

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

PRINTED: 05/22/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/19/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRANTSBROOK NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>290 KEEL ROAD</b> <b>GRANTSBORO, NC 28529</b>
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(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
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F 000	INITIAL COMMENTS  A complaint investigation survey was conducted on 4/19/23. Event ID# Z0N611. The following intakes were investigated: NC00200005 and NC00200868.  2 of the 5 complaint allegations resulted in deficiency.	F 000		
F 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;  §483.10(i)(3) Clean bed and bath linens that are in good condition;  §483.10(i)(4) Private closet space in each	F 584		4/24/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>04/24/2023</b>
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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 584	<p>Continued From page 1</p> <p>resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to ensure a resident's wheelchair or geri chair (a padded recliner with wheels) was clean, sanitary, and free of debris for 3 of 5 residents (Resident #3, #4, and #5) reviewed for environmental concerns.</p> <p>Findings included:</p> <p>a. An observation on 4/19/23 at 8:20 AM of Resident #3 sitting in a wheelchair in the hall by the nurses' station revealed the wheelchair wheel spokes had a layer of dust and the bar inside the bottom of the wheelchair had dust and debris.</p> <p>b. An observation on 4/19/23 at 8:25 AM of Resident #4's motorized wheelchair in her room revealed 6 areas of dried brown debris on the right front wheel fender approximately dime to quarter sized and 2 areas of dried debris on the left front wheel fender approximately dime sized. The wheelchair also had dust on the inner part of the right and left front wheel fender under the chair seat.</p>	F 584	<p>F584</p> <p>Wheelchairs or geri chairs were cleaned for residents #3, #4, and #5 on 4-19-23.</p> <p>A 100% audit of weehchairs or geri chairs for cleanliness was completed by the housekeeping manager by 4-24-23 and any concerns were addressed by the director of housekeeping.</p> <p>A wheelchair or geri chair cleaning schedule was implemented on 4-19-23. The housekeeping department was educated on the wheelchair or geri chair cleaning schedule by the housekeeping manager on 4-19-23.</p> <p>A weekly audit of the wheelchair or geri chair cleaning schedule will be completed by the housekeeping manager or designee to ensure compliance. This will be completed weekly for 4 weeks. Results of the weekly cleaning audits will be reviewed by the QAPI committee.</p>		

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F 584	Continued From page 2  c. An observation on 4/19/23 at 10:41 AM of Resident # 5 sitting in a geri chair outside in the smoking area revealed the left side of the geri chair had multiple brown stains and dust along the bottom rim on the right and left side.  An interview on 4/19/23 at 10:08 AM with Nursing Assistant #1 revealed she was unaware of a wheelchair cleaning process, and she would wipe the resident's wheelchair seat down if she observed any debris on the seat.  An observation and interview on 4/19/23 at 1:05 PM were conducted with the Director of Nursing (DON) which included observations of Resident #3's & #4's wheelchairs while they were sitting in the dining room and Resident #5 sitting in his geri chair outside in the smoking room. She stated that the wheelchairs and geri chair were dirty and needed attention.  An interview on 4/19/23 at 1:11 PM with the Housekeeping Manager and Administrator revealed there had recently been a change in Housekeeping Manager and the wheelchair cleaning process had 'gotten lost' during the transition. The Housekeeping Manager stated he was new to the facility and was unaware it was housekeeping's responsibility to clean the resident's wheelchairs. The Administrator stated he was new, and his focus had been on the building repairs and had overlooked the resident's wheelchairs.	F 584	Allegation of compliance: 4-24-23		