

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

PRINTED: 09/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/31/2022
NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 6590 TRYON ROAD CARY, NC 27518	
(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	F 000		
F 584 SS=B	<p>A complaint investigation and follow up survey were conducted from 8/30/22 to 8/31/22. Event ID# KSJC11</p> <p>Two of ten complaint allegations were substantiated resulting in a deficiency at a scope and severity of "B." NC 191605; NC 192341; NC 192444</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§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.</p> <p>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.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p>	F 584		

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

TITLE

(X6) DATE

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>§483.10(i)(4) Private closet space in each 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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to assure privacy curtains were without stains and night-stand drawers were without adhered matter on one (the 300 hall) of four halls during two consecutive days of the survey. The findings included: On 8/30/22 beginning at 9:35 AM an initial tour of the facility was conducted revealing the following. The privacy curtains in Room 320 and Room 318 both had very noticeable stains. The stains ranged in size from 1 foot by 1 foot, to 1 foot by 2 feet wide. Additionally, on 8/30/22 at 4:40 PM Resident # 3's privacy curtain was observed to have a dark stain, which was approximately the size of a dinner plate. The top and bottom drawers of Resident # 3's night- stand were observed to have a black substance adhered to the bottom of the drawers. The surface of the drawers appeared bubbled up and not smooth. On 8/31/22 beginning at approximately 11:15 AM, the Administrator and Maintenance Director were accompanied to view Rooms 320 & 318, and</p>	F 584			

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F 584	Continued From page 2 Resident # 3's room. At this time all the privacy curtains appeared stained as they had the previous day, and Resident # 3's drawers in night stand appeared in the same condition. The Administrator was interviewed during the observations and reported the following. The Administrator acknowledged the stains on the privacy curtains in the forementioned rooms. He stated that privacy curtains are washed when needed, and when a deep clean is done during a new resident move in. The Administrator also acknowledged the black substance in the drawers of Resident #3's night stand. He acknowledged that he did not know what the substance was, or how it appeared there.	F 584		