

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345535</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>12/05/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Adams Farm Living &amp; Rehabilitation</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 Mackay Road , Jamestown, North Carolina, 27282</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted on 12/01/25 through 12/05/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1DC9BD-H1.	E0000		
F0000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 12/01/25 through 12/05/25. Event ID# 1DC9BD-H1. The following intakes were investigated: 2673631, 2613422, 769362, 769572, and 769706.  7 of the 7 complaint allegations did not result in a deficiency.	F0000		
F0880 SS = D	Infection Prevention & Control  CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control  The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program.  The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F0880	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.  Nurse Aide #3 was in-serviced by the Director of Nursing Services (DNS) on 12/4/25 after the incident occurred with Resident #2 regarding the importance of donning personal protective equipment (PPE) equipment before providing any high contact resident activity for residents identified under the facility's Enhanced Barrier Precautions (EBP) plan.  Address how the facility will identify other residents having the potential to be affected by the same deficient practice.  The DNS and Assistant Director of Nursing began training in-service with all direct nursing staff and staff who have high-contact interactions with residents from 12/2/25 through 12/18/25 regarding the facility policy and procedure for Enhanced Barrier Precautions. The facility stressed the importance of wearing all specified PPE for all high contact resident care activities as listed in the facility's policy and procedure. Any direct care staff not in-serviced by 12/18/25 will be in-serviced prior to the next scheduled shift.	12/19/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0880 SS = D	<p>Continued from page 1</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p>	F0880	<p>Continued from page 1</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>DNS or designee will conduct EBP training during the facility orientation for all new hires and discuss specific high-contact activities that required PPE beginning new hires after 12/4/25.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and</p> <p>An audit tool titled, Enhanced Barrier Precaution Audit Tool, will be completed by the DNS and/or designee at random each week with at least seven staff members. Audits will be conducted weekly X 4 weeks and then monthly x3 times and quarterly thereafter to ensure compliance. Audits begin the week of 12/18/25.</p> <p>Audit compliance will be discussed weekly x4 by the Executive Director or designee during morning clinical meets where the Quality Assurance Performance Improvement (QAPI) Committee members attend. Results of audit compliance will be discussed monthly x 3 by the facility's QAPI team members at the QAPI meeting and quarterly thereafter. Revisions will be made to plan made as needed to ensure on-going quality and improvement.</p> <p>The facility alleges compliance as of 12/19/25.</p>	

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F0880 SS = D	<p>Continued from page 2</p> <p>Based on observations, record reviews and staff interviews, the facility failed to implement their policy for Enhanced Barrier Precautions (EBP) when Nurse Aide (NA) #3 failed to don a gown and gloves before providing oral care for Resident #2 who was under EBP for wounds and an indwelling catheter. The deficient practice occurred for 1 of 5 staff members observed for EBP (Nurse Aide #3).</p> <p>Findings included:</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy dated 5/13/2023 revealed it was the policy of the facility to utilize Enhanced Barrier Precautions (EBP), an infection control intervention designed to reduce transmission of multi-drug-resistant organisms that employs targeted gown and gloves used during high contact resident care activities. Enhanced Barrier Precautions were indicated for high contact care activities for residents with wounds or indwelling medical devices including central lines and gastrostomy feeding tubes and required hand hygiene before and after leaving the room and the use of gloves and a gown.</p> <p>Observation of Resident #2's room on 12/2/25 at 2:58 PM revealed there was signage outside the room indicating Enhanced Barrier Precautions (EBP) were to be used. The room was a semi-private room and both residents in the room were on EBP.</p> <p>A blue Enhanced Barrier Precautions (EBP) sign was noted outside Resident #2's door on 12/2/25 at 2:58 PM. The sign read in part, "STOP Enhanced Barriers. Everyone must clean hands before entering and after leaving the room ...All healthcare personnel must wear gown and gloves for the following High Contact Resident Care Activities which include: dressing, bathing/showering, transferring, changing linens, provide hygiene, changing briefs or assisting with toileting, and device care or use; central lines, urinary catheter, feeding tubes, tracheostomy, wound care: any skin opening requiring a dressing.</p> <p>An observation was conducted with Nurse Aide #3 on 12/4/2025 at 9:20 AM in Resident #2's room. NA #3 entered Resident #2's room with a blanket and items to provide oral care. NA #3 draped a blanket over Resident #2 without gloves or a gown. NA #3 began providing oral care on Resident #2 and had a mask and gloves on</p>	F0880		

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F0880 SS = D	<p>Continued from page 3 without a gown. The NA was stopped by the surveyor and asked to place a gown on.</p> <p>Interview conducted with NA #3 on 12/4/2025 at 9:22 AM revealed she was assigned to Resident #2 for the morning shift. Interview included questions about the EBP for Resident #2 and NA #3 stated, "I was rushing" and "I know better." NA #3 further revealed "I got two out of three correct with my mask and gloves on." NA #3 stated she received training on the computer and by the Infection Preventionist regarding Enhanced Barrier Precautions.</p> <p>An interview was conducted with the Director of Nursing (DON) on 12/2/2025 at 4:00 PM. The DON stated EBP was only needed when there was a high contact care activity being performed on residents. The DON defined high activity care for residents as being wound care, activities of daily living care, ambulation, and gastrostomy care. She stated if staff were just answering a call light or changing the tube feeding you would not need full personal protective equipment (PPE) for EBP. The DON stated she expected all staff to follow infection control policy for EBP and to identify the posting of the EBP signs on the residents' doors.</p> <p>An interview with the Administrator on 12/3/2025 at 1:44 PM revealed she was aware Resident #2 was on EBP. The Administrator stated residents who require EBP are those who have wounds, have a urinary catheter, tracheostomy, and gastrostomy tube. She said the staff do not need to have PPE on when entering a resident room on EBP to answer their call light. The Administrator stated any residents on EBP would have a sign posted on their door and any staff member physically providing hands on care for the resident was expected to have a gown and gloves on. The Administrator stated the nursing staff were educated regarding Enhanced Barrier Precautions through in-person and on-line in-services. The Administrator stated the NA should have worn a protective gown and gloves while performing oral care to Resident #2.</p>	F0880		