PRINTED: 12/21/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345409	B. WING		C 11/16/2023
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	11/10/2020
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
E 000	Initial Comments		E 00	00	
F 000	investigation survey through 11/16/23. T compliance with the	certification and complaint was conducted on 11/13/23 he facility was found in requirement CFR 483.73, dness. Event ID #CVZD11.	F 00	00	
	survey was conducte	complaint investigation ed from 11/13/23 through CVZD11. The following ited NC00208651.			
F 677 SS=E	deficiency. ADL Care Provided t	allegations resulted in for Dependent Residents	F 67	7	12/14/23
	out activities of daily services to maintain personal and oral hy This REQUIREMEN' by: Based on observation interviews of resident representative, and	T is not met as evidenced on, record review and		The facility provides the following Pla Correction without admitting or denying the validity of the existence of the alled deficiencies. The POC is prepared a	ng eged
	(Resident #s 32, 41, provide hair wash fo (Resident #s 13, 32,	45, and 50) and failed to r dependent residents 41, and 45) for 5 of 6 or activities of daily living.		executed as required by the provision federal and state law. The facility reserves all rights to contest the surve finding through informal dispute resolution, formal appeal proceedings any administrative or legal proceeding.	es of
ADODATORY	7/20/20 with the diag	admitted to the facility on provided in the facility on provided in the facility of the facili		Nail care was provided to residents # 41, 45, and 50 on 11/14/23 by the cer	

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

Electronically Signed

12/14/2023

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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NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	17 10/2020
PEMBRO	(E CENTER			310 E WARDELL DRIVE PEMBROKE, NC 28372		
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F 677	10/17/23 documented participate in the briestatus. The resident assist for bathing. The Resident #13's care documented she had deficit and was depeand personal care. Resident #13 was under the resident #13 was	terly Minimum Data Set dated and the resident was unable to be interview for cognitive required 2-person physical here was no refusal of care. plan dated 10/17/23 down an activity of daily living endent on staff for bathing mable to be interviewed.	F 6	nursing assistants. Residents # 41, and 45 had their hair washed 11/15/23 by the certified nursing assistants. A 30 day lookback was performed Unit Manager on 12/13/23 to ensigned care was completed and showers scheduled at least twice weekly or residents to include hair and nail issues were identified. On 11/30/23-12/7/23 The Directo Nursing/designee provided reedurall licensed nursing staff on nail of hair care procedures and the expetitat hair and nail care will be provishowers/bathing and as needed or resident request. Any licensed strongliance will not take an assiguntil they have received this reed by the Director of Nursing/design includes any newly hired and new staff.	d by the sure ADL so were on all care. No r of acation to care and electation wided with or upon aff that f nment lucation ee. This w agency	
	documentation for the November 2023 reveloed bath/sponge 3 to shift. There was no or nail care. The lass A review of Resident form for the months 2023 by NA #2, the or	ronic bathing and shower the months of October and the balled Resident #13 had a to 5 times a week on day documentation of hair wash to be bath was on 11/14/23. It #13's bathing/shower paper of October and November dedicated shower NA, was dent had her showers on		To monitor and maintain ongoing compliance, the Director of Nursing/designee will monitor a resample of 10 residents to ensure care is being provided to include hair care. Monitoring will be done weekly for 4 weeks, then 3 times for 4 weeks, then weekly for 4 weeks, then weekly for 4 weeks, then weekly for 4 weeks, then monitoring to the Queen committee for review and recommendations for the time frat the monitoring period or as it is a	andom ADL nail and e 5 x weekly eeks. t the API	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 677	documented care r " 10/3 bed bath no refusal " 10/5 shower, r " 10/10 shower, " 10/12 shower, " 10/17 bed bath and no refusal " 10/24 bed bath refusal " 10/26 shower, " 10/31 shower, " 11/2 shower, " 11/7 bed bath no refusal " 11/9 bed bath no resusal " 11/9 bed bath no refusal " 11/9 bed bath no resusal " 11/9 bed bath no refusal " 11/9 bed bath no resusal " 11/9 bed	y. The following dates eceived: instead of shower, no nails cut, no nails, no refusal no nails, no refusal, hair wash no nails, no refusal n instead of shower, no nails no nails, no refusal n instead, no nail care, no no nail care, no refusal instead of shower, no nail care, at 2. NA #2 stated she was the entire facility on day shift weekdays (days or evenings). shift today, 11/16/23, she had ghout the facility to provide a resident that refused. She but always a shower NA assigned NA would be wers plus the bed baths. Hair d during the shower and a few beautician wash their hair once d a bathing/shower paper form	F 67	,	
	residents had the base week. She stated was completed that refusal of care, shawas washed, type whether nail care was washed.	eautician wash their hair once			

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		345409	B. WING			
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		10/2023
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 677	bed bath instead of to state if Resident the bed bath on 11. On 11/14/23 at 1:30 conducted with Nurshe did not know hed bath would have typically washed in not reported to Nurwash a resident's hor 11/15/23 at 9:00 conducted with NA residents that have hair washed with a NA #3 had no complemate resident's hor NA #3 stated some bath and not a short	mean the resident received a f a shower. She was not able #13 had her hair washed with /9/23. Opm an interview was ree #2. Nurse #2 stated that ow a resident who received a rea hair wash. Hair was the shower. The NA staff had se #2 they were unable to	F 67	7		
	conducted with NA the evening shift fo dedicated to showe was enough staff. 11/16/23 evening s bath was provided, washed. Hair coule bed. She could no washed a resident' nails. 2. Resident #32 was	D pm an interview was #4. NA #4 was assigned to r Resident #13. She was ers on evening shift when there She had a full assignment on hift, not showers. When a bed the hair was not always d be washed with a towel in the t remember the last time she is hair in the bed or cut their as admitted to the facility on iagnosis of diabetes.				

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F 677	Continued From pa	age 4	F 677		
	10/17/23 documen was intact. The resident massistance with bath A review of the electrocycles and bath/sponge 3. There was no docucare. The last bed form for the months 2023 by Nursing Asshower NA, was considered to the review of the months and the second process.	arterly Minimum Data Set dated ted the resident's cognition sident was dependent for some refusal of care. The plan dated 10/17/23 had an ang deficit and required shing and personal care. The ctronic bathing and shower the months of October and evealed Resident #32 had a some to 5 times a week on day shift. Internation of hair wash or nail bath was on 11/15/23. The #45's bathing/shower paper is of October and November is sistant (NA) #2, the dedicated completed. The resident had his any and Friday. The following care received:			
	provided, nurse no " 10/6/23 Refuse provided, nurse no " 10/10/23 Refuse provided, nurse no " 10/13/23 Refuse provided, nurse no " 10/17/23 Refuse provided, nurse no " 10/20/23 Refuse provided, nurse no " 10/24/23 Refuse provided, nurse no	ed shower and no other care tified sed shower and no other care			

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F 677	provided, nurse notif " 11/3/23 Refused provided, nurse notif " 11/10/23 Refused provided, nurse notif " 11/14/23 Refused provided, nurse notif " 11/14/23 Refused provided, nurse notif " 11/14/23 at 11:20 observed and intervishair (flat to the scalpresident stated he was gurney and cannot to was afraid. The resishis hair washed in a On 11/16/23 at 11:30 conducted with the A there was a shower of that would hold Resished bath was a preference on 11/14/23 at 1:00 observed and intervishair and long, dirty nasked NA #2 this moshe was not able to owas informed by NA time. On 11/16/23 at 11:15 conducted with NA # shower NA for the er 11/16/23 and most we She stated on day she she stated on day she	ded shower and no other care fied shower and no other care fied and shower and no other care fied shower and long dirty nails. The field shower has been shower because he dent stated he had not had long time. If am an interview was deministrator. He stated that gurney for large residents dent #32. He thought the	F 6	77		

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F 677	stated there was not scheduled and the a responsible for show Resident's hair was shower. She stated was completed that refusal of care, shaw was washed, type of whether nail care was able to state if Resid with his bed bath on statement about the On 11/14/23 at 1:20 conducted with Nurse he did not know how bed bath would have was usually washed that the NA was requivith nail care. If the resident refused, the informed. Nurse Manager #1 wat 1:30 pm. She state resident's nails and inform the nurse. On 11/15/23 at 9:00 conducted with NA # residents that have a hair washed with a to resident asked. NA residents had a bed	esident that refused. She always a shower NA ssigned NA would be vers plus the bed baths. Usually washed during the a bathing/shower paper form included documentation for ing, whether a resident's hair bathing (bed or shower), and is completed. She was not ent #32 had his hair washed 11/14/23. She also had no resident's long, dirty nails. In an interview was e #2. Nurse #2 stated that we a resident who received a a hair wash in the bed. Hair in the shower. She stated wired to provide the residents NA was unable or the increase was required to be was interviewed on 11/14/23 ted NAs were required to cut funable to cut the nails to am an interview was an intervie	F 67'	7		

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F 677	the evening shift for dedicated to shower was enough staff. Statistics and redicated to shower only bed baths for Fibath was provided, washed. Hair could bed. She could not washed a resident's nails. NA #4 was not long or dirty nails are statistics. NA #4 was not long or dirty nails are statistics. NA #4 was not long or dirty nails are statistics. A review of Resident 7/27/23 documented living deficit and required point and required point and required point personal care. A review of the show station revealed resweek Monday through shower. Resident #1 Tuesday and Thurson A review of Resident form for the months 2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant and the nurse was resident #2023 revealed he has by Nursing Assistant #2023 revealed he has	#4. NA #4 was assigned to Resident #32. She was rs on evening shift when there she had a full assignment on rs. NA #4 stated she provided desident #32. When a bed the hair was not always be washed with a towel in the remember the last time she hair in the bed or cut their of sure if Resident #32 had ad would check. Is admitted to the facility on gnosis of traumatic brain It #41's care plan dated do he had an activity of daily uired bathing and nail care Iterly Minimum Data Set dated do the resident's cognition was coartial/moderate assistance There was no refusal of care. In wer schedule at the nurses' idents were scheduled twice a gh Saturday to receive a 41 was scheduled for	F 6	77		

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	11110222
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETION
F 677	documentation for the November 2023 revibed bath/sponge 2 to no documentation of the November 2023 revibed bath/sponge 2 to no documentation of the November 2023 at 2:48 completed of Reside long fingernails (1/4 underneath and his During concurrent in stated he would like cleaned. The residereceiving a bed bath washed in a while, round like his hair washed in a while, round like his hair washed the staff (couwash his hair, but it to 11/14/23 at 1:15 completed of Reside The resident's nails was not removed with the resident's nails that not been of Assistant (NA) was resident had a diaberefused then the assinotified. On 11/15/23 at 9:20 conducted with Nurse was his second day	tronic bathing and shower ne months of October and ealed Resident #41 had a to 4 times a week. There was f hair wash or nail care. In man observation was ent #41 in his bed. He had inch) with brown soil hair appeared to be greasy. Interview with the resident, he his fingernails cut and ent commented that he was an and his hair had not been more than a week, and he tashed. He stated that he lid not remember who) to was not done. In man observation was ent #41 with Unit Manager #1. In were cut but still had soil that the cutting and his hair had not Unit Manager stated she cut his morning and stated the cut in a while and the Nursing responsible unless the etic diagnosis or the resident signed nurse would be am an interview was se #5. Nurse #5 stated today working at the facility. He residents needed their hair	F 67	7	

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD			С	
		345409	B. WING			11/16/2023	
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F 677	stated there was a rebook at the nurses's at the schedule this rowho had a shower so today (11/15/23). Nowhen there was not escheduled showers and a stated she countaile's hair but was not noing hair during the bremember the last time nails; it had been a word of the conducted with NA # was not a dedicated staff NA would provide scheduled for a shown Hair washing was not during this time. NAs resident's nails, the nursident's nails, the nursident's nails, the nursident's hed. NA regarding how to was resident's bed. NA # remember the last time fingernails, but she rewashcloth to remove the shower. On 11/16/23 at 11:15 conducted with NA # shower NA for the entit/16/23. She had 1	am an interview was ng Assistant (NA) #3. NA #3 resident shower schedule tation but she had not looked morning and had not known cheduled on her assignment a #3 stated there were times enough staff or time to give and a bed bath was given. The suited wash a rot sure how she would wash red bath. NA #3 could not ne she had cut a resident's while. The sam an interview was 1. NA #1 stated when there is shower NA assigned, the le bed baths to residents wer on day or evening shift. It always accomplished is were required to cut she had no diabetic was unable to cut the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed. It is a side of the surse would be informed.	F	677			

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F 677	refusals and could if stated there was not scheduled and the a responsible for show was usually washed residents had the beweek. She stated a was completed that refusal of care, whe washed, type of bat whether nail care wable to state if Reside with the bed bath. An interview was compared a bed bath washed, if unable to determine it would rewas not always common on 11/16/23 at 3:40 conducted with NA assigned to the even She was usually deshift when there was assignment today (stated she provided #41. When a bed bed was not always was with a towel in the bed or cut their nails Resident #41 had locheck.	tated there were always inish her assignment. She it always a shower NA assigned NA would be wers plus the bed baths. Hair id during the shower and a few eautician wash the hair once a bathing/shower paper form included documentation for other a resident's hair was hing (bed or shower), and as completed. NA #2 was not ident #41 had his hair washed and order their hair be or request, staff would need to be done. Hair wash in pleted with the bed bath. I pm an interview was was in the short of the resident washed in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed a resident's hair in the short of the remember washed and the remember washed would the remember washed washed would the remember washed wash	F 6	77		
		s admitted to the facility on nosis of diabetes and				

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F 677	documented Reside deficit. The resident and personal care. Resident #45's care documented he had deficit and was depe except eating due to deficit. On 11/13/23 at 1:09 completed of Reside was greasy and seg and long, dirty nails left hand, second fin soil and skin to the euse of his fingers on but he was able to hindependently eat hi interview with the restated the staff had shower, he received not known when his resident stated "I am his nails were dirty. face and commenter shaved. On 11/14/23 at 9:45 conducted with Resi She stated during viobserved to not have hair washed, nail care	um Data Set dated 9/22/23 nt #45's had a memory was dependent for bathing There was no refusal of care. plan dated 9/22/23 an activity of daily living endent on staff for all care plack of mobility and vision pm an observation was ent #45 in his bed. His hair mented with white dandruff (greater than ¼ inch). The gernail was jagged with black end of the nail. The resident's both hands appeared stiff old a fork and spoon to s lunch meal. Concurrent sident was done and he not provided him with a a bath in the bed and had hair was last washed. The holind and cannot see" that The resident touched his d that he would like his face am an interview was dent #45's Representative. sits the resident was e gotten bathed, showered, re, dressed in clothes, nor	F 6	77		
	facial hair shave. Solution was frequently dress	ne noticed body odor and he sed in a hospital gown. She rmed of the resident's				

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	1	11/16/2023	
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 677	resident to have a sl washed. A review of the elect documentation for th November 2023 revebed bath/sponge 3 to There was no documentation. A review of Resident form for the months 2023 by Nursing Assistemental shower NA, was conshowers on Monday following dates documented in 10/2/23 Shower clipped/cleaned in 10/4/23 Shower clipped/cleaned in 10/11/23 Shower clipped/cleaned in 10/18/23 Shower clipped/cleaned in 10/18/23 Shower clipped/cleaned in 10/23/23 Shower clipped/cleaned in 10/23/23 Shower clipped/cleaned in 10/25/23 no carreceived a bed bath	resentative wanted the nower so he could get his hair ronic bathing and shower the months of October and sealed Resident #45 had a to 5 times a week on day shift. Intentation of hair wash or nail to #45's bathing/shower paper of October and November sistant (NA) #2, the dedicated inpleted. The resident had his and Wednesday. The immented care received: the shaved, nails to shaved, nails to shaved, nails ter, shaved, nails	F 6	77			
	I -	e (shower) on evenings,					

i i i		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345409	B. WING			11/16/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	<u> </u>	11/10/2023	
TO WILL OF T	NOVIBER OR GOLF EIER			310 E WARDELL DRIVE	-DL		
PEMBRO	KE CENTER			PEMBROKE, NC 28372			
	I			PROVIDER'S PLAN OF C			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	E (X5) COMPLETIC TE DATE	ON		
F 677	Continued From pag	e 13	F	677			
	conducted with NA # shower NA for the er 11/16/23 and most w She stated on day sl 15 residents through shower minus any restated there was not scheduled and the a responsible for show was usually washed residents had the be a week. She stated was completed that irefusal of care, shav was washed, type of whether nail care was that when the form hinstead" this would not be be be about 11/13/2 statement about the which had skin under the had skin under the resident had applingernails on both himorning but were sti under the nail ends. underneath with blad second fingernail that state in the second fingernail that the second fingernail th	resident's long, dirty nails rneath and were not able to ger #1, but she documented nails cut/cleaned on 8 of the					

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 246 F WARRELL PRIVE	/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	72023
PEMBROKE CENTER 310 E WARDELL DRIVE PEMBROKE, NC 28372	
(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 TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677 Continued From page 14 hair was dirty with segmented greasy appearance. During concurrent interview with the Manager, she stated the resident's skin had grown underneath his long fingernails and she would not be able to cut this morning. The Manager made no mention of cleaning the nails or hair and how to manage the resident's skin that had grown up underneath the long nails. The Manager further stated she was not aware the nails were not getting cut and scheduled the NA to provide the resident with a shower and hair wash. On 11/14/23 at 3:30 pm an interview was conducted with Unit Manager #1. She stated Resident #45 had a consultation ordered for a dermatologist to evaluate the overgrowth of skin under the fingernails and trim. On 11/15/23 at 9:30 am an interview was conducted with Nursing Assistant (NA) #3. NA #3 stated there was a resident shower schedule book at the nurses; station but she had not looked at the schedule this morning and had not known who had a shower scheduled on her assignment today (11/15/23). NA #3 stated there were times when there was not enough staff or time to give scheduled showers and a bed bath was given. NA #3 stated she could use a towel to wash a resident's hair. NA #3 could not remember the last time she had cut a resident's nails; it had been a while. NA #3 further stated she would not cut nails for residents with a diabetic diagnosis. This was the responsibility of the nurse. On 11/15/23 at 9:55 am an interview was conducted with NA #1. NA #1 stated when there	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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F 677	scheduled for a show Hair washing was no during this time. NAs resident's nails if he/s diagnosis. If the NA resident's nails, the n Hair washing could be towel in the bed. NA remember the last tir fingernails, but she rewashcloth to remove the shower. On 11/16/23 at 3:40 conducted with NA # the evening shift for I dedicated to showers was enough staff. Si 11/16/23 evening shi stated she provided a #41. When a bed ba was not always wash with a towel in the best the last time she was bed or cut their nails. Resident #41 had lor check. 5. Resident #50 was 7/21/20 with the diag Resident #50's quart 10/23/23 documented the resident was degwas no refusal of car Resident #50's care a Resident #50's care a Resident #50's care and Resident	de bed baths to residents wer on day or evening shift. It always accomplished is were required to cut she had no diabetic was unable to cut the durse would be informed. It is accomplished using a A #1 stated she could not one she cut a resident's regularly cleaned them with a soil, but this was easier in form an interview was 4. NA #4 was assigned to resident #41. She was as on evening shift when there he had a full assignment on the had a full assignment on the had a full assignment on the had a full be washed and. She could not remember the had a resident's hair in the NA #4 was not sure if and or dirty nails and would admitted to the facility on nosis of stroke. The had an intact cognition. Dendent for bathing. There is the had an intact cognition.	F 63	77			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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	KE CENTER			3	10 E WARDELL DRIVE PEMBROKE, NC 28372			
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F 677	bathing. A review of Resident form documentation fand November 2023 #2, the dedicated shot The resident had his Thursday. The follow received: " 10/2/23 Shower, clipped/cleaned " 10/5/23 Shower, clipped/cleaned " 10/9/23 Shower, clipped/cleaned " 10/12/23 Shower, clipped/cleaned " 10/16/23 Shower clipped/cleaned " 10/19/23 Shower clipped/cleaned " 10/23/23 Shower clipped/cleaned " 10/26/23 Shower clipped/cleaned " 10/30/23 Shower clipped/cleaned " 11/2/23 Shower, clipped/cleaned " 11/9/23 Shower, clipped/cleaned	#50's bathing/shower paper or the months of October by Nursing Assistant (NA) ower NA, was completed. showers on Monday and ving dates documented care shaved and nails shaved and nails shaved and nails r, shaved and nails r, shaved and nails	F	677				
	documentation for the November 2023 reve	onic bathing and shower e months of October and aled Resident #50 had a 3 times a week on day shift.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			S 3	STREET ADDRESS, CITY, STATE, ZIP CODE 10 E WARDELL DRIVE PEMBROKE, NC 28372	1117	16/2023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR 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 677	documentation of hair documentation of nail the documentation is On 11/13/23 at 3:58 printerview was completed resident had long-dirtunderneath and some resident's facial hair versident stated he har would like them cut. The resident stated he har would like them cut. The resident had his washed and cut at the nails were cut by the remained dirty undernesil. The Manager standist this morning, the while, and the NA was resident had a diabet refused then the assignotified. On 11/15/23 at 9:30 acconducted with Nursing stated there were time enough staff or time to could not remember to resident's nails; it had.	a 11/13/23. There was no rewash or nail care. There is a care above. I don't think accurate, but it does exist. I care above. I don't think accurate, but it does exist. I care above. I don't think accurate, but it does exist. I care above. I don't think accurate, but it does exist. I care above. I don't think accurate, but it does exist. I care above. The y nails with brown soil enails were jagged. The was long and course. The don't had his nails cut and the resident could not ne he had nail care. I care above. The y nails were jagged. The was long and course. The don't had his nails cut and the resident was giene remained the same. I care above. I don't think accurate, the y nails were jagged. The was long and course. The don't had not had hair the facility beautician and his manager today, but they neath the nail with brown ated she cut the resident's enails had not been cut in a sersponsible unless the ic diagnosis, or the resident gned nurse would be I care above. I don't think accurate, in a care was not oprovide nail care. NA #3 are when there was not oprovide nail care. NA #3 are when there was not oprovide nail care. NA #3 and he last time she had cut and he last time sh	F	677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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		1		STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		11/10/2020
(X4) ID PREFIX TAG	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 On 11/15/23 at 9:55 am an interview was conducted with NA #1. NA #1 stated when there was not a dedicated shower NA assigned, the staff NA would provide bed baths and nail care. NAs were required to cut resident's nails if he/she had no diabetic diagnosis. If the NA was unable to cut the resident's nails, the nurse would be informed. NA #1 stated she could not remember the last time she cut a resident's fingernails, but she regularly cleaned them with a washcloth to remove soil, but this was easier in the shower. On 11/16/23 at 11:15 am an interview was conducted with NA #2. NA #2 stated she was the shower NA for the entire facility on day shift 11/16/23. She stated today 11/16/23 she had 15 residents throughout the facility to provide a shower, hair wash and nail care minus any resident that refused. She stated there was not always a shower NA scheduled and the assigned NA would be responsible for resident care. She stated a bathing/shower paper form was completed that included documentation for refusal of care and whether nail care was completed. On 11/16/23 at 3:40 pm an interview was		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 677	On 11/15/23 at 9:55 conducted with NA # was not a dedicated staff NA would provid NAs were required to had no diabetic diag to cut the resident's informed. NA #1 stathe last time she cut she regularly cleaneremove soil, but this On 11/16/23 at 11:15 conducted with NA # shower NA for the er 11/16/23. She stated residents throughout shower, hair wash air resident that refused always a shower NA NA would be responstated a bathing/sho completed that include refusal of care and wo completed. On 11/16/23 at 3:40 conducted with NA # the evening shift for	am an interview was 11. NA #1 stated when there shower NA assigned, the de bed baths and nail care. To cut resident's nails if he/she nosis. If the NA was unable nails, the nurse would be ted she could not remember a resident's fingernails, but do them with a washcloth to was easier in the shower. 12. NA #2 stated she was the nail care minus any and nail care minus any and nail care minus any she stated there was not scheduled and the assigned sible for resident care. She wer paper form was ded documentation for whether nail care was 14. NA #4 was assigned to Resident #50. She was	F 6	77		
F 697 SS=E	was enough staff. S 11/16/23 evening shi not remember the la- nails. NA #4 was no long or dirty nails and Pain Management	s on evening shift when there he had a full assignment on ift, not showers. She could st time she cut a resident's t sure if Resident #50 had d would check.	F 6	97		12/14/23

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F 697	Continued From page 19		F 69	97	
	§483.25(k) Pain Mana The facility must ensu- provided to residents consistent with profes the comprehensive per and the residents' goa This REQUIREMENT by: Based on record revion Manager, Nurse Prace Directors interviews th pain management by needed dose of the or prescribed for pain to who experienced free following up with the lanticonvulsant medica times a day for pain we not receiving 11 dose having complaints of (Resident #222) revie Findings included. Resident #222 was ar 09/20/23 with diagnos (a disorder characteri musculoskeletal pain) Pulmonary Disease (it Kidney Disease, and	agement. Ire that pain management is who require such services, issional standards of practice, erson-centered care plan, als and preferences. It is not met as evidenced ew, staff, Pharmacy titioner, and the Medical ne facility failed to provide a.) not administering an as pioid medication Oxycodone a resident (Resident #222) uent pain and b.) not Pharmacy regarding the ation Lyrica prescribed three which resulted in the resident is of the medication and pain for 1 of 1 resident wed for pain management. Idmitted to the facility on sees including Fibromyalgia zed by widespread of the copy of the		Resident 222 No longer resides at the facility. A 30 day lookback was performed by the Director of Nursing/designee on 12/13 to identify if any residents experiencing documented pain was addressed by a pharmological interventions or by administering prescribed pain medicates as ordered by the Physician. There we no issues identified. A 30 day lookback was performed by the Director of Nursing/designee on 12/13 to verify that medications ordered were delivered by the Pharmacy and administered per Physician orders. No issues were identified. On 11/30/23-12/7/23 the Director of Nursing/designee provided reeducation all licensed nurses on the policy of pair management and the procedure for we to do when medications are not availad and the expectation that the Physician be notified if there is a medication not available for further orders and directions.	he /23 g on ion ere he /23 e o o on ion ere he /23 e o o o o o o o o o o o o o o o o o o
	revealed Resident #2	ated 09/20/23 at 02:17 PM 22 was admitted at 1:45 PM oxygen at 3LPM (liters per		Any licensed nurses that cannot be reached by our date of compliance wil take an assignment until they have received this reeducation by the Directive	

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NAIVIE OF PI	ROVIDER OR SUPPLIER) <u> </u>	
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				PEMBROKE, NC 28372		
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F 697	Continued From page	e 20	F 69	97		
		and oriented to person, ad no acute pain noted on		of Nursing/designee. This in newly hired and new agency		
	The hospital discharg revealed Resident #2 Oxycodone 10 milligr day as needed for pa The Minimum Data S dated 09/25/23 revea cognitively intact. He two-person assistanc transfers, and activitie received scheduled p experienced frequent rating was 5 on a sca assessment. He received scheduled to the scalar of	ams (mgs) give two times a in for 5 days. et (MDS) 5-day assessment led Resident #222 was required extensive e with bed mobility, es of daily living. He		To monitor and maintain ongo compliance, the Director of Nursing/designee will monito clinical morning meeting 5x verify that any complaints of addressed and documented medical record and the Phys notified if the medication was available. Monitoring will be weekly for 4 weeks, then 3 tin for 4 weeks, then weekly for The Director of Nursing will results of the monitoring to the committee for review and recommendations for the time the monitoring period or as it by the committee.	r in the weekly to pain were in the ician was not done 5 x mes weekly 4 weeks. eport the ae QAPI	
	pain rating of 5 on a sedocumented by Nurse On 09/21/23 at 04:24 pain rating of 9 on a sedocumented by Nurse On 09/22/23 at 02:07 pain rating of 7 on a sedocumented by Nurse On 09/22/23 at 09:26 pain rating of 4 on a sed	AM Resident #222 had a scale of 10. This was e #2. AM Resident #222 had a scale of 10. This was e #3. AM Resident #222 had a scale of 10. This was e #3.				
	documented by Nurse On 09/22/23 at 05:55	PM Resident #222 had a				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	,	•	31	TREET ADDRESS, CITY, STATE, ZIP CODE 10 E WARDELL DRIVE EMBROKE, NC 28372		
(X4) ID PREFIX TAG					(X5) COMPLETION DATE		
F 697	pain rating of 8 on a standocumented by Nurs Review of the Medica (MAR) dated Septem revealed Oxycodone needed for pain was #222 at any time from at 5:54 AM. Review of the Control Resident #222 revea Oxycodone was adm on 09/23/23 at 05:54 AM. Review of the progre revealed no documented ication was admit the first dose of Oxycogo/23/23 at 05:54 AM. Review of the progre revealed no documented ication was admit the first dose of Oxycogo/23/23 at 05:54 AM. Review of the progre #222 was discharged due to shortness of be exacerbation. A progress note date documented by Nurs readmitted from the match in the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order date of the match ication is a progress order of the match ication is a p	scale of 10. This was e #3. 213 AM Resident #222 had a scale of 10. This was e #3. 24tion Administration Record aber 2023 for Resident #222 10 mgs prescribed as not administered to Resident in 09/20/23 through 09/23/23 22tion Administered to Resident in 09/20/23 through 09/23/23 22tion Administered to Resident #222 in AM by Nurse #3. 22tion Am by Nurse #3. 22tion Administered to Resident #222 in Am by Nurse #3. 22tion Am by Nur	F	697			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		11/10/2023
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F 697	Continued From pa	ge 22	F 69	97		
	documented by Nu Resident #222 had medications but go and we had to wait Review of the pain dated 10/06/23 at 8 of 5 out of 10. This Review of the Med (MAR) dated Octobrevealed Oxycodor needed for pain wa #222 at any time of Review of the Cont Resident #222 reve Oxycodone was acon 10/07/23 at 02:	rolled Medication Record for ealed the first dose of ministered to Resident #222 5 AM by Nurse #4.				
		ress notes for Resident #222 entation that pain medication on 10/06/23.				
	PM Nurse #1 state and had respiratory him having frequen Resident #222 was pain but didn't remoneded medication stated Resident #2 Nurse #1 thought to pain. He stated Recomplain of pain of Resident #222 had	erview on 11/16/23 at 02:07 and Resident #222 was very frail or issues and he didn't recall at complaints of pain. He stated at getting scheduled Lyrica for ember giving him any as as such as Oxycodone. He 222 had phantom pain and the paint Lyrica could manage his sident # 222 didn't really ten to him. He stated if significant complaints of pain, fied the Physician. He stated				

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F 697	F 697 Continued From page 23 he didn't recall documenting a pain scale of 4 or 5		F 6	97		
	for Resident # 222 a going to the Omnice	nd indicted he didn't recall Il (the onsite medication to get a dose of Oxycodone				
	PM Nurse #2 stated breathing treatments indicated she did no	rview on 11/16/23 at 03:15 Resident #222 required s and received oxygen. She t recall documenting a pain s first admission in				
	scale of 9 during his first admission in September. She indicated during the second admission the Oxycodone was scheduled and not just administered as needed. She stated Resident #222 would tell her that he was starting to hurt					
	due again. She state take Tylenol, and sta complainer. She stat					
	medication cart, she provider to see if the the Pharmacy. She	no pain medication on the would call the on-call y would send a hard script to stated only a certain nurse				
	of the process to get Omnicell. She stated					
	Nurse #3 stated she when Resident # 22 stated Resident # 22 could voice his need her shift at 7:00 PM	on 11/14/23 at 04:05 PM was the assigned nurse was initially admitted. She was alert and oriented and s. She stated she arrived for that night and Resident # 222 pain when she came on shift.				
		scale was maybe 7 or 8 on a offered Tylenol, but he told				

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PEMBROKE	CENTER			PEMBROKE, NC 28372			
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hods C Fa C # ir oc which the number of gak	complained of generalid not have access the didn't know that Dimnicell and available acsident # 222. She another nurse to assort Dimnicell to get the property of the property	control his pain. She stated he alized pain. She stated she to the Omnicell and stated Oxycodone was in the ole for administration to e stated she didn't ask ist her in getting into the pain medication for Resident the may be confusing the exit with the readmission date and Resident # 222 did have she stated the Oxycodone cation cart at the time that he pain, and they were waiting for ome from the Pharmacy and one would come in later that metimes Pharmacy doesn't antil 1:00 - 2:00 AM in the she recalled giving Resident parly one morning when it parmacy. She indicated she prother nurse to assist her in one from the Omnicell to the first part of the pain medications ent. She stated she never remacy but knew Resident # e ordered but couldn't when a nordered and was not there	F 6	97			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	' '	(X3) DATE SURVEY COMPLETED	
		345409	B. WING _			C 11/16/2023
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		11710/2023
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 697	process to get narco stated when Resider pain she didn't know could have been dor pain better. She stather any information issue regarding getti stated Resident # 22 Oxycodone, but statelse to do at that time. Attempts were made There was no responsive to the controlled substance script for the controlled substance script for the controlled substance script for the controlled nave to contact the Cor discharging facility a hard script to the Physician would not controlled medication evaluated the resident to have the Case Ma facility fax a list of the to the resident getting She stated the delay Resident #222 was contact the hospital stated once the Phasicipt, they would see in the daily delivery the Resident # 222 did stated all nurses had indicated the nurses	e Omnicell but not the stics from the Omnicell. She int # 222 had complaints of w of anything different that he on nights to manage his ed no one had reported to regarding Resident #222's ing his medications. She 22 did mention not getting his ed she didn't know anything he.	F 6	97		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345409	B. WING _				C 16/2023
	ROVIDER OR SUPPLIER			310 E	ET ADDRESS, CITY, STATE, ZIP CODE WARDELL DRIVE BROKE, NC 28372	<u>,</u>	10,2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 697	waiting for the medic Pharmacy. A phone interview wa	uring the time they were	F	597			
	for new admissions a provided before a co filled. She stated har the Pharmacy or the emergency script for Oxycodone. She state solicit prescriptions a responsibility of the fisent to the Pharmacy #222's first admission hard script for Oxycodone She state of the Pharmacy provided in the facility at 2:27 this facility owned the Oxycodone 5 milligras of the medication could be the Oxycodone was without having to cal	a hard script must be ntrolled medication could be d scripts could be faxed to Physician could call in an up to a 72-hour supply of ted the Pharmacy did not and that it would be the acility to get a hard script y. She stated on Resident in the Pharmacy received the done on 09/22/23 at 5:41 in emedication on the 10:00 at and the medication arrived AM on 9/23/23. She stated eir narcotics and had aims stocked in the Omnicell and have been removed from in the time of admission until received from the Pharmacy.					
	b.) Review of Reside revealed he was disc 09/25/23 due to shor	ent #222's medical record charged to the hospital on tness of breath related to He was readmitted to the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345409	B. WING _			C 11/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		11/10/2023
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 697		ge 27 tal discharge summary dated desident #222 had an order	F 6	97		
		a) 200 mgs give three times				
	Resident #222 did n	dated October 2023 revealed ot receive the scheduled 10/06/23 through 10/10/23. hissed doses of the				
	Review of the progress notes dated 10/06/23 through 10/10/23 revealed no documentation as to why the medication Lyrica had not been received and administered to Resident #222.					
	documented by Nur- Resident # 222 was known. Resident #2 The Pharmacy was	ed 10/10/23 at 04:41 AM se #3 revealed in part; able to make his needs 22 stated he was in pain. called about Resident # 222s by stated to call back on day				
	Resident #222 was	ed 10/10/23 revealed discharged to the hospital breath related to COPD				
	3:00 PM with the Ph the Pharmacy receiv Resident # 222's Ly through 10/06/23. S #222 discharged to Lyrica was returned destruction because	ras conducted on 11/15/23 at sarmacy Manager. She stated yed 3 prescriptions for rica between 09/21/23 She stated that when Resident the hospital on 09/25/23 his by the facility and sent for it was a controlled ted when the new order was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		345409	B. WING _			C 11/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		11/10/2023
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 697	because it was an e facility could have car get an override and sent sooner. She star receive a call until 1 medication and it was 10/11/23. She stated have been clarified stated Lyrica could homnicell, but it would dose. She stated sh what signs or sympt potentially have from stated it was typicall pain.	ey on 10/06/23 it was rejected arly refill. She stated the alled the Pharmacy sooner to the Lyrica could have been ated the Pharmacy did not 0/10/23 regarding the as sent to the facility on dit was unfortunate and could sooner with a phone call. She have been retrieved from the did not have been for the full e could not say for certain oms Resident # 222 would in not receiving Lyrica but y prescribed for neuropathic	F 6	97		
	Nurse #3 stated Resident #222 was asking for Lyrica and she told him it was not on the medication cart, so she called the Pharmacy. She stated Resident #222 had complaints of generalized pain. She stated the Pharmacy stated the medication may be stuck in limbo and for her to call back on day shift. She did not recall reporting to day shift to call Pharmacy regarding the Lyrica. She indicated Resident # 222 was sent back out to the hospital before the medication was received in the facility. During an interview on 11/16/23 at 2:00 PM the Nurse Practitioner stated she was not aware Resident #222 did not receive the scheduled Lyrica during his second admission. She stated she evaluated him only once on 10/09/23 when he was having respiratory distress. She stated during that time he did not have complaints of pain but complained of chest tenderness. She					

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		345409	B. WING _			C 11/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		11/10/2023
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 697	Continued From pa stated he was sent and did not return to	out to the hospital on 10/10/23	F€	97		
	PM Nurse #2 stated Resident #222's Lyr asked about the Lyr coming in that night She stated she didr for Lyrica, but he we stated she was not not receive any of the	erview on 11/16/23 at 03:15 If there was an issue with rica and stated each time she rica she was told it was It in the Pharmacy delivery. It recall Resident #222 asking ould say " I'm aching". She aware that Resident #222 did ne Lyrica prior to being sent oital. She indicated she did not nacy because she thought the e delivered.				
	During a phone interview on 11/16/23 at 4:00 PM the Medical Director stated he was not aware Resident #222 did not receive the scheduled doses of Lyrica on his second admission in October 2023. He stated the medication was used to assist in controlling neurogenic pain, and stated it needed to be given to Resident #222 three times a day according to the order. He stated there would be no long-term consequences from not receiving 11 doses. He stated residents were already compromised that's why they were in this setting and pain management was a high priority. He stated the absence of the medication would not have long term effects on Resident #222, but stated Resident #222 would have the memory of not getting the pain medication.					
	Director of Nursing	on 11/16/23 at 4:30 PM the (DON) stated she was new to ctor of Nursing. She stated				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345409	B. WING _			C 11/16/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 697	#222's Lyrica but indicated the should have notified to regarding Resident #2 order to provide better	an issue with Resident cated the nursing staff he Pharmacy sooner 222 not having Lyrica in r pain management.		697			
F 755 SS=D	CFR(s): 483.45(a)(b)(s) §483.45 Pharmacy So The facility must providrugs and biologicals them under an agreet §483.70(g). The facil personnel to administ permits, but only under a licensed nurse.	ervices ide routine and emergency to its residents, or obtain ment described in ity may permit unlicensed er drugs if State law er the general supervision of	F	755		12/14/23	
	pharmaceutical service that assure the accuration dispensing, and admit biologicals) to meet the \$483.45(b) Service Comust employ or obtain pharmacist who-\$483.45(b)(1) Provide aspects of the provision the facility. \$483.45(b)(2) Established the provision of t	on of pharmacy services in shes a system of records of no fall controlled drugs in					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C	
	345409		B. WING				
NAME OF D	20VIDED OD CUIDDUED	343409	B: WING _	CTDEET ADDRESS OFF STATE 71D OF		/16/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	JDE		
PEMBRO	KE CENTER			310 E WARDELL DRIVE			
				PEMBROKE, NC 28372			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 755	Continued From pa	ge 31	F 7	55			
		eriodically reconciled. NT is not met as evidenced					
	Managers interview	eview, staff, and the Pharmacy is the facility failed to obtain a prescribed for pain from the		Resident 222 No longer res facility	sides at the		
	Pharmacy resulting 11 doses of the med	in the resident not receiving dication for 1 of 1 resident viewed for the provision of		A 30 day lookback was perf Director of Nursing/designe to verify that medications or Physician were delivered by	e on 12/13/23 dered by the y the Pharmacy		
	Findings included.			and administered per Physi No issues were identified.	cian orders.		
	09/20/23 with diagn (a disorder characte musculosketal pain Pulmonary Disease Kidney Disease, an	admitted to the facility on loses including Fibromyalgia erized by widespread), Chronic Obstructive (COPD), Diabetes, Chronic d Left below knee amputation.		On 11/30/23-12/7/23 the Dir Nursing/designee provided all licensed nurses on the p what to do when medication available and the expectation Physician will be notified if t medication not available to orders and direction.	reeducation to rocedure for ns are not on that the there is a		
	#222 revealed Preg	gabalin (Lyrica) Oral Capsule s). Give 1 capsule by mouth		To monitor and maintain on compliance, the Director of Nursing/designee will monit	or in the		
		ord (MAR) dated September eceived Lyrica three times a		clinical morning meeting 5x verify the Physician was not orders and direction if any not available. Monitoring w weekly for 4 weeks, then 3 for 4 weeks, then weekly for	tified for further nedication was ill be done 5 x times weekly		
	dated 09/25/23 reve cognitively intact. H two-person assistar transfers, and activi scheduled pain med frequent pain. His p	Set (MDS) 5-day assessment ealed Resident #222 was e required extensive noce with bed mobility, ities of daily living. He received dications and experienced eain intensity rating was 5 on a me of the assessment.		a completion date of 3/2 200 licensed nurses that cannot our date of compliance will assignment until they have reeducation by the Director Nursing/designee. This included newly hired and new agence The Director of Nurisng will	24. Any the bear by the reached by the bear and the bear and the bear and the bear any the bear		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345409	B. WING		C
	ROVIDER OR SUPPLIER KE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	11/16/2023
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 755	Review of Resident revealed he was dis 09/25/23 due to sho COPD exacerbation facility on 10/05/23. Review of the hospit 10/05/23 revealed R for Pregabalin (Lyric times a day for pain.) Review of the Medic (MAR) dated Octobe #222 did not receive Lyrica from 10/06/23 resulted in 11 misses. Review of the progrethrough 10/10/23 resulted in 11 misses. Review of the progrethrough 10/10/23 resulted and adminitation of the Pharmacy received and adminitation. A phone interview w 3:00 PM with the Pharmacy received Resident #222's Lyr 10/06/23. She stated discharged to the howas returned to the then it was sent for controlled medication order was sent to the was rejected becaus stated when a medication or an early refill to the length and e	#222's medical record charged to the hospital on riness of breath related to . He was readmitted to the . He was a read an order and an expectation and a support of the scheduled doses of . He was a read and the scheduled doses of . He was a read and the scheduled doses of . He was a read and the scheduled doses of . He was a read and the scheduled doses of . He was a read and the scheduled and . She stated was a read and . She stated when the new are Pharmacy on 10/06/23 it see it was an early refill. She cation was rejected due to	F 758	results of the monitoring to the QAPI committee for review and recommendations for the time frame the monitoring period or as it is amen by the committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345409		1, 7	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345409	B. WING			C	
	ROVIDER OR SUPPLIER	1 0.0.00		STREET ADDRESS, CITY, STATE, ZIP COI 310 E WARDELL DRIVE PEMBROKE, NC 28372		1/16/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 755	was sent to a facility the Pharmacy and the Pharmacy and the medication refilled so have a delay in getting stated the Pharmacy facility on 10/10/23 mit was sent to the facility could have sooner to get an overhave been sent soon unfortunate and could with a phone call. Streeting the medication have been avoided. During a phone inter Nurse #3 stated Resulting the medication cart, so as she could not recall to the Pharmacy state stuck in limbo and for shift. She indicated so notified day shift to complete the Lyrica. She indicated so notified day shift to complete the Lyrica. She indicated so notified day shift to complete the Lyrica was sent back medication was recently a phone inter PM Nurse #2 stated Resident #222's Lyrica sked about the Lyricas was sent back to the Lyricas was sent back medication was recently as the Lyricas was sent back to	time an early refill notice the facility would need to call they could override and get the to that the Resident would not the grading the medication. She received a call from the regarding the medication and tility on 10/11/23. She stated re called the Pharmacy rride and the Lyrica could there. She stated it was d have been clarified sooner the indicated the delay in the sent to the facility could wiew on 11/16/23 at 11:57 AM sident #222 was asking for thim it was not on the the called the Pharmacy, but the date of the phone call. d the medication may be r her to call back on day the did not recall if she tall the Pharmacy back about tated she thought Resident out to the hospital before the	F7	55			
	asking for Lyrica, bu She stated she was	t recall Resident # 222 t he would say " I'm aching". not aware that Resident #222 of the Lyrica prior to being					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMF	SURVEY PLETED
		345409	B. WING _				C 16/2023
	ROVIDER OR SUPPLIER			31	REET ADDRESS, CITY, STATE, ZIP CODE 0 E WARDELL DRIVE EMBROKE, NC 28372		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL 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
F 755 F 761 SS=E	did not try to call the thought the medication. During an interview of Director of Nursing (If the role as the Direct she was not aware of #222's Lyrica but indishould have notified regarding Resident # stated education on obtaining medication be provided. Label/Store Drugs and CFR(s): 483.45(g)(h) \$483.45(g) Labeling Drugs and biological labeled in accordance professional principle appropriate accessor instructions, and the applicable.	Pharmacy because she on would be delivered. In 11/16/23 at 4:30 PM the DON) stated she was new to cor of Nursing. She stated of an issue with Resident icated the nursing staff the Pharmacy sooner (222 not having Lyrica. She following the procedures for s from the Pharmacy would (1)(2) of Drugs and Biologicals is used in the facility must be ewith currently accepted in the facility must be expiration date when		755	DEFICIENCY		12/14/23
	§483.45(h)(1) In acceleration Federal laws, the factoriologicals in locked temperature controls personnel to have acceptable with the state of the factoriological for the factoriological fac	of Drugs and Biologicals ordance with State and cility must store all drugs and compartments under proper , and permit only authorized cess to the keys. cility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and and other drugs subject to					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345409	B. WING		C 11/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 761	Continued From pag	e 35	F 76	51	
	abuse, except when package drug distrib quantity stored is min be readily detected. This REQUIREMEN by: Based on observation interviews the facility date on multi dose of opened date on ophymedication carts revently findings included. An observation of the carts on 11/13/23 at Incruse Ellipta multiple been used with no of label on the inhaler if after opening. An observation of the carts on 11/13/23 at opened bottle of Lata with no opened date manufacturer's guide Latanoprost 6 weeks. During an interview of Nurse #9 stated she the 300/400 hall med expiration dates sho administering the medical was an agency nurse building 3 or 4 times stated she arrived la behind schedule. She check for opened date.	the facility uses single unit ution systems in which the nimal and a missing dose can T is not met as evidenced ons, record review, and staff of failed to record an opened ral inhalers and record an thalmic drops on 3 of 3 iewed for medication storage. e 300/400 hall medication 12:00 PM revealed two dose oral inhalers that had pened date recorded. The instructed to discard 6 weeks e 300/400 hall medication 12:00 PM revealed an anoprost ophthalmic drops labeled on the bottle. The elines indicated to discard		No specific residents were identified the deficient practice. The multi dose inhalers and the ophthalmic drops we discarded and reordered on 11/15/23. An audit of all medication carts was performed by the Director of Nursing/designee on 12/12/23 to verif that all medications were dated appropriately when opened. No issue were identified. On 11/30/23-12/7/23 the Director of Nursing/designee provided reeducatic all licensed nurses on the medication storage policy and the expectation that when a medication is opened it must be dated with the appropriate date. Any licensed nurses that cannot be reached our date of compliance will not take an assignment until they have received the reeducation by the Director of Nursing/designee. This includes any newly hired and new agency staff. To monitor and maintain ongoing compliance, the Director of Nursing/designee will monitor all medication carts to ensure that opened medications are dated appropriately wopened. Monitoring will occur 3 x week for 4 weeks, then 2 x weekly for 4 weeks.	oral re by es on to eat obe ed by en inis

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345409	B. WING_			C 11/16/2023	
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		11/10/2023	
				310 E WARDELL DRIVE			
PEMBRO	(E CENTER			PEMBROKE, NC 28372			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
F 761	Continued From page	÷ 36	F 7	61			
	checked the medication. An observation of the 11/13/23 at 1:00 PM r Diskus multidose oral date recorded. The m			The Director of Nursing will represents of the monitoring to the committee for review and recommendations for the time for the monitoring period or as it is by the committee.	QAPI rame of		
	#10 stated she was the 100 hall medication of the cart was expected on medications. She shourse also did random carts at times. She state assigned to make sur	n 11/13/23 at 1:30 PM Nurse ne assigned nurse for the art. She stated the nurse on it to check for opened dates stated the Infection Control in checks of the medication ated no specific nurse was e medications were labeled ne stated she did not always ates on inhalers.					
F 867 SS=E	Corporate Nurse Con inhalers and eye drop with opened dates on opened. He stated authe medication carts athe nursing staff. QAPI/QAA Improvem		F 8	67		12/14/23	
	monitoring. A facility must establis policies and procedur collections systems, a adverse event monito	eedback, data systems and sh and implement written es for feedback, data and monitoring, including ring. The policies and ude, at a minimum, the					

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345409	B. WING _		1	C 1/16/2023	
NAME OF PROVIDER OR SUPPLIER PEMBROKE CENTER			STREET ADDRESS, CITY, STATE, ZIP C 310 E WARDELL DRIVE PEMBROKE, NC 28372			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SH		(X5) COMPLETION DATE	
§483.75(c)(1) Facilists systems to obtain a from direct care staresident representation information will be used high risk, high wopportunities for imsequence with the systems to identify, information from all not limited to the fast §483.70(e) and including the used to development, monitorially identify including the method development, monitorially identify will use the compresent adverse events in the facility will use the compresent adverse events in the systematically identification.	ity maintenance of effective and use of feedback and input iff, other staff, residents, and tives, including how such used to identify problems that colume, or problem-prone, and provement. Ity maintenance of effective collect, and use data and departments, including but collity assessment required at uding how such information elop and monitor performance ty development, monitoring, erformance indicators, indology and frequency for such toring, and evaluation. Ity adverse event monitoring, indicators, investigate, into and information relating to the facility, including how the data to develop activities to ents. In systematic analysis and incomposed in provement and, after	F	367			
	CORRECTION ROVIDER OR SUPPLIER SUMMARY: (EACH DEFICIEN REGULATORY O Continued From pa §483.75(c)(1) Facili systems to obtain a from direct care sta resident representa information will be u are high risk, high v opportunities for im §483.75(c)(2) Facili systems to identify, information from all not limited to the far §483.75(c)(a) Facili and evaluation of pr including the methor development, monit §483.75(c)(4) Facili including the methor systematically ident analyze and use da adverse events in th facility will use the or prevent adverse events §483.75(d) Program systemic action.	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WING STREET ADDRESS, CITY, STATE, ZIP C 310 E WARDELL DRIVE RECENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 37 \$483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. \$483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at \$483.70(e) and including how such information will be used to develop and monitor performance indicators. \$483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. \$483.75(c)(4) Facility adverse event monitoring, including the methodos by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events. \$483.75(d) Program systematic analysis and systemic action. \$483.75(d) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that	A BUILDING 345409 345409 346400 3464000 3464000 3464000 3464000 3464000 3464000 3464000 3464000 3464000 3464000 3464000 3464000	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345409	B. WING			C 11/16/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	, I	11110/2023	
(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 SHOUTH ACTION SHOUTH APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 867	implement policies a (i) How they will use determine underlyin impacting larger sys (ii) How they will de will be designed to a level to prevent qua safety problems; an (iii) How the facility of its performance in ensure that improve §483.75(e) Program §483.75(e)(1) The fiperformance improve high-risk, high-volur consider the incider of problems in those outcomes, resident resident choice, and §483.75(e)(2) Performance improve the incider of problems in those outcomes, resident resident choice, and sevents and sevents and sevents and sevents.	acility will develop and addressing: e a systematic approach to g causes of problems stems; velop corrective actions that effect change at the systems lity of care, quality of life, or d will monitor the effectiveness mprovement activities to ements are sustained. activities. acility must set priorities for its vement activities that focus on me, or problem-prone areas; ace, prevalence, and severity e areas; and affect health safety, resident autonomy, d quality of care.	F 86	· ·			
	that include feedback facility. §483.75(e)(3) As paimprovement activit distinct performance number and frequer conducted by the faland complexity of the	re actions and mechanisms ck and learning throughout the art of their performance ies, the facility must conduct improvement projects. The new of improvement projects cility must reflect the scope ne facility's services and as reflected in the facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C	
		345409	B. WING _			11/16/2023	
	PEMBROKE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	'		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 867	annually a project to problem-prone area collection and analy (c) and (d) of this set §483.75(g) Quality §483.75(g) Quality §483.75(g)(2) The assurance committe governing body, or functioning as a governing activities, including program required urgonactivities, including program required urgonized (iii) Develop and impaction to correct ide (iii) Regularly review data collected underesulting from drug available data to match the second resulting f	ed at §483.70(e). Its must include at least hat focuses on high risk or as identified through the data visis described in paragraphs ection. It assessment and assurance. It assessment	F8	The facility failed to maintain implemented procedures and mainterventions put in place following recertification and complaint invessurvey completed on 7/6/2021. Follows plans have been developed to at those areas with ongoing monito the Quality Assurance and Perfolimprovement Committee (QAPI) Label/Store Drugs and Biological All residents have the potential to effected. On 12/12/23, A Root Control Analysis was completed by the	ng a estigation Revised ddress bring by rmance for F761 ls.		

NAME OF PROVIDER OR SUPPLIER PEMBROKE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER PEMBROKE CENTER CAMPID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE DATE DATE			345409			I -	2022	
Summary Statement of Deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION) Deficiency Must be preceded by Full (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)	NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	11/10/	2023	
PEMBROKE, NC 28372					, , ,			
FREETX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 867 Continued From page 40 This tag is cross-referenced to: F761: Based on observations, record review, and staff interviews the facility failed to record an opened date on ophthalmic drops on 3 of 3 medication carts reviewed for medication storage. During the recertification and complaint investigation survey of 7/6/21 the facility failed to discard two opened and accessed bottles of liquid nebulizer medication in the medication carts observed. The facility also failed to label and place an opened date on an opened and accessed bottle of liquid nebulizer medication rin the medication storage rooms observed. In an interview with the Administrator on 11/16/23 at 2:58 PM he stated he did not know why the plan failed. He noted he was new to the building F 867 Continued From page 40 F 867 Interdisciplinary Quality Assurance Team for this deficient practice to determine the systemic break with revised plans developed to address easa. Education was provided to the Quality Assurance and Performance Improvement Committee (QAPI) by the Corporate Nurse Consultant on 12/11/23 regarding Quality Assurance and Performance Improvement and how to report these findings to the QAPI Committee. The Administrator will conduct a Quality Assurance and Performance Improvement Meeting weekly x4 weeks (starting 12/11/23), bi-weekly x2 weeks, then monthly x1 month. The QAPI Committee will review all active Performance Plans for compliance, any deviations noted will be addressed by the QAPI Committee to determine the Root Cause Analysis of non-compliance with revisions to the plan as indicated. The Quality Assurance and performance	PEMBRO	KE CENTER						
interdisciplinary Quality Assurance Team for this deficient practice to determine the systemic break with revised plans developed to address these areas. F761: Based on observations, record review, and staff interviews the facility failed to record an opened date on multi dose oral inhalers and record an opened date on ophthalmic drops on 3 of 3 medication carts reviewed for medication storage. During the recertification and complaint investigation survey of 7/6/21 the facility failed to discard two opened and accessed bottles of eye drops per the pharmacy label on the box and failed to store an opened and accessed bottle of liquid nebulizer medication in the refrigerator as directed by the pharmacy label for 1 of 2 medication carts observed. The facility also failed to label and place an opened date on an open and accessed bottle of liquid nebulizer medication in the medication storage rooms observed. In an interview with the Administrator on 11/16/23 at 2:58 PM he stated he did not know why the plan failed. He noted he was new to the building interdisciplinary Quality Assurance team for this deficient practice to determine the systemic break with revised plans developed to address these areas. Education was provided to the Quality Assurance and Performance Improvement Committee (QAPI) by the Corporate Nurse Consultant on 12/11/23 regarding Quality Assurance and recognizing areas for Performance Improvement and how to report these findings to the QAPI Committee. The Administrator will conduct a Quality Assurance and Performance Improvement Meeting weekly x4 weeks (starting 12/11/23), bi-weekly x2 weeks, then monthly x1 month. The QAPI Committee will review all active Performance Plans for compliance, any deviations noted will be addressed by the QAPI Committee to determine the Root Cause Analysis of non-compliance with revisions to the plan as indicated. The Quality Assurance and performance	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	_D BE C	OMPLETION	
survey conducted in 2021 to determine strategies to improve the new plan of correction that will be implemented.	F 867	This tag is cross-reference F761: Based on obsets staff interviews the far opened date on multivecord an opened date of 3 medication carts storage. During the recertificate investigation survey of discard two opened and drops per the pharma failed to store an opened in the pharma failed to store an opened in the pharma failed and place and accessed bottle of in the medication room medication storage room medication storage room failed. He noted and would be gatherin survey conducted in 2 to improve the new plans.	renced to: ervations, record review, and cility failed to record an dose oral inhalers and e on ophthalmic drops on 3 reviewed for medication ion and complaint of 7/6/21 the facility failed to nd accessed bottles of eye cy label on the box and ned and accessed bottle of cation in the refrigerator as nacy label for 1 of 2 erved. The facility also failed opened date on an open of liquid nebulizer medication on refrigerator for 1 of 1 ooms observed. The Administrator on 11/16/23 he did not know why the he was new to the building ng information regarding the 2021 to determine strategies	F 86	interdisciplinary Quality Assurance for this deficient practice to determin systemic break with revised plans developed to address these areas. Education was provided to the Qual Assurance and Performance Improvement Committee (QAPI) by Corporate Nurse Consultant on 12/regarding Quality Assurance and recognizing areas for Performance Improvement and how to report the findings to the QAPI Committee. The Administrator will conduct a Qual Assurance and Performance Improvement Meeting weekly x4 we (starting 12/11/23), bi-weekly x2 we then monthly x1 month. The QAPI Committee will review all active Performance Plans for compliance, deviations noted will be addressed I QAPI Committee to determine the Finding Cause Analysis of non-compliance revisions to the plan as indicated. The Quality Assurance and performance Improvement Committee can modify plan to ensure the facility remains in	lity the 11/23 se lality eeks eks, any by the Root with he ey y this		