PRINTED: 11/23/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G		COMPLETED	
		345311	B. WING _		_	C <b>11/21/2022</b>	
	ROVIDER OR SUPPLIER  O HEALTHCARE & REH	HAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  901 RIDGE ROAD  ROXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)	DATE	
F 000	INITIAL COMMENT	TS .	F 0	00			
		was conducted from 11/21/2022. Event ID # C00194498					
	One of the two com substantiated with a	plaint allegations were a deficiency. (F600)					
	Past-noncompliance	e was identified at:					
		F600 at a scope and severity J F607 at a scope and severity J					
	The tags F600 and Quality of Care.	F607 constituted Substandard					
	facility came back ir	gan on 10/10/2022. The n compliance effective al extended survey was					
F 600 SS=J	Free from Abuse an CFR(s): 483.12(a)(1		F6	00			
	Exploitation The resident has the neglect, misappropriand exploitation as includes but is not licorporal punishmen	e right to be free from abuse, riation of resident property, defined in this subpart. This mited to freedom from tt, involuntary seclusion and mical restraint not required to medical symptoms.					
	§483.12(a) The faci	lity must-					
		se verbal, mental, sexual, or poral punishment, or n;					
ABORATORY	 DIRECTOR'S OR PROVIDER	R/SUPPLIER REPRESENTATIVE'S SIGNATU	RF	TITLE		(X6) DATE	

**Electronically Signed** 

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 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			1	C <b>21/2022</b>	
	ROVIDER OR SUPPLIER  D HEALTHCARE & REHA	AB CENTER		90	REET ADDRESS, CITY, STATE, ZIP CODE 11 RIDGE ROAD OXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 600	This REQUIREMENT by: Based on record rev facility failed to protect resident from physical when a nurse aide (Nother face for 1 of 3 cogreviewed for abuse. Note across the face as Reflection and the face for 1 of 3 cogreviewed for abuse. Note across the face as Reflection and the face for 1 of 3 cogreviewed for abuse. Note across the face as Reflection across the face as Reflection for the face a	is not met as evidenced  iew and staff interview the ct a cognitively impaired il abuse from an employee IA #1) slapped a resident on gnitively impaired residents IA #1 slapped Resident #1 esident #1 reached for NA with feces. Resident #1 did n to express an adverse le person would have been slapped during care.  Initted to the facility on diagnoses of hemiplegia dominant side and multiple dibrain tissue.  It most recent quarterly sessment dated 10/07/2022 Is being severely cognitively It was also coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It total dependence with all g. Resident #1 was coded as It to total dependence with all g. Resident #1 was coded as It to total dependence with all g. Resident #1 was coded as It to total dependence with all g. Resident #1 was coded as It to total dependence with all g. Resident #1 was coded as It to total dependence with all g. Resident #1 was coded as It to total dependence with all g. Resident #1 was coded as It to total dependence with all g. Resident #1 was coded as It to total dependence with all g. Residence with all was all total dependence with all	F	600	Past noncompliance: no plan of correction required.			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING				C	
NAME OF PI	ROVIDER OR SUPPLIER	040011		ST	REET ADDRESS, CITY, STATE, ZIP CODE	11/	21/2022	
					1 RIDGE ROAD			
ROXBOR	O HEALTHCARE & REHA	AB CENTER		RC	OXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 600	Continued From page	e 2	F	600				
	time to adjust to char	starting, allowing adequate nges, monitoring behavior ot to determine underlying						
	11/17/2022 at 1:27 Pl frequently worked in halls of the building, of Resident #1 well since facility. Nurse #2 furth was alert, could spead #2 stated Resident # in her feces since her unknown reason. Nur frequently Resident # cleaned up from play day. Nurse #2 stated and long-term memore.	ducted with Nurse #2 on M. Nurse #2 revealed she the facility on all shifts on all confirming she knew the the resident's arrival at the the revealed Resident #1 the her for any the her for any						
	Nurse #1 for Residen dated 10/10/2022 at had three episodes of another [at 9:00 PM]. be calling her [family behavior, and she start Resident's [family media behavior]. The commentation in a hand Resident #1 dated 10 revealed, "Called and Party], [Responsible occurred on 10/10/2001].	ated, "that was lovely." ember] made aware."  lealth status note for  0/11/2022 at 11:40 PM  I notified [Responsible Party Name], of incident that						
		ewed on 11/17/2022 at 11:31 on 10/10/2022 she was						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>  ` '</b>				(X3) DATE SURVEY COMPLETED	
		345311	B. WING			1	C <b>21/2022</b>	
	ROVIDER OR SUPPLIER  O HEALTHCARE & RE	HAB CENTER		901 R	ET ADDRESS, CITY, STATE, ZIP CODE IDGE ROAD BORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 600	from 3:00 PM to 7: following information 10/10/2022. Resident "finger painting" with been complaining anoted to have any indications of constitutions arrived at the flassigned to the half resided. NA #1 and Nurse #1 further extended. NA #1 and Nurse #1 was cognitively seemed to do thing Nurse #1 was on the 7:00 PM, NA #1 had three occasions from the complaint of the properties	If on which Resident #1 resided 00 PM. Nurse #1 revealed the on about the evening of ent #1 had three episodes of the threstool. Resident #1 had about her stomach but was not abdominal distention or tipation. Nurse Aide (NA) #1 facility at 3:00 PM and was alway which Resident #1 did not get along. Aplained NA #1 knew Resident impaired, but Resident #1 on the hallway from 3:00 PM to did to clean up Resident #1 on the hallway from 3:00 PM to did to clean up Resident #1 on the feces to include the did and changing of her clothing #1 explained on the last Resident #1 required and cleaned up from feces, she ent #1 into the shower room the two personal care and PCA #2), to give NA #1 a ving to Resident #1 because rated. Nurse #1 playing in feces on on the shift to the next nurse at. Nurse #1 also called a family the feces and the resident's machache. Nurse #1 then left of another part of the building to the fany other occurrences	F	600				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345311	B. WING			C <b>1/21/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER	1 010011		STREET ADDRESS, CITY, STATE, ZIP CODE		1/21/2022	
BOYBOB	O HEALTHCARE & REHA	AD CENTED		901 RIDGE ROAD			
RUXBURG	D REALITICARE & RERA	AB CENTER		ROXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 600	from 7:00 PM to 7:00 did not know Resider infrequently worked a explained the followir 10/10/2022. Nurse #3 #1 that Resident #1 h "playing in her feces. #1 talking to a family about her concerns for feces before Nurse # work. Nurse #3 then hassigned hallways to the time she returned #1 it was late, approx PM. Nurse #3, with a hand, entered the room after looking in the ha #3 told NA #1 she ne Resident #1 and get not recall if the two P into the room of Resiknow how long NA #7 Resident #1. Nurse #9 PCA #2 were in the rown was administering me the other end of the hidd not hear anything NA #1 or the two PCA not approached by an PCAs with any concern.	AM. Nurse #3 revealed she at #1 very well and she very at the facility. Nurse #3 and events occurring on 8 was told in report by Nurse and multiple episodes of "Nurse #3 overheard Nurse member on the telephone or Resident #1 relating to 1 went to another hallway to went to an adjacent perform her duties and by 1 to the hallway of Resident timately 9:30 PM or 10:00 cup of medication in her om of Resident #1. Nurse #3 at as covered in feces to ands, walls, and sheets when an Nurse #3 left the room and allway found NA #1. Nurse edded to go into the room of the cleaned up. Nurse #3 did CAs accompanied NA #1 dent #1. Nurse #3 did not 1 was in the room with 13 did not know if PCA #1 or esident's room with NA #1. went down the hallway and edications to the residents at nallway. Nurse #3 stated she or see anything else from As. Nurse #3 stated she was ny of the nurse aides or	F	600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING			1	C <b>21/2022</b>
	ROVIDER OR SUPPLIER  D HEALTHCARE & REI	HAB CENTER		STREET ADDRE 901 RIDGE RO. ROXBORO, N		1 111	L 1/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EA	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD B ISS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	PCA #1 further explito pass out ice and NA. PCA #1 further mentor to her and F studying to be NAs. went to assist Residevening meal betwee because this was o to do as a PCA. PC the door of the room Resident #1 becaus "poop." PCA #1 ind Resident #1 in eatir resident's hands pri revealed the next tiron the last incontine was asked to come had already been in Resident #1 had be needed to be clean changed. PCA #1 eas occurring after s Resident #1 at appileft the room to go a was not showing ar returned, Resident was held there by F#1 reached out her not touch her. At the Resident #1 hard ar was confused and I said, "Why did you Resident #1 (Resident #1 kesident #1 care was the silence. After leavin PCA #1 told NA #1 Resident #1 and NA#1 R	ge 5 lained as a PCA she was able was a "helping hand" for the explained NA #1 acted as a PCA #2, who were both PCA #1 recalled that she dent #1 with eating the een 5:30 PM and 6:00 PM, ne of the duties, she was able if A #1 indicated NA #1 came to n and told her to not feed se she had been playing in icated she went on to assist ng and had cleaned the for to feeding her. PCA #1 me she saw Resident #1 was ence care rounds when she into the room by PCA #2 who in the room. PCA #1 explained the into the room by PCA #2 who in the room. PCA #1 explained the into the room of roximately 10:00 PM. PCA #2 and get supplies. Resident #1 my aggression. When PCA #2 my aggression when the roid and pCA #1 and PCA #2. Resident #1 hooked shocked. Resident #1 ooked shocked. Resident #1 ooked shocked. Resident #1 my	F	600			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG	(XS	(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			C 11/21/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	11/21/2022	
ROXBORG	O HEALTHCARE & REHA	B CENTER		901 RIDGE ROAD ROXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 600	hallway had her medi resident's closed doo PCA #2, and NA #1 h provide care and enter #3. PCA #1 explained Resident #3 with both in the room. PCA #1 in not find the hall nurse happened to Resident tell any of the nurses prior to leaving the farexplained she called following day to notify evening of 10/10/202.  PCA #2 was interview AM. PCA #2 confirme hallway Resident #1 in 11:00 PM shift on 10/ she had been assisting Resident #1 had to be feces everywhere on #2 stated that on the rounds for the evening entered the room of Fover everything from walls. PCA #2 explair was arguing with Resident NA #1 stated to Ferrica and entered the room of Fover everything from walls. PCA #2 explair was arguing with Resident NA #1 stated to Ferrica and entered the room of Fover everything from walls. PCA #2 explair was arguing with Resident NA #1 stated to Ferrica and entered the room of Fover everything from walls.	cation cart outside a r down the hallway. PCA #1, ad one more room to ered the room of Resident I care was provided to I PCA #2, NA #1 and herself curther explained she could to tell her what had t #1, and she did not think to in the front of the hallway cility at 11:00 PM. PCA #1 the Director of Nursing the her of the events on the 2.  red on 11/17/2022 at 11:25 d she was working on the resided on the 3:00 PM to 10/2022. PCA #2 explained ag NA #1 all shift and re cleaned up after getting at least 3 occasions. PCA very last incontinent care g NA #1 and she had resident #1 to find feces all the pad, bedding, and the red NA #1 was irritated and rident #1. PCA #2 revealed Resident #1, "Why did you	F	600	enCY)		
	you playing? Look at she had left the room came into the room to returned to the room, NA#1 on her side, wh for NA#1. PCA#2 sta Resident #1 hard acro indicated she was ver						

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NAME OF PROVIDER OR SUPPLIER  ROXBORO HEALTHCARE & REHAB CENTER  ROXBORO, NC 27573	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '				SURVEY
NAME OF PROVIDER OR SUPPLIER  ROXBORO HEALTHCARE & REHAB CENTER  SUMMARY STATEMENT OF DEFICIENCY  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 600  Continued From page 7  NA #1. PCA #2 also indicated the roommate of Resident #1 (Resident #2) woke up asking what was happening. PCA #2 indicated she, along with NA #1 and PCA #1, continued to assist Resident #1. PCA #2 stated after leaving the response, "It was wrong, and she needed to repent." PCA #2 explained she did not fell like anything would be done if she told Nurse #1 on the hall, identifying Nurse #1 by her name. PCA #2 stated she well back into the room of Resident #1 (PCA #2 stated she, NA #1, and PCA #1) went into the room of one more resident to provide care and everything went without incident. PCA #2 stated she went back into the room of Resident #1 to check on her and make sure the fall mat was in place. PCA #2 stated she was able to see the cheek of Resident #1 was red from where she had been siapped. PCA #2 stated she was able to see the cheek of Resident #1 was red from where she had been siapped. PCA #2 stated she was able to see the cheek of #1 stated she was able to see the cheek of #1 stated she called the Director of Nursing the next day.  Documentation on an annual Minimum Data Set assessment dated 10/5/2022 coded Resident #7 as cognitively intact. Resident #7 was interviewed on 10/117/2022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 at 9:55 AM. Resident #7 was interviewed on 10/10/12022 a				1, Boileb			(	c
SIJAMARY STATEMENT OF DEFICIENCES   SIJAMARY STATEMENT OF DEFICIENCY   SIJAMARY STATEMENT OF STATEMENT			345311	B. WING				
FREEIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 600  Continued From page 7  NA #1. PCA #2 also indicated the roommate of Resident #1 (Resident #17) woke up asking what was happening. PCA #2 tasted she, along with NA #1 and PCA #1, continued to assist Resident #1. PCA #2 stated after leaving the response, "it was wrong, and she needed to repent." PCA #2 explained she did not notify the nurse on the hall because everything was "cool under her watch." PCA #2 stated she did not notify the nurse on the hall because everything Nurse #1 by her name. PCA #2 stated she did not resident to call the Director of Nursing because she knew then the situation would be taken seriously. PCA #2 stated she, NA #1, and PCA #1 went into the room of one more resident to provide care and everything went without incident. PCA #2 stated she went back into the room of Resident #1 to check on her and make sure the fall mat was in place. PCA #2 stated she was able to see the check of Resident #1 to Mock on her and make sure the fall mat was in place. PCA #2 stated she then left the facility at 11:00 PM with PCA #1 and NA #1 without notifying anybody NA #1 slapped Resident #1 10 CA#1 stated she called the Director of Nursing the next day.  Documentation on an annual Minimum Data Set assessment dated 10/5/2022 coded Resident #7 as cognitively intact. Resident #7 was interviewed on 10/17/2022 at 9:55 AM. Resident #7 did not recall being awoken by any disturbances with			AB CENTER	•	9	01 RIDGE ROAD		
NA#1. PCA #2 also indicated the roommate of Resident #1 (Resident #7) woke up asking what was happening. PCA #2 indicated she, along with NA#1 and PCA #1, continued to assist Resident #1. PCA #2 stated after leaving the room of Resident #1, she again asked NA#1 why she slapped the resident receiving the response, "it was wrong, and she needed to repent." PCA #2 explained she did not notify the nurse on the hall because everything was "cool under her watch." PCA #2 further explained that she did not feel like anything would be done if she told Nurse #1 on the hall, identifying Nurse #1 by her name. PCA #2 stated she decided to wait until the next morning to call the Director of Nursing because she knew then the situation would be taken seriously. PCA #2 stated she kn.N.#1, and PCA #1 went into the room of one more resident to provide care and everything went without incident. PCA #2 stated she went back into the room of Resident #1 to check on her and make sure the fall mat was in place. PCA #2 stated she was able to see the cheek of Resident #1 was red from where she had been slapped. PCA #2 stated she then left the facility at 11:00 PM with PCA.#1 and NA.#1 without notifying anybody NA.#1 slapped Resident #1. PCA.#1 stated she called the Director of Nursing the next day.  Documentation on an annual Minimum Data Set assessment dated 10/5/2022 coded Resident #7 as cognitively intact. Resident #7 as interviewed on 10/17/2022 at 9:55 AM. Resident #7 did not recall being awoken by any disturbances with	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
Documentation on the nursing assignment schedule for 10/10/2022 on the 3:00 PM to 11:00	F 600	NA #1. PCA #2 also in Resident #1 (Resident was happening. PCA NA #1 and PCA #1, of #1. PCA #2 stated aff Resident #1, she again slapped the resident was wrong, and she explained she did not because everything was explained she did not because everything was perfectly for the hall, identifying N #2 stated she decide morning to call the Dishe knew then the sit seriously. PCA #2 stated she was resident #1 to check fall mat was in place. To see the cheek of Resident #1 to check fall mat was in place. To see the cheek of Resident #1. PCA #1 Director of Nursing the Documentation on an assessment dated 10 as cognitively intact. On 10/17/2022 at 9:50 recall being awoken was staff assisting her root.	indicated the roommate of int #7) woke up asking what it #2 indicated she, along with continued to assist Resident iter leaving the room of ain asked NA #1 why she receiving the response, "it needed to repent." PCA #2 it notify the nurse on the hall was "cool under her watch." ined that she did not feel like one if she told Nurse #1 on lurse #1 by her name. PCA if to wait until the next irrector of Nursing because ituation would be taken ated she, NA #1, and PCA #1 if one more resident to erything went without incident. Itent back into the room of it on her and make sure the PCA #2 stated she was able it incomplete. PCA #2 stated she it 11:00 PM with PCA #1 and ing anybody NA #1 slapped stated she called the ine next day.  In annual Minimum Data Set 10:5/2022 coded Resident #7 Resident #7 was interviewed it in the evening.	F	600			

PM shift revealed NA #1 was assigned to care for

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		0.45044	D WING			1	С	
		345311	B. WING			11/	21/2022	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
ROXBORO	O HEALTHCARE & REHA	AB CENTER		9	01 RIDGE ROAD			
KOKBOK	TILALITIOANL GIVEN	J. J. J. L. K.		F	ROXBORO, NC 27573			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD E		COMPLETION DATE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	AIE	5/112	
F 000								
F 600			F	600				
		n which Resident #1 resided.						
	NA #1 did not respon	d to attempts to contact her						
	for an interview.							
	A telephone interview	was conducted with the						
	Director of Nursing (Director	OON) on 11/17/2022 at 2:32						
	PM. The DON stated	nobody called or notified						
	her of any abuse eve	nts occurring on the evening						
		ON revealed on 10/11/2022						
		called her at approximately						
		eded to tell her they were						
	-	care to Resident #1 and NA						
		ent. The DON stated she						
		they were just telling her						
		call her immediately when						
		OON indicated the PCAs						
		she would be upset they had						
		er immediately upon the						
		N indicated she told both the and it had to be reported to						
		id/or the Administrator						
		N revealed she had the						
	-	ad specifically occurred, and						
		CAs stay on the phone while						
		acility Administrator. The						
	_	the two PCAs to come in						
	early for work so thei	r statements could be						
	documented. The DC							
	expectation that if a r	nurse aide was getting						
	agitated, then the nu	rse on the hall should take						
		aide has time to calm down.						
	The DON thought ge	tting slapped by a nurse aide						
	during care could be	traumatizing for a resident						
	but Resident #1 had	no recollection of the events						
	of 10/10/2022 when a	asked the next day.						
	An interview was con	ducted with the facility						
		21/2022 at 1:05 PM. The						
	facility Administrator	stated that she was notified						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING			1	C 24/2022
NAME OF P	ROVIDER OR SUPPLIER	040011	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/2	21/2022
ROXBOR	O HEALTHCARE & REHA	AB CENTER			01 RIDGE ROAD COXBORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	NA#1 had slapped R night on the evening s confirmed PCA #1 an reeducated on the pro incident and were sus investigation. The Ad worked with the Direct the reporting, investig monitoring pieces of t procedures. The Adm entire staff had been policies and procedur residents who exhibit handling frustrated st so that interventions of abuse.  The facility was notified Jeopardy on 11/17/20 The corrective action dated 10/14/2022 wa  F600 Abuse Past Not Action Plan  Identify those recipier are likely to suffer, as a result of the noncor  On October 11, 2022 of Nursing (DON) was care aides that they w Nursing Assistant) #1 10th around 10:00pm	ne Director of Nursing that esident #1 on the previous shift. The Administrator d PCA #2 had been ocess for notification after an espended pending an ministrator stated she eter of Nursing to implement eation, education, and the abuse policies and esinistrator added that the reeducated on the abuse es to include caring for challenging behaviors, aff, and seeking assistance can be put in place to avoid ed of the Immediate est as follows:  n-Compliance Corrective  outs who have suffered, or serious adverse outcome as inpliance.  a around 11:15am, Director is notified by two supportive evitnessed CNA (Certified hit Resident #1 on October in Support aides state they is with ADL (activities of daily)	F	600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		(X3) DATE SURVEY COMPLETED		
		345344	B. WING			1	0
NAME OF P	ROVIDER OR SUPPLIER	345311	B. WING	STR	REET ADDRESS, CITY, STATE, ZIP CODE	11/	21/2022
	O HEALTHCARE & RE	EHAB CENTER		901	RIDGE ROAD XBORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIE	'STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
F 600	On 10/11/2022 Re Director of Nurses face as a result of assessment revea obvious bruising o 10/11/2022, the As completed a full bo #1. There were no tears, scratches no 10/11/2022, the Di Resident #1's resp Director of the alle the Director of Nur with the 2 witness staff involved in th interviewed and su including the accu aides who witness	age 10 sident #1 was assessed by the for any injury on the resident's the alleged abuse. The led that resident #1 had no redness on her face. On sistant Director of Nurses ody assessment of Resident o obvious injuries, bruises, skin oted on resident #1's skin. One rector of Nurses notified consible party and the Medical ged abuse. On 10/11/2022, ses completed reenactment es to the alleged abuse. All is abuse allegation were ispended pending investigation sed CNA and the 2 support ed the incident. None of these reked until the investigation was	F	600			
	(Assistant Director the two support aid the alleged abuse support care aide of the event. The reeducated each spolicy on 10/11/20 care was also sust this event.  On 10/11/2022 the were potentially in having the assigned audits on all reside Interview for Mentassigned employers.	e DON and the ADON of Nurses) interviewed each of des separately to get details of During the interviews, each also completed a reenactment DON and the ADON support care aide on the abuse 22 at which time each support bended pending investigation of e DON identified residents that spacted by this practice by ed nurse complete head to toe ents with a BIMS (Brief al Status) below 13 on the e's assignment. The results residents has no areas of					

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345311	B. WING _			C <b>11/21/2022</b>	
	ROVIDER OR SUPPLIER  D HEALTHCARE & REH	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 901 RIDGE ROAD ROXBORO, NC 27573	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 600	potential injuries. Or the assigned employ of 13 or above were Services Director and concerns related to versults included: 2 of alleged abuse occurred Administrator audited days and Resident Concerns related to a There were no grieval Minutes that included the DON audited included: There were included: There were involved abuse. On Resources) audited hired within the last obackground checks, certifications/licenses were no employees were no employees were no employees were motentation process. Were no employees education.  On 10/12/2022, after QA (Quality Assurant discuss the alleged a of the investigation. additional meeting at Administrator, and the services of the investigation.	ated to skin integrity or 10/11/2022 all residents on ee's assignment with a BIMS interviewed by the Social divere asked if they had any verbal or physical abuse. The 2 residents denied any eed. On 10/11/2022 the digrievances for the last 30 council Minutes for any abuse. The results included: ances or Resident Council diany abuse. On 10/11/2022 ident reports for the last 30 celated incidents. The results included: an incident reports that 10/11/2022 the HR (Human staff employee files that were 30 days, to assure that reference checks, as were reviewed as part of an the results included: There but of compliance with reference checks, or cations/licenses. On udited education records of last 30 days for completed part of the new hire. The results included: There but of compliance with abuse of gathering more details, the capture of compliance with abuse incident and the status on 10/13/2022, there was an	F	600			

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345311	B. WING		11/21/2022		
	ROVIDER OR SUPPLIER  D HEALTHCARE & REH	HAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	1172172022		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION		
F 600	Continued From page	ge 12 tional findings at that time.	F 600				
	process or system f adverse outcome from and when the action On 10/11/2022 the I Coordinator) began (including agency) of prohibition/reporting include all current standing included: Al allegations immedia Nurse/DON/Administafety, zero tolerand allegations of abuse	DON/SDC (Staff Development in-service of all staff on the abuse policy. This training will taff including agency. This buse Types, reporting abuse					
	above identified state who does not comp	sing will ensure that any of the ff (all staff including agency) lete the in-service training by be allowed to work until the d.					
	process to ensure reand the Social Servinterview 4 random varying shifts/depar policy and reporting are following the ab and monthly for 3 m timely reporting of a Administrator/DON. the weekly QA comi	ee will monitor the abuse esidents are free from abuse ices Director or designee will staff members each week, tments related to the abuse requirements to ensure staff use policy weekly for 2 weeks conths for compliance with Il allegations of abuse to the Reports will be presented to mittee by the Administrator or to ensure corrective action.					

PRINTED: 11/23/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING			C 11/21/2022	
	ROVIDER OR SUPPLIER  D HEALTHCARE & REHA	AB CENTER	•	9	TREET ADDRESS, CITY, STATE, ZIP CODE 01 RIDGE ROAD ROXBORO, NC 27573		-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600 F 607 SS=J	monitored, and ongoi reviewed at the week QA Meeting is attended DON, MDS (Minimum Therapy, HIM (Health and the Dietary Mana). Date of Corrective Accommendate of Corrective Accommendate jeopard 10/14/2022 was valid interviews revealed the on identifying residen notification of abuse. skin assessments we cognitively impaired moriented residents we concerns identified. The facility's corrective as to be completed as	te. Compliance will be ng auditing program ly QA Meeting. The weekly ed by the Administrator, n Data Set) Coordinator, n Information Management), nger.  tion Plan: 10/14/2022  cility's corrective action plan dy removal effective ated by the following: Staff ney had received education t abuse and immediate Confirmation was made that re completed on all esidents and alert and re interviewed with no		600			
	§483.12(b)(1) Prohibi neglect, and exploitat misappropriation of re	t and procedures that:  t and prevent abuse, ion of residents and esident property, sh policies and procedures					
	§483.12(b)(3) Include paragraph §483.95,	training as required at					

PRINTED: 11/23/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DELAN OF CORRECTION IDENTIFICATION NUMBER		l	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING			C 11/21/2022		
NAME OF P	ROVIDER OR SUPPLIER		l	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 117.	21/2022	
POYRODO	) HEALTHCARE & REHA	AR CENTED		9	01 RIDGE ROAD			
ROXBORG	HEALTHCARE & REHA	AB CENTER		F	ROXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B) CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 607	Continued From page	e 14	F	607				
	§483.12(b)(4) Establis QAPI program require	sh coordination with the ed under §483.75.						
	facilities in accordance Act. The policies and	reporting of crimes funded long-term care with section 1150B of the procedures must include the following elements.						
		ting a conspicuous notice of efined at section 1150B(d)						
	retaliation, as defined (2) of the Act. This REQUIREMENT by:	hibiting and preventing at section 1150B(d)(1) and is not met as evidenced						
	facility failed to impler and procedures with i supervisor of staff-to-protection of the resid immediate examination residents potentially a for 1 of 3 cognitively if for abuse. NA #1 slap face as Resident #1 rhand soiled with feces witnesses to the abus immediately resulting protection of Resident assessment of Resider residents in the care of abuse.	iew and record review the ment their abuse policies armediate notification of a resident abuse, immediate lent and other residents, and on of the resident and other affected by physical abuse mpaired residents reviewed uped Resident #1 across the reached for NA #1 with a s. PCA #1 and PCA #2, se, did not notify a supervisor in a lack of immediate t #1, a lack of a physical ent #1, and the other of NA #1 at the time of the			Past noncompliance: no plan of correction required.			
	Findings included:							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		(X3) DATE SURVEY COMPLETED		
		345311	B. WING				С
NAME OF P	ROVIDER OR SUPPLIER	345311	B. WING	STDE	EET ADDRESS, CITY, STATE, ZIP CODE	11/	21/2022
	O HEALTHCARE & RE	EHAB CENTER		901 F	RIDGE ROAD BORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIE	'STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 607	Procedures dated stated under the presponsibility of the any incident or sus abuse to facility modumentation in the Procedures further "Physical abuse is pinching, kicking, wheading "Abuse In procedures revealed taken to protect the taking steps to prevent and upon receiving licensed nurse or pexamine the reside under the heading revealed all reside staff for indicators/exploitation.  Resident #1 was an 10/11/2021 and has affecting the left no strokes with dama.  Documentation on Minimum Data Set coded Resident #1 impaired.  Documentation in revealed she receiprocedure training.	the facility Abuse Policies and as last reviewed on 9/2022, olicy in part that it was the elemployees to promptly report spected incident of resident anagement. The he Abuse Policies and revealed under definitions, defined as hitting, slapping, etc." Documentation under the vestigation" the policies and elementation was to be residents partially including vent further potential abuse greports of physical abuse a physician shall immediately ent. Additional documentation "Investigation Guidelines" ints would be assessed by the criteria for abuse, neglect, and admitted to the facility on ad diagnoses of hemiplegia on-dominant side and multiple	F	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	c	
		345311	B. WING		<del></del>		21/2022	
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
ROXBORO	HEALTHCARE & REHA	AB CENTER			01 RIDGE ROAD ROXBORO, NC 27573			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 607	Continued From page	e 16	F	607				
		ned as a PCA she was able	-					
		as a "helping hand" for the						
	T	xplained NA #1 acted as a						
	mentor to her and PC							
		PCA #1 recalled that she						
	went to assist Reside							
		n 5:30 PM and 6:00 PM,						
	_	e of the duties, she was able						
	to do as a PCA. PCA	#1 indicated NA #1 came to						
	the door of the room	and told her to not feed						
	Resident #1 because	she had been playing in						
		ated she went on to assist						
	Resident #1 in eating							
		to feeding her. PCA#1						
		e she saw Resident #1 was						
		ce care rounds when she						
		nto the room by PCA #2 who						
	_	he room. PCA #1 explained						
		n "playing" in her feces and						
		l up and have her sheets						
		plained the following events						
	as occurring after she							
		ximately 10:00 PM. PCA#2 d get supplies. Resident#1						
	_	aggression. When PCA #2						
		was turned to her side and						
		A #1 and PCA #2. Resident						
	•	and to grab NA #1 but did						
	not touch her. At that							
		oss the face. Resident #1						
		oked shocked. Resident #1						
		t me?" The roommate of						
		nt #7) woke up and asked						
		from behind the privacy						
		n provided to Resident #1 in						
		the room of Resident #1,						
	PCA #1 told NA #1 she should not have slapped							
	Resident #1 and NA	#1 agreed she should not						
		#1 stated the nurse for the						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
				_		(	C	
		345311	B. WING			11/:	21/2022	
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 01 RIDGE ROAD			
ROXBOR	O HEALTHCARE & REH	AB CENTER		R	OXBORO, NC 27573			
(X4) ID PREFIX TAG					PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 607	revealed she did not if she was in the room #1, PCA #2, and NA provide care and enter #3. PCA #1 explained Resident #3 with both in the room. PCA #1 to Resident #3 and pother incident to Resishe did go back in the check on her because Resident #1 had a reshe was slapped. PC mark on the face of F#1 further explained so nurse to tell her what #1, and she did not the in the front of the hall facility at 11:00 PM. Find the Director of Nursin her of the events on the PCA #1 explained shoursing she had to resident immediately directly no matter the Documentation in the revealed she received procedure training on PCA #2 was interview AM. PCA #2 confirme hallway Resident #1 11:00 PM shift on 10/ she had been assisting Resident #1 had to be	ication cart outside a r down the hallway. PCA #1 think the nurse was available in with another resident. PCA #1 had one more room to be red the room of Resident id care was provided to in PCA #2, NA #1 and herself is tated NA #1 was very kind erformed care without any ident #3. PCA #1 revealed it is room of Resident #1 to be she was told by PCA #2, id mark on her face where if it is at that time. PCA is the could not find the hall had happened to Resident in had happened to Resident in hink to tell any of the nurses way prior to leaving the PCA #1 explained she called by the following day to notify the evening of 10/10/2022. The was told by the Director of export a nurse aide slapping a to a nurse or to call her time of day.  The training record for PCA #2 is a place of the policy and in 9/23/2022 at the facility.  The training record for PCA #2 is a place of the policy and in 9/23/2022 at the facility.	F	607				

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	С
		345311	B. WING			11/:	21/2022
	ROVIDER OR SUPPLIER  D HEALTHCARE & REH	AB CENTER		90	TREET ADDRESS, CITY, STATE, ZIP CODE D1 RIDGE ROAD OXBORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	rounds for the evenirentered the room of lover everything from walls. PCA #2 explain was arguing with Rest that NA #1 stated to pull your diaper off? you playing? Look at she had left the room came into the room treturned to the room. NA #1 on her side, wfor NA #1. PCA #2 st Resident #1 hard acrindicated she was ver #1 why she would do NA #1. PCA #2 also Resident #1 (Resident was happening. PCA NA #1 and PCA #1, characteristic was happening. PCA NA #1 and PCA #1, characteristic was wrong, and she explained she did no because everything would be do the hall, identifying N #2 stated she decide morning to call the D she knew then the si seriously. PCA #2 stated she were pca #2 stated	very last incontinent care ag NA #1 and she had Resident #1 to find feces all the pad, bedding, and the ned NA #1 was irritated and sident #1. PCA #2 revealed Resident #1, "Why did you Yes, you do know. Why are your hands." PCA #2 stated a to get supplies and PCA #1 to help. PCA #2 stated she and she was helping to hold then Resident #1 reached out	F	607			

fall mat was in place. PCA #2 stated she was able

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		345311	B. WING _		C 11/21/2022		
	ROVIDER OR SUPPLIER  D HEALTHCARE & REH			STREET ADDRESS, CITY, STATE, ZIP CO 901 RIDGE ROAD ROXBORO, NC 27573		1/21/2022	
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 607	where she had been had PCA #1 go into visualize her face, be did not see the red a stated she then left PCA #1 and NA #1 #1 slapped Resider not think it was appropriated in the next day after should be available to denied having the knotify a nurse or the immediately of a result Director of Nursing PM. The DON state her of any abuse even of 10/10/2022. The PCA #1 and PCA #2 11:00 AM and processisting NA #1 with #1 slapped the residence.	Resident #1 was red from a slapped. PCA #2 stated she the room of Resident #1 to out PCA #1 relayed to her she area on her face. PCA #2 the facility at 11:00 PM with without notifying anybody NA at #1. PCA #2 stated she did ropriate to call the Director of ight and she did not know the of the building to tell them. called the Director of Nursing he knew both her and PCA #1 to speak to her. PCA #2 nowledge she needed to be Director of Nursing sident being slapped until the told her when she called the on 10/11/2022.  The nursing assignment 2022 on the 3:00 PM to 11:00 PA #1 was assigned to care for m which Resident #1 resided. For the word of the multiple attempts to outerview.  The was conducted with the (DON) on 11/17/2022 at 2:32 do nobody called or notified wents occurring on the evening DON revealed on 10/11/2022 at called her at approximately seeded to tell her they were in care to Resident #1 and NA dent. The DON stated she	F 6	07			
	and why they did no	y they were just telling her ot call her immediately when DON indicated the PCAs					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						(	С
		345311	B. WING			11/	21/2022
	ROVIDER OR SUPPLIER  DHEALTHCARE & REHA	AB CENTER		90	TREET ADDRESS, CITY, STATE, ZIP CODE 01 RIDGE ROAD 20XBORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	not reported this to he occurrence. The DON PCAs this was abuse a nurse, the DON, an immediately. The DO PCAs go over what he she requested the PC she went to get the far DON stated she told the early for work so their documented. The DO immediately went to the thing that the property of the property	the would be upset they had be immediately upon the land indicated she told both the land it had to be reported to dor the Administrator. In revealed she had the land specifically occurred, and land cast stay on the phone while land it had to be phone while land the land t	F	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345311	B. WING _			C 1 <b>1/21/2022</b>	
	ROVIDER OR SUPPLIER  D HEALTHCARE & RE	EHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP C 901 RIDGE ROAD ROXBORO, NC 27573	•		
(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 ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 607	Administrator on 1 facility Administrate at the same time at NA #1 had slapped night on the evenific confirmed PCA #1 reeducated on the incident and were investigation. The worked with the Dithe reporting, invermonitoring pieces procedures. The A entire staff had be policies and proce residents who exh handling frustrated so that intervention abuse.  The facility was not Jeopardy on 11/17  The corrective active dated 10/14/2022  F607 Abuse Past Action Plan  Identify those recipare likely to suffer, a result of the none on On October 11, 20 of Nursing (DON) care aides that the Nursing Assistant)	conducted with the facility 1/21/2022 at 1:05 PM. The or stated that she was notified as the Director of Nursing that d Resident #1 on the previous ng shift. The Administrator and PCA #2 had been process for notification after an suspended pending an Administrator stated she irector of Nursing to implement stigation, education, and of the abuse policies and administrator added that the en reeducated on the abuse dures to include caring for ibit challenging behaviors, d staff, and seeking assistance has can be put in place to avoid  otified of the Immediate 1/2022 at 5:45 PM. Ion plan for noncompliance was as follows:  Non-Compliance Corrective  Dients who have suffered, or a serious adverse outcome as	F	507			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG	, ,	TE SURVEY MPLETED	
		345311	B. WING _		11/21/2022		
	ROVIDER OR SUPPLIER  D HEALTHCARE & REH	IAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573		1/21/2022	
(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 APPROPRIATI  DEFICIENCY)		(X5) COMPLETION DATE	
F 607	Daily Living) care for On 10/11/2022 Residence as a result of the assessment revealed obvious bruising or 10/11/2022, the Assident #1. There bruises, skin tears, #1's skin. One 10/1 Nurses notified Resident #1 Director on 10/11/2022, the reenactment with the abuse. All staff involver interviewed ar investigation including 2 support aides who	#1 with ADL (Activities of r the resident.  Ident #1 was assessed by the or any injury on the resident's he alleged abuse. The red that resident #1 had no redness on her face. On istant Director of Nurses a full body assessment of were no obvious injuries, scratches noted on resident 1/2022, the Director of ident #1's responsible party rector of the alleged abuse. Director of Nurses completed to 2 witnesses to the alleged obved in this abuse allegation and suspended pending the accused CNA and the owitnessed the incident.	F 6	07			
	interviewed each of separately to get de During the interview also completed a re DON and the ADON care aide on the abound the completed pending.  On 10/11/ 2022 the were potentially imphaving the assigned audits on all resider.	DON and the ADON the two support aides tails of the alleged abuse. s, each support care aide enactment of the event. The I reeducated each support use policy on 10/11/2022 at oport care was also investigation of this event.  DON identified residents that eacted by this practice by I nurse complete head to toe ats with a BIMS (Brief eatus) below 13 on the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		345311	B. WING _	<del></del>		11/2	; 21/2022
	ROVIDER OR SUPPLIER  D HEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 901 RIDGE ROAD ROXBORO, NC 27573	DE	•	
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F 607	included: 13 of 13 resconcern identified relipotential injuries. On the assigned employed of 13 or above were in Services Director and concerns related to viresults included: 2 of alleged abuse occurry. Administrator audited days and Resident Concerns related to a There were no grieval Minutes that included the DON audited included: There were involved abuse. On Resources) audited included: There were involved abuse. On Resources audited in audited included: There were involved abuse. On Resources audited in audited included: There were involved abuse. On Resources audited in audited in the last 3 background checks, in certifications/licenses were no employees of background checks, in concerns with certification process. The abuse education as porientation process. The were no employees of education.  On 10/12/2022, after QA (Quality Assurance discuss the alleged and audited in the abuse education.	assignment. The results sidents has no areas of ated to skin integrity or 10/11/2022 all residents on ee's assignment with a BIMS interviewed by the Social I were asked if they had any erbal or physical abuse. The 2 residents denied any ed. On 10/11/2022 the I grievances for the last 30 ouncil Minutes for any buse. The results included: Inces or Resident Council I any abuse. On 10/11/2022 dent reports for the last 30 elated incidents. The results no incident reports that 10/11/2022 the HR (Human staff employee files that were 0 days, to assure that reference checks, is were reviewed as part of and the free out of compliance with reference checks, or ations/licenses. On addited education records of last 30 days for completed part of the new hire. The results included: There out of compliance with abuse of compliance with abuse. The results included: There out of compliance with abuse. The results included: There out of compliance with abuse. The results included: There out of compliance with abuse. The results included: There out of compliance with abuse. The results included: There out of compliance with abuse. The results included: There out of compliance with abuse. The results included: There out of compliance with abuse. The results included: There out of compliance with abuse.	F 6	07			

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		345311	B. WING		11/2	1/2022		
	ROVIDER OR SUPPLIER  D HEALTHCARE & REH	IAB CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 901 RIDGE ROAD ROXBORO, NC 27573				
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F 607	Continued From page 24 Administrator, and the QA Consultant to review the Abuse policy and status of the investigation. There were no additional findings at that time.		F 60	7				
	process or system fa	the entity will take to alter the allure to prevent a serious om occurring or reoccurring will be completed.						
	Coordinator) began (including agency) of prohibition/reporting include all current st training included: At allegations immedia Nurse/DON/Administrations of abuse	policy. This training will aff including agency. This buse Types, reporting abuse						
	above identified staf who does not compl	sing will ensure that any of the f (all staff including agency) ete the in-service training by be allowed to work until the d.						
	process to ensure re and the Social Servi interview 4 random s varying shifts/depart policy and reporting are following the about and monthly for 3 m timely reporting of a	ee will monitor the abuse esidents are free from abuse ces Director or designee will staff members each week, ments related to the abuse requirements to ensure staff use policy weekly for 2 weeks onths for compliance with Il allegations of abuse to the Reports will be presented to						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTR	(X3) DATE SURVEY COMPLETED		
		345311	B. WING				04/2022
NAME OF PROVIDER OR SUPPLIER  ROXBORO HEALTHCARE & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  901 RIDGE ROAD  ROXBORO, NC 27573			21/2022
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