STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 000	INITIAL COMMENTS A complaint survey was completed on April 3, 2024 - April 5, 2024 for intake #NC00214915. The complaint was substantiated and condition level deficiencies were cited.	W 000		
W 318	HEALTH CARE SERVICES CFR(s): 483.460 The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: The facility failed to: provide nursing services in accordance to client's needs (W331) and failed to provide guidelines and adequate training for staff in regards to falls protocol (W340). The cumulative effects of these systemic practices resulted in the facility's failure to provide statutorily mandated services in health care.	W 318		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure deceased client #1 (dc #1) was provided nursing services in accordance with her needs regarding progress following an injury and communication with the client's physicians. The finding is: Record review on 4/3/24 of the facility's root cause analysis (RCA) completed by QA/QI, revealed on 2/21/24, dc#1 was sitting on the	W 331		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 331	Continued From page 1	W 331		

toilet, had a hard jerk and fell striking her head on the floor. Dc #1 was assessed by medical after the fall and no complaints of pain were noted. Neuro checks were ordered every 2 hours. The medical provider assessed dc #1 and determined she was neurologically intact and had no signs of visible distress. On 2/22/24, dc #1 was sitting in her wheelchair and began to jerk uncontrollably throughout her body for approximately 10 mins.

Further review on 4/3/24 of the RCA revealed nursing obtained the following vital signs: BP 132/84; BS 80; Pulse 116; O2 96% room air. The provider was notified and dc #1 was sent to the local emergency department (ED) for further evaluation. Dc #1 was x-rayed at the hospital and transferred to another hospital for further evaluation and surgery to repair C4-C6 (fusion of vertebrae) and C4-C7 anterior plate fixation (to stabilize vertebrae with hardware).

Continued review on 4/3/24 of the RCA revealed according to the report, "the surgery went well with no complications". Review of the video on the morning of 2/21/24, shows staff accompany dc #1 to the bathroom and the prescribed level of supervision was followed. Medical was notified of the fall and assessment appeared to be immediate. All prescribed medical orders were followed. After thorough review of supporting documents and consultation with medical providers, this reviewer concludes that the neck fracture(s) occurred as the result of the fall. There were no other findings to suggest a need for a plan of action.

Review on 4/3/24 of the RCA also revealed dc #1 returned to the facility on 2/26/24 from an inpatient stay at the hospital. Dc #1 was without

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 331	Continued From page 2	W 331		

distress from 2/26/24 - 3/4/24. On 3/5/24, dc #1 complained of back pain and dry cough was noted as well as nausea and fever of 103. Nursing continued their assessment and noted the cough to be more frequent with some congestion. Medical provider ordered a mobile x-ray. On 3/6/24, there was a noted decrease in oxygen saturation and lungs were very congested. Dc #1 was sent to ED for evaluation. Dc #1 was admitted with a diagnosis of status post cardiopulmonary arrest, pneumonia, and sepsis. Dc #1 was intubated in the ED. Reports indicate dc #1 coded for approximately 25 minutes due to difficulty intubating. On 3/8/24, the CT scan indicated an anoxic brain injury. On 3/15/24, the hospital received DNR paperwork from the guardian and dc #1 was removed from the ventilator. Dc #1 expired 3/15/24 at 3:40pm.

Interview on 4/3/24 with the facility's standards management director revealed advocacy was notified after dc #1 fell on 2/21/24. However, no advocacy investigation was completed due to the fall being witnessed by staff.

Review on 4/3/24 of dc #1's Life Plan, dated 6/26/23, revealed a diagnosis of Mild Intellectual Disability, Schizoid-Affective Disorder, Bipolar Type and Post Traumatic Stress Disorder. Dc #1 also has a history of seizures, constipation, Left Ventricular Hypertrophy, Tachycardia and Type II Diabetes. During the past year, she was treated for chronic urinary tract infections, ear infection, and falls. She is ambulatory but currently using a wheelchair (June). She can walk for short distances and transfer herself. She has environmental supervision in the home and when toileting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 331	Continued From page 3 Review on 4/3/24 of medical progress notes revealed registered nurse #2 (RN #2) was made aware that dc #1 had fallen at 12:50am. RN #2 assessed dc #1 and noted swelling to the right side of the forehead area. RN #2 noted that initially dc #1 stated she was ok but then later said she "snatched her neck and her back was hurting". RN #2 documented the facility's nurse practitioner that was notified of the above and ordered neurological checks every 2 hours until 8:00pm. At 5:00am, RN #2 documented dc #1's right eye was puffy and swollen. Further review on 4/3/24 of medical progress notes revealed on 2/21/24 medical came to assess the client at 10:56am. The doctor noted obvious swelling to the forehead, around the right eye and abrasion to right forehead. The doctor noted dc #1 complained of some back pain. Orders for cool pack to forehead, cool pack to back/neck, continue neuro checks, Tylenol for pain, no xrays/imaging at this time and follow-up PRN and later this week. Continued review of medical progress notes on 4/3/24 revealed on 2/21/24 at 5:42pm, staff called nursing to report dc #1 was leaning on her right side during dinner and dropping her spoon constantly while eating. Licensed practical nurse (LPN) #2 documented on arrival to the unit, dc #1 was alert and oriented with vital signs stable. On 2/21/24 at 7:00pm, a medical progress note was written by LPN #3, stating staff was helping dc #1 get into bed and she started sliding so staff assisted dc #1 to the floor. Staff helped dc #1 from the floor to the wheelchair and then into the bed. Body check was negative for new visible injuries. Dc #1 stated her back hurt and and scheduled pain medication was administered. At	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 331	Continued From page 4	W 331		

7:28pm, LPN #3 documented dc #1 stated she was in pain and grimaced when she sat up in bed. Medical provider made aware and no new orders given. At 8:30pm, LPN #3 documented neuro checks every 2 hours completed and within normal limits, individual laying in bed complains of pain in back only when she moves. No swelling to back and range of motion within normal limits. No distress. Will monitor and follow-up prn.

Review on 4/3/24 of medical progress notes revealed the next note was written on 2/22/24 at 7:46am, dc #1 was sitting in wheelchair and jerking uncontrollably. Jerking continued for approximately 10 minutes. Vital signs obtained. Medical made aware and order given to send to ED. 911 called.

Interview on 4/5/24 with the facility's director of nursing (DON) revealed that the medical provider should have been notified immediately when dc #1 was having difficulty holding her silverware on 2/21/24 at dinner and when dc #1 had to be lowered to the floor due to difficulty getting into bed.

Interview on 4/5/24 with the facility's medical director confirmed he gave orders for the neurological checks to stop at 8pm on 2/21/24 if no issues were noted. The medical director revealed it was never communicated to him that dc #1 had issues holding her silverware or getting into bed and stated dc #1 seemed ok other than some complaints of pain in her back and neck but no suspicions to require x-rays. The medical director confirmed that dc #1 was not assessed by a physician for approximately 11 hours after her fall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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

W 340 Continued From page 5 W 340

W 340 NURSING SERVICES W 340
CFR(s): 483.460(c)(5)(i)

Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.
This STANDARD is not met as evidenced by:
Based on record reviews and interviews, nursing services failed to provide adequate training for staff in the use of falls safety protocols for 1 of 1 deceased client (dc #1). The finding is:

Review on 4/3/24 of facility video footage from 2/21/24 at 12:30am revealed dc #1 propelling herself to the bathroom with Staff C following her into the bathroom. Three minutes later, Staff D goes into the bathroom and then exits. Staff C then stands in the doorway of the bathroom and and briefly talks with Staff D, and then she turns to re-enter the bathroom. Dc #1 then exits the bathroom in the wheelchair, holding her underwear. She propelled straight ahead into the laundry room entrance, backs up to the bathroom entrance, and then down the hallway toward her bedroom. The nurse and additional staff were then seen walking down the hallway toward the bedroom area.

Review of the event report, dated 2/21/24, revealed dc #1 fell to the floor on her right side while using the toilet on 2/21/24 at 12:35am. The fall was observed by one staff member, Staff C. An abrasion and swelling were noted to the right side forehead. The severity was initially noted as minor harm. Staff statements from Staff C revealed dc #1 sat down on the toilet, jerked and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 340	Continued From page 6	W 340		

fell to the floor on her right side. Staff C assisted her up and noticed an area on her right side. Two additional statements from staff on duty revealed they had no knowledge of the event. The facility plan of protection section of the event report stated staff should "continue to report events to medical". The immediate corrective action for the events stated "the resident was hospitalized and to have surgery". No further plan of protection for future events was noted.

Review on 4/5/24 of the home injury log, dated 2/21/24 revealed Staff C witnessed a scratch/lump swollen on dc #1's right side forehead.

Review on 4/5/24 of the Fall Prevention and Management Policy #2.1.7, dated 12/15/22. Inservice revealed the home staff were inserviced on 2/2/23, 2/3/23, 2/4/23, 2/5/23, 2/15/23, 2/20/23, and 2/22/23. However, the policy does not state what staff should do if a client falls or explain precautions when a head injury occurs.

Review on 4/5/24 of email correspondence revealed the Director of Quality Assurance (DQA) wrote to the Director of Physical Therapy (DPT) to ask what staff should do if a client falls, particularly if they should move the client after a fall, to ensure training was appropriate. The DPT responded on 2/16/24 to include information for new employee training (NEO) and Train the Trainer physical therapy curriculum. If a client falls, the staff should do the following:

1. Notify medical, with one staff remaining with client while the other staff gets the nurse.
2. If a resident is unable to get up, do not get them up from a fall. Nursing should be notified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 340	Continued From page 7 immediately to assess. 3. If a resident can get up from the fall, encourage them to stay on the floor for nursing to assess. If they get up despite staff encouragement, allow them to do so but have nursing immediately check them. 4. Use appropriate fall recover techniques to assist the resident to get up from the fall once they are medically cleared. Independently gets up from the floor, use of chair to assist resident to stand, use of two-person assist with gait belt, use of mechanical lift, and by exception only, two person manual lift. Further review on 4/5/24 of email correspondence on 2/23/24 revealed the QA Director notified staff development to ensure all new staff received the training. Current staff were to receive the new falls training when they receive CPR certification. On 2/26/24, additional email correspondence revealed the Nurse Supervisor III stating she would ensure all nurses were aware and inserviced on the falls action plan. No further documentation for current staff on the fall procedures was located. Interview on 4/5/24 with Staff A, Healthcare Tech I (HCT-I), Parrott I revealed if a patient falls, staff check them and tell the charge staff. The charge staff calls the nurse, and the nurse comes to check. Staff do not move the client. It would be documented in an incident report after calling advocacy. If there are injuries, staff put it in the injury logbook. If they hit their head, the same procedure is followed. If someone hits their head, staff look for bleeding, color changes, swelling, and whether they are not talking or unconscious. If a client is not doing things as they normally or usually do, staff notify nursing.	W 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 340	Continued From page 8	W 340		

Interview on 4/5/24 with Staff B, HCT-I, Parrot I revealed if a patient falls, staff make sure they do not move him/her and let charge staff know to call nurse. The nurse comes to check the client. If they hit their head, the same procedure is followed. It would be documented on the incident form and yellow form and the white sheet and the nurse would be notified to call advocacy.

Interview on 4/5/24 with the Home Manager revealed if a client falls, staff should check them and see if they're responsive. The code "doctor red" would be called if it was a severe fall. Whether staff helped the client up would depend on the severity of the fall. Staff should call the nurse and document. In addition, advocacy should be notified and the home manager should review the event report.

Interview on 4/5/24 with the Director of Nursing (DON) revealed the facility physician had sent an email to advise nursing and the quality improvement (QI) committee for staff to not move clients after falling until assessment was completed. Staff had been told after the doctor sent an email out to the QI Director to not move clients after falls. The QI Director sent the email to the homes, and they were developing a new policy for what staff should do in case of falls because there had been a former client with a head injury.

Interview on 4/5/24 with Registered Nurse #1 (RN #1) revealed proper protocol for after a patient falls includes a neuro check and a call the doctor. If they hit their head, I would encourage them to stay down. If they could get up on their own it would be ok, even if they hit their head. If a client

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE KINSTON, NC 28501**

(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
W 340	Continued From page 9	W 340		

were to fall and then show unusual signs, such as not being able to hold silverware and leaning to the side, the nurse should contact the provider because it could be a stroke or brain concern. Typically, the facility does neuro checks and are completed according to doctor orders. He may say every 2 hours, 4 hours, 24 hours or 3 days.

Interview on 4/5/24 with Licensed Practical Nurse #1 (LPN #1), revealed the procedure when a client falls includes taking vital signs, calling the provider, and he then determines how long to do neuro checks. In addition, clients should not be moved until assessed.

Interview on 4/5/24 with the facility medical director revealed neuro checks are generally provider determined. There was a policy draft for checks to be in place for 72 after a fall, but the draft was never implemented as a policy.

The facility leadership communicated revised falls procedures to staff development for new staff training, and nursing staff received training on updated emailed falls procedures. However, current staff were not trained in these procedures. Video footage revealed a client moved and propelling herself after falling and fracturing her neck before a medical assessment had been made. In addition, the facility created a drafted policy for falls procedures to include staff directives for client safety following falls, but the policy was never implemented, and staff were never trained. As a result, inconsistencies of what staff should do after falls were noted during interviews. Two HCT-I staff stated clients should not be moved after falls, one RN stated clients could get up on their own, even with a head injury, and a LPN stated clients should not be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING ______ B. WING ______	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	**2415 W. VERNON AVENUE** **KINSTON, NC 28501**

(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
W 340	Continued From page 10 moved. As a result of the inconsisencies pertaining to falls procedures, condition level deficiencies have been cited.	W 340		