

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

PRINTED: 06/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345253</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE LODGE AT MILLS RIVER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>5593 OLD HAYWOOD ROAD</b> <b>MILLS RIVER, NC 28759</b>		
(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
E 000	Initial Comments	E 000			
F 000	An unannounced recertification survey and complaint investigation was conducted on 6/1/25 through 6/3/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #XEYF11.  INITIAL COMMENTS	F 000			
F 732 SS=B	An unannounced recertification survey and complaint investigation survey was conducted from 6/1/25 through 6/3/25. Event ID #XEYF11. The following intakes were investigated: NC00228301 and NC00223376. 5 of the 5 complaint allegations did not result in deficiency.  Posted Nurse Staffing Information CFR(s): 483.35(i)(1)-(4)  §483.35(i) Nurse Staffing Information. §483.35(i)(1) Data requirements. The facility must post the following information on a daily basis:  (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.  §483.35(i)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (i)(1) of this section on a daily basis at the beginning of each shift.	F 732			6/4/25

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

TITLE

(X6) DATE

Electronically Signed

06/18/2025

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 732	<p>Continued From page 1</p> <p>(ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents, staff, and visitors.</p> <p>§483.35(i)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(i)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to ensure accurate and updated information was provided on the daily nursing staff postings for 24 of 154 days: 11/6/24, 11/11/24, 11/14/24, 12/9/24, 12/18/24, 12/19/24, 12/23/24, 12/26/24, 1/1/25, 1/6/25, 1/13/25, 2/7/25, 2/17/25, 3/3/25, 3/25/25, 3/26/25, 3/31/25, 4/3/25, 5/1/25, 5/15/25, 5/20/25, 5/31/25, and 6/1/25 reviewed for staffing.</p> <p>Findings included:</p> <p>a. A review of the daily nursing staff postings revealed on: 11/6/24, 11/11/24, 11/14/24, 12/9/24, 12/19/24, 12/26/24, 1/6/25, 3/25/25, 3/26/25, 3/31/25, 4/3/25, 5/1/25, 5/15/25, 5/16/25, 5/20/25, and 5/31/25 no RN hours were included.</p> <p>A review of the Director of Nursing (DON) and Assistant Director of Nursing (ADON) employee time clock records revealed at least 8 consecutive Registered Nurse (RN) hours were</p>	F 732	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The facility failed to ensure accurate and updated information was provided on the daily nursing staff postings. Corrections were made to the daily nursing staff posting to reflect accurate nurse staffing data.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by the deficient practice. On 6/3/25, an audit was completed by the Administrator to ensure that the daily staffing schedule for 6/3/25 was posted and was accurate.</p>		

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F 732	<p>Continued From page 2</p> <p>recorded on: 11/6/24, 11/11/24, 11/14/24, 12/9/24, 12/19/24, 12/26/24, 1/6/25, 3/25/25, 3/26/25, 3/31/25, 4/3/25, 5/1/25, 5/15/25, 5/16/25, 5/20/25, and 5/31/25.</p> <p>A joint interview with the Regional Clinical Manager and Administrator was conducted on 06/03/25 at 4:00 PM. The Regional Clinical Manager revealed it was a 50 bed facility, and she had filled out the daily nursing staff postings. She revealed either her as the interim DON or the ADON had worked at least 8 consecutive hours, but their RN hours were not included on the daily nursing staff posting unless they worked directly with residents administering medications. The Administrator confirmed the DON and ADON RN hours were not included on the daily nursing staff posting unless they administered medications. Both the Administrator and Regional Clinical Manager revealed they were not aware the DON, ADON or Unit Supervisor RN hours could be included on daily nursing staff posting when no other RN was scheduled.</p> <p>b. A review of the daily nursing staff posting revealed on:</p> <ul style="list-style-type: none"> <li>- 11/21/24, 6 RN hours were recorded. The employee time sheet records revealed the ADON, RN had worked eleven hours on 11/21/24.</li> <li>- 12/18/24, 6 RN hours were recorded. The employee time clock records revealed the ADON, RN had worked 12 hours on 12/18/24.</li> <li>- 12/23/24, 4 RN hours were recorded. The employee time sheet records revealed the ADON, RN had worked 8 hours on 12/23/24.</li> <li>- 1/13/25 the 11:00 PM through 7:00 AM shift recorded one Certified Nursing Assistant (CNA) worked 8 hours. The employee time sheet records revealed two CNAs had worked 8 hours</li> </ul>	F 732	<p>An ad hoc QAPI meeting was held on 6/3/25 to discuss the deficient practice and implement a plan of correction with monitoring tools.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On 6/3/2025 the Director of Regulatory Compliance educated the Administrator and the Regional Clinical Manager on what the required information is for the daily nursing staff posting.</p> <p>On 6/3/25 the Administrator educated the, Director of Nursing and Assistant Director of Nursing and Weekend Supervisor, on what the required information is for the daily nursing staff posting.</p> <p>The education provided was:</p> <ol style="list-style-type: none"> <li>1. The facility name.</li> <li>2. The current date.</li> <li>3. The total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: registered nurses, licensed nurses, and certified medication aides.</li> <li>4. Resident census.</li> </ol> <p>They were also instructed to ensure the nurse staffing is posted accurately on a daily basis at the beginning of the shift. On 6/3/25 the Administrator informed the Director of Nursing it was her responsibility to ensure all staff that post nurse staffing received the education before working their next shift and that any new employee with the nurse staff</p>		

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F 732	<p>Continued From page 3</p> <p>from 11:00 PM through 7:00 AM on 1/13/25. - 2/7/25 the 11:00 PM through 7:00 AM shift recorded two CNAs worked 16 hours. The employee time sheet records revealed a third CNA had worked from 11:00 PM through 2:23 AM on 2/7/25. - 3/3/25, 4 RN hours were recorded. The employee time sheet records revealed the ADON, RN worked 11 hours on 3/3/25.</p> <p>During an interview on 06/03/25 at 4:00 PM, the Administrator confirmed the RN and CNA hours on the daily nursing staff posting were incorrect based on the employee time clock records. The Administrator revealed daily nursing staff posting should be completed daily and include accurate information for each shift.</p> <p>c. A review of the daily nursing staff posting revealed the resident census was not included on 12/9/24, 12/19/24, 1/1/25, 2/7/25, 2/17/25.</p> <p>A joint interview with the Regional Clinical Manager and Administrator was conducted 06/03/25 at 4:00 PM. The Regional Clinical Manager revealed she filled out the daily nursing data postings and the resident census was required and if not included it was human error on her part. The Administrator revealed the resident census information should be included on daily nursing data postings.</p> <p>d. An observation on 06/01/25 at 10:01 AM revealed the daily nursing staff posting was dated 5/30/25 and not the current date 6/1/25.</p> <p>During an interview on 06/01/25 at 9:25 AM Nurse #1 revealed she was the nurse in charge on 6/1/25 and the current staff included herself,</p>	F 732	<p>posting responsibility will be trained before working their first shift.</p> <p>The education provided for current staff and new employees of accurate daily nursing staff posting:</p> <ol style="list-style-type: none"> <li>1. The facility name.</li> <li>2. The current date.</li> <li>3. The total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: registered nurses, licensed nurses, and certified medication aides.</li> <li>4. Resident census.</li> </ol> <p>Indicate how the facility plans to monitor its performance to make sure solutions are sustained: The Administrator will audit the daily staffing posting 5 x week for 8 weeks to ensure that it is completed properly. The Administrator will bring the results of these audits to the Quality Assurance Process Improvement (QAPI) committee for 2 months, and audits will continue at the discretion of the QAPI committee. Date of compliance is 6/4/25</p>		

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F 732	<p>Continued From page 4</p> <p>Nurse #2 and two CNAs and a third CNA was coming in at 12:00 PM.</p> <p>During a phone interview on 06/03/25 at 2:06 PM, Nurse #1 revealed she was not responsible for updating the daily nursing staff postings.</p> <p>During a phone interview on 06/03/25 at 3:00 PM, Nurse #2 revealed she had worked on 5/31/25 and 6/1/25. Nurse #2 stated she was not responsible for updating the daily nursing staff posting.</p> <p>A joint interview with the Regional Clinical Manager and Administrator was conducted on 06/03/25 at 4:00 PM. The Regional Clinical Manager revealed she filled out the daily nursing staff postings and when she was not available the nurses on duty were responsible for completing the postings and should be updated every day. The Regional Clinical Manager revealed neither Nurse #1 or Nurse #2 knew how to update the daily nursing staff posting or that they were supposed to complete one for 6/1/25. The Administrator revealed daily nursing staff posting should be completed daily and include accurate information for each shift.</p>			F 732			