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

PRINTED: 02/07/2024 FORM APPROVED OMB NO. 0938-0391

A. BUILDING	
245200 P. WING	С
345380 B. WING	01/19/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
VILLAGE GREEN HEALTH AND REHABILITATION	
FAYETTEVILLE, NC 28304	
(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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000 Initial Comments E 000	
An unannounced recertification and complaint investigation survey was conducted on 1/16/24 through 1/19/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #3M8211. F 000 An unannounced recertification and complaint investigation survey was conducted from 1/16/24 through 1/19/24. Event ID# 3M8211.	
The following intakes were investigated NC00210748 and NC00212004. 6 of the 6 complaint allegations did not result in deficiency. F 655 Baseline Care Plan SS=B CFR(s): 483.21(a)(1)-(3)	2/1/24
§483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services.	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE	(X6) DATE

Electronically Signed 01/31/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

Facility ID: 943524

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	COMPL	(X3) DATE SURVEY COMPLETED		
		345380	B. WING _		01/1	; 19/2024	
NAME OF PROVIDER OR SUPPLIER VILLAGE GREEN HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304		•	01/13/2024	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 655	§483.21(a)(2) The comprehensive car care plan if the com (i) Is developed with admission. (ii) Meets the requirement (b) of this section (e) this section). §483.21(a)(3) The resident and their resident possible for the baseline care limited to: (ii) The initial goals (ii) A summary of the fact (iv) Any updated into the comprehension that the comprehension the comprehension that ReQUIREMEI by: Based on record resident represe residents (Resident Resident #84). Findings included: A. Resident #6 was	facility may develop a e plan in place of the baseline aprehensive care plan- thin 48 hours of the resident's rements set forth in paragraph excepting paragraph (b)(2)(i) of facility must provide the expresentative with a summary e plan that includes but is not of the resident. The resident me resident's medications and and treatments to be facility and personnel acting fility. Formation based on the details we care plan, as necessary. Nor is not met as evidenced eview, staff and family for failed to provide a written seline care plan to the resident antative in 3 out of 3 sampled at # 6, Resident # 75, and admitted to the facility on losses including: multiple	F6	The facility failed to provide a summary of the baseline care particle. Resident and Responsible Part 3/3 residents. Resident #6 has discharged from the facility. Resident Responsible Party (RP) was a copy of the baseline care pla 01/18/2024 by the Admission Nation Resident #84 and RP were offer of the baseline care plan on 01 by the Admission Nurse. All residents newly admitted to	plan to the ty (RP) for since been esident #75 ere offered n on Jurse. ered a copy /18/2024		

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

STREET ADDRESS, CITY, STATE, ZIP CODE 1691 PURDUE DRIVER 1691 PURD	· /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION		E SURVEY PLETED
VILLAGE GREEN HEALTH AND REHABILITATION MAJID SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICE SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICE SUMMARY STATEME			345380	B. WING _				
VILLAGE GREEN HEALTH AND REHABILITATION (XX) D SUMMARY STATEMENT OF DEFICIENCIES FROM PREPIX TAG FROM DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 655 Continued From page 2 A review of Resident 6's admission Minimum Data Set (MDS) dated 12/20/23 revealed the resident's cognition was intact. A review of Resident #6's medical record revealed that a 48- hour interin(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical record revealed that a 48- hour interin(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the baseline care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident#6's revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative. An interview with the Admission Nurse on 01/17/24 at 1:1:15 AM revealed the Admission Nurse week for two weeks, then weekly for two weeks, then compliance on all new addressions nurse on 01/17/24 at 1:1:25 AM revealed the Admission Nurse week for two weeks, then meekly for two weeks, then as determined by the Quality Assurance Committee will monitor ongoing compliance with this requirement.	NAME OF PI	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 01	71372024
VILLAGE GREEN HEALTH AND REHABILITATION (XX) D SUMMARY STATEMENT OF DEFICIENCIES FROM PREPIX TAG FROM DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 655 Continued From page 2 A review of Resident 6's admission Minimum Data Set (MDS) dated 12/20/23 revealed the resident's cognition was intact. A review of Resident #6's medical record revealed that a 48- hour interin(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical record revealed that a 48- hour interin(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the baseline care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident#6's revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative. An interview with the Admission Nurse on 01/17/24 at 1:1:15 AM revealed the Admission Nurse week for two weeks, then weekly for two weeks, then compliance on all new addressions nurse on 01/17/24 at 1:1:25 AM revealed the Admission Nurse week for two weeks, then meekly for two weeks, then as determined by the Quality Assurance Committee will monitor ongoing compliance with this requirement.					16	01 PURDUE DRIVE		
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FREST TAG CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE FREST TAG FREST TAG CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE FREST TAG FREST TAG FREST TAG CROSS-REFERENCE TO THE APPROPRIATE FREST TAG FREST TAG CROSS-REFERENCE TO THE APPROPRIATE Staff Development Coordinator and Admission Nurse ere identified Admission Nurse reviewed baseline care plans with active resident that were admitted since 0.1011/2024 and offered a copy of the baseline care plan summary to the Passident Tag A review of Resident #6's medical record revealed the TStaff Development Coordinator and Admission Nurse ere identified to the affected. The Staff Development Coordinator and Admission Nurse reviewed baseline care plans with active resident that were admission Nurse admission Nurse admission Nurse admission Nurse and Care Plan Team will be responsible for providing a copy of the baseline care plan to the resident representative and Care Plan Team will be responsible for providing a copy of the baseline care plan. The Administrator of Nursing, or Designee will audit compliance on all new admission baseline care plans five times per week for two weeks, then as determined by the Quality Assurance Committee. The Administrator will be responsible for bringing audits to the Quality Assurance Committee with this requirement. The Administrator will be responsible for bringing audits to the Quality Assurance Committee with the resident representative. The A	VILLAGE	GREEN HEALTH AND RI	EHABILITATION					
A review of Resident 6's admission Minimum Data Set (MDS) dated 12/20/23 revealed the resident's cognition was intact. A review of Resident #6's medical record revealed that a 48- hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical records revealed that a 48- hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, bischarge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview with the Admission Nurse on 01/17/24 at 11:52 PM revealed she did not receive a copy of or a summary of the baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative and RP by Othyla 2 at 11:25 AM with Resident#6's baseline care plans summary on 01/12/2024. The Administrator, Director of Nursing, or Designee will audit compliance on all new admission Nurse went over the baseline care plan summary to the Resident and RP by othyla 12/12/24. The Administrator educated the Admissions Nurse and Care Plan Team on the baseline care plan summary on 01/12/2024 at 11:25 AM with Resident#6's resident representative with the resident and RP by othyla the responsible for providing a copy of the baseline care plans the fertile according to the Resident and RP by othyla to the Resident and RP by othyla to the Res	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	<	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
Data Set (MDS) dated 12/20/23 revealed the resident's cognition was intact. A review of Resident #6's medical record revealed that a 48- hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident # 6's medical records plan was completed on 12/15/2023 by Admission Nurse. A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6's revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and Resident and RP. Staff Development Coordinate admitted since of plan with active resident that were admitted since 01/01/12/024. Moving forward the Admission Nurse and Care Plan Team will be responsible for provide the Resident and RP. The Administrator, Director of Nursing, or Designee will audit compliance on all new admission baseline care plans five times per week for two weeks, then weekly for	F 655	Continued From page	e 2	F 6	355			
Data Set (MDS) dated 12/20/23 revealed the resident's cognition was intact. A review of Resident #6's medical record revealed that a 48- hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident # 6's medical records plan was completed on 12/15/2023 by Admission Nurse. A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6's revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and he did not give a summary or a copy of the baseline care plan to the resident or resident's representative and set did not provide a copy or or summary or a copy of the baseline care plan to the resident or resident representative and he did not provide a copy or a summary or a copy of the baseline care plan to the resident or resident representative and he did not provide a copy or a summary or a copy of the baseline care plan to the resident or resident representative and he did not provide a copy or a sum		A review of Resident	6's admission Minimum			have the potential to be affected. The		
resident's cognition was intact. A review of Resident #6's medical record revealed that a 48- hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and she did not provide a copy or of the daministrator will be responsible for providing a copy of the baseline care plan to the resident or resident's representative and she did not provide a copy or of the daministrator will be responsible for providing a copy of the Dasseline care plan to the resident or resident's representative and she did not provide a copy or of the daministrator will be responsible for providing a copy of the baseline care plan to the resident representative and she did not provide a copy or of the daministrator. Director of Nursing conducted on 01/19/24 at 11:27 AM with Resident#6's baseline care plan to the resident or resident representative and she did not provide a copy or of the daminis								
A review of Resident #6's medical record revealed that a 48- hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident #6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the baseline care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 01:15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6's resident representative and Resident#6's baseline care plan to the resident or resident representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident or resident's representative.		` '					re	
revealed that a 48-hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse. A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident#6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/724 at 1:52 PM revealed she reviewed with the resident representative and copy of the baseline care plan to the resident or resident's representative and she did not provide a copy or a plan typical to the Resident and RP. The Administrator educated the Admission Surse and Care Plan Team on the baseline care plan requirement to provide the Resident and RP. The Administrator educated the Admission Surse and Care Plan Team on the baseline care plan requirement to provide the Resident and RP. The Administrator of educated the Admission burse on 01/22/2024. The Administrator, Director of Nursing, or Designee will audit compliance on all new admission baseline care plans the times per week for three weeks, then three times per week for three weeks, then weekly for two weeks, then as determined by the Quality Assurance Committee. The Administrator will be responsible for bringing audits to the Quality Assurance Committee will monitor ongoing compliance with this requirement.						plans with active residents that were		
plan was completed on 12/15/2023 by Admission Nurse. Nurse. A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident #6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6' revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative and she did not provide a copy or		A review of Resident	#6's medical record			admitted since 01/01/2024 and offered	а	
A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/12/4 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan the resident corresident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or			,					
A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and she did not provide a copy or or summary to the Resident and RP. The Administrator educated the Administrator plan summary on 01/22/2024. The Administrator educated the Administrator explan to the Resident and RP. The Administrator educated the Administrator explan tequirement to provide the Resident and RP. The Administrator explan to the Resident and RP. The Administrator evene plan tou		plan was completed of	on 12/15/2023 by Admission			_	-	
A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Fesident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and she did not provide a copy or device a copy or device and she did not provide a copy or device and she did not provide a copy or device and she did not provide a copy or device and she did not provide the Resident and RP. The Administrator educated the Admission Nurse and Care Plan Team on the baseline care plan requirement to provide the Resident and RP a copy of the baseline care plan summary on 01/22/2024. The Administrator educated the Admission Nurse and Care Plan Team on the baseline care plan requirement to provide the Resident and RP a copy of the baseline care plan summary on 01/22/2024. The Administrator of Care Plan Team on the baseline care plan tealine care plan a three washinssion Nurse and Care Plan Team on the baseline care plan requirement to provide the Resident and RP a copy of the baseline care plan to the Resident #RP. The Administrator plan requirement to provide the Resident and RP. a copy of the baseline care plan the Resident and RP. a Care Plan Team on the baseline care pl		Nurse.				•		
indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the baseline care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and she did not provide a copy or			# OL			•		
12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on the baseline care plan service to provide the Resident and RP a copy of the baseline care plan summary on 01/22/2024. The Administrator, Director of Nursing, or Designee will audit compliance on all new admission baseline care plans five times per week for three weeks, then three times per week for two weeks, then weekly for two weeks, then weekly for two weeks, then weekly for two weeks, then administrator will be responsible for bringing audits to the Quality Assurance Committee meetings. The Quality Assurance Committee meetings. The Quality Assurance Committee meetings. The Quality Designee will and to provide a copy or anounced the provide the Resident and RP a copy of the baseline care plan summary on 01/22/2024. The Administrator, Director of Nursing, or Designee will audit compliance on all new admission baseline care plans five times per week for two weeks, then weekly for two weeks,						· · · · · · · · · · · · · · · · · · ·		
Director of Nursing, and Director of Rehabilitation Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident with the saleline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse and Care Plan Team on the baseline care plan requirement to provide the Resident and RP a copy of the baseline care plan summary on 01/22/2024. The Administrator, Director of Nursing, or Designee will audit compliance on all new admission baseline care plans three times per week for three weeks, then three times per week for two weeks, then as determined by the Quality Assurance Committee. The Administrator will be responsible for bringing audits to the Quality Assurance Committee meetings. The Quality Assurance Committee will monitor ongoing compliance with this requirement.		12/15/2023 and inclu	ded Resident #6's resident					
Services. An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident representative and she did not provide a copy or								
An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan summary on 01/22/2024. The Administrator, Director of Nursing, or Designee will audit compliance on all new admission baseline care plans five times per week for two weeks, then weekly for two weeks, then as determined by the Quality Assurance Committee. The Administrator will be responsible for bringing audits to the Quality Assurance Committee meetings. The Quality Assurance Committee will monitor ongoing compliance with this requirement.		_	ind Director of Rehabilitation			_		
An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or		Services.						
AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or		An interview conduct	ad an 01/16/2024 at 11:25				trie	
indicated she had not received a copy or a summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and she did not provide a copy or						The state of the s		
Summary of the base line care plan. An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or						01/22/2024.		
An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. Designee will audit compliance on all new admission baseline care plans five times per week for three weeks, then three times per week for three weeks, then weekly for two weeks, then as determined by the Quality Assurance Committee. The Administrator will be responsible for bringing audits to the Quality Assurance Committee meetings. The Quality Assurance Committee will monitor ongoing compliance with this requirement. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or			• •			The Administrator, Director of Nursing,	or	
An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan to the resident representative and she did not provide a copy or		,	,					
a copy of or a summary of the baseline care plan. An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or		An interview conducte	ed on 01/16/2024 at 11:27					
An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or		AM with Resident #6	revealed she did not receive			per week for three weeks, then three		
An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or		a copy of or a summa	ary of the baseline care plan.			times per week for two weeks, then		
O1/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or						-		
the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or							⊺he	
baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or						•		
indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or							е	
copy of the baseline care plan to the resident or resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or		-						
resident's representative. An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or							ont	
conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or						ongoing compliance with this requirem	511L.	
Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or								
plan verbally with the resident and/or resident representative and she did not provide a copy or								
representative and she did not provide a copy or								
		· •						
summary of the baseline care plan to the resident		T						

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

		IDENTIFICATION NI IMBED		X2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		345380	B. WING _			C	
NAME OF PROVIDER OR SUPPLIER VILLAGE GREEN HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304			01/19/2024		
(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 C ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 655	she was aware that to over the baseline car resident and/or resident and/or resident revealed the for summary of the baresident representation indicated she was not summary needed to and/or resident representation failed to provide a wroaseline care plan to out of 3 residents (Reand Resident #84). Findings included: B. Resident #75 was 11/3/23 with diagnost cancer. A review of Resident Data Set dated 11/9/10 cognition was intact. A review of Resident revealed that a 48-hoplan was completed Nurse. A review of Resident	Administrator was 24 at 11: 16 AM and revealed the Admission Nurse went to plan verbally with the ent representative. She acility did not provide a copy aseline care plan to the verbally and/or resident. She at aware that the copy or the provided to the resident esentative. The enterviews the facility itten summary of the the resident or family in 3 the enterviews the facility itten summary of the the resident # 75, Admitted to the facility on the esentative including: diabetes and the enterviews and the resident's the facility on the enterview including: diabetes and the enterview including i	F6	355			
	on 11/6/2023 and inc	care plan meeting was held luded Resident #75,					

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
	345380	B. WING _			C 01/19/2024	
NAME OF PROVIDER OR SUPPLIER VILLAGE GREEN HEALTH AND REHAL	BILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304		01/19/2024	
PREFIX (EACH DEFICIENCY MU	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING 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 655 Continued From page 4 Resident #75's Represen consisting of the Discharg Services, Assistant Direct Admission Nurse, and Dir Services. An interview conducted o with Resident #75 indicate received a copy or summ plan. An interview was attempteresident representative but C. Resident #84 was adm 11/16/23 with diagnoses i and arthritis. A review of Resident 84's Data Set dated 11/22/23 i cognition was moderately A review of Resident 84's indicated a baseline care on 11/17/2023 and including facility staff consisting of the Social Services, Assistan Admission Nurse, and Dir Services A review of Resident #84' revealed that a 48-hour in plan was completed on 1's Admission Nurse. An interview conducted o indicated that Resident #84' copy or a summary of the copy or a summary or the	ge Planner, Social tor of Nursing, rector of Rehabilitation In 1/16/24 at 1:30 PM ed that she had not ary of the base line care ed with Resident #75's ut she was unavailable. Initted to the facility on including: malnutrition admission Minimum revealed the resident's impaired. facility medical records plan meeting was held ed Resident #84 and the Discharge Planner, it Director of Nursing, rector of Rehabilitation as facility medical record interim (baseline) care 1/18/23 by the	F6	55			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345380	B. WING			C
NAME OF PROVIDER OR SUPPLIER VILLAGE GREEN HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304	<u> </u>	01/19/2024
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 655	An interview with the 01/17/24 at 1:52 PM over the resident's baresident and/or family summary or a copy of the conducted on 01/19/2 Admission Nurse wer plan verbally with the they did not provide a baseline care plan to the conducted on 01/19/2 she was aware that the over the baseline care plan to they did not provide a baseline care plan to they did not provide a baseline care plan to they did not provide a baseline care plan to the administrator stars.	Admission Nurse on revealed she verbally goes iseline care plan with the but she did not provide a f the baseline care plan. Director of Nursing 24 at 11:15 AM revealed the nt over the baseline care resident and/or family and a copy or summary of the the family and/or resident. Administrator was 24 at 11: 16 AM and revealed ne Admission Nurse went is plan verbally with the family. She further revealed a copy or summary of the the family and/or resident. It is the family and/or resident. It is did not know that a did to be provided to the	F	655		

CENTERS FC	OR MEDICARE & MEDICAID SERVICES			A FURIN					
STATEMENT OF	F ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY					
NO HARM WIT	H ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:					
FOR SNFs AND									
		345380	B. WING	1/19/2024					
NAME OF PROV	VIDER OR SUPPLIER	STREET ADDRESS, CI	TY, STATE, ZIP CODE	·					
		1601 PURDUE DR	RIVE						
VILLAGE G	GREEN HEALTH AND REHABILITATION	FAYETTEVILLE,	NC						
ID									
PREFIX									
TAG	SUMMARY STATEMENT OF DEFICIENCIE	3S							
F 641	Accuracy of Assessments								
г 041									
	CFR(s): 483.20(g)								
	§483.20(g) Accuracy of Assessments.								
	The assessment must accurately reflect the	racidant'a status							
	This REQUIREMENT is not met as evide:								
	Based on record review and staff interviews		and the Minimum Data Set (MDS)						
		•							
	assessment accurately in the area of Preadn residents (Resident #48) reviewed for PASI		Resident Review (PASKR) for 1 of 2						
	residents (Resident #48) reviewed for FASI	NN.							
	Findings included:								
	i mangs metaded.								
	Resident #48 was admitted to the facility on 10/30/18 and most recently readmitted on 3/06/19 after								
	hospitalization with multiple diagnoses that								
	psychosis, and major depressive disorder.	t meradea dementia, s	emzeureeuve disorder, unspeemed						
	psychosis, and major depressive disorder.								
	Review of a PASRR Level II Determination	n Notification Letter f	or Resident #48 dated 4/21/21 revealed						
	Resident #48 was assessed to be a level II I								
	indicated the PASRR has halted. The resid			a.					
	A halted PASRR had no end date unless the								
		Č							
	Resident #48's most recent annual Minimus	m Data Set assessmen	t dated 06/19/23 revealed Section A1500						
	Preadmission Screening and Resident Revi	ew (PASRR) has the r	resident been evaluated by Level II PASR	R					
	and determined to have a serious mental illi	ness and/or mental ret	ardation or a related condition was coded	no.					
	Resident #48's care plan dated 7/03/23 Resident		•						
	diagnosis of major depressive, dementia, and schizoaffective disorder. The approaches included								
	administering medications as ordered; enco								
	been done in the past to dissuade behaviors			f					
	warranted request another PASRR review;								
	behavior or mood and cognition status relat		_	any					
	changes in cognition, mood or behaviors re	lated to level II PASR	R diagnoses to include notify doctor as						
	needed,								
	1								
	An interview was conducted on 1/17/24 at 2								
	for Resident #48. The MDS Nurse stated the	he PASRR II documer	ntation should have been coded when the						
	Level II PASRR had been confirmed.								
	An interview was a 4 1/10/24	2.00 DM *****41- 41 4-1	ainistrator. The Administrator at 1.1						
	An interview was conducted on 1/19/24 at 1								
	_	MDS coding was coded according to what the facility had been told to code for Halted PASRR Level II							
	residents on their annual MDS assessments	residents on their annual MDS assessments and the MDS should be coded accurately.							

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

The above isolated deficiencies pose no actual harm to the residents

Event ID: 3M8211 If continuation sheet 1 of 2

CLI, ILIG	NEDICINE & MEDICIND SERVICES			A TORW
STATEMENT O	F ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY
			A. BUILDING:	
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs				COMPLETE:
FUR SNI'S AND NI'S		345380	B. WING	1/19/2024
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, C	ITY, STATE, ZIP CODE	·
		1601 PURDUE DI	RIVE	
VILLAGE G	REEN HEALTH AND REHABILITATION	FAYETTEVILLE	, NC	
ID		•		
PREFIX				
TAG	SUMMARY STATEMENT OF DEFICIENCE	ES		
F 644	Continued From Page 1			
F 641	Continued From Page 1			
ı				
ı				
ı				
I				
I				