DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u> </u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			СОМ	E SURVEY PLETED
		345403	B. WING				C
NAME OF PI	ROVIDER OR SUPPLIER	010100		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> 11</u>	/08/2023
				6	590 TRYON ROAD		
CARY HE	ALTH AND REHABILITAT	ION		C	CARY, NC 27518		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
F 000	survey was conducte 11/08/23. The facility		F	000			
	survey was conducte						
F 578 SS=E	deficiency Request/Refuse/Dscr	t allegations did not result in htnue Trmnt;FormIte Adv Dir 8)(g)(12)(i)-(v)	F	578			12/6/23
	discontinue treatment	ht to request, refuse, and/or t, to participate in or refuse rimental research, and to e directive.					
	construed as the right the provision of medie	g in this paragraph should be t of the resident to receive cal treatment or medical dically unnecessary or					
	requirements specifie subpart I (Advance D (i) These requirement inform and provide we residents concerning medical or surgical tro	ts include provisions to ritten information to all adult the right to accept or refuse					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electroni	cally Signed						12/03/2023

Electronically Signed

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.

	-	ND HUMAN SERVICES MEDICAID SERVICES			FORM): 12/07/2023 APPROVED). 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	COMP	LETED	
		345403	B. WING		RRECTION (X5) I SHOULD BE		
NAME OF P	ROVIDER OR SUPPLIER	•	· ·	STREET ADDRESS, CITY, STATE, ZIP CODE	•		
CARY HE	ALTH AND REHABILITA	ΓΙΟΝ		6590 TRYON ROAD CARY, NC 27518			
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	COMPLETION	
F 578	 (ii) This includes a wr facility's policies to im and applicable State (iii) Facilities are perr entities to furnish this legally responsible for requirements of this si (iv) If an adult individuation information or articular has executed an adv may give advance dire individual's resident r with State law. (v) The facility is not to provide this information or she is able to rece Follow-up procedures the information to the appropriate time. This REQUIREMENT by: Based on records re the facility failed to ha in the residents' reco residents. (Resident # 132, Resident # 33, and Resident # 52). The findings included 1. Resident # 16 was 08/30/2023. 	ritten description of the nplement advance directives law. mitted to contract with other is information but are still or ensuring that the section are met. ual is incapacitated at the d is unable to receive ate whether or not he or she ance directive, the facility rective information to the representative in accordance relieved of its obligation to on to the individual once he ive such information. Is must be in place to provide a individual directly at the F is not met as evidenced views and staff interviews, ave Advance Directives (AD) rds for 7 of 9 sampled #16, Resident #76, Resident Resident #44, Resident #47, d: admitted to the facility on rly Minimum Data Set (MDS) licated the resident ' s	F 578	Resident #132 no longer reside facility. Resident #16, #76, #33, and #52 advance directive discu document was completed and u to the electronic medical record 11/29/2023 by the Social Service Director All residents in house have the p be affected by this deficient prace quality review was performed by Social Services Director to ensu Advance Directives have been d and documented utilizing the Ad Directive Discussion Document.	#44, #47 ssion ploaded on es potential to tice. A the re that liscussed vance		
	1. Resident #16 was 08/30/2023. Review of the quarter dated 09/17/2023 ind cognition was cogniti	admitted to the facility on rly Minimum Data Set (MDS) licated the resident ' s		be affected by this deficient prac quality review was performed by Social Services Director to ensu Advance Directives have been d and documented utilizing the Ad	tice. A the re that liscussed vance 55 nave the		

Facility ID: 923078

If continuation sheet Page 2 of 11

STATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	PLE C	CONSTRUCTION	(X3) DA	NO. 0938-039 TE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G		CO	MPLETED
		345403	B. WING				С
	ROVIDER OR SUPPLIER	345403			REET ADDRESS, CITY, STATE, ZIP CODE	1	1/08/2023
	CONDER OR SOLT EIER				90 TRYON ROAD		
CARY HE	ALTH AND REHABILITAT	ION			ARY, NC 27518		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 578	Continued From page	2 2	F 57	20			
1 0/0		ed no advanced directive	F 570	0	noted in EMR. The Advance Directive		
	noted in the resident's				Discussion documents will be obtained	d	
					and uploaded to the EMR by the Socia		
	An interview with the	Administrator was			Services Director by Tuesday 12/05/20		
		2023 at 02:04 PM, He stated					
		advance directive in the			The Executive Director provided		
		there was no documentation			education to the Social Services Direc		
	advance directives. H	resident refused to sign the			Social Worker assistant on 11/10/2023 Education will be provided to Admission		
		ompleted due to a shift in			team as well by 12/06/2023 to ensure		
key personnel and admission process. He indicated that currently the Social Worker (SW)		-			the Advance Directive Discussion	linat	
				Document is being completed and			
	will complete the adva	ance directives during			uploaded to the EMR.		
	admissions and the a						
	documentations will b				The Social Services Director/Social		
	residents' electronic r	nedical records.			Services Assistant will conduct random	n	
	An interview with the	Social Worker (SW) was			quality monitoring on 10 residents to ensure advance directive discussion		
		23 02:10 PM. The SW stated			document is completed and uploaded	in	
		es were being completed by			EMR 3 times a week for 8 weeks then		
		dinator . They currently do			weekly X4. The Social Services Direct	or	
	not have an Admissio	on Coodinator, and she had			will report the results of the qulaity		
	-	in Advanced Directives and			monitoring to the Quality Assurance		
	code status. The task				Performance Improvement Committee		
		vas shared among the staff.			(QAPI). Findings will be reviewed by th		
	advanced directives v	he was not aware the			QAPI committee and quality monitoring will be updated as needed.	g	
		t in the future, she will be			will be updated as needed.		
	-	heduled admission meeting			Completion Date 12/06/2023		
		n the Advanced Directive					
	Discussion Documen and in her notes.	t in the admission packet					
	was conducted on 11, stated the advanced of	Director of Nursing (DON) /07/23 03:10 PM. The DON directives are completed by					
	did not have an Admi	dinator. She indicated they ssion Coodinator at the time ew Admission Coodinator					

Facility ID: 923078

If continuation sheet Page 3 of 11

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED		
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		PLE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
		345403	B. WING			SHOULD BE COMPLET			
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE				
CARY HE	ALTH AND REHABILITAT	ION			6590 TRYON ROAD CARY, NC 27518				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	RECTIVE ACTION SHOULD BE COM RENCED TO THE APPROPRIATE			
F 578	 would be starting on I indicated that current new admissions pack staff. She stated she advanced directives w admission packet and discussed during the meetings. 2. Resident #76 was 08/25/2023. Review of the quarter dated 08/31/2023 ind cognition was intact. Review of the comput Resident # 76 reveale noted in the resident's An interview with the conducted on 11/07/2 he could not find the a medical records and 1 found that stated the advance directives. H directives were not co key personnel and ad indicated that current will complete the adva admissions and the a documentations will b residents' electronic r 	Monday 11/13/2023. DON by the task of completing ets is shared among the was not aware the vere not being signed in the d in the future, it will be initial 72 hours care plan admitted to the facility on by Minimum Data Set (MDS) icated the resident ' s terized clinical record for ed no advanced directive is medical record. Administrator was 2023 at 02:04 PM, He stated advance directive in the there was no documentation resident refused to sign the le indicated advance ompleted due to a shift in lmission process. He by the Social Worker (SW) ance directive be scanned into the	F	57	78				

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If continuation sheet Page 4 of 11

		D HUMAN SERVICES MEDICAID SERVICES				FORM): 12/07/2023 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ° ′		E CONSTRUCTION	(X3) DATE	
		345403	B. WING _				C 08/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CARY HE	ALTH AND REHABILITAT	ION			590 TRYON ROAD		
					CARY, NC 27518		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
TAG F 578	Continued From page in Advanced Directive of completing new ad shared among the sta was not aware the ad signed in the admission she will be discussing admission meeting an Advanced Directive D admission packet and An interview with the was conducted on 11/ stated the advanced of the Admissions Coord did not have an Admis time of the survey, bu Coordinator would be 11/13/2023. DON indi of completing new ad among the staff. She the advanced directive the admission packet discussed during the meetings. 3. Resident #132 was 11/04/2023.	e 4 s and code status. The task missions packets was off. The SW also stated she vanced directives were not on packet and in the future, it in the scheduled ad documenting it on the iscussion Document in the iscussion Document in the iscussion Document in the in her notes. Director of Nursing (DON) 07/23 03:10 PM. The DON directives are completed by linator . She indicated they asions Coordinator at the t a new Admission starting on Monday cated that currently the task missions packets is shared stated she was not aware es were not being signed in and in the future, it will be initial 72 hours care plan		578	DEFICIENCY)	πE	DATE
		erized clinical record for ed no advanced directive medical record.					
	he could not find the a medical records and t	023 at 02:04 PM, He stated advance directive in the here was no documentation resident refused to sign the					

Facility ID: 923078

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 12/07/2023 APPROVED 2: 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345403	B. WING				C 08/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
CARY HE	ALTH AND REHABILITAT	ION		6590 TRYON ROAD CARY, NC 27518			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 578	directives were not co key personnel and ad indicated that current will complete the adva admissions and the a documentations will b residents' electronic m An interview with the conducted on 11/07/2 the advanced directiv the Admissions Coord not have an Admissio recently been trained code status. The task admissions packets w The SW also stated s advanced directives w admission packet and discussing it in the sc and documenting it on Discussion Document and in her notes. An interview with the was conducted on 11, stated the advanced of the Admissions Coord did not have an Admis time of the survey, bu Coordinator would be 11/13/2023. DON indi of completing new ad among the staff. She the advanced directiv the admission packet discussed during the meetings.	ompleted due to a shift in lmission process. He ly the Social Worker (SW) ance directives during dvance directive be scanned into the nedical records. Social Worker (SW) was 3 02:10 PM. The SW stated es were being completed by dinator. They currently do n Coordinator, and she had in Advanced Directives and of completing new vas shared among the staff. he was not aware the vere not signed in the d in the future, she will be heduled admission meeting in the Advanced Directive t in the admission packet Director of Nursing (DON) /07/23 03:10 PM. The DON directives are completed by dinator. She indicated they ssion Coordinator at the it a new Admission	F 578	3			

Facility ID: 923078

If continuation sheet Page 6 of 11

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345403	B. WING				C /08/2023
NAME OF P	ROVIDER OR SUPPLIER			ŝ	STREET ADDRESS, CITY, STATE, ZIP CODE	1	
CARY HE	ALTH AND REHABILITAT	ION			6590 TRYON ROAD CARY, NC 27518		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 578	03/07/2023.	e 6 ated 9/13/2023 had resident	F	578	3		
	coded as moderately						
		uterized medical record for reveal a advanced directive					
	noted in the resident's						
	he could not find the a medical records and t found that stated the advance directives. H directives were not co key personnel and ad indicated that current will complete the adva admission process ar	2023 at 2:04 PM. He stated advance directive in the there was no documentation resident refused to sign the le indicated advance ompleted due to a shift in lmission process. He ly the Social Worker (SW) ance directives during the nd the advance directive anned into the resident's					
	was conducted on 11. SW stated the advance completed by the Adric currently do not have and she had recently Directives and code size completing new adminiation among the staff. The aware the advanced of the admission packet be discussing it in the meeting and docume Directive Discussion of packet and in her not	ssions packets was shared SW also stated she was not directives were not signed in and in the future, she will e scheduled admission nting it on the Advanced document in the admission					

Facility ID: 923078

If continuation sheet Page 7 of 11

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		345403	B. WING			RRECTION (X5) SHOULD BE COMPLET	
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	00.2020
CARY HE	ALTH AND REHABILITAT	ION			6590 TRYON ROAD		
				ļ	CARY, NC 27518		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETION
F 578	Continued From page 08/30/18.	27	F	578	3		
		#44's annual Minimum Data 24/23, indicated resident					
		#44's electronic health d no advance directives s medical record.					
	Administrator he coul directive in the medic documentation found refused to sign the ac indicated advance dir due to a shift in key p process. He indicated Worker (SW) will corr directives during adm	2023 at 2:04 p.m. The d not find the advance al records and there was no that stated the resident dvance directives. He ectives were not completed ersonnel and admission I that currently the Social					
	11/07/23 at 2:10 p.m. advanced directives w Admissions Coordina currently do not have The SW stated she h Advanced Directives further explained the admissions packets w The SW also stated s advanced directives w admission packet and discussing it in the so and documenting it of	SW was conducted on The SW stated the were being completed by the tor and explained they an Admission Coordinator. ad recently been trained in and code status. The SW task of completing new was shared among the staff. the was not aware the were not signed in the d in the future, she will be heduled admission meeting in the Advanced Directive t in the admission packet					

Facility ID: 923078

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER 345403 B. WING C NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/08/2023 CARY HEALTH AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES PREFIX ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID		-	ID HUMAN SERVICES				FORI	M APPROVED D. 0938-0391
345403 B. WING 11/08/2023 NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION CARY HEALTH AND REHABILITATION (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OERICTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 578 Continued From page 8 and in her notes. 6. Resident #47 was admitted into the facility on 3/12/2020. F 578 F 578 F 578 A review of Resident #47 Prospective Payment System Part A discharge Minimum Data Set dated 10/4/2023 revealed the Resident #46 was moderately cognitively impaired. A review of the computerized clinical record for Resident #47 revealed no advanced directive noted in the resident's medical record. A ninterview with the Administrator was conducted on 11/07/2023 at 2:04 PM. He stated he could not find the advance directive in the A	STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE COMF	E SURVEY PLETED
CARY HEALTH AND REHABILITATION GS90 TRYON ROAD CARY, NC 27518 (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) COMPLE COMPLE DATE F 578 Continued From page 8 and in her notes. 6. Resident #47 was admitted into the facility on 3/12/2020. F 578 F 578 A review of Resident #47 Prospective Payment System Part A discharge Minimum Data Set dated 10/4/2023 revealed the Resident #46 was moderately cognitively impaired. F 578 A review of the computerized clinical record for Resident #47 revealed no advanced directive noted in the resident's medical record. An interview with the Administrator was conducted on 11/07/2023 at 2:04 PM. He stated he could not find the advance directive in the			345403	B. WING _				-
CARY HEALTH AND REHABILITATION CARY, NC 27518 CARY, NC 27518 CMULT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLE DATE F 578 Continued From page 8 and in her notes. 6. Resident #47 was admitted into the facility on 3/12/2020. F 578 F 578 A review of Resident #47 Prospective Payment System Part A discharge Minimum Data Set dated 10/4/2023 revealed the Resident #46 was moderately cognitively impaired. A review of the computerized clinical record for Resident #47 revealed no advanced directive noted in the resident's medical record. A n interview with the Administrator was conducted on 11/07/2023 at 2:04 PM. He stated he could not find the advance directive in the A an interview in the	NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	.	
CARY, NC 27518 (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 CORRECTIVE ACTION SHOULD BE (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET DATE F 578 Continued From page 8 and in her notes. 6. Resident #47 was admitted into the facility on 3/12/2020. F 578 F 578 A review of Resident #47 Prospective Payment System Part A discharge Minimum Data Set dated 10/4/2023 revealed the Resident #46 was moderately cognitively impaired. F areview of the computerized clinical record for Resident #47 revealed no advanced directive noted in the resident's medical record. A n interview with the Administrator was conducted on 11/07/2023 at 2:04 PM. He stated he could not find the advance directive in the A state					6	590 TRYON ROAD		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET DATE F 578 Continued From page 8 and in her notes. 6. Resident #47 was admitted into the facility on 3/12/2020. F 578 F 578 A review of Resident #47 Prospective Payment System Part A discharge Minimum Data Set dated 10/4/2023 revealed the Resident #46 was moderately cognitively impaired. A review of the computerized clinical record for Resident #47 revealed no advanced directive noted in the resident's medical record. A ninterview with the Administrator was conducted on 11/07/2023 at 2:04 PM. He stated he could not find the advance directive in the A ninterview with the advance directive in the			ION		С	CARY, NC 27518		
and in her notes. 6. Resident #47 was admitted into the facility on 3/12/2020. A review of Resident #47 Prospective Payment System Part A discharge Minimum Data Set dated 10/4/2023 revealed the Resident #46 was moderately cognitively impaired. A review of the computerized clinical record for Resident #47 revealed no advanced directive noted in the resident's medical record. An interview with the Administrator was conducted on 11/07/2023 at 2:04 PM. He stated he could not find the advance directive in the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	x	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	(X5) COMPLETION DATE
found that stated the resident refused to sign the advance directives. He indicated advance directives were not completed due to a shift in key personnel and admission process. He indicated that currently the Social Worker (SW) will complete the advance directives during the admission process and the advance directive information will be scanned into the resident's electronic medical record. An interview with the Social Service Worker (SW) was conducted on 11/07/2023 at 2:10 PM. The SW stated the advanced directives were being completed by the Admissions Coordinator . They currently do not have an Admission Coordinator and she had recently been trained in Advanced Directives and code status. The task of completing new admissions packets was shared among the staft. The SW also stated she was not aware the advanced directives she will be discussing it in the scheduled admission	F 578	and in her notes. 6. Resident #47 was a 3/12/2020. A review of Resident System Part A dischad dated 10/4/2023 rever moderately cognitivel A review of the composed Resident #47 revealer noted in the resident's An interview with the conducted on 11/07/2 he could not find the ar- medical records and the advance directives. He directives were not con- key personnel and addinicated that current will complete the advance admission process ar- information will be sca- electronic medical recor- An interview with the was conducted on 11. SW stated the advance completed by the Adric currently do not have and she had recently Directives and code si- completing new admini- among the staff. The aware the advanced of the admission packet	admitted into the facility on #47 Prospective Payment rge Minimum Data Set valed the Resident #46 was y impaired. uterized clinical record for d no advanced directive s medical record. Administrator was 2023 at 2:04 PM. He stated advance directive in the there was no documentation resident refused to sign the le indicated advance ompleted due to a shift in Imission process. He ly the Social Worker (SW) ance directives during the nd the advance directive anned into the resident's cord. Social Service Worker (SW) /07/2023 at 2:10 PM. The ced directives were being nissions Coordinator been trained in Advanced status. The task of ssions packets was shared SW also stated she was not directives were not signed in and in the future, she will	F	578			

Facility ID: 923078

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· · /		LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		COMP	PLETED
		345403	B. WING				C 108/2023
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	08/2023
					6590 TRYON ROAD		
CARY HE	ALTH AND REHABILITAT	ION			CARY, NC 27518		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	_	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		COMPLETION DATE
F 570		_	_				
F 578			F	578	8		
		nting it on the Advanced document in the admission es					
	7. Resident #52 was 5/1/2020.	admitted into the facility on					
	A review of Resident Data Set dated 10/15	#52's quarterly Minimum /2023 revealed that					
		verely cognitively impaired.					
		uterized clinical record for					
	Resident #52 reveale noted in the resident's	d no advanced directive s medical record.					
	An interview with the	Administrator was 2023 at 2:04 PM. He stated					
		advance directive in the					
		there was no documentation					
	found that stated the	resident refused to sign the					
	advance directives. H						
		ompleted due to a shift in					
	key personnel and ad	Imission process. He ly the Social Worker (SW)					
		ance directives during the					
		and the advance directive					
		anned into the resident's					
	electronic medical rec	cord.					
		Social Service Worker (SW)					
		/07/2023 at 2:10 PM. The					
		ced directives were being					
		nissions Coordinator . They an Admission Coordinator					
	-	been trained in Advanced					
	Directives and code s						
		ssions packets was shared					
	among the staff. The	SW also stated she was not					
	aware the advanced	directives were not signed in					

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	-	D HUMAN SERVICES MEDICAID SERVICES				PRINTED: 12/07 FORM APPR OMB NO. 0938-	OVED
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /			(X3) DATE SURVEY COMPLETED	
		345403	B. WING		_	C 11/08/2023	3
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		-
CARY HE	ALTH AND REHABILITAT	ION		6590 TRYON ROAD CARY, NC 27518			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		ETION
F 578	the admission packet be discussing it in the meeting and documen Directive Discussion of packet and in her not An interview with the was conducted on 11 DON stated the advan completed by the Adr indicated they did not Admission Coordinate a new Admission Coordinate on Monday 11/13/202 currently the task of of packets was shared a she was not aware th not being signed in the	and in the future, she will scheduled admission nting it on the Advanced document in the admission es. Director of Nursing (DON) /07/2023 at 3:10 PM. The need directives were nissions Coordinator. She have an Admission or at the time of survey but, ordinator would be starting 23. The DON indicated that ompleting new admission among the staff. She stated e advanced directives were e admission packet and in scussed during the initial	F 57				

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