PRINTED: 09/05/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345232	B. WING		08/17/2023
NAME OF PROVIDER OR SUPPLIER  THE GREENS AT HICKORY				STREET ADDRESS, CITY, STATE, ZIP CODE  3031 TATE BOULEVARD SE  HICKORY, NC 28602	,
(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 CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 000	INITIAL COMMENTS	3	F 00	00	
	were conducted from Event ID: H5Y611.7 investigated: NC001 NC00195056, NC00	complaint investigtion survey n 08/14/23 through 08/17/23. The following intakes were 93963, NC00194321, 199674, NC00200184, 200442, NC00204062,			
F 584 SS=D	resulted in a deficied	able/Homelike Environment	F 58	34	8/31/23
	§483.10(i) Safe Envi The resident has a ri comfortable and hon but not limited to rec supports for daily livi	ght to a safe, clean, nelike environment, including eiving treatment and			
	homelike environmel use his or her persor possible. (i) This includes ensi- receive care and ser physical layout of the independence and d (ii) The facility shall e	clean, comfortable, and nt, allowing the resident to nal belongings to the extent uring that the resident can vices safely and that the e facility maximizes resident oes not pose a safety risk. exercise reasonable care for resident's property from loss			
		keeping and maintenance o maintain a sanitary, orderly, rior;			
	§483.10(i)(3) Clean I	oed and bath linens that are			
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	E.	TITLE	(X6) DATE

Electronically Signed 08/31/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		345232	B. WING _		08/17/2023		
NAME OF PROVIDER OR SUPPLIER  THE GREENS AT HICKORY				STREET ADDRESS, CITY, STATE, ZIP CODE  3031 TATE BOULEVARD SE  HICKORY, NC 28602	00/1//2023		
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION		
F 584	SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		F 5	Regarding the alleged deficient prof a safe clean homelike environment accordance with professional standas evidenced by:  a. Room #114 was noted with an electrical outlet not secured to the b. Room #103B, 108A, 110A, and inside corner of side rails were note food crumbs, dirt, and debris.  Room #114 electrical outlet repaire 8/16/23.  Room #103B, #108A, #110A, and siderails cleaned and disinfected of 8/16/23.  Resident rooms inspected by	ent in dards  wall. d 118B ed with ed on #118B n		
	visible. There was minto the outlet.	e behind the outlet was edical equipment plugged pom #110 A on the North unit		Housekeeping Supervisor or desig and all siderails cleaned by 8/18/23 Room electrical outlets inspected for unsecured outlets by Maintenance Director or Designee and repaired	3. or		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
		345232	B. WING _		08/17	7/2023	
NAME OF PROVIDER OR SUPPLIER			<u> </u>	STREET ADDRESS, CITY, STATE, ZIF	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				3031 TATE BOULEVARD SE			
THE GREE	ENS AT HICKORY			HICKORY, NC 28602			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 584	Continued From page	e 2	F 5	84			
		23 at 9:07 AM. The electrical dent bed was noted to be		8/18/23.			
		I in which it was placed. The		Education provided to ho			
	-	ed inside the dry wall and a		by facility administrator a			
		ay been applied. The open		supervisor on 8/18/23 re			
	wall space behind the outlet was visible. There			cleaning of siderails with			
	was medical equipment plugged into the outlet.			continue upon return to v completed by 8/30/23. Ed			
	An observation of Ro	om #110 A on the North Unit		provided to newly hired a			
	was made on 08/16/23 at 8:38 AM. The electrical			staff upon the start of wo			
	outlet behind the resident bed was noted to be			· ·			
	unsecured to the wall in which it was placed. The			Education provided to Ma	aintenance		
	outlet had been placed inside the dry wall and a			Director by facility admin	istrator on		
	bit of caulk had halfway been applied. The open wall space behind the outlet was visible. There			8/18/23 regarding condu			
				inspections on electrical	outlets to identify		
	was medical equipme	ent plugged into the outlet.		if repair is needed.			
		sistant was interviewed on		The Housekeeping Supe			
		who confirmed that he was		designee will observe the	, ,		
	_	tenance Director who was		random residents weekly			
	out of work. He stated that anytime that there was a needed repair within the facility the staff (any			weekly x 1 month, and m to ensure siderails are cl			
	-	repair slip and place it in the		Any areas discovered are	-		
		tation. Each morning the		immediately.	c addressed		
		nt stated he would check the					
	book and make any r			Maintenance Director or	designee will		
	Maintenance Assistance accompanied the State			observe the rooms of (10	) ten random		
	Surveyor to Room #110 A on the North unit to			residents weekly x 3 mor	nths.		
	observe the electrical outlet behind the resident						
		ce Assistant confirmed that		Administrator will review			
		the outlet to him, and he was		monthly to identify patter			
		tion of the outlet. He stated ry safe, and he would repair		and will adjust plan to ma compliance.	amam		
	it immediately.	ry saie, and he would repail		compliance.			
				Administrator will review	the plan during		
	The Administrator wa	is interviewed on 08/17/23 at		Quality Assurance comm			
	11:08 AM and was m	ade aware of the condition		and continue audits at th	<u> </u>		
		t. Her only response was that istant had changed it right		the committee.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				
		345232	B. WING			08/17/2023		
NAME OF PROVIDER OR SUPPLIER  THE GREENS AT HICKORY				STREET ADDRESS, CITY, STATE, ZIP CO 3031 TATE BOULEVARD SE HICKORY, NC 28602		· · · · · · · · · · · · · · · · · · ·		
(X4) ID PREFIX TAG	(EACH DEFICIEN		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 584	Continued From page 3 away.  2a. Observations of Room # 103 B on the North unit were made on 08/14/23 at 9:49 AM, 08/15/23 at 8:45 AM, and 08/16/23 at 8:34 AM. The inside corner of the side rails on the occupied resident bed were noted to be full of food crumbs, dirt, and debris. The left side rail contained more crumbs, dirt, and debris than the right-side rail contained.  b. Observations of Room #108 A on the North unit were made on 08/14/23 at 10:15 AM, 08/15/23 at 8:47 AM, and 08/16/23 at 8:22 AM. The side rails on the occupied resident bed were full of food crumbs, dirt, and debris. The right-side rail contained more crumbs, dirt, and debris than did the left side rail.  c. Observations of Room #110 A on the North unit were made on 08/14/23 at 11:33 AM, 08/15/23 at 9:08 AM, and 08/16/23 at 8:34 AM. The side rails on the occupied resident bed were full of food crumbs, dirt, and debris. The right-side rail contained more crumbs, dirt, and debris than did the left side rail.  d. Observations of Room #118 B on the North unit were made on 08/14/23 at 2:18 PM and 08/16/23 at 8:40 AM. The side rails on the occupied resident bed were full of food crumbs, dirt, and debris.		F 58					
	An interview was co on 08/16/23 at 9:00 worked on North un she reported to wor assigned resident ro dust the rooms, and	anducted with Housekeeper #1 AM who confirmed that she it. She stated each morning it she would go to her boms and empty the trash, I make sure all high touch and sanitized before						

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		345232	B. WING			)8/17/2023		
NAME OF PROVIDER OR SUPPLIER  THE GREENS AT HICKORY			STREET ADDRESS, CITY, STATE, ZIP COD  3031 TATE BOULEVARD SE  HICKORY, NC 28602		•			
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F 584	and bathroom were of stated she would swe before moving to the Housekeeper #1 stat touch surface area, a disinfectant cleaner of course as needed.  Housekeeper #2 was 9:04 AM who confirm unit anytime she was stated that each residincluding weekends, would empty the tras before wiping down thigh touch surfaces a would sweep and moconfirmed that reside surface areas and the basis.  The Director of Hous 08/16/23 at 9:10 AM Housekeepers #1 and cleaning resident roo stated that he checked and graded the clean rooms as way of enside was expected of the Housekeeping accompliance to Room #103 B, Room #118 B are side rails were full of and stated that he work immediately.  The Administrator was stated she would stated that he work immediately.	m. Once the resident room cleaned Housekeeper #1 cleaned Housekeeper #1 cleaned Housekeeper #1 cleaned mop the room next resident room. cled that side rails were a high and they were cleaned with a con a daily basis and of  sinterviewed on 08/16/23 at cled that she worked North assigned to do so. She cleant room was cleaned daily She stated that first she ch can in the resident room che bed side tables and other cand before she left, she can in the resident room che bed side tables and other cand before she left, she can in the resident room che bed side tables and other cand before she left, she can in the resident room che bed side tables and other cand before she left, she can be for a she companied that different was interviewed on who confirmed that different was interviewed on	F 58	34				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 584	Continued From page resident side rails but comment on the subj	t declined to further	F 5	84			