

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

PRINTED: 02/18/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345377</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/18/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EAST CAROLINA REHAB AND WELLNESS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2575 W 5TH STREET</b> <b>GREENVILLE, NC 27834</b>
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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and</p>	F 656		10/18/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>09/30/2024</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	<p>Continued From page 1</p> <p>desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to develop and implement a comprehensive care plan for 1 of 1 resident reviewed for physical environment (Resident #6).</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on 8/7/24 with diagnoses that included essential hypertension (high blood pressure) and dysphagia (trouble swallowing).</p> <p>A review of Resident #6's medical record on 9/17/24 at 3:32 PM did not reveal comprehensive care plans had been developed and implemented.</p> <p>In an interview with the Minimum Data Set (MDS) nurse on 9/18/24 at 8:38 AM she looked for Resident #6's care plan in the EMR and stated he did not have one. She further stated he had been here for about 6 weeks and should have had a</p>	F 656	<ol style="list-style-type: none"> <li>1. A care plan for resident #6 will be developed and implemented by 10-4-2024.</li> <li>2. All other resident charts will be audited to ensure that there are care plans developed and implemented. This audit will be performed by the Administrator or their designee and will be completed by 10-18-2024.</li> <li>3. The care plan interdisciplinary team will be inserviced regarding the importance of ensuring that a care plan is developed and implemented for all residents within the facility. This inservice will be conducted by the Administrator and will be completed by 10-18-2024.</li> <li>4. An audit will be conducted to ensure that all residents have a care plan developed and implemented. This audit</li> </ol>		

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F 656	<p>Continued From page 2</p> <p>comprehensive care plan done within the first 21 days after admission. She felt that it was not completed as the previous MDS nurse left the facility around the time of his admission.</p> <p>An interview with the Director of Nursing (DON) on 9/18/24 at 8:40 AM revealed the MDS nurse was ultimately responsible for developing care plans. She stated nurses can add to care plans as long as they notify the MDS nurse. She was unaware Resident #6 did not have a care plan. The DON further stated she believed it was missed as the Resident moved from a lesser level of care (assisted living) to a higher level of care (long term care) within the facility and the MDS nurse left at the same time he was transferred. She felt it was a communication issue.</p> <p>An interview with the Administrator was conducted on 9/18/24 at 12:43 PM where he stated he was not aware Resident #6 did not have a care plan. He further stated he felt the care plan was not completed as the previous MDS nurse left employment at the facility on the same day the resident was admitted to long term care.</p>	F 656	<p>will take place weekly x 4 weeks and then monthly x 3 months. The weekly audits will begin on the week of October 7th 2024. The audits will be conducted by the Administrator or their designee.</p> <p>5. The results of these audits will be brought to the facility Quality Assurance/Assessment (QA&amp;A) meetings to ensure that all residents have a care plan that is developed and implemented.</p>		