PRINTED: 05/29/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345321	B. WING		C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1245 PARK AVENUE  HENDERSON, NC 27536	05/01/2024
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
F 000	INITIAL COMMENTS	3	F 00	00	
	from 4/30/24 through intake was investigat intake resulted in imi	ation survey was conducted n 5/01/24. The following ted NC00216357. This mediate jeopardy. 1 of the 1 resulted in deficiency.			
	_	was identified at: 689 at a scope and severity			
	(J). The tag F689 constit Care.	uted Substandard Quality of			
F 684 SS=D	Quality of Care	urvey was conducted.	F 68	34	
	applies to all treatmet facility residents. Base assessment of a resithat residents receive accordance with professation, the compressation and the residents residents receive accordance with professation, and the resident resid	andamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure the treatment and care in fessional standards of hensive person-centered esidents' choices. This not met as evidenced view, staff interviews, RP) interview, and Medical the facility failed to identify and ties into the medical record		Past noncompliance: no plan of correction required.	
	The findings included	d:			
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE

Electronically Signed 05/22/2024

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

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F 684	Continued From page 1		F	84			
	Review of a hospital 11/15/20 Resident # <sup>2</sup> allergies.	discharge summary dated I had no known drug					
	Resident #1 was adr 11/18/20 with diagno dementia.						
	Resident #1 was trar	census data revealed asferred to the hospital on to the facility on 2/19/22.					
	2/19/22 revealed Recocamidopropyl beta raw coconut oil and i care items to create with water often foun shampoo, skin care perforoxylenol (an ant used for skin disinfects soaps), and erythrom hospital discharge suallergies to cocamido chloroxylenol were intest (a skin allergen to placed on the skin to Record review of Record review of Record review of Record an allergy to on 2/19/22 and an intentered into the record record record record record record record and an intentered into the record rec	ppropyl betaine and lentified by a positive patch lest when allergens were identify allergies).  sident #1's allergy list of erythromycin was entered tolerance to perfume was rd on 5/31/22. The ine, chloroxylenol were not					
	allergies. A telephone interview	v was conducted with Nurse ) pm who revealed she					

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	ROVIDER OR SUPPLIER  KE NURSING AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1245 PARK AVENUE HENDERSON, NC 27536	'		3 H 2 G 2 F
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 684	Resident #1's Respondid not recall any other Nurse #2 was unable any other allergies.  The Minimum Data Sassessment dated 1/2 had severe cognitive.  During a telephone in pm Resident #1's RP conversations with far and Nurse Aides (NA soap and perfume. Saware soap and perfustated the staff were allergy to Soap #1 and Soap #2 for her persongular for sensitions.  A telephone interview at 12:00 pm with NA saure if Resident #1 has stated she was aware allowed to have Soap provided. NA #1 statinformation in the passusing Soap #2 for Rethere was a sign in the but she was not sure allergy.  A telephone interview at 12:00 pm with NA saure if Resident #1 has stated she was aware allowed to have Soap provided. NA #1 statinformation in the passusing Soap #2 for Rethere was a sign in the but she was not sure allergy.	ce to perfume into the cord based on a report from risible Party (RP) and she er allergies being reported. To recall if Resident #1 had set (MDS) annual 29/24 revealed Resident #1 impairment.  Iterview on 4/30/24 at 4:12 reported she had multiple cility staff, including nurses s), regarding the allergy to the stated the facility was a me was an allergy. The RP aware Resident #1 had and the staff was only to use onal care needs. Resident #2 was a gentle liquid soap we skin.  If was conducted on 4/30/24 #1. She stated she was not ad any allergies, but she as Resident #1 was only a #2 when care was	F	584			
	Resident #1 in the pa	#3 who had provided care to st and was aware of a ras not able to recall it being					

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F 684	was aware that Resid #2 and she was not to #2 and she was not to NA #4 she revealed so Resident #1 and was because the nurse to recall what specific so An interview with the conducted on 4/30/24 she was notified of Rosap and her being so allergic reaction. The Resident #1 had aller discharge record the documented them in the staff was not sure have attempted to complete the medical prector state the medical prector state the medical record be Resident #1 had any During an interview of the Director of Nursin Administrator the DO completed the admisentering any allergies normal process of admext day an admission another nurse to concompleted. The DO of Resident #1's reported.	y to soap. NA #3 stated she dent #1 was to use only Soap to use other soap products.  on 4/30/24 at 12:49 pm with she had provided care to saware of an allergy to soaps old them, but she could not oap.  Medical Director was 4 at 1:09 pm who revealed desident #1's ingestion of sent to the ED due to an element with Medical Director stated if regies listed on the hospital facility staff should have the medical record, and if the of the allergy they should onfirm with the family. The ed she would have to review efore being able to state if allergies.	F	684	DETICINOTY		
	Administrator were u #1's allergies were no	nable to state why Resident of placed on the medical ed on the hospital discharge					

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F 684	Continued From pa	ge 4	F 6	84			
	action plan with a control of the complished for the been affected by the Resident #1 has a confidence allergies include endured for skin disinfection of the confidence and used for skin disinfections and cocaminated in many personal thick lather when confound in products and soapproducts, and soapproducts, and soapproducts.	d the following corrective ompletion date of 4/25/24: rective action will be ose residents found to have e deficient practice: diagnosis of dementia, and /thromycin, perfume, ntiseptic and disinfectant agent ection found in antibacterial dopropyl betaine (a product anal care items to create a permitted with water often uch as shampoo, skin care is). The chloroxylenol, aine was not listed in the cord					
	residents having the the same deficient properties of the same deficient properties of the same deficient properties or the same deficient properties or the same reflected in the reference, including resident care guide completed by 4/24/2 concerns.  On 4/24/24, the Sec Coordinator initiated representatives for residents to ensure reflected in the clinical including the demograph.	facility will identify other expotential to be affected by practice: cond Shift Patient Care dinterviews with all alert and one ensure all identified allergies clinical records for staff at the demographics, and and the interviews were cond Shift Patient Care dinterviews with all resident all non-alert and oriented all identified allergies are cal records for staff reference, graphics, and resident care we were completed by 4/24/24					

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F 684	be reached. Four actidentified during the Coordinator update newly identified alle Registered Nurse (I and followed up with be reached. The RN clinical records for a during the interview on 4/24/24 with one not able to be reach attempts to reach the 4/30/24 with no add On 4/24/24, the Sec Coordinator complete identified with a sociallergen was not prono identified areas of On 4/24/24, the Adrall residents' admission to ensure all identifier reflected in the facili	esentatives who were able to additional concerns were audit. The Patient Care of the resident record for all regies. After 4/24/24, the RN) Unit Managers tracked in the families who could not all identified areas of concern soons. The audit was completed aresident representative (RR) and the facility continued are RR. The RR responded on all identified areas reported.  The facility continued are RR. The RR responded on all identified areas reported.  The facility continued are reported.  The resident Care are the day and the residents are allergy to ensure that the resent in the room. There were of concern during the audit.  The resident representative (RR) are allergy to ensure that the resent in the room. There were of concern during the audit.	F6	684			
	resident care guide concern identified d was completed by 4  3. Address what me or systemic change deficient practice with all no resident's admission and speaking with t readmission to identificant concerns the content of the concerns the	easures will be put into place s made to ensure that the					

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F 684	guide.  All in-services for state completed by 4/24/24 monitor staff completed have not worked and complete it upon their working.  All newly hired staff worientation by the SD resident's admission and speaking with the readmission to identify the allergies are reflected including the demograguide. The SDC was by the Administrator 4. Indicate how the far performance to make sustained:  The decision to monify allergies was made of Administrator and Dispresented to the Quark Committee on 4/24/24.  The Treatment Nurse to ensure identified at the resident's room of weeks, and then weeks on a resident census immediately ensure as	ff that worked were 4. After 4/24/24, the SDC will ion and all nursing staff that received the in-services will r next scheduled shift/prior to will be educated during PC regarding reviewing and readmission records re families on admission or fy all allergies and ensure rected in the clinical records raphics, and resident care notified of this responsibility on 4/24/24.  acility plans to monitor its resure that solutions are tor the system for residents' on 4/24/24 by the rector of Nursing and ality Assurance (QA) 4.  will monitor resident rooms llergens are not present in laily x 1-week, biweekly x 3 rekly x 4 weeks and document The Administrator will all areas of concern are readit. The Treatment Nurse responsibility by the	F	684				
	The Minimum Data S	Set (MDS) Nurse will review						

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F 684	weeks to ensure all preflected in the facility the demographics, ar staff reference. The Name records accordingly a will immediately retra for all identified areas Nurse was notified of 4/24/24.  The Administrator and findings of the audit to Assurance Performar Committee monthly for determine trends and further interventions a monitoring.  Date of corrective act Onsite validation was through record review interviews, and obsern Record review of the completed with no are Staff were interviewed was conducted and vompleted regarding documentation of resulting admission and readminus the facility with documented alle	dmission records weekly x 8 readmission allergies are y's clinical records including and resident care guide for MDS Nurse will update the and the Director of Nursing in the nurse upon notification of concern. The MDS this responsibility on this responsibility on the Quality and the Quality are Improvement (QAPI) for 2 months for review to yor issues that may need and the need for additional tion completion: 4/25/24.  I completed on 5/01/24 or, staff interviews, resident vations of resident rooms. Staff education logs was eas of concern identified.  I do validate the in-service alidated the education was confirmation and ident allergies upon	F	584				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY LETED
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F 684	meeting minutes from  The facility's corrective to be completed as or	ee and Performance ad-hoc (special and eld for a specific situation) a 4/24/24 were reviewed. re action plan was validated		684			
F 689 SS=J	CFR(s): 483.25(d)(1)  §483.25(d) Accidents The facility must ensu §483.25(d)(1) The res as free of accident ha  §483.25(d)(2)Each re supervision and assis accidents. This REQUIREMENT by:	ire that - sident environment remains sizards as is possible; and esident receives adequate stance devices to prevent is not met as evidenced		689			
	Responsible Party (R Control Center, and Infacility failed to provide prevent an avoidable reviewed for supervise (Resident #1). Reside impairment, was dependent was a were commonly found products, and soap. Of access to a bar of soat the soap, and had an included mouth and littransferred to the Emfor further treatment.	allergic to ingredients that d in shampoos, skin care On 4/23/24 Resident #1 had ap (Soap #1), she ingested allergic reaction which		Past noncompliance: no plat correction required.	n of		

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breathe when you the ED and contininterventions. Recomfort measures certificate expired of anaphylactic shallergic reaction the immediate medical ingestion of soap.  The findings included Review of a hospital 11/15/20 Resident allergies.  Resident #1 was a 11/18/20 with diagonal dementia.  Record review of the hospital	of life support that helps you cannot breathe on your own) in ued to decline despite medical sident #1 was placed on and according to the death on 4/26/24 from complications ock (a severe, potentially fatal at is rapid in onset and requires all attention) due to accidental	F 6	89				

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F 689	cocamidopropyl be were not listed on as allergies.  The Minimum Data assessment dated had severe cognitivision with correctifor behaviors. Resstaff for all activitie included eating an facility. Resident # mobility devices.  Resident #1's care revealed a care plaintellectual function was at risk for unn to allow resident sineeds. Resident # inability to focus of and adjust to chan impaired periphera intervention to ensworn.  The nursing progre	age 10 cord on 5/31/22. The etaine and the chloroxylenol Resident #1's medical record  a Set (MDS) annual 1/29/24 revealed Resident #1 ve impairment, had adequate ve lenses, and was not coded ident #1 was dependent upon as of daily living (ADLs) which d movement throughout the 1 was not coded for use of  a plan last revised 2/28/24 an was in place for decline in ning related to dementia and net needs with an intervention ufficient time to verbalize at had a care plan for risk for n objects, discriminate color, ges in light and dark related to al (side) vision with an ure eyeglasses were clean and ess note dated 3/19/24 at 8:03 eyealed Resident #1 was	F	589				
	observed with a la tissue in her mouth	rge amount of chewed up n. Nurse #1 removed all paper om Resident #1's reach.						
	pm by Nurse #1 re 8:00 pm she was r soap and was obs face. Nurse #1 as	ess note dated 4/23/24 at 10:16 evealed that at approximately notified that Resident #1 ate erved with swollen lips and sessed Resident #1 and						

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F 689	Continued From pag	e 11	F	689			
	emergency medication body's allergic reaction airway to make breath Resident #1 was transidepartment (ED) via  A telephone interview at 1:27 pm with Nursenotified by Nurse Aid face and lips were swith when she entered the some small particles her mouth but she with was. She stated she had eaten Soap #1 to found the soap in Rereported she administing injection to Resident that Resident #1 had severe, potentially farapid in onset and reattention) after eating she had previously wonn-food items in her frequent occurrence, aware of Resident #1 and perfume but she perfume allergy was lotions, but she did in soap.  A telephone interview at 11:47 am with NA assigned to Resident 4/23/24 when Soap # stated she was proviroommate with the cut #1 began "talking fur its procession of the state of the was proviroommate with the cut #1 began "talking fur its procession of the state of the was proviroommate with the cut #1 began "talking fur its procession of the state of the was proviroommate with the cut #1 began "talking fur its procession of the state of the was proviroommate with the cut #1 began "talking fur its procession of the state of the was proviroommate with the cut #1 began "talking fur its procession of the state of the was proviroommate with the cut #1 began "talking fur its procession of the was proviroom its procession of the was proviroommate with the cut #1 began "talking fur its procession of the was proviroom its procession of the was proviroom was proviroom its procession of the was proviroom was	on used to decrease the on by relaxing the muscles in thing easier) by injection. Insferred to the emergency ambulance at 8:20 pm.  If was conducted on 4/30/24 to #1 who revealed she was to e (NA) #2 that Resident #1's wollen. Nurse #1 stated to room, she did observe on Resident #1's lips and in the as unable to determine what to edd not know Resident #1 thill NA #2 reported she had sident #1's hand. Nurse #1 thered an epinephrine #1 because it was apparent an anaphylactic reaction (a stal allergic reaction that is equires immediate medical to grow \$1.\$ Nurse \$1.\$ Soap \$1.\$ Nurse \$1.\$ Soap \$1.\$ Nurse \$1.\$ Soap \$1.\$ Nurse \$1.\$ Stated was hitnessed Resident \$1.\$ Place of mouth, but it was not a nurse \$1.\$ Stated she was hit sallergies to erythromycin stated that she thought the related to spray perfume and to think it would include \$1.\$ Was conducted on \$1.\$ Was conducted on \$1.\$ Was conducted to \$1.\$ Was ingested. Na \$1.\$ Was ingested. Was i					

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F 689	Continued From p	page 12	F	589			
		e and lips were swollen. NA#2					
		liately went to Resident #1 and					
		and that was when she saw the					
		Resident #1's hand. She stated					
		Soap #1 because of the strong					
		NA #2 stated once she					
		pened her "heart dropped"					
	because she knev	w Resident #1 was allergic to					
		Soap #1. NA #2 reported she yelled for Nurse #1					
	,	lesident #1 until Nurse #1					
		ated she knew Resident #1's					
	roommate used S						
		nift and did not observe it on the					
		ne room prior to the incident. d not know how Resident #1					
	_	e soap because she was not self around the room. NA #2					
		cently returned to work at the					
		as the first time she had					
		Resident #1 since her return					
	1 '	two months prior. NA #2 stated					
		nt #1 well from her previous					
		the facility and was aware of the					
	allergy to Soap #	since her previous time of					
	employment. NA	#2 stated she had received					
	education from th	e facility during her previous					
		nt and prior to providing care to					
		ding the allergy to Soap #1. NA					
		ught there was a sign posted in					
	the room about R	esident #1's soap allergy.					
	A follow-up intervi	ew was conducted on 4/30/24					
		#2 who reported she was now					
		s told or knew about Resident					
		ap #1, but stated she was aware					
		illergy to perfume.					
		rview was conducted on 5/01/24 A #2 who reported when she					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345321	B. WING				C <b>01/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	1 05/	01/2024	
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F 689	Continued From p	age 13 nad eaten Soap #1, she knew	F6	689				
		c reaction because her lips and						
	_	en so that may be why she						
		d that Resident #1 had an						
		. NA #2 stated she was aware						
		not allowed to have soap and						
		stated in her earlier interview						
		ad an allergy. NA #2 stated						
		lent #1's allergy to perfume and						
		d such a strong scent that may think she had an allergy and						
		t when Resident #1 ate the						
		ed that all the staff were aware						
		#2 (a mild soap used for						
		Resident #1 and she stated the						
		ed an in-service about it. She						
		n she was cleaning up after the						
		bserve the empty clear plastic						
		due on Resident #2's bedside						
		ee it prior to the incident. She						
		recall Resident #1 being close						
	_	e to be able to reach the cup						
		vas not able to move herself						
		so she was not sure how she						
		#2 stated she gave incorrect the first interview because she						
	_	and was confused.						
	Tida jaot Wokon ap	and was somasse.						
	The hospital recor	d with an admission date of						
	4/23/24 indicated I	Resident #1 presented to the						
	, , ,	ment from the facility after						
		soap with associated lip						
		the ED Resident #1's lip						
		I to progress to angioedema						
		e skin associated with an						
		vith respiratory difficulty and						
		placed on a ventilator.						
		admitted to the intensive care						
	∣ unit and listed as o	critically ill with acute respiratory						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1245 PARK AVENUE HENDERSON, NC 27536			
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F 689	life-threatening deter Resident #1 suffered and was determined medical intervention. decline despite medical pressure and mechal and expired on 4/26/24 death was determined anaphylactic shock of soap.  A telephone interview at 8:44 am with the harden with the soap and anaphylactic soap and anaphylactic shock of soap and anaphylactic shock of soap.  A telephone interview at 8:44 am with the harden with the harden with the harden with the service soap and anaphylactic shock of soap and anaphylactic soap products to this he stated Resident apperfumes could have cause the severe and hospital Physician situ determine how mutingested, but any am	obability of sudden clinically rioration in condition.  I a heart attack on 4/25/24 not to be a candidate for Resident #1 continued to cations to maintain blood nical ventilation for breathing	F	689			
	anaphylaxis due to the additional events for mechanical ventil stress on the heart nattack, and ultimately During a telephone in	tated the stress of the severe ne soap ingestion triggered is, including intubation, need ation, and the increased nuscle which led to the heart of Resident #1's death.  Interview on 4/30/24 at 4:12 Preported she had multiple					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRE	R'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	and NAs, regarding perfume. The RP soap and perfume Resident #1 to hat specifically told the Soap #1 were not history of skin car stated when she woften find other so drawers or on her throw them away. #1's roommate hat observed the bar within reach of Restaff were aware I Soap #1 and was personal care need was a gentle soap The RP stated the remain in the same the facility she rerihad the same star were all aware of the facility had a stroom about not us	page 15 In facility staff, including nurses and the allergy to soap and a stated the facility was aware awas an allergy which caused ave swelling. She stated she are facility that soaps such as a allowed to be used due to her accer and her soap allergy. She wisited the facility, she would ap products in Resident #1's abedside table and she would. The RP reported that Resident and Soap #1 and she often of Soap #1 left out by the staff asident #1. The RP stated the Resident #1 had an allergy to only to use Soap #2 for her and she would at although Resident #1 did not are room throughout her time at mained in the same area, she aff provide her care, and they the soap allergy. She stated sign posted on the wall in the sing soap due to allergy, but went to pick up Resident #1's	F	689		
	wall. The RP stat vomited multiple t stated it was such was able to smell stated Resident # RP was forced to further life saving	e sign was no longer on the led that Resident #1 had limes at the hospital, and she in a strong fragrance that she Soap #1 from the hall. The RP 1 continued to worsen and the make the decision to try no measures.				
	at 3:50 pm with th	e Poison Control Center who meone had an allergy, each use				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROLEMENCY)	D BE COMPLETION	
F 689	increase the risk for anaphylaxis reaction stated that derivative chemical reaction from natural products, succompounds created synthetic chemical or components of the soap products had allergic reaction who Control Center reposingested most often system issues such diarrhea, but for some reaction could occur their health conditions stated if a bar of some beap products in the soap products in the soap products in the products are for the soap products are for the soap products in the soap products in the products are for the soap products are for the soap products in the soap products in the soap products are for the soap products ar	anat allergen or biproduct could a more severe and possibly an an. The Poison Control Center es (substances created from om another component) from a factants (chemical all from natural products or compounds), fragrance, dyes, the products used to create the potential to induce an en ingested. The Poison area ingested. The Poison area management of the potential to induce an en ingested and the individual and me a more severe allergic or based on the individual and me. The Poison Control Center ap was ingested there could allergic reaction which is why have warning labels that state	F 689			
	her geriatric chair (a wheels that reclines and she does not k able to get Soap #1 stated she was not	e herself around the room in a large, padded chair with a for comfort and positioning), now how she would have been from the drawer. NA #1 sure if Resident #1 had any ated she was aware Resident				

			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	, ,	ATE SURVEY OMPLETED
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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					1245 PARK AVENUE		J5/0 1/2024
	PRÉFIX	=IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
# 1 was only allowed to have Soap #2 when care was provided. NA #1 stated she had received information in the past from the facility about only using Soap #2 for Resident #1 and she stated there was a sign in the room to use only Soap #2, but she was not sure if it was because of an allergy.  A telephone interview was conducted on 4/30/24 at 12:09 pm with NA #3 who worked on 4/23/24 during the 3:00 pm-11:00 pm shift. NA #3 stated she was not assigned to Resident #1 during the shift on 4/23/24 but had assisted NA #2 to provide care in the room. She stated she was alerted by NA #2 that Resident #1 had eaten Soap #1, but she reported she was not in the room when it occurred. NA #3 stated she had provided care to Resident #1 in the past and was aware of a perfurme allergy but was not able to recall it being reported as an allergy to soap. NA #3 stated she was aware that Resident #1 was to use only Soap #2 and she was not to use other soap products when providing care. NA #3 stated she did observe a clear plastic cup with a bar of soap on Resident #1 th was not able to recall if Resident #1 was not able to meal fire the same products when providing care. NA #3 stated she did observe a clear plastic cup with a bar of soap on Resident #1 was not able to meal if Resident #1 was not able to meal if Resident #1 was stated familier than the supply Clerk she revealed the facility did not supply residents with bar soap which included Soap #1, but she stated families did bring in items for resident use. The Supply Clerk stated she was familiar with Resident #1 the perfure allergy	F 689	#1 was only allowed was provided. NA # information in the pausing Soap #2 for R there was a sign in the but she was not sure allergy.  A telephone interview at 12:09 pm with NA during the 3:00 pm she was not assigned shift on 4/23/24 but care in the room. SI NA #2 that Resident she reported she was occurred. NA #3 star Resident #1 in the perfume allergy but reported as an allerg was aware that Resi #2 and she was not when providing care observe a clear plass Resident #1's rooms stated Resident #1's rooms stated Resident #1 was sittle bar of Soap #1.  During an interview the Supply Clerk she supply residents with Soap #1, but she stafor resident use. The	to have Soap #2 when care  1 stated she had received st from the facility about only esident #1 and she stated he room to use only Soap #2, e if it was because of an  W was conducted on 4/30/24 #3 who worked on 4/23/24 #1:00 pm shift. NA #3 stated d to Resident #1 during the had assisted NA #2 to provide he stated she was alerted by #1 had eaten Soap #1, but s not in the room when it ted she had provided care to east and was aware of a was not able to recall it being by to soap. NA #3 stated she dent #1 was to use only Soap to use other soap products  NA #3 stated she did tic cup with a bar of soap on hate's bedside table when prior to the incident. NA #3 was not able to move herself t she was unable to recall if ing close to the cup with the  on 4/30/24 at 12:24 pm with the revealed the facility did not in bar soap which included ated families did bring in items the Supply Clerk stated she	F 6	89		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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F 689	NA #4 she revealed Resident #1 and was because the nurse to recall what specific sonly Soap #2 for Resident #1. NA roommate used Soathe top drawer of the done using it.  An interview was compm with the Medical was notified of Resident #1 and us she was aware of, but aware of an actual a The Medical Director Resident #1 having a kind related to soap Medical Director staft to perfume would not an actual allergy, but the medical record be Resident #1 had any During an interview of (DON) and Administrate DON revealed she #1's allergy to soap a perfume was not a tright stated when the	on 4/30/24 at 12:49 pm with she had provided care to saware of an allergy to soaps old them, but she could not coap. NA #4 stated she used sident #1, but she did not about an allergy to Soap #1 #4 stated Resident #1's p #1 and it was put back in a dresser when staff were anducted on 4/30/24 at 1:09 Director who revealed she lent #1's ingestion of soap to the ED due to an allergic Resident #1 had very sed gentle skin products that but she stated she was not allergic reaction of any for perfumes prior. The led generally an intolerance to the second she would have to review the fore being able to state if a allergies.  With the Director of Nursing rator on 5/01/24 at 2:49 pm he was not aware of Resident and further stated that the allergy but an intolerance. Nurse Aides saw perfume	F	689		
		nderstand the difference and an intolerance, so they				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G		TE SURVEY MPLETED
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F 689	perfume when it was stated she was not a provided to staff regasoap allergy. The DC any conversation with the use of specific so she did not recall a s Resident #1's room a Administrator revealer Resident #1 had any non-food items and wresident #1 to ingest She stated she was to have prevented the inknowledge Resident this type of behavior Administrator and DC to determine how Reand what happened to determine how Reand what happened to determine how and what happened to determine how reand what happened to determine how read accomplished for the been affected by the Resident #1 has a diallergies include eryty chloroxylenol (an antiused for skin disinfections), and cocamid used in many person thick lather when corresponding to the provided accomplished for the been affected by the resident #1 has a diallergies include eryty chloroxylenol (an antiused for skin disinfections), and cocamid used in many person thick lather when corresponding to the provided accomplished for the provided accomplished	were aware of an allergy to not an allergy. The DON ware of any education arding Resident #1's reported to stated she did not recall an Resident #1's RP regarding to ap or an allergy to soap and tign being posted in the about a soap allergy. The ed she was not aware prior behaviors of eating would not have expected at soap prior to the event. Unsure how the facility could notident because to her #1 had not demonstrated prior to this incident. The DN stated they were unable sident #1 obtained Soap #1 to make Resident #1 eat it.  It is notified of immediate at 5:10 pm.  The following corrective impletion date of 4/25/24:  Describe action will be see residents found to have deficient practice:  agnosis of dementia, and	F6	89		

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		345321	B. WING _		(	05/01/2024	
	ROVIDER OR SUPPLIER  KE NURSING AND RI	EHABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1245 PARK AVENUE HENDERSON, NC 27536			
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F 689	cocamidopropyl b resident's clinical the Certified Nursi Resident #1's room with a swollen red difficult to underst of her roommate's The resident refusive. The resident refusive. CNA #2 imme upon assessment observed in Residentified the physical to administer an Elife-threatening, all 911. The Epi-pen Resident #1 was to Emergency Depart anaphylaxis (life-the While in the emergency Depart anaphylaxis (life-the While in the emergency Depart anaphylaxis (life-the While in the emergency Depart and was intubated into the trachea to a ventilator (a mac with when intubated into the trachea to a ventilator (a mac with when intubated into the trachea to a ventilator (a mac with when intubated hospital on 4/26/2 Administrator imminvestigation. The 4/24/24. It could not resident obtained 2. Address how the residents having the same deficient On 4/23/24, the Administrator imministrator imminvestigation. The 4/24/24. It could not resident obtained 2. Address how the same deficient on 4/23/24, the Administrator imministrator imministra	ps). The chloroxylenol, etaine was not listed in the record. On 4/23/24, at 8:00 pm, ing Assistant (CNA) #2 entered in and observed Resident #1 face, swollen lips, and was and. Resident #1 had a piece is soap (Soap #1) in her hand. Sed to open her mouth for CNA diately notified the nurse, and in, a small particle of soap was lent #1's mouth. The nurse is sian, and orders were received it is piece in a pen used to treat lergic emergencies) and to call was administered, and it is administered, and it is administered to the local it is administered to the local it is administered to the local it is administered to progress to be action) with respiratory difficulty it is a person breath in a facilitate airflow) and placed on chine that helps a person breath it is a person breath is a facilitate airflow) and placed on chine that helps a person breath is a person breath is a person breath in the sed in the incident, the incident is a person was completed on the determined how the the soap.	F	589			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 689	9 Continued From page 21		F	689			
	shampoos were store and not easily access residents with behavitems/ objects when a All other items were scontainers or in draw.  On 4/24/24, the Secon Coordinator initiated oriented residents to are reflected in the coreference, including the resident care guide. Completed by 4/24/24	ers.  ond Shift Patient Care interviews with all alert and ensure all identified allergies inical records for staff he demographics, and					
	On 4/24/24, the Second Shift Patient Care Coordinator initiated interviews with all resident representatives for all non-alert and oriented residents to ensure all identified allergies are reflected in the clinical records for staff reference, including the demographics, and resident care guide. The interviews were completed by 4/24/24 for all resident representatives who were able to be reached. Four additional concerns were identified during the audit. The Patient Care Coordinator updated the resident record for all newly identified allergies. After 4/24/24, the Registered Nurse (RN) Unit Managers tracked and followed up with the families who could not be reached. The RN Unit Managers updated the clinical records for all identified areas of concern during the interviews. The audit was completed on 4/24/24 with one resident representative (RR) not able to be reached. The facility continued attempts to reach the RR. The RR responded on 4/30/24 with no additional allergies reported.						

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	ΓΕ, ZIP CODE	1 00:0::-	
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F 689	Continued From page	e 22	F 6	889			
	identified with a soap allergen was not pres no identified areas of On 4/24/24, the Admi all residents' admission	and Shift Patient Care and an audit of all residents allergy to ensure that the ent in the room. There were concern during the audit.  Inistrator initiated an audit of on and readmission records of preadmission allergies are					
	reflected in the facility reference, including the resident care guide. T	r's clinical records for staff ne demographics and There were no areas of ring this audit. The audit					
	(SDC) initiated intervithe following: Do you ingested a non-edible resident name, date of SDC will immediately identified behaviors to The Director of Nursing the interview will ensuidentified with behavioritem/ object have been assessment of the resistorage of the object, intervention depending physician and resider documentation in the behavior is reflected of interviews will be come 4/24/24, the SDC will and all staff that have the interview will come scheduled shift. The	of event, actions taken? The forward the interviews with the the Director of Nursing.  Ing (DON) upon receipt of the ure that all residents ors of ingesting non-edible on addressed, including an insident, removal or proper implementation of the gon the root cause, at representative notification, clinical record, and the					

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F 689	current residents' pro 3/1/24-4/23/24. The pensure that all reside of ingesting non-edib addressed, including resident, removal or implementation of an the root cause, physi representative notific reflected on the care no additional areas of audit. The audit was On 4/24/24, a resident conducted by the Act oriented residents with properly store soaps chemicals when not a Activity Staff provider alert and oriented resident council or 3. Address what mean or systemic changes deficient practice will On 4/23/24, an in-set staff (from all departr Nursing regarding en medications, and sha appropriate contained to cognitively impaired ingesting non-edible supervised and in us	Managers reviewed all ogress notes from ourpose of the audit is to onts identified with behaviors ale items/ objects have been an assessment of the proper storage of the object, intervention depending on cian and resident ation, and the behavior is plan/care guide. There were of concern noted during the completed by 4/24/24.  Introducil meeting was sivity Staff with alert and the education on how to plotions, shampoo, and in use. On 4/24/24, the dindividual education to all sidents who did not attend meeting.  Insures will be put into place made to ensure that the not recur:  Invice was initiated with all ments) by the Director of insuring all soaps, lotions, ampoos are stored in the residents with behaviors of items/ objects when not ee.	F	689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 689	resident's behaviors items/ objects (which behaviors and prior behavior assessment of the renecessary, removal cobject, implementation depending on the rocresident representative documentation in the the behavior is reflected plan/care guide, and admission and readmitth the families on a identify all allergies a reflected in the clinical demographics, and readmitth the families on a identify all allergies a reflected in the clinical demographics, and readmitth the families on a identify all allergies a reflected in the clinical demographics, and readmitted by 4/24/24 monitor staff completed by 5/24/24 monitor staff completed by 6/24/24 monitor staff complete	y reporting to the nurse of ingesting non-edible would include new ehaviors).  Stor of Nursing initiated an isses regarding the following: a resident ingests non-edible ade but not limited to sident, notification of 911 as or proper storage of the on of an intervention of the cause, physician and of the ventification, progress notes, ensuring the don't he resident care 2.) reviewing resident's mission records and speaking dimission or readmission to not ensure the allergies are all records including the esident care guide.  If that worked were all that worked were all that worked were all nursing staff that received the in-services will received the in-services will received the in-services will an and all nursing the following: 1.) tions, medications, and an appropriate containers sible to cognitively impaired ors of ingesting non-edible not supervised and in use	F	589			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
		345321	B. WING			C 05/01/2024		
NAME OF PE	ROVIDER OR SUPPLIER	343321	B. WING	STF	REET ADDRESS, CITY, STATE, ZIP CODE	05/	01/2024	
TO AVIL OF TH	to vibert of tool i eleft		1245 PARK AVENUE					
KERR LA	KE NURSING AND REHA	BILITATION CENTER			NDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 689	Continued From page	e 25	F	889				
	a resident ingest non- include but not limited resident, notification of removal or proper sto implementation of an the root cause, physic representative notifica progress notes, ensu on the resident care previewing resident's a records and speaking admission or readmis and ensure the allerg clinical records includ resident care guide. The	orage of the object, intervention depending on cian and resident ation, documentation in the ring the behavior is reflected plan/care guide, and 2.) admission and readmission						
	performance to make sustained:	sure that solutions are						
	ingesting non-edible i was made on 4/24/24	tor the system for residents items/ objects and allergies by the Administrator and and presented to the Quality mittee on 4/24/24.						
	per week x 4 weeks, identify residents that objects and ensure confidence of the resident, notific removal or proper storimplementation of an the root cause, physic representative notification progress notes and the	intervention depending on						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345321	B. WING			C 05/01/2024		
	ROVIDER OR SUPPLIER	ABILITATION CENTER	•	124	REET ADDRESS, CITY, STATE, ZIP CODE 45 PARK AVENUE ENDERSON, NC 27536	, 00.		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 689	Continued From pag	e 26	F	589				
	(IDT) meeting (clinical the audit tool by the audit tool by the audit tool by the audit he administrator and the Administrator and The Director of Nursi implement corrective of areas of concern in The Unit Managers was responsibility by the 4/24/24.  The Treatment Nurse to ensure inedible main appropriate containidentified allergens are resident's room daily weeks, and then we con a resident census immediately ensure and the audit for the audit f	actions upon identification including retraining of staff. were notified of this Director of Nursing on  we will monitor resident rooms aterials including soaps are ners and stored properly and re not present in the x 1-week, biweekly x 3 sekly x 4 weeks and document and areas of concern are a audit. The Treatment Nurse esponsibility by the						
	all admission and rea weeks to ensure all p reflected in the facilit the demographics, a staff reference. The l records accordingly a will immediately retra for all identified areas	Set (MDS) Nurse will review admission records weekly x 8 preadmission allergies are y's clinical records including and resident care guide for MDS Nurse will update the and the Director of Nursing ain the nurse upon notification is of concern. The MDS of this responsibility on						
	findings of the audit t	d/or DON will present the ools to the Quality nce Improvement (QAPI)						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION IG	<u> </u>		PLETED	
		345321	B. WING _				01/2024	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CIT 1245 PARK AVENUE HENDERSON, NC				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD I FERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 689		ge 27 for 2 months for review to d/or issues that may need	F	89				
		and the need for additional						
	corrective action cor							
	through record revie	s completed on 5/01/24 w, staff interviews, resident ervations of resident rooms.						
		e staff education logs was reas of concern identified.						
	was completed on p items including soap when not in use. Sta completion of the edidentification and regingesting non-edible to take when the belinterviews were conceducation was compand documentation admission and readmission and readmission.	porting resident behaviors of items or objects, and steps navior was observed. Staff ducted and validated the eleted regarding confirmation of resident allergies upon mission.						
	Resident Council Me log were reviewed.	eeting Minutes and signature						
	care items was cond observations of rand personal care items	e facility audits of personal lucted and validated by lom resident rooms for which included soap, lotions, stored properly and not within impaired residents.						
	Interviews were con-	ducted with those residents						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X	(X3) DATE SURVEY COMPLETED	
	345321	B. WING _	B. WING		C <b>05/01/2024</b>	
NAME OF PROVIDER OR SUPPLIER  KERR LAKE NURSING AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  1245 PARK AVENUE  HENDERSON, NC 27536	•		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE  (EACH CORRECTIVE ACTION SHI  CROSS-REFERENCED TO THE APP  DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
with documented allelisted were correct. Note A review was completed note audit with no ide.  The Quality Assurance Improvement (QAPI) immediate meeting he meeting minutes from.  The facility's immediated 4/25/24 and the correct completon date of 4/2 QAPI/QAA Improvem CFR(s): 483.75(c)(d)(d).  §483.75(c) Program for monitoring.  A facility must establist policies and procedure collections systems, and adverse event monitor procedures must included following:  §483.75(c)(1) Facility systems to obtain and from direct care staff, resident representative information will be used are high risk, high volopportunities for improvedurity systems to identify, containing the systems to identify.	ty as alert and oriented and rgies to confirm the allergies o concerns were identified.  Ited of the resident progress entified concerns noted.  Ite and Performance ad-hoc (special and eld for a specific situation) in 4/24/24 were reviewed.  Ite jeopardy removal date of active action plan with a 25/24 were validated.  Itent Activities (e)(g)(2)(i)(ii)  If eedback, data systems and and implement written res for feedback, data and monitoring, including bring. The policies and ude, at a minimum, the		367		5/24/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			SURVEY PLETED	
	<b>345321</b> B. WING				C <b>01/2024</b>		
NAME OF PROVIDER OR SUPPLIER  KERR LAKE NURSING AND REHABILITATION CENTER				1245	EET ADDRESS, CITY, STATE, ZIP CODE 5 PARK AVENUE NDERSON, NC 27536	1 03/	01/2024
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 867	§483.75(c)(3) Facility and evaluation of perincluding the method development, monitor §483.75(c)(4) Facility including the method systematically identification and use data adverse events in the facility will use the daprevent adverse evers §483.75(d) Program systemic action.  §483.75(d)(1) The facility and track performance implementing those and track performance improvements are resistant systemic action.	lity assessment required at ding how such information op and monitor performance of development, monitoring, rformance indicators, lology and frequency for such oring, and evaluation.  If adverse event monitoring, les by which the facility will five, report, track, investigate, a and information relating to be facility, including how the lata to develop activities to attain to develop activities to attain to develop activities to attain the late of the late	F	367	DEFICIENCY)		
	determine underlying impacting larger syst (ii) How they will dev will be designed to e level to prevent quali safety problems; and (iii) How the facility w	g causes of problems tems; elop corrective actions that ffect change at the systems ty of care, quality of life, or					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED			
		345321	B. WING _		05/01/2024		
	ROVIDER OR SUPPLIER  KE NURSING AND REF	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COE 1245 PARK AVENUE HENDERSON, NC 27536	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION DATE		
F 867	Continued From pa	ge 30 ements are sustained.	F 8	367			
	§483.75(e) Progran	n activities.					
	performance improved high-risk, high-volunt consider the incider of problems in those outcomes, resident resident choice, and §483.75(e)(2) Performance identifies must track resident events, and implement preventing the properties of the performance in the properties of the performance in the properties of the performance in the perfo	racility must set priorities for its by ement activities that focus on me, or problem-prone areas; ance, prevalence, and severity e areas; and affect health safety, resident autonomy, d quality of care.  Formance improvement a medical errors and adverse alyze their causes, and we actions and mechanisms ck and learning throughout the					
	improvement activit distinct performance number and frequence conducted by the far and complexity of the available resources assessment require Improvement project annually a project the problem-prone area collection and analy (c) and (d) of this see §483.75(g) Quality (§483.75(g)(2) The coassurance committee	cts must include at least nat focuses on high risk or as identified through the data sis described in paragraphs					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	_		، ا	С	
		345321	B. WING				01/2024	
NAME OF PI	ROVIDER OR SUPPLIER		I	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
KEDD I VI	KE NURSING AND REHA	ARII ITATION CENTER		1:	245 PARK AVENUE			
NENN LAI	NE NORSING AND REHA	ABILITATION CENTER		Н	IENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 867	Continued From page	e 31	F	867				
		erning body regarding its						
	, ,	nplementation of the QAPI						
	_	der paragraphs (a) through						
	(e) of this section. Th							
		ement appropriate plans of						
		n to correct identified quality deficiencies;						
	(iii) Regularly review							
	data collected under							
	resulting from drug re							
	available data to make improvements. This REQUIREMENT is not met as evidenced							
	by:	is not met as evidenced						
	- ·	iew and interviews with staff,			F867 QAPI/QAA Improvement Activitie	25		
		RP), Medical Director, Poison			Toor Quality Quality to the provention of the aviage	,,		
		Hospital Physician, the			On 5/20/24, the Facility Consultant			
		ssment and Assurance			initiated an audit of previous citation ar	ıd		
		led to maintain implemented			action plan from 3/28/23 to present			
	procedures and moni	itor the interventions the			related to F689 To Provide Supervision	ı to		
	committee put into pla	ace following the 3/28/23			Prevent Accidents to ensure the Quality	y		
		on survey. This was for one			Assurance (QA) committee has			
		the current complaint			maintained and monitored interventions			
	, ,	of 5/01/24 in the area of			that were put into place. Action plans w			
	•	to Prevent Accidents (F689).			revised and updated and presented to			
		during two federal surveys			QA Committee by the Administrator for			
		ttern of the facility's inability			any concerns identified. The Facility			
	to sustain an effective	e QAA program.			Consultant will address all concerns			
	The findings included	ŀ			identified during the audit to include bu not limited to the education of staff. The			
					audit will be completed by 5/24/24.	5		
	This tag is cross-refe	renced to:			dudit will be completed by 5/24/24.			
					On 5/20/24, the Facility Consultant	ſ		
	F689: Based on reco	rd review and interviews with			initiated an in-service with the	ſ		
		arty (RP), Medical Director,			Administrator, Director of Nursing (DOI	۷)		
	· •	er, and Hospital Physician,			and Unit Managers regarding the Quali			
		ovide a safe environment to			Assurance (QA) process to include	-		
		accident for 1 of 3 residents			implementation of Action Plans,	ĺ		
	reviewed for supervis	sion to prevent accidents			Monitoring Tools, the Evaluation of the	QA		
	· ·	ent #1 had severe cognitive			process, and modification and correction			

OLIVILIV	OT OIL WEDION THE G	T CERTIFICATION OF THE CERTIFI				<u> </u>	7. 0000 0001
	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG _		Ι,	c
		345321	B. WING				01/2024
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	, 00,	0.7202.
KEDDIAI	CE NUIDOING AND DELLA	ADULTATION CENTER		12	245 PARK AVENUE		
KERK LAI	KE NURSING AND REHA	ABILITATION CENTER		Н	ENDERSON, NC 27536		
(X4) ID				PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 867	Continued From page	a 32	F	867			
	impairment, was dep		'	301	if needed to prevent the reoccurrence	of.	
		allergic to ingredients that			deficient practice to include updated	71	
		d in shampoos, skin care			advance directives. In-service also		
		On 4/23/24 Resident #1 had			included identifying issues that warrant		
	1 -	ap (Soap #1), she ingested			development and establishing a system		
		allergic reaction which			monitor the corrections and implement		
	included mouth and li				changes when the expected outcome i		
		ergency Department (ED)			not achieved and sustaining an effective	'e	
	for further treatment.	Resident #1 required			QA process. In-service will be complete	∍d	
	intubation (a tube pla	ced down throat into the			by 5/24/24. All newly hired Administrate	or,	
		irflow) and mechanical			DON and Unit Managers will be educa	ted	
	,	life support that helps you			during orientation regarding the QA		
		nnot breathe on your own) in			Process.		
		d to decline despite medical			A		
	interventions. Reside				All data collected for identified areas of		
		d according to the death			concerns, to include F689 To Provide	_	
	•	4/26/24 from complications (a severe, potentially fatal			Supervision to Prevent Accidents will b taken to the Quality Assurance commit		
		is rapid in onset and requires			for review monthly x 6 months by the	iee	
	_	ttention) due to accidental			Director of Nursing. The Quality		
	ingestion of soap.	tionion) due le decidental			Assurance committee will review the day	ata	
	ingoonon or ocup.				and determine if a plan of correction is	atu	
	During the 3/28/23 co	omplaint investigation survey			being followed, if changes in plans of		
		ovide incontinent care safely			action are required to improve outcome	es,	
	for a resident who red	quired extensive staff			if further staff education is needed, and	l if	
	assistance which res	ulted in bruises to all			increased monitoring is required. Minut	es	
	extremities and the le	eft side of the face, a			of the Quality Assurance Committee w	II	
		head 0.5 centimeters (cm)			be documented monthly at each meeti	ng	
		n tears to the upper right			by the DON.		
		left and right distal femurs					
		bone that occur just above			The Facility Nurse Consultant will ensu	re	
		t lateral tibia plateau fracture			the facility is maintaining an effect QA	0.4	
		lower leg bone below the			program by reviewing and initialing the		
		pain of the face and lower			Quarterly meeting minutes and ensuring	-	
	extremities.				implemented procedures and monitoring	ıy	
	An interview was sen	ducted on 5/01/24 at 2:49			practices to address interventions, to include F689 To Provide Supervision to	,	
		rator who revealed the			Prevent Accidents and all current citation		
	•	tee had completed the			and that the QA plans are followed and		
	.aomity o ay v toominint	nad oompiotod tilo		- 1	and that the set plane are removed and		1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345321	B. WING			l	C <b>/01/2024</b>
NAME OF PE	ROVIDER OR SUPPLIER	0.002.	<u> </u>	SI	FREET ADDRESS, CITY, STATE, ZIP CODE	05/	01/2024
	10 113 211 011 001 1 21211				245 PARK AVENUE		
KERR LAKE NURSING AND REHABILITATION CENTER					ENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 867	correction for the prev Administrator stated s #1 had any prior beha	g and resolved the plan of vious deficient practice. The she was not aware Resident aviors of eating non-food have expected Resident #1	F	867	maintained monthly x 6 months and QA quarterly x 2 quarters. The Facility Consultant will immediately retrain the Administrator, DON, and Unit Manager for any identified areas of concern.  The results of the Monthly Quality Assurance meeting minutes will be presented by the Director of Nursing to the Committee monthly x 6 months and QAPI quarterly x 2 quarters for review at the identification of trends, developmer of action plans as indicated to determine the need and/or frequency of continued monitoring.	s d and ant ne	