PRINTED: 04/26/2023 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		345249	B. WING _			C 03/23/2023
	ROVIDER OR SUPPLIER KINGHAM REHAB & NU	JRSING CARE CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CO 205 EAST KINGS HIGHWAY EDEN, NC 27288	DDE	33/20/2323
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E 000	Initial Comments		E 0	00		
F 000	investigation survey through 3/23/23. Th compliance with the	certification and complaint was conducted on 3/20/23 the facility was found in requirement CFR 483.73, dness. Event ID #NMTE11.	F 0	00		
F 756	survey was conductor 3/23/23. Event ID# intakes were investig NC00186946, NC00 NC00192910, NC00 NC00187717. 18 of did not result in defici	199343, NC00192929, 191753, NC00188099 and the 18 complaint allegations	F 7	56		4/10/23
SS=E	CFR(s): 483.45(c)(1 §483.45(c) Drug Reg §483.45(c)(1) The dr must be reviewed at licensed pharmacist	gimen Review. rug regimen of each resident least once a month by a . eview must include a review				
APODATORY	irregularities to the a facility's medical dire and these reports m (i) Irregularities including that meets the (d) of this section for (ii) Any irregularities during this review m separate, written repattending physician	harmacist must report any attending physician and the ector and director of nursing, ust be acted upon. ude, but are not limited to, any criteria set forth in paragraph an unnecessary drug. noted by the pharmacist ust be documented on a cort that is sent to the and the facility's medical	E	TITLE		(X6) DATE

Electronically Signed 04/06/2023

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	, ,	ATE SURVEY OMPLETED
		345249	B. WING _			C 03/23/2023
	ROVIDER OR SUPPLIER	JRSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HIGHWAY EDEN, NC 27288	,	33.20.2020
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F 756	minimum, the reside and the irregularity to (iii) The attending phresident's medical resident's medical resident's medical resident's medical resident should do the resident's medical should be should	of nursing and lists, at a nt's name, the relevant drug, the pharmacist identified. The pharmacist identified a reviewed and what, if any, and to address it. If there is to medication, the attending cument his or her rationale in all record. The include, but are not as for the different steps in the pharmacist must take tifies an irregularity that the pharmacist must take to protect the resident. This not met as evidenced and the reviews, the facility's stated to conduct a review ug regimen at least once and dents reviewed for ations (Resident #16, #34, and characteristics).	F 7	1. Pharmacy Consultant review resident #16 on 11/11/2022, #34 11/11/2022, #11 on 11/10/2022, on 11/21/2022 after missed consreview with no new concerns. 2. Residents that reside in the fathe potential to be affected by the deficient practice. 3. Administrator re-educated Ph. Consultant on 04/06/2023 regars F-756 Drug Regimen Review to the consultant pharmacist conductive of each resident's drug reat least once a month for unneced medications. Pharmacist recommendations reviewed on	and #10 sultant acility have is armacy ding ensure ucts a egimens	
	included the reviews regimen (known as I	of the resident's drug Medication Regimen Reviews I by the facility's consultant		04/06/2023 for the last three mo the Director of Nursing and/or de ensure that the consultant pharm	esignee to	

		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 756	Review of the resider pharmacist did not do completed for Resider October 2022. A telephone interview at 4:00 PM with the fapharmacist. During the made regarding their several residents' MF #16's) from October confirmed she failed MRRs due to a "severin [the pharmacy] departed the failure to confirmed the failure to confirmed the failure to confirmed she failed MRRs due to a "severin [the pharmacy] departed the failure to confirmed she was readministrator, Director Medical Director in a (QA) meeting held du November 2022. The reported she was only MRR for newly admit residents at the facility october 2022. An interview was completed she interview, the facility's consultan MRR during October discussed. The DON aware of the October completed for all resinave wanted to know the monthly MRRs whave requested assistance.	a 2022 through March 2023. Int's EMR revealed the coument an MRR was ent #16 during the month of a was conducted on 3/22/23 acility's consultant he interview, an inquiry was missing documentation for RRs (including Resident of 2022. The pharmacist to conduct October 2022 ere pharmacy staff shortage coartment." The pharmacist onduct the monthly MRRs in ported to the facility's or of Nursing (DON), and monthly Quality Assurance uring the first week of e consultant pharmacist y able to complete an initial	F 75	conducted a review of each redrug regimens at least once a unnecessary medications. 4. An audit of Pharmacist recommendations of all residereside in the facility will be conthe Director of Nursing and/onevery month for 6 months to the consultant pharmacist conreview of each resident's drug at least once a month for unmedications. Results of audit brought to monthly Quality As Performance Improvement (Commeetings for review and revision necessary.	ents that nducted by r Designee ensure that nducted a g regimens necessary t will be ssurance QAPI)		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	COMP	
		345249	B. WING			C 03/23/2023
	ROVIDER OR SUPPLIER KINGHAM REHAB & N	IURSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HIGHWAY EDEN, NC 27288		
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F 756	Continued From pa	ge 3	F 7	56		
	PM with the facility interview, the Admin had shared the conconduct residents' Noctober 2022. The consultant pharmac there were difficultie medication reviews 2022. At that time, situation. The Admin known completion of problem in October alternative arranger by another pharmac 2. Resident #34 wa 3/23/19. Her cumula dementia with agita hypothyroidism (an hypertension (high Resident #34's electincluded the review regimen (known as or MRRs) complete pharmacist from Ap Review of the resid pharmacist did not completed for Resident 2022. A telephone interview at 4:00 PM with the pharmacist. During made regarding the several residents' Note that the control of the c	s admitted to the facility on ative diagnoses included tion, depression, underactive thyroid gland) and blood pressure). Stronic medical record (EMR) sof the resident's drug Medication Regimen Reviews d by the facility's consultant ril 2022 through March 2023. ent's EMR revealed the document an MRR was dent #34 during the month of the www. was conducted on 3/22/23				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
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F 756	confirmed she failed in MRRs due to a "sever in [the pharmacy] depostated the failure to conclude the failure the	to conduct October 2022 tre pharmacy staff shortage partment." The pharmacist conduct the monthly MRRs in ported to the facility's or of Nursing (DON), and monthly Quality Assurance tring the first week of the consultant pharmacist by able to complete an initial ted and re-admitted by during the month of ducted on 3/23/23 at 12:40 Director of Nurses (DON). Concern regarding failure of the pharmacist to conduct an 2022 for residents was been reported she had not been 2022 MRRs not being dents. She stated she would tahead of time if completing there a problem so she could that the facility's to complete the missing ducted on 3/23/23 at 1:05 Administrator. During the tetrator reported the DON tern regarding the failure to the facility the facility the did not notify the facility	F7	756				
	2022. At that time, it	or October until November was too late to remedy the istrator reported if they had						

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NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00//	20,2020
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F 756	Continued From page	e 5	F 7	756			
	problem in October, t alternative arrangeme by another pharmacis 3.Resident #11 was a 6/27/17. Her cumulati bipolar depressive dis Resident #11's electro included the reviews regimen (known as M or MRRs) completed	ents to get the reviews done st. admitted to the facility on ive diagnoses included, sorder and anxiety disorder. conic medical record (EMR) of the resident's drug ledication Regimen Reviews by the facility's consultant					
	Review of the resider pharmacist did not do	2022 through March 2023. ht's EMR revealed the ocument an MRR was nt #11 during the month of					
	at 4:00 PM with the far pharmacist. During the made regarding to confirmed she failed to MRRs due to a "seve in [the pharmacy] departed the failure to cooctober 2022 was reparted. Administrator, Director Medical Director in a (QA) meeting held du November 2022. The	ne interview, an inquiry was nissing documentation for tRs (including Resident of 2022. The pharmacist to conduct October 2022 re pharmacy staff shortage partment." The pharmacist conduct the monthly MRRs in ported to the facility's for of Nursing (DON), and monthly Quality Assurance uring the first week of e consultant pharmacist y able to complete an initial ted and re-admitted					

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	ROVIDER OR SUPPLIER KINGHAM REHAB & NU	JRSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 205 EAST KINGS HIGHWAY EDEN, NC 27288		3/23/2023
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F 756	PM with the facility's During the interview the facility's consultate MRR during Octobed discussed. The DOI aware of the Octobe completed for all reshave wanted to know the monthly MRRs whave requested assicontracted pharmacy MRRs. An interview was concentrated pharmacy MRRs. An interview, the Admin had shared the concentrated the concentrated pharmacy interview, the Admin had shared the concentrated the concentration reviews to 2022. The consultant pharmacy there were difficultied medication reviews to 2022. At that time, is situation. The Admin known completion of problem in October, alternative arrangements by another pharmacy another pharmacy another pharmacy depression. 4. Resident #10 was 7/6/22. His cumulative Parkinson's disease disorder, depression. Resident #10's election of the problem in Concentration of the pharmacy and the pha	Director of Nurses (DON). In concern regarding failure of ant pharmacist to conduct an regorded she had not been regorded she had not been regorded she had not been regorded she she would where a problem so she could stance from the facility's yet complete the missing regarding the failure to large during the facility she with completing the for October until November the was too late to remedy the instrator reported if they had the MRRs was going to be a they could have made thents to get the reviews done	F 7	56		

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F 756	Review of the resider pharmacist did not do	e 7 2022 through March 2023. ht's EMR revealed the ocument an MRR was ent #10 during the month of	F	756			
	at 4:00 PM with the far pharmacist. During the made regarding their several residents' MF #16's) from October of confirmed she failed MRRs due to a "several [the pharmacy] destated the failure to confirmed the failure to confirm and the failure the failure to confirm and the failure that the failure to confirm and the failure that the failure	the interview, an inquiry was missing documentation for RRs (including Resident of 2022. The pharmacist to conduct October 2022 are pharmacy staff shortage partment." The pharmacist conduct the monthly MRRs in ported to the facility's or of Nursing (DON), and monthly Quality Assurance aring the first week of econsultant pharmacist y able to complete an initial					
	PM with the facility's During the interview, the facility's consultar MRR during October discussed. The DON aware of the October completed for all resi have wanted to know the monthly MRRs w have requested assis	ducted on 3/23/23 at 12:40 Director of Nurses (DON). concern regarding failure of nt pharmacist to conduct an 2022 for residents was I reported she had not been 2022 MRRs not being dents. She stated she would ahead of time if completing ere a problem so she could stance from the facility's to complete the missing					

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An interview was con PM with the facility's vinterview, the Adminishad shared the conceconduct residents' MF October 2022. The Aconsultant pharmacisthere were difficulties medication reviews for 2022. At that time, it situation. The Adminishnown completion of problem in October, to	ducted on 3/23/23 at 1:05 Administrator. During the strator reported the DON ern regarding the failure to RRs during the month of dministrator reported their t did not notify the facility with completing the or October until November was too late to remedy the strator reported if they had the MRRs was going to be a ney could have made	F	756			
Assistive Devices - Ed CFR(s): 483.60(g) §483.60(g) Assistive of The facility must provand utensils for reside appropriate assistance can use the assistive meals and snacks. This REQUIREMENT by: Based on observation record review, the fact adaptive eating utens resident's care plan for #9) requiring adaptive The findings included Resident #9 was adm 6/24/14. His cumulative	devices ide special eating equipment ents who need them and e to ensure that the resident devices when consuming is not met as evidenced is, staff interviews and illity failed to provide an il in accordance with the or 1 of 1 resident (Resident e equipment at mealtime.	F	310	with resident's plan of care. 2. Residents that have physician's order for adaptive eating utensils in the facilit have the potential to be affected by this deficient practice. 3. Clinical Staff including licensed nurse and Certified Nursing Assistants re-educated 04/06/2023 by Clinical	ers y	4/10/23
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page An interview was cone PM with the facility's A interview, the Adminishad shared the conceconduct residents' MF October 2022. The Aconsultant pharmacisthere were difficulties medication reviews for 2022. At that time, it situation. The Adminishnown completion of problem in October, the alternative arrangement by another pharmacisthes Assistive Devices - Eact CFR(s): 483.60(g) §483.60(g) Assistive of the facility must prove and utensils for reside appropriate assistance can use the assistive meals and snacks. This REQUIREMENT by: Based on observation record review, the facility adaptive eating utens resident's care plan for #9) requiring adaptive. The findings included Resident #9 was adminished the findings included.	ROVIDER OR SUPPLIER KINGHAM REHAB & NURSING CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. At that time, it was too late to remedy the situation. The Administrator reported if they had known completion of the MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist. Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced	ROVIDER OR SUPPLIER KINGHAM REHAB & NURSING CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. 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His cumulative diagnoses included	CONTIDER OR SUPPLIER KINGHAM REHAB & NURSING CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. At that time, it was too late to remedy the situation. The Administrator reported if they had known completion of the MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist. 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WING STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HIGHWAY EDEN, NC 27288 SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) Continued From page 8 An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of Cotober 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. At that time, it was too late to remedy the situation. The Administrator reported they had known completion of the MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist. Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This RECUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to provide an adaptive eating utensil in accordance with the resident's care plan for 1 of 1 resident (Resident #9) requiring adaptive equipment at mealtime. The findings included: Resident #9 was admitted to the facility on 6/24/14. His cumulative diagnoses included The reducated Oxforc 2023 by Clinical The findings included: The findings included: The findings included to the facility on 6/24/14. His cumulative diagnoses included	A BUILDING 345249 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HIGHWAY EDEN, NC 27288 SUMMARY STATEMENT OF DEFIDIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 An interview was conducted on 3/23/23 at 1.05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their conduct residents' MRRs during the month of Cotoduct residents' MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist. Assistive Devices - Eating Equipment/Utensils CF(R)s: 483.60(g) \$483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident can use the assistance to ensure that the resident span of care. 1. Adaptive eating utensil in rich facility have the potential to be affected by this deficient practice. 2. Resident #9 was admitted to the facility on 6/24/14. His cumulative diagnoses included The findings included: 3. Clinical Staff including licensed nurses and Certified Nursing Assistants re-educated 04/06/2023 by Clinical

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F 810	Continued From page	9	F 8	310				
	hemiparesis (mild or strength on one side	partial weakness or loss of of the body).			Devices to ensure the facility is providi adaptive eating utensils in accordance with resident's physician's orders and			
	The resident's curren on a pureed diet with	t diet order indicated he was mildly thick liquids.			resident's plan of care. Audit conducted on 04/06/2023 by Director of Nursing and/or Designee on all residents in fac			
	(MDS) was a quarterl The resident was repunderstood and some He had moderately in indicated Resident #9 for eating. A review of the reside included an area of for (initiated 8/30/16). Thincluded, in part: Built meals and a divided president #9's care placed focus related to his in Living (ADLs) function	ecent Minimum Data Set by assessment dated 3/2/23. Forted as being sometimes etimes understanding others. Inpaired cognition. The MDS In required supervision only Ent's current care plan focus related to nutrition fine planned interventions fit up handled spoon for all foliate (updated on 3/6/23). For an also included an area of finpaired Activities of Daily find due to his diagnoses fit planned interventions			that have physician orders for adaptive eating utensils to ensure the facility is providing adaptive eating utensils in accordance with resident's care plan. 4. Director of Nursing and/or Designee conduct an audit of all residents with physician's orders for adaptive eating utensils once a week for 8 weeks to ensure the adaptive eating utensils are provided on resident's meal trays for emeal in accordance with resident's physician's orders and resident's plan of care. Results of audit will be brought to monthly Quality Assurance Performant Improvement (QAPI) meetings for revisand revisions as necessary.	to each of oce		
	An observation was of 12:47 PM as Resident meal. The resident's foods served on a diva 2-handled cup with observed on the mea Resident #9 appeare eating the pureed foo evidenced by a signif observed to have been protector. A second observation	conducted on 3/20/23 at at the state of the						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		DNSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345249	B. WING				C 23/2023
	ROVIDER OR SUPPLIER KINGHAM REHAB & NU	RSING CARE CENTER		205	EET ADDRESS, CITY, STATE, ZIP CODE EAST KINGS HIGHWAY EN, NC 27288	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 810	a divided plate and b with lid. However, the observed on the mean An interview was attered 3/21/23 at 12:30 PM asked. When Reside hard for him to eat we need to have a larger handle (a buresident responded by the indicate "yes." An interview was core PM with Nurse #4. Note a signed to care for a larger handled spoon (an ameals. The nurse standard of the resident bedside tray table in confirmed the only ut tray was a plastic spoon. An interview was core PM with Nurse #1. Note the Nurse Manager for the	dent had his meal served on everage in a 2-handled cup e only eating utensil al tray was a plastic spoon. Empted with the resident on with only yes/no questions ent #9 was asked if it was ith a plastic spoon, he indicate "yes." He was then for him to use a spoon with ill-up handled spoon). The by nodding his head to had ucted on 3/21/23 at 12:50 durse #4 was the hall nurse Resident #9 on 1st shift. inquiry was made as to typically received a built-up daptive utensil) with his lated she thought he did. nurse, an observation was so meal tray placed on his front of him. Nurse #4 tensil on Resident #9's meal boon.	F	310			
		The resident was observed to					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345249	B. WING				C 23/2023
	ROVIDER OR SUPPLIER KINGHAM REHAB & NU	RSING CARE CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HIGHWAY EDEN, NC 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
F 810	estimated to be 75 - A built up handled sp tray. The spoon had the meal as it was ob particles remaining o #9 was asked if the beasier for him to use indicate "yes." An interview was con AM with the facility's During the interview, Resident #9's difficulte eat his pureed food a Upon review of his el RD reported use of a initiated for Resident confirmed the resident is tray at mealtime) and 2-handled cup whis meals. However, the meal ticket to indihave a built-up handle she would add the buresident's meal ticket on each of his meal to An interview was con PM with the facility's During the interview,	breakfast with his intake 100 percent (%) of the meal. oon was placed on his meal apparently been used during served to have food in it. At that time, Resident will-up handled spoon was The resident nodded to ducted on 3/22/23 at 11:12 Registered Dietitian (RD). concerns regarding by using a plastic spoon to to the mealtime was discussed. ectronic medical records, the built up handled spoon was #9 on 4/23/21. The RD int's meal ticket (placed on indicated a sectional plate ith lid needed to be sent with there was no notation on icate the resident needed to ed spoon. The RD reported iilt-up handled spoon to the to ensure it would be sent	F	310	DEFICIENCY)		
	a built-up handled sp was unsure how long DON stated she unde brought to the staff's	rup handled spoon at a med the resident had used oon for quite a long time and he had gone without it. The earstood this concern was attention on 3/21/23 and that spoon was provided for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С		
		345249	B. WING			03/	23/2023	
NAME OF PROVIDER OR SUPPLIER UNC ROCKINGHAM REHAB & NURSING CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HIGHWAY EDEN, NC 27288				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	D BE COMPLETION		
F 810	Continued From page Resident #9 to use at		F	810				