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

PRINTED: 05/13/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345164	B. WING _				C / 12/2022	
NAME OF PROVIDER OR SUPPLIER CHOWAN RIVER NURSING AND REHABILITATION CENTER				13	TREET ADDRESS, CITY, STATE, ZIP CODE 441 PARADISE ROAD DENTON, NC 27932	,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F	000				
	A complaint investiga 4/7/22 to 4/8/22. Ever allegations were not s NC00187724 and NC	substantiated.						
F 567 SS=D	J		F!	567			4/24/22	
	the right to know, in a facility may impose ag funds. (i) The facility must not deposit their personal resident chooses to d the facility, upon writteresident, the facility may resident's funds and had account for the prodeposited with the facility of the prodeposited with the facility. (ii) Deposit of Funds. (A) In general: Exception (B) of this section any residents' person an interest bearing accounts, and that corresident's funds to the accounts, there must for each resident's sh maintain a resident's exceed \$100 in a non interest-bearing accounts. The facility must deposited with the facility must deposited with the second	ancial affairs. This includes dvance, what charges a gainst a resident's personal of require residents to funds with the facility. If a eposit personal funds with en authorization of a fust act as a fiduciary of the hold, safeguard, manage, ersonal funds of the resident cility, as specified in this as set out in paragraph (f)(in, the facility must deposit all funds in excess of \$100 in ecount (or accounts) that is the facility's operating edits all interest earned on						
100017001	DIDECTORIC OR DDOX "DED/	SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u>		TITI F		(X6) DATE	

04/22/2022

Electronically Signed 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L' (IDENTIFICATION AUGUST)		E) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED		
		B. WING _			C				
NAME OF PROVIDER OR SUPPLIER			<u> </u>	ST	STREET ADDRESS, CITY, STATE, ZIP CODE 04/12/2022				
TO THE OT THE	TO VIDERY ON OUT FEILING				41 PARADISE ROAD				
CHOWAN RIVER NURSING AND REHABILITATION CENTER				DENTON, NC 27932					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID		PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX TAG			PREFIX TAG	Κ	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLÉTION DATE		
F 567	Continued From page	÷ 1	F 5	567					
	account (or accounts)	that is separate from any of							
	the facility's operating	accounts, and that credits							
	all interest earned on	resident's funds to that							
	, ,	ccounts, there must be a							
		for each resident's share.)							
		ntain personal funds that do							
		oninterest bearing account,							
	This REQUIREMENT	unt, or petty cash fund. is not met as evidenced							
	by:				0. 5. 1				
		nd staff interviews the facility			Chowan River Nursing and Rehabilitat	ion			
		al funds available for 3 of 3			Center acknowledges receipt of the Statement of Deficiencies and propose				
	#6, Resident #4, and	r personal funds (Resident			this Plan of Correction to the extent tha				
	#0, IXESIGEIII #4, and	rtesident #1).			the summary of findings is factually	ıı			
	The findings included:				correct and in order to maintain				
	The infamige meladed	•			compliance with applicable rules and				
	1a. Resident #6 was	admitted to the facility on			provisions of quality of care of residents	s.			
		Minimum Data Set (MDS)			The Plan of Correction is submitted as				
	Assessment dated 3/	14/22 revealed Resident #6			written allegation of compliance.				
	was cognitively intact				Chowan River Nursing and Rehabilitati	on			
	On 4/7/22 at 12:15 PI	M Resident #6 stated in an			Center response to this Statement of				
	interview that the faci	lity received his social			Deficiencies does not denote agreemen	nt			
	security check on the	third of each month and			with the Statement of Deficiencies nor				
		get his \$30.00 that he is			does it constitute an admission that any				
		ck each month. Resident #6			deficiency is accurate. Further, Chowar				
		t to the business office today			River Nursing and Rehabilitation Cente	r			
	and was told they had	d not been to the bank.			reserves the right to refute any of the				
	0 4/0/00 : 0 50 :::				deficiencies on this Statement of				
		a second interview was			Deficiencies through Informal Dispute				
	conducted with Resid				Resolution, formal appeal procedure				
		ney late and one month th of the month before he			and/or any other administrative or legal proceeding.				
	could get his \$30.00.	ui oi uie monui belole lie			proceeding.				
	Josaid got filo woo.oo.				On 4/8/22, the Business Office Manage	er			
					and Interim Administrator obtained fund				
	b. Resident #4 was a	dmitted to the facility on			to ensure availability of funds upon				
		y Minimum Data Set (MDS)			resident request.				

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		345164	B. WING _			l	C 1 2/2022
NAME OF PROVIDER OR SUPPLIER CHOWAN RIVER NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1341 PARADISE ROAD EDENTON, NC 27932			TEIEGEE
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F 567	was cognitively intaction of the paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively intaction of the paperwork was cognitively intaction. The paperwork was cognitively intaction of the paperwork was cognitively in	inued From page 2 ssment dated 3/9/22 revealed the resident cognitively intact. 17/22 at 12:22 PM Resident #4 stated in an view he had to wait until the middle of the h to get his \$30.00 from his social security k and wanted to know why it took so long for o get his money. The Resident stated that he ed his money. 1. The Annual Minimum Data Set (MDS) ssment dated 2/16/22 revealed the resident cognitively intact. 1. The Annual Minimum Data Set (MDS) ssment dated 2/16/22 revealed the resident cognitively intact. 1. The Arrow A		567	,		
	she did not think the any money yesterday there was \$75 in the for \$30.00 and that le				any resident concerns related to the ab to received funds timely upon request. The Administrator will address all concerns identified during the audit to include providing resident funds when	-	

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		B. WING			С		
		345164	B. WING_			04/12/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
CHOWAN	DIVED NUDSING AND	REHABILITATION CENTER		1341 PARADISE ROAD			
CHOWAIN	RIVER NURSING AND	REHABILITATION CENTER		EDENTON, NC 27932			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 567	Continued From page let her know there we on 4/8/22 at 10:25 A Manager (BOM) start had worked in the fathad a new Administra approval for her to swas approved, she was approved, she was approved, she was approved, she was cashed so the remoney. The Busine Vice President of Openating and the signature car was confirmed, she and the signature can was confirmed, she and interview was confirmed, she and interview was confirmed to Operating administrator on 4/8 President of Operating and the she check and by the there the bank was and been the reason The Interim Administration to sign for approval. The Vistated the residents	ge 3 AM the Business Office ted in an interview that she acility for 2 weeks and they rator, and she was waiting for ign the checks and when it would get the check signed esidents could get their ass Office Manager stated the perations was supposed to be d at the bank but until this could not sign the Check.	F 5	DEFICIENCY)	and on the nal Fund nal Vice on 4/21/22. the posting		