

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/05/2026
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NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center	STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street , Raleigh, North Carolina, 27604
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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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F0000	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey was conducted from 03/03/26 through 03/05/26. Event ID#1F22EE-H1. The following intakes were investigated 2789514 and 2693705.</p> <p>2 of the 16 complaint allegations resulted in deficiency.</p>	F0000		03/26/2026
F0678 SS = D	<p>Cardio-Pulmonary Resuscitation (CPR)</p> <p>CFR(s): 483.24(a)(3)</p> <p>§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, and staff and Medical Director interviews, the facility failed to utilize an Automatic External Defibrillator (AED) during the provision of Cardiopulmonary Resuscitation (CPR) when an AED was available and Nurse #1 became aware that Resident #11, who was a full code, did not have a pulse and was not breathing, and failed to maintain documentation of current, valid CPR certification for Nurse #1 on file. This deficient practice occurred for 1 of 3 residents (Resident #11) reviewed for CPR, and 1 of 8 staff (Nurse #1) whose CPR certifications were reviewed.</p> <p>Findings included:</p> <p>The facility's policy titled "Cardiopulmonary Resuscitation" dated 8/2012 revealed in part "This facility provides the HeartSaver level of CPR as defined by the American Heart Association. Cardiopulmonary resuscitation will be initiated immediately on residents following a cardiopulmonary arrest, unless the resident has a 'Do Not Resuscitate' (DNR) order issued by the physician, or obvious signs of clinical death (including but not limited to: rigor mortis, dependent lividity, decapitation, transection,</p>	F0678	<p>F678 Cardio-Pulmonary Resuscitation (CPR)</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #11 has been discharged from the facility.</p> <p>Nurse #1's Basic Life Support Cardio-Pulmonary Resuscitation was renewed on 3/6/2026.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>On 3/20/2026, Director of Nursing and Assistant Director of Nursing initiated an audit of all discharges over the last 30 days to review any resident who coded in the facility to validate that CPR was initiated per facility protocol to include but not limited to activation of the crash cart/AED, announcing code blue, and performing Cardiopulmonary Resuscitation (CPR) using the appropriate technique. The audit will be completed by 3/26/26.</p> <p>On 3/19/2026, the Human Resources / Payroll Coordinator initiated an audit of all nurse's CPR certifications to ensure all current nurses on all shifts were certified in CPR with a copy of the CPR card. A CPR class will be scheduled for any identified areas of concern. The audit will be completed by 3/26/2026. The administrator set up a CPR class for 3/28/2026 for any nurse who cannot provide proof of CPR certification.</p>	03/29/2026

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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F0678 SS = D	<p>Continued from page 1 or decomposition) are present; or initiating CPR could cause injury or peril to the rescuer.”</p> <p>The American Heart Association (AHA) revealed in part the HeartSaver Courses included training in the lifesaving skills of first aid, CPR, and AED use.</p> <p>The facility's policy titled "AED Procedure" dated 4/2013 revealed in part "Authorization to use AEDS: Any licensed nurse who has completed the required training in the use of AED may deploy the AED in emergency situations where a crash cart is required. Staff will continue to maintain certification in CPR and the AED will be used in tandem with CPR. Procedure: In the event of discovering an unresponsive individual or witnessing the rapid decline of any resident/individual to an unresponsive state, staff will activate the procedure for Code Blue by overhead paging "Code Blue" and the location of the unresponsive resident/individual three times and activating EMS [Emergency Medical Services] by calling 911. All available staff will immediately deploy the crash cart [an emergency cart containing essential equipment for use during CPR] and AED to the announced location in response to the Code Blue announcement.”</p> <p>Resident #11 was admitted to the facility on 11/17/25 with a diagnosis of chronic atrial fibrillation (irregular heartbeat).</p> <p>A physician's order for Resident #11 dated 11/17/25 revealed CPR full code.</p> <p>Resident #11's care plan revealed a care guide section dated as initiated on 11/18/25 with an intervention of advance directives full code.</p> <p>Resident #11's admission Minimum Data Set (MDS) assessment dated 11/22/25 revealed she was cognitively intact. She did not receive anticoagulant medication.</p> <p>A nursing progress note dated 11/24/25 at 6:11 AM written by Nurse #1 revealed at 5:30 AM Resident #11 was found unresponsive on morning rounds. A Code Blue was called, and CPR was initiated and continued until EMS arrived.</p> <p>The Wake County EMS system patient care record for Resident #11 dated 11/24/25 revealed the call was received at 5:38 AM. Wake County EMS system Unit DC1 arrived on the scene at 5:43 AM. Upon arrival, Unit DC 1 found Resident #11 already under the care of the Wake County EMS Unit EMS 84 and the Raleigh Fire Department who reported that facility staff had found Resident #11</p>	F0678	<p>Continued from page 1</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 3/19/26, the initiated an in-service with all staff regarding Code Blue with emphasis on steps when finding a resident who has no pulse, BP, respirations or who has insufficient respirations to include (1) immediately alerting staff by calling/paging a code blue (2) checking resident code status (3) If a resident is a full code, then CPR must be started immediately to include activating the crash cart/AED/911. (4) CPR should be administered by trained staff. The in-services will be completed on 3/26/2026. After 3/26/2026, any staff that have not worked and received the in-service will complete it prior to the start of their next scheduled shift.</p> <p>On 3/14/2026, the Director of Nursing and Assistant Director of Nursing initiated a quiz with all nurses regarding CPR. This quiz is to validate staff understanding and knowledge of their role when identifying a resident who has no pulse or respirations and when performing CPR. Staff who are unable to correctly answer the questions on the questionnaire after two attempts will be removed from working with residents until they are able to validate knowledge and understanding of the education. All questionnaires will be completed on 3/26/2026. After 3/26/2026, all nurses that have not worked and received the questionnaire will complete it prior to the start of their next scheduled shift.</p> <p>All newly hired nurses will receive education regarding Code Blue with emphasis on steps when finding a resident who has no pulse, BP, respirations or who has insufficient respirations upon orientation. All newly hired nurses will be required to provide proof of their active CPR card prior to starting their first shift.</p> <p>The Administrator notified the Human Resources / Payroll Coordinator on 3/19/26 of their responsibility to monitor and track CPR card expiration dates for all nurses. The Human Resources /Payroll Coordinator will notify those nurses with CPR cards expiring within 3 months of the expiration date.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>CPR Drills will be completed weekly x 4 weeks on all</p>	

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F0678 SS = D	<p>Continued from page 2 in cardiac arrest and had moved Resident #11 onto the floor for CPR. Wake County Unit EMS 84 had the monitor in AED mode and no shock was advised. Resident #11 remained in asystole (the total cessation of electrical and mechanical heart activity) despite advanced life support measures. Resident #11 expired in the field. The time of her death was pronounced as 6:33 AM.</p> <p>On 3/4/26 at 8:45 AM a telephone interview with Nurse #1 indicated she recalled Resident #11. She reported she assumed care of Resident #11 on 11/23/25 at 7:00 PM and cared for her until the time of her death on 11/24/25. She stated Resident #11 had been her usual self and did not complain of anything during her care and rounds that shift. Nurse #1 reported she checked on Resident #11 on 11/24/25 at around 2:30 AM, lightly tapped Resident #11's shoulder and Resident #11 had opened her eyes and spoken to her at that time. Nurse #11 went on to say sometime after 5:00 AM on 11/24/25, when she checked on Resident #11, she realized that although Resident #11 was still warm, Resident #11 was not responding, not breathing and had no pulse. She reported Code Blue was paged overhead, 911 called, and the crash cart was brought to Resident #11's room immediately. She stated Nurse #2 got to Resident #11's room within seconds, they pulled Resident #11 off the bed and onto the floor, and Nurse #2 performed chest compressions while she provided ventilations with the Ambu bag (an Ambu bag is a manual resuscitator bag used to deliver ventilations and oxygen to a person who is not breathing during CPR) which was hooked up to 15 liters of oxygen. Nurse #1 reported although an AED had been available on the wall above the crash cart, everything happened so fast that she didn't think to bring it. She went on to say EMS arrived very quickly and took over. Nurse #1 indicated while she did recall instruction on AED use during her CPR certification training, but she was not aware the AED was something she had to use. She stated she and Nurse #2 just concentrated on doing CPR until EMS arrived.</p> <p>On 3/4/26 at 12:42 PM a telephone interview with Nurse #2 indicated he recalled Resident #11. He stated on 11/24/25 he heard the overhead page for Code Blue. He reported he immediately ran to Resident #11's room. He went on to say he and Nurse #1 pulled Resident #11 off her bed and onto the floor, and he provided chest compressions while Nurse #1 provided mechanical ventilations until EMS arrived. Nurse #2 stated EMS arrived very quickly. He reported that while he did recall the crash cart being in Resident #11's room, he did not recall there being an AED. Nurse #2 indicated he had participated in other Code Blues in the facility but the last one he could recall was a couple of years</p>	F0678	<p>Continued from page 2 shifts then monthly x 1 month by the Assistant Director of Nursing to ensure all staff to include license and unlicensed staff, understands their responsibilities during a code to include checking resident for responsiveness, checking for pulse and respirations, summoning for assistance, checking code status, paging code blue, initiating CPR, adequate staff responding, nurse designates staff to call 911, nurse designates staff to obtain crash cart/AED, crash cart/AED brought to scene, CPR continues until EMS arrives, crash cart stocked appropriately, obtaining the correct chart. Retraining will be conducted during the drill by the Assistant Director of Nursing for any identified areas of concern. The Director of Nursing will review and initial the acute CPR drills weekly x 4 weeks then monthly x 1 month for compliance and to ensure all areas of concern have been addressed.</p> <p>The DON will present the findings of the CPR Drills to the QAPI Committee monthly for 2 months. The QAPI Committee will meet monthly for 2 months and review the CPR Drills to determine trends and/or issues that may need further interventions and the need for additional monitoring</p> <p>The Human Resources / Payroll Coordinator will audit CPR card expiration dates for all nurses weekly for 4 weeks; then monthly for 2 months.</p> <p>The Human Resources / Payroll Coordinator will present the findings of the CPR Card Audits to the QAPI Committee monthly for 2 months. The QAPI Committee will meet monthly for 2 months and review the CPR Card Audits to determine trends and/or issues that may need further interventions and the need for additional monitoring.</p> <p>Alleged Date of Compliance: 3/29/26</p>	

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F0678 SS = D	<p>Continued from page 3 ago. He stated he did not recall ever using an AED during a Code Blue. He reported he just concentrated on CPR until EMS arrived.</p> <p>A review of Nurse #2's AHA 2020 BLS (Basic Life Support) Provider certificate provided by the facility on 3/5/26 revealed a course date of 4/5/2025 with a recommended renewal date of 2/2027.</p> <p>On 3/4/26 at 1:38 PM an observation of the AED located on the wall of the 100 Hall above the crash cart was conducted with the Central Supply Clerk. The Central Supply Clerk removed the AED from the wall and powered the AED device on. The AED was observed to power on and begin audible instruction to connect the pads to the patient. An interview with the Central Supply Clerk at that time revealed he was responsible for checking the AED monthly and for ordering additional defibrillator pads when necessary.</p> <p>In a telephone interview on 3/4/26 at 2:36 PM Nurse #3 stated she was working on 11/23/25 from 7:00 PM until 11/24/25 at 7:00 AM. She reported when she heard the overhead page for Code Blue for Resident #11 that morning, she was in another resident's room providing care. She stated that when she got to Resident #11's room, CPR was already being provided, she confirmed EMS had been called, and she returned to caring for her residents. She indicated her CPR certification was current on 11/24/25. Nurse #3 reported she had participated in Code Blues at the facility before, but it had been at least 2 years ago. She stated the facility had an AED available. She reported that when a resident experienced cardiopulmonary arrest, the procedure was to call the Code Blue, call EMS, and bring the crash cart and the AED which was located on the wall above the crash cart. She indicated the resident should be placed on the floor for CPR, and one person did compressions while another person provided ventilation with the AMBU bag hooked up to 15 liters of oxygen until EMS arrived. Nurse #3 stated that the AED should be applied to the resident, and then you would just listen to the AED for instructions on whether or not a shock was advised.</p> <p>A review of Nurse #3's AHA BLS (Basic Life Support) Provider certificate provided by the facility on 3/5/26 revealed an issue date of 11/9/24 with a recommended renewal date of 11/2026.</p> <p>On 3/4/26 at 3:20 PM a telephone interview with Director of Nursing (DON) #2 indicated she was the interim DON at the facility on 11/24/25 when Resident #11 experienced her cardiopulmonary arrest. She</p>	F0678		

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F0678 SS = D	<p>Continued from page 4 reported she worked as a mobile DON in multiple states. She stated she was not sure what the regulations were in North Carolina related to the use of an AED. DON #2 indicated her expectation would be that if a resident experienced a cardiopulmonary arrest, staff would immediately call the Code Blue, call EMS, bring the crash cart to the scene, and begin CPR. She reported that if the facility had an AED available, this should be brought with the crash cart. DON #2 stated the AED should be applied to the resident. She reported not all residents would be candidates for a shock. She indicated staff would just follow the instructions the AED gave to determine if a shock was beneficial. She reported that if the AED instructed a shock was advised, and this was delivered it could assist the resident to regain a heartbeat.</p> <p>On 3/4/26 at 4:22 PM a telephone interview with the Medical Director indicated he was familiar with Resident #11. He stated when Resident #11 was admitted to the facility, her medical condition was very complicated. He reported Resident #11 had a history of bleeding and was severely anemic (lack of healthy red blood cells reducing oxygen transport to organs). He indicated because of this bleeding, the blood thinning medication used to prevent blood clots from Resident #11's atrial fibrillation could not be given. The Medical Director stated Resident #11 refused all blood transfusions to treat her severe anemia because of her religious beliefs. He reported Resident #11's cardiopulmonary arrest on 11/24/25 was a rapid sequence of events. He stated staff initiated immediate and high quality CPR. He indicated EMS arrived on scene quickly. He reported he did not feel that the use of an AED by Nurse #1 and Nurse #2 on 11/24/25 would have changed the outcome for Resident #11.</p> <p>On 3/5/25 at 10:48 AM an interview with the Administrator indicated that the facility had an AED available for use on 11/24/25. She reported because it could have taken additional time to bring the AED, she felt it was appropriate for Nurse #1 and Nurse #2 to just concentrate providing CPR until EMS arrived. She indicated the facility did not currently have a copy of Nurse #1's CPR certification on file but were attempting to obtain this.</p>	F0678		
F0880 SS = D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p>	F0880	<p>F880 Infection Prevention & Control</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the</p>	03/29/2026

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F0880 SS = D	<p>Continued from page 5</p> <p>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.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</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</p>	F0880	<p>Continued from page 5 deficient practice.</p> <p>On 3/4/26, the Director of Nursing (DON) in-serviced nursing assistant #1 regarding Enhanced Barrier Precautions (EBP) to include the use of personal protective equipment (PPE) with emphasis on donning/doffing PPE while providing direct patient care to include catheter care and high contact activities, to any resident identified as requiring Enhanced Barrier Precautions.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>On 3/20/26, the Unit Manager and Nurse Supervisors initiated 10 random resident care observations on residents with Enhanced Barrier Precautions (EBP) with all staff to include all shifts. This audit is to ensure staff are utilizing appropriate use of PPE while in rooms designated as requiring isolation precautions, to include but not limited to EBP. The nurse supervisors and/or the DON will address all concerns identified during the audit to include re-education of staff. The observations will be completed by 3/26/26.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 3/4/26 the Director of Nursing, Assistant Director of Nursing, and Nursing Supervisors initiated an in-service with all nurses, medication aides, nursing assistants, and therapy regarding Enhanced Barrier Precautions (EBP) with emphasis on donning/doffing PPE while providing direct patient care to include catheter care and high contact activities, to any resident identified as requiring EBP. In-service will be completed by 3/26/26. After 3/26/26 any staff who have not worked or received the in-service will complete it prior to their next scheduled work shift. All newly hired nurses, medication aides, and nursing assistants will be in-service by the Assistant Director of Nursing regarding Enhanced Barrier Precautions with emphasis on donning/doffing PPE while providing high contact direct patient care during orientation.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Director of Nursing (DON), Assistant Director of</p>	

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F0880 SS = D	<p>Continued from page 6 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> <p>Based on observations, record review, and staff interviews, the facility failed to adhere to enhanced barrier precautions (EBP) during catheter care for Resident #4 who had an indwelling urinary catheter. This deficient practice occurred with 1 of 4 staff members observed for infection control practices (Nurse Aide #1).</p> <p>Findings included:</p> <p>The facility's EBP police dated 4/2023 revealed in part: "Enhanced Barrier Precautions (EBP) are used in conjunction with Standard Precautions to reduce the risk of MDRO (multi drug resistant organism) transmission during high-contact resident care activities. Includes the use of both gowns and gloves. EBP are meant to be in place for the duration of the resident's stay or the discontinuation of an indwelling medical device. Enhanced Barrier Precautions apply to residents with any of the following: Presence of an indwelling medical devices with or without the presence of an MDRO infection or colonization. Examples of indwelling medical devices: Indwelling Catheters."</p> <p>On 3/4/26 at 11:05 AM a continuous observation of indwelling urinary catheter care was conducted for Resident #4 with Nurse Aide (NA) #1. A sign was observed posted on the entry door to Resident #4's room which read in part "Stop, Enhanced Barrier Precautions Everyone must: clean hands before entering and after</p>	F0880	<p>Continued from page 6 Nursing (ADON) and/or Nurse Supervisor will complete 10 Resident Care Audits weekly x 4 weeks then monthly x 1 month. This audit is to ensure staff utilize appropriate PPE when providing catheter care and when in rooms designated as requiring isolation precautions to include but not limited to Enhanced Barrier Precautions (EBP). The DON and/or ADON will address all concerns identified during the audit to include re-training of staff. The Director of Nursing will review the Resident Care Audits weekly x 4 weeks and then monthly for 1 month to ensure all identified areas of concern have been addressed.</p> <p>The Director of Nursing will forward the results of the Resident Care Audits to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 2 months for review and to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p> <p>Alleged Date of Compliance: 3/29/26</p>	

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NAME OF PROVIDER OR SUPPLIER Tower Nursing and Rehabilitation Center			STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Bond Street , Raleigh, North Carolina, 27604	
(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
F0880 SS = D	<p>Continued from page 7 leaving the room. All HealthCare Personnel must: Wear gloves and gown for the following High Contact Resident Care Activities: Device care or use: urinary catheter.” Personal Protective Equipment (PPE) including gowns and gloves were observed at the entrance to Resident #4’s room in the hall. NA #1 was observed to perform hand hygiene and enter Resident #4’s room. She was not wearing a gown. She was observed to explain the procedure to Resident #4. She set up her supplies, including washcloths, towels, warm water, and soap. NA #1 was observed to perform hand hygiene and apply gloves. She assisted Resident #4 with positioning, opened his incontinence brief, and at 11:15 AM as she was preparing to use a washcloth moistened with soap and water to clean Resident #4’s urinary catheter which was inserted into his penis, she was asked to stop, make Resident #4 safe, and step out into the hallway.</p> <p>On 3/4/26 at 11:16 AM NA #1 was interviewed after she had stepped out into the hallway. NA #1 reported she had performed urinary catheter care for Resident #4 in the past. She stated she knew Resident #4 was on EBP and indicated she had received education on EBP. She stated EBP included the use of gowns and gloves when providing catheter care to a resident. NA #1 went on to say EBP was used to protect residents from germs and prevent the spread of infections. She stated she had always followed EBP and wore a gown and gloves when she performed catheter care for Resident #4, but this time she had been nervous and had forgotten to.</p> <p>The facility’s Infection Preventionist (IP) was not available for interview during the survey.</p> <p>On 3/4/26 at 11:45 AM an interview with the Director of Nursing (DON) indicated she was not the facility’s IP. She stated NA #1 should have worn a gown and gloves when performing urinary catheter care for Resident #4 to prevent the spread of germs which could cause infections. She reported NA #1 was usually very good with observing EPB precautions.</p> <p>On 3/5/26 at 10:48 AM an interview with the Administrator indicated NA #1 should have followed EPB precautions which included the use of a gown and gloves when providing indwelling urinary catheter care to Resident #4 to prevent the spread of infections.</p>	F0880		