

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

PRINTED: 06/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/04/2022
NAME OF PROVIDER OR SUPPLIER BLADEN EAST HEALTH AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 804 S POPLAR STREET ELIZABETHTOWN, NC 28337	
(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
F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 05/03/22 through 05/04/22. Event ID# EXFE11. The following intakes were investigated: NC00186364, NC00186429, and NC00186007. 1 of the 5 complaint allegations was substantiated resulting in a deficiency.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews and record review the facility failed to provide the assistance of two person staff with transfers which resulted in a fall without injury for 1 of 3 residents reviewed for falls. (Resident #1) Findings included: Resident #1 was admitted to the facility on 06/15/2021 with the diagnoses that included anemia, atrial fibrillation, heart failure, hypertension, renal insufficiency, diabetes, hyperkalemia and anxiety disorder Review of Resident# 1's nurse's aide care guide (Kardex) dated 09/29/2021 revealed Resident#1	F 689		5/31/22
			F 689 1. Resident #1 transfer status assessed to be total dependence with assist of two staff through medical record review, MDS assessment (ARD 5/9/22), Point of Care documentation, and staff interviews. Resident #1 Kardex was updated to reflect current transfer status of total dependence of two staff and placed on inside of resident's closet door for staff reference. Transfer status also updated in Point of Care system and care plan for staff reference. 2. Current and new residents have the potential to be affected. Medical record reviews including MDS, Point of Care, and	

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

TITLE

(X6) DATE

Electronically Signed

05/26/2022

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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F 689	<p>Continued From page 1</p> <p>required extensive assistance with 2 person's assists.</p> <p>Review of Resident #1's most recent assessment of risk for falls dated 01/31/2022 revealed the resident was high risk for falls. The resident scored 55(45 and higher is high risk).</p> <p>Review of Resident #1's most recent minimum data set (MDS) assessment dated 02/09/2022 revealed he was assessed as cognitively intact. The MDS dated 11/10/2021 and 02/09/2022 revealed Resident #1 required extensive, two-person physical assistance with transfers.</p> <p>Review of Resident #1's care plan initiated 06/15/2021 revealed the resident had a care plan for history of falls and remains at risk for falls due to poor balance and unsteady gait. The goals were measurable, and the interventions were appropriate.</p> <p>Review of an incident report dated 02/02/2022 revealed Resident #1 sustained a fall without injury while transferring from bed A to bed B. The incident report revealed Nurse # 1 attempted to transfer Resident # 1. Upon the resident standing during the transfer, the resident was noted to be weak and unable to move to the next bed (bed B). The nurse lowered the resident to the floor by the bed.</p> <p>During an interview on 05/03/2022 at 2:29 PM, Resident #1 stated in February 2022 he was still weak after being readmitted back to the facility from the hospital. He indicated Nurse #1 attempted to transfer him from bed A to bed B without assistance from another staff. Resident # 1 informed Nurse # 1 that he was weak and was</p>	F 689	<p>care plan reviews for current residents were completed by the Administrator and Director of Nursing to determine transfer status. Once determined, current resident's care plan, Kardex, and Point of Care were updated by the Administrator and Director of Nursing to reflect current transfer status. Newly admitted residents will be assessed by nursing staff upon admission to determine transfer status and assistance required for transfers. A temporary Kardex will be completed and posted on inside of closet door of resident's room for staff reference until initial comprehensive assessment has been completed and permanent Kardex is printed. Staff in-servicing provided by the Director of Nursing and Staff Development Coordinator on use of resident Kardex, care plan, and Point of Care to identify resident transfer status and assistance required prior to attempting transfer of resident. In-servicing included location of resident Kardex in the residents' rooms and how to access Kardex information within the Point of Care system.</p> <p>3. Resident transfer status will be reviewed quarterly, annually, and with significant change in condition assessments. Resident Kardex, care plan, and Point of Care will be reviewed and updated as needed with these assessments. Director of Nursing or designee will randomly observe staff assisted transfers of 10 residents per week x 4 weeks, then 10 transfers per month x 2 months to ensure appropriate assistance is provided by staff during transfers.</p>		

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F 689	<p>Continued From page 2</p> <p>not able to walk and assist with the transfer. The resident reported he told Nurse # 1 to find another staff member to assist with his transfer. Resident # 1 indicated Nurse # 1 insisted in transferring him without assistance from another staff member. The resident indicated upon the transfer from bed A to bed B Nurse #1 dropped him down on the floor. He reported Nurse # 1 then asked for assistance from another staff member to get him off the floor. Resident # 1 indicated he did not suffer any injuries as a result of the fall.</p> <p>During the phone interview on 05/03/2022 at 2:24 PM, Nurse #1 stated she cared for Resident #1 and knew him well. She indicated when the resident was readmitted back to the facility in February 2022, his bed remote was not functioning and he needed to be transferred from bed A to bed B. Nurse # 1 indicated she attempted to transfer Resident # 1 from bed A to bed B by herself without another staff assistance. Upon the transfer, the resident became weak and she lowered the resident to the floor. Nurse # 1 reported Resident # 1 did not sustain any injuries from the fall.</p> <p>During an interview on 05/03/2022 at 3:43 PM the Assistant Director of Nursing stated it was her expectation that the staff would provide assistance with transfers according to the resident ' s assessments needs for transfers. She further stated that Resident #1 required two-person assistance during transfers and there should have been two staff present during his transfer on 02/01/2022 when he sustained his fall with no injuries.</p>	F 689	4. The Director of Nursing will report results of these transfer observation audits to the Performance Improvement Committee monthly x 3 month for review and further recommendation.		

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F 689	Continued From page 3 During an interview on 05/03/2022 at 3:45PM The Administrator stated Nurse #1 was expected to provide assistance with transfers according to the resident's assessment needs for two-persons during Resident # 1's transfers on 02/01/2022	F 689		