STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 01/04/2023 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDIN	IG		COMPLETED	
							С
	<b>345389</b> B. WING			12/09/2022			
	ROVIDER OR SUPPLIER	N		11	REET ADDRESS, CITY, STATE, ZIP CODE 01 HARTWELL STREET ARNER, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E 0	00			
F 000	recertification survey 12/5/22-12/9/22. the factoring the compliance with the re-	acility was found in equirement CFR 483.73 ness. Event ID # 4ICQ11	F 0	00			
	conducted from 12/5/2 tID # 4ICQ11. The foll investigated NC00192	2414, NC00191283, 90081, 12 of 12 allegatons					
	(K)	was identified at: 35 at a scope and severity 89 at a scope and severity					
		egan on 3/31/22 and was An extended survey was					
		of Care was identified at: 89 at a scope and severity					
	but then deleted after and reviewed by the 0	(IJ) at F726 was identified the case was transferred to Centers for Medicare and MS) and the 2567 was the deletion.					
F 689	12/28/22 at tag F835	iciencies was amended on and tag F726 was deleted. ards/Supervision/Devices	F 6	89			12/30/22
		SI IPPI IER REPRESENTATIVE'S SIGNATI IRE			TITI E		(X6) DATE

(X2) MULTIPLE CONSTRUCTION

Electronically Signed 12/28/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		345389	B. WING			C <b>12/09/2022</b>	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/09/2022	
				1101 HARTWELL STREET			
THE LAUF	RELS OF FOREST GLEN	N		GARNER, NC 27529			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	Continued From page	÷ 1	F 68	39			
SS=K	CFR(s): 483.25(d)(1)	(2)					
	supervision and assist accidents. This REQUIREMENT by: Based on physician i	sident receives adequate stance devices to prevent is not met as evidenced nterview, resident interview,		The Laurels of Forest Glenn w			
	Medical Director inter secure a resident's w transportation van se manufacturer instruct and shoulder restrain manufacturer instruct reviewed for accident #26 had three falls or March 31, 2022 the re wheelchair in the tran Resident had compla and a skin tear on he 2022 the Resident fel	curement system per ions and failed to apply a lap t across a resident per ions for 1 of 4 residents s (Resident #26). Residents in the transportation van. On esident fell backwards in her sportation van. The ints of neck pain, back pain, r left forearm. On June 30, I from the wheelchair in the		have this submitted Plan of Co stand as allegation of compliand date of compliance is 12/30/20. Preparation and/or execution of Correction does not constitute admission to, nor agreement with existence of, or the scope of, any of the cited deficiencies conclusions set forth in the Stander Deficiencies. This plan is prepared to ensure continued of with regulatory requirements.	ice. Our 22. If this Plan te ith, either and severity or tement of ared and/or		
	fell backwards in her transportation van. Al revealed staff were un recommended location instructions, to apply wheelchair secureme wheelchair during tranvan. The facility failed investigation and imp Resident #26 had a face	n observation on 12/8/2022 hable to identify the n per manufacturer's retractors from a 4-point nt system to a resident's happortation on the facility's I to complete a thorough lement interventions after		F689 Free of Accident Hazards/Supervision/Devices  The facility is unable to correct deficiency for resident #26 as it already allegedly occurred. Rewill not be transported on the fatransportation van and will only transported via outside contract to prevent further incidents on transportation van for this spectresident. The Administrator corrections.	t has sident #26 acility be t company the facility		

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		345389	B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODI		2/03/2022	
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F 689	Continued From page	e 2	F 68	39			
L 099	2022, and July 21, 20 failed to have a policy 4-point wheelchair seinside the facility's training and procedure for the and shoulder belt for the facility transportar.  Immediate jeopardy is the facility failed to see wheelchair to the floot transportation van and did not complete a roeffective interventions protect Resident # 26 transport. This result accidents for Resider was removed on 12/9 implemented a credit jeopardy removal. The compliance at a lowe which is no actual hamore than minimal hajeopardy to complete monitoring systems procedured in the procedure of a facility's dated 11/2016 did no using the van's 4-point system located inside resident's wheelchair to appointments away	222. In addition, the facility and procedure for the curement system located insportation van or a policy application of a safety lap residents during transit on tion van.  Degan on 3/31/2022 when ecure Resident #26's ar securement system of the difference analysis so that is could be implemented to an all residents during and all residents during are facility remains out of a scope and severity of a "E" arm with the potential for arm that is not immediate at staff education and ensure and in place are effective.	F 68	incident and accident investigation incidents dated 3/31/2022, 6/37/21/2022 regarding resident in 12/07/2022 and 12/08/2022 by Incident and Accident Investig The Administrator, Director of Minimum Data Set Nurse (MD reviewed and revised the care resident #26 related to fall into on 12/08/2022. Interventions if are not limited to: antirollbacks wheelchair, appropriate position, appropriately strapped in for transportation, keep resident's environment as safe as possile even floors free from spills and adequate lighting, call light with commonly used items within repositioning furniture, keep be appropriate position, provide repositioning furniture, keep be appropriate position, provide reposition and treatment ordered or PRN. Resident #26 was reviewed and revised by Administrator, Director of Nurse MDS Nurse again on 12/29/20 should be transported via outs contracted transportation commoutside appointments was add.  The Licensed Nursing Home Administrator (LNHA), The Director of Clinical Service (DCS) Laurel	30/2022 and #26 on y use of the gation Form. Nursing and OS Nurse) eplan for erventions include, but s to oning in  s ble with d/or clutter, thin reach, each, avoid bed in the resident with intial for falls, ent as 6 care plan the sing and 022; resident side apany for all ded.  rector of ctor of Health Care		
	Review of 4-point wh system's use and car on the manufacture's	e manual dated 2014 found		Company reviewed all other re have the potential to be affect 12/08/2022 by review of Trans Log and the Incident and Acci	ed on sportation		

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(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ID		PROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
F 689	Continued From pag	e 3	F 689		
	following information	:		which was verified that no other resid	lents
	* J-Hooks must	be attached to a sold		have been affected by the alleged	
	wheelchair frame (no	spokes or moveable		noncompliance. Any residents transp	
	components			in the facility transportation van has t	
	-	ulder and pelvic belt restraint		potential to be affected by the alleged	
	_	pant's shoulder and pelvis		deficient practice; therefore, a Root 0	
	(lap).			Analysis was completed to determine	e the
	D : 1 / 1/00			best system change to prevent this	
		Imitted to the facility on		alleged deficient practice from	
		ative diagnoses that included		(re)occurring. The Licensed Nursing Home Administrator and The Directo	
	apnormai posture an	d bilateral amputation.			rol
	Posidont #26's care	plan in place on 3/31/2022		Nursing received education on Root Cause Analysis (RCA) and completion	on of
		ocus Resident #26 was at		facility incident and accident investig	
		ury, at risk for acute/chronic		by The Director of Clinical Service fo	
	_	ntial for fluctuations in mood		Laurel Health Care Company on	
		n, anxiety, and psychosis.		12/07/2022. The LNHA and DON are	the
		d ensure the environments		only staff responsible for the complet	
	was as safe as possi	ible, anticipate residents		investigations of incidents and accide	
	-	notify doctor if interventions		The LNHA, DON and DCS complete	
	are unsuccessful, ad	minister medications as		Root Cause Analysis on 12/07/2022	of the
	ordered, observe for	ineffectiveness, and notify		incidents dated 3/31/2022, 6/30/2022	2,
	physician, consult wi	th behavioral health as		7/21/2022 regarding resident #26. Th	ne
	needed.			RCA determined that lack of facility p	olicy
				and procedure on the transport of	
		erly MDS dated 9/22/2022		residents in the facility van as well as	ack
	indicated resident wa	•		of competency training of the van	
	•	ed the assistance of one staff		transport driver resulted in the incide	nt(s)
	with transfers and wa	as unable to walk.		occurring. The Root Cause Analysis	
				included interventions to prevent furt	
	_ Amimaid==++ (	data d 2/24/2022!		occurrences and have been implement	ented
	•	dated 3/31/2022 and		and completed on 12/08/2022.	I DCC
		#1, read on 3/31/2022 at		Interventions include: The LNHA and	
		#26's wheelchair flipped		developed and approved a policy and	
	•	tation van. The report 26 had a skin tear. The		procedure for transportation of a resi in facility van on 12/08/2022, which of	
		ons included Resident #26's		include information on the 4-point	1003
		scheduled, and therapy was		wheelchair securement system and t	he
		26 for wheelchair positioning.		application of a safety lap and should	
	LO OLIOON I NOOIGOIN TA	-c .c. wilcolonan positioning.	1	application of a surety lap and should	

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F 689	689 Continued From page 4		F 689			
				belt for residents during transit. This p	olicv	
	Nurse's progress note	e written by Nurse #1 dated		was taken to the Quality Assurance		
		esident #26 flipped her		committee on 12/08/2022 for approval		
		e on transportation van.		and implementation. Additionally, the		
	Resident #26 had cor	nplaints of neck pain, back		LNHA and DCS developed a Facility V	/an	
	pain, and a small skir	tear noted to her left arm.		Transport Driver job description with		
				required training and competency on		
	Nurse Practitioner (NP) note dated 3/31/2022			12/07/2022.		
		was evaluated by the NP				
	after she fell backwar			The Transportation of a Resident in		
		d hit her back on the floor.		Facility Van policy was reviewed with t	he	
	Resident #26 had complaints of left forearm pain,			facility Transportation Driver on		
		pain. The note indicated mall bruise noted on her		12/08/2022 and again on 12/27/2022 I	oy	
	wrist and a skin tear of			the LNHA. The Facility Van Transport Driver job description with required		
	Wilst and a skill teal t	on ner ann.		training and competency was reviewed	۱ ا	
	Physician order dated	l 3/31/2022 showed an xray		with the facility Transportation Driver of		
	_	earm, cervical spine, and		12/07/2022 and again on 12/27/2022 I		
	lumbar to sacral spine	• •		the LNHA. Additionally, the facility		
	'			Transportation Driver reviewed the		
	Review of the xray re	sults for the forearm and		Q'Straint QRT Max Training Video on		
	spine dated 3/31/202	2 showed Resident #26 had		12/07/2022. The facility Transportation	1	
	no acute fractures.			Driver received education on safety		
				guidelines for assisting residents with		
	•	evaluation report created by		wheelchair transporting with subseque	ent	
	Nurse #1 dated 3/31/2			competency evaluation by the Rehab		
		s (circle or write in): fell		Service Director on 12/07/2022 with		
		nair on transportation van"		review on 12/27/2022. Should the faci	·	
	resident was observe	escription of the position the		current Transportation Driver leave the		
		on at the time of the vn did not observe guest."		company for any reason, the newly hir Transportation Driver will receive the	cu	
		e resident received at the		Facility Van Transport Driver job		
		ocumented as "buckled		description by the LNHA or DON,		
		on van." The re-creation of		education on guidelines for assisting		
		nultiple items in back of		residents with wheelchair transporting	and	
	_	ort indicated the cause of the		review of the Q'Straint QRT Max Train		
		l factors/items out of reach.		Video by the LNHA or DON, receive the	•	
	New interventions inc	luded Resident #26 was		Transportation of a Resident in Facility		
	scheduled to follow u	o with physical therapy for		Van policy by the LNHA or DON and ir	nitial	

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	OF DEFICIENCIES CORRECTION	I DENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILDIN			С		
		345389	B. WING _				9/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	1	<u> </u>	
THE ! ALIE				1101 HARTWELL STREET				
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F 689	P.M. with Nurse #1. familiar with Resided double amputate an #1 indicated during #26 had a fall on the to the length of time was unable to provio occurred. Nurse #1 transportation staff, the facility and Resid flipped backwards. It wan to assess Resid walked onto the van was laying on the valying on her back in roof. During the interesident #26 had a stated she did not rewheelchair and to the Resident #26 had a stated she did not rewheelchair or aroun further indicated she voice any concerns.  Review of Resident #26 had rewheelchair or aroun further indicated she voice any concerns.  Review of Resident #26 had a stated she did not rewheelchair or aroun further indicated she voice any concerns.	nducted on 12/7/2022 at 2:00 Nurse #1 indicated she was at #26. Resident #26 was a d had a lot of anxiety. Nurse one of her shifts, Resident e transportation van, but due since the incident, Nurse #1 de a month Resident #26's fall indicated she was told by the van had pulled away from dent #26's wheelchair had Nurse #1 responded to the lent #26. When Nurse #1, the back of the wheelchair an floor and Resident #26 was the wheelchair facing the van rview, Nurse #1 indicated etractors secured to the le best of her knowledge seatbelt in place. Nurse #1 ecall any items under the d the back of the van. She edid not recall Resident#26 to of pain.	F 6		ne RSD, predictional be completed be completed be completed by the Quality of the Continued	eted and ty e rses 022. , at  e for of a in ort /o ality be		
	showed Resident's a tablet 5mg for sever	#26's MAR for April 2022 #26 received oxycodone e pain one time a day from 2 for a pain level that ranged						

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F 689	received two doses of and 4/9/2022.  Attempts were made Practitioner who asses 3/31/2022 were unsu.  An interview was con 12:48 P.M. with the Minterview, the Medica #26's electronic medi Doctor indicated Resthe Nurse Practitione a fall in the transporte complaints of back are ordered and reviewed arm, neck, and back. Resident #26 had no Director indicated Rechanges to her back.  Review of a therapy of treatment note dated #24's last dates of the 1/8/2022.  An interview was con 11:50 A.M. with the During the interview, not recall this inciden since the event happer Resident #26 was a conformal property of the positioning contributioning contributi	to interview the Nurse essed Resident #26 on occessful.  ducted on 12/8/2022 at Medical Director. During the I Director reviewed Resident cal record. The Medical ident #26 was evaluated by ron 3/31/2022 after she had ation van. Resident #26 had not neck pain. The NP di xrays of Resident #26's The xrays indicated fractures. The Medical sident #26 had degenerative evaluation and plan of 7/22/2022 showed Resident erapy were 10/12021 -	F 6	89			

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		345389	B. WING		C 12/09/2022
	ROVIDER OR SUPPLIER	NN	1	STREET ADDRESS, CITY, STATE, ZIP CODE  101 HARTWELL STREET  GARNER, NC 27529	12/00/2022
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F 689	11:36 A.M. with the A interview, the Admin recall the details of F transportation van or Administrator review indicated it appeared items from a bag on and the wheelchair f interview, the Admin #26 was a bilateral a center of gravity to b the wheelchair. The physical therapy had	nducted on 12/7/2022 at Administrator. During the istrator indicated she did not Resident #26's fall on the	F 689		
	completed by Nurse 4:00 P.M., Resident wheelchair on the traread Resident #26 h immediate interventimotion, skin assess position secured in viseatbelts are fastened.  Nurse's progress not dated 6/30/2022 reasitting on floor of trarstated she didn't have Resident #26.  Review of a post fall Nurse #2 and dated #26's seatbelt was n resident slid to floor. of the fall had equipr	ons included range of nent, pain assessment, vheelchair, and make sure all			

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F 689	in transportation valensure safety devict transit. The report in section titled "IDT Sthe signature of the An interview was consumed a page over the section titled in the factor only involved in one heard a page over the had fallen while on #2 went out to the work of her knowled fell forwards when the van out of the facilit unable to recall if Rescured with retract #2 indicated Reside seatbelt.  Attempts were mad Driver #2 who work from March 2022 the unsuccessful.  An interview was consumed she did not confirmed she did n	scribed as "sitting on buttocks in." New interventions included in van is secure while in included signatures under the signatures". One signature was Director of Nursing.  Inducted on 12/8/2022 at 1:08 She indicated she was int #26 and to her knowledge had falls when she was acility's transportation van.  Inducted on 12/8/2022 at 1:08 She indicated she was int #26 and to her knowledge had falls when she was exility's transportation van.  Inducted on 12/8/26's falls. She had talls when she was exility is transportation van.  Inducted the was indicated she was exility is transportation van. Nurse had that stated Resident #26 the transportation van. Nurse had the transportation van. Nurse had the was still sitting up.  Inducted to the ge, she was told Resident #26 he driver started to drive the had the driver started to drive the had the was not wearing a her was not we	F 68				
	c. An incident repor	t dated 7/21/2022 created by					

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NAME OF PROVIDER OR SU		N	•	1	STREET ADDRESS, CITY, STATE, ZIP CODE 101 HARTWELL STREET GARNER, NC 27529		
PREFIX (EACH			ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
Resident #2 transportation #26 had no immediate in Nurse's proceeded 7/21/2 laying on he inside trans  Review of a 7/21/2022 list of the fall. The Resident #2 fall was a work intervention on Resident physical the An interview 10:13 A.M. Resident #2 the interview to him where and moving wheelchair #3 indicated observed Resident #2 injuries and Review of a 7/22/2022 s	nowed on 26 had a won van du injuries dintervention gress note 2022 read er back sti portation in post fall of sted no fatche descripers as lyingitnessed fis included the sted of the van word of the van word forwards rolled back when he esident #26 when he esident w	7/21/2022 at 9:30 A.M. vitnessed fall on the ring transportation. Resident uring this fall. There were no ons listed on the report.  e written by Nurse #3 and I Resident #26 observed II strapped to wheelchair	F	689			

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F 689	The listed goals incluimprovement in trunk demonstrate good up wheelchair for 1-2 ho	nsportation to appointment.	F€	889			
	showed Resident #24 10/12021 - 1/8/2022. An interview was con 12:21 P.M. with the F Director. During the i indicated Resident ha after a fall a few mon	4's last dates of therapy were ducted on 12/7/2022 at Rehabilitation Service interview, the Director ad been referred to therapy ths ago. The Director stated					
	therapy worked with and upper muscles. I Director further indica regular wheelchair ar had maintenance ins wheelchair. The Dire	bilateral amputee and her to build her core strength During the interview, the lated Resident #26 had a land the therapy department tall anti tippers to her lated she was late of Resident #26's fall.					
	with Resident #26. R did not recall her whe	d was unable to provide any					
	P.M. with the Transport out on medical leave September 2022. The indicated when he was shadowed the previous thirty days and was show to secure reside	ducted on 12/7/2022 at 2:49 ortation Driver #1, who was from March 2022 through the Transportation Driver as hired at the facility, he are transportation driver for thowed by the previous driver at into the transportation at to outside appointments.					

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		345389	B. WING _			C <b>12/09/2022</b>
	ROVIDER OR SUPPLIER	IN .	•	STREET ADDRESS, CITY, STATE, ZIP COD 1101 HARTWELL STREET GARNER, NC 27529	•	
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F 689	wheelchair securemer retractors and this was on the transportation each of Resident #26 Transportation Driver Resident #26 had a f #2, but he was not at of the falls.  An interview was cor 11:46 A.M. with Nursinterview, NA #1 indictransportation van when NA #1 was unable to incident. She indicate secured Resident #2 van. When the van sparking lot, Resident tipped over backward observed injuries. Du	as equipment a 4-point ent system that used as the same system installed van used during the time of b's falls. During the interview, at 11 indicated he had heard fall with Transportation Driver the facility during the times adducted on 12/8/2022 at ea Aide (NA) #1. During the cated she was present on the nen Resident #26 had a fall. In recall the date of the ed Transportation Driver #2 6's wheelchair in the facility tarted to pull out of the #26 and her wheelchair dis. Resident #26 had no uring the interview, NA #1	F	689		
	where to clip the safe wheelchair to preven backwards and Resid scheduled appointme behind Resident #26 Transportation Driver #26's wheelchair did that day. NA #1 was Transportation Driver Resident #26's wheel backwards.  An interview was cor 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was cor 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was cor 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # P.M. was the responsible to ride on needed to secure resident #26's wheelchair was core 12:39 P.M. with NA # P.M. was the responsible to ride on needed to secure resident #26's wheelchair was responsible to ride on needed to secure resident #26's wheelchair was responsible to ride on needed to secure resident #26's wheelchair was responsible	#2 drove and Resident not tip over a second time unsure which staff assisted #2 with repositioning				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG	l <sup>(X</sup>	3) DATE SURVEY COMPLETED
		345389	B. WING_			C <b>12/09/2022</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1101 HARTWELL STREET  GARNER, NC 27529	I_	12/03/2022
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F 689	the facility. During the assisted with loading transportation van will appointments away for Transportation Driver hook the safety strap floor to the resident's she was told each of the outside wheel of  An observation was a 12:52 P.M. with NA 4 wheelchair and point wheelchair she hook had secured the resivan for transport. NA wheel and verbalized place the safety strap An interview was corn Nursing (DON) on 12 the interview, the DO an interview NA #2 ware sident's wheelchair would be attached if secured on the trans transportation van. Now would be clipped to the wheel and further increated indicated the responsible for securitransportation van.  An interview was corn A.M. with a Physical	residents onto the hen the residents had from the facility. She stated in the facility. She stated in the facility. She stated in the state of the straps were hooked on the wheelchair. NA #2 indicated in the straps were hooked on the wheelchair.  completed on 12/8/2022 at the face of the location on the edithe safety straps to if she dent on the transportation in the straps where she would in the wheelchair.  Inducted with the Director of face of the location on the safety straps to if she dent on the transportation in the safety straps to if she dent on the transportation in the safety straps to if she dent on the transportation in the safety straps to if she dent on the transportation of the safety straps to if she dent on the transportation of the safety straps to if she dent on the transportation the safety straps as a sked to demonstrate on the safety straps are sident needed to be portation van in the safety in the safety straps are sident needed to be portation van in the safety straps of the wheel on the safety straps of the wheelchair dicated the new policy transportation drive was	F	589		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345389	B. WING		C 12/09/2022
	ROVIDER OR SUPPLIER	inn	1	STREET ADDRESS, CITY, STATE, ZIP CODE  101 HARTWELL STREET  GARNER, NC 27529	12/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
F 689	PT #1 was unable to incident. He did stat ago. During the intervent unsure how Resident ago. During the intervent how Resident #26's when she fell backw #26 was a double a of falling forwards obecause there was compared to the sup wheelchair.  An interview was conducted and the indicated she was one fall and was unable and the transportation brives and power and p	ion van after she had a fall. o provide an exact date of this te it was about three months rview, PT #1 indicated he was nt #26's wheelchair fell her indicated he was unsure wheelchair was secured wards. He indicated Resident mputee and had a greater risk compared to falling backwards no support in front of her body pport of the back of the  anducted on 12/8/2022 at 9:00 ant Director of Nursing interview, the ADON only aware Resident #26 had aware of additional falls. The en Resident #26 had a fall in	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MI IDENTIFICATION NUMBER: A. BUIL		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		345389	B. WING		C <b>12/09/2022</b>
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F 689	had in the transportation interview, the DON in Resident #26 to have indicated she was un flipped over during trastated physical therapy also provided with additional trainin #26's wheelchair in the traveling to appoint with additional trainin #26's wheelchair in the traveling to appoint Review of the incider 6/30/2022, and 7/21/2 signature. The post fraction for the traveling to appoint with the DON indicate held each business of During these meeting discussed, and the into implement appropriate interview, the DO training for the transpray Resident #26 in the training for the interview.  On 12/7/2022 at 5:49 Administrator and Dirinformed of the immediate allegation of Immediate allegation of Immediate interview.	stigate each fall Resident #26 tion van. During the dicated she only recalled e one fall in July. The DON sure how the wheelchair ansportation on the van and py was consulted to assess ON further indicated physical d Transportation Driver #2 g on how to secure Resident he transportation van when ents.  at report dated 3/31/2022, 2022 showed the DON's fall evaluation dated 2022 revealed the DON natures.  on 12/8/2022 at 2:27 P.M. and a clinical meeting was lay after Resident #26's falls. as the fall incident was atterdisciplinary team worked riate interventions. During N indicated the lack of cortation staff in securing ransportation van was not  of P.M., the facility's rector of Nursing were	F 6	39	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G		ATE SURVEY DMPLETED
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F 689	Forest Glenn o Identify those recipare likely to suffer, a a result of the nonco  The alleged jeopardowhen resident #26's while in the facility trows assessed by praces Resident #26 had a incident which is heat forearm, cervical and without acute fractur report form was completed the time of the incident was completed the management of the incident was completed to the serior of the incident was completed to the incident was evaluated was without injury no report form was compincident by the licens nursing home admin Nursing were aware on 06.30.22 when the by both on 07.05.22 was completed 12.00 home administrator of practice was identified Citation.  Resident # 26 had a serior was identified to the control of the co	in is in the serious adverse outcome as impliance; and in the serious adverse outcome as impliance; and in the serious deficient practice resulted wheelchair tipped backwards an ansport van. Resident # 26 actitioner on 04.01.22. In the serious are serious at least a result of the serious and all were earn incident and accident pleted by licensed nurse at tent. An investigation of the serious adversed nursing	F 6	89		
	without any injury no by practitioner with n no injuries noted. An form was completed	ted. She was seen 07.21.22 o new orders received and incident and accident report at the time of the incident by an investigation of this				

NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF FOREST GLENN  SUMMARY STATEMENT OF DEPICIENCIES  GARNER, NC. 27529  FROULATORY OR LSC IDENTIFYING INFORMATION)  F 689  Continued From page 16 incident was completed on 12.08.22 by licensed nursing home administrator and the Director of Nursing were aware of the incident that occurred on 07.21.22 when the incident report was signed by the director of nursing on 11.01.22. Investigation of this incident was completed 12.08.22 by licensed nursing home administrator when this alleged deficient practice was identified in the Immediate Jeopardy Citation. Care plan was reviewed 12.8.22 by the MDS nurse with interventions to ensure proper wheelchair positioning and securement while in the transport van. Resident remains at her baseline.  The investigation of the incidents of 03.31.22, 06.30.22 and 07.21.22 have been completed using the Incident and Accident Investigation Form by the licensed nursing home administrator (LINHA) on 12.07.22 and 12.8.22. Identification of other residents in the facility that may be affected due to the alleged noncompliance was completed by the LINHA on 12.8.22 via review of the transportation log and Incident and Accident fier sheet here have been no other residents in the transport van on 6.30.22 and 7.21.22 Resident did not have injuries related to the additional two incidents. Future residents requiring transportation with facility wan have the potential to be affected by the			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		(X3) DATE SURVEY COMPLETED
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THE LAURELS OF FOREST GLENN  SUMMARY STATEMENT OF DEFICIENCIES TAG  CROSS-REFERENCE TO THE APPROPRIATE TAG  CONTINUED FROM THE PROPERTY OF THE		12/03/2022				
incident was completed on 12.08.22 by licensed nursing home administrator. The licensed nursing home administrator and the Director of Nursing were aware of the incident that occurred on 07.21.22 when the incident that occurred on 07.21.22 when the incident report was signed by the director of nursing on 07.22.22 and the licensed nursing administrator signed on 11.01.22. Investigation of this incident was completed 12.08.22 by licensed nursing home administrator when this alleged deficient practice was identified in the Immediate Jeopardy Citation. Care plan was reviewed 12.8.22 by the MDS nurse with interventions to ensure proper wheelchair positioning and securement while in the transport van. Resident remains at her baseline. The investigation of the incidents of 03.31.22, 06.30.22 and 07.21.22 have been completed using the Incident and Accident Investigation Form by the licensed nursing home administrator (LNHA) on 12.07.22 and 12.8.22. Identification of other residents in the facility that may be affected due to the alleged noncompliance was completed by the LNHA on 12.8.22 via review of the transportation log and Incident and Accident log and there have been no other residents that have been affected by the alleged noncompliance. Identified resident # 26 had two additional locidents in the transport van on 6.30.22 and 7.21.22 Resident did not have injuries related to the additional two incidents. Future residents requiring transportation with facility van have the potential to be affected by the	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUNDS) CROSS-REFERENCED TO THE APPR	ULD BE COMPLETION
alleged noncompliance and therefore the following has occurred to prevent this. o Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and	F 689	incident was completed nursing home administrator as were aware of the incompleted of the director of nursing licensed nursing administrator when the director of nursing licensed nursing administrator when the was identified in the Care plan was review nurse with intervention wheelchair positioning the transport van. Responding the licensed (LNHA) on 12.07.22 Identification of other may be affected due noncompliance was a 12.8.22 via review of lincident and Accident other residents that he alleged noncomplian had two additional into no 6.30.22 and 7.21. injuries related to the Future residents required facility van have the palleged noncomplian following has occurred o Specify the action the process or system facility of the incompliant following has occurred o Specify the action the process or system facility of the incompliant following has occurred o specify the action the process or system facility or incompliant following has occurred or specify the action of process or system facility van have the process or system facility or specify the action of process or system facility van have the process or syst	strator. The licensed nursing and the Director of Nursing cident that occurred on cident report was signed by g on 07.22.22 and the ninistrator signed on on of this incident was by licensed nursing home his alleged deficient practice dimmediate Jeopardy Citation. Wed 12.8.22 by the MDS ons to ensure proper g and securement while in esident remains at her the incidents of 03.31.22, 22 have been completed d Accident Investigation in nursing home administrator and 12.8.22. The residents in the facility that to the alleged completed by the LNHA on the transportation log and to to gand there have been no have been affected by the ce. Identified resident # 26 cidents in the transport van 22 Resident did not have additional two incidents. Liring transportation with potential to be affected by the ce and therefore the ed to prevent this. The entity will take to alter the illure to prevent a serious	F 68	9	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	IPLE CONSTRUCTION  NG	(X	3) DATE SURVEY COMPLETED	
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F 689	Continued From pag	e 17	F6	689			
	recurrence (systemic The facility LNHA and received education of completion of facility investigations by the for Laurel Health Carl LNHA and DON are responsible for the coincidents and accident the facility implement incident and accident medical record. The nursing log into the esystem and review the for any new incident The incident and accident meeting. The facility administr Nursing, and the Director of numeeting. The facility administr Nursing, and the Director of numeeting. The facility administr Nursing, and the Director of numeeting. The facility administr Nursing, and the Director of numeeting and the director of numeeting. The facility administr Nursing, and the Director of resident dated 03.31. regarding resident #2 lack of facility policy at transport of residents lack of competency to driver resulted in the The Root Cause Anato prevent further occimplemented and coincluding:  A policy and proceduin facility van was de 12.8.22 by the LNHA	d Director of Nursing in Root Cause Analysis and incident and accident. Director of Clinical Service are Company on 12.07.22 The the only staff that are completion of investigations of ints. On September 15, 2022, ted the risk management at portion of the electronic administrator and director of electronic medical record in accident reports daily. Sident reports are then a nursing home administrator ursing during morning ator, the facility Director of electron of Clinical Services alth Care, on 12.07.22, use analysis (RCA) of the interest and procedure on the inthe facility van as well as raining of the van transport					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 689	developed by the Learn reviewed with the tearn Additionally, the Learn Additio	Ing and competencies was INHA and DCS on 12.7.22 and transport van driver. WHA and DON developed a job wan transport driver, and he signed the job description ted education and competency only staff required to be olicy and procedure for an in a facility van are the ne van transport driver. All 8.22. The facility has only one are reviewed the Q'Straint QRT on 12.07.22 The transport deverbal education with return anstration on the securing of a transport van by the Director on 12.07.22. There is only one are. If he is not available for tuation, the facility will utilize an ion company for resident cility has a contract with an ion company for transportation cords clerk would schedule the ne transport van driver leaves any reason, the newly hired are would receive the same apetency evaluations as well as not to starting. The licensed inistrator or the Director of asible for ensuring the job ining has been completed, and r is responsible to complete	F6	689			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689 F 835 SS=K	record reviews, and retraining logs. The interaction policy on transportation van, a new job descrit driver, verified the traction the Qstraint (van's 4-system) video, verified completed a return dephysical therapy directors because a resident of van as well as proper the wheelchair, the fasigned contract with a non-emergency transfan observation of the securing a resident in the completed his contract with a completed his contract with a non-emergency transfan observation of the securing a resident in the completed his contract with a large population of the securing a resident in the completed his contract with a large population of the securing a resident in the completed his contract was a large population of the securing a resident in the completed his contract was a large population of the securing a resident in the completed his contract was a large population of the securing a resident in the complete his contract was a large population of the securing a resident in the complete his contract was a large population of the securing a resident in the complete his contract with a large population of the securing a resident in the complete his contract with a large population of the securing a resident in the complete his contract with a large population of the securing a resident in the complete his contract with a large population of the securing a resident in the complete his contract with a large population of the securing a large population of the securi	ridenced by staff interviews, eview of competency erventions included creating atton of a resident in facility ption for the transportation insportation drive watched coint wheelchair securement do the transportation driver emonstration with the ctor on the steps to complete wheelchair to the floor of the lay securing the resident in cility provided a copy of a can outside company for portation of residents, and transportation driving the transportation van after inpetency training.  Is notified the removal of the laid a removal date of calidated on 12/9/2022. The cto implement the plan.	F 68		12/30/22
	enables it to use its re efficiently to attain or practicable physical, well-being of each res This REQUIREMENT by: Based on record revi facility's administratio leadership and oversi	ninistered in a manner that esources effectively and maintain the highest mental, and psychosocial sident.  is not met as evidenced ew and staff interviews, the n failed to provide effective		The Laurels of Forest Glenn wishes have this submitted Plan of Correctionstand as allegation of compliance. Conducte of compliance is 12/30/2022.	on to

PRINTED: 01/04/2023 FORM APPROVED OMB NO. 0938-0391

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F 835 Continued From page 20 manufacturer's instructions on the securement of a resident in the facility transportation by the facility's failure resulted in Resident #26 to have falls in the transportation Driver #1, Transportation Driver #2, and Nurse Aide (NA) #2) and 1 of 4 residents (Resident #26) The facility's failure resulted in Resident #26) The facility's failure resulted in Resident #26) The facility's failed to assure transportation van or 30 rd 3 staff members (Transportation Driver #2, and Nurse Aide (NA) #2) and 1 of 4 residents (Resident #26) The facility's failed to thoroughly investigate each facility provided an acceptable credible allegation of compliance. The facility remains out of compliance and acceptable credible allegation of compliance. The facility remains out of compliance and an acceptable credible allegation of compliance. The facility remains out of compliance and ensure monitoring systems put into place are effective.  Findings included:  F 835  Continued From page 20 manufacturer's instructions on the securement of a resident in the facility failed to assure transportation van who resident with, either the existence of, or the scope and severity of, any of the cited extension to, nor agreement with, either the existence of, or the scope and severity of, any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement.  F 835  F 835  F 835  F Preparation and/or execution of this Plan of Correction does not constitute admission to, nor agreement with, either the existence of, or the existence of, or the scope and severity of, any of the cited deficiency of any of the olice deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement.  F 835  F 835  F 836  F 835  F 836  F 837  F 835  F 836  F 837  F 837  F 837  F 837  F 837  F 838  F 837  F 838  F 837  F 8	NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	•	LIGGIZGZZ
F 835 Continued From page 20 manufacturer's instructions on the securement of a resident in the facility transportation by the facility's failure resulted in Resident #26 to have falls in the transportation Driver #1, Transportation Driver #2, and Nurse Aide (NA) #2) and 1 of 4 residents (Resident #26) The facility's failure resulted in Resident #26) The facility's failure resulted in Resident #26) The facility's failed to assure transportation van or 30 rd 3 staff members (Transportation Driver #2, and Nurse Aide (NA) #2) and 1 of 4 residents (Resident #26) The facility's failed to thoroughly investigate each facility provided an acceptable credible allegation of compliance. The facility remains out of compliance and acceptable credible allegation of compliance. The facility remains out of compliance and an acceptable credible allegation of compliance. The facility remains out of compliance and ensure monitoring systems put into place are effective.  Findings included:  F 835  Continued From page 20 manufacturer's instructions on the securement of a resident in the facility failed to assure transportation van who resident with, either the existence of, or the scope and severity of, any of the cited extension to, nor agreement with, either the existence of, or the scope and severity of, any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement.  F 835  F 835  F 835  F Preparation and/or execution of this Plan of Correction does not constitute admission to, nor agreement with, either the existence of, or the existence of, or the scope and severity of, any of the cited deficiency of any of the olice deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement.  F 835  F 835  F 836  F 835  F 836  F 837  F 835  F 836  F 837  F 837  F 837  F 837  F 837  F 838  F 837  F 838  F 837  F 8					1101 HARTWELL STREET		
FRESIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 835  Continued From page 20 manufacturer's instructions on the securement of a resident in the facility transportation van who required the use of a 4-point wheelchair securement system in But transportation drivers were competent to operate the 4-point wheelchair securement system in the transportation of 3 of 3 staff members (Transportation Driver #1, Transportation Driver #2, and Nurse Aide (NA) #2) and 1 of 4 residents (Resident #28) The facility's failure resoluted in Resident #28 to have falls in the transportation van on 3/31/22, 6/30/22, and 7/21/22. The facility failed to thoroughly investigate each fall or provide evidence of surveillance and oversight for the transportation system within the facility. Transportation by the facility.  Immediate jeopardy began on 3/31/22 when a resident fell in the facility transportation van as result of not being secured according to manufacturer's recommendations as a result of staff not being trained. Immediate jeopardy was removed on 12/9/22 when the facility provided an acceptable credible allegation of compliance. The facility remains out of compliance at a lower scope and severity of, any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement.  F835 Administration  The facility is unable to correct the deficiency for resident #26 as it has already allegedly occurred. Resident #26 will not be transported on the facility transportation van and will not be transported on the facility transportation van and will not be transported on the facility transportation van and will not be transported on the facility transportation van and valued to the incidents dated 3/31/2022, 6/30/2022 and 7/21/2022 regarding resident #26 on 12/07/2022 and 3/31/2022, 6/30/2022 and 7/21/2022 regarding resident #26 on 12/07/2022 and 12/08/2022 by use of the incidents and ensure monitoring systems put into p	THE LAUF	RELS OF FOREST GLEN	N				
manufacturer's instructions on the securement of a resident in the facility transportation van who required the use of a 4-point wheelchair securement system. In addition, the facility failed to assure transportation drivers were competent to operate the 4-point wheelchair securement system in the transportation van for 3 of 3 staff members (Transportation van for 3 of 3 staff members (Transportation Driver #1, Transportation Driver #1, Transportation Driver #2, and Nurse Aide (NA) #2) and 1 of 4 residents (Resident #26 to have falls in the transportation van on 3/31/22, 6/30/22, and 7/21/22. The facility failed to thoroughly investigate each fall or provide evidence of surveillance and oversight for the transportation system within the facility. This practice had the high likelihood for serious injury and adverse outcomes to all residents transported by the facility.  Immediate jeopardy began on 3/31/22 when a resident fell in the facility transportation van as result of not being secured according to manufacturer's recommendations as a result of staff not being trained. Immediate jeopardy was removed on 12/9/22 when the facility provided an acceptable credible allegation of compliance at a lower scope and severity of, any of the cited deficiences or conclusions set force in the existence of, or the scope and severity of, any of the cited deficience of conclusions set force in the existence of, or the scope and severity of, any of the cited deficience of conclusions set for the existence of, or the scope and severity of, any of the cited deficiency of conclusions set for a staff of the sixtence of, or the scope and severity of, any of the cited deficiency of conclusions set for be existence of, or the scope and severity of, any of the cited deficiency of conclusions set for any of the sexistence of, or the scope and severity of, any of the cited deficiency of conclusions set for any of the sexistence of, or the scope and severity of. The cited deficiency of conclusions set for the sexistence of, or the scope a	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETION
a resident in the facility transportation van who required the use of a 4-point wheelchair securement system. In addition, the facility failed to assure transportation drivers were competent to operate the 4-point wheelchair securement system in the transportation van for 3 of 3 staff members (Transportation Driver #2, and Nurse Aide (NA) #2) and 1 of 4 residents (Resident #26) The facility's failure resulted in Resident #26 to have falls in the transportation on an 3/31/22, 6/30/22, and 7/21/22. The facility failed to thoroughly investigate each fall or provide evidence of surveillance and oversight for the transportation system within the facility. This practice had the high likelihood for serious injury and adverse outcomes to all residents transported by the facility.  Immediate jeopardy began on 3/31/22 when a resident fell in the facility transportation van as result of not being secured according to manufacturer's recommendations as a result of staff not being trained. Immediate jeopardy was removed on 12/9/22 when the facility provided an acceptable credible allegation of compliance. The facility remains out of compliance at a lower scope and severity of "E" (no harm with the potential for more than minimal harm that is not immediate jeopardy) to complete staff education and ensure monitoring systems put into place are effective.  Findings included:  This tag is crossed referenced to F689:  The Correction does not constitute admission to, nor agreement with, either the existence of, of, any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement.  Fast Sadministration  Fast Sadministration  Fast Sadministration  The facility is unable to correct the deficiency for resident #26 as it has already allegedly occurred. Resident #26 will not be transported on the facility transportation van and will only be transported on the facility transportation van for this specific resident. The	F 835	Continued From page	e 20	F 8	35		
Immediate jeopardy began on 3/31/22 when a resident fell in the facility transportation van as result of not being secured according to manufacturer's recommendations as a result of staff not being trained. Immediate jeopardy was removed on 12/9/22 when the facility provided an acceptable credible allegation of compliance. The facility remains out of compliance at a lower scope and severity of "E" (no harm with the potential for more than minimal harm that is not immediate jeopardy) to complete staff education and ensure monitoring systems put into place are effective.  Findings included:  Itransportation van for this specific resident. The Administrator completed an incident and accident investigation of the incidents dated 3/31/2022, 6/30/2022 and 7/21/2022 regarding resident #26 on 12/07/2022 and 12/08/2022 by use of the Incident and Accident Investigation Form. The Administrator, Director of Nursing and Minimum Data Set Nurse (MDS Nurse) reviewed and revised the careplan for resident #26 related to fall interventions on 12/08/2022 and again on 12/28/2022.  The Licensed Nursing Home Administrator (LNHA), The Director of Nursing (DON) and The Director of Clinical Service (DCS) Laurel Health Care		manufacturer's instru a resident in the facilir required the use of a securement system. It to assure transportation to operate the 4-point system in the transportation Driver members (Transportation Driver #2) and 1 of 4 resider facility's failure resulte falls in the transportation and 7/21/22. The facilinvestigate each fall of surveillance and over system within the fact high likelihood for seroutcomes to all resider	ctions on the securement of try transportation van who 4-point wheelchair In addition, the facility failed fon drivers were competent to wheelchair securement fortation van for 3 of 3 staff fation Driver #1, ar #2, and Nurse Aide (NA) ants (Resident #26) The feed in Resident #26 to have to tion van on 3/31/22, 6/30/22, allity failed to thoroughly or provide evidence of the sight for the transportation illity. This practice had the rious injury and adverse		Preparation and/or execution of Correction does not constit admission to, nor agreement the existence of, or the scope of, any of the cited deficiencie conclusions set forth in the St Deficiencies. This plan is prepexecuted to ensure continued with regulatory requirement.  F835 Administration  The facility is unable to correct deficiency for resident #26 as already allegedly occurred. Rewill not be transported on the transportation van and will on	ute with, either and severity es or atement of pared and/or compliance et the it has esident #26 facility ly be	
		resident fell in the factoresult of not being semanufacturer's recomstaff not being trained removed on 12/9/22 vacceptable credible afacility remains out of scope and severity of potential for more that immediate jeopardy) and ensure monitorin effective.  Findings included:	cility transportation van as cured according to mendations as a result of d. Immediate jeopardy was when the facility provided an allegation of compliance. The compliance at a lower fre" (no harm with the an minimal harm that is not to complete staff education g systems put into place are		transportation van for this speresident. The Administrator coincident and accident investig incidents dated 3/31/2022, 6/37/21/2022 regarding resident 12/07/2022 and 12/08/2022 b Incident and Accident Investig The Administrator, Director of Minimum Data Set Nurse (MC reviewed and revised the care resident #26 related to fall into on 12/08/2022 and again on 10 The Licensed Nursing Home Administrator (LNHA), The Director (DON) and The	ecific completed an ation of the 30/2022 and #26 on y use of the gation Form. Nursing and DS Nurse) eplan for erventions 12/28/2022.	
F689 Based on physician interview, resident Company reviewed all other residents that have the potential to be affected on		F680 Based on physi	cian interview, resident		, ,		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345389	B. WING			l	09/2022
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()(1) ID	QUIMMADV QT	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(VE)
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F 835	Continued From page	e 21	F:	835			
1 000				555	12/09/2022 by ravious of Transportation		
	interview, record revi			12/08/2022 by review of Transportation			
		cal Director interview, the			Log and the Incident and Accident Log which was verified that no other reside		
	-	e a resident's wheelchair to necessity securement system per			have been affected by the alleged	1115	
	-	tions and failed to apply a lap			noncompliance. Any residents transpo	ted	
		nt across a resident per			in the facility transportation van has the		
		tions for 1 of 4 residents			potential to be affected by the alleged	7	
		ts (Resident #26). Residents			deficient practice; therefore, a Root Ca	IISE	
		n the transportation van. On			Analysis was completed to determine t		
		esident fell backwards in her			best system change to prevent this		
	wheelchair in the trar				alleged deficient practice from		
		aints of neck pain, back pain,			(re)occurring. The Licensed Nursing		
	,	er left forearm. On June 30,			Home Administrator and The Director of	of	
		Il from the wheelchair in the			Nursing received education on Root		
		n July 21, 2022 the Resident			Cause Analysis (RCA) and completion	of	
	fell backwards in her	-			facility incident and accident investigat		
	transportation van. A	n observation on 12/8/22			by The Director of Clinical Service for		
	revealed staff were u				Laurel Health Care Company on		
	recommended location	on per manufacturer's			12/07/2022. The LNHA and DON are t	ne	
	instructions, to apply	retractors from a 4-point			only staff responsible for the completio	n of	
	wheelchair secureme	ent system to a resident's			investigations of incidents and acciden	ts.	
	wheelchair during tra	nsportation on the facility's			The LNHA, DON and DCS completed	а	
	van. The facility failed	d to complete a thorough			Root Cause Analysis on 12/07/2022 of	the	
	investigation and imp	lement interventions after			incidents dated 3/31/2022, 6/30/2022,		
	Resident #26 had a f				7/21/2022 regarding resident #26. The		
		n 3/31/22, 6/30/22, and			RCA determined that lack of facility pol	icy	
		the facility failed to have a			and procedure on the transport of		
		for the 4-point wheelchair			residents in the facility van as well as la	ack	
	-	ocated inside the facility's			of competency training of the van	, ,	
		a policy which addressed			transport driver resulted in the incident	(s)	
		afety lap and shoulder belt			occurring. The Root Cause Analysis		
	for residents during to	ransit on the facility			included interventions to prevent further		
	transportation van.				occurrences and have been implemen	ted	
		1 1 1 10/0/0000 10 07			and completed on 12/08/2022.		
		nducted on 12/8/2022 at 2:27			Interventions include: The LNHA and D	JCS	
		r of Nursing (DON). During			developed and approved a policy and	4	
		N indicated the clinical			procedure for transportation of a reside		
		iscussed resident accidents			in facility van on 12/08/2022, which do	es	
	reported on a 24-hou	ir report anα put			include information on the 4-point		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		345389	B. WING _			12/	09/2022
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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F 835	Continued From pag	ne 22	F	335			
		ace. The DON indicated the	. `		wheelchair securement system and the	2	
		lent #26's falls on 3/31/22,			application of a safety lap and shoulde		
		2 were not identified during			belt for residents during transit. This po		
	· ·	d interventions to prevent			was taken to the Quality Assurance	лісу	
	_	not put into place. The DON			committee on 12/08/2022 for approval		
		e was unaware a policy for the			and implementation. Additionally, the		
		of residents on the facility			LNHA and DCS developed a Facility V	an	
	•	ad not been created and staff			Transport Driver job description with	u11	
		raining on the use of the			required training and competency on		
	-	ecurement system prior to			12/07/2022.		
		ts. During the interview, the			12/01/2022.		
		s unaware a training program			The Transportation of a Resident in		
		n drivers was not in place and			Facility Van policy was reviewed with t	he	
		e expected staff to be trained			facility Transportation Driver on	10	
		ransport, and make sure the			12/08/2022 and again on 12/27/2022 b	υV	
		red during transit on the			the LNHA. The Facility Van Transport	,	
	transportation van.	g			Driver job description with required		
					training and competency was reviewed	i	
	An interview was co	nducted on 12/9/2022 at 2:35			with the facility Transportation Driver o		
	P.M. with the Admin	istrator. During the interview			12/07/2022 and again on 12/27/2022 b		
		ated the incident and accident			the LNHA. Additionally, the facility	,	
	policy indicated it wa	as her responsibility to			Transportation Driver reviewed the		
		stigation to include a general			Q'Straint QRT Max Training Video on		
		staff/resident interviews,			12/07/2022. The facility Transportation		
	summary of investig	ation, identify the root cause			Driver received education on safety		
	for the incident, and	create interventions to			guidelines for assisting residents with		
	prevent additional a	ccidents. The Administrator			wheelchair transporting with subseque	nt	
	offered no explanati	on why the van accidents had			competency evaluation by the Rehab		
	not been thoroughly	investigated.			Service Director on 12/07/2022 with		
					review on 12/27/2022. The Transporta		
	On 12/8/22 at 4:35 F	•			Driver is the only one authorized to see		
		irector of Nursing were			a resident in the facility transportation		
	informed of the imm	ediate jeopardy.			Should the facility's current Transporta		
					Driver leave the company for any reas		
		an acceptable credible			the newly hired Transportation Driver v		
		iate Jeopardy removal on			receive the Facility Van Transport Drive	er	
	_	ion of immediate jeopardy			job description by the LNHA or DON,		
	removal indicated:				education on guidelines for assisting		
					residents with wheelchair transporting	and	1

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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		345389	B. WING			
NAME OF P	ROVIDER OR SUPPLIER		<del>-</del> -	STREET ADDRESS, CITY, STATE, ZIP CO	12/09/2022	┥
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F 835	Continued From p	age 23	F8	35		
	Forest Glenn F 83 o Identify those re	cipients who have suffered, or , a serious adverse outcome as		review of the Q'Straint QRT Video by the LNHA or DON Transportation of a Residen Van policy by the LNHA or I competency evaluation by the	, receive the t in Facility DON and initial	
	The alleged jeopa when resident #26 while in the facility was assessed by #26 had a skin tea which is healed. X cervical and lumba acute fracture. An form was completed by administrator on 1  Resident #26 had she slid from whee She was evaluate	rdous deficient practice resulted b's wheelchair tipped backwards transport van. Resident # 26 practitioner on 4/1/22. Resident ar as a result of the incident t-rays of the left lateral forearm, ar spine and all were without incident and accident report ed by licensed nurse at the time investigation of the incident the licensed nursing home 2/7/22.  an incident on 6/30/22 in which elchair while in transport van. d by licensed nurse and was		to transporting a resident. A competency evaluations will by the LNHA, DON or RSD, and subsequent competence completed upon hire, at least as needed as determined by Assurance Committee. Add LNHA and DON educated lit on Fall Management policy, highlights the procedure for which includes intervention Education will be completed least annually and as needed determined by the Quality A Committee.	dditional I be completed Education ies will be st annually and y the Quality itionally, the censed nurses which post-fall, by 12/28/2022. I upon hire, at ed as ssurance	
	report form was concident by the lice nursing home adm Nursing were award on 6/30/22 when the by both on 07/05/2 was completed 12 administrator whe was identified in the Resident # 26 had tipped backward of without any injury practitioner with no injuries noted. An	ed. An incident and accident completed at the time of the censed nurse. The licensed coninistrator and the Director of the incident that occurred the incident report was signed to this incident report was alleged deficient practice the Immediate Jeopardy Citation.  If an incident when wheelchair on transport van on 7/21/22 moted. She was seen 7/1/22 by to new orders received and no incident and accident report the dat the time of the incident by		monitored by the LNHA, DC proper transportation and se resident in the facility transpevery day there is a schedu for three weeks (up to five dweek), then three days per weeks, then once per week weeks, then as determined Assurance Committee. The responsible for bringing aud Quality Assurance Meeting. compliance will be monitore facility's Quality Assurance.  In addition to aforementione interventions, educations, a competencies, the facility no	ecurement of a portation van led transport lays per week for two for two by the Quality LNHA will be lits to the Continued d through the	

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STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345389	B. WING _			C <b>12/09/2022</b>	
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF FOREST GLENN			STREET ADDRESS, CITY, STATE, ZIP CODE  1101 HARTWELL STREET  GARNER, NC 27529		12/09/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE COMI		(X5) COMPLETION DATE	
F 835	incident was completed nursing home administrator at were aware of the incomplete and the director of nursing licensed nursing administrator of the director of nursing licensed nursing administrator of this in 12/8/22 by licensed ministrator of the licensed nursing administrator of the licensed nursing on the licensed nursing on 12/7/22 and 12/8/22 the Incident and Accit the licensed nursing on 12/7/22 and 12/8/21 licensed nursing on 12/7/22 and 12/8/21 licensed nursing on 12/8/22 via review of Incident and Acciden other residents that halleged noncompliant had two additional into on 6/30/22 and 7/21/21 injuries related to the Future residents required facility van have the palleged noncompliant following has occurred Based on the investiganalysis completed by	an investigation of this sed on 12/8/22 by licensed strator. The licensed nursing and the Director of Nursing sident that occurred on ident report was signed by g on 7/22/22 and the inistrator signed on 11/1/22. Incident was completed dursing home administrator ficient practice was identified pardy Citation.  The incidents of 3/31/22, have been completed using dent Investigation Form by home administrator (LNHA) 22.  The residents in the facility that to the alleged completed by the LNHA on the transportation log and the total tog and there have been no have been affected by the ce. Identified resident # 26 cidents in the transport van 22. Resident did not have additional two incidents. Liring transportation with cotential to be affected by the ce and therefore the	F 8	<u> </u>	em since HA and on general ent ence and by the and DON Risk ical view to ervention ent's identified g occurs erved		
	Health Care Compardetermined that the la						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345389	B. WING			C 12/09/2022	
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF FOREST GLENN				STREET ADDRESS, CITY, STATE, ZIP CODE  1101 HARTWELL STREET  GARNER, NC 27529	12/09/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 835	education and competed river is what led to efforementioned. o Specify the action to process or system fare adverse outcome from when the action will be action with the facility implement ensure policies and some investigate, implement document, ensure the all staff who provide to outside appointment accidents/injuries.  1) On 12/7/22 the lice administrator, the director of clinical secompleted a root caurelated resident # 26 a. The resulting intervanalysis were:  i. The development for Resident Transpoon 12/8/22 by the lice administrator and the Services.  ii. A job description driver was developed nursing home administrators, which is the control of the services of the control of the services of the control of the	etency for the transport van each of the incidents  the entity will take to alter the ilure to prevent a serious moccurring or recurring, and be complete.  Inted the immediate actions to systems were in place to not effective interventions, aining and competencies for resident with transportation ents to prevent future  The ensed nursing home exprise for Laurel Health Care are analysis of the incidents is incidents. The entities are provided to a policy and procedure entation with Facility Van was ensed nursing home a Director of Clinical  The entity will take to alter the ilure of the incidents to express the incidents of the	F 83	,			
	competency complet iii. Licensed nurs received education fr	by the transport driver and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		345389	B. WING	<del></del>	C 12/09/2022	
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF FOREST GLENN				STREET ADDRESS, CITY, STATE, ZIP CODE  1101 HARTWELL STREET  GARNER, NC 27529	12/00/2022	
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETION	
F 835	general investigation investigations, how to analysis, and the impinterventions for incidiv. The licensed or director of rehabis surveillance of the sefacility transport van direct observation.  Date of IJ removal: 1:  The facility's credible Jeopardy removal wavalidation was evider record reviews, and retraining logs. The intervention of the Qstraint (van's 4-system) video, verified the training logs are training logs. The intervention of the secure a resident wan as well as proper the wheelchair, the fasigned contract with a non-emergency transan observation of the securing a resident in he completed his continuity was conducted to contract of Clinical Secure of Clinical Secured in the completed of Clinical Secured in the complete	nt policy and procedure, guidelines for incident or develop a root cause elementation of effective lents.  nursing home administrator ervices will provide curement of residents in the weekly and as needed by  2/9/22  allegation of Immediate as validated on 12/9/22. The need by staff interviews, eview of competency erventions included creating ation of a resident in facility ption for the transportation insportation drive watched point wheelchair securement of the transportation driver emonstration with the coro on the steps to complete wheelchair to the floor of the resident in accility provided a copy of a can outside company for sportation of residents, and transportation driving in the transportation van after inpetency training. An otted with the Administrator	F 83	35		