

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/30/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARY HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6590 TRYON ROAD</b> <b>CARY, NC 27518</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	
F 000	INITIAL COMMENTS  A complaint investigation survey was conducted from 09/28/21 through 09/30/21. One of the nine complaint allegations was substantiated resulting in deficiency. Event ID# FL8811.	F 000			
F 564 SS=D	Inform Visitation Rghts/Equal Visitation Prvl CFR(s): 483.10(f)(4)(vi)(A)-(D)  §483.10(f)(4)(vi) A facility must meet the following requirements: (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section. (B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences. This REQUIREMENT is not met as evidenced by: Based on record review, family, and staff interviews the facility failed to allow outdoor	F 564	1. Resident is discharged. 2. All families will be called by the	10/17/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/08/2021

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 564	<p>Continued From page 1</p> <p>visitation of family for 1 of 1 resident reviewed for visitation (Resident #1). Findings included:</p> <p>Resident #1 was admitted to the facility on 8/7/2021 with diagnoses that included dementia, depression and anxiety. She was also COVID positive on admission.</p> <p>The most recent comprehensive Minimum Data Set (MDS) assessment dated 8/11/2021 indicated Resident #1 was severely impaired.</p> <p>During an interview on 9/28/2021 at 10:30 am, Resident #1's family member verbalized that she was informed by the facility that the only available visitation methods at the facility were zoom and window visits. She stated that she was concerned that window visits would not work and would be confusing to Resident #1 due to dementia diagnosis. She stated she had communicated with the Activities Director and Admissions coordinator and was informed that those were the only available visitation options.</p> <p>During an interview with the Activities Director (AD) on 9/28/21 at 1:00 pm, the AD stated that Resident #1 was admitted to the COVID unit on 8/7/21. She was Covid positive on admission and was transferred to 300 hall on 8/20/21 after her isolation period. She stated that she had informed Resident #1's family of zoom and window visit options since the facility was on lockdown during Resident #1's stay at the facility. She did not offer Resident #1's family an outdoor visit option after the resident's isolation period. During this period only compassionate care in person visits were allowed. She further stated that the facility opened back up for outdoor visitations for all</p>	F 564	<p>department head team to inform the families of the current visitation policy by 10/17/21.</p> <p>3. Automatic calls will be sent to families, by the administrator or designee to ensure that there is timely notification of any changes to the visitation policy 1 time per week for 12 weeks.</p> <p>4. Report log of the automatic calls will reported to QAPI quarterly times 6 months.</p>		

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

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OMB NO. 0938-0391

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F 564	<p>Continued From page 2</p> <p>residents starting 9/27/21. Families and friends were to call and set up appointments for the visits.</p> <p>During an interview on 09/29/2021 at 3:31 pm, the Admissions Coordinator stated that the facility stopped in person visitation during the facility outbreak status in August 2021. She stated that the only available visitation options during this period were zoom and window visits. Outdoor visit was not an option.</p> <p>An interview was conducted with the Facility Administrator on 9/30/21 at 9:00 am. The Administrator stated that during Resident #1's stay at the facility, the facility was following the facility 'Indoor visitation during an Outbreak' policy which stated that all visitations would be suspended during the outbreak status.</p>	F 564			