PRINTED: 08/18/2022 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONST	FRUCTION	COMF	(X3) DATE SURVEY COMPLETED	
		345260	B. WING _				C / 20/2022	
	ROVIDER OR SUPPLIER OUNT REHABILITATIO	N CENTER		160 S W	ADDRESS, CITY, STATE, ZIP CODE INSTEAD AVENUE MOUNT, NC 27804			
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E 001 SS=F	S403.748, §416.54, §482.15, §483.73, §485.625, §485.727 §491.12 The [facility, except must comply with all and local emergency The [facility, except must establish and remergency prepared requirements of this preparedness progralimited to, the followin (Unless otherwise the terms "facility" or refers to all provider this appendix. This lieu of the specific puthe regulations. For specific regulations. For specific regulation for noted as well.) *[For hospitals at §4 comply with all appli local emergency pre The hospital must decomprehensive emergency prepared but not be limited to, *[For CAHs at §485.]	indicated, the general use of "facilities" in this Appendix and suppliers addressed in its a generic moniker used in ovider or supplier noted in varying requirements, the or that provider/supplier will be as 2.15:] The hospital must cable Federal, State, and paredness requirements. Evelop and maintain a regency preparedness the requirements of this all-hazards approach. The dness program must include, the following elements:	E	001	DEFICIENCY)		8/1/22	
	emergency prepared	ederal, State, and local Iness requirements. The						
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	F		TITLE		(X6) DATE	

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

08/04/2022

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.

Electronically Signed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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E 001	Continued From page CAH must develop at comprehensive emer program, utilizing an	nd maintain a	E 0	01			
	emergency prepared but not be limited to, This REQUIREMENT by:	ness program must include, the following elements: is not met as evidenced iews, record review, and a		Preparation and/or execution of	f this plan		
	fire department dispa to implement fire eme pulling the fire alarm	tch report the facility failed ergency procedures by not during a fire emergency #1) of ninety-one residents		of correction does not constitute admission or agreement by the the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correct prepared and/or executed solely	provider of ement of ions is		
		facility Fire and Disaster ire Emergency Procedures,		it is required by the provisions of and state law. E001: Establishment of the Eme			
	plan, included the foll actions at the discove person in immediate	mergency Preparedness lowing procedure for critical ery of fire. First, remove the danger while calling out the		Program (EP) (Emergency Prep 1) Resident #1 no longer resides facility.	•		
	close the door to con	for assistance. Second, tain the fire. Third, Activate , close all remaining doors in		All residents have the potential affected. Other translation and the potential affected.			
	Nurse #5 in the elect Resident #1 dated 7/ "Nurse was on hall parties nurse overheard This nurse turned are towards [where] the y This nurse observed in her wheelchair. Re	nursing note written by ronic medical record of 11/2022 at 8:20 PM stated, assing out her medications. I someone yelling help, help, bund and started walking relling was coming from. resident rolling out her room sident was engulfed in		3) Staff re-education was compl- 7/13/22-8/1/22, which included f activation in the event of a fire. The education was added to the oriest education and the agency orient packet. Fire Drills were conducted every days beginning 7/13/22. These of included fire alarm activation.	ire alarm This Entation tation shift for 7 drills		
	yelling help, help. this	resident was continuously s nurse immediately grabbed wall and immediately paged		Fire Drills will be conducted to week (to include various shifts a weekends) for 4 weeks, weekly	ind		

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	ROVIDER OR SUPPLIER OUNT REHABILITATION	CENTER		16	TREET ADDRESS, CITY, STATE, ZIP CODE 50 S WINSTEAD AVENUE OCKY MOUNT, NC 27804	1 017	20,2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PREFIX (EACH CORRECTIVE ACTION SH			(X5) COMPLETION DATE
E 001	nurse observed other with fire extinguisher immediately put out be immediately wrapped was down the hall on for 911." An interview was con 7/14/2022 at 5:28 PM 8:15 PM she heard a	alert staff for help. This staff coming down the hall	E	0001	weeks and then monthly. Re-education will be provided with any concerns. The fire drill documentation will be reviewed monthly QA. The QA committee will evaluate the need for further monitorin	e d in	
	observed Resident # engulfed in flames. N overhead there was f grab a fire extinguisher, grabbed other staff mer resident doors, call 9 Nurse #5 stated it wa	1 wheeling out of her room urse #5 stated she paged ire on her hall and went to er. Before she could operate NA #2 ran onto the hall, uisher, and sprayed extinguisher. Nurse #5					
	NA #2 stated, after 8: hall when he heard a #5 there was an eme stated he ran to West sitting in the hallway in NA #2 stated upon Roshe cried out, "Help M#2 revealed he grabb sprayed her entire bo NA #2 indicated he properties of NA #8 observed the control when the state of the	ed on 7/14/2022 at 3:16 PM. 00 PM, he was on the South in overhead page by Nurse rgency on West hall. NA #2 it hall, visualized Resident #1 in her wheelchair in flames. resident #1 visualizing NA #2 If [NA #2] I'm on fire!" NA red the fire extinguisher and red with the fire extinguisher. It was still bed the fire extinguisher					

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E 001	Continued From page	÷ 3	EC	001				
	lingering flames. NA	ional time to put out any #2 stated that at that point f and the doors closed to the						
	7/11/2022 revealed a medical services call victim at the facility. A received from the fire a fire at the facility loc PM fire rescue was a Documentation on the revealed the nursing a	alarm company referencing cation. It was noted at 8:33 lready in route to the facility. e fire department report also staff closed the doors to the rival of emergency medical						
F 000	Administrator on 7/15 Administrator stated s which occurred on 7/ focused on the safety she was unsure why The Administrator sta realized no one pulled should have. INITIAL COMMENTS A complaint investiga on 7/14/2022 through 1FPK11	ntion survey was conducted 7/20/2022. Event ID #	FC	000				
	Two of two complaint substantiated resultin The following intakes NC00190893 and NC	g in a deficiency. were investigated:						

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F 000	483.25 at tag F689 at scope and severity (K The tag F689 constitution Care. A partial extended surfree of Accident Haza	was identified at: CFR a scope and severity (K) CFR 483.70 at tag F835 at a ted Substandard Quality of rvey was conducted. ards/Supervision/Devices		689			
SS=K	§483.25(d) Accidents The facility must ensu §483.25(d)(1) The res as free of accident ha §483.25(d)(2)Each re supervision and assis accidents. This REQUIREMENT by: Based on observatio review, resident inter Clinical Services inter Director interview the systematic approach smokers, failed to ass on a routine basis, fai policies and procedur supervision of resider area for two (Resider three residents who v on 7/11/2022. Reside in her room on 7/11/2	ire that - sident environment remains izards as is possible; and sident receives adequate stance devices to prevent is not met as evidenced in, staff interview, record view, Vice President of view, and Regional Clinical facility failed to maintain a to identify residents as sess smoking safety ability led to follow the smoking res, and failed to provide ints smoking in the smoking res, and Resident #3) of vere identified as smokers int #1 caught herself on fire 022 sustaining second and her body. Resident #1			Past noncompliance: no plan of correction required.		

	OF DEFICIENCIES CORRECTION	I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 689	procedure dated as stated in part, "Resi will be identified on there is a significant and annually therea smoking procedure in part, "All smoking staff (e.g., Cigarette e-cigarettes, etc.) S residents' rooms, or confiscated and storadditional procedure stated, "Residents a smoking materials or residents." 1. Resident #1 was facility on 3/9/2020 included dementia. Documentation on the evaluation dated 3/2 was a safe smoker. Documentation on the assessment dated 2 as not using tobacco. Documentation on the Minimum Data Set (4/26/2022 coded Residents) impaired also coded as indepthe unit with no ranget the set of the same stated and the state of the unit with no ranget the same stated and the sam	the facility smoking policy and last revised on 4/23/2019 dents that are active smokers admission and reviewed when change of status, quarterly, fter. Documentation in the in the same document stated materials will be stored by s, pipes, lighters, matches, moking materials found in on their person will be red appropriately." An e in the same document are instructed not to share any r lighted cigarettes with other originally admitted to the with multiple diagnoses which the most recent safe smoking 29/2021 revealed Resident #1 or most recent quarterly MDS) assessment dated	F	589				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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F 689	on 3/29/2021, had a stop being an unsafe smoor area for unsafe smoor area focus area protective equipment apron, orientation to smoking area and times per facility protes smoking policy with the responsible party. An interview was concluded and the smoor area for a lighter on for a lighter on her per Don stated if the smoor area fighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor and the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated if the smoor area for a lighter on her per Don stated in the lighter on her per Don stated in	sident #1, dated as initiated focus area for the resident ker. The care plan focus ing was last updated on Director of Nursing added the tion of the patient not to additional interventions under included the provision of referring to a smoking the facilities designated less, scheduled smoking bool, and review of the me resident and the ducted with the Director of 14/2022 at 3:02 PM. The only aware of "one time a the husband of Resident #1 or Resident #1 and the t. The DON indicated she a recent time, within the last #1 was found with cigarettes reson inside the building. The oking policy was followed of thave been left alone to and and Resident #1 are been monitored more ducted with the Vice Services on 7/15/2022 at resident of Clinical Services viously questioned the DON) as to why she had	F6	589			

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F 689	found Resident #1 wi hand and a lighter in actually smoking. The the Vice President of removed the cigarette possession of Reside education intervention did not respond to intinformation from the Vice Services. The MDS nurse was 1:27 PM. The MDS nurse was 1:27 PM	that on 5/11/2022 she had th an unlit cigarette in her her room but was not e DON further explained to Clinical Services she had e and the lighter from the ent #1 and added the in to the care plan. The DON erview requests to verify this vice President of Clinical interviewed on 7/15/2022 at urse confirmed Resident #1 er smoking ability was re plan meeting she had with ent. The MDS nurse stated policy Resident #1 was not ettes or a lighter in her to have these items locked ion. The MDS nurse understanding the smoking Resident #1, would meet a ursing station who would ies from the locked drawers noking courtyard with the e Resident Smoking Support effective 7/15/2021, listed the les and departmental s, the day of the week on 9:45 AM - Admissions, 11:00 duller/Central Supply, 1:15 g Management, 3:00-3:45 6:30 PM -6:45 PM - Nursing,	Fé	689			

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F 689	the smoking policy ar Admissions Director a following the resident prior to 7/12/2022 and residents who smoke schedule to do so. The admitted she did not residents on Monday 9:45 AM as stipulated Admissions Director in Resident #1 was outs 9:45 AM on 7/11/2022. An interview was conscheduler on 7/15/2023. Scheduler explained the smoking support residents who smoked day of the week. The that the only resident monitoring was Resident monitoring was Resident and the smoking unsuffered continuous therefore she did not scheduler did not know the smoking unsufficient of Clinical Services acknowledged to do Clinical Services acknowledged to do Clinical Services acknowledged to do Scheduled to do Clinical Services acknowledged to do Clinical Services acknowledged to do Scheduled to do Clinical Services acknowledged to do	explained she was aware of ad procedures. The admitted she was not smoking support schedule d she was not monitoring the d when she was on the ne Admissions Director also monitor the smoking 7/11/2022 at 9:30 AM to d by the schedule. The ndicated she did not know if side smoking at 9:30 AM to 2. ducted with the Staff 122 at 10:02 AM. The Staff 122 at 10:02 AM. The Staff 124 that she was not following schedule and monitoring the d at her appointed time and Staff Scheduler explained who smoked and needed lent #2 and he was sly one on one already, need to do so. The Staff 14. ducted with the Vice Services on 7/15/2022 at resident of Clinical Services	F6	589			

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F 689	residents when it was smoking support schat 1:15 PM - 1:30 PM 8:30 -8:45 PM. An interview was co Manager on 7/15/20	to supervise the smoking is assigned to nursing on the nedule on Monday, 7/11/2022 M, 6:30 PM - 6:45 PM, and inducted with the Dietary 22 at 11:04 AM. The Dietary she appointed the evening	Fé	889			
	cook to the 3:30 PM resident smoking su Services was listed residents on Monday. The evening cook (C 7/15/2022 at 12:20 F was aware of the sm procedures and she smoking residents p support schedule bu around September 2 was not aware if Residents	to 3:45 PM time slot on the pport schedule when Food to monitor the smoking ys. Cook #1) was interviewed on PM. Cook #1 confirmed she noking policies and had been monitoring the er the resident smoking t had stopped "probably 2021." Cook #1 indicated she sident #1 was smoking in the					
	7/11/2022. Documentation in a #5 in the electronic r dated 7/11/2022 at 8 on hall passing out r overheard someone turned around and s [where] the yelling w observed resident rowheelchair. Resident While on fire resider help, help. this nurse extinguisher from wa over the intercom to	nursing note written by Nurse medical record of Resident #1 8:20 PM stated, "Nurse was ner medications. This nurse yelling help, help. This nurse tarted walking towards as coming from. This nurse olling out her room in her t was engulfed in flames. It was continuously yelling the immediately grabbed fire all and immediately paged alert staff for help. This ter staff coming down the hall					

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F 689	immediately wrapper was down the hall or for 911." An interview was cor 7/14/2022 at 5:28 Pt routinely worked on the 3:00 PM to 11:00 she had seen Reside "black bag" she carri "been a while ago." I following details occ Resident #1. Nurse is nursing shift at 3:00 was outside in the sr husband. Nurse #5 rhusband returned for room at the time the served. Nurse #5 ind #1 had her black bag to the room with her when the husband on Nurse #5 stated at a was at her medication hallway Resident #1 had told Nurse #5 sh break room. NA #1 to the activity room dood but was in view of the #2 told Nurse #5 he		F 68	,				
	he was assigned to. 8:15 PM she heard a and she headed tow observed Resident # engulfed in flames. N	Nurse #5 stated at about a resident calling out for help ard the sound. Nurse #5 the wheeling out of her room surse #5 stated she paged fire on her hall and went to						

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F 689	the fire extinguisher grabbed a fire exting Resident #1 with the explained Resident and was in extreme Resident #1 promis her room. Nurse #5 acted to close resid blankets. Nurse #5 lighter in her hand a and emergency me Resident #1, she to lighter to the nursing did not think anyone #1 when she was si would smoke with h smoking area. Nurshusband of Resider cigarettes without to NA #2 was interview NA #2 indicated he #1's hallway during NA #2 explained that the smoking area to residents because in hall smoked and ne stated on 7/11/2022 provide care to a re the evening meal that the blinds, he saw F Resident #1, and R courtyard together was smoking at that husband. NA #2 state her husband return	her. Before she could operate f, NA #2 ran onto the hall, guisher, and sprayed e extinguisher. Nurse #5 #1 had her clothes burned off pain but coherent and talking. ed she was not smoking in stated other staff members ent doors, call 911, and bring saw Resident #1 had a blue and after the fire department dical services left with ok the black bag and the blue g station. Nurse #5 stated she e needed to watch Resident #1 er husband outside in the e #5 revealed she knew the nt #1 would bring her	F	689			

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ROCKY MO	UNT REHABILITATION	CENTER		F	ROCKY MOUNT, NC 27804			
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	did not know what tire building. NA #2 states her black bag with he smoking material in I delivered her meal trace when he was NA #2 explained Resident #1 again the service when he was NA #2 explained Resident #1 had beet that point. NA #2 states was on the South had overhead page by Nemergency on West West hall, visualized hallway in her wheel upon Resident #1 visualized hallway in her wheel upon Resident #1 visualized hallway in her wheel upon Resident #1 visualized hallway in her entire from the fire extirentire body with the sindicated Resident #1 told him smoking. I swear I woobserved Resident #1 told him smoking. I swear I woobserved Resident #1 told him smoking. I swear I woobserved Resident #1 told him smoking. I swear I woobserved Resident #1 told him smoking. I swear I woobserved Resident #1 told him smoking. I swear I woobserved Resident #1 told him smoking. I swear I woobserved Resident #1 told him smoking. I swear I woobserved Resident #2 opened the had was a blue lighter. Note that I was a blue lighter on the bed sid then NA #8 observed was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province was still smoking and extinguisher spraying out any lingering flant wood in the province	Resident #1 in her room but me her husband left the d he saw Resident #1 had er but did not note any mer possession when he ay. NA #2 stated he saw at evening after the meal of charting in the dining room. Sident #1 let herself back into smoking courtyard and she la #2 did not know if m smoking in the courtyard at ted later, after 8:00 PM, he	F	689				

_ ` · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED C 07/20/2022	
		345260	B. WING				
	ROVIDER OR SUPPLIER	N CENTER	STREET ADDRESS, CITY, STATE, ZI 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	Continued From pag	ue 13	F 68	39			
	7/14/2022 at 1:48 Pl assigned to care for and routinely worked during the 3:00 PM it explained on 7/11/20 to 3:00 PM shift and shift on the hall Resirevealed the followir Resident #1 and her being outside in the 5:30 PM as the ever NA #1 heard the hus Resident #1 he wou return the next day. her black bag with h contents of the bag her room. NA #1 wa with eating and whe was over, Resident #1 went to the activit residents at approxin Resident #1 propel if from the outside sme spoke to her telling if the hall to assist her Twenty minutes late page of an emergen went to the hallway wifire extinguishers. No station and called 9 Director. The Mainted the fire alarm would cleared and directed the doors closed to 1 windows. NA #2 ope	nducted with NA #1 on M. NA #1 stated she was Resident #1 on 7/11/2022 don Resident #1's hallway on 11:00 PM shift. NA #1 022 she worked the 7:00 AM the 3:00 PM to 11:00 PM dent #1 resided. NA #1 ag events on 7/11/2022. In husband returned from smoking courtyard at about hing meal was being served. Shand of Resident #1 tell do be leaving and would NA #1 saw Resident #1 had be re but did not see the for any smoking materials in so busy assisting residents in the evening meal service #1 was not in her room. NA bety room to chart on her mately 7:45 PM. NA #1 saw her wheelchair by her coming oking courtyard and she her she would soon come on to bed and check on her. If NA #1 heard an overhead cry on her hallway. NA #1 and observed Resident #1 on the NA #2 and Nurse #5 with A #2 went to the nursing 11 and then the Maintenance anance Director told NA #2 not stop until the smoke 1 her to tell everyone to keep the rooms and to open the services and led them to					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			(X3) DATE SURVEY COMPLETED	
		345260	B. WING			C 07/20/2022	
	ROVIDER OR SUPPLIER	N CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 689	7/14/2022 at 4:03 Pf worked on Resident PM to 11:00 PM shif Resident #1 with a li before 7/11/2022 burday it was on the we Resident #1 remove bag and she happen Resident #1 why she #1 replied that it was noted Resident #1 wis smoking courtyard. If anyone because she other people Reside lighter in her purse a it before that day. Now #1 when she picked 7/11/2022. NA #3 stalighter or cigarettes a of NA #3 was not wit revealed at 8:02 PM for a break in the emiservice hall. NA #3 soverhead page of an she headed toward to saw only "dust" from she even came around An interview was con 7/14/2022 at 4:45 Pf she was assigned to one due to wanderin 3:00 PM to 11:00 PM Resident #2 was a resident #2	nducted with NA #3 on M. NA #3 stated she routinely #1's hallway during the 3:00 t. NA #3 stated she saw ghter "a couple of days" t could not be certain which ek prior. NA #3 revealed d the lighter from her black led to notice. NA #3 asked to had a lighter and Resident is to light cigarettes. NA #3 was on her way to the NA #3 stated she did not tell to had heard previously from and the heard previously from the H1 kept cigarettes and a willthough she had never seen A #3 said she saw Resident up her evening meal tray on the stated she did not see any at that time and the husband the her at that time. NA #3 she "punched out" and went aployee break room on the stated she heard the nemergency on her hall, so the hall. NA #3 explained she the fire extinguisher before	F 68				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	·		, ,	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	7/11/2022 she went smoking area and so of Resident #1, and with lit cigarettes. Shat the table smoking member present as area with Resident # cigarettes for Reside Resident #2 left the returned inside. NA husband of Residen remained outside in unsupervised. NA # saw the residents who smoking and she had instruction they were Nurse #1, the Unit Con 7/14/2022 at 2:30 7/11/2022 she was rethe facility and where fire department person but Resident #1 had the hospital. Nurse # Resident #3 was open and the contents ver #3. Nurse #1 stated unopened packages (one red and one blue bag was locked up in after the contents were was stated where were was stated where was stated wa	with Resident #2 to the aw Resident #3 already smoking he stated they were all sitting and she was the only staff she entered the smoking #2. NA #4 revealed she lit two ent #2 and then NA #4 and smoking courtyard and #4 indicated Resident #1, the t #1, and Resident #3 the smoking courtyard 4 also revealed she never earing smoking aprons while do notified by phone of the fire at a she came to the facility the onnel were still in the building been taken by ambulance to #1 explained the black bag of ened at the nursing station rified in the presence of Nurse that inside the bag were six of cigarettes and two lighters up. Nurse #1 stated the black in a file cabinet in her office	F 68	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 689	Continued From page	ge 16	F	689			
	of the black bag of F station in the presen confirmed in the black	ted she verified the contents Resident #1 at the nursing Ice of Nurse #1. Nurse #3 Ick bag of Resident #1 were Ick ges of cigarettes and two					
	Administrator on 7/1 Administrator stated were following the sign procedures prior to stated it was her und staff were assigning smoking residents a had left for the day anything different. That none of the staff her to any issues with smoking materials of support schedule. The acknowledged the factorial stated in the staff her to any issues with smoking materials of support schedule.	5/2022 at 11:40 AM. The she thought the facility staff moking policies and 7/11/2022. The Administrator derstanding that the nursing someone to watch the fter the administrative staff and she had never been told he Administrator revealed f or the residents had alerted th residents handling of r issues with the smoking					
	services report dated PM revealed in their found to have severe body including her fa and the severity of the decision was made facility before comple Resident #1 was not second degree burn abdomen, both arms Resident #1 was do degree burns to both	n emergency medical d 7/11/2022 initiated at 8:42 harrative Resident #1 was a burns to the front of her ace. Due to the environment he residents condition the to get the resident out of the eting a full assessment. It de to be in severe pain with so to her face, neck, chest, so, both hands, and both legs. Coumented as having third in her forearms, her left hand, he inside of her thighs.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′		' '	(X3) DATE SURVEY COMPLETED		
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VIDER OR SUPPLIER JNT REHABILITATIO	N CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	1	0172072022		
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SE	HOULD BE	(X5) COMPLETION DATE		
Resident #1 was ad a travenously for paid the hospital. Documentation in a revealed Resident # and Critical care unity ith second and thireck, trunk, bilateral illateral lower extremetermined to not be alliative care was considered and the constant of the constant in the dominant right pocumentation in the dinimum Data Set (1/20/2022 coded Resident #3 no documentation for Resident #3 no documentation on the counter constant in the counter counter constant in the counter counter constant in the counter constant in the counter co	ministered Morphine in management while in route hospital discharge summary if was admitted to the Burn t of the hospital on 7/11/2022 id degree burns to her face, I upper extremities, and mities. Resident #1 was a good surgical candidate, consulted, and she expired on admission of Resident #3 was altiple diagnoses one of which , or a severe loss of strength int side. he most recent Admission MDS) assessment dated esident #3 as being cognitively using tobacco. mentation of a safe smoking ent #3 for his 6/14/2022 he care plan dated 6/22/2022 ha had a focus area for being The interventions included , use of a smoking apron	F 68	9				
	INT REHABILITATIO SUMMARY S (EACH DEFICIEN REGULATORY OF SUMMARY S) (EACH DEFICIEN REGULATORY OF SUMARY S) (EACH DEFICIENT REGULATO	AMATERIA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 Lesident #1 was administered Morphine intravenously for pain management while in route to the hospital. Cocumentation in a hospital discharge summary evealed Resident #1 was admitted to the Burn and Critical care unit of the hospital on 7/11/2022 with second and third degree burns to her face, each, trunk, bilateral upper extremities, and illateral lower extremities. Resident #1 was etermined to not be a good surgical candidate, alliative care was consulted, and she expired on 1/12/2022. The most recent admission of Resident #3 was in 6/14/2022. Lesident #3 had multiple diagnoses one of which included hemiplegia, or a severe loss of strength in the dominant right side. Locumentation in the most recent Admission dinimum Data Set (MDS) assessment dated 1/20/2022 coded Resident #3 as being cognitively stact and currently using tobacco. There was no documentation of a safe smoking valuation for Resident #3 for his 6/14/2022	A BUILDING 345260 B. WING WIDER OR SUPPLIER INT REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Formation of the hospital discharge summary evaled Resident #1 was administered Morphine attravenously for pain management while in route to the hospital. Focumentation in a hospital discharge summary evaled Resident #1 was admitted to the Burn and Critical care unit of the hospital on 7/11/2022 distribution of the degree burns to her face, etc., trunk, bilateral upper extremities, and dilateral lower extremities. Resident #1 was etermined to not be a good surgical candidate, alliative care was consulted, and she expired on 7/12/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 was in 6/14/2022. The most recent admission of Resident #3 had multiple diagnoses one of which included hemiplegia, or a severe loss of strength in the dominant right side. The most recent admission of Resident #3 had multiple diagnoses one of which included hemiplegia, or a severe loss of strength in the dominant right side. The most recent admission of Resident #3 had a focus area for being in un-safe smoker. The interventions included uppervised smoking, use of a smoking apron thile smoking, orientation to the facilities esignated smoking areas and times, and review	A BUILDING 345260 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 169 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 esident #1 was administered Morphine travenously for pain management while in route the hospital. Occumentation in a hospital discharge summary evealed Resident #1 was admitted to the Burn and Critical care unit of the hospital on 7/11/2022 tith second and third degree burns to her face, eck, trunk, bilateral upper extremities, and ilateral lower extremities. Resident #1 was etermined to not be a good surgical candidate, allitative care was consulted, and she expired on 7/12/2022. The most recent admission of Resident #3 was in 6/14/2022. desident #3 had multiple diagnoses one of which included hemiplegia, or a severe loss of strength in the dominant right side. Documentation in the most recent Admission linimum Data Set (MDS) assessment dated (20/2022 coded Resident #3 as being cognitively stact and currently using tobacco. here was no documentation of a safe smoking valuation for Resident #3 for his 6/14/2022 dmission. Documentation on the care plan dated 6/22/2022 evealed Resident #3 had a focus area for being n un-safe smoker. The interventions included upervised smoking, use of a smoking apron thile smoking, orientation to the facilities esignated smoking areas and times, and review	A BUILDING 345260 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE INT REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (ICACH DEFICIENCY) WINSTEAD FOR DEFICIENCY (ICACH DEFICIENCY) WINSTEAD FOR STATE (ICACH DEFICIENCY) WINSTEAD FOR STATE (ICACH DEFICIENCY) WINSTEAD FOR STATE (ICACH DEFICIENCY) SERIOLATORY OR LSC IDENTIFYING INFORMATION) F 689 CONTINUED FROM INSTANCE OF THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 689 CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE F 689 CROSS-REFERENCED TO THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE F 689 CROSS-REFERENCED TO THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE F 689 CROSS-REFERENCED TO THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE THE APPROPRIATE F 689 CROSS-REFERENCED TO THE APPROPRIATE THE APPROPRIATE		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WING _				C 20/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRE	ESS, CITY, STATE, ZIP CODE	,		
DUCKA W	OUNT REHABILITATION	CENTED		160 S WINSTEA	AD AVENUE			
KOCKI W	OUNT REHABILITATION	CENTER		ROCKY MOU	NT, NC 27804			
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F 689	Continued From page	e 18	F 6	89				
1 009	Documentation on the schedule, dated as er following smoking time coverage for Monday 7/11/2022: 9:30 AM - AM -11:15 AM- Sched PM-1:30 PM- Nursing PM - Food Services, 8:30-8:45 PM - Nursing PM - Fo	e Resident Smoking Support fective 7/15/2021, listed the les and departmental s, the day of the week on 9:45 AM - Admissions, 11:00 duler/Central Supply, 1:15 g Management, 3:00-3:45 6:30 PM -6:45 PM - Nursing, log. ducted with the Admissions 2 at 10:13 AM. The explained she was aware of ad procedures. The admitted she was not smoking support schedule d she was not monitoring the d when she was on the le Admissions Director also monitor the smoking 1,7/11/2022 at 9:30 AM to d by the schedule. ducted with the Staff 122 at 10:02 AM. The Staff 1422 at 10:02 AM. The Staff 1522 at 10:02 AM. The Staff 153 that she was not following schedule and monitoring the d at her appointed time and lesso. The Staff Scheduler lay resident who smoked and las Resident #2 and he was saly one on one already, less the never saw him		89				
	An interview was con President of Clinical S	ducted with the Vice Services on 7/15/2022 at						

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345260	B. WING			C 07/20/2022	
	ROVIDER OR SUPPLIER OUNT REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP COL 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		3112012022	
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F 689	revealed the DON were ponsible for the sember to monitor to smoking courtyard were was scheduled to do Clinical Services ack 7/12/2022, the nursing anybody scheduled to residents when it was smoking support scheduled to residents when it was smoking support scheduled to residents when it was smoking support scheduled to residents was confundated to the 3:30 PM. An interview was confundated to the 3:30 PM resident smoking support schedule to residents on Monday. The evening cook (C7/15/2022 at 12:20 Fewas aware of the smoking residents posupport schedule but around September 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around September 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around September 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around September 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around September 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around September 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around september 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around september 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around september 2 was not monitoring to 7/11/2022 at 3:30 PM know if there was an courtyard during that the posupport schedule but around september 2 was not monitoring to 7/11/2022 at 3:30 PM know if the posupport schedule but around september 2 was not monitoring to 7/11/2022 at 3:30 PM know if the posupport schedule but around september 2 was not monitoring to 7/11/2022 at 3:30 PM know if the posupport schedule but ar	President of Clinical Services as the staff member cheduling of a nursing staff the smoking residents in the when the nursing department as of the Standard of the smoking resident of the smoking department did not have to supervise the smoking as assigned to nursing on the redule on Monday, 7/11/2022 M, 6:30 PM - 6:45 PM, and	F 6	89			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		345260	B. WING			C 07/20/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	CODE	01/20/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIA	DATE
F 689	Continued From pag	e 20	F 6	589		
	Manager on 7/14/022 Manager stated she policies and procedu she did adhere to the schedule. The Activit never saw Resident she did not know he Documentation on the dated 7/15/2022 listed cover the smoking tir Tuesdays. An interview was cornoffice Manager on 7. Business Office Manager on 7. Business Offi	aducted with the Activities 2 at 10:24 PM. The Activity was aware of the smoking res prior to 7/12/2022 and e resident smoking support ies Manager stated she #3 in the smoking area, and smoked. The smoking support schedule and the Business Office was to me of 9:30 AM to 9:45 AM on aducted with the Business (14/2022 at 10:35 AM. The ager indicated Resident #3 acility for a long time and she smoked until 7/12/2022. The ducted with NA #4 on M. NA #4 stated on 7/11/2022 monitor Resident #2 one on				
	one for a wandering/ PM to 11:00 PM shift #2 was a resident wh her to monitor him w	behavior concern on the 3:00 . NA #4 confirmed Resident no smoked which required hile he smoked but she was ssigned to monitor anybody				
	7/11/2022 she went v smoking area and sa of Resident #1, and I with lit cigarettes. Sh at the table smoking member present as s area with Resident # cigarettes for Reside	with Resident #2 to the w Resident #1, the husband Resident #3 already smoking e stated they were all sitting and she was the only staff she entered the smoking 2. NA #4 revealed she lit two nt #2 and then NA #4 and smoking courtyard and				

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 689	husband of Resident remained outside in the unsupervised. NA #4 saw the residents were smoking and she had instruction they were. An interview and observith Resident #3 while 7/15/2022 at 2:30 PM the room in which Redesignating it as a rooused. It was also observith Resident #3 concentrator in his roothat time. Resident #3 smoking habits in the 6:00 AM, after breakford dinner. Resident #3 sfacility for rehabilitation occasions and had allighter in a drawer in 1 smoke whenever he was Resident #3 stated the never had a smoking wear a smoking aproport to keep a lighter or on the Resident #3 indicated go as he pleased, smooth for as long as he want facility on each of his confirmed he did not shis admissions. Residents an 7/12/2022, would give	4 indicated Resident #1, the #1, and Resident #3 ne smoking courtyard also revealed she never aring smoking aprons while never been given any required to do so. Bervation were conducted to the was in his room on the was not in use at the was at the was not in the was the was at the was not in the was the was at the was not in the was not in the was at the was not in the was never told to an, was never told to come and toking whenever he wanted the was in the admissions. Resident #3 smoke in his room on any of the was at the was at the was in the admissions. Resident #3 smoke in his room on any of the was at the was at the was in the admissions. Resident #3 smoke in his room on any of the was at the was at the was at the was in the admissions. Resident #3 smoke in his room on any of the was at the was in the admissions. Resident #3 smoke in his room on any of the was at th	F6	889			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345260	B. WING			C 07/20/2022	
	ROVIDER OR SUPPLIER OUNT REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP COL 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		3112012022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	Administrator on 7/15 facility Administrator Resident #3 had bee lighter in his room properties and to keep lighters and with them only being at appointed times would have always kept location and the smoking supfollowed. The Administrator though were always kept location and the smoking supfollowed. The Administrator though were always kept location and the smoking supplies in light the staff should have policies and procedu with regard to assess securing smoking materials who smoked action plan with a control of the facility did not example the facility gupervised smoking not ensure safe keep materials. The facility supervised smoking not ensure safe keep materials. The facility smoking policy. Resident #1 was discationally and the staff was evant the facility and the facility supervised smoking not ensure safe keep materials. The facility smoking policy. Resident #1 was discationally and the facility was evant the facility and the facility and the facility supervised smoking policy. Resident #3 was evant facility was evant facility and deemed sweep was conducted the facility and the facility and the facility supervised smoking policy.	aducted with the facility 5/2022 at 2:40 PM. The stated she did not know in keeping his cigarettes and for to 7/12/2022. The she thought the facility policy cigarettes under lock and key obtained by the facility staff as being followed. The it all the smoking materials ked up at the nursing station port schedule was being strator indicated she wished her he was keeping his room but acknowledged recognized the smoking res were not being followed sment of smoking ability, aterials, and monitoring of ed. Ithe following corrective impletion date of 7/13/2022. Ithe following to the schedules. The facility diducting of resident smoking ty failed to ensure the staff understanding of the charged to the hospital on	F 6	89			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345260	B. WING _			C 07/20/2022
	ROVIDER OR SUPPLIER OUNT REHABILITATION	CENTER		STREET ADDRESS, CITY, STATE, ZIP OF 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	CODE	
(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 X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIAT	(X5) COMPLETION DATE
F 689	and locked for safe kere-educated regarding 7/12/2022. Resident agreement on 7/12/22 On 7/12/22 a QAPI we policy and procedure wish to smoke can do guidelines outlined in procedure. An ad how 7/12/22 at 1:45am. The actions that occurred reviewed by the commisweeps on all resider	materials were removed eeping. Resident #3 was g the smoking policy on #3 signed a safe smoking 2. as initiated for the smoking to ensure residents who is so safely following the	F	689		
	designated resident so the proper fire blanked waste receptacles and place, posting of the verification of secured materials at the nurse staff on the smoking smoking evaluation, or resident / resident represidents who smoked when they are awaked limited in the incident and received the education policy and procedure after the incident and received the education included detailed reviand procedure with a understanding. On 7/ questions were performed understanding procedure and are continued understanding procedure and are contin	the smoking courtyard verifying the extinguisher, ashtrays, and smoking aprons were in smoking schedule, and storage area for smoking as station, education for all coolicy and procedure, care plan updates, and presentative education for to be completed in am to staff on the smoking was initiated on 7/11/22 continued until all staff on by 7/12/22. The education ew of the smoking policy posttest to verify 12/22 additional retention remed randomly to validate				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345260	B. WING _			C 07/20/2022
	ROVIDER OR SUPPLIER OUNT REHABILITATION	CENTER		STREET ADDRESS, CITY, STATE, Z 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	IP CODE	0172012022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	X (EACH CORRECTIVE CROSS-REFERENCED)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 689	validate continued un documentation associated to the QAPI monitoring they received the educated to the partices residents permission unsafe materials in the and document this reform for any assigned audit to review the guinitiated on 7/13/22 a QAPI monitoring. Addreview the reports. On 7/12/22 the residence re-evaluated using the The smoking schedul on 7/12/22 to reflect the plan for residents where residents and their representations are supported on 7/1 times under staff supsmoking materials, and Residents that smoke quarterly safe smoking nursing data set evaluated under the results of the residents and their representations are residents and their representations are residents.	were performed randomly to derstanding of the siated with the smoking and are continuing as parting. Staff did not work unless acation. dian Angel program was cipating managers to ask to randomly look for any seir rooms or on their person view on their guardian angel diresidents who smoke. An eardian angel reports was and continues as part of the ministrator is designated to	F	689		
		upon admission, quarterly, hanges in condition using				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		345260	B. WING _			C 7/20/2022
	ROVIDER OR SUPPLIER	ON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 689	form. On 7/12/22 an auc any resident has a potentially in the fu aware that we must them being allowe designated smokin were identified as On 7/12/22 an auc policy and procedudescribed in the poadmissions who wand continues as procedudescribed in the poadmission who wand continues as procedudescribed in the poadmission was provided and continued and is local materials. On 7/12/22 and will needed and is local materials. On 7/12 supervision provided smoking materials continues ongoing monitoring. Admir reviewing this aud. The onsite validation 7/15/2022 through interview, staff interview, staff interview, staff interview.	dit was conducted to validate if a desire to smoke now or uture to ensure that they are st evaluate the resident prior to d to participate in the ng times. No other residents wishing to smoke at this time. dit to evaluate the smoking ure was implemented as colicy and procedure for new ish to smoke was completed part of the QAPI monitoring. On a posted at the facility entrance sitors, and residents that no lighters, electronic cigarettes, roducts. The smokers and their status of other was reviewed and revised I be maintained and updated as a lated with the smoking tight and please do sident smoking materials to lighters, electronic cigarettes, roducts. The smokers and their status of other was reviewed and revised I be maintained and updated as lated with the smoking tight and updated as lated with the smoking tight and updated and management of by staff was initiated and as part of the QAPI histrator is responsible for	F	89		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345260	B. WING				C 07/20/2022	
	ROVIDER OR SUPPLIER OUNT REHABILITATION	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		60 S WINSTEAD AVENUE		20/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 689	alerting visitors of the procedures within the visitors to not give light residents. Observations were m PM and 7/15/2022 at the nursing station cannot the smoking courcabinet for the smoking to be have the list of streminders of the smosmoking schedule. The materials was observed key. Inside the cabine resident with their smospervations the resident with their smospervations the resident with their smospervations the resident with their smospervations approved by a staff smoking materials fron ursing station, assured smoking aprons, and residents. The resident for their use at the table area was a fire blanker readily available. Observations were mat 9:01 AM to verify sthe doors of the resident remaining was performed on smoking policies a interviews confirmed	smoking policy and building and warning inters or cigarettes to the ade on 7/14/2022 at 1:29 9:47 AM of the signage at binet for smoking materials tyard area. The top of the ing materials was observed smoking residents, king procedures, and a ine cabinet with the smoking ed to be kept locked with a	F	689				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WING _			1	20/2022
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 077	20/2022
				16	60 S WINSTEAD AVENUE		
ROCKY M	OUNT REHABILITATION	CENTER		R	OCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From page	e 27	F 6	889			
L 000A	An interview was con- oriented resident who routine basis to verify assessments, and the procedures being follo The following docume facility and was review reviewed of a Quality Improvement Plan for procedures dated 7/1 Documentation was re conducted on 7/11/20 additional residents was residents who smoke oxygen sign audit data council minutes dated smoking evaluations are resident smoking sch updated care plans for dated 7/12/2022, resi 7/12/2022, and reside agreements dated 7/2 provided documented in the facility were profacility policies and pr the focus on notificati procedures were not	ducted with an alert and a smoked cigarettes on a education, smoking esmoking policies and owed as of 7/12/2022. entation was provided by the wed. Documentation was Assurance and smoking policies and 1/2022 and 7/12/2022. eviewed of room sweeps 1/22 during which two were added to the list of d. The facility provided an ed 7/12/2022, resident and acknowledgments, edule dated 7/12/2022, or residents who smoke dent/family education dated ent safe smoking 1/2/2022. The facility I evidence 100% of the staff ovided education on the rocedures for smoking with on of administration if the being followed.	F	589			
	angel round forms for supplies in resident ro Resident intention to smoking area audits v	ucation on updated guardian observation of smoking ooms was dated 7/12/2022. smoke and supervised were initiated on 7/12/2022.					
F 835 SS=K	to be completed on 7/Administration CFR(s): 483.70	e action plan was validated /13/2022.	F 8	335			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345260	B. WING		07/20/2022
	ROVIDER OR SUPPLIER	ON CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		07720/2022
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 835	Continued From pa	ge 28	F 83	5	
	enables it to use its efficiently to attain or practicable physical well-being of each in This REQUIREMENT by: Based on observative review, resident into Operations interview, interview the facility implement and mor smokers safe for tw #3) of three resider smokers on 7/11/20 herself on fire in he sustaining second a	dministered in a manner that resources effectively and or maintain the highest I, mental, and psychosocial		Past noncompliance: no plan of correction required.	
	interview, record re President of Clinical Regional Clinical D failed to maintain a identify residents as smoking safety abil follow the smoking failed to provide su in the smoking area Resident #3) of thre identified as smoke	Based on observation, staff view, resident interview, Vice al Services interview, and irector interview the facility systematic approach to a smokers, failed to assess ity on a routine basis, failed to policies and procedures, and pervision of residents smoking a for two (Residents #1 and be residents who were the son 7/11/2022. Resident #1 are in her room on 7/11/2022			

OMPLETED	(X3) D	PLE CONSTRUCTION IG		AND DUAN OF CORRECTION INDESTRUCTION NUMBERS		
C 07/20/2022			B. WING	345260		
0112012022		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		CENTER	ROVIDER OR SUPPLIER OUNT REHABILITATION	
(X5) COMPLETION DATE	N SHOULD BE E APPROPRIATE	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(X4) ID PREFIX TAG
			F 835	ducted with the Vice ns and the Vice President of 7/15/2022 at 3:59 PM. The erations and the Vice Services explained how they administrative team on the administration to work e residents. The Vice ns stated he specifically istrator and the Director of cation and the systematic address the needs of the the following corrective explained for 7/13/2022. Actor and Director of Nursing explained for the supervised explained for the hospital on	body. Resident #1 exincident. An interview was con President of Operatio Clinical Services on 7 Vice President of Clinical Saddressed the entire responsibilities of the together to protect the President of Operatio addressed the Admin Nursing on communic approach required to smoking residents. The facility provided the action plan with a coron plan with a coron The facility Administrate failed to ensure the information of the evidenced by the facinesidents for smoking smoking schedule, erresident smoking matter than the president #1 was discontinuous processed that was discontinuous pr	F 835
				the following corrective impletion date of 7/13/2022. Interest and Director of Nursing implementation and staff smoking policy as lity did not: evaluate the supervised insure safe keeping of sterials. Interest in the hospital on the treturn.	smoking residents. The facility provided to action plan with a corollar action plan with a corollar failed to ensure the infunderstanding of the evidenced by the facinesidents for smoking smoking schedule, erresident smoking matter than the providence of the prov	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345260	B. WING _			C 07/20/2022	
	ROVIDER OR SUPPLIER	ON CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	•	7772022	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 835	policy and procedumish to smoke car guidelines outlined procedure. An ad 7/12/22 at 1:45am actions that occurreviewed by the consumer sweeps on all resignated resident the proper fire bland waste receptacles place, posting of the verification of secunaterials at the nustaff on the smoking evaluation resident / resident residents who smown when they are away after the incident areceived the educational procedure with understanding. On 7/13/22 depart conducted by VP of Services and incluregarding the policy of supervision of the supervision of the supervision of the secundary secundary.	It was initiated for the smoking are to ensure residents who in do so safely following the din the facility policy and shoc QAPI meeting was held on an are to include room dents who smoke to verify no were present, review of the int smoking courtyard verifying naket, fire extinguisher, ashtrays, and smoking aprons were in the smoking schedule, ared storage area for smoking arses station, education for all ing policy and procedure, in, care plan updates, and representative education for oake to be completed in am aske. It ion to staff on the smoking are was initiated on 7/11/22 and continued until all staff action by 7/12/22. The education review of the smoking policy in a posttest to verify ment manager training was of Operations and VP of Clinical ded the DON and Administrator by and procedure and oversight	F	335			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345260	B. WING		07/20/2022	
	ROVIDER OR SUPPLIER	N CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	1 0772072022	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 835	performed randomly understanding on the are continuing as particles of the perform continued understar associated with the and are continuing a monitoring. Staff did the education. On 7/12/22 the Guang educated to the particles of the education. On 7/12/22 the Guang educated to the particles of the particles	to validate continued e policy and procedure and art of the QAPI monitoring. al retention questions for ned randomly to validate ading of the documentation smoking policy and procedure	F 83	5		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345260	B. WING _			C 07/20/2022	
	ROVIDER OR SUPPLIER OUNT REHABILITATION	CENTER		STREET ADDRESS, CITY, STATE, 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	ZIP CODE	0112012022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	E PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC		E ACTION SHOULD BE O TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 835	nursing data set evaluation their quarterly MDS. nurses were educated resident who smoke to and with significant of the nursing data set of form. On 7/12/22 an audit wany resident has a depotentially in the futur aware that we must ethem being allowed to designated smoking twere identified as wis On 7/12/22 an audit to policy and procedure described in the policy and procedure described in the policy and continues as part 7/12/22 a sign was poreminding staff, visito smoking is permitted not provide any reside include cigarettes, lighor other tobacco production. A current list of the smale or unsafe smoke on 7/12/22 and will be needed and is located materials. On 7/12/22 supervision provided smoking materials by continues ongoing as	uation in conjunction with On 7/12/2022 licensed of that they will evaluate upon admission, quarterly, nanges in condition using or safe smoking evaluation was conducted to validate if usire to smoke now or use to ensure that they are valuate the resident prior to oparticipate in the imes. No other residents hing to smoke at this time. To evaluate the smoking was implemented as y and procedure for new to smoke was completed to of the QAPI monitoring. On osted at the facility entrance res, and residents that no in the facility and please do unters, electronic cigarettes, ucts. Inokers and their status of the was reviewed and revised the maintained and updated as do with the smoking an audit tool to review the and management of staff was initiated and part of the QAPI reator is responsible for	F	335			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRU	JCTION		PLETED
		345260	B. WING _				C 20/2022
	ROVIDER OR SUPPLIER	CENTER		160 S WINS	DRESS, CITY, STATE, ZIP CODE STEAD AVENUE IOUNT, NC 27804	<u>, </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
F 835	Onsite validation was through record review interview, and staff in Observations were made a sign on the falerting visitors of the procedures within the visitors to not give ligresidents. Observations were made made made and the smoking court cannot the smoking court cannot the smoking court cannot the smoking schedule. The materials was observed with their smooth observations the resist supervised by a staff smoking materials from the smoking aprons, and residents. The reside for their use at the tall area was a fire blank readily available. Observations were mat 9:01 AM to verify staff of the smooth of the smoking aprons, and residents. The reside for their use at the tall area was a fire blank readily available. Observations were mat 9:01 AM to verify staff of the smooth of the residents. The residents were staff of the smooth of the residents were conditionally available.	s completed on 7/15/2022 v, observation, resident terviews. rade on 7/14/2022 at 9:00 ront door of the facility smoking policy and building and warning theres or cigarettes to the rade on 7/14/2022 at 1:29 9:47 AM of the signage at abinet for smoking materials rtyard area. The top of the ng materials was observed smoking residents, king procedures, and a the cabinet with the smoking red to be kept locked with a	F	335			

	AND DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	N CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	•	7172372322	
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F 835	Continued From pag		F 8	35			
	interviews confirmed	and procedures. These staff had received training able regarding policies and					
	oriented resident wh routine basis to verif assessments, and th	nducted with an alert and o smoked cigarettes on a y education, smoking se smoking policies and lowed as of 7/12/2022.					
	Clinical Director and						
	facility and was reviereviewed of a Quality Improvement Plan for procedures dated 7/Documentation was conducted on 7/11/2 additional residents who smoked oxygen sign audit date council minutes date smoking evaluations resident smoking sclupdated care plans for dated 7/12/2022, residents agreements dated 7/12/2022, and resident smoking evaluations resident smoking sclupdated care plans for dated 7/12/2022, and resident smoking evaluations resident smoking sclupdated care plans for dated 7/12/2022, and resident smoking evaluations for dated 7/12/2022, resident smoking evaluatio	or smoking policies and 11/2022 and 7/12/2022. reviewed of room sweeps 022 during which two were added to the list of ed. The facility provided an atted 7/12/2022, resident d 7/12/2022, resident and acknowledgments, nedule dated 7/12/2022, for residents who smoke addent/family education dated ent safe smoking 12/2022. The facility d evidence 100% of the staff ovided education on the procedures for smoking with the circon of administration if the					

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	(X3) DATE SURVEY COMPLETED	
ROCKY MOUNT REHABILITATION CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 835 Continued From page 35 Documentation of education on updated guardian angel round forms for observation of smoking supplies in resident rooms was dated 7/12/2022. Resident intention to smoke and supervised smoking area audits were initiated on 7/12/2022. The facility's corrective action plan was validated	2022	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 835 Continued From page 35 Documentation of education on updated guardian angel round forms for observation of smoking supplies in resident rooms was dated 7/12/2022. Resident intention to smoke and supervised smoking area audits were initiated on 7/12/2022. The facility's corrective action plan was validated	-022	
Documentation of education on updated guardian angel round forms for observation of smoking supplies in resident rooms was dated 7/12/2022. Resident intention to smoke and supervised smoking area audits were initiated on 7/12/2022. The facility's corrective action plan was validated	(X5) OMPLETION DATE	