responsible for explaining the risks and benefits of psychotropic medications to the residents and/or the Guardian. The Administrator was interviewed on 5/19/26 at 2:05 pm and stated the psychotropic medication consent form was included in the admission packet and signed upon admission to the facility. The Administrator further stated she was also under the impression the Psychiatric Providers were responsible for explaining the risks and benefits of psychotropic medications to the residents and/or the Guardian.	F0552		06/12/2026

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F0552 SS = E	Continued from page 5 During a telephone interview conducted on 5/20/26 at 3:37 p.m., Resident #46's Guardian stated she was aware Resident #46 was receiving an antipsychotic medication. However, the Guardian reported she had not signed an informed consent form for the antipsychotic medication prior to 5/20/26. The Guardian stated the facility contacted her on 5/20/26 and requested that she sign an informed consent form for Resident #46's antipsychotic medication at that time. During a phone interview on 5/20/26 at 2:00 p.m., the Psychiatric Nurse Practitioner stated that during facility visits, she reviewed the risks and benefits of psychotropic medications in addition to nonpharmacological treatments with residents and documented in her progress notes. The Psychiatric Nurse Practitioner further stated it was the responsibility of the nursing staff to obtain signed consent forms from the resident and/or resident representative. During an interview on 5/20/26 at 2:14 pm, the Medical Director stated that when residents were admitted already receiving psychotropic medications, an informed consent form was not completed and the risks, benefits, and treatment alternatives were not explained. The Medical Director stated these discussions occurred only when psychotropic medications were initiated at the facility. The Medical Director further stated he was unaware of who was responsible for obtaining signed informed consent for psychotropic medications.	F0552		06/12/2026
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the	F0641	Resident(s) Affected by the Deficient Practice: The facility MDS Coordinator reviewed and corrected the deficient practice, GDR coding accuracy, for Resident #1 and Resident #62 on 05/22/2026. Resident(s) with the Potential to be Affected by the Deficient Practice: All residents have the potential to be affected by the deficient practice. The MDS Nurse completed a 100% audit on the facility resident population MDS accuracy on all residents with a documented clinical contraindication of a gradual dose reduction of psychotropic medications on 05/22/2026. There were no additional observed deficient practices identified. Systemic Change:	06/12/2026

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F0641 SS = D	Continued from page 6 accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the physician's documented clinical contraindication of a gradual dose reduction (GDR) of psychotropic medications for 2 of 25 residents reviewed for MDS assessment accuracy (Resident #1 and Resident #62). The findings included: a. Resident #1 was admitted to the facility on 4/30/25 with diagnoses which included Parkinson's disease, dementia with behavioral disturbance, anxiety and depression. A physician's order dated 4/30/25 revealed an active order for quetiapine fumarate (antipsychotic medication) 12.5 milligrams (mg) to be administered at bedtime related to depression and Parkinson's disease. A review of the psychiatric provider note dated 6/9/25 revealed an attempted dosage reduction to the psychotropic regimen was likely to impair the resident's function and exacerbate underlying psychiatric conditions. The quarterly MDS dated 2/21/26 for Resident #2 indicated a GDR had not been documented by the physician as clinically contraindicated. b. Resident #62 was admitted to the facility on 7/8/25 with diagnoses that included dementia, anxiety and depression.	F0641	Continued from page 6 The Facility Administrator will complete a 100% education to all facility MDS nurses on the regulatory requirement for the accuracy of assessments by 06/10/2026 to accurately code the physician's documented clinical contraindication of a gradual dose reduction (GDR) of psychotropic medications. The Facility Administrator will complete education for all new hire MDS nurses on the regulatory requirement for the accuracy of assessments to accurately code the physician's documented clinical contraindication of a gradual dose reduction (GDR) of psychotropic medications. Monitoring: The facility MDS Nurse completed a 100% resident audit on the accuracy of MDS assessments to accurately code the physician's documented clinical contraindication of a gradual dose reduction (GDR) of psychotropic medications on 05/22/2026. There were no additional concerns identified. The MDS nurse will complete the monitoring of this plan of correction weekly for 3 months. The Administrator will report the findings of the monitoring of the facility plan of correction to the Quality Assurance and Performance Improvement Committee monthly for 3 months and implement any changes to this corrective action as needed. The Facility alleges compliance for this deficient practice on 06/12/2026.	06/12/2026

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F0641 SS = D	Continued from page 7 A physician's order dated 8/26/25 revealed an active order for aripiprazole (an antipsychotic medication) 5 milligrams (mg) to be administered daily related to unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A review of the psychiatric provider note dated 12/4/25 revealed an attempted dosage reduction to the psychotropic regimen was likely to impair the resident's function and exacerbate underlying psychiatric conditions The quarterly MDS dated 2/4/26 for Resident #62 indicated a GDR had not been documented by the physician as clinically contraindicated. An interview was conducted with MDS Nurse #1 and MDS Nurse #2 on 5/19/26 at 3:26 AM who stated the physician documented GDR as clinically contraindicated was marked "no" which was an error and should have been marked "yes". They indicated MDS Nurse #2 coded the assessments and she misunderstood the question. An interview with Administrator was held on 5/20/26 at 3:30 PM. She stated her expectation was for MDS assessments to be accurate.	F0641		06/12/2026
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observations and staff interviews, the facility failed to place cautionary no smoking signage on the primary entrance to the facility indicating it was a non-smoking facility for 1 of 1 primary entrance to the facility. Findings included: The facility's policy "No Smoking Policy" dated	F0695	Resident(s) Affected by the Deficient Practice: The facility Administrator immediately obtained signage and placed cautionary no smoking signage to the primary entrance to the facility to indicate it is a non-smoking facility on 05/19/2026. Resident(s) with the Potential to be Affected by the Deficient Practice: The facility Administrator immediately obtained signage and placed cautionary no smoking signage to the primary entrance to the facility to indicate it is a non-smoking facility on 05/19/2026. Systemic Change: The facility Administrator was immediately educated on the regulatory requirement for cautionary no smoking signage by the state surveying team on 05/19/2026.	06/12/2026

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F0695 SS = D	Continued from page 8 12/31/22 and last revised 1/1/26 stated, “Smoking or vaping by employees, contractors, visitors, or residents is strictly prohibited within the facility, in any company owned vehicle and on the grounds of the facility.” The policy further stated that “No Smoking” signs are clearly posted to notify visitors and others of the policy. Observations on 5/18/26 at 2:15 PM, 5/19/26 at 8:00 AM, and 5/19/26 at 4:00 PM revealed there was not a “No Smoking” sign on the primary entrance of the facility. An observation on 5/19/26 at 4:43 PM revealed a "No Smoking" sign on the oxygen storage room. An interview was conducted with the facility Administrator on 5/19/26 at 4:46 PM and she stated she was unaware that a “No Smoking” sign was required at the main entrance of the facility. She confirmed it was a non-smoking facility, and she was aware of the facility policy.	F0695	Continued from page 8 Monitoring: The facility Plant Operations Manager will audit 100% of the facility entrances and oxygen storage for cautionary no smoking signage monthly for 3 months. The Administrator will report the findings of the monitoring of the facility plan of correction to the Quality Assurance and Performance Improvement Committee monthly for 3 months and implement any changes to this corrective action as needed. The Facility alleges compliance for this deficient practice on 06/12/2026.	06/12/2026