

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

PRINTED: 03/31/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLADEN EAST HEALTH AND REHAB, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 S POPLAR STREET ELIZABETHTOWN, NC 28337</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 641 SS=B	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment for 2 of 2 residents reviewed for restraints (Resident #15 and Resident #62).</p> <p>The findings included:</p> <p>1. Resident #15 was admitted to the facility on 11/14/2022.</p> <p>The quarterly Minimum Data Set (MDS) dated 12/04/2024 indicated Resident #15 was cognitively intact, and a physical restraint of a bed rail was used daily.</p> <p>During an interview with Resident #15 on 03/03/2025 at 11:48 AM. The resident stated she did not have bedrails on her bed.</p>	F 641	<p>1. MDS modifications were completed for residents #15 and #62 on 3/4/2025 to reflect accuracy of side rail usage. 2. Residents residing in the facility have the potential to be affected. An audit of MDSs completed while MDS nurse was on leave in December 2024 was completed by the Director of Nursing 3/4/25 and 3/5/25 with modifications completed for any inaccuracies with side rail coding. 1:1 education provided to the administrator and Director of Nursing on accurate completion of Section O of the MDS by the corporate MDS consultant. 3. Current MDS Coordinator will notify Director of Nursing of any resident coded for side rail use as a restraint. Director of Nursing will ensure appropriate bed safety and restraint assessments have been</p>	3/24/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/20/2025

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 641	<p>Continued From page 1</p> <p>An observation of Resident # 15's bed on 03/03/2025 at 11:48 AM did not reveal any bed rails.</p> <p>An interview with the MDS Coordinator was conducted on 03/04/2025 at 12:44 PM. She stated she was not at the facility at the time the screening was completed for Resident #15. She reported Resident # 15 did not have bedrails on her bed and the use of bedrails as a restraint was coded in an error on the MDS.</p> <p>An interview with the Director of Nursing (DON) was conducted on 03/04/2025 at 1:03 PM. The DON stated she completed Resident # 15's MDS assessment because the MDS Coordinator was on leave in December 2024. She reported the facility was restraint free and Resident #15 did not use bedrails on her bed. She stated the use of restraint coding on MDS was an error.</p> <p>An interview with the Administrator was conducted on 03/05/2025 at 3:00 PM. The Administrator explained she and the DON had completed MDS screenings while the MDS Coordinator was on leave in December 2024. She stated the use of restraint coding on MDS was an error and she expected the MDS to be coded correctly.</p> <p>2. Resident #62 was admitted to the facility on 09/07/2023.</p> <p>The quarterly Minimum Data Set (MDS) dated 12/05/2024 noted Resident #62 was cognitively intact, and a physical restraint of a bed rail was used less than daily.</p>	F 641	<p>completed. The facility is restraint free at present and no side rails are used as restraints. Should this change the director of Nursing will maintain a list of residents with restraints and ensure appropriate assessments are completed.</p> <p>4. The MDS Coordinator will report monthly to the facility's QAPI committee any residents coded with restraint use on the MDS. The QAPI committee will validate the appropriateness of the restraint and the completion of required assessments.</p>		

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F 641	<p>Continued From page 2</p> <p>The care plan dated 02/27/2025 had focus for activity of daily living (ADL) self-care performance deficit. The care plan did not include any interventions for physical restraint or bed rail use.</p> <p>An observation of Resident #62's bed on 03/03/2025 at 10:58 AM did not reveal any bed rails.</p> <p>An interview with Resident #62 was conducted on 03/03/2025 at 10:58 AM. The Resident stated he had never had rails on his bed.</p> <p>An interview with the MDS Coordinator was conducted on 03/04/2025 at 12:44 PM. She stated physical restraints should not be coded because the facility was restraint free. She was not at the facility at the time the screen was completed for Resident #62. She stated it was a coding error because Resident #62 has never had bedrails.</p> <p>An interview with the Director of Nursing (DON) was conducted on 03/04/2025 at 12:51 PM. The DON stated the facility was restraint free and it was a coding error because Resident #62 had not had rails on his bed.</p> <p>An interview with the Administrator was conducted on 03/04/2025 at 1:17 PM. The Administrator explained she and the DON had completed MDS screenings while the MDS Coordinator was on leave in December. The Administrator also explained the facility was restraint free and Resident #62 did not have bedrails. She stated she expected the MDS to be coded correctly.</p>	F 641			

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F 812 F 812 SS=E	Continued From page 3 Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to label and date resident's personal food items and discard expired food items stored in 1 of 1 nourishment refrigerator. This practice had the potential to cause foodborne illnesses.  Findings included:  An observation of the nourishment refrigerator with the facility's Dietary Manager on 3/4/25 at 1:28 PM revealed the following: a. 2 yogurt cups with the expiration date of 12/31/24 b. A Ranch dressing bottle with the expiration date of 1/20/25	F 812 F 812	1. Expired, undated, and unlabeled items were removed and discarded from the nourishment refrigerator on 3/4/2025 by the Assistant Director of Nursing and the Dietary Manager. 2. Residents using the nourishment refrigerator for food storage and/or residents receiving refrigerated supplements have the potential to be affected. Note placed on front of refrigerator reminding staff all items must be dated and labeled if opened and expired items must be removed. In-service education provided to nursing staff by Staff Development Coordinator on		3/24/25

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F 812	<p>Continued From page 4</p> <p>c. Partially eaten chicken wings and corn on the cob in a disposable plate with no date or label</p> <p>d. A 2-liter soda bottle approximately two thirds full with no label or date</p> <p>e. A plastic bottle with orange colored liquid with no label or date</p> <p>The Dietary Manager, who was present during the observation, stated that nursing staff were supposed to ensure the food items were labeled and dated and that expired items were discarded.</p> <p>An interview was conducted on 3/4/25 at 1:30 PM with the Assistant Director of Nursing (ADON) when she came into the nourishment room and placed the food items in the trash can. The ADON stated that nursing staff should have labeled and dated the food items before placing them in the refrigerator and discarded any expired food items.</p> <p>An interview was conducted with the facility Administrator on 3/4/25 at 2:14 PM. The Administrator stated that if there were any expired food items they should have been thrown out and all foods should have been labeled and dated before being placed in the refrigerator.</p>	F 812	<p>daily observation of the nourishment refrigerator and removal of unlabeled, undated, and expired food items.</p> <p>3. The Dietary Manager will monitor the nourishment refrigerator daily and remove unlabeled, undated, and expired items as identified. Log placed on refrigerator for documentation of daily observations.</p> <p>4. The Dietary Manager will report the results of her daily observations to the facility's QAPI committee monthly x 3 months for review and further recommendations as needed.</p>		