

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345336 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 11/09/2023 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF ROANOKE RAPIDS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| E 000 | Initial Comments | E 000 | | | |
| F 000 | An unannounced recertification and complaint investigation survey was conducted on 11/06/23 through 11/09/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # CGV911. INITIAL COMMENTS | F 000 | | | |
| F 623 SS=B | A recertification and complaint investigation survey was conducted from 11/06/23 through 11/09/23. Event ID# CGV911. The following intakes were investigated NC00200239, NC00207338, and NC00209072. 6 of the 6 complaint allegations did not result in deficiency. Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or | F 623 | | 11/22/23 | |

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

TITLE

(X6) DATE

Electronically Signed

11/22/2023

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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| F 623 | <p>Continued From page 1</p> <p>discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual</p> | F 623 | | | |

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| F 623 | <p>Continued From page 2</p> <p>and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(I). This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and Responsible Party (RP) interview, the facility failed to provide written notification for reason of transfer to hospital to the Resident or</p> | F 623 | (1) How corrective action will be accomplished for resident(s) found to have been affected: | | |

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| F 623 | <p>Continued From page 3</p> <p>Responsible Party (RP) for 3 of 3 residents reviewed for hospitalization (Resident #69, Resident #2, and Resident #72).</p> <p>The findings included:</p> <p>1.a. Resident #69 was admitted to the facility on 12/05/22.</p> <p>The nursing progress note dated 3/29/23 at 12:09 pm by Nurse #2 revealed Resident #69 was sent to the emergency department.</p> <p>Resident #69 was transferred from the facility to the hospital on 3/29/23 and returned to the facility on 4/10/23.</p> <p>An attempt to interview Nurse #2 via telephone on 11/08/23 at 12:30 pm and 11/09/23 at 9:30 am were unsuccessful.</p> <p>Record review of the nursing progress notes revealed there was no documentation Resident #69, or his RP received written notification of the reason for his transfer on 3/23/23.</p> <p>An interview was conducted with Resident #69's RP who revealed she did not receive a written notification of the reason for the transfer to the hospital.</p> <p>An interview was conducted on 11/08/23 at 3:03 pm with the Director of Nursing (DON) who revealed she was unable to locate a copy of the written notification of transfer or documentation that it was provided to Resident #69 or his RP. She stated she did not work at the facility at the time and was unable to state why the written notification of transfer was not provided to</p> | F 623 | <p>For Resident #2, #69, and #72 the residents have since returned to the facility and if they are transferred out to the hospital a transfer/discharge letter will be sent to the responsible party with date and reason for discharge to hospital. The Director of Nursing/Designee will send a Transfer Notice as soon as practicable to the Responsible Family Member or Resident. A copy of the Transfer Notice will then be placed on the Resident's Medical Record in Matrix.</p> <p>2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed:</p> <p>All residents have the potential to be affected. The Nursing staff will continue calling and documenting the call to the Responsible Party concerning a discharge. When residents are discharged from the facility to the hospital, the Director of Nursing/Designee will send a Transfer Notice as soon as practicable to the Responsible Family Member or Resident. A copy of the Transfer Notice will then be placed on the Resident's Medical Record on Matrix.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future:</p> <p>The Director of Nursing and Unit 3 manager was educated on the Transfer Notice on 11/09/23 by the Administrator.</p> | | |

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| F 623 | <p>Continued From page 4 Resident #69 or his RP.</p> <p>b. Resident #69 was admitted to the facility on 12/05/22.</p> <p>The Minimum Data Set (MDS) quarterly assessment dated 9/08/23 revealed Resident #69 had severe cognitive impairment.</p> <p>The nursing progress note dated 10/30/23 at 1:39 am by Nurse #1 revealed Resident #69 was sent to the emergency department for further evaluation of deep chest congestion and decreased responsiveness.</p> <p>Resident #69 was transferred from the facility to the hospital on 10/30/23 and returned to the facility on 11/04/23.</p> <p>Review of the Notice of Transfer dated 10/30/23 revealed Resident #69 was sent to the hospital but the reason for his transfer was not documented on the form.</p> <p>An attempt to interview Nurse #1 on 11/08/23 at 2:36 pm and 11/09/23 at 9:55 am were unsuccessful.</p> <p>An interview was conducted with Resident #69's RP who revealed she did not receive written notification of the reason for the transfer to the hospital.</p> <p>During an interview on 11/08/23 at 3:03 pm with the Director of Nursing (DON) she revealed the nurse was responsible for completing the Notice of Transfer for Resident #69 and sending the form to the hospital with Resident #69. The DON stated the facility did not provide a copy of the</p> | F 623 | <p>The Director of Nursing/Designee will send out a transfer notice when a resident is discharged to the hospital to the responsible party. An audit will be conducted weekly X 12 weeks by the administrator/designee. The Administrator/designee will audit Matrix for continued compliance and take the audit results to the monthly Quality Assurance Committee for three (3) months to ensure continued compliance.</p> <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained:</p> <p>An audit will be conducted weekly X 12 weeks by the administrator/designee. The Administrator/designee will audit Matrix for continued compliance and take the audit results to the monthly Quality Assurance Committee for three (3) months to ensure continued compliance. The facility alleges compliance on Date 11/22/2023</p> | | |

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| F 623 | <p>Continued From page 5</p> <p>Notice of Transfer to Resident #69 or his RP and she was unable to state how they were to obtain the document from the hospital.</p> <p>An interview was conducted on 11/09/23 at 12:02 pm with the Administrator who revealed the nurse was responsible for completing and sending the Notice of Transfer to the hospital for Resident #69. The Administrator was unable to state how Resident #69's RP would obtain the Notice of Transfer from the hospital.</p> <p>2. Resident #2 was admitted to the facility on 8/23/21.</p> <p>The 5-day Minimum Data Set (MDS) assessment dated 10/19/23 revealed Resident #2 was cognitively intact.</p> <p>A progress note dated 11/6/23 revealed Resident # 2 was transferred to the hospital with shortness of breath and abnormal vital signs.</p> <p>A review of the written Nursing Home Transfer form dated 11/6/23 indicated the reason for transfer from the facility was "It was necessary for your welfare and your needs can not be can not be met in this facility."</p> <p>Record review of the nursing progress notes revealed there was no documentation Resident #2, or her Responsible Party (RP) received written notification of the reason for her transfer on 11/6/23.</p> <p>An attempt to interview Resident # 2's RP via telephone on 11/8/23 at 10:30 am and 11/9/23 at 10:05 am were unsuccessful.</p> <p>An interview was completed on 11/8/23 at 2:10</p> | F 623 | | | |

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| F 623 | <p>Continued From page 6</p> <p>pm with Nurse #4. The Nurse stated the Nursing Home Transfer form was sent with the Resident to the hospital. The Nurse indicated she marked the statement on the Transfer form that best matched the reason for discharge.</p> <p>An interview was completed on 11/9/23 at 9:04am with the Director of Nursing (DON). The DON verified the Transfer form did not state why Resident #2 was transferred to the hospital. The DON was unable to state if Resident #2 or her RP received the written notification of transfer.</p> <p>3. Resident #72 was admitted to the facility on 7/14/23.</p> <p>Review of the admission Minimum Data Set completed on 7/17/23 identified Resident #72 as having moderately impaired cognition.</p> <p>The nurse note dated 8/25/23 revealed Resident #72 was sent to the emergency department for further evaluation after a fall.</p> <p>Resident #72 was transferred from the facility on 8/25/23 and returned to the facility on 8/31/23. The written notice of transfer indicated the reason for transfer as "The safety of the individual in this facility is endangered due to the clinical or behavioral status of the resident."</p> <p>During an interview on 11/8/23 at 3:03 PM the Director of Nursing (DON) stated the form was prefilled with the ombudsman information and the nurse sending the resident out, completed the top portion and chooses the best reason for sending out the resident and checks the box. She stated she saw it did not say why the resident was sent out.</p> | F 623 | | | |

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| F 644 F 644 SS=D | Continued From page 7 Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and Psychiatric Nurse Practitioner interviews, the facility failed to refer a resident with newly evident serious mental health diagnoses for a Preadmission Screening and Annual Resident Review (PASARR) level II screening for 1 of 3 residents reviewed for PASARR (Resident #22). The findings included: Review of the hospital discharge summary dated 10/28/20 revealed Resident #22's diagnoses included major depressive disorder and suicidal ideation. There was no diagnosis of bipolar disorder or anxiety documented in the hospital | F 644 F 644 | (1) How corrective action will be accomplished for resident(s) found to have been affected: The facility failed to refer Resident #22 for a Preadmission Screening and Annual Resident Review (PASARR) level II screening. The Social Services Director completed a Level II PASSAR screening for resident #22 on 11/08/23. (2) How corrective action will be accomplished for resident(s) having the | 11/27/23 | |

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| F 644 | <p>Continued From page 8 discharge summary.</p> <p>Resident #22 was admitted to the facility on 10/28/20 with diagnoses which included adjustment disorder with anxiety, major depressive disorder, and bipolar disorder.</p> <p>Review of Resident #22's active diagnosis list revealed the mental health diagnosis of anxiety was added on 12/31/21.</p> <p>The Psychiatric Nurse Practitioner (NP) visit note dated 11/10/22 revealed Resident #22 was seen for a follow-up evaluation, and it was documented that she had an extensive history of aggression and irritability toward staff.</p> <p>A telephone interview was conducted with the Psychiatric Nurse Practitioner (NP) on 11/09/23 at 11:24 pm who revealed Resident #22 was seen via telehealth visits were completed with the facility's Social Worker. The Psychiatric NP stated Social Worker #1 conducted the telehealth visit with Resident #22 on 11/10/22 and her behaviors were discussed during the visit.</p> <p>Review of the care plan initiated on 11/11/22 and last reviewed on 9/27/23 for behaviors revealed Resident #22 had verbally abusive behaviors towards staff, threatened to stab staff with utensils, and threatened to hit staff. The interventions included use of plastic utensils, intervene as needed to protect others, approach in calm manner, divert attention, and remove from situation as needed.</p> <p>Review of the nursing progress note dated 11/16/22 at 2:41 pm by the Unit Manager revealed Resident #22 threatened to hit staff</p> | F 644 | <p>potential to be affected by the same issue needing to be addressed:</p> <p>All residents with a serious mental health diagnosis have been identified to have the potential to be affected. The Social Services Director was educated by the Administrator on 11/21/23 that residents diagnosed with a serious mental illness after admission should be screened for level II PASSR. On 11/21/23 the Social Services Director initiated an audit of resident charts for residents identified as having a serious mental health diagnosis. Residents that have been diagnosed with a serious mental illness after admission will be submitted for screening of a Level II PAASR.</p> <p>The Nurse Practitioner was educated by Administrator on 11/27/23 to alert Director of Nursing/Social Services Director of any new serious mental diagnosis.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future:</p> <p>The Director of Nursing/Designee will monitor any resident with a change in behavior or a newly serious mental diagnosis weekly at the weekly risk meeting. If any new onset of changes in behavior or newly serious mental diagnosis noted, will be referred to the social services director for Level 11 PASSR screening.</p> | | |

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| F 644 | <p>Continued From page 9</p> <p>member while in the hall and threatened another resident that entered her room.</p> <p>An interview was conducted with the Unit Manager on 11/9/23 at 10:00 am who revealed Resident #22 had several episodes of behavior directed towards staff and residents in November 2022. She stated Resident #22's behaviors were discussed during the morning clinical meetings and the Social Worker #1 was present during those meetings.</p> <p>Review of the Minimum Data Set (MDS) annual assessment dated 8/31/23 revealed Resident #22 was cognitively intact and did not have a PASARR Level II. Resident #22's diagnoses included anxiety, depression, and bipolar disorder and she was not coded for behaviors.</p> <p>During an interview on 11/08/23 at 11:32 am with Social Worker #2 she revealed Resident #22's PASARR Level I was dated 12/06/16 and did not list the diagnoses of anxiety or bipolar disorder. She stated when a resident was admitted to the facility the PASARR Level I was obtained prior to admission. She indicated Social Worker #1 was responsible to ensure the PASARR was up to date with all active mental health diagnoses. Social Worker #2 stated when the behaviors were noted for Resident #22 in November 2022 Social Worker #1 should have triggered a review of the current PASARR to ensure the current diagnoses were listed on the original PASARR and when a new diagnosis and her behaviors were noted a new PASARR level II review was to be completed for Resident #22.</p> <p>An attempted telephone interview with Social Worker #1 on 11/08/23 at 11:45 am and 1:50 pm</p> | F 644 | <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained:</p> <p>The Social Service Director will conduct a weekly audit x 12 weeks for Level 11 PASSR screening on any new behaviors/serious mental diagnosis. The social worker will report her audit to the Administrator and QAPI Committee monthly 3 x months for compliance</p> <p>The facility alleges compliance on Date 11/27/23</p> | | |

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| F 644 | Continued From page 10 were unsuccessful. An interview was conducted on 11/09/23 at 12:05 pm with the Administrator who revealed Social Worker #1 was employed by the facility at the time of Resident #22's aggressive behaviors. The Administrator stated Social Worker #1 was responsible to ensure Resident #22's PASARR was reviewed and referred for a PASARR level II screen when appropriate. | F 644 | | | |
| F 727 SS=E | RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to have a Registered Nurse (RN) for at least eight consecutive hours a day, 7 days week for 17 of 192 days reviewed (5/7/23; 5/13/23, 6/4/23, 6/24/23, 7/1/23, 7/2/23, 7/8/23, 7/9/23, 7/15/23, 7/16/23, 7/29/23, 7/30/23, 8/5/23, 8/12/23, 8/13/23, 8/19/23, and 8/20/23). Findings included: | F 727 | (1) How corrective action will be accomplished for resident(s) found to have been affected: No residents were directly affected. 2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue | 11/27/23 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345336 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 11/09/2023 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF ROANOKE RAPIDS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870 | | |
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| F 727 | <p>Continued From page 11</p> <p>The nursing staff schedule and the daily staff sheet was reviewed from 5/1/23 through 11/9/23. The nursing staff schedule and daily staffing sheet indicated a Registered Nurse (RN) was not scheduled for at least eight consecutive hours a day on the following dates: 5/7/23; 5/13/23, 6/4/23, 6/24/23, 7/1/23, 7/2/23, 7/8/23, 7/9/23, 7/15/23, 7/16/23, 7/29/23, 7/30/23, 8/5/23, 8/12/23, 8/13/23, 8/19/23, and 8/20/23.</p> <p>An interview was conducted on 11/8/23 at 2:39 P.M. with the Director of Nursing (DON). She revealed it was her responsibility to ensure RN coverage. She revealed she was aware of no RN coverage for at least eight consecutive hours a day on 5/7/23; 5/13/23, 6/4/23, 6/24/23, 7/1/23, 7/2/23, 7/8/23, 7/9/23, 7/15/23, 7/16/23, 7/29/23, 7/30/23, 8/5/23, 8/12/23, 8/13/23, 8/19/23, and 8/20/23. The DON revealed the contracted agency the facility utilized failed to have an RN scheduled for eight consecutive hours a day and instead had an RN scheduled from 6:45 P.M. to 7:15 A.M.</p> <p>During an interview with the Administrator on 11/08/23 2:32 P.M. she revealed it was the responsibility of the DON to ensure 8 hours of consecutive RN coverage daily was met.</p> | F 727 | <p>needing to be addressed:</p> <p>All residents have the potential to be affected by this alleged non-compliance and as a result, the systemic changes stated below have been put in place to prevent any risk of affecting additional residents.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future:</p> <p>On 11/17/2023 the Administrator re-educated the Director of Nursing and unit 3 manager on the daily Registered Nurse staffing requirements that require at least 8 consecutive hours of RN coverage per day, 7 days a week.</p> <p>On 11/20/23 the administrator re-educated the scheduler regarding the daily Registered Nurse staffing requirements that require at least 8 consecutive hours of RN coverage per day, 7 days a week.</p> <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained:</p> <p>This monitoring process will be done by the Administrator/Designee to ensure the required daily Registered Nurse staffing requirements are met.</p> <p>An audit will be conducted 5 times a week for 2 weeks, then weekly for 2 weeks, then monthly for 2 months.</p> | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

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| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF ROANOKE RAPIDS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870 | | |
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| F 727 | Continued From page 12 | F 727 | The Director of Nursing/Designee will report findings of the audit results to the monthly Quality Assurance Committee for three (3) months to ensure continued compliance. Any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance. The facility alleges compliance on Date 11/27/23. | | |