PRINTED: 07/11/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		0.450.44		P. WING		С
NAME OF P	ROVIDER OR SUPPLIER	345341	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	06	/12/2023
SILVER BI	LUFF INC			100 SILVER BLUFF DRIVE CANTON, NC 28716		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER OF THE APPRENCED TO THE APPRENC	JLD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 00	00		
F 000	investigation survey was through 6/12/23. The compliance with the remergency Prepared	requirement CFR 483.73, Iness. Event ID #1NEO11.	F 00	00		
	survey was conducte through 6/08/23. On:	3. Therefore, the exit date				
	The following intake on NC00201784 which represents the first peoperdy. 1 of the 1 complaint a deficiency.	esulted in immediate				
	Immediate Jeopardy	was identified at:				
	CFR 483.10 at tag F5	561 at a scope and severity				
		600 at a scope and severity				
	The tags F561 and F Quality of Care.	600 constituted Substandard				
F 50.1	removed on 6/10/23. conducted.	began on 4/22/23 and was An extended survey was				0/40/00
F 561 SS=J	Self-Determination CFR(s): 483.10(f)(1)-	(3)(8)	F 56	TC		6/13/23
	§483.10(f) Self-detern The resident has the	mination. right to and the facility must				
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUF	RE	TITLE		(X6) DATE

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

06/20/2023

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.

Electronically Signed

PRINTED: 07/11/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		345341	B. WING _			C 6/12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716		0/12/2023
(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 CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 561	through support of r not limited to the rig (1) through (11) of the second seco	te resident self-determination resident choice, including but this specified in paragraphs (f) his section. Resident has a right to choose is (including sleeping and ith care and providers of health stent with his or her interests, plan of care and other is of this part. Resident has a right to make cots of his or her life in the difficant to the resident. Resident has a right to interact the community and participate in its both inside and outside the resident has a right to activities, including social, intuity activities that do not hits of other residents in the life in the resident has a right to activities, including social, intuity activities that do not hits of other residents in the life in the life in the life in the residents in the life in the life in the life in the resident has a right to activities, including social, intuity activities that do not hits of other residents in the life in the resident has a right to interact the community and participate in solutions.	F 5	Tag F561: 1. Resident #49's careplan was reviewed on 06/09/2023. The		
	resident's right to re Resident #49 had re and on the third refu Resident #49's refu #1 informed Nursing that the resident had	od of bathing and the fuse a shower. On 4-22-23, efused her shower three times usal Nurse #1 was informed of sal to take a shower. Nurse g Assistant (NA) #1 and NA #2 d to take a shower regardless efusal. Nurse #1 and 5 NAs		Intervention/Task for Bathing will r the same, which states: "If the res refuses, allow a few minutes to pa then reattempt to get the resident to shower or bathe." 2. All interviewable residents we interviewed on 06/09/2023 to ensure	ident ss and to agree ere	

Facility ID: 923454

PRINTED: 07/11/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		A. BOILDI					
	345341	B. WING _			1	12/2023	
NAME OF PROVIDER OR SUPPLIER	•	•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
SILVER BLUFF INC			10	00 SILVER BLUFF DRIVE			
SILVER BLUFF INC			C	ANTON, NC 28716			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
proceeded to "force combative and statii of bed and have a shower chair and in sustained a bruise to likelihood of sufferin psychosocial harm. have experienced fe fear, humiliation, em dehumanization (de such as compassion for 1 of 4 residents in Immediate Jeopardy staff members "force bed to receive a show was removed as of implemented a cred Jeopardy removal. I compliance at a low (no actual harm with that is not Immediate education is comple put into place are efficient without be atrial fibrillation. The annual Minimur 7-22-22 revealed Recognitively impaired	R3, NA #4, and NA #5) ' Resident #49, who was any she did not want to get out shower, out of the bed, into a sto the shower. Resident #49 to her left hand and had the gracinus physical and A reasonable person would relings such as intimidation, abarrassment, and/or privation of human qualities and the provided for choices. In began on 4-22-23 when six reviewed for choices. In began on 4-22-23 when six reviewed for choices. In began on 4-22-23 when six reviewed for choices. In began on 4-20-23 when six reviewer. Immediate Jeopardy 6-10-23 when the facility remain out of the facility will remain out of rerescope and severity of "D" and a potential for minimal harm represented and monitoring systems fective. In Data Set (MDS) dated resident #49 was moderately and documentation showed reference for bathing was very	F	561	their bathing wishes are being followed. The interviews were conducted by the Administrator, Director of Nursing (DOI or trained designee. There were no complaints or concerns voiced to date their bathing schedule. To ensure that there are no complaints or concerns, the facility (Director of Nursing or Administrator or trained designee) notificate responsible parties of non-interviewable residents via phone messaging system to contact the Administrator or Director of Nursing if the have any concerns about their loved or shower or bathing schedules. This also included a survey to choose method of bathing. This was completed at 9:24 Al on 6/9/2023. 3. The Chief Executive Operator (CE Administrator, Director of Nursing (DOI or trained designee trained 100% of all staff regarding Tag F561. This was completed by 12:00 PM on 06/09/2023 and any staff who did not complete was removed from the schedule and not allowed to work until they have been educated. This includes contract and agency staff members. This includes sin every department as Residents' Right are relevant for every department. The education will include: a. Residents' rights policy and procedure. b. Allowing the resident to choose bathing options, including bed baths, showers, tub, and refusal all together. c. How to offer the resident options of bathing.	N), of ne ney nes' N O), N)		

Facility ID: 923454

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	LETED			
		345341	B. WING		06/) 12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	1 30	
(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 CORRECT ((EACH CORRECTIVE ACTION SHOOT CORRECT TO THE APPLICATION OF	OULD BE	(X5) COMPLETION DATE
F 561	initiated on 1-4-2020 revealed the resident living self-care deficit was to maintain curre activities of daily living goal included Reside assistance with bathin refuses, allow a few re-attempt to get the shower or bath. Provisponge/bed bath whe cannot be tolerated. Tregarding Resident #choice. The quarterly Minimu 4-21-23 revealed Rescognitively impaired a behaviors towards otl look back period and during the 7 days look was documented as retwo people for bathing two people for bathing two people for bed metoileting, and personal documented Residen anticoagulant (medical blood) 7 out of 7 days period. Skin assessments con 4/21/23 revealed not be Resident #49. Review of Resident #revealed a nursing not 10:37pm written by N	ies of daily living care plan and revised on 9-20-22 had an activities of daily The goal for Resident #49 nt level of function with her g. The interventions for the nt #49 required total ing and if the resident initutes to pass and then resident to agree to a de the resident with a in a full bath or shower. There was no documentation 49's preferred bathing Im Data Set (MDS) dated indent #49 was moderately and exhibited physical inters 1-3 days in the 7 days had refused care 1-3 days in the 7 days had refused care 1-3 days in the gand extensive help with goal extensive help with goal extensive help with obbility, transfers, dressing, I hygiene. The MDs also to the function of the during the 7 day look back inducted from 4/1/23 through or great in the function of the dated 4-23-23 at	F 5	the right to decline all bathing. e. Understanding that forcing cabuse and can lead to harm to the f. Staff understanding the methoffering bathing alternatives (examinclude: shower, bed baths, sink leath tubs, and refusing bathing) the residents' needs. g. Reporting refusal of care to the charge nurse so the nurse can tameasures to have alternative meansures: psychiatric care referred notifying families for involvement, physician for input on care). 4. Beginning June 13th, 2023, the Executive Operator (CEO), Admin Director of Nursing (DON) or trained designee will conduct audits to enthat the resident's choices of bathe being honored by the facility staff audits will include interviews for rewith a Brief Interview for Mental Staff (BIMs) of 8 and above. For reside a BIMs below 8, the audits will increviewing their shower and skin some The audits will also include staff questionnaires regarding abuse. The audits will be conducted at the fold frequency: a. 5 resident interviews (of alert oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week, we show the second oriented residents who have a BII or above) each working week.	e patient. nods of mples baths, to meet the ke extra ans rals, notifying the Chief nistrator, ned nsure ning are the esidents Status ents with clude sheets. The llowing t and Ms of 8 eekly for ews (of with a eks.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345341	B. WING _			C 06/12/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 100 SILVER BLUFF DRIVE CANTON, NC 28716	DDE	33.12.2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 HE APPROPRIATI	(X5) COMPLETION DATE
F 561	Continued From page room by a family mer questioning what had #49's hand which had Nurse #2 documente her it happened in the ago. The facility's final inverse 4-28-23 revealed Rest the Administrator on resident had been ab Saturday (4-22-23). The daughter told the Resident #49 on 4-23 the resident's hand. Administrator that Reswere pinching her had aughter also informs spoken to the charge assessed Resident # investigation report of had a bruise on the trinvestigation report in from staff who had contained the staff who had con	mber (daughter) who was a happened to Resident d a bruise on her left hand. It that Resident #49 had told that Resident #49 had told that Resident #49 had told that Resident #49 daughter called 4-25-23 and reported the bused in the shower on The documentation showed Administrator she visited 3-23 and noticed a bruise on The daughter informed the sident #49 told her staff and during her shower. The ted the Administrator she had a nurse on 4-23-23 who 49's hand for damage. The ocumented Resident #49 op of her left hand. The included written statements contact with Resident #49 on the reviewed on 6-5-23 at	F 5	DEFICIENCY	023, the facil ess vill meet o from Tag ie sistant Direct evelopment Care, Social Minimum d other gement.	lity
	stayed bruised for a late of the girl was trying to chair and was squeed stop because she wanot." She also stated staff because she did Resident #49 discussibed baths. The resident	e resident commented, "It ong time." Resident #49 said force me into the shower zing my hand. I told her to as hurting me, but she did she was fighting with the I not want to get a shower. sed that she preferred to get ent would not discuss how cident on 4-22-23 but instead				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION IG		ATE SURVEY DMPLETED
		345341	B. WING			С
NAME OF P	ROVIDER OR SUPPLIER	343341	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716		06/12/2023
(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 CORRECT (CEACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPLICATION OF THE APPLIC	OULD BE	(X5) COMPLETION DATE
F 561	Resident #49 discus (her daughter) on 4 stated she did not to was concerned aboshe had not receive 4-22-23. Upon observation of observed not to have Resident #49 was of 10:39am. The residin bed. Her clothes were no odors obset to flow down to the clean but uncombed. A telephone interviee #49's daughter on 6 daughter discussed 4-23-23 and noticed hand that was black when she asked Resthe resident told her a shower yesterday further discussed R (the resident) was of want a shower, so that staff held her hand. The daughter of the bruise to Resthe nurse took a pict the staff would mon stated she never to to have a shower. Sencourage the resident discussed it with the resident discussed in the resident discu	want to get anyone fired." seed telling a family member -23-23 what happened and ell any other staff because she ut the staff's jobs. She stated d any other bruises since If the resident, she was re any bruising to her hands. reserved on 6-5-23 at ent was observed to be lying were noted to be clean, there erved, her hair was observed middle of her back and was	F 5	61		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345341	B. WING			C
NAME OF PR	ROVIDER OR SUPPLIER	0.0001		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716		06/12/2023
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 561	NA #1's written state to the incident on 4 assisted with transfed to the wheelch the shower room. It that she did not aid shower. NA #1 was interview	during the visit that the resident think staff liked her. Thement dated 4-26-23 related 1-22-23 indicated that she ferring Resident #49 from the air so she could be brought to the statement further indicated with giving Resident #49 the 1-22-23 weed on 6-6-23 at 12:46pm. NA tent related to the 4-22-23	F 5	61		
	incident with Resid was asked to clarify Resident #49's behof action. NA #1 stabad to refuse show did not know if the bathing was writter usually asked Resishower or bed bath resident being allow all the time. NA #1 allowed to refuse o second scheduled allowed to refuse. It	ent #49 was reviewed. NA #1 y her statement and explain haviors as well as staff's course hated Resident #49 was "real hers". She discussed that she heresident's preference in hanywhere but stated she hadent #49 if she wanted a had She further discussed the haved to refuse a shower but not hexplained Resident #49 was he shower a week but the had shower, the resident was not had a shower and had shower and h				
	after the last refusathe resident was restated Nurse #1 tole and take her to the there were six staff NA #2, NA #3, NA #5 four staff (the NA count to sit Resident #49 explained during the throwing her hands	ed her shower 2-3 times and al, she informed Nurse #1 that fusing her shower. The NA d her to get the resident up shower anyway. She stated in the room (Nurse #1, NA #1, #4, and NA #5) and that it took bould not remember which staff) on the edge of the bed. NA #1 is time, the resident was around, pushing away from a rams up "guarding" herself.				

	(X3) DATE SURVEY COMPLETED	
345341 B. WING	C 06/12/2023	
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	06/12/2023	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
The NA stated once Resident #49 was "talked into" receiving a shower, the resident was no longer combative. NA #1 explained Resident #49 would stick her right hand through the side rails and bang her hand over the bed table when she wanted something. The NA stated she worked with Resident #49 on 4-20-23 and the resident did not have a bruise on her hand and said she did not have a bruise on her hand and said she did not see if Resident #49 had a bruise on her left hand during the transfer on 4-22-23. Nurse #1's written statement that was undated following the incident on 4-22-23 read; "I was called down to the resident's room to help them get her up for a shower. She was refusing as she always does. I told her [her son] wanted her to get a shower. She told us [her son] was not the boss of her. We (the CNAs and myself) assisted [Resident #49] to sitting on her bed, then put her on the shower chair. She was not happy getting up, but smilling and apologizing when her shower was done." During an interview with Nurse #1 on 6-6-23 at 1:17pm, Nurse #1's written statement related to the 4-22-23 incident with Resident #49 was reviewed. The nurse was asked to discuss Resident #49's behavior and explain what happened when the resident refused her showers. The nurse confirmed she was the charge nurse on 4-22-23 but stated she did not remember the incident. Nurse #1's tatted if it was a shower day for Resident #49 then the resident would have been combative. After reading her woulds and arms but said usually once the resident was assisted by staff into a seated position on the edge of the bed the resident rowline stement for		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345341	B. WING			C 06/12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 100 SILVER BLUFF DRIVE CANTON, NC 28716	· ·	3,12,2020
(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)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 561	remembered being to refusing her shower is resident's room to sp NAs (NA #1, NA #2, Nurse #1 was unable members went to Renurse stated once Rethe shower chair, the combative. Nurse #1 resident refused a shresident would be provided by the resident was long and be receive a shower. Showashing caps that corresident's hair but standard by the resident was long and be receive a shower. Showed by the resident's hair but standard by the resident week. Review of NA #5's week. A telephone interview of the resident #49 "did not the abruise on that hand the resident week. A telephone interview of the resident week. A telephone interview of the resident week. Resident #49's behare resident #49's behare resident refused a shresident #49 sustain confirmed she assist	vestigation, she stated she old Resident #49 was and she went to the eak with her along with five NA #3, NA #4, and NA #5). It to explain why six staff sident #49's room. The esident #49 was placed in eresident stopped being explained typically if a lower three times, the ovided a bed bath but stated the would sometimes be wer because the resident's came matted if she did not be explained the facility had ould be used to wash the lated they did not work well. It is family had told staff they so have at least one shower a stritten statement dated incident on 4-22-23 read; it want to take her shower but but her to go take it. The swhere she puts her hand the bed all the time. She keeps if a lot from the bed rails." It is occurred with NA #5 on A #5's written statement as incident with Resident #49 is was asked to discuss vior, what happens when the	F 50	51		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	 ` '		(X	3) DATE SURVEY COMPLETED
						С
		345341	B. WING _			06/12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 100 SILVER BLUFF DRIVE CANTON, NC 28716	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 561	because the reside bed and take a sho to get Resident #49 resident attempted stated she could no was one of the NAs The NA stated there (Nurse #1, NA #1, N #5) in the room and was standing behin explained Resident one shower a week forced the next sho Resident #49 refuse talk her into receiving explained that if she to receiving her sho to get up out of the discussed typically refuse a shower for day but then the nur of the refusal and it to decide if the resiget up and receive could not remembe her left hand on 4-22 not help to give [Re Saturday. I did assis bed after the shower was not being comb bruise on resident's that [Resident #49] Saturday."	the resident was combative and did not want to get out of wer. NA #5 stated, while trying to into the shower chair, the to hit one of the NAs. She at remember which one, but it is standing behind the resident. We were six staff members NA #2, NA #3, NA #4, and NA is she could not remember who did the resident. NA #5 #49 was allowed to refuse abut then the resident "will be wer day." She explained if yed the shower, staff tried to an a shower. She further was not able to be talked in ower, the resident was "forced" bed to take a shower. The NA residents were allowed to ur to five times on their shower rise on duty had to be informed was up to the nurse on duty dent needed to be "forced" to a shower. She stated she if Resident had a bruise on	F	561		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345341	B. WING _			C 06/12/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716		10/12/2023
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 561	related to the 4-22-2: was reviewed. NA #2 with Resident #49's to resident's behavior, a Resident #49 refused bruise on Resident #4 assisted in transferring bed to the shower chandiscussed Resident #4 not want a shower and she was placed in the stated she could not were in the room but She was unable to emany staff in the room Resident #49 never was provided. NA #2 the resident's prefered anywhere but said shift she wanted a bed if she wanted a bed if stated she did not know to get a shower on 4 not see a bruise on Formatsferring the resident #49 had the (4-22-23) because the bruise on her hand." Review of NA #3's was 4-26-23 to the facility 4-22-23 read; [NA #5]	e 10 A #2's provided statement 3 incident with Resident #49 2 was asked if she assisted ransfer prior to the shower, and what happened if d a shower, as well as the 49's hand. NA #2 stated she ng Resident #49 from the air on 4-22-23. NA #2 #49 telling the staff she did nd had been combative until e shower chair. The NA remember how many staff said there were "a lot of us." explain why there were so m. She also discussed wanting to get out of bed and used her shower a bed bath explained she did not think ence for bathing was written ne usually asked the resident both or shower. The NA ow why she was being made -22-23. NA #2 stated she did Resident #49's hand when ent into the shower chair. In her written statement be bruise before Saturday he resident "always keeps a ritten statement dated following the incident on 5, NA #4, NA #2, Nurse #1] ed in getting her from the bed	F 5	61		
	to go at first but did fin the chair. [NA #4]	n her room. She didn't want ine with all of us helping her and I pushed her in the gan her shower and she was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED			
		345341	B. WING _			C 06/12/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	.	00/12/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 561	Continued From pag	ge 11	F 5	61		
	apologized for "bein not wanting to take a and took her back to go back to bed so w hooked up her oxyg NA #3 was interview	ing her and she even g an old fart" (her words) and a shower. We dressed her to the room and she wanted to be assisted her in that. We en and she was good." Wed by telephone on 6-6-23 at				
	incident with Reside was asked to clarify #3 explained Reside shower on 4-22-23 I refusing. She said it NA #1, NA #2, NA #	tement related to the 4-22-23 ant #49 was reviewed. She Resident #49's behavior. NA ent #49 was scheduled for a but the resident had been took five people (Nurse #1, 4, and NA #5) plus herself to and to the bed because the				
	to get up. NA #3 exp	g them away and not wanting blained Resident #49's ang was not documented she usually just asked the ed a bath or shower.				
	the incident on 4-22 asked [Resident #45 shower and she didn'then finally said she hard time to get out other CNAs [NA #5, help because she witime [NA #5] went ar [Nurse #1] to help. Tof the bed and into the wheeled her down to and [NA # 3] gave high the shower and keptor giving us a hard.	ement dated 4-27-23 following -23 read; "On Saturday we b] if she was ready for a n't want to get out of bed but was ready but still gave us a of bed so I went to ask the NA #1, NA #3] if they could as screaming at me, at that nd got the charge nurse They got [Resident #49] up put the shower chair and we to the shower room and me er a shower. She was fine in t saying how sorry she was time getting out of bed. She while in the shower. We				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	, ,	X3) DATE SURVEY COMPLETED	
		345341	B. WING			C 6/ 12/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 100 SILVER BLUFF DRIVE CANTON, NC 28716	•	0/12/2020	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 561	[NA #2] had helped in was fine and helped. An interview with NA 9:01am. NA #4's writt 4-22-23 incident with She was asked to claprior to the shower. Nasked Resident #49 said the resident was shower. She stated sask for more help be with the resident and resident on her own. why her written state stated during the trar pushing against them explained she never did not want a showe. The previous Social vinterviewed by teleph. The previous SW stainvestigation for the are Resident #49 on 4-25 received a call from F saying the resident h staff in the shower or first questioned staff. Resident #49 about t stated the staff were statements that Resident was she had not question when the resident was when the resident had	r toenails cut by [NA #2] and he get her in the bed and she us and said thank you." #4 occurred on 6-7-23 at ten statement related to the Resident #49 was reviewed. Arify Resident #49's behavior NA #4 stated on 4-22-23 she of she wanted a shower and sagreeable to receiving a she left the resident's room to cause she was not familiar could not transfer the NA #4 was unable explain ment was different. She asfer Resident #49 was an and fighting. NA #4 heard the resident say she ext. Worker (SW) was sone on 6-6-23 at 4:44pm. Ited she had conducted the abuse allegation towards 6-23 after the Administrator Resident #49's daughter, and been "roughed up" by a 4-22-23. She stated she and then questioned he incident on 4-22-23. She	F 56	51			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345341	B. WING			l '	C 12/2023
NAME OF P	ROVIDER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SILVER BLUFF DRIVE ANTON, NC 28716	00/	12/2023
(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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 561	should have walked a into the shower." Resident #49's son w of Attorney (POA), wa on 6-7-23 at 9:30am. Resident #49 being d strong willed but state "force" the resident to explained he knew th showers and preferrer receive bed baths. He staff to encourage Rebut said he told the st	who was the resident's Power as interviewed by telephone. The son discussed lifficult at times and being ed he never told staff to get a shower. The son e resident did not like at to stay in the bed to e stated he had spoken with esident #49 to take a shower taff if the resident refused to with NA #7 on 6-7-23 at esident preferences for umented anywhere. NA #7 was hired at the facility a few informed by staff (unable to could not just receive bed ed she asked the residents if wer or bed bath. She stated heir shower three times, she and the nurse spoke with the led she never felt like she at to take a shower. Is interviewed on 6-7-23 at forcing a resident was d known he would "have ening."	F	561			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	, ,	ATE SURVEY OMPLETED
		345341	B. WING _			C 06/12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	I	00/12/2023
(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 CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 561	" Identify those re or are likely to suffer as a result of the nor o This deficient pr Resident #49. o This deficient pr potentially impact all o During the adminurse asks about ba acknowledged and in care. o All interviewable by 11:59 PM on 06/0 bathing wishes are be will be conducted by Nursing (DON), or trobeen no complaints their bathing schedu no complaints or corn varsing or Administr notified the responsinon-interviewable resystem to contact the Nursing if they have loved ones' shower of also included a surve bathing. This was confered to the process or system adverse outcome frowhen the action will on the Chief Exect Administrator, Direct trained designee will	cipients who have suffered, a serious adverse outcome actice at tag F561 impacts actice at tag F561 could residents. ssions process, the admitting thing preferences which is accorporated in their plan of eresidents will be interviewed 9/2023 to ensure that their eing followed. The interviews the Administrator, Director of ained designee. There have for concerns voiced to date of le. To ensure that there are accerns, the facility (Director of ainer or trained designee) one parties of sidents via phone messaging er Administrator or Director of any concerns about their or bathing schedules. This ey to choose method of mpleted at 9:24 AM on	F 5	561		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345341	B. WING		C 06/12/2023
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	00/12/2023
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 561	and not allowed to educated. This inclumembers. The educon Residents' right on Allowing the recoptions, including by refusal all together. On How to offer the Understanding to decline all bathing to decline all bathing on Understanding can lead to harm to on Staff understar bathing alternatives bed baths, sink bath bathing) to meet the on Reporting refuses the nurse can take alternative means (referrals, notifying finctifying physician on 100% of staff won Friday, June 9th removed from the staff won Friday, June 9th removed from the staff won Friday, sink bath alternative means (referrals, notifying finctifying physician on 100% of staff won Friday, June 9th removed from the staff won Friday, sink petting downth residents and sign-in sheets revealed by the following: dowith residents who refusion to residents who refusion to the process of the staff won the staff won the staff was also the staff won the staff was also the staff won the staff was also the staff was als	emoved from the schedule work until they have been udes contract and agency staff cate will include: ts policy and procedure. sident to choose bathing ed baths, showers, tub, and e resident options on bathing. that the resident has the right g. that forcing care is abuse and the patient. Inding the methods of offering is (examples include shower, ins., bathtubs, and refusing e residents' needs. It is all of care to the charge nurse ke extra measures to have examples: psychiatric care amilies for involvement, for input on care). Will be educated by 12:00 PM (and 2023), or they will be chedule. Demoval: June 10, 2023 It is plan for Immediate effective 6-10-23 was validated cumentation and interviews staff. Review of the in-service alled all staff and all led education which included effuse care and how to manage	F 561		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY PLETED
		345341	B. WING				C / 12/2023
NAME OF PE	ROVIDER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE OO SILVER BLUFF DRIVE ANTON, NC 28716	1 00/	12/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 561	right to choose and/or be forced against the Immediate Jeopardy confirmed.	all stated residents had the r refuse care and should not ir will. The facility's removal date of 6-10-23 was		561			
F 600 SS=J	Exploitation The resident has the neglect, misappropria and exploitation as de includes but is not lim corporal punishment, any physical or chem treat the resident's me §483.12(a) The facilit §483.12(a)(1) Not use physical abuse, corporativoluntary seclusion; This REQUIREMENT by:	m Abuse, Neglect, and right to be free from abuse, tion of resident property, efined in this subpart. This ited to freedom from involuntary seclusion and ical restraint not required to edical symptoms. y must- e verbal, mental, sexual, or oral punishment, or	F	600	Tag F600:		6/13/23
	Resident #49's right to emotional abuse for conversidents reviewed for Resident #49 had refused and on the third refusement #1, Nursing Assistant #4, and NA #5) process who was combative and for bed and into a showshower. Resident #45	ne facility failed to protect to be free from physical and one of two sampled or abuse. On 4-22-23 used a shower three times al, six staff members (Nurse (NA) #1, NA #2, NA #3, NA eded to force Resident #49, ond pushing staff away, out			Tag F600: 1. Resident #49□s careplan was reviewed by the Interdisciplinary Care Team (IDT) on 06/09/2023. The Intervention/Task for Bathing will remai the same, which states: If the resident refuses, allow a few minutes to pass ar then reattempt to get the resident to ag to shower or bathe. Resident #49 has shown no signs or symptoms of psychosocial harm as of 6/8/2023. No signs or symptoms of psychosocial har	nd Iree	

PRINTED: 07/11/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG		(X3) DATE COMP	SURVEY LETED
		345341	B. WING			000	
NAME OF D	ROVIDER OR SUPPLIER	343341		STREET ADDRESS, CITY, STATE, ZIP COD		1 06/	12/2023
NAIVIE OF P	ROVIDER OR SUPPLIER				_		
SILVER B	LUFF INC			100 SILVER BLUFF DRIVE			
				CANTON, NC 28716			
(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)	N SHOULD BE		(X5) COMPLETION DATE
F 600	Continued From page	e 17	F 6	00			
	reasonable person wifeelings such as intimembarrassment, and/ (deprivation of human compassion). Immediate Jeopardy when six staff members of her bed to receive sustaining a bruise to staff did not like her. removed as of 6-10-2 implemented a credit Jeopardy removal. The compliance at a lower (no actual harm with that is not Immediate	began on Saturday 4-22-23 ers forced Resident #49 out a shower with the resident her hand and feeling that Immediate Jeopardy was 3 when the facility ble allegation of Immediate he facility will remain out of r scope and severity of "D" a potential for minimal harm jeopardy) to ensure ed and monitoring systems		were documented from the beassessments: a. Resident #49 was visited Administrator on 4/25/2023. b. Resident #49 was visited Clinical Social Worker (LCSW 4/25/2023. c. Resident #49 was assess Registered Nurse (RN) on 5/1 d. Resident #49 was visited 5/12/2023. e. Resident #49 was visited Psychiatric NP on 5/12/2023. f. Resident #49 was assess Licensed Practical Nurse (LPI 5/13/23. g. Resident #49 was visited Care Nurse NP on 5/24/23. h. Resident #49 was visited 5/26/2023. i. Resident #49 was visited Practitioner (NP) 5/31/2023.	I by the I by Licens I/) on sed by 11/23. I by LCSW I by Sed by N) on I by Pallian	V on tive V on	
	Resident #49 was ad multiple diagnoses the dementia without behalibrillation and chronic Physician order dated Resident #49 was to to prevent blood clots day. Resident #49's activition initiated on 1-4-2020 revealed the resident living self-care deficit was to maintain current.	navioral disturbances, atrial crespiratory failure.		2. The facility completed the attempt to identify any resider could have been impacted by practice: a. All residents with a Brief Mental Status (BIMs) below 8 shower on the allegation date assessments completed with findings during the initial investing the initial investigation. The Social Service of the allegation of the allegation of the allegation of the allegation of the allegation. The Social Service of the attempt of the allegation of the allegation. The Social Service of the attempt of t	nts who the deficion the deficion the deficion that skir no relevant stigation. The stigation of the stigation deficient of the stigation of the st	for d a n nt rse ve	

Facility ID: 923454

Event ID: 1NEO11

PRINTED: 07/11/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		ATE SURVEY DMPLETED
			A. BOILDI	NG			С
		345341	B. WING _			۱ ,	06/12/2023
NAME OF PI	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	00/12/2023
					00 SILVER BLUFF DRIVE		
SILVER B	LUFF INC			C	ANTON, NC 28716		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETION DATE
F 600	Continued From pa	ge 18	F	600			
	goal included Resid	lent #49 required total			interviewed the residents on 4/26/202	3.	
	•	hing and if the resident			c. Completed on 6/9/2023, the facili	ty	
		minutes to pass and then			conducted interviews regarding abuse		
	re-attempt to get the	e resident to agree to a			The interviews include all residents wi		
	shower or bath. Pro	vide the resident with a			BIMs of 8 or above. The interviews we	ere	
	sponge/bed bath wl	hen a full bath or shower			conducted by the Administrator or Dire		
		. There was no documentation			of Nursing (DON) or trained designee		
		#49's preferred bathing			There were no areas of concern durin	g	
	choice.				the interviews.		
		D (0 ((MD0)) ()			d. Completed on 6/9/2023, the facili	ty	
		num Data Set (MDS) dated			conducted skin assessments on all residents with a BIMs below 8. The D	NON!	
		esident #49 was moderately					
		I and exhibited physical others 1-3 days in the 7 days			or other licensed nurses as designate the DON were responsible for the skir		
		id had refused care 1-3 days			assessments. There were no relevant		
		ook back period. Resident #49			issues.		
		s needing physical help with			locaco.		
		ing and extensive help with			3. The Chief Executive Operator (C	EO).	
		mobility, transfers, dressing,			Administrator, Director of Nursing (DC		
		nal hygiene. The MDS also			or trained designee educated 100% o	f	
	documented Reside	ent #49 received an			staff regarding Tag F600 by 12:00 PM	on	
	anticoagulant (medi	ication to inhibit the clotting of			06/09/2023. Any staff who did not		
	blood) 7 out of 7 da	ys during the 7 day look back			complete was removed from the sche		
	period.				and not allowed to work until they have		
					been educated. This includes contrac		
		conducted from 4/1/23 through			and agency staff members. This inclu	des	
		bruises were present on			staff in every department as abuse		
	Resident #49.				prevention is relevant to every department. This includes new hires.	Tho	
	Review of Resident	#49's medical record			education will include:	THE	
		note dated 4-23-23 at			a. Understanding and identifying the	د	
	1	Nurse #2. The nurse			types of abuse.		
		ad been called to the resident's			b. The reasonable person concept i	n	
		ember (daughter) who was			regard to abuse.		
	, ,	ad happened to Resident			c. How to manage and address		
		ad a bruise on her left hand.			residents who refuse care.		
	Nurse #2 document	ted that Resident #49 had told			d. How to address and handle resid	ents	
	her it happened in t	he shower a couple of days			with combative behaviors		
	ago.				e. Understanding that forcing care is	3	

Facility ID: 923454

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345341	B. WING			1	C 12/2023
NAME OF PE	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 06/	12/2023
TAPAWIE OF TH	TO VIDER OR OUT FIER				00 SILVER BLUFF DRIVE		
SILVER BI	LUFF INC						
				<u> </u>	CANTON, NC 28716		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R 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 600	Continued From page	ge 19	F 6	600			
					abuse and can result in serious injury.		
	The initial investigati	ive report completed by the			f. Understanding that the resident ha	as a	
	_	ocial Worker (SW) dated			right to be free from abuse.		
		e facility had received a			g		
		ident #49's daughter who told			4. Beginning 06/13/2023, the Chief		
		ent had been abused in the			Executive Operator (CEO), Administra	tor,	
	,	(4-22-23). According to the			Director of Nursing (DON) or trained	,	
		informed the facility that			designee will conduct audits to ensure		
	Resident #49 had to	old her staff were pinching her			that the residents are free of abuse and	b	
	hand during her sho	wer.			neglect. The audits will include intervie	WS	
					for residents with a Brief Interview for		
	•	ocumented per the nursing			Mental Status (BIMs) of 8 and above. I		
		nt #49 was not in any acute			residents with a BIMs below 8, the aud	its	
		ng and the resident did not			will include reviewing their shower and		
	report any mental ar	nguish from the incident.			skin sheets. The audits will also include		
					staff questionnaires regarding abuse.		
	_	vestigation report dated			audits will be conducted at the followin	g	
		esident #49's daughter had			frequency:		
		ator on 4-25-23 and reported			a. 5 resident interviews (of alert and	0	
		en abused in the shower on			oriented residents who have a BIMs of	_	
	- , , ,	The documentation showed			or above) each working week, weekly to 12 weeks.	or	
	-	e Administrator she had on 4-23-23 and noticed a				of	
		nt's hand. The daughter			b. 5 resident shower sheet reviews (or non-alert and oriented residents with a		
		strator that Resident #49 had			BIMs below 8), weekly for 12 weeks.		
		inching her hand during her			c. 5 staff interviews each working we	ek	
	shower. The daught	•			weekly for 12 weeks.	OK,	
		ad spoken to the charge			Weekly for 12 Weekle.		
		no assessed Resident #49's			5. Beginning 06/13/2023, the facility		
		he investigation report			Quality Assurance and Process		
		nt #49 had a bruise on the			Improvement (QAPI) team will meet		
		The investigation report			monthly to discuss follow-up from Tag		
	•	ements from staff who had			F600. The team includes: the		
	contact with Resider				Administrator, the DON, Assistant Dire	ctor	
					of Nursing (ADON), Staff Development		
	Resident #49 was in	iterviewed on 6-5-23 at			Coordinator (SDC), Wound Care, Soci		
	10:39am. Resident #	#49 confirmed she			Services, Medical Records, Minimum		
	remembered when s	she sustained a bruise to her			Data Set (MDS) nurses, and other		
	hand on 4-22-23. Th	ne resident commented, "It			relevant members of management.		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	COMPLETED
		345341	B. WING		C 06/12/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	00/12/2023
(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 SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETION
F 600	"the girl was trying to chair and was squee stop because she wanot." She also stated staff because she did Resident #49 discussed baths. The resid she felt during the inkept stating "I don't vertically Resident #49 discussed (her daughter) on 4-2 and stated she did not she was concerned a stated she had not resince 4-22-23. Upon observation of observed not to have Resident #49 was obtoes a stated she had not resince 4-22-23. Upon observation of observed not to have Resident #49 was obtoes a stated she had not resident #49 was obtoes a stated she had not resident #49 was obtoes a stated she had not resident #49 was obtoes a stated she had not resident #49 was obtoes a stated she had not resident her clothes were no odors observed in bed. Her clothes were no odors observed flow down to the notean but uncombed. A telephone interview #49's daughter discussed vertically a shower of daughter discussed vertically a shower of daughter further discontinued had that was black when she asked Reshappened the resident particular that stated and that want a shower of daughter further discontinued had that was black when she asked Reshappened the resident she did not want a she daughter that stated she was a shower of daughter further discontinued had been she was a shower of daughter further discontinued had been she was a sh	long time." Resident #49 said of force me into the shower zing my hand. I told her to as hurting me, but she did she was fighting with the did not want to get a shower. Seed that she preferred to get ent would not discuss how cident on 4-22-23 but instead want to get anyone fired." Seed telling a family member 23-23 what had happened to tell any other staff because about the staff's jobs. She exceived any other bruises the resident, she was any bruising to her hands. Seerved on 6-5-23 at nt was observed to be lying were noted to be clean, there wed, her hair was observed hiddle of her back and was a voccurred with Resident 6-23 at 11:35am. The visiting the resident on a bruise on the resident's and blue in color. She stated	F 60	6. Date of Compliance: 06/13/202	3

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345341	B. WING				12/2023
NAME OF P	ROVIDER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE	1 06/	12/2023
				C	ANTON, NC 28716		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	hand and stated the ribruise and told her tharea. The daughter staff to "force" the resexplained she told state to take a shower but it ok. She explained she like getting a shower baths. The daughter svisit that the resident staff liked her. NA #1's written stater to the incident on 4-2: assisted with transfer bed to the wheelchair the shower room. The that she did not aid wishower. NA #1 was interviewed #1's written statemen incident with Resident was asked to clarify his Resident #49's behave of action. NA #1 state bad to refuse shower not know if the reside was written anywhere usually ask Resident or bed bath. She furth being allowed to refuse to refuse one shower scheduled shower, the to refuse. NA #1 explained to refuse the refuse that the residence is the refuse of the refuse that the residence is the residence	the bruise to Resident #49's nurse took a picture of the e staff would monitor the tated she had never told sident to have a shower. She aff to encourage the resident if the resident refused it was e knew the resident did not and preferred to have bed stated on 4-23-23 during the told her she did not think ment dated 4-26-23 related 2-23 indicated that she ring Resident #49 from the so she could be brought to e statement further indicated with giving Resident #49 the and on 6-6-23 at 12:46pm. NA t related to the 4-22-23 the statement and explain who is a swell as staff's course and Resident #49 was "real so". She discussed she did ent's preference in bathing to but stated she would #49 if she wanted a shower ner discussed the resident she a shower but not all the did Resident #49 was allowed a week but the second the resident was not allowed ained on 4-22-23 Resident shower 2-3 times and after and informed Nurse #1 that	F	600			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345341	B. WING			C 06/12/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 100 SILVER BLUFF DRIVE CANTON, NC 28716	•	3611212023	
(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 IE APPROPRIATE	(X5) COMPLETION DATE	
F 600	stated Nurse #1 told and take her to the shere were six staff in NA #2, NA #3, NA #4 four staff (the NA cout to sit Resident #49 of explained during this throwing her hands a staff and putting her. The NA stated once into receiving a should stick her right and bang her hand to wanted something. Not would stick her right and bang her hand to wanted something. Not resident was combate with the resident to the nurse on duty. The resident #49 had a during the transfer of the nurse #1's written staffollowing the incident called down to the reget her up for a show always does. I told here we have to the control of the control of the shower chair. Up, but smiling and a was done." During an interview was the 4-22-23 incident reviewed. The nurse	her to get the resident up hower anyway. She stated to the room (Nurse #1, NA #1, to and NA #5) and that it took ald not remember which staff) to the edge of the bed. NA #1 time, the resident was around, pushing away from arms up "guarding" herself. Resident #49 was "talked wer, the resident was no A #1 explained Resident #49 hand through the side rails ever the bed table when she live, she would try to speak alm her or she would inform the NA stated she did not see to bruise on her left hand	F 60				

OLIVILIY	O I OIT MEDIO/ IITE &	MEDIO/ ND OLIVIOLO				OIVID ITC	7. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY
				-		(С
		345341	B. WING			1	12/2023
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	s	STREET ADDRESS, CITY, STATE, ZIP CODE		
OILVED D	LUEE INO			1	00 SILVER BLUFF DRIVE		
SILVER BI	LUFF INC			(CANTON, NC 28716		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
IAG		,			DEFICIENCY)		
F 600	Continued From page	e 23	F	600			
	happened when the r	esident refused her					
	showers. The nurse of	confirmed she was the					
	charge nurse on 4-22	2-23 but stated she did not					
		nt. Nurse #1 stated if it was a					
		lent #49 then the resident					
	-	nbative by flailing her hands					
		ually once the resident was					
		a seated position on the					
		esident would stop being					
	_	ling her written statement for					
		that she provided to the					
		vestigation, she stated she					
	remembered being to						
	refusing her shower a						
	_						
		eak with her along with five					
		NA #3, NA #4, and NA #5).					
		to explain why six staff					
		sident #49's room. The					
		esident #49 was placed in					
		resident stopped being					
		explained typically if a					
	resident refused a sh						
		ovided a bed bath but stated					
		ne would sometimes be					
		ver because the resident's					
		came matted if she did not					
		e explained the facility had					
		uld be used to wash the					
		ited they did not work well.					
		e family had told staff they					
	wanted the resident t	o have at least one shower a					
	week.						
	Review of NA #5's w	ritten statement dated					
		incident on 4-22-23 read;					
		t want to take her shower but					
		ot her to go take it. The					
		where she puts her hand					
	∣ through the rail on the	e bed all the time. She keeps					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED				
						I	
		345341	B. WING			06/	12/2023
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 00 SILVER BLUFF DRIVE CANTON, NC 28716		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	A telephone interview 6-6-23 at 3:01pm. NA related to the 4-22-23 was reviewed. NA #5 Resident #49's behave resident refused a she Resident #49 sustains confirmed she assisted out of bed for a shown she remembered the because the resident bed and take a showe to get Resident #49 in resident attempted to stated she could not rowas one of the NAs some of the resident #45 in the receiving behind explained Resident #45 refused talk her into receiving explained that if she was to receiving her show to get up out of the bediscussed typically rerefuse a shower four day but then the nurs of the refusal and it was to decide if the reside get up and receive a significant receiving and receive a significant residence.	a lot from the bed rails." coccurred with NA #5 on a #5's written statement incident with Resident #49 was asked to discuss for, what happens when the ower, and the bruise ed to her left hand. The NA ed with getting Resident #49 er on 4-22-23. She stated resident was combative did not want to get out of er. NA #5 stated, while trying not the shower chair, the hit one of the NAs. She remember which one, but it tanding behind the resident. Were six staff members a #2, NA #3, NA #4, and NA he could not remember who the resident. NA #5 was allowed to refuse ut then the resident "will be er day." She explained if the shower, staff tried to a shower. She further was not able to be talked in er, the resident was "forced" ed to take a shower. The NA sidents were allowed to to five times on their shower e on duty had to be informed as up to the nurse on duty int needed to be "forced" to shower. She stated she f Resident had a bruise on	F	600			

			(X3) DATE COMP	SURVEY LETED			
		345341	B. WING				2
NAME OF D	20/4050 00 01 1001 150	343341	B. WING	OTDEET	ADDRESS SITY STATE ZID SODE	06/	12/2023
NAME OF PI	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
SILVER B	LUFF INC				ER BLUFF DRIVE		
				CANTO	N, NC 28716		
(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 600	Continued From page	e 25	F	800			
	the incident on 4-22-2 not help to give [Resi Saturday. I did assist bed after the shower. was not being comba	ment dated 4-25-23 following 23 read; "Per [NA #2] I did dent #49] her shower on with getting her back into She was fine with me and tive. When asked about the land, [NA #2] told interviewer ad that bruise before					
	6-6-23 at 3:34pm, NA related to the 4-22-23 was reviewed. NA #2 with Resident #49's to resident's behavior, a Resident #49 refused bruise on Resident #4 assisted in transferrir bed to the shower chediscussed Resident #1 not want a shower are she was placed in the stated she could not were in the room but She was unable to expany staff in the room Resident #49 never wusually when she refus was provided. NA #2 the resident's prefere anywhere but said she if she wanted a bed be stated she did not know to get a shower on 4-not see a bruise on Residenting the resident was provided.	A #2's provided statement B incident with Resident #49 was asked if she assisted ransfer prior to the shower, and what happened if I a shower, as well as the 49's hand. NA #2 stated she ag Resident #49 from the air on 4-22-23. NA #2 449 telling the staff she did ad had been combative until be shower chair. The NA remember how many staff said there were "a lot of us." Aplain why there were so an. She also discussed wanting to get out of bed and used her shower a bed bath explained she did not think ance for bathing was written the usually asked the resident bath or shower. The NA ow why she was being made 22-23. NA #2 stated she did desident #49's hand when tent into the shower chair. In her written statement					

	OF DEFICIENCIES F CORRECTION			3) DATE SURVEY COMPLETED		
		345341	B. WING _			C
	ROVIDER OR SUPPLIER	040041		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	I	06/12/2023
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	Review of NA #3's 4-26-23 to the facili 4-22-23 read; [NA and myself all assis to the shower chair to go at first but did in the chair. [NA #4 shower room and be thanking us for bath apologized for "bein not wanting to take and took her back to go back to bed so whooked up her oxygen NA #3 was intervier 7:12pm. NA #3's st incident with Resid was asked to clarify #3 explained Resid shower on 4-22-23 refusing. She said in NA #1, NA #2, NA #3 get Resident #49 or resident was pushing to get up. Na #4's written stat the incident on 4-22 asked [Resident #4 shower and she did then finally said she hard time to get ou	the resident "always keeps a	F			
	NA #1, NA #2, NA # get Resident #49 or resident was pushint to get up. Na #4's written state the incident on 4-2' asked [Resident #4 shower and she did then finally said she hard time to get ou other CNAs [NA #5 help because she witime [NA #5] went as	#4, and NA #5) plus herself to ut of the bed because the ang them away and not wanting ement dated 4-27-23 following 2-23 read; "On Saturday we 9] if she was ready for a dan't want to get out of bed but a was ready but still gave us a tof bed so I went to ask the				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		345341	B. WING			C 06/12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 100 SILVER BLUFF DRIVE CANTON, NC 28716	ZIP CODE	00/12/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED		DATE.
F 600	wheeled her down to and [NA # 3] gave her the shower and kept for giving us a hard ti was calm and gentle washed and dressed room and she got he [NA #2] had helped in was fine and helped. An interview with NA 9:01am. Na #4's writh 4-22-23 incident with She was asked to claprior to the shower. In had asked Resident and said the resident and said the resident and said the resident and resident on her own. Why her written states to ask for more help with the resident and resident on her own. Why her written states stated during the trar pushing against them explained she never did not want a shower. Nurse #2 was interviated 2:17pm. The nurse Resident #49's family how the resident received hand. Nurse #2 states and saw the resident and thought Resident work completed. The there was no docume completed, she information.	the shower chair and we the shower room and me er a shower. She was fine in saying how sorry she was time getting out of bed. She while in the shower. We her and got her back in the rotenails cut by [NA #2] and the get her in the bed and she us and said thank you." #4 occurred on 6-7-23 at the statement related to the Resident #49 was reviewed. Farify Resident #49's behavior NA #4 stated on 4-22-23 she fall if she wanted a shower to was agreeable to receiving the she left the resident's room because she was not familiar could not transfer the NA #4 was unable explain ment was different. She in she resident #49 was in and fighting. NA #4 heard the resident say she	F	600		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	i '		DATE SURVEY COMPLETED
		345341	B. WING			C 06/12/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	<u> </u>	06/12/2023
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR 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 600	told by the family in told her the bruise she was in the sho. The previous Social interviewed by tele. The previous SW sinvestigation for the Resident #49 on 4-had received a call saying the resident staff in the shower first questioned stark questioned stark esident #49 about stated the staff were statements that Regetting into the should not want a show she had not question when the resident in the shower and had be should have walked into the shower." The Administrator of 3:01pm. He stated abusive and if he stopped it from haps. The Administrator of Jeopardy on 6-7-25.	e. Nurse #2 discussed being nember, that Resident #49 had had occurred with staff while wer. al Worker (SW) was phone on 6-6-23 at 4:44pm. Itated she had conducted the eabuse allegation towards 1:25-23 after the Administrator from Resident #49's daughter, thad been "roughed up" by on 4-22-23. She stated she ff and then questioned to the incident on 4-22-23. She se consistent in their sident #49 was combative over chair because the resident wer. The previous SW stated oned staff on their response was refusing her shower or nad been combative. She sident #49 was refusing her ecome combative, the staff daway instead of "forcing her was interviewed on 6-7-23 at "forcing a resident was nad known he would "have opening."	F 6	00		
	Allegation of imme	diate Jeopardy removal:				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED	
345341	B. WING		C 06/12/2023	
		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	00/12/2023	
CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION	
a serious adverse outcome acompliance. actice cited at tag F600 had a ulting in serious physical and or Resident #49. s filed at 3:43 PM on Services (APS) notified on estigation submission was A. A/4/2023. actice at tag F600 could residents. as shown no signs or social harm as of 6/8/2023. as of psychosocial harm were below assessments: as visited by Administrator on as visited by Licensed Clinical AV) on 4/25/2023. as assessed by Registered 23. as visited by LCSW on as visited by Psychiatric NP as assessed by Psychiatric NP as assessed by Palliative Care 3. as visited by Palliative Care 3. as visited by Nurse 1/2023. a Brief Interview for Mental 8 (who had a shower on the	F 60			
	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) The 29 The 29 The action of the street of t	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) Re 29 A a serious adverse outcome incompliance. actice cited at tag F600 had a culting in serious physical and or Resident #49. Is filed at 3:43 PM on Services (APS) notified on sestigation submission was M. Sid/A/2023. In actice at tag F600 could residents. In as shown no signs or insocial harm as of 6/8/2023. In so of psychosocial harm were in the below assessments: In as visited by Administrator on the insocial by Registered 23. In as visited by Licensed Clinical Properties of the properties of	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716 PROVIDER'S PLAN OF CORRECTION SYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) F 600 Re 29 A serious adverse outcome compliance. actice cited at tag F600 had a ulting in serious physical and or Resident #49. Is filed at 3:43 PM on Services (APS) notified on estigation submission was M. Myd/2023. actice at tag F600 could residents. as shown no signs or social harm as of 6/8/2023. ns of psychosocial harm were e a bellow assessments: as visited by Administrator on as visited by Licensed Clinical M) on 4/25/2023. as assessed by Registered 23. as visited by Psychiatric NP as visited by Psychiatric NP as as visited by Palliative Care 3. as visited by LCSW on as visited by Nurse 1/2023. has private and the provided provided by Nurse 1/2023. has privated by Nurse 1/2023. has a sisted by Nurse 1/2023. has visited by Nurse 1/2023. has a sisted by Nurse 1/2023. has a sisted by Nurse 1/2023. has a Brief Interview for Mental 8 (who had a shower on the	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	I' '		OMPLETED
		345341	B. WING			C 06/12/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	I	06/12/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 600	Nurse on 4/26/2023. o All residents with a shower on the allegand there were no reinitial investigation. Tinterviewed the resid o The facility will in BIMs of 8 or above ron 06/09/2023. The iby the Administrator or trained designee. o The facility will call residents with a B 06/09/2023. The Dir licensed nurses as dresponsible for the sl "Specify the action the process or systematic adverse outcome from when the action will be on the Chief Executad Administrator, Direct trained designee will regarding Tag F600 becomes or the staff will be remanded and the staff will be remanded a	as completed by RN Charge a a BIMs 8 or above (who had gation date) were interviewed elevant findings during the the Social Services Director ents on 4/26/2023. Interview all residents with a legarding Abuse by 11:59 PM enterviews will be conducted for Director of Nursing (DON) Conduct skin assessments on lims below 8 by 11:59 PM on lector of Nursing or other esignated by the DON will be kin assessments. In the entity will take to alter in failure to prevent a serious in occurring or recurring, and the complete. In the entity will take to alter in failure to prevent a serious in occurring or recurring, and the complete. In the entity of Staff or 100 PM on 06/09/2023, moved from the schedule ork until they have been des contract and agency staff ate will include: and identifying the types of the person concept" in regard to and address residents who and handle residents with	F 6			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			DATE SURVEY COMPLETED
		345341	B. WING			C 06/12/2023
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, 100 SILVER BLUFF DRIVE CANTON, NC 28716		•	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	can result in serious o Understanding be free from abuse o 100% of staff von Friday, June 9th removed from the staff von Friday, June 9th removed from the staff von 6-12-23, the fact Jeopardy removal oby the following: do with the residents a in-service sign in staff departments receiv understanding and abuse, residents' righow/who/when to recognitively impaired new skin abnormali interviews complete oriented residents rabuse. Residents interview abuse. Residents a residing in the facility various department	that forcing care is abuse and is injury. It that the resident has a right to will be educated by 12:00 PM at 2023, or they will be schedule. The emoval: June 10, 2023 The effective 6-10-23 was validated by the effective 6-10-23 was validated by the effective of the effective	F 60			
F 607 SS=D	verbalize the types abuse, and when a concerns. The facili removal date of 6-1	education and were able to of abuse, what constituted nd who to report any ity's Immediate Jeopardy 0-23 was confirmed. t Abuse/Neglect Policies	F 60	07		6/13/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345341	B. WING _		C 06/12/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	00/12/2023
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 607	§483.12(b)(1) Prohib neglect, and exploita misappropriation of r §483.12(b)(2) Establ to investigate any su §483.12(b)(3) Include paragraph §483.95, §483.12(b)(4) Establ QAPI program requir §483.12(b)(5) Ensure occurring in federally facilities in accordance Act. The policies and but are not limited to §483.12(b)(5)(ii) Posemployee rights, as a (3) of the Act. §483.12(b)(5)(iii) Proretaliation, as defined (2) of the Act. This REQUIREMENT by: Based on record revinterviews the facility	ty must develop and licies and procedures that: it and prevent abuse, tion of residents and esident property, ish policies and procedures ch allegations, and e training as required at ish coordination with the ed under §483.75.	F 6	Tag F607: 1. Nurse #2 was educated by the Director of Nursing (DON) and	ne
		on of abuse to the porting an allegation of pency within two hours. This		Administrator on the facility's abuse reporting policy and procedures o 06/09/2023. The policies include:	n

PRINTED: 07/11/2023 FORM APPROVED OMB NO. 0938-0391

AND DEAN OF CORRECTION . IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	3) DATE SURVEY COMPLETED		
						С
		345341	B. WING _		06	6/12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CII VED DI	HEE INC			100 SILVER BLUFF DRIVE		
SILVER BI	LUFF INC			CANTON, NC 28716		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		SHOULD BE	COMPLETION DATE
F 607	Continued From page	e 33	F 6	07		
	occurred for 1 of 2 re- reviewed for reporting	sidents (Resident #49) J.		abuse policy; identifying and kn types of abuse; who the abuse	_	
	Findings included:			coordinator is; how to report an the abuse coordinator; the time guidelines on reporting abuse;	liness and	
	Misappropriation-Rep	Neglect, Exploitation or or or or investigating and investigating revised on 9-2022 revealed		necessity of protecting all residents abuse.		
	in part; If resident abu			The facility completed the attempt to identify any residents		
	Administrator. The Ad	Immediately to the Immediately to the agency within two		could have been impacted by the		
	hours of an allegation	- -		practice: a. All residents with a Brief In Mental Status (BIMs) below 8 (
	-	occurred with Resident		shower on the allegation date)	had skin	
	#49's daughter on 6-6	6-23 at 11:35am. The he had visited the resident		assessments completed with no findings during the initial investi		
		on 4-23-23 and saw the		This was completed by RN Cha		
	bruise on her hand. S	the stated when she asked		on 4/26/2023.		
		ad happened, the resident		b. All residents with a BIMs 8		
	told her staff had held			(who had a shower on the alleg	,	
	·	n 4-22-23 because she did		were interviewed and there were relevant findings during the initi		
		wer and she was being hter discussed informing		investigation. The Social Service		
	Nurse #2 "before sup			interviewed the residents on 4/2		
		ruise on her hand and that		c. Completed on 6/9/2023, th	e facility	
		her staff had done it to her		conducted interviews regarding	•	
	while she was in the	shower. She stated Nurse #2		The interviews include all reside	ents with a	
	looked at the area, to	ok a picture and told her		BIMs of 8 or above. The intervi	ews were	
	staff would monitor th	e bruise.		conducted by the Administrator		
				of Nursing (DON) or trained des	•	
		note written by Nurse #2 on		There were no areas of concern	n during	
		locumented she was called		the interviews.		
		m by a family member		d. Completed on 6/9/2023, th		
		hter) who was questioning		conducted skin assessments or		
		resident's hand which had		residents with a BIMs below 8.		
		nd. The note documented		or other licensed nurses as des		
	the resident told Nurs			the DON were responsible for t		
	nappened in the show	ver a couple of days ago.		assessments. There were no re	evant	

Facility ID: 923454

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
		345341	B. WING						
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/12/2020				
				100 SILVER BLUFF DRIVE					
SILVER B	LUFF INC			CANTON, NC 28716					
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION					
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)					
F 607	Continued From pag	ne 34	F 60	7					
		•		findings.					
	Nurse #2 was interv	iewed by telephone on 6-6-23							
		confirmed she was the		3. Completed by 12:00 PM on					
	charge nurse on 4-2	3-23. She explained she had		06/09/2023, the Chief Executive Ope	erator				
	been called to Resid	lent #49's room around		(CEO), Administrator, Director of Nu	rsing				
	5:00pm by the reside	ent's daughter who wanted to		(DON) or trained designee educated					
		d to the resident's hand. The		100% of staff regarding Tag 607. Any	y staff				
	nurse said she asse	ssed the area and found a		who did not complete was removed t	rom				
		#49's left hand. Nurse #2		the schedule and not allowed to work	Operator Nursing ted Any staff ed from vork until cludes rs. This t as very res. The ypes of s. abuse s on Il facility ief histrator, led lisure buse The esidents status will also				
	_	had told her Resident #49		they have been educated. This include					
		occurred while she was in the		contract and agency staff members.					
		ne nurse discussed the		includes staff in every department as					
		ion of abuse was made. She		abuse prevention is relevant to every					
		ve done an incident report		department. This includes new hires	. The				
		ninistrator immediately. Nurse		education will include:					
		t follow protocol because she		a. The abuse policy.					
	did not think it was a	ibuse.		b. Knowing and identifying the type	S OT				
	The feetlife to initial m			abuse. c. Who the abuse coordinator is.					
		eport conducted by the ocial Worker dated 4-25-23			100				
		t occurred on 4-22-23 but the		d. How to report and reach the abu	126				
		e aware of the incident until		e. The timeliness and guidelines of	n				
	,	ent #49's daughter called the		reporting abuse.	'				
		the resident had been		f. The necessity of protecting all fa	acility				
		er on 4-22-23. The initial		residents from abuse.	loility				
		vealed Resident #49's		100 donto ironi abado.					
		ne Administrator on 4-25-23		4. Beginning 6/13/2023, the Chief					
	_	the resident on 4-23-23 and		Executive Operator (CEO), Administ	rator				
		narge nurse on duty (Nurse		Director of Nursing (DON) or trained	-				
	-	ed Resident #49's hand for		designee will conduct audits to ensur					
		's investigation report was		that there were no instances of abus					
	completed on 4-28-2	•		allegations that were unreported. The					
	· ·			audits will include interviews for resid					
	The previous Social	Worker (SW) was		with a Brief Interview for Mental State					
		hone on 6-6-23 at 4:44pm.		(BIMs) of 8 and above; the audit will					
	The SW confirmed s			include interviews with responsible p					
		ucting the investigation and		of residents with a BIM below 8. The					
		began on 4-25-23 when the		audits will also include staff					
		ceived a call from Resident		questionnaires regarding identifying					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345341	B. WING _				C / 12/2023
NAME OF PR SILVER BI (X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	100 CA	REET ADDRESS, CITY, STATE, ZIP CODE D SILVER BLUFF DRIVE ANTON, NC 28716 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	E	(X5) COMPLETION DATE
F 607	"roughed up" in the sl that time she learned abuse had been mad She also stated she v should have been rep Administrator by Nurs report turned into the During an interview w Director of Nursing (Downer on 6-7-23 at 3: Nurse #2 had used he on 4-23-23 regarding	ng the resident had been nower. She stated it was at the initial allegation of e to Nurse #2 on 4-23-23. Was aware the allegation orted immediately to the ee #2 on 4-23-23 and a agency within two hours.		607	abuse. The audits will be conducted at following frequency: a. 5 resident interviews (of alert and oriented residents who have a BIMs of or above) each working week, weekly for 12 weeks. b. 5 resident shower sheet reviews (of non-alert and oriented residents with a BIMs below 8), weekly for 12 weeks. c. 5 staff interviews each working we weekly for 12 weeks. 5. Beginning 06/13/2023, the facility Quality Assurance and Process Improvement (QAPI) team will meet monthly to discuss follow-up from Tag F607. The team includes: the Administrator, the DON, Assistant Dire of Nursing (ADON), Staff Development Coordinator (SDC), Wound Care, Social Services, Medical Records, Minimum Data Set (MDS) nurses, and other relevant members of management. 6. Date of Compliance: 06/13/2023	the 8 for of ek,	
	CFR(s): 483.12(c)(2)- §483.12(c) In respons neglect, exploitation, must: §483.12(c)(2) Have e violations are thoroug §483.12(c)(3) Preven	se to allegations of abuse, or mistreatment, the facility vidence that all alleged hly investigated. t further potential abuse, or mistreatment while the	F€	510			6/13/23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345341	B. WING		C 06/12/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	00/12/2023	
CII VED DI	HEE INC			100 SILVER BLUFF DRIVE		
SILVER BI	LUFF INC			CANTON, NC 28716		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION	
F 610	Continued From page	e 36	F 610			
	designated represent accordance with Statt Survey Agency, within incident, and if the all appropriate corrective. This REQUIREMENT by: Based on observation resident and staff interprovide protection for investigation of an all residents (Resident # Findings included: A review of the facility. Neglect, Exploitation. Misappropriation-Reprevised September 2 "Investigating Allegath has been accused of leave with no resident investigation is composed." Resident #18 was ad 6/13/22 with a diagnor wearing down of protein bones). A review of Resident Set (MDS) assessments was cognitively in	administrator or his or her tative and to other officials in e law, including to the State in 5 working days of the leged violation is verified e action must be taken. T is not met as evidenced ons, record review and erviews the facility failed to residents during the legation of abuse for 1 of 2 eta8) reviewed for abuse. To policy titled "Abuse, or location and Investigating" last 1022 revealed in part: lions: 6. Any employee who resident abuse is placed on ut contact until the		F610: 1. NA #9 and NA#1 were suspender pending investigation by the Administr on 06/06/2023 after he became aware the involvement of the staff members. management team was educated on the Abuse Policy and Procedure on 6/09/2023. This includes suspension alleged perpetrators during an abuse investigation. The allegation was unsubstantiated by the abuse commit on 06/07/2023. 2. The facility completed the following attempt to identify any residents who could have been impacted by the definition on 06/07/2023. 2. The facility completed the following attempt to identify any residents who could have been impacted by the definition or conducted interviews regarding abuse. The interviews include all residents with BIMs of 8 or above. The interviews we conducted by the Administrator or Directly of Nursing (DON) or trained designee. There were no areas of concern during the interviews. b. Completed on 6/9/2023, the facility conducted skin assessments on all	rator e of The he of tee og to cient tty c. th a ere ector g	
	A nursing progress n	ote dated 6/2/23 at 4:53 PM		residents with a BIMs below 8. The D	ON	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345341	B. WING		С	
	201/1252 02 01/221/52	345341	1	077557 APRESSO OFFI OFFI THE CORE	06/12/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SILVER BI	LUFF INC			100 SILVER BLUFF DRIVE		
OILVLIX D	2011 1110			CANTON, NC 28716		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 610	Continued From page	÷ 37	F 610	0		
	written by Nurse #3 re	evealed she was called to		or other licensed nurses as designate	d by	
	Resident #18's room			the DON will be responsible for the sk		
		orearm. It further revealed		assessments. There were no areas of		
		skin and the bruise looked		concern related to abuse during the sl		
		was assessed and the		assessments.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	•	OON), the Administrator and		addeddinente.		
	• • • • • • • • • • • • • • • • • • • •	cian Assistant (PA) were		3. Completed by 12:00 PM on		
		Resident #18 reported to		06/09/2023, the Chief Executive Oper	ator	
		the bruise yesterday during		(CEO), Administrator, Director of Nurs		
		the grabbed my arm to pull		(DON) or trained designee educated	9	
	me forward".	у г. р		100% of staff regarding Tag 610. Any	staff	
				who did not complete were removed f		
	A progress note dated	d 6/2/23 at 5:39 PM written		the schedule and are not allowed to w		
		evealed in part that a Nurse		until they have been educated. This		
	Aide (NA) made mana			includes contract and agency staff		
	, ,	ent #18 regarding a bruise.		members. This includes all departmen	ıts	
		Protective Services (APS)		and any new hires. The education will		
	-	al allegation report was		include:		
	faxed to the "State".			a. The abuse policy.		
				b. Knowing and identifying the types	of	
	On 6/5/23 at 2:42 PM	Resident #18 was		abuse.		
	observed to have a fla	at oval shaped		c. Who the abuse coordinator is.		
	reddish-purple area to	o her right forearm. An		d. How to report and reach the abus	e	
	interview with Reside	nt #18 at that time indicated		coordinator.		
		y an NA when she grabbed		e. The timeliness and guidelines on		
	her arm and jerked it	to try to raise her up to put		reporting abuse.		
		bath the other day. She		f. The necessity of protecting all fac	ility	
		As that helped with her		residents from abuse.		
	_	ushing. She went on to say				
	-	brief too tight. She stated		4. Beginning 06/13/2023, the Chief		
		A it was too tight, she looked		Executive Operator (CEO), Administra	ator,	
		n. Resident #18 went on to		Director of Nursing (DON) or trained		
		ning NA jerked her arm		designee will conduct audits to ensure	;	
		he bruise. She further		that there are no unreported abuse		
		know the names of the NAs,		allegations. The audits will also includ		
		ber their faces if she saw		staff questionnaires regarding identify		
	them again. Resident			abuse or any confirmed cases of abus	se.	
	T	Director of Nursing had		The audits will be conducted at the		
	come to look at the ar	rea on her arm. She went on		following frequency:		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345341	B. WING		C 06/12/2023
NAME OF P	ROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	1 00.12.2020
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
F 610	to say she really confeel. On 6/8/23 at 8: Resident #18 stated She went on to say remember names, so she stated she had with her bath the date on 6/6/23 at 12:31 indicated Resident at that she got a bruise previous day during 3PM shift when an I her shirt down. Nurs not indicate to her waccidentally or not, not ask Resident #1 accident because so leading questions. So #18 had not express regarding the way so stated NA #1 and No with her bed bath on 6/1/23. On 6/6/23 at 12:56 indicated she and No with a bed bath on 6/1/23. On 6/6/23 at 12:56 indicated she and No with a bed bath on 6/1/23. Resident #18's right had pulled Resident put her gown on. She slipped the gown on rolled her from side	ge 38 uldn't say how this made her 154 AM in a follow-up interview of she felt safe in the facility. While she couldn't always she could remember faces. The not seen the NAs involved by she was bruised again. PM an interview with Nurse #3 #18 reported to her on 6/2/23 to on her right forearm the laber her bed bath on the 7AM to NA pulled her forward to pull se #3 stated Resident #18 did whether this occurred. She went on to say she did 8 whether she felt it was an the did not want to ask any She further indicated Resident sed any concerns to her taff treated her. Nurse #3 A #9 assisted Resident #18 in the 7AM-3PM shift on PM an interview with NA #1 IA #9 assisted Resident #18 in the 7AM to 3PM to	F 610	a. 5 staff interviews each working weekly for 12 weeks. 5. Beginning 06/13/2023, the facility Quality Assurance and Process Improvement (QAPI) team will meet monthly to discuss follow-up from Ta F610. The team includes: the Administrator, the DON, Assistant Di of Nursing (ADON), Staff Developme Coordinator (SDC), Wound Care, Sc Services, Medical Records, Minimum Data Set (MDS) nurses, and other relevant members of management. 6. Date of Compliance: 06/13/2023	g irector ent ocial

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345341	B. WING			C 06/12/2023	
NAME OF PR	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP C 100 SILVER BLUFF DRIVE CANTON, NC 28716	•	00/12/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	•	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 610	provided that day. On 6/6/23 at 1:43 Pt indicated she and Nowith a bed bath on 6 She stated she had	the care she or NA #9 If an interview with NA #9 A #1 assisted Resident #18 If I/23 on the 7AM-3PM shift, been on Resident #18's right She went on to say Resident	Fé	610			
	#18 already had her her forward to pull he scooped her arm un- this. She further indi-	gown on, but she had to lean er up. NA #1 stated she der Resident #18's arm to do cated Resident #18 had not or concerns to her when she					
	indicated Resident # 6/2/23 on the 3PM to bruise on her right at her during her bath. immediately reported indicated when she s 6/2/23, Resident #18 about when the incide she spoke with her, to pinpoint the incide when she received h DON stated Resider NAs present during to	M an interview with the DON 18 reported to NA #10 on 11PM shift that she had a rm from the way staff treated She went on to say NA #10 d this to her. She further spoke with Resident #18 on 8 had initially been confused lent occurred, but the more Resident #18 had been able ent as occurring on 6/1/23 her bath before 3PM. The tit #18 reported that one of the mer bath had been mad and					
	reported to her that talso been mad. The told her she felt the purpose. The DON clight pink in color and stated there had been on to say Resident # pain. She further ind	ner indicated Resident #18 he NA that remained had DON stated Resident #18 remaining NA bruised her on described the bruise as oval, d appearing superficial. She en no finger marks. She went e18 had not complained of icated while she thought she volved down to NA #1 and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345341	B. WING		C 06/12/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	1 00/12/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION
F 610	indicated she had lot #9 were still working she became aware speak to them, but the stated she immediated Administrator on 6/2/23 at 2:11 Ple Administrator indicated NA #10 on 6/2/23 the bath the previous date spoke with Reside observed the bruise on her right forearm there were no hand to say Resident #18 of the NAs left the remained asked if see Resident #18 told his her up to pull her shall letting her back down bruise. He further in been sure the bruise deliberately. The Administrator indicated was doing. He went not been able to prothe staff involved. He when there was an involved. He when there was an involved.	been sure. She further looked to see if NA #1 and NA gon the hall on 6/2/23 when of the allegation so she could hey had not been. The DON tely reported this to the 2/23 as an allegation of abuse. M an interview with the ted Resident #18 reported to at the two girls who gave her ay hurt her. He went on to say lent #18 on 6/2/23 and himself. He stated the bruise appeared superficial and or finger marks. He went on told him during this bath one from and the NA that he was leaving her. He stated im the remaining NA raised int down and as she was to the NA's hand caused the dicated Resident #18 had	F 61		
	the investigation, butime. He stated he he because he did not were involved as Reto provide any name not spoken with NA	volved immediately pending at he had not done that this and not suspended anyone know for certain which staff esident #18 had not been able es. He went on to say he had #1 or NA #9 until today. He tion was still ongoing.			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
		345341	B. WING			C
NAME OF PR	ROVIDER OR SUPPLIER	1 0.0011		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	00	/12/2023
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 610	NA #1 and NA #9 pr NA #1 was present i 6/1/23 from 7:54 AM present working in th 6/4/23 and was present i 6/5/23 from 7:15 AM from 7:09 AM throug NA #9 was present i 6/1/23 from 8:19 AM present working in th 6/4/23 and was present i 6/5/23 from 7:09 AM from 7:15 AM throug On 6/6/23 at 3:13 Pl indicated on 6/2/23 If bruise and told him the evening were getting got flustered and lifted trying to get her gow and that caused the as an allegation of a informed the DON. On 6/7/23 at 9:31 Alf NA #11 indicated on on Resident #18's rig #18 told her that she day when 2 NAs we indicated Resident # provide any names. Resident #18 told her and left the room an other NA tried to lift if #11 stated NA #10 her	of the timecard information for ovided by the facility revealed in the facility working on a through 2:58 PM, was not be facility on 6/2/23 through ent in the facility working on a through 2:49 PM and 6/6/23 in 2:42 PM. It further revealed in the facility working on a through 2:55 PM, was not be facility on 6/2/23 through ent in the facility working on a through 3:17 PM and 6/6/23 in 2:43 PM. If an interview with NA #10 Resident #18 showed him a shat 2 ladies the previous going her ready for bed when one end her up when they were an pulled down in the back bruise. He stated he took this buse and immediately If a telephone interview with 6/2/23 she observed a bruise gotten this the previous re bathing her. She further that a gotten this the previous re bathing her. She further that had not been able to NA #11 went on to say are the tall NA had gotten upset downing the bruise. NA and immediately gone to	F 6	10		
F 732 SS=C	report this to the DO Posted Nurse Staffir		F 7	32		6/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
NAME OF D		345341	B. WING		TREET ADDRESS SITE OF THE TIP CODE	06/	12/2023
SILVER B	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SILVER BLUFF DRIVE CANTON, NC 28716		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 732	must post the followind basis: (i) Facility name. (ii) The current date. (iii) The total number by the following category unlicensed nursing stresident care per shift (A) Registered nurses (B) Licensed practical vocational nurses (as (C) Certified nurse aid (iv) Resident census. §483.35(g)(2) Posting (i) The facility must posted aily basis at the begin (ii) Data must be post (A) Clear and readable (B) In a prominent plaresidents and visitors §483.35(g)(3) Public a staffing data. The fact written request, make available to the public exceed the communit §483.35(g)(4) Facility requirements. The fact posted daily nurse staffing datal nurse staffing datal nurse staffing datal nurse staffing staffing the public exceed the communit §483.35(g)(4) Facility requirements. The fact posted daily nurse staffing staffing the fact of the public exceed the communit specific posted daily nurse staffing the fact of the public exceed the communit specific public and the fact of the public exceed the communit specific public posted daily nurse staffing the fact of the public exceed the communit specific public pu	and the actual hours worked pries of licensed and aff directly responsible for the second and the sec	F	732			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345341	B. WING _	B. WING		C 06/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716		33,12,2323	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE	
F 732	This REQUIREMEN by: Based on observation interviews, the facility accurate daily nurse the 5 days reviewed. Findings included: The daily nurse staff observed on 6/06/23 revealed no total state assistants or nurses. The daily nurse staff observed on 6/07/23 revealed no total state assistants or nurses. An observation and AM with the Director posted the daily nurse nurses' station. She requirement to post position and shift. Sincurrent information put total hours. She state when the facility swifts systems and she had include the required. An interview on 6/07 Administrator reveal the posted nursing states.	ons, record review, and staff y failed to post complete and staffing information for 2 of (6/06/23 and 6/07/23). Ing information posted was at 9:30 AM. The posting ff hours for nursing for any shift. Ing information posted was at 10:45 AM. The posting ff hours for nursing for any shift. Interview on 6/07/23 at 10:54 of Nursing revealed that she as staffing information at the stated she was aware of the the total staffing hours by the was unaware that the costed did not include the ed it must have happened to the ded to the ded to the ded to the was unaware of that taff information. Information did not total number of hours for	F 7	1. The correct staffing form vimmediately put into place by the Administrator and Director of Nancy (DON) on 06/12/2023. 2. The wrong census informatives posted incorrectly prior to 06/12/2023. This has minimal the residents and their care. 3. The updated census sheet put into place on 6/12/2023 individed in the put into place on 6/12/2023 individed in the resident Census iv. Total number and the actument worked by the following categoral licensed and unlicensed nursing directly responsible for resident shift: 1. Registered Nurses (RNs) 2. Licensed Practical Nurses 3. Certified Nursing Aides (Cov. The data is clear and read will be posted on the Bulletin Eto the nurse's station. b. Each day, the first shift Chis responsible for posting the storm. By 11:59 PM on 06/20/20 licensed nurses who perform a Charge Nurse will be educated staff posting sheet. Those who completed after this time will be from the schedule and not allountil completing education. The will be performed by the Direct Nursing (DON) or trained designate in the schedule and not allountil completing education. The will be performed by the Direct Nursing (DON) or trained designate in the schedule and not allountil completing education. The will be performed by the Direct Nursing (DON) or trained designate in the schedule and not allountil completing education.	ation sheet impact to et that was cludes: ual hours ories of ng staff nt care per s (LPNs) CNAs) dable and Board next harge Nurse staffing 023, all as the d on the o have not er emoved eved to work e education tor of		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		245244	B. WING	P WINC			0
NAME OF D	ROVIDER OR SUPPLIER	345341	B. WING_		TREET ADDRESS, CITY, STATE, ZIP CODE	06/	12/2023
					O SILVER BLUFF DRIVE		
SILVER BI	LUFF INC			C	ANTON, NC 28716		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 732	development and trar diseases and infection §483.80(a) Infection program. The facility must esta and control program (a minimum, the follow §483.80(a)(1) A systematics and systematics are simple to the follow forms and systematics are systematically and systematics are systematically systematics.	& Control (2)(4)(e)(f) Introl blish and maintain an and control program a safe, sanitary and ment and to help prevent the asmission of communicable ans. Increvention and control blish an infection prevention (IPCP) that must include, at		732	 Beginning on 06/20/2022, the Administrator will audit the staffing sher at the following frequency: 5 days per week for 12 weeks. Beginning after 6/10/2023, the faci Quality Assurance and Process Improvement (QAPI) team will meet monthly to discuss follow-up from Tag F732. The team includes: the Administrator, the DON, Assistant Director Nursing (ADON), Staff Development Coordinator (SDC), Wound Care, Socia Services, Medical Records, Minimum Data Set (MDS) nurses, and other relevant members of management. Date of Compliance: 06/21/2023 	lity	6/21/23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	' '	COMPLETED	
		345341	B. WING _			C 06/12/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	<u> </u>	00/12/2023
(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 SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 880	staff, volunteers, visit providing services un arrangement based to conducted according accepted national states \$483.80(a)(2) Written procedures for the procedure of th	iseases for all residents, tors, and other individuals or a contractual upon the facility assessment to §483.70(e) and following andards; In standards, policies, and rogram, which must include, it is illiance designed to identify ble diseases or your can spread to other or your can spread to other or your can spread to other or your can spread of infections; infections should be used for a sut not limited to: ation of the isolation, infectious agent or organism that the isolation should be the lible for the resident under the essunder which the facility sees with a communicable kin lesions from direct to or their food, if direct the disease; and a procedures to be followed irect resident contact.	F8	80		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345341	B. WING		0,	C 06/12/2023	
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COI 100 SILVER BLUFF DRIVE CANTON, NC 28716			5/12/2023	
(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)	SHOULD BE	(X5) COMPLETION DATE	
F 880	Continued From pag	e 46	F 8	80			
		dle, store, process, and sto prevent the spread of view.					
	The facility will condu IPCP and update the This REQUIREMENT by: Based on observation interviews, the facility hygiene and change dressing, after cleans applying a clean field 1 of 1 staff member of (Nurse #4). Findings included: Review of a facility prevised in October 20 through #5 "Put on eremove dressing. Put discard into appropriaty our hand thoroughly read in part "Be certain clean field." An interview on 6/07, revealed he was the	act an annual review of its ir program, as necessary. Γ is not met as evidenced ons, record review, and staff of failed to (1) perform hand gloves after removing a dirty sing a wound, and before sing to a wound and (2) for wound care materials for observed for wound care Olicy titled "Wound Care" on the failed to the fa		1. Nurse #4 was educated of facility's policy entitled "Wound 06/16/2023. 2. Nurse #4's wound care liaudited to ensure that there wounds that were impacted by deficient infection control practudit included visualization of and determination of any sign symptoms of infection. There suspicions of infections. 3. By 11:59 PM on 06/20/20 licensed nurses will be educated facilities policy and procedure "Wound Care." Those who has completed after this time will be from the schedule and not allow until completing education. 4. Beginning after 06/20/20.	st was vere no y the ctices. The the wounds as and were no 23, all ted on the e entitled ave not be removed owed to work		
	An observation on 6/ #4 for wound care or skin tear. Nurse #4 w	ound Treatment Nurse. 07/23 at 2:28 PM with Nurse Resident #82's right shin vas observed to place wound overbed table without		Director of Nursing (DON) or designee will audit to ensure with infection control and wou the following frequency: a. Wound care being perfor per work week for 12 weeks.	compliance ind care at		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345341	B. WING			C 6/ 12/2023
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE		5/12/2025
				100 SILVER BLUFF DRIVE		
SILVER BI	LUFF INC			CANTON, NC 28716		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 880	#4 brought wound cabottle, camera, foam gauze package, permalginate dressing pacresident's room and pable, sanitized his hagloves. He then remodressing which had adrainage, sprayed wound wiped the wound picture of the skin teasize, placed it on the foam border dressing alginate, used the pedate on the foam bor pulled the resident's down. He was obsern gloves during the entone During an interview was 2:40 PM he stated he have an infection cor overbed table surface wound care supplies	g a protective barrier. Nurse are supplies (wound cleanser border gauze package, nanent marker, calcium ckage, scissors) in the placed them on the overbed ands and applied clean oved the old skin tear a moderate amount of serous bound cleanser on the wound, d with gauze. He then took a ar with the camera, used alcium alginate to wound wound, and applied the g on top of the calcium armanent marker to write the der dressing. Nurse #4 sock up and her pants leg ved to wear the same pair of tire wound care process. With Nurse #4 on 6/07/23 at the was unaware of the need to natrol barrier on the resident's the where he placed the the need to perform hand loves during the wound care	F 88	5. Beginning after 6/10/2023 Quality Assurance and Proces Improvement (QAPI) team will monthly to discuss follow-up fr F880. The team includes: the Administrator, the DON, Assist of Nursing (ADON), Staff Deve Coordinator (SDC), Wound Ca Services, Medical Records, Mi Data Set (MDS) nurses, and o relevant members of manager 6. Date of Compliance: 06/2	meet meet mom Tag tant Director elopment are, Social inimum ther ment.	
	6/07/23 at 3:03 PM re Nurse #4 had just ma wound care observal have just blanked on process for wound ca An interview with the 8:30 AM revealed he	Director of Nursing on evealed she believed that ade an error during the tion. She stated he must the correct infection control are. Administrator on 6/08/23 at thought that Nurse #4 was during wound care but				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		345341	B. WING		C 06/12/2023
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC				STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716	00/12/2023
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	SE COMPLETION
F 880		e 48 re followed infection control	F 880		