STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457			· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
			A. BUILDING _	с		
		B. WING		05/09/2024		
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BELAIRE	HEALTH CARE CENTER			065 LYON STREET		
				ASTONIA, NC 28052		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETIO	
E 000	Initial Comments		E 000			
	conducted on 05/06/2					
F 000	INITIAL COMMENTS		F 000			
	investigation survey v 05/06/2024 through 0 JATG11. The followir	5/09/2024. Event ID: ng intakes were investigated 00213284. 4 of 4 complaint				
F 644 SS=D		ARR and Assessments	F 644		5/24/24	
	pre-admission screen (PASARR) program u of this part to the max	ion. nate assessments with the ning and resident review under Medicaid in subpart C kimum extent practicable to ing and effort. Coordination				
	from the PASARR lev PASARR evaluation r	rating the recommendations rel II determination and the report into a resident's nning, and transitions of				
	all residents with new serious mental disord related condition for le a significant change i	er, intellectual disability, or a evel II resident review upon				

Electronically Signed

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

05/20/2024

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING С 345457 B. WING 05/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET **BELAIRE HEALTH CARE CENTER** GASTONIA, NC 28052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 644 Continued From page 1 F 644 Based on record reviews and staff interviews the The facility sets forth the following plan of facility failed to ensure a Preadmission Screening correction to remain in compliance with all and Resident Review (PASRR) application was federal and state regulations. The facility completed for a resident admitted with mental has taken or will take the actions set forth health diagnoses for 2 of 2 residents (Resident in the plan of correction. The following #12 and #55) reviewed for PASRR. plan of correction constitutes the facility s allegation of compliance. All deficiencies The findings included: cited have been or will be corrected by the date or dates indicated. 1. Resident #12 was admitted to the facility on 10/05/23 with a diagnosis that included, in part, F644 schizoaffective disorder. 1. Resident #12 and #55 had level II Preadmission Screening and Resident Review of Resident #12's medical record Review (PASRR) submitted on revealed the resident had a PASRR level I 05/09/2024 by Regional Discharge completed prior to her admission to the facility. Planning Specialist. The resident had a history of schizoaffective 2. Current residents with mental health disorder and major depressive disorder as part of diagnosis are at risk. her admission. No PASRR level II had been 3. Discharge Planner was educated by completed per review of Resident #12's medical **Regional Discharge Planning Specialist** on when to submit for a PASRR record. screening. Education includes to review Review of the Minimum Data Set (MDS) dated all residents on admission and all 02/17/2024 revealed Resident #12 was severely residents that receive mental health cognitively impaired, and she had no mood or diagnosis while a patient in the center. behaviors. The MDS was not coded for a level II Education completed on 05/22/2024. PASRR. Any new discharge planners will be educated by the Regional Discharge Resident #12's care plan dated 10/05/2023 Planning Specialist or designee during the revealed she was care planned for psychotropic orientation process. medications, behavior related to schizoaffective 4. An audit will be conducted by disorder, anxiety disorders, and psychiatric Regional Discharge Planning Specialist or designee to ensure residents with services. Interventions included to administer medications as ordered, assure the resident that mental illness have had a PASRR they were safe if they became distressed, screening by 05/24/2024. continue psychiatric services as ordered, redirect Audits will be conducted weekly x 12 resident to subjects that matter to her if behaviors weeks to ensure residents with mental occurred, and to take the resident to a quiet place illness have had a PASRR screening. if she became overstimulated. The results of this audit will be forwarded

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 05/21/2024

		0.00.000		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345457		. ,		(X3) DATE SURVEY COMPLETED
		A. DOILDING	с	
		B. WING		05/09/2024
		·	STREET ADDRESS, CITY, STATE, ZIP CO	DDE
BELAIRE HEALTH CARE CENTER			2065 LYON STREET GASTONIA, NC 28052	
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
Continued From page	e 2	F 64	4	
Review of Resident #12 medical record revealed she was followed by psychiatric services for medication management.			to the Quality Assurance Co monthly review for three mo the frequency of review will by the QAPI committee.	onths and then
with the Admission D received the resident included the PASRR the PASRR number v resident's chart and t	irector, she revealed she 's hospital information which number. She stated that vas entered into the he Social Worker handled		5. Date of Completion 05/24 Administrator is responsible	
An interview was conducted on 05/09/2024 at 10:38 AM with the Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist stated that the facility had recently hired a Social Worker, but the position had been vacant for about one month. The Regional Discharge Planning Specialist further stated that a PASRR application should be completed upon a resident's admission with a serious mental health diagnosis, when there was a change in condition or behavior, and when a resident had received a new mental health diagnosis. She also revealed that based on Resident #12's admission diagnoses of schizoaffective disorder and major depression, paperwork for a PASRR level II referral should have been completed.				
previous Social Work An interview was con AM with the Administ	er. ducted on 05/09/24 at 11:00 rator. The Administrator			
	S FOR MEDICARE & F DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER IEALTH CARE CENTER SUMMARY ST (EACH DEFICIENC REGULATORY OR I Continued From page Review of Resident # she was followed by medication manager During an interview o with the Admission D received the resident included the PASRR the PASRR number w resident's chart and t the PASRR process a An interview was con 10:38 AM with the Ref Specialist. The Regid Specialist stated that hired a Social Worker vacant for about one Discharge Planning S a PASRR application resident's admission diagnosis, when there or behavior, and whe new mental health dia that based on Resided diagnoses of schizoa depression, paperwo referral should have B Unsuccessful attemp previous Social Worker An interview was con AM with the Administ	CORRECTION IDENTIFICATION NUMBER: 345457 TOVIDER OR SUPPLIER TEALTH CARE CENTER TEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Review of Resident #12 medical record revealed she was followed by psychiatric services for medication management. During an interview on 05/08/2024 at 6:30 PM with the Admission Director, she revealed she received the resident's hospital information which included the PASRR number. She stated that the PASRR number was entered into the resident's chart and the Social Worker handled the PASRR process after that. An interview was conducted on 05/09/2024 at 10:38 AM with the Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist stated that the facility had recently hired a Social Worker, but the position had been vacant for about one month. The Regional Discharge Planning Specialist further stated that a PASRR application should be completed upon a resident's admission with a serious mental health diagnosis, when there was a change in condition or behavior, and when a resident had received a new mental health diagnosis. She also revealed that based on Resident #12's admission diagnoses of schizoaffective disorder and major depression, paperwork for a PASRR level II referral should have been completed. Unsuccessful attempts were made to contact the previous Social Worker. An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator	F DEFICIENCIES CORRECTION (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIP A. BUILDING 345457 B. WING	F DEFICIENCIES CORRECTION (X1) PROVIDERSUPPLIER IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING 345457 B. WING STREET ADDRESS, CITY, STATE, ZIP CO 2055 LYON STREET GASTONIA, IX 20052 IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: ISUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL REQUILATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 F 644 Continued From page 2 F 644 Review of Resident #12 medical record revealed she was followed by psychiatric services for medication management. During an interview on 05/08/2024 at 6:30 PM with the Admission Director, she revealed she received the resident's hospital information which included the PASRR number was entered into the resident's chart and the Social Worker handled the PASRR process after that. 5. Date of Completion 05/2/ Administrator is responsible included the facility had recently hired a Social Worker, but the position had been vacant for about one month. The Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist. The facility had recently hired a Social Worker, but the position had been vacant for about one month. The Regional Discharge Planning Specialist. The Pask Rievel II referral should have been completed upon a resident's admission with a serious mental health diagnosis. She also revealed that based on Resident #12's

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 05/21/2024 APPROVED
STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		345457	B. WING				C 09/2024
NAME OF PROVIDER OR SUPPLIER			•	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BELAIRE HEALTH CARE CENTER					2065 LYON STREET GASTONIA, NC 28052		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 644	disorder and major de PASRR level II referra completed. 2. Resident #55 was a diagnoses that includ stress disorder (PTSE disorder (MDD), anxie ideations. Review of Resident # revealed the resident completed prior to his The resident had a hi stress disorder (PTSE disorder, anxiety diso upon admission to the had been completed medical record. Review of the quarter dated 05/01/2024 rev cognition. The MDS a had no mood or beha period. The MDS wa PASRR. Review of Resident 5 01/26/2024 revealed related to depressive of psychotropic medic included to administe assure the resident th became distressed, c as ordered, redirect re	stated that based on oses of schizoaffective epressive disorder, a al should have been admitted on 01/26/24 with ed, in part, post-traumatic D), major depressive ety disorder, and suicidal 55's medical record had a PASRR level I s admission to the facility. story of post-traumatic D), major depressive rder, and suicidal ideations e facility. No PASRR level II per review of Resident #55's typ Minimum Data Set (MDS) eal Resident #55 had intact also revealed Resident #55 wiors for the 7-day look back s not coded for a level II 5's care plan dated he had a risk for behaviors disorder, anxiety, and use cations. Interventions r medications as ordered, nat they were safe if they ontinue psychiatric services esident to subjects that <i>v</i> iors occurred, and to take	F	644			

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If continuation sheet Page 4 of 6

		D HUMAN SERVICES					FORM): 05/21/2024 MAPPROVED	
CENTERS FOR MEDICARE & I STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		345457	B. WING _			_		C 09/2024	
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, ST	ATE, ZIP CODE			
				20	065 LYON STREET				
BELAIRE	HEALTH CARE CENTER			G	ASTONIA, NC 28052				
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F 644	Continued From page	2 4	F6	644					
	medication managem and continued on psy during his stay at the An interview was com 05/06/2024 at 2:34 PI he had mental health while. He also reveal military and most of h resulted from his milit he had been doing m admitted to the facility During an interview of with the Admission Di received the resident' included the PASRR in	ducted with Resident #55 on M. Resident #55 stated that issues for quite a long ed that he served in the is mental health issue ary service. He stated that uch better since being and seeing the psychiatrist. n 05/08/2024 at 6:30 PM rector, she revealed she s hospital information which number. She stated that vas entered into the ne Social Worker handled							
	An interview was com 10:38 AM with the Re Specialist. The Regio Specialist stated that hired a Social Worker vacant for about one Discharge Planning S a PASRR application resident's admission v diagnosis, when there or behavior, and when new mental health dia that based on Reside diagnoses of PTSD, N	ducted on 05/09/2024 at gional Discharge Planning onal Discharge Planning the facility had recently the position had been month. The Regional specialist further stated that should be completed upon a with a serious mental health the was a change in condition on a resident had received a agnosis. She also revealed ont #55's admission MDD, anxiety disorder and perwork for a PASRR level II							

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-						FORM): 05/21/2024 APPROVED). 0938-0391
OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE COMP	SURVEY LETED
345457		B. WING	B. WING			C 05/09/2024	
ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STA	ATE, ZIP CODE		
HEALTH CARE CENTER							
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Continued From page 5 Unsuccessful attempts to contact the previous Social Worker were made. An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident had a change of condition or a newly added mental health diagnosis. He stated that based on Resident #55's diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, a PASRR level II referral should have been completed.							
	ROVIDER OR SUPPLIER HEALTH CARE CENTER HEALTH CARE CENTER Continued From page Unsuccessful attemp Social Worker were n An interview was con AM with the Administ revealed a PASRR ag completed for any res health diagnosis or al change of condition of health diagnosis. He Resident #55's diagn anxiety disorder and	F CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 345457 ROVIDER OR SUPPLIER HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Unsuccessful attempts to contact the previous Social Worker were made. An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident had a change of condition or a newly added mental health diagnosis. He stated that based on Resident #55's diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, a PASRR	SFOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MUL A. BUILD 345457 B. WING ROVIDER OR SUPPLIER HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) OF Continued From page 5 F Unsuccessful attempts to contact the previous Social Worker were made. An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident had a change of condition or a newly added mental health diagnosis. He stated that based on Resident #55's diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, a PASRR	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457 B. WING ROVIDER OR SUPPLIER HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Continued From page 5 F 644 Unsuccessful attempts to contact the previous Social Worker were made. An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident had a change of condition or a newly added mental health diagnosis. He stated that based on Resident #55's diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, a PASRR	MENT OF HEALTH AND HUMAN SERVICES SS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457 B. WING ROVIDER OR SUPPLIER HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IN PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Continued From page 5 An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident had a change of condition or a newly added mental health diagnosis. He stated that based on Resident #55's diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, a PASRR	MENT OF HEALTH AND HUMAN SERVICES FORM SIS FOR MEDICARE & MEDICAID SERVICES OMB NC OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457 (B. WING (X2) MULTIPLE CONSTRUCTION A BUILDING (X3) DATE COMP (345457 (B. WING (05/ CONTRECT ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Unsuccessful attempts to contact the previous Social Worker were made. An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident had a change of condition or a newly added mental health diagnosis. He stated that based on Resident #55's diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, a PASRR

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