PRINTED: 05/25/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345133	B. WING _				27/2023
NAME OF PR	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	04/	2112023
RIDGE VA	LLEY CENTER FOR NUF	RSING AND REHABILITATION			000 COLLEGE STREET VILKESBORO, NC 28697		
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F 000	INITIAL COMMENTS		F	000			
F 636 SS=D	on 4/18/23 through 4/ The following intakes NC00199021, NC001 NC00199515, NC001 NC00199863, NC002 NC00200655, NC002 NC00201169, NC002 Intake NC00201169 r jeopardy.  10 of the 35 complain deficiency. Immediate Jeopardy v CFR 483.24 at tag F6 K CFR 483.45 at tag F6 K CFR 483.70 at tag F8 K The tags F678, F689, Substandard Quality v Immediate Jeopardy v was removed on 4/26 survey was conducted Comprehensive Assec CFR(s): 483.20(b)(1)	99478, NC00199490, 99712, NC00199824, 200008, NC00200125, 200854, NC00201099, 201489, NC00201542.  Resulted in immediate  It allegations resulted in  Was identified at:  878 at a scope and severity  889 at a scope and severity  760 at a scope and severity  9835 at a scope and severity  9857 at a scope and severity  9868 at a scope and severity  987 at a scope and severity  988 at a scope and severity	F	636			5/21/23
	§483.20 Resident Ass The facility must cond a comprehensive, acc	duct initially and periodically					
ADODATODY	DIDECTORIC OR DROVIDED/	SLIPPLIER REPRESENTATIVE'S SIGNATURE	_		TITI F		(X6) DATE

Electronically Signed 05/21/2023

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.

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		345133	B. WING			C <b>04/27/2023</b>	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	DE	04/2//2023	
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F 636	reproducible assess functional capacity.  §483.20(b) Compreh §483.20(b)(1) Resid A facility must make assessment of a resigoals, life history and resident assessment by CMS. The assess the following: (i) Identification and (ii) Customary routine (iii) Cognitive pattern (iv) Communication. (v) Vision. (vi) Mood and behav (vii) Physical function (ix) Continence. (x) Disease diagnosis (xi) Dental and nutriti (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatmer (xvi) Discharge plant (xvii) Documentation regarding the additio on the care areas trig the Minimum Data Sc (xviii) Documentation assessment. The as include direct observing the serving the se	ment of each resident's  densive Assessments ent Assessment Instrument. a comprehensive dent's needs, strengths, depreferences, using the instrument (RAI) specified sment must include at least demographic information e. s.  demographic information e. s. demographic information nal assessment performed gered by the completion of et (MDS). def participation in desessment process must ation and communication well as communication with nsed direct care staff	F6	536			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR S		RSING AND REHABILITATION		STREET ADDRESS, CITY  1000 COLLEGE STREE  WILKESBORO, NC	<b>E</b> T	04/21/2020		
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)			
timeframes chapter, a assessment timeframes through (iii prescribed apply to C. (i) Within 1 excluding significant mental cor "readmissi following a or therape (iii) Not less This REQU by: Based on facility failed Data Set (in 14 days for reviewed for the finding Resident # 03/10/23. If A review of (MDS) assessment progress. On 04/26/2 conducted (MDS) Nutline MDS assessment in the MDS assessme	of (2) When a prescribe facility munt of a resist is specified and a readmission change in addition. (For one means a temporary utic leave.) IREMENT record reveal to comp MDS) assessor admission addition. (For admission and temporary utic leave.) IREMENT record reveal to comp MDS) assessor admission and temporary utic leave. It is the substantial temporary utic leave. It	required. Subject to the ed in §413.343(b) of this st conduct a comprehensive dent in accordance with the in paragraphs (b)(2)(i) ction. The timeframes 43(b) of this chapter do not a days after admission, and in which there is no the resident's physical or a return to the facility absence for hospitalization be every 12 months.  To is not met as evidenced iews and staff interviews the lete an admission Minimum essment within the required sidents (Resident #5) on MDS.	F	Resident #5 ex New admission: affected by defir Minimum Data stock the Minimum Data Set concerns and in Nursing of any of A full time MDS hired and will stock the Minimum Data stock t	spired in the hospital s have the potential to be cient practice. The Set coordinator or omplete a 100% audit of ata Set admission or completion for the new the last 30 days. This audit of a set admission or completion for the new the last 30 days. This audit of a set admission or completion for the new the last 30 days. This audit of a set and a set admission of concerns. It is coordinator that the end of May, it is coordinator that the end o	f w dit		

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DID 0 = 1/4	=>/ 0=>=== =0= >			10	000 COLLEGE STREET		
RIDGE VA	LLEY CENTER FOR NUI	RSING AND REHABILITATION		W	ILKESBORO, NC 28697		
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F 636	F 636 Continued From page 3 F 63		536				
		not able to get them caught employment with the			IDT will be educated upon hire. Audits of new admissions will occur on weekly basis x4 weeks and then month x two months		
	During an interview with Director of Nursing (DON) #1 on 04/26/23 at 10:25 AM she acknowledged that the admission MDS assessment on Resident #5 was not completed as it should have been. The DON explained that they had obtained assistance with the MDS process from sister facilities to help them get caught up.  An interview was conducted with Administrator #2			The Director of Nursing or designee will bring these audits to the Quality Assurance Committee meeting monthly for 3 consecutive months. The Quality Assurance Committee will evaluate the effectiveness of the above plan and will make additional interventions and recommendations based on the audits to ensure continued compliance.  Date of Compliance: 5/21/23		y : I	
F 637 SS=D	was aware that the M informed that the faci Nurse who would be	ssment After Signifcant Chg	F 6	637			5/21/23
	determines, or should there has been a sign resident's physical or purpose of this section means a major declin resident's status that itself without further in implementing standar interventions, that has one area of the reside requires interdisciplinicare plan, or both.) This REQUIREMENT by:  Based on record rev	nin 14 days after the facility of have determined, that nificant change in the mental condition. (For on, a "significant change" are or improvement in the will not normally resolve intervention by staff or by red disease-related clinical are an impact on more than ent's health status, and ary review or revision of the ris not met as evidenced iew and staff interviews the lete a significant change			Resident expired in facility on 3/3/2023 Residents admitted to hospice have the		

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F 637	Continued From page	<b>2</b> 4	F 6	337			
		ssessment within 14 days of Hospice services for 1 of 1 for Hospice.			potential to be affected by the deficient practice. The Minimum Data Set coordinator or designee will complete a 100% audit of Minimum Data Set		
	The finding included:				assessments for residents receiving hospice services to ensure significant		
	Resident #6 was admitted to the facility on 01/15/23 with diagnoses that included thoracic aortic aneurism.				change assessment was opened. This audit was completed 5/20/23.  Education will be completed with IDT comple	n	
	A review of Resident #6's physician orders revealed Hospice Services were ordered on 02/14/23.				hospice. This education will be comple by 5/19/23. New members of IDT will educated upon hire.  Audits of all residents admitted on hos	ted be	
		#6's Minimum Data Set revealed there was no nificant change.			will occur weekly x4 weeks and then monthly x2 months to ensure timely opening of the significant change		
	On 04/26/23 at 9:45 AM an interview was conducted with the former MDS Nurse who confirmed that the significant change MDS should be completed within 14 days of the determination of Hospice Services. The Nurse explained that she was aware that the assessment was not completed because at the time she was far behind on all the MDS assessments and was not able to get them caught up before she left her employment with the facility.  During an interview with Director of Nursing				assessment. The Director of Nursing or designee wibring these audits to the Quality Assurance Committee meeting monthl for 3 consecutive months. The Quality Assurance Committee will evaluate the effectiveness of the above plan and wimake additional interventions and recommendations based on the audits ensure continued compliance.  Date of Compliance: 5/21/23	y e	
	(DON) #1 on 04/26/2 acknowledged that th MDS process becaus process before she b #1 explained that the with the MDS process them get caught up.	•					

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F 637	Continued From pag	e 5	F	337			
		PM who confirmed that she					
		MDS process was behind and					
		ility had hired a new MDS					
	Nurse who would be						
F 641	Accuracy of Assessn	_	F	341			5/21/23
SS=D	CFR(s): 483.20(g)						
	§483.20(g) Accuracy						
		st accurately reflect the					
	resident's status.	T :					
	· ·	T is not met as evidenced					
	by:	ons, record review and staff			Resident #1 no longer resides in the		
		failed to accurately code			facility. Resident #11 cognition was		
		C of the Minimum Data Set			assessed on 5/19/23 and section C wil	l be	
	_	dents reviewed (Resident #1,			updated in line with ARD schedule and		
	` ′	nt #10, Resident #11, and			with significant changes.Resident #12		
	Resident #12). The f				cognition was assessed on 5/19/23 and	d	
	accurately code the l	MDS in the area of indwelling			section C will be updated in line with A	RD	
	catheters for 1 of 2 re	esident reviewed with			schedule and with significant		
	indwelling catheters	(Resident #7).			changes.Resident #10 cognition was		
	The finding included:				assessed on 2/19/23 per the ARD schedule.Resident discharged prior to date of compliance. Cognition will be		
	1. Resident #1 was a	admitted to the facility on			assessed upon return to facility section	ı C	
		d in the facility on 02/07/23.			will be updated in line with ARD schedu		
	'	,			and with significant changes. Resident		
	Review of the quarte	rly Minimum Data Set (MDS)			cognition was assessed on 5/19/23 and	d	
	dated 01/04/23 indicated	ated that Resident #1's			Quarterly MDS completed 12/18/22 no	ting	
	cognition was not as				foley was corrected. Quarterly MDS		
		ent cognition was also not			completed 3/20/23 accurately assesse	d	
		S was completed by the			no foley. Section C and H will be		
	traveling MDS nurse				accurately updated in line with ARD		
	A + +	the two relines MDC			schedule and with significant changes.		
		the traveling MDS nurse			All residents have the potential to have		
	were made on 04/19 unsuccessful.	/23 at 5:51 PM and were			cognition and indwelling catheters code incorrectly on their Minimum Data Set	au .	
	unsuccessiui.				assessment. All residents with		
					assessment. All residents with		

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		345133	B. WING _			1	27/2023	
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F 641	04/20/23 at 12:07 PN began working at the responsible for compof the MDS. The SW 2022 the facility's nurdischarges greatly in keep up with the influadmission/discharge stated, "I just did not and he assumed if he cognition section of the either. He further staresidents had safe dithe MDS.  The former MDS nurphone on 04/26/23 as he completed MDS year. She stated that an influx of admission SW did not have time section of the MDS as the MDS she would stated she had discuadministration at the offered in attempt to up.  Director of Nursing (I 04/26/23 at 10:16 AN was hired at the facil MDS Nurse and rem 04/07/23 at which tim DON. The DON #1 swith completing the cof the MDS because was assigned. She experienced in the modern of the MDS because was assigned.	A. The SW stated that he facility on 09/19/22 and was eleting the cognition section stated that in November mber of admissions and creased and he could not ax of responsibilities that the process brought to him. He have time to complete them de did not complete the he MDS that no one else did ted, "I chose to ensure the scharge," over completing see was interviewed via the facility for about a that last fall the facility had he and discharges and the ento complete the cognition to when she would complete select not assessed. She	F	641	assessment dates in the part 30 days we be audited for BIMS completion. The social worker or designee will complete outstanding assessments by 5/19. Education will be provided to the IDT in timely and accurate completion of interview items and proper assessment the presence of a foley catheter. New members of IDT will be educated upon hire.  All obra assessments will be audited to ensure completion of section C and accurate coding of foley catheters. Aud will be conducted weekly x 4 weeks the monthly x2 months.  The Director of Nursing or designee will bring these audits to the Quality Assurance Committee meeting monthly for 3 consecutive months. The Quality Assurance Committee will evaluate the effectiveness of the above plan and will make additional interventions and recommendations based on the audits ensure continued compliance.  Date of Compliance: 5/21/23	t of lits en		

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F 641	stated when she wou the SW had not complete SW had approved to SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW to help him get of duties including complete SW to help him get of duties including complete SW had approved to SW to help him get of duties including complete SW to help him get of d	Inpleted on time. The DON #1 Ind complete an MDS, and pleted the cognition section assessed.  Is interviewed on 04/26/23 at for #2 stated that the had gotten behind with the had since resigned. She at a new MDS coordinator 2023, she further stated that hire an assistance for the raught up with his assigned pletion of Section C of the admitted to the facility on cant change Minimum Data 28/23 revealed that Resident not assessed and Section C	F6					
	responsible for comp of the MDS. The SW 2022 the facility's nur discharges greatly in keep up with the influ admission/discharge stated, "I just did not and he assumed if he	oleting the cognition section stated that in November mber of admissions and creased and he could not ax of responsibilities that the process brought to him. He have time to complete them did not complete the he MDS that no one else did						

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F 641	Continued From pag	e 8	F 6	41			
	either. He further sta	ted, "I chose to ensure the ischarge," over completing					
	phone on 04/26/23 as she completed MDS for about a year. She facility had an influx discharges and the scomplete the cognition MDS so when she would select not ass discussed it with the	SW did not have time to on section or Section C of the ould complete the MDS she essed. She stated she had administration at the time, as offered in attempt to get					
	04/26/23 at 10:16 Al was hired at the facil MDS Nurse and rem 04/07/23 at which tim DON. The DON #1 s with completing the of the MDS because was assigned. She is SW the facility had, at to get everything constated when she wouthe SW had not comshe would check not Administrator #2 was 3:02 PM. Administrator #2 was 3:02 PM. Administrator #2 was 3:04 PM. Administrator #3:05 pm. Sassessments at stated that they have	s interviewed on 04/26/23 at tor #2 stated that the had gotten behind with the and had since resigned. She hired a new MDS start in May 2023, she further					

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F 641	with his assigned of Section C of the 3. Resident #12 w 08/03/20.  Review of the quadated 02/24/23 re Patterns section completed. The si was also not completed by the The Social Worke 04/20/23 at 12:07 began working at responsible for co of the MDS. The \$2022 the facility's discharges greatly keep up with the i admission/discharstated, "I just did and he assumed icognition section either. He further residents had safe the MDS.  The former MDS phone on 04/26/2 she completed MI year. She stated the section or Sect	SW to help him get caught up duties including the completion	F	541			

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F 641	Continued From pag	ge 10	F 6	41			
	the administration at	the time, but no assistance pt to get the information					
	04/26/23 at 10:16 All was hired at the facil MDS Nurse and rem 04/07/23 at which tin DON. The DON #1 swith completing the of the MDS because was assigned. She essw the facility had, at o get everything constated when she work.	DON) #1 was interviewed on M. The DON #1 stated she lity on 12/05/22 as a second nained in that role until me she became the Interim stated that the SW got behind cognition section or Section C of the other duties that he explained that he was the only and he just did not have time mpleted on time. The DON #1 and complete an MDS, and upleted the cognition section it assessed.					
	3:02 PM. Administral previous MDS nurse MDS assessments a stated that they have coordinator who will stated that she had a assistance for the SN	start in May 2023, she further approved to hire an W to help him get caught up ties including the completion					
	4. Resident #10 was 02/24/22.	admitted to the facility on					
	Data Set (MDS) assorevealed Resident # understand others a	ent #10's quarterly Minimum essment dated 11/04/22 10 had the ability to nd made herself understood ns or Section C was left					

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	ROVIDER OR SUPPLIER	JRSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	•	14/21/2023	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 641	assessment dated 0 #10 had the ability to made herself unders Section C was mark for Mental Status sh Resident, but the ar  An interview was co Worker (SW) on 04/ stated he started his 09/19/22 and was re Cognitive Patterns s indicated due to his have time to comple  During an interview (DON) #1 on 04/26/ that the SW had oth get behind on his pa been behind for mon had obtained help fr caught up on the MI remained behind.  An interview was co on 04/24/23 at 3:05 aware that the MDS lacking in the facility Sections. She stated	t #10's quarterly MDS 12/04/23 revealed Resident of understand others and stood. Cognitive Patterns or ed as yes, the Brief Interview ould be conducted with the eas were left blank.  Inducted with the Social 20/23 at 12:09 PM who is employment at the facility on esponsible for completing the election on the MDS. The SW multiple duties he did not the all the MDS.  with Director of Nursing 23 at 10:25 AM she explained er duties that caused him to art of the MDS and they have onths. She explained that they om their sister facilities to get DS process, but they  Inducted with Administrator #2 PM. She indicated she was process was behind and including the Cognition of that after investigation in the in her approval for a SW	F 6	41			
	04/02/22.  Review of the quarte	as admitted to the facility on erly Minimum Data Set (MDS)					
	∣ dated 12/18/22 indid	cated that Resident #7's					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	, ,	ATE SURVEY MPLETED
		345133	B. WING			C 04/27/2023
	ROVIDER OR SUPPLIER	JRSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		J4/2//2023
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 641	completed.  The Social Worker (04/20/23 at 12:07 P began working at th responsible for com of the MDS. The SV 2022 the facility's not discharges greatly in keep up with the infladmission/discharge stated, "I just did not and he assumed if he cognition section of either. He further state residents had safe of MDS".  Director of Nursing (04/26/23 at 10:16 A was hired at the fact MDS Nurse and ren 04/07/23 at which till DON. The DON #1 with completing the because of the other She explained that I had, and he just did everything completed.	ssessed. The staff lent cognition was also not  SW) was interviewed on M. The SW stated that he efacility on 09/19/22 and was pleting the cognition section who stated that in November amber of admissions and increased and he could not the efact was process brought to him. He is that the efact have time to complete them to end at the efact has a complete the effect of the MDS that no one else diducted, "I chose to ensure the effect of the MDS that he was interviewed on M. The DON #1 stated she lity on 12/05/22 as a second in a cognition section of the MDS or duties that he was assigned. The was the only SW the facility on thave time to get and on time. The DON #1	F 6			
	the SW had not con she would check no Administrator #2 wa 3:02 PM. Administra previous MDS nurse	uld complete an MDS, and appleted the cognition section that assessed.  It is interviewed on 04/26/23 at a later #2 stated that the enaction had since resigned. She				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			C <b>04/27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		04/21/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 641	assistant for the SW with his assigned dut of the cognition section.  b. Review of the quarindicated that Reside urinary catheter.  Facility documentation urinary catheter was an observation of Re	hired a new MDS had approved to hire an o help him get caught up es including the completion	Fé	141		
F 677 SS=D	8:30 AM, he stated the several months ago.  In an interview with Don 4/27/23 at 1:40 PM having a dedicated Missed on the MDS acatheter being coded this issue will be fixed starts working. The Dexpectation that MDS accurately.  ADL Care Provided for CFR(s): 483.24(a)(2)  §483.24(a)(2) A reside out activities of daily services to maintain opersonal and oral hygos.	esident #7 on 04/19/23 at ey took out his catheter  ON #1 and Administrator #2  M, the DON #1 stated not DS nurse, things had been assessments such as a in error. The DON stated when the new MDS nurse ON #1 stated it was her assessments were coded or Dependent Residents  ent who is unable to carry iving receives the necessary good nutrition, grooming, and giene; is not met as evidenced	Fé	777		5/21/23

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION  G		TE SURVEY MPLETED
		345133	B. WING		,	C 04/27/2023
NAME OF PE	ROVIDER OR SUPPLIER	<u>l</u>		STREET ADDRESS, CITY, STATE, ZIP COD		14/21/2023
	101.52.1.01.100.1.2.2.1			1000 COLLEGE STREET	_	
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION				
				WILKESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 677 Continued From page 14		e 14	F 67	77		
	by:	on record review and staff		Desidents #11 was provided	noil care on	
		on, record review, and staff		Residents #11 was provided		
		failed to trim a dependent		4/25/23 All residents have the	•	
	_	for 1 of 3 residents reviewed		be affected by the same defic		
	for activity of daily liv	ing (Resident # 11).		An audit was completed by th Nursing and Administrator on		
	The findings included	١٠		checking to ensure that no otl		
	The infamge melace	••		had concerns with nails. Audi		
	Resident #11 was ad	lmitted to the facility on		completed on 5/2/23.	· wao	
		ses that included: acute		The Director of Nursing will pr	rovide	
		h hypoxia and others.		education to nursing staff on I		
		•		Nursing staff not receiving the		
	Review of the signific	cant change Minimum Data		by 5/19/23 will not be able to	work until the	
		ent dated 01/28/23 revealed		education is completed. New		
		ognition was not assessed		will complete education in orie		
		essment of his cognition.		Observations will be made by		
		ealed that Resident #11		Administrator or designee for		
		ssistance with personal		a week for 4 weeks, then 5 re		
		tation of range of motion to		week for 4 weeks, and then 2		
	of care was noted on	ower extremities. No rejection		week for 4 weeks. Observation		
	or care was noted on	THE MDS.		include nail care for length an cleanliness.	i <b>u</b>	
	Review of a care pla	n revised on 02/01/23 read in		The Director of Nursing or de	sianee will	
		ad an activity of daily living		bring these audits to the Qual		
		leficit related to trauma from		Assurance Committee meetin	•	
	·	ained in a motor vehicle		for 3 consecutive months. Th		
		entions included: Resident		Assurance Committee will eva	-	
	#11 is totally depend	ent on one staff member for		effectiveness of the above pla	an and will	
	personal hygiene and	d oral care. There was no		make additional interventions	and	
	care plan for rejection	n of care.		recommendations based on t	he audits to	
				ensure continued compliance		
		esident #11 was made on		Date of Compliance: 5/21/23		
		/I. Resident #11 was resting				
		and verbal. His bilateral				
		ed, and Resident #11 was				
		en his right hand. He was				
		t hand a small bit, enough to				
		ils. The fingernails on his				
	right hand were appr	oximately three fourth inch				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION		(X3) DATE COMP	
		345133	B. WING _			04/:	27/ <b>2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP ( 1000 COLLEGE STREET WILKESBORO, NC 28697	CODE	1 0411	2172020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE AC' CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 677	there was an indental where the nails had be intact. Resident #11 whis left hand, he was stated "that it hurt". The fingers were visualized approximately three findentation in the palmails had been resting the end of his finindentation in the palmails had been resting the end of his finindentation in the palmails had been resting the end of his finindentation in the palmails had been resting the end of his finindentation in the palmails had been resting the end of his finindentation in the palmails had been resting the end of the end of his finindentation in the palmails had been resting the end of the end of his stated that the state and could from that day. NA #10 recall the status of Reshe could not recall if the status of Reshe could not recall if the state of the end of the en	the end of his finger and tion in the palm of his hand the resting but the skin was was asked if he could open able to do so a small bit but the thumb and two middle ad, and the fingernails were ourth inch long extending ager and there was an an of his hand where the grout but the skin was intact.  Was interviewed on 04/18/23 and that she generally worked as shower team in the facility. The sident #11 preferred bed in him a complete bed bath go" but could not recall the not locate the shower sheet to stated that she could not asked trimmed them or not. The sident #11's fingernails and a she trimmed them or not. The she had given Resident #11 on 04/14/23 and had a stated Resident #11's on 04/14/23 but could not not trimmed them. NA #7 and Resident #11 on as transferred to the hospital fingernails were long but trim them before he left the	F	577			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345133	B. WING		C 04/27/2023
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 678 SS=K	04/26/23 at 10:16 AN that the facility gener in the shower room of daily basis. Anytime or shower she would nail care. If Resident bed bath on 04/14/2 to be long the staff's that time.  Cardio-Pulmonary R CFR(s): 483.24(a)(3) Person support, including Cl such emergency car emergency medical related physician or advance directives. This REQUIREMENT by:  Based on record reversely practitioner and Medical facility failed to have readily available for cardiopulmonary reserved that inclures cue breathing bed of emergency supplified side did not have resuscitator (device breathing) on it, staff and it took the staff at to get the second craft.	DON) #1 was interviewed on M. The DON #1 explained rally had two staff members completing showers on a the resident received a bath expect the staff to perform a #11 received a complete and the staff noted his nail should have trimmed them at esuscitation (CPR)  Innel provide basic life PR, to a resident requiring exprise prior to the arrival of personnel and subject to lers and the resident's  This not met as evidenced view and staff, Nurse lical Director interviews the basic lifesaving equipment use to immediately begin uscitation (CPR) when need sudden cardiac arrest of were unable to immediately ded chest compressions and cause the first crash cart (cart es) that was brought to the ea ambu bag or manual	F 678		ode d by 023, eted d in y, for 2023

OLIVILIN	O I OI ( WEDIO/ WE W	I DIOTAL CETATION				<u> </u>	7. 0000 0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \ \		CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BOILDI	_		(	С
		345133	B. WING			04/	27/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
RIDGE VA	LLEY CENTER FOR NUI	RSING AND REHABILITATION		10	000 COLLEGE STREET		
				W	/ILKESBORO, NC 28697		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFI	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	E	(X5) COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤΕ	DATE
F 678	F 678 Continued From page 17		F	678			
	· -	e to immediately begin CPR			equipment will include an Ambu bag,		
		ompressions and rescue			non-rebreather mask, suctioning kit,		
		e staff could not locate an			oxygen tank, IV kit, normal saline,		
	_	resuscitator to begin rescue			yankauer □ oral suctioning tool used to	)	
	_	t locate a backboard (hard			remove secretions by effective coughin		
		ompressions on while in			masks, gloves, disposable gowns,	3,	
		approximately five minutes			flashlight, alcohol wipes, blood pressur	е	
		items to begin CPR. On			cuff, stethoscope, and back board.		
		2 experienced sudden			On 4/19/2023, the Director of Nursing a	and	
	cardiac arrest and sta	•			the Unit Manager educated current sta		
	immediately begin CF	PR that included chest			on CPR procedure and location and ite		
		scue breathing because they			of the basic lifesaving equipment. The		
	could not locate an a	mbu bag or manual			equipment includes an Ambu bag,		
	resuscitator and had	to borrow one from another			non-rebreather mask, suctioning kit,		
	resident's room. The	staff also could not locate			oxygen tank, IV kit, normal saline,		
	the paddles for the A	utomatic External			yankauer, masks, gloves, disposable		
	Defibrillator (AED) (d	evice used to deliver a shock			gowns, flashlight, alcohol wipes, blood		
	to the heart). It took s	staff "several minutes" to			pressure cuff, stethoscope, and back		
	locate the ambu bag	and paddles for the AED to			board. The basic lifesaving equipment	is	
	begin CPR. This affe	cted 3 of 4 residents			in the two crash carts with back boards		
	reviewed who experie	enced sudden cardiac arrest.			that are located at each nurse□s statio	n.	
	Resident #1, #2, and	#3 expired in the facility or			In addition to the two crash carts, basic	;	
	in the hospital.				lifesaving equipment is in the central		
					supply office. The basic lifesaving		
		began on 08/14/22 when			equipment is located on the right side of	of	
	_	nced sudden cardiac arrest			the room on the racks. Education		
		e to immediately begin CPR			completed 4/20/2023. The staff member	ers,	
		ompressions and rescue			to include agency staff, that have not		
		ey could not locate an ambu			received the education will not be able	to	
	bag to begin rescue b	•			work until they have received this		
		ed on 04/21/23 when the			education. Education will continue in		
		cceptable credible allegation			orientation for newly hired staff, to inclu	ıde	
		y removal. The facility will			agency staff.		
		ance at lower scope and			On 4/19/2023, the Director of Nursing a		
	severity E (no actual				the Unit Manager reviewed the two cra		
		not immediate jeopardy) to			carts located at each nurse ☐s station to		
		stems are in place and the			ensure that all basic lifesaving equipme	∍nt	
	completion of staff ed	ducation.			is readily available for use while		
					performing Cardiopulmonary		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	· ,	(X3) DATE SURVEY COMPLETED	
		345133	B. WING			С	
NAME OF D		343133		OTREET ARRESTO OITY OTATE 712 OORE	04	/27/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION		1000 COLLEGE STREET			
				WILKESBORO, NC 28697			
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 678	F 678 Continued From page 18		F 67	8			
	The finding included:			Resuscitation. The equipment w	ill include		
	The infanty meladea.			an Ambu bag, non-rebreather m			
	Review of the facility'	's policy titled "CPR		suctioning kit, oxygen tank, IV ki			
		ised on 03/22 read in part:		saline, yankauer, masks, gloves			
		found unresponsive, briefly		disposable gowns, flashlight, ald			
		or absence of breathing a.		wipes, blood pressure cuff, steth			
		f member to verify the DNR		and back board. Any opportuniti			
	(Do Not Resuscitate)	or code status of an		identified during this audit will be	€		
	individual b. Instruct	a staff member to activate		corrected by the Director of Nurs	sing and		
		onse system (code) and call		the Unit Manager by 4/19/2023.			
		member to retrieve the		On 4/19/2023, the Regional Dire			
		he basic life support (BLS)		Nursing educated the central su			
	sequence of events.			coordinator on ensuring basic lif			
	4 D : 1 1 1/10	1 20 1 0 6 22		equipment is always readily ava			
		dmitted to the facility on		easily accessible to current staff			
	_	ses that included acute and illure with hypoxia and		crash carts and in the central su office. The equipment will include			
	congestive heart failu	* ·		Ambu bag, non-rebreather mask			
	congestive near fall	ii G.		suctioning kit, oxygen tank, IV ki			
	Review of a physicial	n order dated 04/07/21		saline, yankauer, masks, gloves			
	indicated Resident #3			disposable gowns, flashlight, ald			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			wipes, blood pressure cuff, steth			
	Review of a care plan	n dated 07/29/22 read;		and back board.	, ,		
	Resident #3 has an e			The Administrator and/or design	ee will		
	directive; Full Code.	The goal read: Resident #3		audit the crash cart for checklist			
	wishes as expressed	in Advanced Directive will		completeness and equipment re	eadily		
	be followed.			available five times a week for for	our weeks,		
				three times a week for four weel			
		3's progress notes revealed		two times a week for four weeks			
	•	dated 08/14/22 at 7:28 AM		addition the Administrator or des	•		
		ident reported on floor at		complete an audit of the central			
	6:15 AM by Med Aide	` ,		room twice a week for 3 months	to ensure		
		nt from smoking area.		back up supplies are available.	dill basis a		
		or pulse and respiration.		The Administrator or designee w	-		
		ced in a supine position and		these audits to the Quality Assu			
	•	were initiated immediately.		Committee meeting monthly for			
		edical Services) notified by #13 and additional Nurse #7		consecutive months. The Quali Assurance Committee will evalu	•		
	performed CPR in (ca			effectiveness of the above plan			
	hemormen CER iii (C	aruiopuirioriary	1	enectiveness of the above bight	anu wiii	1	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345133	B. WING _			1	C <b>27/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0-1/	2112025
				10	000 COLLEGE STREET		
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION			VILKESBORO, NC 28697		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 678	F 678 Continued From page 19		F 6	678			
	6:25 AM and began v	dents' room. EMS arrived at working with resident. If expired by EMS at 6:46			make additional interventions and recommendations based on the audits ensure continued compliance. Date of Compliance- 5/21/23	to	
	conducted on 04/19/2 and revealed he was first nurse to respond on 08/14/22 when Reunresponsive but still requested the crash Nurse #7. He stated compressions until N and began assisting ambu bag. He report second crash cart ha concern was trying to Review of the facility 08/14/22, the morning revealed Nurse Aide Nurse #12, Nurse #1 #3 were working.  An interview with MA revealed when she for of his room unrespond 08/14/22 she immediate.	rse #13 (agency nurse) was 23 at 3:44 PM via telephone an agency nurse and the 4 to calls for help from MA #3 esident #3 was found 1 warm. He reported he cart and assistance from the immediately began chest furse #7 arrived at the room with rescue breaths via an ed he did not know if a d to be retrieved as his main to save Resident #3's life.  It staffing schedule from g Resident #3 passed away, (NA) #11, NA #12, Nurse #7, 3, and Medication Aide (MA)  In #3 on 04/19/23 at 3:14 PM bound Resident #3 in the floor asive around 5:30 AM on tately called for help and the room. She reported she					
	was told by Nurse #1 paperwork for transp did not know if there being on the crash ca An interview with NA conducted on 04/19/2 and revealed she wa	3 to go gather the necessary ort, so she left the room. She were issues with items not arts.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _		0.0	C 4/27/2023
	ROVIDER OR SUPPLIER	NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	•	4/21/2023
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (  (EACH CORRECTIVE ACTIVE)  CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 678	MA #3 entered Re unresponsive. She was brought to the #7 who was worki when she returned found out the crash bag on it and she the other crash catapproximate 5-mi supplies gathered. During an intervied 12:05 PM she replassigned to Resid he passed away, to smoke around normal self. She rehis room around floor and screame #13 and Nurse #1 room. She reported cart while Nurse #1 Resuscitation (CF remembered the stretieved because an ambu bag.  An interview with 04/19/23 at 12:35 working on 8/14/2 She reported that aware Resident # #13 sent NA #13 she started CPR, returned with the second crash card have a backboard.	she stated around 5:30 AM, esident #3's room and found him to reported the first crash cart to room and she ran to get Nurse and on the other unit. She stated d from notifying Nurse #7, she sh cart did not have an ambut ran back down the hall to get and the state of the reported there was an and the delay in getting the	F	578		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(×	(3) DATE SURVEY COMPLETED
		345133	B. WING _			C <b>04/27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION	1	STREET ADDRESS, CITY, STATE, ZI 1000 COLLEGE STREET WILKESBORO, NC 28697	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 678	Continued From page 21 Resident #3's room to begin CPR.		F 6	378		
		o begin CPR.				
	UM #2 on 04/18/23 a were responsible for stocked and that the daily and completed kept on the crash carchecked the crash cambu bags, oxygen, other needed materia arrest event. They als August 2022 had been unable to locate them both of the facility's cand that backboards carts.	Unit Manager (UM) #1 and at 1:15 PM revealed they ensuring crash carts were crash carts were crash carts were checked a log of inventory that was ats. They reported they arts to ensure they contained a suction machine, and als in the event of a cardiac as or reported the logs from en long removed and were an UM #1 and UM #2 insisted arash carts had an ambu bag were kept next to the crash				
	04/19/23 at 5:13 PM facility to have the sucrash carts to immed of a sudden onset of  An observation of the made on 04/18/23 at were observed to have of the cart and a back crash cart. The crash with a suction maching stethoscope, blood proposupplies that may be arrest emergency.  An interview was attempt of the surface	e facility's crash carts was 1:09 PM. Both crash carts we ambu bags on the bottom kboard was next to each carts were also stocked ne, tubing, nasal cannulas, ressure cuff, and other needed during a cardiac				
	Nursing #3 and was					

,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 678	Continued From pag	e 22	F 67	78			
	An interview was atte and was unsuccessf	empted with Administrator #3 ul.					
	09/27/22 with diagno	admitted to the facility on oses that included diabetes, eral vascular disease, atrial s.					
	Review of a physicia Full Code.	n order dated 09/27/22 read:					
	Review of a care plan dated 09/29/22 read; Resident #1 will have Full Code Advance Directives. The goal read: Resident #1 will have his Advance Directives followed.						
	late entry by Nurse # to be unresponsive be process of making ro immediately. EMS w 10 minutes. EMS too and proceeded to co on resident. Residen	note written on 02/07/23 as a fel read, "Resident was found by the NA who was in the bunds. CPR was started as called and they arrived in bk over CPR compressions intinue to perform full code at continue to be none doctor on call pronounced to 2:26 AM".					
	Resident #1 expired	on 02/07/23.					
	phone on 04/18/23 a she was working thir stated she was pass passed Resident #1' and was his usual se short time later one of	urse) was interviewed via at 12:14 PM who confirmed d shift on 02/06/23. She ing medications and had s room and he was in bed elf. Nurse #1 stated that a of the NAs who she did not					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 678	not aware how to yelling loudly to all some help. She st get the crash cart compressions. Nu mad because they was needed, it too what we needed (I she was not aware items. Nurse #1 st the room and had to use the ambu b stated that she wo agency, and she of facility regarding e protocols. She sta carts were from just the facility, she stated that when you have supplied even with not have an ambu not be located. Nu NA told her that Reshe had gone to the and verified his cowhen she began of #1's body was still confirmed that she and could not find	Nurse #1 stated that she was bage overhead, so she began ent other staff that she needed ated that she sent the NAs to while she began chest ree #1 stated "I was getting to could not find anything" that k them over five minutes to find backboard and ambu bag) and end of where they located the lated she was the only nurse in to "teach the nurse aides how ag really quick." Nurse #1 rked at the facility through an id not get any orientation to the mergency procedures or led she knew where the crash est observing during her times in lated, "I was very upset, I felt like the crash carts it should be at the basics" and that night it did bag and the back board could rese #1 confirmed that when the lesident #1 was not breathing, the electronic medical record de status as Full Code and thest compression Resident warm to touch, and she checked all his pulse points one so chest compression eshe waited for the appropriate	F	678			
	04/18/23 at 11:06 worked at the facil working third shift went into cardiac a	A) was interviewed via phone on AM who confirmed that she ity through an agency and was on 02/06/23 when Resident #1 arrest. NA #1 stated that she with Resident #1 and each pight					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
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F 678	on him, she stated shortly after the sthad gone and got drink. She stated several times durit was in his bed in his he heard the staft Code Blue (code if she went running NA #1 stated that crash cart but then no backboard was Nurse #1 began con the soft bed no stated she suggeshim to the floor to continued to do continued to do continued to do continued for some she could not recak now where they is believed the crash to ensure all the stated that when the Resident #1 the crash cart for about three we someone returned restocked it.  NA #2 was intervied to 123 AM and conshift on 02/06/23 and Resident #1. NA #2 Resident #1. NA #4.	he would always go and check the particularly loved milk and art of her shift on 02/06/23 she Resident #1 a carton of milk to she had passed by his rooming the shift and Resident #1 his usual state. She stated then if verbally hollering that they had for sudden cardiac arrest), and towards Resident #1's room. someone had grabbed the re was no ambu bag on it and a available. She stated that hest compressions, but he was at on a hard surface. NA #1 sted to Nurse #1 that they lower begin compressions, but she compressions while the staff locate an ambu bag to do NA #1 stated that it took a few one to find an ambu bag, but all who found it and she did not found it. NA #1 stated that she in carts were to be checked daily upplies were available but hey needed to do CPR on rash cart did not have an ambu board was available. She added they used stayed in disarray teks after the event until at it to the correct place and sewed via phone on 04/18/23 at a firmed that she worked third and was responsible for the stated that she had answered ther room and had walked past	F	578				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
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F 678		nurse what that resident needed.	F 6	78			
	room he was in be off of him, she pro and as she walked she noticed that he very pale. She stated to touch but was medically considered she did not so she ran to the constated she did not so she ran to the con her way back go stated that there we cart and she could stated that she "ruthe stuff that was in that eventually the finding the ambut because she was for. NA #2 stated to member who she room with an amb breathing around to n scene. NA #2 stated to member who she room with an amb breathing around to n scene. NA #2 stated to member who she room with an amb breathing around to n scene. NA #2 stated to member who she room with an amb breathing around to n scene. NA #2 stated to member who she room with an amb breathing around to not seene.	is she passed by Resident #1's ed and was kicking the covers acceded to the nurse's station of back by Resident #1's room is color was "gone", and he was sted that Resident #1 was warm not breathing so she yelled other staff on the unit. NA #2 know how to overhead page, other side to alert the staff and grabbed the crash cart. She was no ambu bag on the crash of not find a backboard. NA #2 ished around trying to find all needed for him." NA #2 recalled by found the backboard but bag was little more difficult not sure what she was looking that eventually another staff did not know returned to the u bag and they began rescue the same time that EMS arrived stated that it took approximately ther all the needed supplies to be to the same time that EMS arrived that it took approximately ther all the needed supplies to					
	interviewed via ph who confirmed tha 02/06/23. She stat the Code Blue for assist as needed. agency Nurse and so she was telling that Nurse #1 beg recall anything reg stated it had been	MA) #1 (facility staff) was one on 04/18/23 at 12:33 PM at she was working third shift on ted that she recalled hearing Resident #1 and she went to She stated that Nurse #1 was a really did not know what to do her the procedure. She stated an CPR, but she could not garding the supplies. MA #1 a while since the event and anly recall that Resident #1 had					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 678	4:41 PM who confirm third shift on 02/06/2: recalled about that excoded and the crash because it did not had could not find the bad if they ever found the was there quickly and Resident #1, but he pashe was aware of who located but stated that the room it did not had the room it did not had unit Manager (UM) # together on 04/18/23 that she was aware to during the night when and had passed awau UM #2 were responsistocking the crash cathose checks in a bin UM #1 and UM #2 staware that the staff or backboard when Farrest. Both stated the carts daily and both heackboard was alwayd cart. Both UM confirmed.	ed via phone on 04/18/23 at ned that she was working 3. She stated what she vening was that Resident #1 cart was not fully stocked we an ambu bag and they okboard. She could not recall a ambu bag but stated EMS d they began working on bassed away. NA #3 stated here the crash cart was at when the staff brought it to ave what they needed.  #1 and #2 were interviewed at 1:15 PM. UM #2 stated hat Resident #1 had coded in she was not in the building by. UM #1 stated that she and wible for checking and harts daily and they logged hader kept on the crash cart, atted that they were not could not locate an ambu bag Resident #1 went into cardiac had they checked the crash had an ambu bag and the yes kept next to the crash med that they checked and carts daily on the days that	F	678	DEFICIENCY		
	phone on 04/18/23 a that there were two one on each unit and	DON) #2 was interviewed via t 11:18 AM. DON #2 stated crash carts in the building, If the UMs were responsible and stocking them daily and as					

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F 678	Continued From page	e 27	F 6	678				
	emergency the staff of bag, but they found of UMs check and restor stated she could not with Resident #1 or no believed that during the eventually found an atthe emergency when immediately located to morning meeting, and importance of checking ensuring that it contains would be needed during the sure how or when he #1 stated that she do member expressing of were not stocked approximation.	ted she recalled during one could not locate an ambure and then she had the ck the crash carts. She recall if that emergency was ot. DON #2 stated she he emergency the staff ambu bag to use. Following the ambu bag could not be they discussed the issue in dishe had stressed the night errash carts daily and ined all the supplies that ing an emergency.  Interviewed on 04/18/23 at that she was not aware of #1 and could not say for passed away. Administrator es not recall any staff concerns that the crash carts propriately and that they did at they needed during an						
	phone on 04/19/23 at explained that Reside him at high risk for su immediate start of CF changing Resident #1 stated he fully expect	ent #1's diagnoses placed adden cardiac arrest. The PR had a high likelihood of 1's outcome and the MD ared the facility to have the I to immediately start CPR in						
	made on 04/18/23 at were observed to have	e facility's crash carts was 1:09 PM. Both crash carts ye ambu bags on the bottom k board was next to each						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	IPLE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED	
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F 678	with a suction made cannulas, stethoso other supplies that emergency.  3. Resident #2 wa 01/05/23 with diagonal heart attack, diabed block, chronic kidromagnetic Review of a physic Full Code.  Review of a physic Full Code.  Review of a nurse by Nurse #2 read; care in dire straits at the mouth; this responsiveness. We this nurse called a crash cart and call patient was placed staff was present,  Resident #2 was to where he died on the Attempts to speak were unsuccessful.  Nurse #3 (agency 04/18/23 at 3:09 Foundary working on 03/07/20 cardiac arrest. She the crash cart to the ambu bag on it. So thest compression a non-rebreather in the supplies that the supplies that the cash cart to the supplies that the crash cart to the supplies that the crash cart to the supplies that the cash cash cart to the supplies that the cash cash cart to the supplies that the cash cart to the supplies that the supplies that the cash cart to the supplies that the cash cas	ash carts were also stocked chine and tubing, nasal cope, blood pressure cuff and that may be needed during an as admitted to the facility on the sease that included history etes, atrioventricular heart they disease, and others.  The sident dated 01/27/23 read:  The sident seen upon morning the resident seen in bed foaming the nurse checked resident for when patient did not respond code-initiated others to get a season of the sident seen upon morning that the patient did not respond code-initiated others to get a season of the sident seen upon morning that the patient did not respond code-initiated others to get a season of the same	F6	778			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 678	Continued From page	e 29	F 67	8		
	stated that initially Nu compressions and what the room with no amb compressions and Nu bag. Nurse #3 stated compressions Reside took the staff "several bag and she believed resident's room in the tracheostomy and go ambu bag was found Services (EMS) was took over and transport hospital, but he passed Nurse #4 (agency nur 04/18/23 at 3:25 PM working on 03/07/23 cardiac arrest. She staff Code Blue called, she the room. Nurse #2 was beginning to do on the compressions and with the co	agh the mask. Nurse #3 urse #2 was doing chest hen the crash cart arrived at but bag she took over chest urse #2 went to find an ambut that when she began chest ent #2 was still warm and it I minutes" to find the ambut I that they went to another e facility that had a t the one in his room. The as Emergency Medical coming on scene and they orted Resident #2 to the ed away shortly thereafter.  Tree) was interviewed on who confirmed that she was when Resident #2 went into tated when she heard the e immediately responded to was in the room, and she compressions without a ed she hollered at the staff to				
	get the backboard and brought to the room of started again. Nurse is Nurse #3 to turn the of then realized that the crash cart. When the bag and brought it to administering rescue during the time, they Nurse #4 instructed the resident's room that he so they could start resident with the real than the sound start resident with the sound start resident arrest she had started again.	d once it was found and chest compressions were #4 stated she instructed oxygen all the way up and re was no ambu bag on the staff finally found the ambu				

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F 678	Continued From page	e 30	F 6	678			
	January 2023 and whethe crash cart, she diambu bag, so she represented one. Nurse # and asked UM #2 abcouple days later and the former Director of the need for the ambure Nurse Aide (NA) #4 vat 10:02 AM who conwhen Resident #2 coarrest. He stated that #2's room it was "verwere running around that was not on the cowas on standby to do he did not leave the rwhere they located the added that they located the added	rked a night shift back in nile doing a routine check of iscovered it did not have an ported to UM #2 that it 44 stated that she followed up out the ambu bag a of d she stated that she had told f Nursing #2 (DON) about u bag.  was interviewed on 04/19/23 affirmed that he was working oded and went into cardiact when he arrived at Resident by disorganized", and staff trying to locate equipment trash cart. NA #4 stated he ocompressions if needed so room and was not sure the ambu bag or backboard. Docated all the equipment e EMS arrived and they took then #2 was transferred to the					
	who confirmed that s when Resident #2 co she got to Resident # backboard and the fir room and did not hav stated that she recall break room, so she le stated that as she waroom with the backbodown the hallway wit did not have an ambiguity.	ed on 04/19/23 at 12:11 PM he was working on 03/07/23 oded. NA #5 stated that when #2's room they did not have a rest crash cart was in the re an ambu bag on it. She ed seeing a backboard in the eft to go and get it. NA #5 as returning to Resident #2's board she saw NA #6 coming the other crash cart, but it u bag either. When she got m with the backboard another					

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F 678	ran to get it, but she was. Once they had staff began performin took over and Reside hospital.  NA #7 was interviewed and confirmed that sl when Resident #2 confirmed the Code Blue crash cart. NA #6 had other side of the build crash carts arrived in was no ambu bag on stated she ran to the that had an ambu bad and ran to the supply canister and tubing should suction Reside did not have the right.  NA #6 was interviewed who confirmed she who when Resident #2 consistent and the page of the crash cart and ran #6 stated that once should be seal on the the ambu bag. She should be stated that once should be seal on the the ambu bag. She should be seal on the the ambu bag, she stated she is another's resident rocarts were supposed.	e 31  ident's room and someone could not recall who that the supplies to do CPR, they are CPR until EMS came and ent #2 was transferred to the end on 04/19/23 at 12:14 PM he was working on 03/07/23 and ed. She stated when she are grabbed the other ding. NA #7 stated when the end grabbed the one from the eding. NA #7 stated when the end either crash art. NA #7 resident's room in the facility gin his room and grabbed it or closet and got a suction of that the Nurse Practitioner and the equipment to suction him.  The distribution of the ding is a suction of the the Nurse Practitioner and the suction him.  The distribution of the ding is a suction of the the Nurse Practitioner and the suction him.  The distribution of the suction him is a suction of the success of the cash cart to suction him.  The distribution of the success of the succe	F	578				
		r not. IP) #1 was interviewed via t 3:52 PM who confirmed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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F 678	she heard the Code when she got to the chest compressions backboard, "I instruct the backboard." The ambu bag so we car crash cart was in the it, so she again instruan ambu bag. The N fluids running out of be suctioned but the on the crash cart, so find a suction machin aware that the facility Defibrillator (AED) si where the AED was. member ran to get the brought it to the room use it. The NP stated with what we had un that she questioned cart was not stocked that everything was the stated that she had deverything was there and should not have added that she expessocked to run codes needed. The NP also Administrator #1 and #2 and expressed he situation but really di why it had happened	charting on 03/07/23 when Blue page. She stated she room the staff were doing on the bed with no ted the staff to go and get in the NP said, "where is the do rescue breaths? "The room with no ambu bag on ucted the staff to go and find P stated Resident #2 had his mouth and he needed to re was no suction machine instructed staff to go and fine. The NP stated she was y had an Automatic External he questioned that staff She stated that another staff is e AED and when they in there was no paddles to di, "we did the best we could til EMS arrived." She stated UM #1 about why the crash but the check list indicated there. The NP stated UM #1 shecked the crash cart, and is the check that way," the NP cted the crash carts to be and perform CPR when it is stated she had met with I Director of Nursing (DON) er dissatisfaction with the dinot get any answers as to	F	678	DEFICIENCY)		
	together on 04/18/23 that she and UM #2	at 1:15 PM. UM #1 stated					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	) MULTIPLE CONSTRUCTION SUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			C <b>04/27</b> /	/2023	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, 1000 COLLEGE STREET WILKESBORO, NC 28697	ZIP CODE	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVI CROSS-REFERENCEI	IN OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIA CIENCY)	-	(X5) COMPLETION DATE	
F 678	crash cart. UM #1 an were not aware that the ambu bag, backboard when Resident #2 we stated that they check both had an ambu ba always kept next to the confirmed that they corash carts daily on the working in the facility.  DON #2 was intervier at 11:18 AM. DON #2 crash carts in the builthe UMs were responstocking them daily a stated she recalled distaff could not locate found one and then some restock the crash carrecall if that emergen not. DON #2 stated semergency the staff obag to use. Following ambu bag could not be discussed the issue in had stressed the imporash carts daily and the supplies that would emergency.  Administrator #1 was 5:03 PM who stated the issues with Resident sure how or when he Administrator stated its sure how or when he Administrator stated its sure how or when he Administrator stated its sure how or when he Administrator stated.	ecks in a binder kept on the d UM #2 stated that they the staff could not locate and, and other equipment ent into cardiac arrest. Both ked the crash carts daily and ag and the back board was ne crash cart. Both UM hecked and restocked the he days that they were wed via phone on 04/19/23 stated that there were two lding one on each unit and naible for checking them and and as needed. DON #2 uring one emergency the an ambu bag, but they she had the UMs check and ts. She stated she could not cy was with Resident #2 or he believed that during the eventually found an ambu at the emergency when the perimediately located they in morning meeting, and she ortance of checking the ensuring that it contained all all be needed during an	F	578				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			C 4/27/2023	
	ROVIDER OR SUPPLIER	NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	•	4/21/2023	
(X4) ID PREFIX TAG	(EACH DEFICI	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 678	emergency.  The Medical Direct phone on 04/19/20 explained that Reshim at high risk foo immediate start of changing Resident stated he fully explained they need the case of sudder the case of sudder An observation of made on 04/18/23 were observed to of the cart and a box crash cart. The crawith a suction made cannulas, stethose other supplies the emergency.  Administrator #1 at the Immediate Jed The facility provided Identify those recipare likely to suffer a result of the non On 02/07/23 at ap #1 experienced suffer were unable to locate a unable to locate a supplies that the Immediate Jed The facility these recipare likely to suffer a result of the non On 02/07/23 at ap #1 experienced suffer unable to locate a unable to locate a supplies that the supplies the supp	tor (MD) was interviewed via 3 at 5:13 PM. The MD sident #2's diagnoses placed r sudden cardiac arrest. The CPR had a high likelihood of t #2's outcome and the MD ected the facility to have the ded to immediately start CPR in a cardiac arrest.  The facility's crash carts was at 1:09 PM. Both crash carts have ambu bags on the bottom ack board was next to each each carts were also stocked chine and tubing, nasal cope, blood pressure cuff and the DON #1 were notified of opardy on 04/19/23 11:03 AM.  The the following IJ removal plan:  The property of the provision of the provision of the provision of the plants who have suffered, or a serious adverse outcome as	F6	578			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			C 04/27/2023	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD  1000 COLLEGE STREET  WILKESBORO, NC 28697	•	94/27/2023	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 678	approximately 5 minurequired items to deliver was pulseless. Resident in the facility.  On 03/07/23 at approfuse 2 experienced suddivere unable to locate resuscitator used to cresidents not breathing unable to locate a bacorrectly deliver chest correct depth for deliver requested the basic I indicated that it took manual resuscitator was residents' rooms to un facilities Automatic Etand when staff retrieves the paddles used to cavailable for use by the requested a suction of available for use. Reside the Emergency Room hospital.  On 08/14/22 Resident history of drug and on floor with a white powed bedside table. Reside but was pulseless and responded with the cambu bag on the crasmember had to obtain	very of CPR. It took the staff ates of time to locate the ver CPR when Resident #1 ent #1 expired on 02/07/23  eximately 10:30 AM Resident en cardiac arrest. The staff en an Ambu bag or manual deliver ventilation to eng. The staff were also ock board (hard surface) to extra compressions to the very of CPR. The Nurse bonded to the code and ifesaving equipment and "several minutes" before a exact taken from another set, the NP requested the external Defibrillator (AED) and the AED failed to have deliver the shock readily the NP. The NP also machine that was not readily sident #2 was transported to en (ER) and expired in the external deliver the shock readily sident #3 who had an extensive boioid abuse was found on the external was marked in the extensive sent #3 was warm to touch divide was in cardiac arrest. Staff trash cart and there was no	F6	578			
	minutes to obtain the	other crash cart with the rescue breathing and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED		
		345133	B. WING _			C <b>4/27/2023</b>		
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		4/21/2023		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 678	the facility. Resident #2 expired hospital. Resident #3 expired All current residents have the potential to practice deficiency. On 04/20/2023, the formula of the completed record revin a medical facility, discharged to anothe dates, 01/01/2023 - 0 procedures for CPR Staff interviews completed Specify the action the process or system factor adverse outcome frowhen the action will on 04/19/2023, the foremoved the Automatical residues.	on 02/07/2023 at 2:26 AM in on 03/07/2023 in the in the facility on 08/14/22.  that have a Full Code status be affected by current  Regional Nurse Consultant view of residents that expired expired in the facility, and/or er hospital for the following 04/20/2023 to ensure were followed with no issues. pleted with nurse involved. on 04/20/2023.  e entity will take to alter the allure to prevent a serious m occurring or recurring, and be complete:  Regional Director of Nursing thic External Defibrillator from ty CPR procedure does not	F 6	,				
	educated the Admini and the Unit Manage lifesaving equipment crash carts and in ce will include an Ambu suctioning kit, suction	Regional Director of Nursing strator, Director of Nursing, or CPR procedure, what basic needs to be on the two entral supply. The equipment bag, non-rebreather mask, ning machine, oxygen tank, yankauer - oral suctioning						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50125			Ι,	С
		345133	B. WING				27/2023
NAME OF P	ROVIDER OR SUPPLIER	0.0.00			STREET ADDRESS, CITY, STATE, ZIP CODE	04/	2112023
TO THE OT THE	NOVIDER OR GOLF ELER				1000 COLLEGE STREET		
RIDGE VA	LLEY CENTER FOR NUI	RSING AND REHABILITATION			WILKESBORO, NC 28697		
				<u>'</u>	· .		I
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE
F 678	Continued From page	e 37	F	678			
		secretions by effective		0.0			
		ves, disposable gowns,					
		pes, blood pressure cuff,					
	stethoscope, and bac						
	On 04/19/2023, the D						
		ed current staff on CPR					
	•	on and items of the basic					
		lifesaving equipment. The equipment includes an					
		eather mask, suctioning kit,					
	,	oxygen tank, IV kit, normal					
	saline, yankauer, masks, gloves, disposable gowns, flashlight, alcohol wipes, blood pressure						
	cuff, stethoscope, and back board. The basic						
		is in the two crash carts with					
		located at each nurse's					
		on included use of back					
	board under resident						
		bed. In addition to the two					
	· ·	saving equipment is in the					
		ocated at the back of the					
	building beside room	145. The central supply					
	office is always acces	ssible to staff via keypad.					
	Education included ke	eypad code. The basic					
	lifesaving equipment	is located on the right side					
		cks. Education completed					
		members, to include agency					
		ceived the education will not					
		they have received this					
		n will continue in orientation					
		to include agency staff. The					
		nd/or designee will maintain o have received education.					
		oss reference schedules to					
		s scheduled have received					
		ees wish to be scheduled					
		nployee list, scheduler will					
		rior to next scheduled shift					
		ng. Director of Nursing was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345133	B. WING _				27/ <b>2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		1 0-11	21/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 678	Unit Manager reviewed located at each nurse basic lifesaving equipuse while performing Resuscitation. The example bag, non-rebresuctioning machine, caline, yankauer, massimus saline, yankauer, yankau	pirector of Nursing and the ed the two crash carts or station to ensure that all ment is readily available for Cardiopulmonary quipment will include an ather mask, suctioning kit, boxygen tank, IV kit, normal sks, gloves, disposable or book wipes, blood pressure	F6	578			
	opportunities identified corrected by the Direct Manager by 04/19/20 On 04/19/2023, the Reducated the central ensuring basic lifesaw readily available and staff on the crash car office. The equipmen non-rebreather mask machine, oxygen tan yankauer, masks, glof flashlight, alcohol wip stethoscope, and back Effective 04/19/2023, Coordinator will check Monday through Fridabasic lifesaving equipperform CPR. The ack will check the two crash readily a sequipment is readily a sequipment is readily as a sequipment is readily a sequipment of the control of the con	d during this audit will be ctor of Nursing and the Unit 23.  Regional Director of Nursing supply coordinator on ring equipment is always easily accessible to current ts and in the central supply t will include an Ambu bag, suctioning kit, suctioning k, IV kit, normal saline, ves, disposable gowns, es, blood pressure cuff, k board.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTI		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			1	C <b>27/2023</b>
NAME OF F	ROVIDER OR SUPPLIER		1	STREET A	DDRESS, CITY, STATE, ZIP CODE	1 04/	2172020
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION			LEGE STREET		
				WILKES	BORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	RECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE		
F 678	Continued From page	e 39	F 6	578			
F 678	check the two crash of ensure basic lifesavir available to perform of checked by using the checklist located on the Supply Coordinator, and Mangers, and/or desistocking the crash callocated in the central weekend duty were not on 04/20/23  Effective 04/19/2023, ensure the emergency completed.  Facility policy dictates current/active CPR collicensed nurses will put that are currently a fur will be available at all Current staff educate and Procedure and the cart checklist, location location of additional included the following Procedure  1. If an individual is assess for abnormal sudden cardiac arrest verify or instruct a staff membinstruct a staff membinstruct a staff membinitiate the basic life sevents.	carts during weekends to a gequipment is readily CPR. The crash carts will be a emergency crash cart he crash cart. The Central Administrator, Nurse gnees will be responsible for a sa needed with the stock supply office. Managers on notified of this responsibility the Administrator will be crash cart checklist is a licensed nurses must have certification and reflects the perform CPR on residents all code. CPR certified staff times to perform CPR. do not the facility CPR policy neir role, emergency crash an of crash carts in facility, BLS equipment, Education grabsence of breathing. If the is likely, begin CPR: aff member to verify the DNR individual. er to activate the emergency	F	578			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′			(X3) DATE SURVEY COMPLETED		
	345133	B. WING _			C <b>04/27/2023</b>		
	URSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697	<b>!</b>	0.172.020		
(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE		
Chest compression a. Following initial chest compressions chest and using heat b. Push hard to a cm) at a rate of at le minute. Allow full chest reco and Minimize interruptio Airway: Tilt head be Breathing: After 30 breaths via resuscit shield). All rescuers should to victims of cardiac should also provide compression-ventile Continue with CPR/ personnel arrive. 2. Emergency Cras 3. Location of crash 4. Location of backer Education complete members, to include received the educat until they have rece Effective 04/20/202 responsible for ensi immediate jeopardy non-compliance. Alleged Date of IJ F On 04/26/23 and 04/26/26/26/26/26/26/26	assessment, begin CPR with a separation of the seast 100 compressions per a sill after each compressions per a sill after each compressions. The seast 100 compressions per a sill after each compressions provide 2 and a sill after each compressions arrest. Trained rescuers ventilations with a sill after each compressions and a sill after each compressions arrest. Trained rescuers ventilations with a sill after each compressions arrest. Trained rescuers ventilations with a sill after each compressions arrest. Trained rescuers ventilations with a sill after each compressions arrest. Trained rescuers ventilations with a sill after each compressions arrest. Trained rescuers ventilations with a sill after each compression with a sill after each compression.  The compressions per sill after each compressions arrest arrest arrest. Trained rescuers ventilations with a sill after each compression arrest arrest. Trained rescuers ventilations with a sill after each compressions.  The compressions per sill after each compressions provide 2 and a sill after each compressions.  The compressions per sill after each compressions provide 2 and a sill after each compressions.  The compressions per sill after each compressions per sill after each compressions.  The compressions per sill after each compressions per sill after each compressions.  The compressions per sill after each compressions per sill after each compressions.  The compressions per sill after each compressions per sill after each compressions.  The compressions per sill after each compressions per sill after each compressions.  The compressions per sill after each compressions per sill after each compressions.  The compressions per sill after each compressions per sill after each compressions.  The compressions per sill after each compressions.  The compressions per sill after each compr	F6	778				
allegation of immed	iate jeopary removal was						
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY S (EACH DEFICIEN REGULATORY OF CHEST Compressions a. Following initial chest compressions chest and using heat b. Push hard to a cm) at a rate of at leminute.  Allow full chest record and Minimize interruption Airway: Tilt head base Breathing: After 30 breaths via resuscitishield).  All rescuers should to victims of cardiace should also provide compression-ventilate Continue with CPR/personnel arrive.  2. Emergency Crass 3. Location of crash 4. Location of backute the ducate until they have received the educate until they have received the educate until they have received the complete members, to include received the educate until they have received the compressionsible for ensuring the complete compression of cardiace and the complete complete complete complete complete complete members, to include the complete co	CORRECTION  345133  ROVIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 40  Chest compressions:  a. Following initial assessment, begin CPR with chest compressions. Position flat hand over left chest and using heal of hand.  b. Push hard to a depth of at least 2 inches (5 cm) at a rate of at least 100 compressions per minute.  Allow full chest recoil after each compressions, and  Minimize interruptions in chest compressions.  Airway: Tilt head back and lift chin to clear airway. Breathing: After 30 chest compressions provide 2 breaths via resuscitator or manually (with CPR shield).  All rescuers should provide chest compressions to victims of cardiac arrest. Trained rescuers should also provide ventilations with a compression-ventilation ratio of 30:2.  Continue with CPR/BLS until emergency medical personnel arrive.  2. Emergency Crash Cart Checklist  3. Location of crash carts  4. Location of backup BLS supplies  Education completed 04/20/23. The staff members, to include agency staff, that have not received the education will not be able to work until they have received this education.  Effective 04/20/2023 the Administrator will be responsible for ensuring implementation of this immediate jeopardy removal for this alleged	A BUILDIN  345133  B. WING  ROVIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 40  Chest compressions:  a. Following initial assessment, begin CPR with chest compressions. Position flat hand over left chest and using heal of hand.  b. Push hard to a depth of at least 2 inches (5 cm) at a rate of at least 100 compressions per minute.  Allow full chest recoil after each compression; and  Minimize interruptions in chest compressions.  Airway: Tilt head back and lift chin to clear airway. Breathing: After 30 chest compressions provide 2 breaths via resuscitator or manually (with CPR shield).  All rescuers should provide chest compressions to victims of cardiac arrest. Trained rescuers should also provide ventilations with a compression-ventilation ratio of 30:2.  Continue with CPR/BLS until emergency medical personnel arrive.  2. Emergency Crash Cart Checklist  3. Location of crash carts  4. Location of backup BLS supplies  Education completed 04/20/23. The staff members, to include agency staff, that have not received the education will not be able to work until they have received this education.  Effective 04/20/2023 the Administrator will be responsible for ensuring implementation of this immediate jeopardy removal for this alleged non-compliance.  Alleged Date of IJ Removal: 04/21/2022  On 04/26/23 and 04/27/23 the facility's credible allegation of immediate jeopary removal was	ROWLER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 40  Chest compressions:  a. Following initial assessment, begin CPR with chest compressions.  a. Following initial assessment, begin CPR with chest and using heal of hand.  b. Push hard to a depth of at least 2 inches (5 cm) at a rate of at least 100 compressions per minute.  Allow full chest recoil after each compressions, and Minimize interruptions in chest compressions. Presting: After 30 chest compressions provide 2 breaths via resuscitator or manually (with CPR shield).  All rescuers should also provide chest compressions to victims of cardiac arrest. Trained rescuers should also provide ventilations with a compression-ventilation ratio of 30:2.  Continue with CPR/BLS until emergency medical personnel arrive.  2. Emergency Crash Cart Checklist  3. Location of backup BLS supplies  Education completed 04/20/23. The staff members, to include agency staff, that have not received the education will not be able to work until they have received this education.  Effective 04/20/2023 the Administrator will be responsible for ensuring implementation of this immediate jeopardy removal for this alleged non-compliance.  Alleged Date of IJ Removal: 04/21/2022  On 04/26/23 and 04/27/23 the facility's credible allegation of immediate jeopary removal was	A BUILDING  345133  ROYDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DESFICIENCY MISSING SEPRECIPED BY PULL REBULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 40  Continued From page 40  Chest compressions:  a. Following initial assessment, begin CPR with chest compressions.  Allow full chest recoil after each compression, and limitarize interruptions in chest compressions, and Minimize interruptions in chest compressions, and will chest recoil after each compressions, and iff chin to clear airway. Breathing: After 30 chest compressions to victims of cardiac arrest. Trained rescuers should also provide chest compressions to victims of cardiac arrest. Trained rescuers should also provide exhibitions with a compression-ventilation ratio of 30:2.  Continue with CPR/BLS until emergency medical personnel arrive.  2. Emergency Crash Cart Checklist 3. Location of backup BLS supplies  Education completed 04/20/203. The staff members, to include agency staff, that have not received the education will not be able to work until they have received this education.  Effective 04/20/2023 the Administrator will be responsible for ensuring implementation of this immediate jeopardy removal for this alleged non-compliance.  A BUILDING  STREETADDRESS, CITY, STATE, 2P CODE  100 04/26/23 and 04/27/23 the facility's credible allegation of immediate jeopary removal was		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345133	B. WING		C 04/27/2023	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697	J 04/21/2020	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 689 SS=K	bags, backboard, and log for each crash car completed daily from supply closet was obsupply of emergency bags, suction machin frequently used items disciplines in the facility received the education sudden cardiac event articulate the facility's paging a Code Blue (where the crash carts where to find resident and who should be in conducted "mock" or to allow staff to praction The facility's immediate of Accident Haz CFR(s): 483.25(d)(1)  §483.25(d) Accidents The facility must ensure stree of accident has \$483.25(d)(2)Each resupervision and assist accidents. This REQUIREMENT by:  Based on record revinterviews with residents staff, the facility failed staff.	stocked including ambuted suction machine. The audit of suction machine. The audit of suction machine. The audit of was also observed to be 04/21/23. The central served to have a back up items that included ambute and canisters, and other is. Staff interviews across all ity revealed that they had on on how to respond to a state of the procedure for overhead code for cardiac arrest), is/backboard was located, to code status information, initiating CPR. The facility had trial run of a CPR situation once in a non-emergent time. In a non-emergent time, are jeopardy removal date of end.  Surre that - sident environment remains accorded as is possible; and the stance devices to prevent of its not met as evidenced item, observation, and the to implement measures to a accidental drug overdose	F 68			

PRINTED: 05/25/2023 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>). 0938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		PLETED
		345133	B. WING				C / <b>27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	I		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0-1/	2172020
					000 COLLEGE STREET		
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION			VILKESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
					BEI IOIENOT)		
F 689	Continued From page	e 42	F	689			
		t included crushing and			affected. A list was made of the reside	nts	
		ions. On 8/14/22 Resident			who have a known history of	110	
		onsive in his room as a			polysubstance abuse. The list is locat	ed	
		et cardiac arrest and he was			at each nurse station and in the		
	unable to be revived.			narcotics book. The Director of Nursir	ıa		
	NA #12, and Housek			reviewed and is responsible for updati			
	white, powdery subst			the list with new admissions. Current	Ü		
	room. The facility also			residents that were identified as High f	all		
	necessary supervisio			risk using the Morse fall scale have the			
	cognitively impaired r			potential to fall and obtain injury. The			
	was assessed as a h			review and collaboration was conducted	∌d		
	of multiple falls and to			by the Regional Nurse Consultant on			
	forget his limits. On the			4/25/23. A list of resident who are at h	igh		
	Resident #4 was left	unsupervised in his room in			risk for falls is located at each nurse		
	his wheelchair after a	therapy session. He was			station. The Director of Nursing is		
	found by staff that aft	ernoon after suffering an			responsible for updating the list with no	€W	
	unwitnessed fall that	resulted in right 9th through			residents that are high fall risk.		
	11th rib fractures, fac	ial fractures, right frontal			On 04/25/23, the Director of Nursing a		
		ing into the superior orbit			Chief Nursing Officer educated staff or		
		wall (fracture that extended			where to locate the list of residents wit	h a	
		side of right eye socket),			history of polysubstance abuse. The		
	,	ood collecting between chest			Director of Nursing and Chief Nursing		
	_	can collapse the lung), and			Officer educated staff on understandin	-	
	intraparenchymal her	_			roles and responsibilities in identifying		
		e of the brain). He was			reporting, and responding to residents		
		Emergency Room to the			who exhibit behaviors of seeking,		
		or a higher level of care. This			acquiring and self-medicating with illeg		
	deficient practice was				drugs or medications not prescribed by	/	
	1 '	l) reviewed for supervision to			the attending physician at the nursing		
	prevent accidents.				home. Education included the following	3:	
	   Immodiata !a !	agen for everyla #4			dangers of self-medicating including		
		pegan for example #1 on			serious adverse side effects and death	ί,	
	07/20/22 when Nurse				observing for medications/illegal		
		Resident #3 was seen			substances in resident □s room or in		
		dery substance on his tray			resident possession that are not	D	
	i i	arcan (a reversal agent used			prescribed by the nursing home MD/N	_	
		se) to treat an accidental asures were implemented by			and responding by remaining with	nco	
		the risk of an overdose.			resident, calling out for nursing assistation for assessment and safe collection of	IIC <del>C</del>	
	i ine racility to miligate	THE HON OF ALL OVERDOOM.			ioi assessinent and sale collection of		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
			A. BOILDI	_			
		345133	B. WING			04/	27/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
RIDGE VA	LLEY CENTER FOR NUF	RSING AND REHABILITATION			000 COLLEGE STREET VILKESBORO, NC 28697		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 689	Continued From page	÷ 43	F	689			
		pegan for example #2 on			substances and follow-up reporting by	the	
		cility failed to provide the			licensed nurse to the MD/NP and to the		
		n to prevent an accident for			Administrator or DON, intervening and		
		ate jeopardy was removed			asking to search resident with suspicion	ıs	
	on 04/26/23 when the	• .			activity, ensuring resident safety by		
	-	llegation of immediate			remaining with resident and calling for		
		e facility will remain out of			licensed nurse assistance, licensed nur		
	·	scope and severity D (no e than minimal harm that is			assessing resident for safety and s/s of potential self-medication such as change		
		dy) to ensure monitoring			in vital signs or altered mental status,	Jes	
		and the completion of staff			visual observation of consumption,		
	education.				response in the event of resident		
					self-medication to include; immediate		
	The findings included	:			removal of substance from resident to		
					stop ingestion if possible, then providin	- 1	
	Resident #3 was adm				emergency medical care as necessary		
		ses that included cocaine			and remaining with resident, calling		
	dependence, congest				MD/NP for new orders and calling 911		
	chronic respiratory fai	lure.			indicated, then removing, counting and securing under double lock and key an		
	A physician's order fo	r Resident #3 dated			medications/illegal substances with a	,	
		kycodone HCl (narcotic pain			second licensed nurse witness, then		
		milligrams (mg) every 6			notification to the DON and Administrat	or	
		pain. The order indicated to			for further investigation and follow-up,		
	crush the tablet and fo	or the resident to take the			revising resident care plan to reduce ris		
	medication in front of	the nurse.			of reoccurrence, education of the facilit	,	
					abuse and neglect policy and reporting		
	Resident #3's quarter				immediately to the charge nurse if they		
		i/17/22 revealed he was			hear or suspect a staff member is		
		no psychosis, behaviors, or sident #3 was coded with			self-medicating or has an illegal	cit	
		and he received opioids on 7			substance in the facility. In the event illi drug use is suspected the local police	CIL	
		ookback period. The MDS			department will be contacted and a rep	ort	
		was born in 1960 indicating			made. The Director of Nursing will ens		
	he was 62 years old.	Ü			no licensed nurses or medication aides		
	-				will work without receiving this education	n.	
	A physician's order fo				Any new hires including agency will		
		arcan liquid 4 mg/0.1 milliliter nostril every 6 hours as			receive education prior to the beginning their next shift.	, of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \	PLE CONSTRUCTION  G	, , ,	(X3) DATE SURVEY COMPLETED	
		345133	B. WING			C	
NAME OF D	ROVIDER OR SUPPLIER	0-10100		STREET ADDRESS, CITY, STATE, ZIP CO	•	4/27/2023	
NAME OF FI	NOVIDER OR SUFFLIER				DE		
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION		1000 COLLEGE STREET			
				WILKESBORO, NC 28697			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	Continued From page	e 44	F 68	39			
	needed for overdose			On 4/25/2023, the Director of	of Nursing and		
	11000000 101 01010000	•		Chief Nursing Officer educat	-		
	Resident #3's care p	lan last updated on 07/29/22		staff members on fall protoco			
	revealed the following			to include the following: Iden			
	- Resident #3 exhibits or has the potential to exhibit verbal/physical behaviors related to opioid			fall risk residents upon admi			
				the Morse fall scale and putt	_		
		kiety; history of snorting		interventions using the Strate			
	T	suse of oxygen. Interventions		Reducing the Risk of Falls.	-		
		medication administration to		residents are identified as hi			
	ensure medications a	are taken and swallowed		nurse management will upda	ate list and		
	prior to leaving reside	ent.		place at areas noted to staff.	. High risk fall		
				residents will be communica	ted in the		
	- Resident #3 does c	omplain of pain at times due		morning meeting with depart	tment heads		
		Resident #3 has a diagnosis		and then to the floor staff. D	uring meal		
	-	pioid dependence. Resident		tray pass, Department Head			
		in place and is followed by		Manager on Duty, and Night			
	•	tions included "Per MD order		present on the floors in orde	•		
		nasal route as needed for		increased supervision of res			
		peat every 2 minutes until		risk for falls. Care plans will	•		
	emergency medical s	services arrive."		Minimum Data Set Coordina			
				designee with appropriate in			
		en by Nurse Practitioner		Nurse management will in-so			
	,	/22 for Resident #3 indicated		the appropriate interventions			
	_	vioral concerns - this NP		The Director of Nursing will e			
		e patient be discharged from		will not work without receiving	•		
	_	ous documented reports		Any new hires including age	•		
	from the staff of over			receive education prior to the			
	•	ieve that the patient puts the		their next shift. Education w			
	_	lity if he were to overdose. I 4mg nasal every 6 hours as		completed on 4/25/23 by the			
		•		Nursing and Chief Nursing C	Jilicei .		
		. I have expressed my prmer] Director of Nursing,		The Director of Nursing or de	esianee will		
	Administration, and M	-		The Director of Nursing or do audit the list in the narcotic b	-		
	Auminionation, and i	viculai Difector.		residents with a known histo			
	During an interview v	ria telephone on 04/20/23 at		polysubstance abuse to ens	•		
	_	Practitioner (NP) #2 she		current five times a week for			
		nger working at the facility.		three times a week for four v	•		
		nt #3 had a history of taking		two times a week for four we			
		dication and then turning his		The Director of Nursing or de			
			1		J		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
			A. BOILDIN			2		
		345133	B. WING _			27/2023		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C				
				1000 COLLEGE STREET				
RIDGE VA	ALLEY CENTER FOR	NURSING AND REHABILITATION		WILKESBORO, NC 28697				
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 689	Continued From p	page 45	F 6	89				
F 689	oxygen up on his until he passed or concerned about harcotics because recall their names medications and the She reported several seve	portable tanks and concentrator at. She stated she was Resident #3 abusing his a she heard from staff (unable to b) that he pocketed the hen crushed and snorted them. For all months before August of to prescribe him narcotic pain referred him to a pain clinic for pain clinic ordered the reported Resident #3's narcotic was to be crushed and Resident it was fully taken in applesauce m. She revealed she received an NA (unable to recall the NA's med her a picture was turned into the tion that showed Resident #3 wadery substance on his tray of the explained this was when resident #3 Narcan (7/20/22) to the ent of an accidental overdose.  In interview with the NP #2 via 3 at 4:00 PM she revealed she on 7/20/22 to be administered Resident #3 overdosed.  In the state of the was turned into the state of the s	F 6	audit the list at the nurses a residents identified as high ensure it is current five time four weeks, three times a weeks and two times a weeks. Administrator or deround during meal services week for four weeks to ensure sidents are supervised. Date of Compliance- 5/21/2	fall risk to es a week for veek for four ek for four signee will 5 times per ure identified			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING _				C <b>27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRE		1 04/	2172020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		BE.	(X5) COMPLETION DATE
F 689	time she and the nursy white, powdery subst Resident #3 stated it denied snorting it. Stated statement observed and slid the door. NA #7 stated states she completed she slid them undern She reported to her kate to prevent Resident # powdery substance.  Administrator #1 was PM to provide the write regarding Resident # crushing and snorting Administrator #1 reported Am she was unable to An interview with Resident #13, was cond/21/23 at 1:16 PM. reported Resident #3 multiple times including to Former Social Wordsent pictures and a viphone to them on the #3's former roommate someone from the faccocaine or opioids and Resident #3. He states	hall. She reported by the se returned to the room, the ance was gone, and was baby powder and he reported she also wrote ents regarding what she em under Administrator #3's he could not remember the the reports but was certain eath Administrator #3's door. nowledge, nothing was done to first a statements from NA #7 as observed behaviors of this medications. The producted via telephone on the revealed he had stated he had stated he watched Resident #3 but pills, chop them up on	F	889			
		PM the photograph and esident #13 was observed.  nt #3 sitting in his					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			1	C <b>27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		100	REET ADDRESS, CITY, STATE, ZIP CODE 10 COLLEGE STREET LKESBORO, NC 28697	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG				(X5) COMPLETION DATE
F 689	Continued From page	e 47	F	689			
	back to the door. Re card in his hand pres white, powdery subst table beside his bed. An interview with the	m, next to his bed with his sident #3 had a bank debit sing the edge down onto a ance that was on his tray  Wound Nurse on 04/21/23					
	well known that Residuate abuse problem and comedications and snow	•					
	short video, unable to Resident #3's roomm showed Resident #3	o recall the date, from late, Resident #13, that using a credit card to "cut" a ance on his tray table in his					
	immediately sent the at the time and also p Staff member who wa	m to Director of Nursing #3 provided them to a Corporate as a female. She was unable porate Staff member's name					
	statement, unable to it to the Corporate St Nurse reported she h Director of Nursing #	recall the date, and provided aff member. The Wound eard nothing back from 3 or the Corporate Staff					
		uation. The Wound Nurse the situation was ignored.					
	on 04/21/23 at 3:15 F remembered Resider history of abusing his and snorting them. S former roommate, Re her in her office some date, and told her Re medications under hi	cial Worker #1 via telephone PM revealed she Int #3 and that he had a Int medications by crushing She reported Resident #3's Pesident #13, had approached Interest the time, unable to recall the Interest the sident #3 was storing Interest the total than the stated she brought it up to					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING _				27/2023
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		1000	EET ADDRESS, CITY, STATE, ZIP CODE O COLLEGE STREET KESBORO, NC 28697	1 04	2172020
(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 689	Continued From page	e 48 3 and Administrator #3	F	689			
	immediately after beil "blown off". She state and no one did anyth were no additional intincrease supervision being discussed "wee "was always not take"  A nurse progress not dated 08/14/22 at 7:2 "Resident #3 reporter following ambulation areaemergency monotified by staff while nurse performed care resident room. EMS a	ng informed, but it was ad, "everyone knew about it, ing". She reported there ierventions put into place to and despite his behaviors ekly" at morning meeting it in seriously".  e completed by Nurse #13 8 AM read, in part, d on floor at 6:15 AM by NA by resident from smoking edical services [EMS] this nurse and additional diopulmonary resuscitation in					
	04/20/23 at 3:14 PM on the medication cal providing Resident #3 7:00 PM on 08/13/22 She stated she last g medication at 2:16 Al him unresponsive arc not recall with certain oxycodone when she medication. She wer have administered th MAR. MA #3 stated she Resident #3 a few tim remembered reading some drug seeking b when she worked wit medication cart befor	last administered the nt onto say that she would em as it was ordered on the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			C 4/27/2023	
	ROVIDER OR SUPPLIER	NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	•	<del>-</del> 1/21/2023	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	12:35 PM reveale (7:00 PM to 7:00 At the date Resident ran to the room which finding him unresp #3 was well known abuser and had a his medications and crush order for his prescribed. She shad room, she noticed his tray table, and he had crushed at to her understand reported that at some reported that at som	#12 (agency) on 04/20/23 at d she worked the night shift AM) that ended on 8/14/22 on #3 expired. She indicated she hen MA #3 called for help after consive. She stated Resident in the facility as a substance history of crushing and snorting and she believed there was a sopioid medications that he was stated when she arrived at the a white, powdery substance on she immediately believed that and snorted his medication due ing of his history. NA #12 also ome point during the ekeeper #1 entered the room Resident #3's tray table.  We with NA #17 (agency) on PM via telephone, she reported on 8/14/22 working as an NA at #3 was found unresponsive in ated it was well known that a history of substance abuse of crushing his opioid snorting them. She reported on 6:30 AM on 8/14/22, while on Resident #3, she noted entered the room and wiped	F6	89			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		TRUCTION	(X3) DATE SURVEY COMPLETED	
		345133	B. WING _				27/2023
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		1000 CC	ADDRESS, CITY, STATE, ZIP CODE DLLEGE STREET SBORO, NC 28697	1 04/	21/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG				(X5) COMPLETION DATE
F 689	abuse. She reported table after EMS required could not provide any asked her to wipe off.  During an interview via 9:01 AM with NP #2 state the time Resident is the death certificate is causes. She revealed sign the death certificate is causes. She revealed sign the death certificate is caused on the informal staff (unable to recall were present at the time arrest, she believed for accidental overdoses causes as was listed.  During a follow-up intelephone on 04/21/2 she felt an autopsy at to be completed before certificate. She explained that because of the youngest resid was in relatively good explained that because of the state of the youngest resid was in relatively good explained that because of the youngest resides the youngest r	the had a history of substance she only wiped off the tray sested her to do so. She winformation on why EMS Resident #3's tray table.  It talephone on 04/20/23 at she verified she was the NP #3 expired. She indicated indicated he died of natural districted when she was asked to state, she refused because tion she received from the specific staff members) that me he went into cardiac Resident #3 had died of an and not due to natural on the death certificate.  The review with NP #2 via 2 at 4:00 PM she reported and toxicology report needed are signing off on the death ained Resident #3 was one ents at the facility and he	F	589	DEFICIENCY)		
	felt an autopsy and to completed to confirm reported the medical the autopsy and com but the resident had a prior to the medical e the resident. She ex embalming the toxico determine any narcot #3's system at the tin	exicology report had to be the cause of death. She examiner was to conduct plete the toxicology testing, already been embalmed examiner having access to blained that due to the elogy report was unable to ic drug levels in Resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345133	B. WING_			C 4/27/2023	
	ROVIDER OR SUPPLIER	IRSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 1000 COLLEGE STREET WILKESBORO, NC 28697		14/21/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	getting a completed off on the death certi was her professional circumstances of his observed by staff at cardiac arrest, that F cardiac arrest due to narcotic. She stated administration did no leading to a lack of swhich ultimately resuevent. She stated the concerns and did no accidental overdose.  An interview attempt was unsuccessful.  An interview with DC 04/26/23 at 10:26 Alworking at the facility admitted. She also rehad a history of pock and snorting them, the crush order and provapplesauce or some until the medication in She also reported the increased supervision attempts to abuse mat the facility.  2. Resident #4 was in 02/28/23 with diagonal circumstance of the supervision attempts to abuse mat the facility.	been embalmed prior to toxicology report, she signed ficate. The NP revealed it a opinion, based on the death and what was the time of the sudden Resident #3 had suffered an overdose of some type of a she believed that the of take her concerns seriously supervision by the floor staff ulted in Resident #3's cardiac he administration knew her thing to prevent the staff with Administrator #3 was a with Administrator #3 was a with Administrator #3 was a ported for a resident who setting medications, crushing, the facility should have had a wide them to the resident in other median and observed as fully given and swallowed. Here should have been an of Resident #3 to curtail edications or use illicit drugs initially admitted to the facility	F 6	89			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			C 4/27/2023	
	ROVIDER OR SUPPLIER	NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	•		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	and Non-Alzheimed Review of a fall rist revealed that Rest due to his history over-estimate or for the Resident #4 had at that read in part, a falls related to cortinul falls resident is non-skid socks which were in front of resident's fall. He nurse-initiated her no injuries related no complaints of prince in front of resident #4's care to continue interversensure bed is in long resident's room.  Review of the admitted (MDS) dated 03/0 was moderately continue interversensure bed is in long resident's room.	wer back fracture), Alzheimer's, er's dementia.  sk assessment dated 02/28/23 ident #4 was at high risk for falls of multiple falls and tendency to	F	689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345133	B. WING _			C <b>04/27/2023</b>	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE  1000 COLLEGE STREET  WILKESBORO, NC 28697			<u> </u>	2172020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTOR CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 689	reported, and an add with no injury, was re Resident #4 was alway bladder, his balance to stabilize with staff with 1-2-person assist times in the look back. On 03/12/23 at 7:30 Murse #16 read, Med writer and stated Reshis own room. Writer Resident #4 on his had observed blood on flor Resident, and a lacer was noted. Writer and Resident alert at this eyebrow hurt. Writer eyebrow. Vital signs limits. Physician notisend resident to Emercalled for Emergency transportation.  Resident #4's care plate to add floor mats for its one of the company	itional fall since admission, ported on the MDS. ays incontinent of bowel and was not steady and only able assistance, and ambulation stance only occurred 1-2 k period.  AM a progress note made by lication Aide (MA) called to sident #4 was on the floor of rentered room and observed ands and knees on floor and for. Writer assessed ration to the right eyebrow d medication aids assisted a onto bed at this time. Itime and stated that area to applied pressure to obtained and within normal fied and order received to ergency Room (ER). Writer and Medical Services (EMS)  an was revised on 03/13/23 injury prevention.	F	589			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING				C	
NAME OF D	DOM (DED OD OUDDINED	345133	B. WING _	070557 4000500	0. OIT/ OTATE 7/D OODE	04/	27/2023	
NAME OF P	ROVIDER OR SUPPLIER				S, CITY, STATE, ZIP CODE			
RIDGE VA	LLEY CENTER FOR I	NURSING AND REHABILITATION		1000 COLLEGE S				
				WILKESBORO,	, NC 28697			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EAC	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD E S-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 689	Continued From page	age 54	F 6	889				
		e recalled Resident #4 as a						
	, ,	o tried to stand-up on his own						
		s wheelchair, but he was too						
		mself. The OTA stated she						
		ter therapy was finished. The						
		mily Member (FM) #1 was not						
		she left Resident #4 alone in						
	his room in a whee	elchair. She stated she must						
		#1 was in the building or on						
	1	he OTA stated she likely told						
		irses' desk that Resident #4						
		om but could not recall. She						
		l's room was right across from						
		at least very close. The OTA nt #4's history of falls and high						
		rould not have left him alone in						
		otifying a staff member.						
	This room without it	outying a stail member.						
	A phone interview	was conducted with MA #6 on						
	1 -	I and MA #6 confirmed she						
	was working on the	e unit where Resident #4						
	resided on 03/17/2	3. MA #6 stated she recalled						
	Resident #4 was ir	n therapy that morning. She						
	recalled FM #1 wa	s usually with Resident #4 and						
		ay through supper, but on						
		not present. MA #6 stated she						
		cations around lunchtime when						
	,	mber the name) came to her						
		#4 was on the floor. MA #6						
		to Resident #4's room and						
		ace on the floor bleeding from a						
		ted she told the NA to find a						
		ed UM #2 came into the room,						
		ident #4 on the floor to avoid She stated he had a cut above						
		at was open. MA #6 stated						
		onscious but never said						
		was unsure if Resident #4 was						
		ed she usually observed him in						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	_ ` ´	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _		,	C 04/27/2023	
	ROVIDER OR SUPPLIER	JRSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		14/21/2023	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	An interview was co 04/19/23 at 4:39 PM care for Resident #4 NA #15. The NA sta #4 was high risk for aide and only works lot of call-outs such she was not very far of care or fall interve 03/17/23 at 10:30 Al Resident #4 back to resident's nurse aide explained around 1: sitting in a wheelchafor his lunch tray. Sitting up in his when her he ate better sitt the hall to pass mea coming back to Res Emergency Medical Resident #4's room Room (ER). She sta room behind EMS, Unit Manager (UM) Resident #4. She stout of his wheelchair Resident #4 was allowheelchair, for apprinot received his lunch	and when the resident was in anded to lean forward.  Inducted with NA #14 on and she stated she assumed on 3/17/23 at 11:00 AM from ated while she knew Resident falls, she was a restorative on the floor when there are a as on 03-17-23. She stated miliar with Resident #4's plan entions. NA #14 explained on M she saw therapy bring his room but was not the e at that time. NA #14 further 00 PM she saw Resident #4 ir alone in his room waiting the added she left him there elchair because therapy told ing up. NA #14 stated she left I trays and as she was ident #14's hall she saw Services (EMS) entering to take him to the Emergency ated when she entered the Unit Manager (UM) #1 and #2 were both attending that a service in his room, in his oximately 3 hours and had the tray prior to his fall.	F 6	<u>'</u>			
	4/20/23 at 3:16 PM sto Resident #4 from stated during this tin dressed and out of h	A #15 was conducted on she stated she was assigned 8:00 AM - 11:00 AM. She ne, the resident was already his room with therapy. NA 00 AM NA #14 picked him up					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING		C 04/27/2023		
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		4/2//2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	or anyone telling her therapy. She stated Resident #4 was who of his room on a stree On 4/21/23 at 12:07 was interviewed and admitted due to falls stated she would haw was back or put him visible.  On 03/17/23 at 1:30 by Unit Manager (UN of wheelchair to floor right eyebrow. Residuestions due to Alz notified; EMS called Emergency Departm On 4/20/23 at 12:32 conducted with UM #4 was admitted to thome. She stated whis everal fractures in his titches on the side of experienced at home 03/17/23 she was we stated she knew OT/2 therapy room at breat	NA #15 did not recall the OTA Resident #4 was back from the first time she saw en EMS was taking him out tcher.  PM the Director of Therapy stated Resident #4 was and high risk for falls. She we told someone Resident #4 in the doorway, so he was  PM a progress note written I) #2 read, "Resident fell out Laceration noted above dent unable to answer heimer's disease. Physician	F 6	,			
	confirmed they had p She stated it was co come get residents a letting anyone know. know Resident #4 w	him to therapy and they bicked him up for his therapy. Immon practice for therapy to and bring them back without She stated she did not as back from therapy until Imp that came from his room					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	(X	(X3) DATE SURVEY COMPLETED		
		345133	B. WING _			C <b>04/27/2023</b>	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	ODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX  REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF ( X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 689	room, she observed the floor. She added room when she arrived Review of the Emerg (EMS) report dated 0 was received at 1:31 #4 at 1:43 PM and Reto the local hospital at documented an admit that read, in part, Retomography scan (Cabdomen confirmed 19th through 11th rib ft T-12 fracture (fracture already been present sustained facial fracture extending int lateral orbit wall (fracture extending int lateral orbit wall (fracture and to the side of right hemothorax (blood cand lungs which can intraparenchymal her (bleeding in the tissue)  A review of an ER ph ER dated 03/17/23 at #4 was to be transfer center for definitive control that the side of right was to be transfer center for definitive control that the side of the roted further documents of the roted further documents of a Trauma 103/17/23, read in part of the side of a Trauma 103/17/23, read in part of the side of a Trauma 103/17/23, read in part of the side of a Trauma 103/17/23, read in part of the side of a Trauma 103/17/23, read in part of the side of t	e stated when she got to his Resident #4 on his face on I MA #6 was present in the ed.  ency Medication Services 13/17/23 revealed the 911 call PM, EMS reached Resident esident #4 was transported at 2:08 PM.  the local hospital ission note dated 03/17/23 view of a computed T scan) of the head and Resident #4 sustained right ractures, and a sub-acute e in the spine that has t). Additionally Resident #4 ures, right frontal bone to the superior orbit roof and ture that extended to the top int eye socket), right collecting between chest wall collapse the lung), and morrhage of the brain e of the brain).  Pysician notes from the local taction of the local trauma are (higher level of care). cumented they had stabilized	F	689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			1	C <b>27/2023</b>
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(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 689	ED. Neurosurgery, C and Throat (ENT) cor of facial injuries. No required.  A trauma hospital phy 3/22/23, read in part, Goals of Care (GOC) history. After GOC m#4 was transitioned to (DNR)/Comfort Care transfer Resident #4 nursing facility (SNF) Hospice for end-of-lift  An interview was con PM with Director of NAdministrator #1. Adi goal to keep all their who are at high risk fi supervision and the sabout preventing falls residents at risk for fathe desk, or even by nurse for extra super fall history, he should closely. She stated it miscommunication and the same communication and	and Resident #4's care in the ophthalmology, Ear/Nose insults ordered for evaluation surgical intervention was existed intervention of the existence of the existe	F	689	DEFICIENCY)		
	Administrator #2 was jeopardy on 04/24/23  The facility provided allegation of immedia	he following credible					
	F689: Identify those i	esidents who have suffered,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345133	B. WING_			C 04/27/2023	
	ROVIDER OR SUPPLIER	URSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZI 1000 COLLEGE STREET WILKESBORO, NC 28697	•	4/2//2023	
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F 689	or likely to suffer, a result of the noncor Resident #3 had a abuse. Resident #4 drug use. Resident oxycodone to be crithe resident take. (supervise Resident administration. On found unconscious 8/14/22 at the facility All current residents abuse have the potwas made of the repolysubstance abuse nurse's station. The and is responsible to the local Emergent ransferred to local his injuries. Resident #4 was for to the local Emergent transferred to local his injuries. Resident through 11 rib fractive extending into the sorbit wall.  Current residents the risk using the Morsito fall and obtained collaboration was consultant of the consult	serious adverse outcome as a impliance:  known history of substance as was not supervised for illicit at #3 had an order for ushed and the nurse to watch on 8/14/22 the nurse failed to #3 after medication 8/14/22 Resident #3 was Resident #3 expired on a sty.  Is that have a history of drug ential to be affected. A list sidents who had a history of se. The list is located at each are Director of Nursing reviewed for updating the list.  It is as a high fall risk was left ed in his room for the hours after therapy session. For an and then trauma center for treatment of the entity of the substained right 9 cures, right frontal bone fracture superior orbit roof and lateral and were identified at High fall the fall scale have the potential injuries. The review and onducted by the Regional in 4/25/23. The Director of ble for updating the list with	Fé	689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		345133	B. WING				27/2022
NAME OF PR	ROVIDER OR SUPPLIER	0.0100		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	27/2023
				10	000 COLLEGE STREET		
RIDGE VA	LLEY CENTER FOR N	URSING AND REHABILITATION			/ILKESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From pa	ge 60	F	689			
	Specify the action t	he entity will take to alter the					
		failure to prevent a serious					
	adverse outcome fr when the action wil	rom occurring or recurring, and I be complete:					
	On 04/25/23 the D	irector of Nursing and Chief					
		icated staff on where to locate					
	the list of residents						
		se. The Director of Nursing					
		Officer educated staff on					
		oles and responsibilities in					
	•	g, and responding to residents					
	who exhibit behavio	ors of seeking, acquiring and					
		n illegal drugs or medications					
	not prescribed by the	ne attending physician at the					
	nursing home. Edu	cation included the following:					
	dangers of self-med	dicating including serious					
		s and death, observing for					
		substances in resident's room					
	•	ession that are not prescribed					
		e MD/NP and responding by					
	•	dent, calling out for nursing					
		essment and safe collection of					
		low-up reporting by the					
		ne MD/NP and to the					
		ON, intervening and asking to					
		h suspicious activity, ensuring emaining with resident and					
		nurse assistance, licensed					
		sident for safety and s/s of					
		cation such as changes in vital					
	•	ental status, visual observation					
	-	sponse in the event of resident					
	•	nclude; immediate removal of					
		ident to stop ingestion if				ĺ	
		iding emergency medical care					
		emaining with resident, calling					
		ers and calling 911 if					
		oving, counting and securing					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		NSTRUCTION	(X3) DATE COMP	SURVEY
			D. MINO			1	C
		345133	B. WING			04/	27/2023
	ROVIDER OR SUPPLIER  LLEY CENTER FOR NUI	RSING AND REHABILITATION		1000	EET ADDRESS, CITY, STATE, ZIP CODE  COLLEGE STREET  KESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	substances with a sethen notification to the further investigation a resident care plan to education of the facility and reporting immedithey hear or suspect self-medicating or has facility. In the event ill the local police depara a report made. The I ensure no licensed now will work without recense hires including a prior to the beginning On 4/25/2023, the Din Nursing Officer education fall protocol. Education fall protocol. Education fall protocol. Education fall protocol. Education fall protocol interventions using the I interventions using the I interventions using the I interventions will be commeeting with departmant floor staff. During mean Heads, weekend Mar Supervisor is present provide increased surisk for falls. Care pla Minimum Data Set Cappropriate interventions. The Director of Nursia work without receiving work without receiving work without receiving the supervisor is present provide increased surisk for falls. Care pla Minimum Data Set Cappropriate interventions.	d key any medications/illegal cond licensed nurse witness, and follow-up, revising reduce risk of reoccurrence, ty abuse and neglect policy ately to the charge nurse if a staff member is a san illegal substance in the licit drug use is suspected the thing this education aides aiving this education. Any gency will receive education of their next shift. The thing fall risk residents upon those fall scale and putting the Strategies for Reducing the	F	689			

C 04/27/2023  TION (X5) PLD BE COMPLETION DATE
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ILD BE COMPLETION
E/04/02
5/21/23

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE SURVEY COMPLETED
	345133	B. WING		C <b>04/27/2023</b>
	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 COLLEGE STREET  WILKESBORO, NC 28697	3-421/2020
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needs respiratory car care and tracheal suc care, consistent with practice, the comprehence plan, the resider and 483.65 of this su This REQUIREMENT by:  Based on observation interviews the facility tracheostomy (surgic front of neck) supplied extubation (removal of supplies for mechanic bedside and easily and in an emergency (Refailed to change oxygolean oxygen filters (Is 2 of 3 residents revied The findings included 1. Resident #11 was 01/23/23 with diagnost to tracheostomy, acut hypoxia, disorder of the significant change dated 01/28/23 reveated on the significant change dated 01/28/23	re, including tracheostomy ctioning, is provided such professional standards of mensive person-centered ints' goals and preferences, bpart.  To is not met as evidenced ins, record review, and staff failed to keep emergency ally created airway in the seneeded for an unplanned of airway tube) or emergency cal ventilation (ambu bag) at coessible for immediate use sident #11). The facility also pen tubing as ordered and Resident #10). This affected wed for respiratory services.  It:  Treadmitted to the facility on ses that included: attention the respiratory failure with diaphragm, and others.  In order dated 01/23/23 read: cuffless  The Minimum Data Set (MDS) alled that Resident #11's sessed. He was noted to during the assessment	F 69	Emergency tracheostomy supplies we placed in room for Resident #11 on 4/24/23. Oxygen tubing was changed ordered and the filter cleaned for Residents on oxygen and/or with a tracheostomy have the potential to be affected by the same alleged deficient practice. An audit of residents on oxygen was completed by the Director of Nuror Designee on 4/27/23 to ensure tube was changed as ordered and filters we clean with no concerns identified. Residents with tracheostomies were audited by the Director of Nursing or Designee for proper emergency supplied their bedside for unplanned extuber or mechanical ventilation. Audits were completed by 5/19/23. The Director of Nursing educated nurstaff on Oxygen use to include change tubing and monitoring the filter for cleanliness. The Director of Nursing educated the nurses on having emergency tracheostomy supplies at bedside for residents with tracheoston Newly hired staff will receive this education in orientation. Any staff that not received an education by 5/19/23.	d as sident  e at agen raing ping vere  plies ation re raing ging mies.  at has simil
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR I  Continued From page needs respiratory car care and tracheal suc care, consistent with practice, the compreh care plan, the resider and 483.65 of this su This REQUIREMENT by: Based on observation interviews the facility tracheostomy (surgic front of neck) supplie extubation (removal of supplies for mechanic bedside and easily act in an emergency (Re failed to change oxyg clean oxygen filters (I) 2 of 3 residents revie  The findings included  1. Resident #11 was 01/23/23 with diagnor to tracheostomy, acu hypoxia, disorder of co Review of a physician Tracheostomy size 8  The significant chang dated 01/28/23 reveal cognition was not ass have a tracheostomy reference period.  An observation of Re on 04/18/23 at 10:09	ASTORNECTION  ASTORNECTION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 63 needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.  This REQUIREMENT is not met as evidenced by:  Based on observations, record review, and staff interviews the facility failed to keep emergency tracheostomy (surgically created airway in the front of neck) supplies needed for an unplanned extubation (removal of airway tube) or emergency supplies for mechanical ventilation (ambu bag) at bedside and easily accessible for immediate use in an emergency (Resident #11). The facility also failed to change oxygen tubing as ordered and clean oxygen filters (Resident #10). This affected 2 of 3 residents reviewed for respiratory services.  The findings included:  1. Resident #11 was readmitted to the facility on 01/23/23 with diagnoses that included: attention to tracheostomy, acute respiratory failure with hypoxia, disorder of diaphragm, and others.  Review of a physician order dated 01/23/23 read: Tracheostomy size 8 cuffless  The significant change Minimum Data Set (MDS) dated 01/28/23 revealed that Resident #11's cognition was not assessed. He was noted to have a tracheostomy during the assessment	ROVIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 63  reeds respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.  This REQUIREMENT is not met as evidenced by:  Based on observations, record review, and staff interviews the facility failed to keep emergency tracheostomy (surgically created airway in the front of neck) supplies needed for an unplanned extubation (removal of airway tube) or emergency supplies for mechanical ventilation (ambu bag) at bedside and easily accessible for immediate use in an emergency (Resident #11). The facility also failed to change oxygen tubing as ordered and clean oxygen filters (Resident #10). This affected 2 of 3 residents reviewed for respiratory services.  The findings included:  1. Resident #11 was readmitted to the facility on 01/23/23 with diagnoses that included: attention to tracheostomy, acute respiratory failure with hypoxia, disorder of diaphragm, and others.  Review of a physician order dated 01/23/23 read: Tracheostomy size 8 cuffless  The significant change Minimum Data Set (MDS) dated 01/28/23 revealed that Resident #11's cognition was not assessed. He was noted to have a tracheostomy during the assessment reference period.  An observation of Resident #11's room was made on 04/18/23 at 10:09 AM. Resident #11 was	A SULDING  345133  ROWDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)  Continued From page 63  needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:  Based on observations, record review, and staff interviews the facility failed to keep emergency tracheostomy (surgically created airway in the front of neck) supplies needed for an unplanned extubation (removal of airway tube) or emergency supplies for mechanical ventilation (ambu bag) at bedside and easily accessible for immediate use in an emergency (Resident #11). The facility also failed to change oxygen tubing as ordered and clean oxygen filters (Resident #10). This affected 2 of 3 residents reviewed for respiratory failure with hypoxia, disorder of diaphragm, and others.  The findings included:  1. Resident #11 was readmitted to the facility on 01/23/23 with diagnoses that included: attention to tracheostomy, acute respiratory failure with hypoxia, disorder of diaphragm, and others.  Review of a physician order dated 01/23/23 read: Tracheostomy size 8 cuffless  The significant change Minimum Data Set (MDS) dated 01/28/23 revealed that Resident #111's cognition was not assessed. He was noted to have a tracheostomy during the assessment reference period.  A boservation of Resident #11's room was made on 04/18/23 at 10.09 AM. Resident #111 was

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION		ATE SURVEY DMPLETED
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		345133	B. WING _			04/27/2023
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE		
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION		1000 COLLEGE STREET		
NIDOL VA	ELLI GENTERT GRAG	NOING AND NEILABLEITATION		WILKESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 695	oxygen at four liters it tracheostomy collar. noted at Resident #1 nightstand that was r inspection of Resider noted that there were tracheostomies for si tracheostomy, and 8 was no spare tracheo. Resident #11's room.  Nurse #10 was interved the management of the management was interved to the management of the manag	racheostomy in place with being delivered via There was no ambu bag 1's bedside or in his next to his bed. Upon closer at #11's nightstand it was a several spare ze 6 tracheostomy, size 7 5 size tracheostomy. There betomy size 8 noted in riewed on 04/19/23 at 2:30 neat she was working at the ency and was taking care of #10 was unaware of what resident #11 had and was not not supplies were kept at she worked at the facility and was not there that know that information.  The sident #11's room was made PM along with Nurse Aide #11's nightstand there was rements for size 6, 7, and 8.5 stomies were found. There annulas found for size 6 and ambu bag noted in Resident  DON) #2 was interviewed via the 11:18 AM who confirmed had a tracheostomy should	F	educated nursing staff on comple scheduled rounds to monitor oxyg filters.  The Administrator or designees were residents on oxygen during room times a week for 4 weeks, then 3 week for 4 weeks, then 2 times at for 4 weeks to ensure tubing is chas ordered and filters are clean. Director of Nursing or designee were residents with tracheostomies for emergency supplies at the bedsic for three months.  The Administrator or designee will these audits to the Quality Assurace Committee meeting monthly for 3 consecutive months. The Quality Assurance Committee will evaluate effectiveness of the above plan at make additional interventions and recommendations based on the attention of the sensure continued compliance.  Date of compliance: 5/21/23	gen  ill audit rounds 5 times a week langed The ill audit 3 le weekly I bring ince  te the nd will	
	-	ewed on 04/26/23 at 10:16				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345133	B. WING		04/27	7/2023
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697	1 0-12	72020
(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 SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 695	Continued From pag AM who confirmed th	e 65 nat all residents who had a	F 69	5		
	ambu bag, and a spa	have a suction machine, an are tracheostomy of the de and easily accessible by nergency.				
		readmitted to the facility on ses that included chronic y disease.				
	(MDS) assessment o	erly Minimum Data Set lated 02/04/23 revealed the vely intact and received				
	A review of Resident revealed:	#10's physician orders dated				
	tubing and set up we	3/22 for oxygen at 2 liters				
	A review Resident #' Administration Recorrevealed the oxygen changed on Wednes	d (MAR) for 04/2023 tubing and set up was				
	interview were made lying in bed with oxyg cannula by the bedsi of 2 liters per minute dated 04/09/23 with on the oxygen conce accumulation. Reside did not know when the	of AM an observation and of Resident #10 who was gen being delivered via nasal de concentrator at a setting. The oxygen tubing was no initials and the black filters intrator were gray with dust ent #10 explained that she is last time the oxygen tubing in the filters were cleaned.				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRU		` '	X3) DATE SURVEY COMPLETED			
		345133	B. WING _				C <b>27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697	DE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BI E APPROPRIA		(X5) COMPLETION DATE
F 695	On 04/19/23 at 12:15 made of Resident #1 revealed the filters recondition. Resident # at dialysis.  An interview was cor 04/19/23 at 2:33 PM on Wednesday night she did not remember oxygen tubing or clear An observation was 04/19/23 at 5:00 PM oxygen tubing dated filters remained with On 04/19/22 at 5:15 Nurse #6 who was well day explained that R at 2 liters per minute continued to explain setting should be cheoxygen tubing and so week on Wednesday stated the oxygen filt the tubing was changererred to Resident stated the oxygen tubing was don the oxygen concern Nurse #6 stated the gray and indicated the filters had not been of At 5:30 PM on 04/19	o's oxygen concentrator emained in the same #10 was not in the room but oducted with Nurse #5 on who was scheduled to work 04/12/23. The Nurse stated er changing Resident #10's eaning the oxygen filters.  The Resident wore the 04/09/23 and the oxygen the dirty gray filters.  PM during an interview with orking with Resident #10 that esident #10 required oxygen via nasal cannula. She that the correct oxygen ecked once a shift and the est up was changed once a by the night shift. The Nurse ers should be cleaned when ged as well. The Nurse 10's 04/2023 MAR and bing and set up was changed 2/23. The Nurse went to and observed that the ated 04/09/23 and the filters intrator were dusty gray. Filters should be black not be filters looked as if the changed in a while.	F6	995			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
		345133	B. WING _			C 04/27/2023
	ROVIDER OR SUPPLIER	IRSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 1000 COLLEGE STREET WILKESBORO, NC 28697	E	0-1/21/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO  (EACH CORRECTIVE ACTION  CROSS-REFERENCED TO THE  DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 695	Continued From pag	ue 67	F	695		
		ncentrators should be I at the same time as the				
	Medication Aide (MA was only filling in for functioned as the Me was on her vacation oxygen tubing and s Medical Supply Cler about 1.5 weeks bed with other duties. The changing Resident # weeks ago but did n  An interview was con Nursing (DON) #1 or stated it should be the on the hall once a weeks on the Market in the state in the market in the marke	PM during an interview with (a) #2 he explained that he the Scheduler who also edical Supply Clerk while she. The MA stated changing the et up was a duty of the k, but he had not done it in cause he had been too busy e MA stated he remembered et 10's oxygen set up about 2 ot clean the oxygen filters.  Inducted with Director of the not 104/26/23 at 10:25 AM who he responsibility of the nurse eek on Wednesday to en tubing and clean the				
F 745 SS=D	conducted with Adm that she understood with the facility's cur oxygen compliance needed to change.	PM an interview was inistrator #2 who indicated that there was a problem rent system on maintaining and the current system  Iy Related Social Service	F	745		5/21/23
	maintain the highest and psychosocial we	ity must provide cial services to attain or practicable physical, mental ell-being of each resident. T is not met as evidenced				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345133	B. WING				C
NAME OF D	DOVIDED OD CUDDUED	343133	B. WING_		TREET ADDRESS CITY STATE ZID CODE	04/	27/2023
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
RIDGE VA	LLEY CENTER FOR NUI	RSING AND REHABILITATION			00 COLLEGE STREET		
				W	ILKESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 745	Continued From page	e 68	F 7	745			
F 745	Based on record revifamily interviews the stransportation to a fol (hematologist) for 1 or reviewed for medicall. The finding included:  Resident #6 was read 01/15/23 with diagnost thrombocytopenia (a thoracic aortic aneuris.  A review of Resident Hematology/Oncolog provided by the facilit Thrombocytopenia, 2 Follow up in one mon. A review of Resident from the Hematology/01/26/23 provided by revealed: Next appoint PM for lab work and p. A review of Resident revealed an order dat Services. There was discontinue outside m. On 04/18/23 at 11:40 conducted with the Tralso arranged transported rappointments for the that she transported rappointments as well.	lew, staff, Hospice, and facility failed to arrange low up medical appointment if 3 residents (Resident #6) y related social services.  Idmitted to the facility on ses that included low platelet level) and sm.  #6's Progress Notes from a y office visit dated 01/26/23 y revealed: 1.  Low Fibrinogen and 3. ith.  #6's After Visit Summary //Oncology office visit dated the family member interest February 27th at 3:00 patient visit.  #6's physician orders are doz/14/23 for Hospice in order for Resident #6 to medical appointments.  AM an interview was cansportation Aide (TA) who portation to medical residents. The TA explained residents to their as using an outside	F 7	745	Resident #6 appointment expired in the facility 3/3/23.  All residents have the potential to be affected by the same deficient practice regarding appointment confirmation and transportation. The Social Worker and Transportation Director completed an audit looking back 30 days to ensure medically necessary appointments were attended as scheduled. This audit was completed by 5/19/23.  The Administrator provided education to the Transportation Director on scheduling and ensuring resident appointment need are met. Education was completed by 5/19/23. New transportation driver will be educated upon hire.  The Administrator or designee will audit residents a week for 4 weeks, then 5 residents a week for 4 weeks, and there residents a week for 4 weeks to confirm appointments are confirmed and transportation provided.  The Administrator or designee will bring these audits to the Quality Assurance Committee meeting monthly for 3 consecutive months. The Quality Assurance Committee will evaluate the effectiveness of the above plan and will make additional interventions and recommendations based on the audits ensure continued compliance.  Date of Compliance: 5/21/23	d I Te S To Ting Ting Ting Ting Ting Ting Ting Ting	
	transportation service appointments were de continued to explain t	ouble booked. The TA					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION		` '	ATE SURVEY DMPLETED	
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F 745	o1/26/23 medical as follow up appointm 3:00 PM. The TA sonotified her of the asoffice called her to because when the Resident #6 had reservices and knew Hospice, they norrappointments and that she asked the about the situation Resident #6 to the because the Resident #6 to the because the Resident sold and An interview was a residents a lot and An interview was a residents a lot and An interview was the Resident of Resident (POA). The POA entat the Resident of hematology appoin letter in the mail from the missed as the appointment where of the missed as the appointment where of the missed as the appointment where in the mail from the missed as the appointment where in the missed as the appointment where in the missed as the appointment where in the missed as the appointment where is the appointment was never a outside medical appointment and appointment was never a outside medical appointment and and appointment where was never a outside medical appointment.	rice took Resident #6 to her appointment and there was a sent scheduled for 02/27/23 at tated someone must have appointment or the doctor's confirm the appointment y did, she remembered that exently changed to Hospice or that when the residents went nally stopped all their doctor's lab work. The TA explained former Director of Nursing #2, and she was told not to take scheduled appointment lent was under Hospice stated she did not cancel the appointment for February 27th on the road all day transporting must have forgot.  Sonducted with the family and #6 on 04/18/23 at 7:35 PM dent #6's Power of Attorney explained that she was unaware did not go to the scheduled attent until she received a som the doctor's office notifying appointment and she confirmed as missed through another the POA continued to explain egan Hospice Services on a diagnosis of a thoracic aorta	F7	745				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING		\ , ,	X3) DATE SURVEY COMPLETED		
		345133	B. WING			C 04/27/2023
	ROVIDER OR SUPPLIER	URSING AND REHABILITATION	•	STREET ADDRESS, CITY, STATE, ZIP O 1000 COLLEGE STREET WILKESBORO, NC 28697	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 745	Resident #6 began for a thoracic aortic explain that cancell appointments was a Resident's family at there was no decisi medical appointments he was not aware her scheduled med fact and it was broukesident's family must be was not aware her scheduled med fact and it was broukesident's family must be was not aware her scheduled med fact and it was broukesident's family must be resident's family must be resident's family must be resident with Unit explained that the Tarranging transport appointments for the transporting the resident was an or by an outsid UM stated she did a follow up appoint to During an interview (DON) #2 on 04/21, that normally when Hospice Services, the proposition of the DON continued remembered that the under Hospice Services was would speak we situation, but the DO it so Resident #6 mappointment.	11:20 AM who explained that Hospice Services on 02/14/23 aneurism. She continued to ing further medical a decision made by the nd in reference to Resident #6 on made to cancel outside hts. The Hospice Nurse stated that Resident #6 did not go to ical appointment until after the ight to her attention by the ember.  5 PM an interview was at Manager (UM) #2 who have responsible for ation for medical the residents by either idents herself with the facility the transportation company. The not recall that Resident #6 had ment made for February 27th.  with Director of Nursing 1/23 at 3:05 PM she explained a resident went under hey discontinued all lab work attents outside the facility. If to explain that she had asked her about cal appointment and the Resident recently went wices, and she told the TA that with Hospice about the ON never got around to doing	F	745		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 745	Continued From page conducted with Direct explained that the fact paperwork from the reappointments and it is responsibility of the hitransportation to obtat their medical appointments cheduling appointments have been a discussifamily about whether medical appointments physician's order shot that everyone unders indicated what should Resident #6 not being appointment.  Residents are Free of CFR(s): 483.45(f)(2)  The facility must ensure \$483.45(f)(2) Resident medication errors.  This REQUIREMENT by:  Based on record reviand the Nurse Practitic prevent a significant in Narcan (reversal age was not administered who had a known his	tor of Nursing (DON) #1 who cility had problems receiving esidents' medical needed to be the all nurse, unit manager or in the progress notes from ments and follow up with ents according to the order. To explain that there should on with Hospice and the Resident #6's outside is should be continued and a suld have been written so tood the situation. The DON of not have happened was go taken to her medical if Significant Med Errors  The transfer of any significant is not met as evidenced siew, and interviews with staff ioner the facility failed to medication error when the used in case of overdose) as prescribed for a resident tory of substance abuse that	F 74	Resident #3 has expired. All current residents that have a drug abuse have the potential to affected. A list was made by the Nursing Officer of the residents history of polysubstance abuse.	history of o be Chief who had a The list	5/21/23
	The Nurse Practitione needed for overdose Resident #3 was four on 8/14/22, Cardiopu (CPR) was initiated b	on 7/20/22 for Resident #3. nd unresponsive in his room Imonary Resuscitation		was placed on the nurse carts a in the narc book. The Director o will be responsible for updating with new admissions that have a polysubstance abuse. On 04/22/23, the Director of Nur Chief Nursing Officer educated	f Nursing the list a history of rsing and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I` ′		CONSTRUCTION	(X3) DATE COMP					
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		345133	B. WING _			1	_				
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE						
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RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION		W	VILKESBORO, NC 28697						
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)				
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE				
F 760	Continued From page	e 72	F7	760							
	unable to be revived.	Nursing Assistant (NA) #11,			nurses and medication aides on the						
		eeper #1 had observed a			administration of NARCAN in the even	a					
		tance on the tray table in			resident with known history of						
	Resident #3's room.	The facility also failed to			polysubstance abuse should be found						
	notify Emergency Me	edical Services (EMS) that			unconscious and that residents with						
		nt #3's cardiac arrest on			history of polysubstance abuse had						
		a history of drug abuse nor			physician order for NARCAN. Education	n					
		e powdery substance found			also included signs and symptoms of						
	next to him. This affe				overdose and nursing communication						
		n cardiac arrest (Resident			shift to shift on residents with history of		C 04/27/2023				
	#3) Resident #3 expi	red in the facility on			polysubstance abuse and presence of						
	08/14/22.				of residents with history of polysubstan						
		00/44/00			abuse being located in the narc book o						
		began on 08/14/22 when			the cart for ease of access. Furthermore						
		nd unresponsive in his room			education included notifying EMS upor their arrival of the substance abuse his						
		substance on his bedside staff failed to administer an			and the administration of Narcan. The	tory					
	_	can for a suspected drug			Director of Nursing will ensure no licen	boa					
		e jeopardy was removed on			nurses or medication aides will work	scu					
		acility provided an acceptable			without receiving this education. Any n	ew.					
	credible allegation of	* *			hires including agency will receive	···					
		will remain out of compliance			education prior to the beginning of their	-					
		everity D (no actual harm			next shift.						
	with more than minim	• `			The Director of Nursing or designee wi	I I					
	immediate jeopardy)	to ensure monitoring			audit the list in the narcotic book of						
	systems are in place	and the completion of staff			residents with a known history of						
	education.				polysubstance abuse to ensure it is						
					current five times a week for four week	s,					
	The findings included	d:			three times a week for four weeks and						
					two times a week for four weeks.						
		nitted to the facility on			The Director of Nursing or designee wi	II					
	_	ses that included cocaine			bring these audits to the Quality						
		tive heart failure, and			Assurance Committee meeting monthly						
	chronic respiratory fa	allure.			for 3 consecutive months. The Quality						
	Desident #01 '	why Mainimenum Date Oct (MADO)			Assurance Committee will evaluate the						
		rly Minimum Data Set (MDS)			effectiveness of the above plan and wil	I					
		6/17/22 revealed he was			make additional interventions and	+-					
		n no psychosis, behaviors, or sident #33 was coded with			recommendations based on the audits ensure continued compliance.	ເບ					
	rrelection of care. Res	SIGELL #35 WAS CODED WILL	1		- ensure commuea compliance						

CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	345133	B. WING _			C <b>04/27/2023</b>		
ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 0-1/	2172020	
			100	0 COLLEGE STREET			
LLEY CENTER FOR NUI	RSING AND REHABILITATION		WIL	KESBORO, NC 28697			
SUMMARY STATEMENT OF DEFICIENCIES ( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL		CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE	
Continued From page	e 73	F 7	760				
7 days during the loo	kback period. The MDS			Date of Compliance: 5/21/23			
revealed the following Oxycodone (opioid page 20 milligrams (mg) - 0 every 6 hours as nee oxycodone and the page medication in front of date was 06/16/22 - 1 in case of overdose] 4 mg in nostril every overdose. The order's Resident #3's care plane revealed the following exhibits or has the powerbal/physical behaving dependence and anxia pills/medications, missing the proversion of the proversion of the following exhibits or has the powerbal/physical behaving the proversion of the following exhibits or has the powerbal/physical behaving the following exhibits or has the powerbal physical behaviors.	g physician orders: - ain medication) HCl Tablet Give one table by mouth ded for pain. Crush atient is to take the the nurse. The order's start Varcan [reversal agent used liquid 4mg/0.1 milliliter (ml) - 6 hours as needed for s start date was 07/20/22.  an last updated on 07/29/22 g information: - Resident #3 otential to exhibit viors related to opioid iety; history of snorting suse of oxygen. Interventions						
ensure medications a prior to leaving resident #3 does on to impaired mobility. It of chronic pain and on has pain medication in pain clinic." Intervention Narcan 1 milliliter by opioid overdose. Repemergency medical such as the prior of t	omplain of pain at times due Resident #3 has a diagnosis pioid dependence. Resident in place and is followed by ions included "Per MD order nasal route as needed for neat every 2 minutes until services arrive."						
	Continued From page having frequent pain 7 days during the loo revealed Resident #3 he was 62 years old.  Review of Resident # revealed the following Oxycodone (opioid page 20 milligrams (mg) - 0 every 6 hours as nee oxycodone and the page medication in front of date was 06/16/22 - 1 in case of overdose] 4 mg in nostril every overdose. The order's Resident #3's care play revealed the following exhibits or has the powerbal/physical behave dependence and anximal pills/medications, missincluded monitoring resure medications aprior to leaving resident #3 does conto impaired mobility. In the contonic pain and on the pain medication in pain clinic." Intervention Narcan 1 milliliter by opioid overdose. Repemergency medical services with the 12:12 PM revealed the 12:12 PM revealed the summary of the province with the 12:12 PM revealed the summary of the province with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following emergency medical services with the 12:12 PM revealed the following exhibits or the following	ROVIDER OR SUPPLIER  SLLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 73 having frequent pain and he received opioids 7 of 7 days during the lookback period. The MDS revealed Resident #3 was born in 1960 indicating he was 62 years old.  Review of Resident #3's physician orders revealed the following physician orders: - Oxycodone (opioid pain medication) HCI Tablet 20 milligrams (mg) - Give one table by mouth every 6 hours as needed for pain. Crush oxycodone and the patient is to take the medication in front of the nurse. The order's start date was 06/16/22 - Narcan [reversal agent used in case of overdose] liquid 4mg/0.1 milliliter (ml) - 4 mg in nostril every 6 hours as needed for overdose. The order's start date was 07/20/22.  Resident #3's care plan last updated on 07/29/22 revealed the following information: - Resident #3 exhibits or has the potential to exhibit verbal/physical behaviors related to opioid dependence and anxiety; history of snorting pills/medications, misuse of oxygen. Interventions included monitoring medication administration to ensure medications are taken and swallowed prior to leaving resident.  - Resident #3 does complain of pain at times due to impaired mobility. Resident #3 has a diagnosis of chronic pain and opioid dependence. Resident has pain medication in place and is followed by pain clinic." Interventions included "Per MD order Narcan 1 milliliter by nasal route as needed for opioid overdose. Repeat every 2 minutes until emergency medical services arrive."  An interview with the Pharmacist on 04/21/23 at 12:12 PM revealed they received the physician	ROVIDER OR SUPPLIER  ***LLEY CENTER FOR NURSING AND REHABILITATION**  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 73  having frequent pain and he received opioids 7 of 7 days during the lookback period. The MDS revealed Resident #3 was born in 1960 indicating he was 62 years old.  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Resident #3 has a diagnosis of chronic pain and opioid dependence. Resident has pain medication in place and is followed by pain clinic." Interventions included "Per MD order Narcan 1 milliliter by nasal route as needed for opioid overdose. Repeat every 2 minutes until emergency medical services arrive."  An interview with the Pharmacist on 04/21/23 at 12:12 PM revealed they received the physician	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 73 having frequent pain and he received opioids 7 of 7 days during the lookback period. The MDS revealed Resident #3 was born in 1960 indicating he was 62 years old.  Review of Resident #3's physician orders revealed the following physician orders: - Oxycodone (opioid pain medication) HCI Tablet 20 milligrams (mg) - Give one table by mouth every 6 hours as needed for pain. Crush oxycodone and the patient is to take the medication in front of the nurse. The order's start date was 06/16/22 - Narcan [reversal agent used in case of overdose] liquid 4mg/0.1 milliliter (ml) - 4 mg in nostril every 6 hours as needed for overdose. The order's start date was 07/20/22.  Resident #3's care plan last updated on 07/29/22 revealed the following information: - Resident #3 exhibits or has the potential to exhibit verbal/physical behaviors related to opioid dependence and anxiety; history of snorting pills/imedications, misuse of oxygen. Interventions included monitoring medication administration to ensure medications are taken and swallowed prior to leaving resident.  - Resident #3 does complain of pain at times due to impaired mobility. Resident #3 has a diagnosis of chronic pain and opioid dependence. Resident has pain medication in place and is followed by pain clinic." Interventions included "Per MD order Narcan 1 milliliter by nasal route as needed for opioid overdose. Repeat every 2 minutes until emergency medical services arrive."  An interview with the Pharmacist on 04/21/23 at	ROVIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFY/MS INFORMATION)  Continued From page 73  having frequent pain and he received opicids 7 of 7 days during the lookback period. The MDS revealed Resident #3 was born in 1960 indicating he was 62 years old.  Review of Resident #3's physician orders revealed the following physician orders: - Oxycodone (opicid pain medication) HCI Tablet 20 milligrams (mg) - Give one table by mouth every 6 hours as needed for pain. Crush oxycodone and the patient is to take the medication in front of the nurse. The order's start date was 07/20/22.  Resident #3's care plan last updated on 07/29/22 revealed the following information: - Resident #3 exhibits or has the potential to exhibit verbal/physical behaviors related to opicid dependence and anxiety; history of snorting pills/medications, misuse of oxygen. Interventions included monitoring medication administration to ensure medications are taken and swallowed prior to leaving resident.  - Resident #3' does complain of pain at times due to impaired mobility. Resident #3 has a diagnosis of chronic pain and opicid dependence. Resident has pain medication in place and is followed by pain clinic.' Interventions included "Per MD order Narcan't millitler by nasal route as needed for opicid overdose. Repeat every 2 minutes until emergency medical services arrive."	ROVIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 73  having frequent pain and he received opioids 7 of 7 days during the lookback period. The MDS  revealed Resident #3's physician orders revealed the following physician orders:  - Oxycodone (opioid pain medication) HCI Tablet  20 milligrams (mg) - Give one table by mouth every 6 hours as needed for pain. Crush oxycodone and the patient is to take the medication in front of the nurse. The order's start date was 06/16/22 - Narcan [reversal agent used in case of overdose] liquid 4mg/01. milliter (ml) - 4 mg in nostril every 6 hours as needed for overdose. The order's start date was 07/20/22.  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F 760	Continued From page		F	760				
	She reported the Nar	I and delivered on 07/21/22. can they sent would have me on it along with the						
	the order for Narcan tevent of an overdose	#3's medication from August 2022 revealed to be administered in the . No dose of Narcan was ng been given on 08/14/22.						
	notes revealed a note the following: "Behav [Nurse Practitioner] rebe discharged from the documented reports fabuse, and noncomp patient puts the facilit were to overdose. I h [Milligrams] nasal even overdose. I have exp [Former] Director of N	#3's physician progress e from 08/03/22 that included ioral concerns - this NP ecommends that the patient his facility for numerous from the staff of overdose, liance. I believe that the y at risk for liability if he ave added Narcan 4mg ery 6 hours as needed for ressed by concerns with the Jursing, Administration, and e note was electronically						
	9:01 AM with Nurse F she was no longer wo reported Resident #3 narcotic pain medical oxygen up on his por until he would pass o concerned about Res narcotics because sh members that he poo	e heard from unknown staff keted the medications and orted them. She reported e August of 2022 she						

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NAME OF PROVIDER OR SUPPLIER  RIDGE VALLEY CENTER FOR NURSING AND REHABILITATION  STREET ADDRESS, CITY, STATE, ZIP CODE  1000 COLLEGE STREET  WILKESBORO, NC 28697	1/2020	
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medications and referred him to a pain clinic for monitoring. The pain clinic ordered oxycodone. She reported Resident #3s narcotic pain medication was to be crushed and Resident #3 observed until it was fully taken in applesauce or another medium. She reported she received information from a staff member whom she could no longer remember, who informed her there was a picture of Resident #3 cutting a white powdery substance on his tray table in the facility that was turned into administration. She explained this was when she prescribed Resident #3 Narcan (7/20/22) to be given in the event of an accidental overdose.  The Medication Administration Record (MAR) for August 2022 revealed oxycodone was administered to Resident #33 on 08/14/22 at 2:16 AM by Medication Aide (MA) #3.  An interview with Medication Aide #3 (MA) on 04/20/23 at 3:14 PM revealed she was assigned on the medication cart and was responsible for providing Resident #3 with his medication from 7:00 PM on 08/13/22 until 7:00 AM on 08/14/22. She stated she last gave him his narcotic pain medication at 2:16 AM on 08/14/22 and found him unresponsive around 5:30 AM. She could not recall with certainty if she crushed his oxycodone when she last administered the medication. She went onto say that she would have administered them as it was ordered on the MAR. MA #3 stated she had worked with Resident #3 a few times previously and she remembered reading in his chart that he had some drug seeking behaviors. She revealed when she worked with him, he came up to her medication cart before he was due to receive his narcotic pain medication and waited there until it was time for it to be		

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F 760	Continued From page	e 76	F 7	760			
	not have a physician she would have made reported she did not I that it would have beer resident to have a physician to have a physician to have a physician to have a physician to have a with Resider never saw anyone adpersonnel when they a history of drug abus she had not received how to administer Na how to identify a resident of the following ambulation areaemergency menotified by staff while nurse performed care resident room. EMS at the total control of the following ambulation areaemergency menotified by staff while nurse performed care resident room. EMS at the following ambulation area in the following a	this nurse and additional liopulmonary resuscitation in					
	04/20/23 at 3:44 PM, to calls for help from Resident #3's room a still warm but with no stated he immediately began chest compres Resident #3 was not did not know anything medical history includoverdoses. He stated suspect a drug overd	with Nurse #13 via phone on he reported he responded MA #3. He stated he went to nd found him on the floor, pulse or respiration. He y called a code blue and ssions. Nurse #13 stated on his assignment, and he g about Resident #3's ling past drug abuse or he had no reason to ose and stated that Narcan by him. He reported he was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	, ,	) DATE SURVEY COMPLETED		
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F 760	that hall but stated h Resident #3's medic  A review of the EMS 6:25 AM revealed the began CPR on an ur report, the respondir informed of a potenti they arrived or at any emergency assistant  An interview with NA 12:05 PM via telephor assigned to Residen She stated MA #3 we to give him his medic found him unrespons screamed for assistate went running. She st room, she noticed a Resident #3's tray ta  Interview with NA #1 12:35 PM revealed s 8/14/22 Resident #3 when MA #3 called four esponsive. She s room, she noticed a his side table.  An interview with Ho 3:33 PM via telephor Resident #3's room of white, powdery subs reported she did not history or if he had a She reported she on	the Medication Aide #3 on e had no knowledge of al history or care needs.  run report from 08/14/22 at ey arrived at the facility and presponsive resident. Per the end EMS personnel were not all overdose situation when by time while they provided be to Resident #3.  #11 (agency) on 04/20/23 at one, she reported she was the #3 on 8/14/22 on 3rd shift. Each into Resident #3's room beations around 5:00 AM and sive. She reported MA #3 ance and she and NA #12 that when she got to the white, powdery substance on	F 7	60				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 760	During an interview will 3:28 PM she reported died due to an overdiseeing him snort and substance on more that stated each time she snorting a white substance on the time she and the nurse white, powdery substance on the time she and the nurse white, powdery substance on the time she and the nurse white, powdery substance she sident #3 stated it denied snorting it. She two separate reports observed and slid the door. NA #7 stated slid dates she completed she slid them undern She reported to her ket to prevent Resident # powdery substance.  Administrator #1 was PM to locate the writt regarding Resident # crushing and snorting reported on 04/20/23 unable to locate them  An interview with Resident #3 stated it them to state	on on why EMS asked her to stray table.  with NA #7 on 04/19/23 at d she believed Resident #3 ose due to her experience of unidentified powdery han one occasion. NA #7 observed Resident #3 tance, she stopped him and hall. She reported by the se returned to the room, the ance was gone, and was baby powder and e reported she also wrote regarding what she em under Administrator #3's he could not remember the the reports but was certain eath Administrator #3's door. Inowledge, nothing was done #3 from snorting a white,  asked on 04/19/23 at 4:30 en statements from NA #7 3's observed behaviors of g his medications but she at 10:00 AM she was head of the washed on the was	F	760				
	pictures and video he	#1. He stated he even sent had taken on his cell phone onal cell phones. Resident						

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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F 760	someone from the fa cocaine or opioids ar Resident #3. He state numerous times pull his tray table, and sn On 04/21/23 at 12:18 video recorded by Re They showed Reside wheelchair, in his roo back to the door. Resignen t-shirt and had hand pressing the ed powdery substance to beside his bed.  An interview with the at 12:01 PM via telep well known that Reside his bed.  An interview and comedications and snow she had received a punable to recall the doroommate, Resident #3 using a credit care substance on his tray facility. She reported to Director of Nursing Corporate Staff mem was unable to recall the docorporate Staff mem reported she heard in Nursing #3 or the Corporate To Corporate Staff mem reported she heard in Nursing #3 or the Corporate Staff mem reported she heard in Nursing #4 or the Corporate Staff mem reported she heard in Nursing #4 or the Corporate Staff mem reported she heard in N	ereported he felt that cility was bringing in either and providing them to ed he watched Resident #3 out pills, chop them up on ort them.  PM the photograph and esident #13 was reviewed. In the sident #13 was reviewed. In the sident #3 was wearing a lime a bank debit card in his ge down onto a white, hat was on his tray table  Wound Nurse on 04/21/23 shone revealed it was very dent #3 had a substance rushed his opioid red them. She also reported shotograph and a short video, ate, from Resident #3's #13, that showed Resident to "cut" a white, powdery table in his room at the she immediately sent them 1 #3 and provided them to a ber who was a female. She also wrote a statement, ate, and provided it to the ber. The Wound Nurse othing back from Director of rporate Staff member about bund Nurse reported she felt	F	760			

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remembered Reside history of abusing hand snorting them. Stormer roommate, Finer in her office son date, and told her Rimedications under historing them. She director of Nursing simmediately after be "blown off". She stated and no one did anytowere no additional in increase supervision being discussed "we" was always not take.  An interview was attention of abusing discussed and the supervision being discussed "we" and the supervision being discussed "we have a supervision being di	ent #3 and that he had a is medications by crushing She reported Resident #3's Resident #13, had approached ne time, unable to recall the resident #3 was storing his tongue then crushing and stated she brought it up to resident #3 and Administrator #3 reing informed, but it was red, "everyone knew about it, hing". She reported there renterventions put into place to and despite his behaviors reekly" at morning meeting; it ren seriously".				
An interview was att by telephone and w. An interview with Di 04/26/23 at 10:26 A not working in the faincident, if there was situation with a residuation with a res	tempted with Administrator #3 as unsuccessful.  rector of Nursing (DON) #1 on M, revealed although she was acility at the time of the s a suspected overdose dent with a known substance ad a physician order for ed her staff to administer the She also reported she ation aides and the hall ch residents were at risk for hister Narcan as ordered. She expected her medication aides				
	CONTINUED ROUTER SUMMARY S (EACH DEFICIEN REGULATORY OF SUMMARY S) (Interview with the foundation of summary s) (Interview of abusing hand snorting them. She defined she start and no one did anythold were no additional increase supervision being discussed "we" was always not take the summary so summary s) (Interview was att by telephone and we should be shown to situation with a residuation with	TIDENTIFICATION NUMBER:  345133  ROVIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ROVIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 80  Interview with the former Social Worker #1 via telephone on 04/21/23 at 3:15 PM revealed she remembered Resident #3 and that he had a history of abusing his medications by crushing and snorting them. She reported Resident #3's former roommate, Resident #13, had approached her in her office some time, unable to recall the date, and told her Resident #3 was storing medications under his tongue then crushing and snorting them. She stated she brought it up to Director of Nursing #3 and Administrator #3 immediately after being informed, but it was "blown off". She stated, "everyone knew about it, and no one did anything". She reported there were no additional interventions put into place to increase supervision and despite his behaviors being discussed "weekly" at morning meeting; it "was always not taken seriously".  An interview was attempted with Director of Nursing #3 and was unsuccessful.  An interview with Director of Nursing (DON) #1 on 04/26/23 at 10:26 AM, revealed although she was not working in the facility at the time of the incident, if there was a suspected overdose situation with a resident with a known substance abuse issue, who had a physician order for Narcan, she expected her staff to administer the Narcan as ordered. She also reported she expected the medication aides and the hall nurses to know which residents were at risk for overdose and administer Narcan as ordered. She reported she also expected her medication aides and hall nurses to be educated on how to	ROWIDER OR SUPPLIER  LLEY CENTER FOR NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 80 Interview with the former Social Worker #1 via telephone on 04/21/23 at 3:15 PM revealed she remembered Resident #3 and that he had a history of abusing his medications by crushing and snorting them. She reported Resident #3 and paper and snorting them. She stated she brought it up to Director of Nursing #3 and Administrator #3 immediately after being informed, but it was "blown off". She stated, "everyone knew about it, and no one did anything". She reported there were no additional interventions put into place to increase supervision and despite his behaviors being discussed "weekly" at morning meeting; it "was always not taken seriously".  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She reported she expected the medication aides and the hall nurses to know which residents were at risk for overdose and administer barcan as ordered. She reported she expected the r staff to admi	A BUILDING  346133  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1000 COLLEGE STREET  WILKESBORO, NO. 23697  SUMMARY STATEMENT OF DEFICIENCIES  CONTINUED FROM DEFINITY OF LIST OF THE ADDRESS, CITY, STATE, ZIP CODE  1000 COLLEGE STREET  WILKESBORO, NO. 23697  PROVIDER'S PLAN OF CORRECTION  FROM DEFISION OF CORRECTION  PREFIX TAG  CAROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  F 760  Continued From page 80  Interview with the former Social Worker #1 via telephone on 04/21/23 at 3:15 PM revealed she remembered Resident #3 and that he had a history of abusing his medications by crushing and snorting them. 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F 760	resident in distres  During a follow up Practitioner (NP): 4:00 PM, she stat of drug abuse, alc abuses of his opic to the facility she administered "not overdosed." She i medication cart ai to Resident #3. Si facility to administ significant medicat been given, more Resident #3's life. #3 a dose of Narc cardiac arrest of r have had no signi reported when Na have shown up di opioid prescription medication, she w using.  Administrator #2 v jeopardy on 07/21  The facility provid allegation of immedication of immedication of immedication of the nonce Resident #3 was in medication error.	drug abuse history of the s immediately upon their arrival.  In interview with Nurse #2 via phone on 04/20/23 at ed due to Resident #3's history ong "with continued observed old medications while admitted prescribed Narcan to be if but when" Resident #3 reported the Narcan was on the end should have been dedicated the stated the failure of the er the ordered Narcan was a ation error and reported if it had than likely, could have saved She reported giving Resident an if he was having a genuine espiratory failure situation would ficant adverse effect. She arcan was ordered, it should rectly under Resident #3's in because that was the vas worried he would overdose was notified of the immediate /22 at 4:33 PM.  Bed the following credible ediate jeopardy removal:  dents who have suffered, or serious adverse outcome as a	F 7	60			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	was not administered	he bedside and NARCAN  I. Resident #3 had a history  Resident #3 expired on					
	abuse have the poter made by the Chief No residents who had a abuse. The list was p placed in the narc bo will be responsible fo	hat have a history of drug ntial to be affected. A list was ursing Officer of the history of polysubstance laced on the nurse carts and ok. The Director of Nursing r updating the list with new a history of polysubstance					
	process or system fa	e entity will take to alter the flure to prevent a serious m occurring or recurring, and be complete:					
	Nursing Officer education aides on the NARCAN in the event use history should be residents with history physician order for National included signs and synursing communication with history of polysure of list of residents with abuse being located for ease of access. Fincluded notifying EM substance abuse hist Narcan. The Director licensed nurses or more without receiving this	ector of Nursing and Chief ated licensed nurses and the administration of t a resident with known drug found unconscious and that of polysubstance abuse had ARCAN. Education also emptoms of overdose and on shift to shift on residents betance abuse and presence in the narc book on the cart curthermore, education also upon their arrival of the ory and the administration of of Nursing will ensure no edication aides will work education. Any new hires receive education prior to					

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		345133	B. WING _			C 4/27/2023
	ROVIDER OR SUPPLIER	IRSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 COLLEGE STREET  WILKESBORO, NC 28697	<u> </u>	1/20/20
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 760	completed on 04/22. Nursing or Chief Nu Effective 04/22/2023 responsible to ensur removal plan for this. The alleged date of On 04/26/23 and 04 of immediate jeopar residents with histor observed at the nurs medication carts. The aides and nurses we identified by the facility and how to administ facility's immediate jour of the order of the o	r next shift. Education will be (2023 by the Director of raing Officer.  8, Administrator #2 will be the implementation of this IJ alleged non-compliance.  IJ removal is 04/23/23.  (27/23 the credible allegation do was validated. A full list of the idea of drug abuse was the interviewed medication are aware of the individuals lity as having histories of drug to able to articulate what they appected overdose situation are doses of Narcan. The elepardy removal date of the individuals (and Biologicals (b)(1)(2)  of Drugs and Biologicals are with currently accepted the individuals (c) and c) and c) and c) are doses of the individuals (c) and c) and c) are doses of the individuals (c) and c) are doses of the individuals (c) as a constant of the individuals (c) and c) are doses of the individuals (c) are doses of the	F 7			5/21/23
	§483.45(h)(1) In acc Federal laws, the fac	or Drugs and Biologicals ordance with State and cility must store all drugs and compartments under proper				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345133	B. WING		C 04/27/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 04/21/2020	
				1000 COLLEGE STREET		
RIDGE VA	LLEY CENTER FOR NUI	RSING AND REHABILITATION		WILKESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
F 761		and permit only authorized	F 76	1		
	§483.45(h)(2) The factocked, permanently a storage of controlled the Comprehensive E Control Act of 1976 a abuse, except when the package drug distribution quantity stored is minimal be readily detected. This REQUIREMENT by:  Based on observation interview the facility to carts (Cart D) observation interview the facility to carts (Cart D) observation of 120 at 22 at 24 at 24 at 25 at 26	cess to the keys.  collity must provide separately affixed compartments for drugs listed in Schedule II of the drugs listed in Schedule II of the drugs subject to the facility uses single unit unit wition systems in which the imal and a missing dose can is not met as evidenced and record review, and staff to secure 1 of 4 medications and during medication pass.  cutton of Nurse #5 was made and to 5:38 AM. Nurse #5 and the land to secure was parked all. Once Nurse #5 had the land, she would walk from the toms at various locations on the medication cart unlocked and the land to secure medication cart unlocked and unsecured medication or several minutes before the land was made on to 6:14 AM. Nurse #5 was art D and was continuing to		Identified staff member (Nurse #5) wanot scheduled again. Nurses and medication aides have the potential to have the same deficient practice. Education was completed by the Director of Nursing to nurses and medication airegarding the need to secure medication in the locked medication cart when not direct supervision. Education complete by 5/19/23. Any nurses or medication aides that have not completed the education will not be able to work until education is completed. New hires will receive education during orientation. The Director of Nursing or designee with complete 10 observations weekly for secured medication carts for a total of three months. The Director of Nursing or designee with bring these audits to the Quality Assurance Committee meeting monthled for 3 consecutive months. The Quality Assurance Committee will evaluate the effectiveness of the above plan and with the series of the series	tor des ons in d	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMF	SURVEY
		345133	B. WING _				C <b>27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION	•	10	TREET ADDRESS, CITY, STATE, ZIP CODE 000 COLLEGE STREET /ILKESBORO, NC 28697		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 761	to various rooms on to medication cart unloce.  Nurse #5 was interview who stated, "I know wand if I am going to be I will lock it." Nurse #5 medication cart should anytime she walked a Director of Nursing (E 04/20/23 at 10:16 AM carts should locked a second cart was should locked as second cart was second cart	medications and walk them he hallway leaving the ked and unsecured.  ewed on 04/20/23 at 6:15 AM what is going on with my cart e gone away from it for a bit confirmed that her d be locked and secured leavy from the cart.  OON) #1 was interviewed on who stated that medication and secured anytime the staff e cart and was administering	F7	761	make additional interventions and recommendations based on the audits ensure continued compliance.  Date of Compliance: 5/21/23	to	
F 835 SS=K	Administration CFR(s): 483.70  §483.70 Administration A facility must be admenables it to use its refficiently to attain or practicable physical, well-being of each restrained from the REQUIREMENT by: Based on record reviand Medical Director Administration failed to oversight to ensure the were readily available immediately start Car (CPR) when 3 of 4 re	on.  ninistered in a manner that esources effectively and maintain the highest mental, and psychosocial sident.  is not met as evidenced  ew, staff, Nurse Practitioner, interviews the facility's to provide leadership and the facility had supplies that a and easily accessible to diopulmonary Resuscitation sidents experienced sudden the ent #1, Resident #2, and factice had the high	F &	335	On 4/19/23 Administrator was educate by Regional Director of Nursing on CPI process and role of those involved, location of crash carts, equipment required on crash carts, emergency cracart checklist and location of basic life equipment supplies.  On 4/21/23 an Administrator change was made, and Administrator #2 was education on the CPR process and role of those involved, location of crash carts,	R ash as	5/21/23

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		E SURVEY IPLETED
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NAME OF DE	ROVIDER OR SUPPLIER	343133	1 2:	STREET ADDRESS, CITY, STATE, ZIP CO		1/27/2023
NAME OF F	NOVIDER OR SUFFLIER				DE	
RIDGE VA	LLEY CENTER FOR NU	RSING AND REHABILITATION		1000 COLLEGE STREET		
				WILKESBORO, NC 28697		
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 835	Continued From pag	e 86	F 83	35		
	Resident #3 experient facility did not have a rescue breaths during use and it took the standard took took the standard took took took took took took took too	will remain out of compliance everity E (no actual harm re than minimal harm that is dy) to ensure monitoring and the completion of		equipment required on crash emergency crash cart check location of basic life equipmed Newly hired administrator will upon hire.  The Regional Director of Optic designee will monitor the Administrator will monitor the Administrator of the Cart and in the supply room a cardiac events since prior visting the Regional Director of Optic designee will bring these audic Quality Assurance Committee monthly for 3 consecutive monthly	list and ent supplies. Il be educated  erations or ministrator s to ensure plete, present on and review sit. erations or dits to the ee meeting onths. The ee will f the above	
	Practitioner and Med facility failed to have readily available for a cardiopulmonary res Resident #3 experier on 08/14/22 and staff begin CPR because emergency supplies side did not have a a resuscitator (device a breathing) on it, staff and it took the staff at to get the second crabag to begin rescue experienced sudden and staff were unable because the staff con			and recommendations based audits to ensure continued continued of Date of Compliance 5/21/23	ompliance.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345133	B. WING				27/2023
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F 835	Continued From page	e 87	F	835			
		a backboard (hard surface to					
		ns on while in bed). It took					
	•	ly five minutes to locate the					
	needed items to begin						
	_	iced sudden cardiac arrest					
	I -	e to immediately begin CPR					
	because they could n	ot locate an ambu bag or					
	manual resuscitator a	and had to borrow one from					
		om. The staff also could not					
	· ·	r the Automatic External					
		evice used to deliver a shock					
	·	staff "several minutes" to					
	_	to begin CPR and paddles					
	for the AED. This affe						
	reviewed who expens	enced sudden cardiac arrest.					
	Director of Nursing (F	OON) #1 was interviewed on					
		I who explained that she					
		facility as the Minimum Data					
		ne beginning of December					
	, ,	e the interim DON at the					
	beginning of April 202	23. The DON stated she had					
	no knowledge of Res	ident #1 as he was expired					
	· ·	rrival at the facility. She also					
	stated she was not fa	miliar at all with Resident #2					
		ose during his sudden					
		de situation. The DON					
		e recalled hearing during the					
		ting that when Resident #3					
		est and was coded by the					
		lid not have the appropriate ately begin Cardiopulmonary					
		She added that she					
	distinctly remembered						
		was directly involved in the					
	` '	g her dissatisfaction with how					
		d and the lack of equipment					
		ne DON stated she recalled					
		around to the nurses talking					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	, ,	TE SURVEY MPLETED
		345133	B. WING			C 04/27/2023
	ROVIDER OR SUPPLIER	IRSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		14/2//2023
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 835	have gone differently also recalled Administrator #2 was 3:02 PM who confirm 04/21/23 she was th Operations and provunder the direction of Administrator #2 starknowledge of the situ with Resident #1, Reshe stated that nothing to her that there were during the code situal experienced. She confacility on lack of effect Administrator #1 and Immediate Jeopardy  The facility those recipies are likely to suffer, a a result of the noncoordination.	cuation and how it should y. The DON stated that she strator #1 asking the Unit the crash carts were not continued to insist that they and they were stocked and ne was taking the ambu bags from what the DON could resolution to that issue but at another staff member had and borrowed a box of ambu as interviewed on 04/26/23 at ned that from 12/01/22 to re Regional Vice President of rided oversight to the facility of Administrator #1. Ited that she had no resident #2, and Resident #3, and had been communicated re issues that had arisen actions that all three residents rective leadership.  If DON #1 were notified of the re on 04/19/23 at 11:03 AM.  Ithe following IJ removal plan:	F8	35		
		e needed equipment that				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _			C <b>04/27/2023</b>	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STA 1000 COLLEGE STREET WILKESBORO, NC 2869	·	04/2//2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIAT DEFICIENCY)		
F 835	Continued From page	e 89	F 8	335			
	board, suction machi defibrillator (AED) wh	r manual resuscitator, back ne, and automatic external iich are all required to vent of cardiac arrest.					
	#1 experienced sudd were unable to locate resuscitator used to cresidents not breathin unable to locate a ba correctly deliver chest correct depth for delivapproximately 5 minurequired items to deliver to the sudden to the sud	eximately 1:00 AM Resident en cardiac arrest. The staff e an Ambu bag or manual deliver ventilation to ng. The staff were also ck board (hard surface) to the compressions to the very of CPR. It took the staff attes of time to locate the ver CPR when Resident #1 ent #1 expired on 02/07/23					
	#2 experienced sudd were unable to locate resuscitator used to residents not breathin unable to locate a ba correctly deliver chest correct depth for deliver practitioner (NP) resprequested the basic lindicated that it took manual resuscitator vesidents' rooms to unfacilities Automatic Etand when staff retrieved the paddles used to cavailable for use by the requested a suction revailable for use. Reserved.	ng. The staff were also ck board (hard surface) to t compressions to the very of CPR. The Nurse bonded to the code and ifesaving equipment and 'several minutes" before a vas taken from another se, the NP requested the kternal Defibrillator (AED) ved the AED failed to have deliver the shock readily					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345133	B. WING			C <b>4/27/2023</b>
	ROVIDER OR SUPPLIER	URSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CO 1000 COLLEGE STREET WILKESBORO, NC 28697		•	
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 835	history of drug and floor with a white pobedside table. Resident was pulseless a responded with the ambu bag on the crimember had to obtain the ambu bag. It too minutes to obtain the ambu bag and begin compressions.  Resident #1 expired the facility. Resident #2 expired Resident #3 expired All current residents have the potential to practice deficiency. Nurse Consultant corresidents that expire in the facility, and/or hospital for the follod 4/20/2023 to ensure followed with no iss	ent #3 who had an extensive opioid abuse was found on the owdery substance on his dent #3 was warm to touch and was in cardiac arrest. Staff crash cart and there was no ash cart. Another staff ain the other crash cart to get k approximately two to three e other crash cart with the an rescue breathing and  d on 2/7/2023 at 2:26 AM in d on 3/7/2023 in the hospital. In the facility on 08/14/22.  It that have a full code status to be affected by current on 4/20/2023, the Regional completed record review of ed in a medical facility, expired a discharged to another wing dates, 1/1/2023 - exprocedures for CPR were uses. Staff interviews see involved. This was	F 83			
	process or system f adverse outcome fr when the action will On 4/19/23 Regional educated Administra	ne entity will take to alter the failure to prevent a serious om occurring or recurring, and be complete:  al Director of Nursing ator on the facility CPR policy their role, emergency crash				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345133	B. WING				C <b>27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		100	REET ADDRESS, CITY, STATE, ZIP CODE 00 COLLEGE STREET ILKESBORO, NC 28697	<u>,                                    </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 835	cart checklist, locatio and location of additiceducation included the Procedure  1. If an individual is assess for abnormal sudden cardiac arrest Verify or instruct a state or code status of the Instruct a staff members response system (construct a staff members a staff members and the sevents.  The BLS sequence of "C-A-B" (chest compressions:  a. Following initial achest compressions: chest and using heal b. Push hard to a deminute;	n of crash carts in facility, onal BLS equipment. The following:  In found unresponsive, briefly or absence of breathing. If the is likely, begin CPR: aff member to verify the DNR individual. The individual of	F	3335	DELICITION OF THE PROPERTY OF		
	Airway: Tilt head bac Breathing: After 30 cl breaths via resuscitat shield). All rescuers should p to victims of cardiac a should also provide v compression-ventilati	on ratio of 30:2. LS until emergency medical Cart Checklist carts					

AND DLAN OF CORRECTION INTERPRETATION NUMBERS		JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED			
		345133	B. WING _			C 94/27/2023	
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 835	Regional Director of Administrator's responsive stigate cardiac enotified by Director of cardiac events and mensure CPR procedure participating in cardial interviewed by a menteam proceeding the cardiac event investified the Administrator for procedure was follow supplies were readily CPR procedure is identified in intitiate Ad Hoc QAPI Medical Director, and order to achieve commoder to achieve supplies were followed in the incidence of the incidenc	trator was educated by Operations on onsibility to thoroughly vents. Administrator must be if Nursing or Designee of any nust review code response to are was followed. Staff ac event response must be incident and findings of gation must be shared with confirmation that CPR ved, basic life support v available. If variation from entified Administrator should Regional Director of Nursing, meeting to include IDT and d modify plan of correction in inpliance.  egional Nurse Consultant management team on that participated in the CPR ent to ensure CPR owed and basic lifesaving	F	335			
	" ensure adequate	e supply of BLS equipment is cart and supply room and is d location					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345133	B. WING		C 04/27/2023
	ROVIDER OR SUPPLIER	URSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697	1 04/21/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 835	previous visit to ensifollowed  " interview staff to procedure and role  " Review any ne ensure CPR procedure  Effective 4/20/202 responsible for ensimmediate jeopardy non-compliance.  Alleged Date of IJ Foundament of immediate and validated. Interview Administrator #2 reveducated by the Rethe CPR policy and cart check list, location of back up also the Regional Dand was aware of home to events to ensure the procedures were for should include interinvolved with the include interinvolved with the include management team	ac event investigations since sure CPR procedure was to confirm knowledge of CPR in cardiac event response. Whires since last visit to dure education was completed.  3 the Administrator will be uring implementation of this removal for this alleged  Removal: 4/21/2023  4/27/23 the facility's credible liate jeopardy removal was	F 835	1	
	ensure facility staff procedures and tha was readily availabl staff. Administrator	t basic life saving equipment le for use by the direct care			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	(X3	) DATE SURVEY COMPLETED
		345133	B. WING _			C <b>04/27/2023</b>
	ROVIDER OR SUPPLIER	RSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP C 1000 COLLEGE STREET WILKESBORO, NC 28697	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 835	cardiac events and re ensure newly hired st during the orientation immediate jeopardy r validated.	of supplies, review any eview new hire orientation to saff received the education process. The facility's emove date of 04/21/23 was	F 8	335		
F 867 SS=E	CFR(s): 483.75(c)(d): §483.75(c) Program f monitoring. A facility must establish policies and procedure collections systems, a adverse event monitor procedures must included following: §483.75(c)(1) Facility systems to obtain and from direct care staff, resident representative information will be used are high risk, high volopportunities for imprevalent formation from all donot limited to the facil §483.70(e) and include will be used to development of per systems.	reedback, data systems and sh and implement written res for feedback, data and monitoring, including bring. The policies and ude, at a minimum, the remaintenance of effective duse of feedback and input other staff, residents, and res, including how such ed to identify problems that tume, or problem-prone, and overnent.  The maintenance of effective of the staff, residents, and res, including how such ed to identify problems that tume, or problem-prone, and overnent.  The maintenance of effective of the staff, including but ity assessment required at ding how such information op and monitor performance development, monitoring, formance indicators, ology and frequency for such	F	367		5/21/23

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		ATE SURVEY DMPLETED
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	ROVIDER OR SUPPLIER	URSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697	•	
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F 867	Continued From pa	nge 95	F 8	67		
	including the method systematically identically identically and use data decrease events in the facility will use the operation of the facility of its performance in the facility of its performance improved that improve the facility of its performance in the facility of its performance improve that improve that improve the facility of its performance improve that improve that improve that improve that improve the facility of its performance improve the facility of its performance improve that improve the facility of its performance improve the incident of the facility of its performance improve the facility of its performance improve the incident of the facility of its performance improve the facility of its performance in the facilit	facility must take actions nee improvement and, after e actions, measure its success, nee to ensure that realized and sustained.  facility will develop and addressing: e a systematic approach to ng causes of problems stems; evelop corrective actions that effect change at the systems ality of care, quality of life, or nd will monitor the effectiveness improvement activities to ements are sustained.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			E SURVEY PLETED
		345133	B. WING _		0/	C H <b>27/2023</b>
NAME OF PROVIDER OR SUPPLIER  RIDGE VALLEY CENTER FOR NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIF 1000 COLLEGE STREET WILKESBORO, NC 28697		12112023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	-	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 867	Continued From page		F 8	867		
	resident choice, and §483.75(e)(2) Perfori					
	activities must track r resident events, anal implement preventive	medical errors and adverse yze their causes, and e actions and mechanisms c and learning throughout the				
	improvement activitied distinct performance number and frequent conducted by the fact and complexity of the available resources, assessment required Improvement project annually a project the problem-prone areas	s must include at least at focuses on high risk or identified through the data is described in paragraphs				
	§483.75(g)(2) The quassurance committee governing body, or defunctioning as a governities, including in	erning body regarding its nplementation of the QAPI der paragraphs (a) through				
	action to correct iden (iii) Regularly review	ement appropriate plans of tified quality deficiencies; and analyze data, including the QAPI program and data				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING		، ا	C 04/27/2023	
NAME OF PR	ROVIDER OR SUPPLIER		<del></del>	STREET ADDRESS, CITY, STATE, ZIP CODE		J4/21/2023	
				1000 COLLEGE STREET			
RIDGE VA	LLEY CENTER FOR NUI	RSING AND REHABILITATION		WILKESBORO, NC 28697			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 867	Continued From page	e 97	F 80	67			
	available data to mak This REQUIREMENT by:	is not met as evidenced					
	Based on observation interviews, the facility Assurance (QAA) confirmed interventions the complemented procedure interventions the complemented on 03/05/21 09/01/22, and 02/20/2 complaint investigation This failure was for expression originally cited in the Assessment (F637 and (F677), Quality of Caservices (F760 & F76 (F835) and were subscurrent complaint inverse at deficiencies definition of the complement of the complem	amittee put into place int investigations that investigations that investigations that investigations that investigations that investigations that investigation and investigation and investigation and investigation and of 5/26/22. In investigation and investigatio		The facility's Quality Assurance Committee failed to maintain in procedures and monitor intervers committee put into place following complaint investigations that on 03/05/21, 05/07/21, 10/15/21, 01/15/21, 02/15/20, and 02/20/23 and the recertification complaint investigation that occupation investigation that occupation investigation that occupation investigation that occupation in the conference of the complaint investigation of Life (F677) of Care (F689 & F695), Pharma Services (F760 & F761), and Administration (F835) and were subsequently recited on the cur complaint investigation of 04/27 Plan of correction was put in to the time of each deficiency cited plan of correction included monitoric committees and maintain investigation of correction included monitoric committees.	enplemented entions the ing the courred on 09/01/22, ation and curred on ight cited in ent (F637 7), Quality acy errent 7/23. place at d. Each		
	The findings included This tag is cross refer			tools, and review of monitoring during monthly Quality Assuran Committee meetings for a defin	tools nce ned amount		
		failed to complete a		of time. Monitoring of each plate correction was presented to the Assurance Committee and no fissues were identified throughor monitoring period and were distributed in-seadministrative staff on 5/17/23 Quality Assurance Performance	e Quality further but the continued. ervice to all regarding		
	failed to complete a s	tion and complaint ed on 5/26/22 the facility ignificant change Minimum t for a resident who admitted		Improvement processes includi identifying and prioritizing quali deficiencies, systemically analy causes of systemic quality defice	ing ty ⁄zing		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345133	B. WING _	ING		C <b>04/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER		1	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	2172020
TO WILL OF TH	TO VIDER OR OUT FIELD						
RIDGE VA	LLEY CENTER FOR NUF	RSING AND REHABILITATION			000 COLLEGE STREET		
				٧	VILKESBORO, NC 28697		
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F 867	Continued From page	98	F 8	367			
	#16) reviewed for hos				developing, and implementing corrective action or performance improvement activities, and monitoring and evaluating		
		rd review and staff interview,			the effectiveness of corrective		
	_	ccurately code cognition or			action/performance improvement		
		num Data Set (MDS) for 5 of			activities. This in-service included	ſ	
		(Resident #1, Resident #7,			ensuring accuracy of audits, extending		
		ent #11, and Resident #12).			audits when appropriate, and reviewing	J	
		I to accurately code the MDS			corrective action/performance		
		ng catheters for 1 of 2			improvement activities to evaluate the		
	residents reviewed wi	ith indwelling catheters.			effectiveness of each plan and revise a		
	Duning the compleint	investination conducted on			necessary. All newly hired administrati		
		investigation conducted on			staff will receive the appropriate educa		
	Minimum Data Set as	ailed to accurately code the			during orientation. No Administrative s	lali	
		alysis therapy, this was			will work until they have received the		
		dents reviewed for dialysis.			appropriate education.  The Quality Assurance Performance		
	CVIGCILIOI Z OI Z ICSI	dents reviewed for diarysis.			Improvement Committee will review the	_	
	F677: Based on obse	ervation, record review, and			compliance audits to evaluate continue		
	staff interviews, the fa				compliance. The committee will make	<b>u</b>	
	dependent resident's				recommendations if any noncompliance	e is	
		r activities of daily living			identified and reevaluate the plan of	0.0	
	(Resident #1).	r delivings or daily living			correction for possible revisions. This		
	(1.100.00.11.7).				process will continue until the facility ha	as	
	10/15/21, the facility f care prior to a resider	investigation conducted on failed to provide incontinence nt wetting through her brief			achieved three months of consistent compliance. The Administrator will be responsible for		
	onto her draw sheet, incontinence care to a movement, failed to p	a resident who had a bowel			the plan of correction.  Date of Compliance: 5/21/23		
		ent, and failed to provide nail				ĺ	
		or 4 of 4 residents reviewed				ſ	
	for activities of daily li					ĺ	
	residents.	<b>5</b> 1				ĺ	
						ſ	
	During the complaint	investigation completed on				ĺ	
	09/01/22, the facility f	ailed to provide incontinence				ſ	
	care for 1 of 3 resider	nts reviewed for pressure				ſ	
	ulcers.					ĺ	

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		345133	B. WING _			C <b>04/27</b>	//2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	, CODE	U-1/2/	72020	
				1000 COLLEGE STREET				
RIDGE VA	LLEY CENTER FOR NUI	RSING AND REHABILITATION		WILKESBORO, NC 28697				
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F 867	Continued From page	99	F 8	367				
	02/20/23, the facility to residents with showe reviewed for activities	, ,						
	interviews with reside staff, the facility failed mitigate the risk of ar for a resident who ha abuse that included opills/medications. Or found unresponsive is sudden onset cardiacto be revived. Nursing #12, and Housekeep powdery substance of Additionally, the facility fa	n 8/14/22 Resident #3 was in his room as a result of c arrest and he was unable g Assistant (NA) #11, NA er #1 had observed a white, on the tray table in his room. ty failed to provide						
	(Resident #4) who was left alone and unatter therapy session, and and was sent to the letter the transferred to a treatment of his injurithrough eleven rib frafracture extending interest lateral orbit wall. (Real This deficient practice reviewed for supervision During the complaint 03/05/21, the facility is smoking environment.	as a high fall risk and was anded in his room after a was later found on the floor, ocal Emergency Room (ER) local trauma center for es that included right ninth actures, right frontal bone of the superior orbit roof and asident #3 & Resident #4) was for 2 of 3 residents sion to prevent accidents.  Investigation completed on failed to provide a safe to for two smokers when staff						
	from open flame and utilized oxygen from	e oxygen at a safe distance prevent a resident who smoking while his oxygen residents reviewed for safe						

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NAME OF PROVIDER OR SUPPLIER  RIDGE VALLEY CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE  1000 COLLEGE STREET  WILKESBORO, NC 28697		•	04/27/2023 E		
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F 867	cannula in his nares	ge 100  lit a cigarette with his nasal and his oxygen tank on while d smoking area which the resident's face and high	F 80	67				
	likelihood of injury to in the smoking area  F695: Based on obstaff interviews, the emergency tracheodairway in the front of for an unplanned extube) or emergency ventilation (ambu baccessible for imme (Resident #11). The oxygen tubing as or	the other resident who was be the other resident who was be ervations, record review, and facility failed to keep stomy (surgically created f the neck) supplies needed tubation (removal of airway supplies for mechanical ag) at bedside and easily diate use in an emergency be facility also failed to change dered and clean oxygen filters affected 2 of 3 residents						
	facility failed to ensudelivered at the presensidents reviewed provide routine main concentrators to ensure from dust and debrifor oxygen therapy.  F760: Based on recybith staff and the Nifailed to prevent a swhen Narcan (reveroverdose) was not a resident who had abuse that included pills/medications. T	completed on 05/26/22, the ure oxygen therapy was scribed rate ordered for 3 of 5 for oxygen and failed to						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345133	B. WING _		,	C 04/27/2023	
NAME OF PROVIDER OR SUPPLIER  RIDGE VALLEY CENTER FOR NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1000 COLLEGE STREET WILKESBORO, NC 28697		14/21/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 867	initiated but Narcan ordered and the resi revived. Nursing As Housekeeper #1 had substance on the tra room. The facility als Medical Services (Elemonth 1988) Resident #3's cardial had a history of drug white powdery substaffected 1 of 4 residual cardiac arrest (Residian the facility on 08/1 During the complain 10/15/21, the facility medication errors by and administering medication errors. A reported her pain leven 1 to 10 across all three a resident in the facility medication errors who be a resident in the facility medication errors who be a resident in the facility medication errors who be a resident in the facility medication errors who be a resident in the facility medication errors who be a resident in the facility f	nt #3 was found room on 8/14/22, CPR was was not administered as dent was unable to be sistant (NA) #11, NA #12, and d observed a white, powdery y table in Resident #3's so failed to notify Emergency MS) that responded to c arrest on 08/14/22 that he abuse nor that there was a cance found next to him. This ents reviewed with sudden dent #3) Resident #3 expired 4/22.  It investigation completed on failed to prevent significant and accurately transcribing edication as ordered from the factor of 1 resident reviewed for so a result, the resident for so a result for so a	F8	67			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER  RIDGE VALLEY CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STAT 1000 COLLEGE STREET WILKESBORO, NC 28697	,	J	2172020	
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F 867	Catheter (PICC) (intradminister IV antibiod different type of IV acts staff failed to administ 12/24/22 and 12/25/2 (Resident #1) review errors. There was the regrowth, resistance to hospital due to the F761: Based on obsestaff interview, the famedications carts (Camedication pass.  During the complaint 05/26/22, the facility substances were storedouble lock feature for refrigerators. Addition to remove a local and bedside for 1 of 1 resided facility's Administration leadership and overs supplies that were reaccessible to immedia Resuscitation (CPR) experienced sudden Resident #2, and Resident #2, and Resident #2, and Resident #3, and Resident #4, and Resident	avenous (IV) line used to cics) line was replaced with a cress on 12/24/22 and the ster the IV antibiotic on 22 for 1 of 1 resident ed for significant medication e high likelihood for bacterial to antibiotic, sepsis, or return missed medications.  Arvation, record review, and cility failed to secure 1 of 4 art D) observed during  investigation completed on failed to ensure controlled red and secured using a per 1 of 2 medication storage nally, the facility also failed esthetic patch placed at sident.  Ard review, staff, Nurse dical Director interviews, the per failed to provide ight to ensure the facility had adily available and easily ately start Cardiopulmonary when 3 of 4 residents cardiac arrest (Resident #1, sident #3). This practice had affecting other residents.	F	367				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 867	During an interview w 04/26/23 at 3:02 PM, assurance (QA) team the medical director, administrative staff, a staff. She reported si the QA process yet be Administrator but plan set her expectations of felt there was a lack of facility prior to her arrideficiencies would be	his practice resulted in ications for 3 residents.  with Administrator #2 on she reported her quality met monthly and included unit managers, and even some direct care he had not been involved in efore taking over as the need to run the meeting and clearly. She reported she of effective leadership in the ival and stated all the repeat entered into the facility's uitored extensively to ensure	F	367			