

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

PRINTED: 07/01/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2025
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
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E 000	Initial Comments The survey team entered the facility on 06/09/2025 to conduct a recertification and complaint investigation survey. The survey team was onsite 06/09/2025 through 06/13/2025. Additional information was obtained offsite on 06/16/2025. Therefore, the exit date was 06/16/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#J2UV11	E 000			
F 000	INITIAL COMMENTS The survey team entered the facility on 06/09/2025 to conduct a recertification and complaint investigation survey. The survey team was onsite 06/09/2025 through 06/13/2025. Additional information was obtained offsite on 06/16/2025. Therefore, the exit date was 06/16/2025. Event ID# J2UV11 The following intakes were investigated: NC00215602, NC00217263, NC00217586, NC00221586, NC00222018, NC00223347, NC00223579, NC00226543, NC00227633, NC00227676, NC00227771, NC00227841, NC00229759, NC00229814, NC00230584 and NC00231362.	F 000			
F 583 SS=D	2 of the 53 complaint allegations resulted in a deficiency. Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes	F 583			7/2/25

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

TITLE

(X6) DATE

Electronically Signed

06/27/2025

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 583	<p>Continued From page 1</p> <p>accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to provide visual privacy when a buttock wound dressing was changed in the presence of another resident without the privacy curtain being pulled for 1 of 18 residents reviewed for concerns with privacy (Resident #17).</p> <p>Findings included:</p>	F 583	<p>F583</p> <p>1) Nurse #1 was educated on 6/10/25 to ensure they are providing privacy (by pulling privacy curtain) to residents while performing wound care by the Assistant Director of Nursing/ designee. On 6/10/25 Nurse #1 was given a one to one inservice on providing privacy.</p>		

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F 583	<p>Continued From page 2</p> <p>Nurse #1 was observed on 6/10/25 at 2:30 PM providing wound care to Resident #17's left buttock wound without pulling the privacy curtain between Resident #17's bed and Resident #17's roommate (Resident #35) closest to the window in the room. Nurse #1 was already at bedside ready to complete wound care and was positioned on Resident #17's left side of the bed facing Resident 17's backside. Resident #17 was positioned with her backside turned away from Resident #35's bed with her blankets pulled down, gown pulled up and incontinence brief straps unfastened pulled down on her backside but covering her front. Resident #35 was seated on a wheelchair next to her bed close to the foot of her bed eating a snack and was not observed looking over toward Resident #35.</p> <p>Resident #17 was coded on the most recent Minimum Data Set (MDS) assessment dated 4/23/25 as severely cognitively impaired.</p> <p>The quarterly MDS dated 5/13/25 coded Resident #35 as moderately impaired and attempts to engage Resident #35 in a conversation were unsuccessful.</p> <p>An interview was conducted on 6/10/25 at 2:45 PM with Nurse #1 after the wound care observation. Nurse #1 stated she normally pulled the privacy curtain when completing wound care, but she had just missed that day and she knew she should have pulled it to provide privacy for Resident #17 while she completed the left buttock treatment.</p> <p>An interview was conducted on 6/11/25 at 11:41 AM with the Director of Nursing (DON). The DON stated that Nurse #1 should have ensured</p>	F 583	<p>2)Any resident that has wound care performed on them have the potential to be affected. All nursing staff were inserviced on 07/02/2025 by the Assistant Director of Nursing/ designee to ensure nursing staff is aware they must pull the privacy curtain when performing wound care to promote dignity.</p> <p>3) All nursing staff (including agency nursing staff) were inserviced on 07/02/2025 by the Assistant Director of Nursing/ designee to ensure nursing staff is aware they must pull the privacy curtain when providing wound care to promote dignity.</p> <p>Any newly hired nursing staff will receive an education by the Assistant Director Nursing/ Designee during orientation to ensure nursing staff is aware they must pull the privacy curtain when performing wound care to promote dignity.</p> <p>4)An observation audit of nursing staff performing wound care on five residents will be performed three times a week to ensure they are pulling the privacy curtain to promote dignity while performing wound care for twelve weeks by the Director of Nursing/ designee. The outcome of these audits will be forwarded to the Quality Assurance and Performance Improvement Committee monthly times three by the Administrator/ designee.</p> <p>5) Date of Compliance: July 2nd, 2025</p>		

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F 583	Continued From page 3 Resident #17's privacy curtain was pulled while she was treating Resident #17's buttock wound. During an interview on 6/12/25 at 2:39 PM, the facility Administrator verbalized she expected residents to be provided privacy during care and that Nurse #1 should have ensured Resident #17 had privacy during wound care.	F 583			
F 628 SS=C	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer.	F 628		7/2/25	

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F 628	<p>Continued From page 4</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p>	F 628			

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F 628	<p>Continued From page 5</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to</p>	F 628			

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F 628	<p>Continued From page 6</p> <p>effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At</p>	F 628			

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F 628	<p>Continued From page 7</p> <p>the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and Resident Representative and staff interviews the facility failed to notify the resident representative in writing of the reason for the transfer/discharge to the hospital for 1 of 1 resident reviewed for hospitalization (Resident #55).</p> <p>The findings included:</p> <p>Resident #55 was admitted into the facility on 6/7/24.</p>	F 628	<p>F 628</p> <p>1)Resident # 55 still resides in the facility.</p> <p>2)All discharges to the hospital from 06-01-2025 to 07-01-2025 were audited to ensure the reason for transfer was included in the discharge letter by the Director of Nursing/ designee on 7/2/2025.</p> <p>3)Facility staff (including agency staff) will</p>		

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F 628	<p>Continued From page 8</p> <p>A review of Resident #55's quarterly Minimum Data Set assessment dated 4/17/25 indicated that she was cognitively intact.</p> <p>A review of Resident #55's nursing progress notes revealed that she was discharged to the hospital on 6/25/24 and returned to the facility on 6/29/24. She was also discharged to the hospital on 8/18/24 and returned to the facility on 8/28/24.</p> <p>A review of the Resident #55's medical record revealed there was no documentation that a written notice of discharge had been sent to the Resident Representative.</p> <p>A telephone interview with Resident #55's Representative was conducted on 6/10/25 at 11:00 AM and revealed she had not received any written notices including the reason Resident #55 had been discharged to the hospital.</p> <p>An interview with the Assistant Director of Nursing (ADON) on 6/10/25 at 1:29 PM revealed nursing staff had not sent written notification of transfer or discharge including the reason for the transfer to the families/resident representatives. The ADON stated she was unaware that it was a requirement for these to be mailed.</p> <p>An interview with the Social Worker on 6/10/25 at 2:07 PM revealed she sends a bed hold to the family, but she does not notify the family or resident in writing for the reason of discharge or transfer to the hospital. She further revealed that she was not aware of the requirement for these to be mailed</p> <p>During an interview on 6/10/25 at 2:23 PM the Administrator indicated a written notice of</p>	F 628	<p>be inserviced by the Assistant Director of Nursing/designee on ensuring the discharge letter includes the reason for transfer was included on the discharge letter 7/2/25.</p> <p>4)An audit of discharge letters will be performed weekly times 12 by the Administrator/ designee to ensure any discharges/ transfers to the hospital include reason for discharge in the discharge letter. The outcome of these audits will be forwarded to the Quality Assurance and Performance Improvement Committee monthly times three by the Administrator/ designee.</p> <p>5)July 2nd, 2025</p>		

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F 628	Continued From page 9 transfer/discharge including the reason for transfer should be mailed to the family/resident representative.	F 628			