PRINTED: 08/29/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С
		345054	B. WING			07/	/31/2024
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODHA	VEN NURS & ALZHEIME	:R'S C			150 PINE RUN DRIVE		
				L	LUMBERTON, NC 28358		
(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 000	INITIAL COMMENTS	3	F	000			
	onsite on 7/23/24 with received remotely on returned to the facility Additional information 7/29/24, onsite on 7/3	ation survey was conducted in additional information 7/24/24. The survey team on 7/25/24 and 7/26/24. In was received remotely on 30/24, and remotely on e exit date was 7/31/24.					
	NC00219984.	219659, NC00219930, and and NC00219930 resulted y.					
	(J) CFR 483.25 at tag F6 (K)	was identified at: 500 at a scope and severity 507 at a scope and severity 584 at a scope and severity					
	The tags F600, F607 Substandard Quality	, and F684 constituted of Care.					
	3/31/24 and was rem	for F684 began on 7/13/24					
	A partial extended su Free from Abuse and CFR(s): 483.12(a)(1)	Neglect	F	600			8/14/24
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electroni	cally Signed						08/14/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345054	B. WING _			C 07/31/2024		
	ROVIDER OR SUPPLIER	ER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		0770172024		
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD E		(X5) COMPLETION DATE		
F 600	Exploitation The resident has the neglect, misappropri and exploitation as cincludes but is not lir corporal punishment any physical or chentreat the resident's m §483.12(a) The facility system of the system of	eright to be free from abuse, ation of resident property, lefined in this subpart. This mited to freedom from a involuntary seclusion and nical restraint not required to nedical symptoms. Ity must- se verbal, mental, sexual, or oral punishment, or noral punis	F6		deral law. Correction on on the on on the dings or the dings or the ection also on that the or that the ne oplied. Any nmunity s be al oployed in			
	in their home. There abuse from a caregive psychosocial harm to	expects to be free from abuse is a high likelihood that wer would cause serious or include feelings such as that wal, agitation, and		Evidence, corresponding state civil procedure and should be inadmissible in any proceeding basis. The facility / community this Plan of Correction with the	on that submits			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING			C 07/31/2024		
NAME OF P	ROVIDER OR SUPPLIER	0.000.	 		STREET ADDRESS, CITY, STATE, ZIP CODE	1 077	31/2024	
TVAIVIL OF T	TOVIDER OR GOLT EIER				1150 PINE RUN DRIVE			
WOODHA	VEN NURS & ALZHEIME	R'S C						
					LUMBERTON, NC 28358		T	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE		
F 600	Continued From page	⊋ 2	F 6	300				
	of 3 residents reviewe	deficient practice affected 1 ed for abuse (Resident #3).			that it be inadmissible by any third part any civil or criminal action against the facility / community or any employee,	y in		
		began on 3/31/24 when the ot Resident #3's right to be			agent, officer, director, attorney, or shareholder of the facility / community affiliated entities.	or		
	removed on 7/30/24 v				F600: The facility failed protect Reside	nt		
	jeopardy removal. Th	e facility remains out of			#3□s right to be free from abuse	TIL.		
		r scope and severity level of			perpetrated.			
		h potential for more than			In March of 2024, specific date unknow			
		not immediate jeopardy) to completed and monitoring			Confidential Staff #1 witnessed Nurse slap Resident #3 across the face durin			
	systems put into place				care after Resident #3 spit on Nurse #3			
	Systems put into piao	e die elicolive.			twice.	,		
	The findings included	i:			In July of 2024 during a weekly skin ch nurse aide #2 and nurse aide #3	eck		
	Resident #3 was adm	nitted into the facility on			witnessed Nurse #3 rip a dressing off	of		
	04/22/22 with non-Alz	zheimer's dementia.			Resident #3□s forearm resulting in a s tear reopening and bleeding. Residen			
	Resident #3's compre	ehensive care plan had a			yelled repeatedly you□re hurting me.			
	focus problem of resis	stance to care related to			Resident #3 then spit on Nurse #3 twice	e		
		1/6/2023 with the following			and in response, Nurse #3 raised her			
	interventions: educate				hand like she was going to slap Reside			
	resident/family/caregi				#3 when nurse aide #2 intervened and			
		plying with care, encourage			Nurse #3 lowered her hand and			
		/interaction by the resident			proceeded to change the dressing.			
		re activities, give a clear			Resident #3 did not have the cognitive			
		e activities prior to and as			capacity to express a psychosocial			
		ch contact, if the resident			outcome.			
		of daily living, reassure eturn in 5-10 minutes and try			1 Identify these recipients who have			
		ehaviors are appropriate,			1.Identify those recipients who have suffered, or are likely to suffer, a seriou	ıs		
		n care to promote comfort			adverse outcome as a result of the	10		
		living, including timing of the			noncompliance.			
	-	g, caregivers and routine as			Upon notification of the alleged abuse	to		
	much as possible.	g, -3g and readine do			Resident #3 on 07/26/2024 the facility			
	•	ant change Minimum Data			Administrator submitted a 2-hour repor	t		
		licated her cognition was			for abuse. The Administrator also			

Facility ID: 923461

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						С	
		345054	B. WING			07/31/2024	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODLIA	(EN NUIDO O AL ZUEIME	DIO O		1150 PINE RUN DRIVE			
WOODHA	VEN NURS & ALZHEIME	KSC		LUMBERTON, NC 28358			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE	
F 600	Continued From page	÷ 3	F 60	00			
	severely impaired and rejection of care.	d she had no behaviors or		contacted law enforcement and Protective Services (APS) on 7 The Medical Director and Resp	7/26/2024.		
	On 3/8/24 the focus p	problem initiated on 11/6/23		Party were notified of the alleg			
	on the care plan was	revised to indicate Resident		that occurred to Resident #3 in	March		
		following inappropriate		2024 and July 2024 by the Dire			
		others, hitting staff, yelling at		Nursing Services on 07/26/202			
	_	e with staff during activities		On 07/25/2024 Resident #3 wa			
		d toileting. The inteventions		assessed by the Director of Nu	-		
	included: anticipate a	a calm manner, assess for		Licensed Administrator for any injury and abuse to include any	-		
		frustration/behavior such as		redness of unknown origin or s	•		
		fort etc., encourage to		abnormalities indicative of abu			
	express feelings appr			skin assessment revealed that			
		ors, and response to the		#3 has a healing skin tear note			
		olain all procedures before		upper forearm with dressing as	-		
	starting and allow tim	e for adjustment to change.		appropriate per provider orders	s and		
				documentation is consistent in	the		
		ew was conducted with		medical record. Treatment re			
	-	on 7/26/24 at 11:17 AM. She		reveal wound care was provide	-		
		er worked at the facility.		provider orders by the licensed			
		revealed that she worked		Additionally, the Director of Nu	•		
		#3 on the Alzheimer's Unit.		assessed Resident #3 for any	paın. Paın		
	assisting her (Confide	March of 2024 Nurse #3 was		assessment revealed no pain.			
		esident #3. She was unable		On 07/26/2024, the Licensed Administrator, Social Services	Director		
		te of the incident. After they		and Regional Vice President o			
		lential Staff #1) got Resident		Operations interviewed all ded			
		elchair after incontinence		Alzheimer Care staff who typic			
		ed, Nurse #3 attempted to		assigned to work the Alzheime	•		
		medication and Resident #3		to gather details of alleged abu			
		nfidential Staff #1 stated that		Licensed Administrator, Social			
	•	's hand to comfort her so		Director, and Regional Vice Pr			
		ld take her medication.		Operations reeducated each s			
	When Nurse #3 atten	npted to give her the		member on the abuse policy w			
		time, Resident #3 spit on		emphasis on having a culture a			
		lurse #3 slapped her across		barriers to reporting. Reeduca			
		Staff #1 stated that when		included types of abuse, how t			
	Nurse #3 slapped Re	sident #3, Resident #3 put		abuse, reporting abuse immed	iately to		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING _				C / 31/2024	
NAME OF PI	ROVIDER OR SUPPLIER	l		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	01/2024	
				11	150 PINE RUN DRIVE			
WOODHA	VEN NURS & ALZHEIME	R'S C			UMBERTON, NC 28358			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE	
F 600	F 600 Continued From page 4 F 600							
	hurt me". Confidential not remember if a male Confidential Staff #1 she could not do that she did not mean to. that prior to Nurse #3 had complained to the about other instances concerned Confidential that Nurse #3 yelled a her time with them, all that nothing was ever quit. Confidential Staff want to say her name that if the facility knew talked to the state sur another job in long te. There was no docum March 2024 reference. An interview was con AM with Nurse #3 and	stated she told Nurse #3 that to which Nurse #3 stated Confidential Staff #1 stated slapping Resident #3 she e previous Administrator s regarding Nurse #3 that al Staff #1. She explained at the residents, didn't take and was rough. She indicated to done which was why she if #1 stated that she did not to because she was afraid to that she had called or reveyor she would never get			Licensed Administrator without fear of retaliatory or punitive measures. Nurse #3 was suspended on 07/25/2024 out an abundance of precaution by the Licensed Administrator. 2.Address how the facility will identify other residents having the potential to affected by the same deficient practice All residents have the potential to be affected by the alleged deficient practic On 07/25/2024 the Licensed Administridentified residents that were potentiall impacted by this practice by having the assigned nurse complete head to toe sassessments on all current residents of the memory unit to identify any bruising redness of unknown origin or skin abnormalities indicative of abuse. The skin assessments revealed no documented signs of abuse. Pain assessments were completed at the tir of the head to toes assessments by the assigned nurse with no identified residents expressing pain and no	be . ce. ator y e. kin n		
	5/7/24 indicated she wimpaired and had no care.	ly Minimum Data Set dated was severely cognitively behaviors or rejection of			3.Specify the actions the entity will take alter the process or system failure to prevent a serious adverse outcome fro occurring or reoccurring and when the action will be completed.	m		
	Nurse Aide #2 on 7/2 #2 reported she work on the Alzheimer's ur #3 yelled at the reside to her or follow directi	ew was conducted with 5/24 at 2:57 PM. Nurse Aide ed with Nurse #3 frequently it. She indicated that Nurse ents when they did not listen ions and was rough with the ments. Nurse Aide #2			On 07/26/2024, the Director of Nursing began in-servicing all staff in all departments (including agency staff) of the abuse prohibition policy. In addition the facility policy on abuse, the training included: Abuse can be physical in nature, included.	n n to		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING _				C 31/2024	
NAME OF PE	ROVIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 077	31/2024	
					150 PINE RUN DRIVE			
WOODHA	VEN NURS & ALZHEIME	ER'S C						
					UMBERTON, NC 28358			
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F 600	Continued From pag	e 5	F	600				
	explained there was	an instance in July 2024, she			actions such as slapping, kicking, hittir	ıa.		
	•	the exact date, when Nurse			pushing, spitting, or threatening. Abuse	-		
		ents with herself (Nurse Aide			can also occur when care is provided			
	•	#3 present. Nurse #3 was			inappropriately; for example, if a nurse			
	•	g change for Resident #3.			removes a bandage roughly, it may be			
		ing "you're hurting me" when			considered abuse. All types of abuse v			
		e bandage off Resident #3's			covered to include: verbal, sexual,			
	arm causing the area	a to bleed. Resident #3 then			physical, involuntary seclusion, mental			
	spit on Nurse #3 twice	ce, Nurse #3 then raised her			(emotional abuse), neglect,			
	hand back "like she	was going to slap" Resident			misappropriation of property. Education	n		
		ld Nurse #3 she "didn't want			included recognizing injuries of unknow			
	·	" and Nurse #3 then lowered			origin and reporting as possible abuse			
		e #2 stated that she had not			Education of signs and symptoms of			
		because Nurse #3 never			abuse. Education included how to			
	actually hit Resident	#3.			minimize the risk of abuse and the			
	A	1 1 1 1 1 1 N A 1 1 1 1 1 1 1 1 1 1 1 1			negative results of abuse.			
		nducted with Nurse Aide #3			Staff awareness for Characteristics of			
		M. Nurse Aide #3 stated that			residents which have the potential to			
		se #3 "quite a bit" in the rse Aide #3 revealed that			trigger an abusive incident such as			
					wandering into other resident rooms,			
		vith the residents and would littlest of things, such as,			known history of aggressive behavior, residents who guard their personal spa	200		
	=	nedication cart or not			residents who resist care giving, reside			
	•	ns. Nurse Aide #3 recalled			with communicative disorders, residen			
	_	024, unable to recall the			who startle easily, or have visual or	.5		
		rse #3 was doing treatments			hearing problems.			
		and herself (Nurse Aide #3)			When responding to resident aggression	on.		
		change was being completed			follow the approaches listed in the care			
		urse #3 when the nurse			plan and inform your supervisor when			
		sing and it started to bleed.			identify triggers that may cause agitation			
		I she heard Resident #3 say			Supervisors and the interdisciplinary ca			
		ou're hurting me". Nurse Aide			plan team should discuss situations an			
		over and saw Resident #3			care plan interventions to minimize	ſ		
	spit on Nurse #3. Nu	rse #3 then said "Yoouuu"			agitation risk. Maintain control of your	own		
	and raised her arm b	ack "to hit" Resident #3			responses and reactions, remove the	ſ		
	when Nurse Aide #2	said "don't do it, you don't			cause of the behavior if known, and	ſ		
	want to do that", and	Nurse #3 lowered her arm.			protect the safety of the resident and	ĺ		
		I that she had not reported			others. Implement care plan approache			
	the incident to anyon	e because Nurse #3 never			as soon as the behavior starts, use go	bc		

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		345054	B. WING		0	7/31/2024	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MOODHA	VEN NURS & ALZHEIME	DIS C		1150 PINE RUN DRIVE			
WOODHA	VEN NURS & ALZHEIME	KSC		LUMBERTON, NC 28358			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETION DATE	
		,		DEFICIENCY)			
F 600	Continued From page	e 6	F 60	0			
	actually hit Resident	# 3.		communication and listening sk to understand the resident□s pe			
	There was no docum	entation of the incident in		view. Report the cause of the b			
		by Nurse Aide #2 and Nurse		your supervisor and inform ther			
	Aide #3.	by Haroo Hao H2 and Haroo		plan approaches do not work. A			
	rudo no.			approach based on the residen			
	An interview was con	ducted on 7/26/24 at 10:16		response, discuss pleasant topi			
	AM with Nurse #3. Sh	ne stated that she		residents to provide strength ar			
	remembered the incid	dent in July 2024 with		ensure the resident's physical n			
		oorted she was with Nurse		met, and give alert residents co			
	Aide #2 and Nurse Ai	de #3 and had been		offering choices in care and rou	•		
	scheduled to do a we	ekly skin check which		Smile and use positive body lar			
		ve all of the dressings from		positive behavior is contagious.			
	•	ted that Resident #3 had		should enter a progress note in			
	tolerated the dressing	s being removed from her		resident chart about the aggres			
	_	arted getting restless. Nurse		Aggressive behavior in the elde			
		t #3 spit in her face and she		occur as a result of cognitive im			
	had thrown her hand	back in surprise from being		physical health issues, medicat	ions,		
		ed that she had not intended		psychological factors, environm			
	to hit the resident but	was able to understand how		factors, communication difficulti	es, unmet		
	it could be interpreted	I that she was going to slap		needs, personal history, or lack	of		
	Resident #3. Nurse #	3 stated that when Resident		autonomy. Physical aggression	involves		
	#3 spit on her Reside	nt #3 jerked her right arm		physical actions intended to har	m another		
	causing the dressing	on her forearm to come off		person, such as hitting, kicking,	slapping,		
	and the resident hit h	er arm on the wheelchair		pushing, biting, and scratching.	Verbal		
	causing it to bleed. N	urse #3 stated that she		aggression, on the other hand,	uses		
	applied a new dressir	ng to the right forearm and		words to harm others emotional	lly or		
	continued with skin cl	necks for other residents.		psychologically, including insult	s, threats,		
	Nurse #3 stated that	Resident #3's skin was very		yelling, name-calling, and belittl	ing		
		nultiple skin tears which were		remarks.			
	mostly healed but we			To minimize the risk of abuse, it			
		stated that the dressings on		important to be aware of caregi			
		were easy to take off but if		burnout symptoms, which can i			
		stuck on an open area she		of energy, fatigue, sleep proble			
	_	uze before attempting to		changes in eating habits, feeling			
	take it off. She reveal	ed that she had not done		hopelessness, anxiety, depress			
	that with the dressing	to Resident #3's right		headaches, stomachaches, or o	other		
	forearm because the	area had been closed and it		physical problems. Prevent bur	nout by		
	was more of a protec	tive dressing. Nurse #3		seeking assistance when neede	ed, taking		

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WOODHA	VENINIIDO 9 AL ZUEIM	IED'S C		1	150 PINE RUN DRIVE			
WOODHA	VEN NURS & ALZHEIM	ier 5 C		L	UMBERTON, NC 28358			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 600	Continued From pag	ge 7	F6	300				
		t #3 has had behaviors of			breaks to rest, attending doctor			
	hitting, kicking, and				appointments, exercising, eating well,			
	Tiltung, kioking, and	spitting in the past.			sleeping well, and exploring other stres	20		
	During an interview	conducted with the			reduction strategies.	,5		
	_	26/24 at 11:00 AM she			This education will be provided to new			
		had been no complaints			hires during the orientation process by			
		ng Nurse #3's behavior and			Director of Nursing and/or Licensed			
	_	eported involving any of the			Educator. No staff shall work without t	his		
		neimer's unit. She stated that			education effective 07/30/2024.			
	all of the residents s	should be free of abuse and			4.Indicate how the facility plans to mor	itor		
	that she was aware	of Resident #3's behaviors.			its performance to make sure that			
	The Administrator st	tated that all staff including			solutions are sustained.			
		low the care plan for the			The Administrator or Designee will			
	resident when he/sh	ne had behaviors.			monitor tag F600 for Abuse Reporting weekly for 4 weeks and monthly for 3			
		as notified of Immediate			months or until resolved. The			
	Jeopardy on 7/26/24	4 at 2:27 PM.			Administrator/Director of Nursing will ensure that all shifts have been covered	:d		
	The facility provided	I the following credible			during the monitoring period. Reports v	vill		
	allegation of immed	iate jeopardy removal:			be presented to the weekly Quality Assurance (QA) committee by the			
	Identify those recipion	ents who have suffered, or			Administrator to ensure corrective action	on		
		a serious adverse outcome as			initiated as appropriate. Compliance w			
	a result of the nonco				be monitored and ongoing auditing			
		otect Resident #3's right to be			program reviewed at the weekly Qualit	у		
	free from abuse per	petrated by Nurse #3.			Assurance Meeting. The weekly QA			
					Meeting is attended by the Administrat	or,		
	In March of 2024, sp	pecific date unknown,			Director of Nursing, MDS Coordinator,			
		1 allegedly witnessed Nurse			Therapy, Health Information Manager,			
	-	across the face during care			and the Dietary Director.			
	after Resident #3 sp	oit on her twice.						
	 	and a supplier of the state of			Date of Compliance: 07/30/2024			
		ng a weekly skin check NA #2						
		witnessed Nurse #3 rip a dent #3's forearm resulting in						
	_	nd the skin tear observed to						
		Resident #3 yelled repeatedly						
	-	then spit on Nurse #3 twice.						
		#3 raised her hand "as if to						

1, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		345054	B. WING _			C 07/31/2024
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIME	ER'S C	,	STREET ADDRESS, CITY, 1150 PINE RUN DRIVE LUMBERTON, NC 28		01/01/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)	DATE
F 600	not to hit the resident tear reopen, alleged! The facility must ensign protected from abuse. Upon notification of the submitted a 2-hour resident and Adult Protective 7/26/2024. The Med Responsible Party where abuse that occurred 2024 and July 2024. Services on 07/26/2024 Resident and Facility of the submitted a 2-hour resident and Adult Protective 7/26/2024. The Med Responsible Party where abuse that occurred 2024 and July 2024. Services on 07/26/2024 Resident and Facility of the submitted and the submitted	intervened and told Nurse #3 t. Resident #3 had her skin by causing her pain. ure all residents are e. the alleged abuse to Resident be facility Administrator eport for abuse. The intacted law enforcement Services (APS) on ical Director and ere notified of the alleged to Resident #3 in March by the Director of Nursing 1024. Ident #3 was assessed by the ind Licensed Administrator of and abuse to include any unknown origin or skin it that Resident #3 has a ed to right upper forearm with atte per provider orders and insistent in the medical ecords reveal wound care order orders by the licensed the Director of Nursing 13 for any pain. Pain	F	500		
	to work the Alzheime	r care unit to gather details ne Licensed Administrator,				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING		-		31/2024	
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIME			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		<u>1 011</u>	31/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 600	President of Operation member on the abuse having a culture again Reeducation included prevent abuse, report Licensed Administrate or punitive measures on 07/25/2024 out of by the Licensed Administrate or punitive measures on 07/25/2024 the Li identified residents the by this practice by ha complete head to toe current residents on the any bruising, redness abnormalities indication assessments revealed abuse. Pain assessments ime of the head to to assigned nurse with residents on the assigned nurse with residents.	tor, and Regional Vice ns reeducated each staff e policy with emphasis on nst barriers to reporting. If types of abuse, how to ring abuse immediately to or without fear of retaliatory . Nurse #3 was suspended an abundance of precaution inistrator. censed Administrator at were potentially impacted ving the assigned nurse skin assessments on all he memory unit to identify of unknown origin or skin ve of abuse. The skin d no documented signs of tents were completed at the es assessments by the	F	600				
	process or system fai	re entity will take to alter the lure to prevent a serious moccurring or reoccurring will be completed.						
	in-servicing all staff in agency staff) on the a addition to the facility included: Abuse can be physica such as slapping, kicl	pirector of Nursing began all departments (including abuse prohibition policy. In policy on abuse, the training all in nature, including actions king, hitting, pushing, g. Abuse can also occur						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		345054	B. WING		07/31/2024		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358	1 07/31/2024		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER OF THE APPRIOR OF THE	JLD BE COMPLET		
F 600	example, if a nurse it may be considered. All types of abuse of verbal, sexual, physimental (emotional a misappropriation of recognizing injuries reporting as possible Education of signs Education included abuse and the negative abuse and the negative for which have the potincident such as warooms, known historesidents who guar residents who resist communicative discensily, or have visually when responding the approaches list your supervisor who may cause agitation interdisciplinary car situations and care agitation risk. Maintresponses and react the behavior if known as well as the second of the	led inappropriately; for removes a bandage roughly, ed abuse. were covered to include: sical, involuntary seclusion, abuse), neglect, foroperty. Education included of of unknown origin and le abuse. and symptoms of abuse. and symptoms of abuse. how to minimize the risk of ative results of abuse. r characteristics of residents ential to trigger an abusive andering into other resident bry of aggressive behavior, defining the residents with orders, residents who startle all or hearing problems. or resident aggression, followed in the care plan and inform the resident team should discuss plan interventions to minimize tain control of your own citions, remove the cause of wn, and protect the safety of	F 60				
	may cause agitation interdisciplinary car situations and care agitation risk. Main responses and react the behavior if know the resident and ott approaches as soo good communication to understand the resident and the resident a	n. Supervisors and the re plan team should discuss plan interventions to minimize tain control of your own ctions, remove the cause of					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345054	B. WING			1	C 31/2024	
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIME	R'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358			31/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG				(X5) COMPLETION DATE	
F 600	Adjust your approach response, discuss ple to provide strength an resident's physical neresidents control by croutines. Smile and us as positive behavior in enter a progress note the aggression. Aggressive behavior result of cognitive implications, medications, environmental factors unmet needs, person autonomy. Physical actions intended to hitting, kicking, slapp scratching. Verbal aguses words to harm of psychologically, incluiname-calling, and be. To minimize the risk of aware of caregiver be include lack of energichanges in eating has hopelessness, anxiet stomachaches, or oth Prevent burnout by sineeded, taking break appointments, exercivell, and exploring of strategies.	a based on the resident's easant topics with residents and support, ensure the eds are met, and give alert offering choices in care and se positive body language, is contagious. Nurses should in the resident chart about a in the elderly may occur as a pairment, physical health psychological factors, is, communication difficulties, all history, or lack of aggression involves physical farm another person, such as ing, pushing, biting, and gression, on the other hand, others emotionally or ding insults, threats, yelling, littling remarks. In abuse, it is important to be urnout symptoms, which can y, fatigue, sleep problems, bits, feelings of y, depression, headaches, her physical problems. Heeking assistance when is to rest, attending doctor sing, eating well, sleeping ther stress reduction.	F	600				
	during the orientation Nursing and/or Licen	process by the Director of sed Educator.						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345054	B. WING _			07/	31/2024
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIME	R'S C		1	TREET ADDRESS, CITY, STATE, ZIP CODE 150 PINE RUN DRIVE .UMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	No staff shall work wii 07/30/24. Alleged date of immed 07/30/24 The credible allegation removal was validated skin audits and pain a residents on the Alzho and no issues were forwere reviewed to inclustaff verified education prohibition policy, who and non-verbal indicate caregiver burnout was handling challenging to resident aggression interventions worked interviewed stated that retaliated against if the immediate jeopal was verified. Develop/Implement A CFR(s): 483.12(b)(1)-\$483.12(b) The facility implement written policy and exploitate misappropriation of resident against interventions worked interviewed stated that retaliated against if the immediate jeopal was verified. Develop/Implement A CFR(s): 483.12(b)(1)-\$483.12(b) The facility implement written policy in the	diate jeopardy removal: In of immediate jeopardy Id on 7/30/24. A review of the Insersistent for the Insersistent for the Insersistent for included the staff sign in sheet. In included the abuse Interest of abuse, verbal Itors of abuse, what Is and how to prevent/help it, Is and how to prevent/help it, Is and who to tell if the Interest for th		600			8/14/24
	§483.12(b)(3) Include paragraph §483.95,	training as required at					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY MPLETED
		345054	B. WING _		0	C 7/31/2024
	ROVIDER OR SUPPLIER	ER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		770 172024
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 607	Continued From pag	e 13	F 6	507		
	§483.12(b)(4) Establ QAPI program requir	sh coordination with the ed under §483.75.				
	facilities in accordance Act. The policies and but are not limited to §483.12(b)(5)(ii) Pos	e reporting of crimes -funded long-term care ce with section 1150B of the d procedures must include the following elements. sting a conspicuous notice of defined at section 1150B(d)				
	§483.12(b)(5)(iii) Proretaliation, as defined (2) of the Act. This REQUIREMENT by: Based on record rev	ohibiting and preventing d at section 1150B(d)(1) and Γ is not met as evidenced iew and staff interviews, the		This Plan of Correction is subn		
	Confidential Staff #1 continue providing cawitnessing Nurse #3 Confidential Staff #1 the administration receidents from furthe and no notification to services or law enfor of abuse occurred whouse Aide #3 did now itnessed Nurse #3 #3's forearm resulting experiencing pain an and bleeding. Nurse Resident #3 "like she resulted in the abuse	are to residents after slap Resident #3. did not report the abuse to sulting in no protection of rabuse, no investigation, the state, adult protective cement. A second incident nen Nurse Aide #2 and tidentify abuse when they rip a dressing off Resident g in the resident d her skin tear reopening e #3 then raised her hand to a was going to slap her." This not being reported to the		required under State and/or Fe The submission of this Plan of does not constitute an admission part of the facility or community accuracy of the surveyors find conclusions drawn therefrom. Submission of this Plan of Corr does not constitute an admission findings constitute a deficiency scope and severity regarding the deficiency cited are correctly as changes to the facility sor cor policies and procedures should considered subsequent remedi measures as that concept is en Rule 407 of the Federal Rules of Evidence, corresponding state	Correction on on the y as to the dings or the rection also on that the or that the ne opplied. Any mmunity so I be tall imployed in of	
		otection of the residents from estigation, and no notification		civil procedure and should be inadmissible in any proceeding	on that	

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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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODHA	VEN NURS & ALZHEIME	R'S C		1150 PINE RUN DRIVE		
				LUMBERTON, NC 28358		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 607	Continued From page	e 14	F 60	7		
	to the state, adult pro-	tective services or law		basis. The facility / community submi	ts	
		ficient practice was for 1 of		this Plan of Correction with the intenti		
		for the abuse (Resident #3)		that it be inadmissible by any third pa		
		dents at high likelihood of		any civil or criminal action against the	-,	
	suffering serious injur			facility / community or any employee,		
		,		agent, officer, director, attorney, or		
	Immediate Jeopardy I	began on 3/31/24 when		shareholder of the facility / community	or	
	Confidential Staff #1			affiliated entities.		
	continue providing ca					
		esident #3. Immediate		F607: The facility failed to follow their		
		ed on 7/30/24 when the		abuse policy when Confidential Staff		
		credible allegation of		allowed Nurse #3 to continue providing		
		emoval. The facility remains		resident care after witnessing Nurse #	-	
		a lower scope and severity		slap Resident #3. Confidential Staff #1		
		narm with potential for more				
	than minimal harm tha	at is not immediate		did not report the abuse to the administration resulting in no protection of		
	jeopardy) to ensure e	ducation and monitoring		residents from further abuse, no		
	systems put into place	e are effective.		investigation, and no reporting to the		
				state, Adult Protective Services, or lav	v	
	The findings included	:		enforcement. A second incident of ab	use	
				occurred when Nurse Aide #2 and Nu	rse	
	The facility's abuse po	olicy indicated the following:		Aide #3 did not identify abuse when the		
	Abuse could be physi	cal, defined as hitting,		witnessed Nurse #3 rip a dressing off		
		nent, pinching, kicking etc. It		Resident #3□s forearm resulting in th		
	also included controlli	-		resident experiencing pain and her sk		
	corporal punishment			tear reopening and bleeding. Nurse #		
	handling of a resident			then raised her hand to Resident #3 li		
	_	a resident verbalizes, or		she was going to slap her. This resul		
		he Administrator or Director		in the abuse not being reported to the		
	-	e notified immediately.		administration, no protection of the		
		is reported a licensed		residents from further abuse, no		
	• •	all immediately examine the		investigation, and no notification to the	e	
		nt the findings in the medical		state, adult protective services or law		
	record, the police call			enforcement.		
		ee has been accused of				
	abuse they will be sus			Address how corrective action wi		
		ete. The facility must do an		accomplished for those residents four	nd to	
		cludes interviewing staff and		have been affected by the deficient		
	residents to determine	e what happened. The		practice.		

	OF DEFICIENCIES CORRECTION	TION I DENTIFICATION NUMBER: A. BUILDING COMPLETED		OMPLETED		
		345054	B. WING _			C 07/31/2024
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	0770172024
WOODHA	VENINIIDE V AL TUEIMI	EDIS C		1150 PINE RUN DRIVE		
WOODHA	VEN NURS & ALZHEIMI	:K3C		LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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 607	Continued From pag	e 15	F 6	07		
	facility suspects abust resident in the facility using the initial allegalaw enforcement and Within 5 days the invocompleted and submagency. An undated abuse accan occur when care and if a resident state	the state agencies when the se has occurred against a to the State Survey Agency ation report and notify local adult protective services. estigation report needs to be itted to the State Survey deendum indicated abuse is provided inappropriately es that they were hurt by a buld be treated as a potential		Upon notification of the alleged Resident #3 on 07/26/2024 by Administrator submitted a 2-ho for abuse. The Administrator a contacted law enforcement an on Adult Protective Services (A 07/26/2024. The Medical Direct Responsible Party were notificalleged abuse that occurred to #3 in March 2024 and July 202 Director of Nursing on 07/26/2 On 07/26/2024, the Licensed Administrator, Social Services and Regional Vice President of	the facility our report also d contacted APS) on ctor and ed of the Resident 24 by the 024.	
	04/22/22.	nitted into the facility on view was conducted with		Operations interviewed all ded Alzheimer Care staff who typic assigned to work the Alzheime to gather details of alleged abu	licated cally were er care unit	
	indicated she no long Confidential Staff #1 worked frequently wi Alzheimer's Unit. Sh 2024 Nurse #3 was a Staff #1) with inconting She was unable to re incident. After they (I Staff #1) got Resider after incontinence ca #3 attempted to give	on 7/26/24 at 11:17 AM. She ger worked at the facility. revealed that she had th Nurse #3 on the e revealed that in March of assisting her (Confidential nent care for Resident #3. ecall the exact date of the Nurse #3 and Confidential at #3 back into the wheelchair re had been provided, Nurse Resident #3 her medication on Nurse #3. When Nurse		Licensed Administrator, Social Director, and Regional Vice Pr Operations reeducated each s member on the abuse policy we emphasis on having a culture abarriers to reporting. Reeducatincluded types of abuse, how the abuse, reporting abuse immediately or punitive measure #3 was suspended on 07/25/2 an abundance of precaution by Licensed Administrator.	resident of taff taff tith against ation to prevent diately to t fear of es. Nurse 024 out of	
	#3 attempted to give time, Resident #3 sp Nurse #3 slapped he Confidential Staff #1 slapped Resident #3 her check and starte Confidential Staff #1	her the medication a second it on Nurse #3 again and		On 07/26/2024 the licensed nu completed assessment of resididentified concerns of abuse. 07/26/24 the Medical Director Responsible Party were notified Director of Nursing of the allegation new orders were obtained from Medical Director.	dent with no On and d by the pation. No	

CENTER	3 FOR MEDICARE &	WEDICAID SERVICES				OIVID IN	<u>J. 0930-039 i</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION		SURVEY PLETED
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		345054	B. WING _				/31/2024
NAME OF P	ROVIDER OR SUPPLIER	•	<u> </u>	S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
				11	50 PINE RUN DRIVE		
WOODHA	VEN NURS & ALZHEIME	ER'S C		LI	UMBERTON, NC 28358		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	×	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 607	Continued From pag	e 16	F 6	607			
		old Nurse #3 that she could					
		Nurse #3 stated she did not			2.Address how the facility will identify		
		I Staff #1 stated that she			other residents having the potential to	be	
	_	hen Nurse #3 slapped			affected by the same deficient practice		
		should have reported it to			All residents have the potential to be		
		onfidential Staff #1 stated she			affected by the alleged deficient praction	ce.	
	couldn't say why she	didn't report it other than			On 07/26/24 the Administrator audited		
	nothing had ever hap	ppened when she had			grievances for the last 30 days and		
	complained about Nu	urse #3 in the past to the			Resident Council Minutes for any		
	previous Administrate	or. Confidential Staff #1			concerns related to abuse. There were	no no	
	explained there were other instances regarding				grievances noted in the Resident Cour		
		ned her (Confidential Staff			Minutes that included any abuse. Upo	n	
	,	lained that Nurse #3 yelled at			auditing grievances, the Administrator		
		In't take her time with them			noted one neglect allegation on 06/29/		
	_	stated that she couldn't stop			The reporting of the allegation followed		
		esidents with Nurse #3 still			facility policy and Department of Health	1	
	_	ng she should have reported			and Human Services regulation on		
		ppened. She stated that she other residents would be			reporting allegations of neglect. The neglect allegation was made known to	tho	
		live with that thought, which			Administrator by facility staff immediate		
		d it now. She indicated that			and the Administrator reported the	∠i y	
		egarding her previous			allegation to the Department of Health		
		ok to administration was why			and Human Services within the require		
		I Staff #1 stated that she did			reporting time frame for the Initial	_	
		ame because she was afraid			Allegation and the 5-day Investigation		
		w that she had called or			Report. The Initial Allegation report		
	,	rveyor she would never get			contained all aspects of the required		
	another job in long te	erm care.			report to include identification of other		
					residents who have suffered abuse and	d	
	There was no docum	entation of the incident in			assessed if other residents were free f	rom	
	March 2024 reference	ed by Confidential Staff #1.			further potential harm.		
					On 07/26/24 the Director of Nursing		
		iew was conducted with			audited incident reports for the last 30		
		25/24 at 2:57 PM. Nurse Aide			days for any abuse related incidents.		
		e #3 frequently after Nurse			There were no incident reports that		
		ed to the Alzheimer's unit.			involved abuse.		
	She indicated that No				During in-service education that began		
		did not listen to her or follow			07/26/24, all staff will be interviewed by		
	directions and was ro	ough with the residents			the Administrator and/or designee. Sta	aff	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			5 ,4//10				0
		345054	B. WING _			07/	31/2024
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODHA	VEN NURS & ALZHEIME	Pis C		1	1150 PINE RUN DRIVE		
WOODHA	VEN NURS & ALZHEIME	KSC		L	LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 607	Continued From page	e 17	F 6	307			
F 607	during treatments. No explained there was a was unable to recall t #3 was doing treatme #2) and Nurse Aide # completing a dressing Resident #3 was yelli Nurse #3 "ripped" the arm causing the area indicated that she felt and Resident #3 spit #3 then raised her hat to slap" Resident #3. told Nurse #3 then Aide #2 stated that she said anything, Nurse Resident #3. She stareported it because Non the Alzheimer's unhappened" between Noresidents when other. An interview was con on 7/25/24 at 4:00 PN she worked with Nurse Alzheimer's unit. Nurse #3 got upset wyell at them over the got too near the medifollowing her direction an instance in July 20	arse Aide #2 further an instance in July 2024, she he exact date, when Nurse ents with herself (Nurse Aide 3 present. Nurse #3 was g change for Resident #3. ng "you're hurting me" when e bandage off Resident #3's to bleed. Nurse Aide #2 eit made Resident #3 mad on Nurse #3 twice. Nurse nd back "like she was going Nurse Aide #2 indicated she dn't want to do that, don't do lowered her hand. Nurse ne believed if she had not #3 would have slapped	F	607	will be asked to report any abuse or incident that they may have seen that had not previously been reported. This will be completed on 07/29/24. If any abuse allegations are identified, the Administrator will follow facility policy a regulations to submit report of allegations to Department of Health and Human Services. There were no identified concerns. 3.Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur. On 07/26/2024, the Director of Nursing and/or Licensed Educator began in-servicing all staff in all departments (including agency staff) on the abuse prohibition/reporting policy. In addition the facility policy on abuse, the training included: Abuse can be physical in nature, included: Abuse can be physical in na	nd on ot	
	with Nurse Aide #2 ar present. A dressing c on Resident #3 by Nu "ripped off" the dressi Nurse Aide #3 stated	nd herself (Nurse Aide #3) hange was being completed urse #3 when the nurse ing and it started to bleed. she heard Resident #3 say bu're hurting me" sounding			staff member, it must be reported to a supervisor. If the suspected abuser is your supervisor, notify the administrator or Director of Nursing immediately. All instances of abuse should be reported		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDI	NG		١,	С
		345054	B. WING _			l	31/2024
NAME OF P	ROVIDER OR SUPPLIER	•	•	S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
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WOODHA	VEN NURS & ALZHEIN	IER 5 C		LI	UMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	looked over and saw #3. Nurse #3 then sam and she though Resident #3 when N you don't want to do her arm. Nurse Aide reported the inciden #3 never actually hi that looking back or have told the Admin she found herself w happened to the res #3 and a resident al Nurse #3 mad. An interview conduct 7/26/24 at 11:00 AN been no complaints #3's behavior or had involving any of the unit. The Administra abuse was to be rep the Director of Nurs the employee's sup- stated the two incide have been reported immediately protect residents in the Alzh abuse due to being not be able to report The Administrator w Jeopardy on 7/26/24 The facility presente	Nurse Aide #3 stated she W Resident #3 spit on Nurse aid "Yoouuu" and raised her at Nurse #3 was going to hit Nurse Aide #2 said "don't do it, o that", and Nurse #3 lowered a #3 stated that she had not at to anyone because Nurse at Resident #3. She reported a the incident, she should aistrator. She explained that condering if anything had ever sidents when it was just Nurse done in a room and they made cted with the Administrator on and indicated that there had ande to her regarding Nurse dony issues reported any issues reported are idents in the Alzheimer's ator stated that any form of corted immediately to her or ing and if they were not there ervisor or charge nurse. She ents were abuse and should so the residents could be ed. She also stated that aneimer's unit are vulnerable to cognitively impaired and may at the abuse themselves. As notified of Immediate	F	607	a supervisor immediately. This means notifying them at once or as soon as the resident's safety is ensured. If you are uncomfortable reporting to your supervisor, you may report confidential to the corporate hotline. Staff may fear retaliation or causing trouble, while residents may fear repris losing caregivers, or not being believed. All staff should feel empowered to report abuse confidentially. Retaliation against any staff member who reports potential abuse will not be tolerated. If you feel retaliated against, contact the corporate hotline. Your message will be handled confidentially. You may remain anonymous, but this could limit our abile to clarify facts and notify you of the outcome. Immediate steps must be taken to prote the residents. These steps should include the following: taking steps to prevent further potential abuse, conducting a thorough investigation of the alleged violation, reporting the alleged violation and investigation within required time frames, and upon receiving reports of physical or sexual abuse, a licensed nuor physician shall immediately examine the resident. Findings of the examination must be recorded in the medical record. The police should be called. The MD more to prove the steps are taken to prevent further abuse from occurring. These actions may include to	ly als, l. irt t e ity ect ude ls. iust	
	Identify those recipi	ents who have suffered, or			are not limited to: notifying the police if crime is suspected, suspending the	а	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345054	B. WING _			C 07/31/	C 07/31/2024	
NAME OF P	ROVIDER OR SUPPLIER	l	-	STREET ADDRESS, CITY, STATE, ZIF	, CODE	017017		
				1150 PINE RUN DRIVE				
WOODHA	VEN NURS & ALZHEIME	R'S C		LUMBERTON, NC 28358				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BI O THE APPROPRIA	_	(X5) OMPLETION DATE	
F 607	Continued From page	e 19	F 6	07				
F 607	are likely to suffer, a a result of the noncor The facility failed to for evidenced by: a) Confidential Staff # continue providing reher slap Resident #3. reported to the admin protection of resident investigation, and no or law enforcement. b) NA #2 and NA #3 of they witnessed Nurse Resident #3's forearm off and the nurse rais "as if to slap her". This being reported to the of residents from furth and no reporting to the enforcement. Nurse #3 worked on the she continued to world placed all residents of abuse. The facility needs to it protect all residents for the p	serious adverse outcome as inpliance. follow their abuse policy as #1 allowed Nurse #3 to sident care after witnessing. The abuse was not instration resulting in not instration resulting in not instration resulting in not instration at the state, APS, and in the instration in the state, APS, and in the instration in the instration in the instration in the instration, no protection in the instration, no protection interabuse, no investigation, in the instration in the instration, in the instration in the instration, in the instration in the instruction in the instration in the instration in the instruction	F 6	employee, placing the resupervision if applicable, resident to the hospital for evaluation, notifying physimplementing orders provided occurred, the residents may separated and/or 1:1 sup. The Administrator, or desconduct investigation of a concern. Resident intervienterviews, and staff interviews, and staff intervienterviews, and staff intervienterviews. The Administrator and/or complete a 2-Hour or 24-investigation and report in completed and faxed in the Personnel Registry. Facil Initial Report form and foliquidelines for completion instruction sheet provided The facility will follow up 5-Working Day Report. I reporting to the Healthcan Registry, the facility must their local Division of Agir Services Adult Protective contact the local police decorated the local police decorated the local police.	transferring the or treatment are sician and vided ent abuse has nust be pervision initiated signee, will any areas of ews, family views may be cident. Vidualized to ect or erty has designee will. Hour must be to Healthcare lities will use the that are on the dwith the in addition to re Personnel also report to ng and Adult. Services and	ed.		
	submitted a 2-hour re Administrator also co and contacted on Adu on 07/26/2024. The M Responsible Party we	port for abuse. The ntacted law enforcement ult Protective Services (APS)		This education will be pro- hires during the orientation Director of Nursing and/one Educator. No staff shall we ducation effective 07/30	ovided to new on process by or Licensed work without th			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
		245054	B WING			С	
		345054	B. WING _			07/	31/2024
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
WOODHV.	VEN NURS & ALZHEIME	P'S C		11:	50 PINE RUN DRIVE		
WOODHA	VEN NORS & ALZHEIME	K 3 C		LU	JMBERTON, NC 28358		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From page	÷ 20	F6	607			
	2024 and July 2024 b 07/26/2024. On 07/26/2024, the L Social Services Direct President of Operation Alzheimer Care staff to work the Alzheimer of alleged abuse. The Social Services Direct President of Operation member on the abuse having a culture againt Reeducation included prevent abuse, report Licensed Administration	icensed Administrator, tor, and Regional Vice ns interviewed all dedicated who typically were assigned care unit to gather details e Licensed Administrator, tor, and Regional Vice ns reeducated each staff e policy with emphasis on nst barriers to reporting. I types of abuse, how to ing abuse immediately to or without fear of retaliatory. Nurse #3 was suspended an abundance of precaution			4.Indicate how the facility plans to monits performance to make sure that solutions are sustained. The Administrator or Designee will monitor tag F607 for Abuse Reporting weekly for 4 weeks and monthly for 3 months or until resolved. The Administrator/Director of Nursing will ensure that all shifts have been covereduring the monitoring period. Reports be presented to the weekly Quality Assurance committee by the Administrator ensure corrective action initiated as appropriate. Compliance will be monitor and ongoing auditing program reviewe the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Informatic	d will ator ored d at the S	
	for the last 30 days are for any concerns relating grievances noted in the that included any abustic grievances, the Admiral legation on 06/29/24 allegation followed factor of Health and Human reporting allegations allegation was made by facility staff immediately	nistrator noted one neglect 4. The reporting of the cility policy and Department Services regulation on of neglect. The neglect known to the Administrator liately and the Administrator in to the Department of ervices within the required for the Initial Allegation and			Manager, and the Dietary Director. Date of Compliance: 07/30/2024		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING			1	C / 31/2024
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIM	ER'S C		11	REET ADDRESS, CITY, STATE, ZIP CODE 50 PINE RUN DRIVE JMBERTON, NC 28358	1 011	31/2024
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 607	harm. On 07/26/24 audited incident rep any abuse related ir incident reports that During in-service eco 07/26/24, all staff with Administrator and/on asked to report any may have seen that reported. This will be any abuse allegation Administrator will for regulations to submon Department of Health Specify the actions process or system from any when the action of the composition of the facility policy on Abuse can be physisuch as slapping, king spitting, or threatening when care is provide example, if a nurse it may be considered if a resident states to member, this should abuse case. Addition and that incident incid	the Director of Nursing orts for the last 30 days for neidents. There were no involved abuse. Illucation that began on abuse or incident that they they had not previously been be completed on 07/29/24. If ans are identified, the abuse or incident that they they had not previously been be completed on 07/29/24. If ans are identified, the allow facility policy and it report of allegation to the and Human Services. The entity will take to alter the allure to prevent a serious of occurring or reoccurring and will be completed. Director of Nursing and/or began in-servicing all staff in luding agency staff) on the porting policy. In addition to abuse, the training included: cal in nature, including actions ocking, hitting, pushing, and, Abuse can also occurred inappropriately; for removes a bandage roughly, and abuse. The treated as a potential anally, if a resident reacts by a staff member, it must be	F	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED			
		345054	B. WING		C 07/31/2024
	ROVIDER OR SUPPLIER	IER'S C	115	REET ADDRESS, CITY, STATE, ZIP CODE 50 PINE RUN DRIVE IMBERTON, NC 28358	1 01/01/2024
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 607	If the suspected about the administrator or immediately. All insome provided to a supernotifying them at or resident's safety is uncomfortable report of the administrator as the administrator as should ensure that further abuse for immediate and investigation and investigation and investigation and investigation and investigation with the administrator as should ensure that further abuse from the author or immediate and investigation with the administrator as should ensure that further abuse from the author or immediate and investigation with the administrator and the admin	Director of Nursing tances of abuse should be visor immediately. This means ace or as soon as the ensured. If you are ring to your supervisor, you nitially to the corporate hotline. ation or causing trouble, while reprisals, losing caregivers, or All staff should feel rt abuse confidentially. The any staff member who reports not be tolerated. If you feel contact the corporate hotline. The handled confidentially. You mous, but this could limit our is and notify you of the see taken to protect the teps should include the expect of physical or sexual urse or physician shall the the resident. Findings of the expected in the medical should be called. The MD	F 607		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345054	B. WING _			C 07/31/2024
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIME	ER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		3773 172024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE
F 607	Continued From pag		F 6	07		
	hospital for treatmen physician and impler	ng the resident to the t and evaluation, notifying nenting orders provided				
		esident abuse has occurred, e separated and/or 1:1				
	investigation of any a interviews, family inte may be used to inves Investigations will be	designee, will conduct areas of concern. Resident erviews, and staff interviews stigate an incident. individualized to determine if sappropriation of property				
	a 2-Hour or 24-Hour be completed and far Personnel Registry. Report form and follor completion that are or provided with the forwith the 5-Working Dreporting to the Healthe facility must also of Aging and Adult So Services and contact This education will be during the orientation Nursing and/or Licen No staff shall work w 07/30/24.	Facilities will use the Initial ow the guidelines for on the instruction sheet on The facility will follow up the say Report. In addition to the theoret Personnel Registry, report to their local Division pervices Adult Protective of the local police department. The provided to new hires of process by the Director of sed Educator.				
	Alleged date of imme 07/30/24	ediate jeopardy removal:				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING _				C 31/2024
NAME OF PR	ROVIDER OR SUPPLIER			STREET AD	DDRESS, CITY, STATE, ZIP CODE	1	<u>v = v </u>
WOODHA	VEN NURS & ALZHEIME	R'S C			RUN DRIVE TON, NC 28358		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From page	e 24	F 6	07			
F 684 SS=J	The credible allegation removal was validated in sheets and materiathe different types of abuse, and reporting Licensed Administrated or punitive measures and resident council rewere reviewed with mabuse. A review of 3 reviewed for timelines notification of law enfortective services will interviews were conducted to the state the different type anything they see or a facility staff member to state the different type anything they see or a facility staff member to state that any instance was to be reposurery or the Directive value or suspected abuse as protect the residents. There were certain time administrator or Directive to the state, law enforces	on of immediate jeopardy d on 7/30/24. Inservice sign als were reviewed including abuse, how to prevent abuse immediately to or without fear of retaliatory. The facility grievance log minutes for the past 30 days or issues raised concerning facility-initiated reports were as in reporting and corcement and adult or the no concerns noted. Sucted in person and on the oted no further allegations that concerned them of the found. Staff were able to the sof abuse and to report of a resident would tell them or hurt them. Staff was able and stated that they would not if they did report abuse and the main goal was to the staff were able to say the frames in which the stor of Nursing had to report or Nursing had to report or ement, and adult as immediate jeopardy	F				8/14/24
	§ 483.25 Quality of ca Quality of care is a fu	are ndamental principle that					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						(С
		345054	B. WING _			07/:	31/2024
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WOODHAY	VEN NURS & ALZHEIME	R'S C		11	150 PINE RUN DRIVE		
WOODIIA	VEN NONO & ALZITEIME			L	UMBERTON, NC 28358		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
IAG	REGOEATORT ORT	EGG IDENTIL FILEGUA GRAMPATION,	IAG		DEFICIENCY)		
5 00 4							
F 684	Continued From page		F6	684			
		nt and care provided to					
	_	ed on the comprehensive					
		dent, the facility must ensure					
		treatment and care in					
	accordance with profe						
	care plan, and the res	nensive person-centered					
	· ·	is not met as evidenced					
	by:	is not met as evidenced					
		iews and interviews with			This Plan of Correction is submitted as	,	
		dical Services personnel,			required under State and/or Federal la		
		ctor, the facility failed to			The submission of this Plan of Correcti		
		mergency medical services			does not constitute an admission on th	е	
		s, nonbreathing resident who			part of the facility or community as to the	ne l	
	was a full code. On 7	/13/24 at approximately			accuracy of the surveyors□ findings or	the	
	12:03 AM Resident #	1 was found to be			conclusions drawn therefrom.		
	unresponsive, pulsele	ess, and not breathing.			Submission of this Plan of Correction a	Iso	
	_	iopulmonary resuscitation			does not constitute an admission that t	ne	
		restart the heart and lungs			findings constitute a deficiency or that t	he	
		d out "Code Blue". After			scope and severity regarding the		
		ites of (CPR) no other staff			deficiency cited are correctly applied. A		
		urse #1 so she went to the			changes to the facility□s or community	□s	
		sistant and yelled "Code			policies and procedures should be		
		ned CPR on Resident #1.			considered subsequent remedial	in	
		the crash cart, applied the			measures as that concept is employed Rule 407 of the Federal Rules of	in	
		efibrillator (AED) pads and carted. Staff failed to meet			Evidence, corresponding state rules of		
	EMS at the door that				civil procedure and should be		
		. Emergency Medical			inadmissible in any proceeding on that		
	•	aled dispatch received a call			basis. The facility / community submits		
		M for a resident in cardiac			this Plan of Correction with the intentio		
	arrest and was at the				that it be inadmissible by any third part		
		sferred to the hospital at			any civil or criminal action against the	'	
		was pronounced deceased.			facility / community or any employee,		
		e was for 1 of 2 residents			agent, officer, director, attorney, or		
		nt medical care (Resident			shareholder of the facility / community	or	
	#1).	•			affiliated entities.		
	Immediate jeopardy b	pegan on 7/13/24 for			F684: On 07/13/24, the facility failed to		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ITIEICATION NI IMBED		MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDI			Ι,	С	
		345054	B. WING			1	31/2024	
NAME OF PR	ROVIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 011	31/2024	
					150 PINE RUN DRIVE			
WOODHA	VEN NURS & ALZHEIME	ER'S C			UMBERTON, NC 28358			
240.45	CUMMADVCT	ATEMENT OF DEFICIENCIES	- 15				0(5)	
(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 684	Continued From page	e 26	F	684				
	Resident # 1 when th				immediately initiate emergency medica	ıl		
		MS. Immediate jeopardy			services (EMS) on a pulseless,			
	was removed on 7/27	- · · · · · · · · · · · · · · · · · · ·			nonbreathing resident who was full coo	le.		
		ole allegation of immediate			On 07/13/2024 at approximately 12:03			
		ne facility remains out of			Resident #1 was found to be			
		r scope and severity level of			unresponsive, pulseless, and not			
	D (no actual harm wit	th potential for more than			breathing. Nurse #1 began			
	minimal harm that is	not immediate jeopardy) to			cardiopulmonary resuscitation (CPR) a	nd		
	ensure education and	d monitoring systems put into			yelled out Code Blue. After approxima			
	place are effective.				2 minutes of CPR no other staff had co	me		
					to assist Nurse #1 so she went to the			
	The findings included	i:			door, saw a nurse assistant and yelled			
	D : 1 / ///				Code Blue she then resumed CPR on			
		nitted into the facility on			Resident #1. Nurse #2 arrived with the			
	7/10/24 with diagnose				crash cart, applied the automatic exteri			
		nentia, hypertension, left ock (an abnormal condition			defibrillator (AED) pads and the 2-pers CPR was started. Staff failed to meet	SH		
	of the left bottom half	·			EMS at the door that was locked and w	<i>i</i> ith		
		disease (a buildup of fats in			non-working doorbell. Emergency	/IUI		
	and on the artery wal				Medical Services record revealed			
	dependence on oxyg	·			dispatch received a call on 07/13/2024	at		
					12:24 am for a resident in cardiac arres			
	A review of Resident	#1's July 2024 physician			and was at the patient at 12:40 am.			
		order dated 7/10/24 for a full			Resident #1 was transferred to the			
	code/CPR.				hospital at 12:55 am where she was			
					pronounced deceased.			
	A review of Resident	#1's advance directive						
		a family member dated			1.Address how corrective action will be	;		
	7/11/24 indicated Res	sident #1 was a full code.			accomplished for those residents found	d to		
					have been affected by the deficient			
		M a telephone interview was			practice.			
		e #1. She revealed that on			On 07/24/24 Interviews revealed that			
		Resident #1's room to			resident was unresponsive, code statu	3		
	-	at approximately 12:03 AM.			was checked, and cardiopulmonary			
		e room, she noted Resident			resuscitation was started at 12:03 am.	٨		
	T	d when she said her name			The primary licensed nurse called alou			
	-	upil had not dilated when she Nurse #1 then did a sternal			for help and the certified nursing assist came to Resident #1□s room to assist.			
		. checked Resident #1's			The certified nursing assistant then			

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CENTER	3 FOR WEDICARE &	MEDICAID SERVICES				OIVID INC	7. 0930 - 0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMF	SURVEY
						(С
		345054	B. WING			l	31/2024
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				11	150 PINE RUN DRIVE		
WOODHA	VEN NURS & ALZHEIME	ER'S C		L	UMBERTON, NC 28358		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	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 684	Continued From page	e 27	F	684			
		ses which were absent and			retrieved the crash cart and called for		
		. She noted Resident #1's			additional assistance. The secondary		
		o she yelled code blue and			licensed nurse arrived to bedside to as	sist	
		ited that after approximately			with cardiopulmonary resuscitation to	0.01	
		aff had come to the room,			include use of automated external		
		pressions and went to the			defibrillator and following automated		
		e stated that she saw a			external defibrillator prompts. The		
	nursing assistant and	l yelled code blue and			certified nursing assistant then called 9	911	
	_	#1's bedside to continue			after the arrival of the secondary licens		
	compressions. Nurse	#1 stated that Nurse #2			nurse arrived on scene to assist with		
	came in with the cras	h cart, applied the AED pads			cardiopulmonary resuscitation. The		
	and they, Nurse #1 a	nd #2, started 2-man CPR.			certified nursing assistant called 911 fr	om	
	**	Resident #1's roommate			nursing station and returned to residen		
		at was going on because the			#1□s room to continue assistance with		
	curtain was pulled are				code until arrival of 911 emergency		
		o move Resident #1 to the			services. The certified nursing assistan		
		roommate's agitation and			then ran to the ambulance entrance do	or	
	•	to work. She revealed that			and as she was opening the door, the		
		Aide #1 had stated she was			emergency services personnel was	_	
	0 0	n so when the AED said			approaching the door with the stretche	r.	
		e patient, Nurse #1 and			The emergency services personnel followed the certified nursing assistant	to	
	-	sident #1's bed out of the halfway down the hall they			the location of Resident #1. First	lO	
		tallway down the riall they t1 stopped and gave report			responder was a fireman as noted from	,	
		assisted Nurse #2 in pushing			the entering the facility. Per camera		
		inroom. Nurse #1 stated that			footage and sound, a responder was a	t	
		sident #1 was hospice or a			the door talking at 12:33:01 am. The d		
		nich she replied no that			was locked at that time. Then upon		
		Il code. Nurse #1 further			camera footage and sound, rescue ligh	nts	
		ot call 911 when she found			and truck back up sound noted to end		
	Resident #1 because	she was busy doing CPR			12:34:32 am. The door remained locke		
		r nurse or anyone who heard			and was opened by certified nursing		
	her would call 911.	•			assistant at 12:34:44 am. Patient was		
					pronounced deceased on 07/13/2024 b	ру	
	On 7/23/24 at 11:30 A	AM a telephone interview			UNC Health Southeastern Emergency		
		Nurse #2. He indicated that			Department staff after arrival by EMS.		
		sistant #1 came over to the					
		was needed on the 1100			2.Address how the facility will identify		
	hall for a unresponsiv	e resident. He was not sure			other residents having the potential to	be	

PRINTED: 08/29/2024 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345054	B. WING			l	31/2024
NAME OF PE	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	017	31/2024
	101.52.1 0.1 00.1 2.2.1				150 PINE RUN DRIVE		
WOODHA	VEN NURS & ALZHEIME	R'S C			UMBERTON, NC 28358		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	Continued From page	÷ 28	F	684			
		ught it was around 12:00	. ' '	004	affected by the same deficient practice		
		e crash cart to the room			All other residents have the potential to		
	where Nurse #1 was				affected by these deficient practices.	De	
	applied the AED pads	•			On 07/23/24 the Director of Nursing an	d	
	compressions while N				the Licensed Administrator audited all	۷	
	•	ws for oxygenation and			residents requiring cardiopulmonary		
		t until a more definitive			resuscitation in the past 30 days to ens	ure	
		shed). Nurse #2 stated that			no concerns. The audit was completed		
		Assistant #1 had stated she			on 7/23/24. Results included findings of		
	was going to go let E	MS in and left the room.			one additional resident requiring		
	During resuscitation a	attempts Resident #1's			cardiopulmonary resuscitation with no		
	roommate became up	oset so the decision was			identified concerns.		
	made when the AED	directed the nurses to pause					
		ent that they would quickly			3.Address what measures will be put in	ito	
	move the resident to	the sunroom by the nurse's			place or systemic changes made to		
		ted that he checked the			ensure that the deficient practice will no	ot	
		s while Nurse #1 pushed the			recur.		
		when Nurse #1 stopped to			Education of current cardiopulmonary		
		urse Aide #1 took her spot. It			resuscitation process to initiate Basic L		
		5-30 seconds to move			Support cardiopulmonary resuscitation		
		nroom since they were			defined by the American Heart Associa		
		e pushing Resident #1's			or American Red Cross equivalent was		
	bed, when they arrive				initiated 07/24/24 by Director of Nursing	9	
		ns until Emergency Medical over. Nurse #2 stated thev			and/or designated Licensed Nurse		
	, ,	,			Educator for all licensed nursing staff, include agency licensed nurses, on the		
		nately 20-25 minutes in total r. Nurse #2 stated that he			cardiopulmonary resuscitation (CPR)		
		use he was called over and			protocol. Education on the revised police	.v.	
		ady been called by the nurse			If a resident is noted with a signification of the revised points.	-	
	,	e that was how it usually			change of condition the staff member		
		ated that usually someone			should immediately alert the nurse for t	he	
		door for EMS and did not			resident and a code blue called over th		
		s occurring because it was			intercom.		
		g that was done the same			All nurses and staff should prompt	ly	
	as calling 911.	-			respond to the room where the code is	-	
					occurring. Staff should first ensure that		
	On 7/23/24 at 11:52 A	AM a telephone interview			residents are not left in unsafe or		
		lurse Assistant #1. She			compromised positions by addressing		

stated that on 7/13/24 she went to the room about

their immediate needs. Once these needs

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	201/1252 02 01/221/52	343034	D. WING		TDEET ADDRESS OFFI OTHER TIP CORE	07/	31/2024
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
WOODHA	VEN NURS & ALZHEIME	R'S C			150 PINE RUN DRIVE		
		•		L	UMBERTON, NC 28358		
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F 684	doing chest compress stated that at some p should be arriving, ar to let them in. She st window and saw the sure someone was the stated anyone could lead to the nursing assistant while she helped with keep an eye out for the Nurse Aide #1 stated the hall with EMS, she #2 pushing Resident Nurse #1 stopped to Nurse #2 push Resides sunroom. She further of how long EMS waiton of how long EMS waiton 7/125/24 at 3:17 Plinterview was conducted that she were she thought one of the EMS because that was one she didn't think to the A review of the Emergraph that a scene waiting for staff stated that and a scene waiting for staff saw was not at the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the temperature of the Emergraph that a scene waiting for staff saw was not all the sam was not all the temperature of the Emergraph that a scene was not all the sam	rse #2 and saw Nurse #1 sions on Resident #1. She oint she thought that EMS and knew that someone had rated she looked out the lights, so she went to make here to let them in. She let EMS in the door and the ant was watching both halls a Resident #1 and tried to the ambulance to arrive. That as she was going down the saw Nurse #1 and Nurse #1's bed down the hall. give report and she helped tent #1's bed into the stated that she was unsure ted to enter the building. M an additional telephone ted with Nurse Assistant #1. Was the one who called 911 the it was because Nurse #2 to. She further stated that the nurses had already called as what usually happened, ask. I gency Medical Services indicated the call was I and they arrived at the The report indicated the local an EMS supervisor were on if to open the locked doors the building. It was noted that	F	384	are met, they should quickly proceed to the room to see if their assistance is required. 3. The staff nurse responsible for resident begins an assessment of the resident, applies the AED, and implements CPR if the resident is a full code status. Another staff member sho be verifying the code status by reviewir the physician orders for the resident. 4. A staff member should immediately upon initiation of CPR call 911. This person should then go to the ambulance entrance and await emergency medical staffs arrival. Once they arrive the stamember should ensure that they are taken to the room where CPR is being performed. Once emergency medical staff have arrived in the room this staff member may begin assisting other residents. 5. Another staff member should call for prepare paperwork for transfer and call family. The paperwork should be taker the room and given to the nurse assign to the resident or emergency medical staff. 6. Staff should follow the American H Association basic life support procedure based on their most recent training. The CPR policy has been reviewed and revised as of 07/26/24 to reflect addition instruction for CPR. This education will be completed by the Director of Nursing Services and/or Licensed Nurse Educator all licensed nursing staff. The Director of all licensed nursing staff.	uld ng y se I aff MD, ing n to ed eart es d nal I g ttor	
	bed. When the EMS	lway pushing a resident's supervisor was notified that her hospice or a do not			of Nursing will ensure no licensed nurs staff (to include agency licensed nursin staff) will work after 7/26/24 without this	g	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING			1	C
		343034	D. WINO			07/	31/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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F 684	Continued From page	÷ 30	F	684			
	resuscitate by Nurse resident and determin				education.		
	pulseless, apneic (no	t breathing) and warm to			The Director of Nursing and/or License	d	
	touch. EMS began CI	PR, cardiac pads were			Nurse Educator will ensure all newly hi	red	
	placed with an initial r	hythm of asystole (no heart			licensed staff members, to include age	ncy	
		as placed on 15 liters of			licensed staff members, will receive thi		
	oxygen and assisted				education by 07/26/24. The Director of		
		pation was attempted but			Nursing will ensure no licensed nurse,		
		esident #1 was transported			include agency licensed nursing staff,		
	to the Hospital at 12:5	o1 AM.			work without this education after 07/26	/24.	
	On 7/24/24 at 9:00 Al	M a telephone interview was					
	conducted with Paran	nedic #1. He stated that			4.Indicate how the facility plans to mon	itor	
	when EMS arrived at	the facility his supervisor			its performance to make sure that		
		artment were on scene, but			solutions are sustained.		
		ong they had been there. He			The Administrator and/or Director of		
	_	waiting to be let in and			Nursing will monitor tag F684 for		
		facility could be notified			Cardiopulmonary Resuscitation Respo	nse	
		. Paramedic #1 stated that			by completing Mock Codes on various	_	
		ells at the door, but he was			shifts weekly for 4 weeks and monthly	tor	
		. He stated that when they			3 months or until resolved. The		
		hall to the room, they noted			Administrator/Director of Nursing will	_	
	a male (Nurse # 2) ar	down the hall and as they			ensure that all shifts have been covere during the monitoring period. Reports		
	got closer, he heard t				be presented to the weekly Quality	WIII	
		emale (Nurse #1) stopped to			Assurance committee by the Administra	ator	
		gave report and the male			to ensure corrective action initiated as	atoi	
		ing the bed quickly towards			appropriate. Compliance will be monitor	red	
		aramedic #1 stated that his			and ongoing auditing program reviewe		
		e resident was a hospice			the weekly Quality Assurance Meeting.		
		suscitate and the nurse			The weekly QA Meeting is attended by		
	-	visor then instructed them to			Administrator, Director of Nursing, MDS		
	-	ident #1). Paramedic #1			Coordinator, Therapy, Health Informati		
		‡1's skin was still warm and			Manager, and the Dietary Director.	ĺ	
	CPR was continued.					ĺ	
					Date of Compliance: 07/30/2024	ſ	
		ambulance entrance was				ſ	
	completed on 7/25/24					ĺ	
	Administrator. It was i	noted that there were two					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345054	B. WING		C 07/24/2024	
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIN			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358	07/31/2024	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
F 684	interview with the A of the doorbells did notified a nursing suse. A review of the hos dated 7/13/24 reversemergency Room and had been underesuscitation for ap Resident #1 receive femoral artery at 1: Epinephrine and Ca Resident #1 receive it was unsuccessfu pronounced decease death documented	ge 31 ht side of the door and an administrator revealed that one not work and the other tation that was no longer in pital emergency room record aled Resident #1 arrived at the at 1:18 AM in cardiac arrest ergoing active cardiac proximately one hour. ed a central line in her right 20 AM and the medications alcium were administered. ed multiple rounds of CPR, but I, and Resident #1 was sed at 12:08 AM. (The time of in the hospital record was	F 68	,		
	PM with the Interim that the normal pro as soon as staff we that anyone could of staff were trained the Association initially required. He indicated were held quarterly of vulnerability was sent to quality assuments and staff. Nurses #1 and #2 to American Heart Assof a drill and were revulnerability 1-on-1 and the area would	conducted on 7/25/24 at 4:36 In Director of Nursing. He stated at the cool was for 911 to be called are aware of the code blue and call 911. He further stated that arough the American Heart and were recertified as atted that "Code Blue" drills and if during the drill an area noted then that area would be arance and staff educated to assible outcome for both the He further indicated that were initially trained by the sociation and if they were part noted to be an area of training would be completed be monitored and sent to He stated that along with 911				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345054	B. WING _			C 07/31/2024	
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIME	ER'S C	•	STREET ADDRESS, CITY, STATE, Z 1150 PINE RUN DRIVE LUMBERTON, NC 28358	ZIP CODE		
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F 684	Continued From page being notified immed gone to the ambulant EMS to arrive. On 7/23/24 at 2:10 P conducted with the M that Resident #1 was when she was admitt further stated that she palliative care or hos However, during her having an acute epis resolved prior to talki Director stated she we #1 was a full code and what the family had we stated her plan had be care or hospice with The Medical Director should have called 9 continued CPR until took over. She was no between when Resid and 911 called. An interview was company to the modern of	e 32 iately, someone should have ce entrance and waited for M a telephone interview was ledical Director. She stated frail and in poor health ted into the facility. She e had planned on discussing pice with the family. initial visit Resident #1 was ode and she wanted it ng to the family. The Medical was surprised that Resident and she understood it was wanted. The Medical Director the family on her next visit. indicated that the facility					
	The Administrator was Jeopardy on 7/25/24 The facility presented allegation of immedia. " Identify those recipi	for EMS to arrive. as notified of Immediate					

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		345054	B. WING			07/	31/2024
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
WOODHA	VEN NURS & ALZHEIME	R'S C			150 PINE RUN DRIVE .UMBERTON, NC 28358		
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F 684	Continued From page		F	684			
	emergent medical car #1 was identified as p The resident coded a and emergency servic AM. The facility failed protocol in place for w calling emergency se facility failed to immed services enter the fact the call. Resident #1's Resident #1 was take AM and was pronoun Emergency Room.	y failed to immediately seek re for Resident #1. Resident bulseless and not breathing. It approximately 12:03 AM ces were contacted at 12:20 to have an effective who was responsible for revices. Additionally, the diately let emergency ility when they responded to secode status was full code. In to the hospital at 12:51 ceed deceased in the					
	the cardiopulmonary Resident #1 for areas improvement on 7/23. 7/24/24. Interviews reunresponsive, code s cardiopulmonary resultation of the pand the came to Resident #1's certified nursing assist cart and called for adsecondary licensed nursing automa and following automa prompts. The certified called 911 after the allicensed nurse arrived cardiopulmonary resultations.	nterviewing staff involved in resuscitation (CPR) event of of opportunity for /24. This was completed on evealed that resident was tatus was checked, and escitation was started at y licensed nurse called e certified nursing assistant					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345054	B. WING				C 31/2024
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIME			1150	EET ADDRESS, CITY, STATE, ZIP CODE D PINE RUN DRIVE MBERTON, NC 28358	1 011	31/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 684	Continued From page		F	684			
	and returned to reside assistance with code emergency services.	ent #1's room to continue until arrival of 911					
	ambulance entrance opening the door, the personnel was approstretcher. The emergical followed the certified location of Resident fireman as noted from Per camera footage at the door talking at locked at that time. Tand sound, rescue lignoted to end at 12:34	e emergency services aching the door with the gency services personnel nursing assistant to the #1. First responder was a n the entering the facility. and sound, a responder was 12:33:01 am. The door was Then upon camera footage phts and truck back up sound :32 am. The door remained ed by certified nursing					
	cardiopulmonary results as defined by the Am American Red Cross 911 services immedia The facility acknowled certified and as such The facility acknowled specifically state to according to the services.	ve the potential to be					
	Licensed Administrate	tor of Nursing and the or audited all residents onary resuscitation in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345054	B. WING _			C 07/31/2024	
	ROVIDER OR SUPPLIER VEN NURS & ALZHEIM	ER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		0770172024	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 684	Continued From pag	ge 35	F 6	84			
	was completed on 7, findings of one addit cardiopulmonary resconcerns.	ure no concerns. The audit //23/24. Results included ional resident requiring suscitation with no identified the entity will take to alter the					
		ailure to prevent a serious om occurring or recurring, and be complete.					
	cardiopulmonary res American Heart Asso Cross equivalent wa of Nursing and/or de Educator for all licen agency licensed nur resuscitation (CPR) revised policy: 1. If a resident is not	cardiopulmonary s to initiate Basic Life Support suscitation as defined by the ociation or American Red s initiated 7/24/24 by Director esignated Licensed Nurse used nursing staff, to include ses, on the cardiopulmonary protocol. Education on the med with a significant change member should immediately					
	alert the nurse for the called over the intered. All nurses and state the room where the should first ensure the unsafe or compromist their immediate need met, they should quisee if their assistance. The staff nurse rean assessment of the and implements CPI status. Another staff the code status by refor the resident.	e resident and a code blue com. Iff should promptly respond to code is occurring. Staff nat residents are not left in sed positions by addressing ds. Once these needs are ckly proceed to the room to					

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	((EACH CORRECTIVE AC' CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 684	then go to the ambernergency medical arrive the staff meare taken to the roperformed. Once arrived in the room assisting other restained in the room assisting other sassing emergency medicals. Staff should follow association basic on their most recently as of 7/26/24 to recommended in the room assisting in the comment of the	all 911. This person should bulance entrance and await al staffs' arrival. Once they mber should ensure that they om where CPR is being emergency medical staff have in this staff member may begin idents. Ember should call MD, prepare sfer and calling family. The be taken to the room and given need to the resident or al staff. by the American Heart life support procedures based	F	584			

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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F 684	the audit, the revised education the nursing included changes in o the CPR policy. The nursing staff were ab	d on 7/30/24 by reviewing CPR policy, and the g staff received which condition, code status, and icensed and unlicensed le to verbalize the education m. The immediate jeopardy	F6	984			