PRINTED: 05/25/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345288	B. WING			C 04/28/2022	
	ROVIDER OR SUPPLIER HEALTHCARE AND RE	EHAB ROWAN, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1404 S SALISBURY AVENUE SPENCER, NC 28159	Ξ	C 1.12012022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		
E 000	Initial Comments		E 0	00			
F 000	investigation survey of through 4/28/2022. To compliance with the remergency Prepared INITIAL COMMENTS	pertification and complaint	F 0	00			
	6 of the 6 complaint a unsubstantiated. The followings intake						
F 656 SS=E	CFR(s): 483.21(b)(1) §483.21(b) Compreh §483.21(b) (1) The far implement a comprel care plan for each re- resident rights set for §483.10(c)(3), that in objectives and timefra medical, nursing, and needs that are identif assessment. The cor describe the following (i) The services that a or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483 provided due to the re-	ensive Care Plans cility must develop and nensive person-centered sident, consistent with the th at §483.10(c)(2) and cludes measurable ames to meet a resident's d mental and psychosocial fied in the comprehensive inprehensive care plan must g - are to be furnished to attain ent's highest practicable I psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required .25 or §483.40 but are not esident's exercise of rights ding the right to refuse	F 6	56		5/23/22	
ABORATORY I	_	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>	TITLE		(X6) DATE	

Electronically Signed 05/13/2022

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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	345288		B. WING		C 04/28/2022		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04/20/	2022	
				1404 S SALISBURY AVENUE			
COMPASS	S HEALTHCARE AND RE	HAB ROWAN, LLC		SPENCER, NC 28159			
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F 656	Continued From page	÷1	F 65	56			
	rehabilitative services provide as a result of recommendations. If findings of the PASAF rationale in the reside (iv)In consultation wit resident's representat (A) The resident's godesired outcomes. (B) The resident's prefuture discharge. Fact whether the resident's community was assessed local contact agencie entities, for this purpod (C) Discharge plans it plan, as appropriate, requirements set forth section.	a facility disagrees with the RR, it must indicate its ent's medical record. In the resident and the tive(s)-als for admission and efference and potential for illities must document as desire to return to the essed and any referrals to se and/or other appropriate					
	record review, the fact plan that addressed of for 5 of 7 residents (Fand #7) reviewed for Findings included: 1. Resident #39 was 6/10/20 with diagnose hypertension and dial The annual Minimum assessment dated 3/2 was cognitively intact indicated an active di	admitted to the facility on es that included, in part, petes.		Resident #12, #21 and #53 have discharged, therefore a care plan cannot be completed. Resident #7 and #39 had care plan reviewed and updated by the ME and Social Worker to ensure disc care plans were in place and acc and person centered on 5/3/22. The MDS Nurse and the Social Noconducted a comprehensive care audit for all other residents to endischarge care plans were in plan accurate on 5/3/22. Education will be provided for the	ans OS Nurse charge curate Vorker e plan sure ce and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L. , IDENTIFICATION NITIMBED:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345288 B. WING		C 04/28/2022				
NAME OF PE	ROVIDER OR SUPPLIER	0.10200	1		TREET ADDRESS, CITY, STATE, ZIP CODE	04/	20/2022	
TVAINE OF TH	TO VIDER OR OUT FIER				404 S SALISBURY AVENUE			
COMPASS	HEALTHCARE AND RE	HAB ROWAN, LLC			PENCER, NC 28159			
040.1=	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES						0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 656	Continued From page	2	F 6	656				
	did not include inform discharge planning.	eare plan, updated 3/7/22, ation that addressed esident #39 on 4/25/22 at			interdisciplinary team by the Administrategrarding the need for care plans to accurately reflect the discharge plan for resident on the comprehensive care plant on 5/18/22.	ra		
					The MDS Nurse will audit for			
		ne had told staff in the past						
	that he wanted to go	nome.			comprehensive discharge care plans according to the weekly care plan			
	On 4/27/22 at 10:07 A			schedule weekly times four weeks, the	n			
					monthly for three months.	11		
	completed with the Social Worker (SW). She typically completed the cognitive, mood, behavior,				monthly for three months.			
	and return to community sections of the MDS				Data obtained during the audits will be			
		ted care plans for the			analyzed for patterns and trends and			
		n with the MDS Coordinator.			reported to the QAPI committee by the			
	_	discharge planning/return to			MDS Nurse monthly for three months.			
		on the MDS assessment,			Wibe Naise menting for three months.			
		harge care plan since the			The QAPI committee will evaluate the			
	resident indicated a d				outcome of the audits to determine if			
	community. If the res	ident had not expressed a			continued audits are necessary to			
	-	or to the community then			maintain compliance and for continued			
	she had not complete				quality improvement			
		d discharge plans and goals.						
	She added Resident	#39 had expressed a desire						
	to discharge home wi	th his family member.						
	at 10:29 AM. She exthe facility for long ter developed a care plan plans. If a resident caterm rehabilitation and home, then she adde She said the SW typic resident's discharge pinformation to the con MDS Coordinator sha	n that addressed discharge ame to the facility for short d expressed a goal of return d a discharge care plan. Cally communicated the plan and then she added the apprehensive care plan. The						
	notes but had not cor	sistently added the						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345288	B. WING				C 28/2022
NAME OF PROVIDER OR SUPPLIER COMPASS HEALTHCARE AND REHAB ROWAN, LLC				14	TREET ADDRESS, CITY, STATE, ZIP CODE 404 S SALISBURY AVENUE PENCER, NC 28159	1 04/	20/2022
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F 656	She added Resident long term care. During an interview v (DON) on 4/27/21 at staff discussed a resi	e 3 comprehensive care plan. #39 was at the facility for with the Director of Nursing 11:05 AM she stated facility ident's discharge plans and n. She was not aware that	F	656			
	discharge planning ir included in the comp 2. Resident #53 was	nformation needed to be rehensive care plan. s admitted to the facility on gnosis of an unspecified					
	indicated Resident #	esment dated 11/23/21 53 was cognitively intact. 11/4/21 did not include or Resident #53.					
	Resident #53's condito the assisted living	-					
	2/16/22 documented admitted to the facilit with the goal of return further revealed that physician and the Dir concerning the reside	or of Nursing's Note dated Resident #53 was initially y for short term rehabilitation ning to her home. The note after discussion with the rector of Nursing on 2/15/22 ent's improvements, the ansfer to the assisted living					
	2/16/22 revealed Res	Discharge Summary dated sident #53 had progressed and was discharged due to a					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION G	COMPL	(X3) DATE SURVEY COMPLETED		
		345288	B. WING _		04/3	28/2022		
NAME OF PROVIDER OR SUPPLIER COMPASS HEALTHCARE AND REHAB ROWAN, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1404 S SALISBURY AVENUE SPENCER, NC 28159	04/2	.012022		
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F 656	indicated Resident # community was plan During an interview Minimum Data Set C discharge planning v	nre. num data set dated 2/16/22 53's discharge to the	F 6	56				
	2/28/22 with diagnost congestive heart fail The admission MDS revealed Resident # cognition. The assess resident's discharge uncertain." The comprehensive did not include informatischarge planning. On 4/27/22 at 10:07 completed with the State cognitive, mood, community sections created care plans for the congestive failure.	s admitted to the facility on sees that included, in part, ure and diabetes. assessment dated 2/28/22 21 had severely impaired sament further indicated the goal was "unknown or care plan, updated 3/8/22, mation that addressed AM an interview was SW. She typically completed behavior, and return to of the MDS assessment and or the sections in conjunction inator. The SW explained if						
	discharge planning/r "triggered" on the M completed a dischar resident indicated a	· · · · · · · · · · · · · · · · · · ·						

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NAME OF PROVIDER OR SUPPLIER COMPASS HEALTHCARE AND REHAB ROWAN, LLC				STREET ADDRESS, CITY, STATE, ZIP CO 1404 S SALISBURY AVENUE SPENCER, NC 28159	•	3-412012022	
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F 656	she had not complet specifically addressed. The MDS Coordinate at 10:29 AM. She exthe facility for long to developed a care plaplans. If a resident of term rehabilitation and home, then she added. She said the SW typeresident's discharge information to the composition of the term or if she would care. During an interview of 11:05 AM she stated resident's discharge admission. She was planning information comprehensive care. 4. Resident #12 was 10/29/20 with diagnor dementia. The quarterly MDS a revealed Resident #	e or to the community then ed a care plan that ed discharge plans and goals. or was interviewed on 4/27/22 explained if a resident was at erm care, she had not an that addressed discharge came to the facility for short and expressed a goal of return ed a discharge care plan. It is included the plan and then she added the emprehensive care plan. The ared she and the SW es goals in their care plan ensistently added the comprehensive care plan. If a facility is family had not given a resident's stay was short be at the facility for long term with the DON on 4/27/21 at a facility staff discussed a plans and goals upon a not aware that discharge needed to be included in the plan. If a sadmitted to the facility on the plan is admitted to the facility of the plan is admitted to the plan is admitted to the plan is admitted to the plan is a	F 6	56			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		DNSTRUCTION	(X3) DATE SURVE COMPLETED	
		345288	B. WING				28/2022
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F 656	Continued From pag	e 6	F	656			
		care plan, updated 3/7/22, nation that addressed					
	the cognitive, mood, community sections or created care plans for with the MDS Coordidischarge planning/regred on the ME completed a discharge resident indicated a community. If the redesire to return home she had not complete specifically addresses. The MDS Coordinate at 10:29 AM. She exthe facility for long tedeveloped a care plaplans. If a resident of term rehabilitation ar home, then she added.	behavior, and return to of the MDS assessment and or the sections in conjunction nator. The SW explained if eturn to community DS assessment, she ge care plan since the desire to return to the sident had not expressed a e or to the community then ed a care plan that d discharge plans and goals.					
	resident's discharge information to the co MDS Coordinator shaddressed discharge notes but had not co information into the coshe added Resident long term care.	plan and then she added the mprehensive care plan. The ared she and the SW goals in their care plan nsistently added the comprehensive care plan. #12 was at the facility for					
	11:05 AM she stated	vith the DON on 4/27/21 at facility staff discussed a plans and goals upon					

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F 656	Continued From pa	ge 7	F 6	56			
		is not aware that discharge in needed to be included in the e plan.					
		s admitted to the facility on osis that included, in part,					
		assessment dated 1/21/22 #7 was cognitively intact.					
	•	e care plan, updated 2/7/22, rmation that addressed					
	completed with the the cognitive, mood community sections created care plans with the MDS Coordischarge planning, "triggered" on the Moompleted a discharge indicated a community. If the resident indicated a community is the resident of the complete to return hor she had not complete.	7 AM an interview was SW. She typically completed I, behavior, and return to softhe MDS assessment and for the sections in conjunction dinator. The SW explained if (return to community MDS assessment, she arge care plan since the a desire to return to the esident had not expressed a ne or to the community then sted a care plan that sed discharge plans and goals.					
	at 10:29 AM. She at the facility for long to developed a care plans. If a resident term rehabilitation a home, then she add She said the SW ty	tor was interviewed on 4/27/22 explained if a resident was at term care, she had not lan that addressed discharge came to the facility for short and expressed a goal of return ded a discharge care plan. pically communicated the explan and then she added the					

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F 656	information to the con MDS Coordinator sha addressed discharge notes but had not con information into the co She added Resident a term care. During an interview w 11:05 AM she stated resident's discharge p admission. She was	nprehensive care plan. The ared she and the SW goals in their care plan isistently added the emprehensive care plan. #7 was at the facility for long with the DON on 4/27/21 at facility staff discussed a plans and goals upon not aware that discharge needed to be included in the	F	556				