

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

PRINTED: 04/26/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345478</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARNETT WOODS NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>604 LUCAS ROAD</b> <b>DUNN, NC 28334</b>	
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced recertification and complaint investigation survey was conducted on 2/27/23 through 3/3/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #RX1S11.</p> <p>INITIAL COMMENTS</p> <p>A recertification and complaint investigation survey was conducted from 2/27/23 through 3/3/23. Event ID#RX1S11. The following intakes were investigated NC00193393, NC00193848, NC00194285, and NC00194285.</p> <p>10 of the 10 complaint allegations did not result in deficiency.</p>	F 000		
F 550 SS=D	<p>Resident Rights/Exercise of Rights</p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and</p>	F 550		3/27/23

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

TITLE

(X6) DATE

Electronically Signed

03/22/2023

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 550	<p>Continued From page 1</p> <p>practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to promote dignity for 4 of 4 residents (Resident #50 Resident #48, Resident #23 and Resident #11) reviewed for dining when Resident #48, Resident #23 and Resident #11 were not assisted with their meals immediately after nursing staff delivered the meal trays to the table and when Nurse #1 and Nurse Aide #2 stood while assisting Resident #50 and #48 with eating. The reasonable person concept was applied to this deficiency as individuals in their home environment have the expectation to engage in eating when food is served and to be assisted with eating by staff at an eye level position and not standing over the resident.</p> <p>Finding included:</p>	F 550	<p>Harnett Woods Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Harnett Woods Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Harnett</p>		

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F 550	<p>Continued From page 2</p> <p>1. On 2/27/2022 at 12:15 p.m. in a continuous observation, Resident #23, Resident #11, Resident #50 and Resident #48 were observed sitting around a rectangular table in the designated dining room area. Resident #23 and Resident #11 were observed sitting in recliner chairs at opposite ends of the rectangular table. Resident #50 was observed sitting in a high back wheelchair, and Resident #48 was observed positioned in a standard wheelchair positioned six inches apart on the side of the rectangle table. Nursing staff were observed removing four meal trays from the meal cart in the hallway and placing covered meal trays on the table in front of Resident #23, Resident #11, Resident #50 and Resident #48. Nurse # 1 began assisting Resident #50 with her meal. Resident #23, Resident #11 and Resident #48 were observed sitting at the table with meal trays covered while Nurse #1 assisted in feeding Resident #50.</p> <p>On 2/27/2023 at 12:22 p.m., meal trays for Resident #48, Resident #11 and Resident #23 remained covered and positioned in front of each resident at the table. Nurse #1 continued to assist Resident #50 with her meal tray. Nurse #2 was observed entering the dining room, performing hand hygiene and providing Resident #11 with a clothing protector. Nurse #2 repositioned Resident #11's recliner chair to a small square table in the dining room. Nurse #2 began assisting in feeding Resident #11 at 12:26 p.m. on 2/27/2023.</p> <p>On 2/27/2023 at 12:28 p.m., Nurse Aide (NA) #2 and NA #3 entered the dining room and performed hand hygiene. NA #2 began assisting in feeding Resident #48 her meal tray.</p>	F 550	<p>Woods Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F550 Resident Rights</p> <p>On 2/27/23, additional staff were obtained to provide feeding assistance for all residents in the dining area to include resident #48, #23 and #11.</p> <p>Resident #50 and #48 are unable to verbalize concerns related to dignity with meals when staff observed standing to feed during mealtime on 2/27/23.</p> <p>On 2/27/23, the Unit Manager verbally educated all staff serving meal trays in the dining area to include Nurse #1 and nursing assistant (NA) #2 regarding Dignity with Dining with emphasis removing residents from dining table if they cannot be immediately assisted with meal or if meal tray cannot be served if other residents are being served at the same table and when providing feeding assistance, staff should sit at resident eye level and not standing to promote dignity and respect.</p> <p>On 2/27/23, the Director of Nursing, RN Unit managers, MDS RN, MDS LPN, Scheduler LPN, Unit Nurse, and weekend nurse supervisor initiated resident care</p>		

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F 550	<p>Continued From page 3</p> <p>On 2/27/2023 at 12:30 p.m., NA #3 began assisting in feeding Resident #23 her meal tray.</p> <p>In an interview with Nurse #1 on 2/27/2023 at 12:41 p.m., she stated Resident #23, Resident #11, Resident #50 and Resident #48 receive their meal trays in the dining room, and nursing staff come to help assist in feeding the residents.</p> <p>In an interview with NA #2 on 2/27/2023 at 12:46 p.m., she stated the reason assistance with feeding was not started at the same time for Resident #23, Resident #11, Resident #50 and Resident #48 was because meal trays were delivered to residents that could feed themselves before returning to assist Resident #23, Resident #11 and Resident #48. She stated Resident #23, Resident #11, Resident #50 and Resident #48 should have been fed all at the same time.</p> <p>In an interview with the Administrator on 3/2/2023 at 3:15 p.m., she stated Resident #23, Resident #11, Resident #50 and Resident #48, who were sitting at the same table, should have been fed by the nursing staff at the same time and was unable to explain why the incident occurred on 2/27/2023.</p> <p>2. a. Resident #50 was admitted to the facility on 2/16/2018.</p> <p>The care plan dated 9/6/2019 for Resident #50 included a focus for assisting with activities of daily living and included providing total assistance with feeding Resident #50 slowly.</p> <p>The annual Minimum Data Set (MDS) assessment dated 2/8/2023 indicated Resident</p>	F 550	<p>audits with all nurses to include nurse #1, nursing assistants to include NA #2 and staff trained to provide feeding assistance. This audit is to ensure all residents needing assistance with meals were treated with dignity and respect by not serving meal tray until assistance can be provided, removing residents from dining table if they cannot be immediately assisted with meal or if meal tray cannot be served if other residents are being served at the same table and when providing feeding assistance, staff should sit at resident eye level and not standing over the resident. The Director of Nursing or Staff Development Coordinator will address all concerns identified during the audit to include but not limited to assistance with meals when indicated and/or education of staff. The audit will be completed by 3/27/23. After 3/27/23 any nurse, nursing assistance or staff trained to provide feeding assistance who have not worked or completed the audit will complete upon next scheduled work shift.</p> <p>On 3/1/23, the Administrative nurses and nurse consultants monitored all residents requiring feeding assistance to include residents #48, #23, #50 and #11 to ensure residents were treated with dignity and respect to include providing assistance at time meal tray passed and sitting at resident eye level when providing feeding assistance. There were no additional concerns identified.</p> <p>On 3/27/23, the Social Worker interviewed all alert and oriented residents who</p>		

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F 550	<p>Continued From page 4</p> <p>#50 was severely cognitively impaired and was total dependent of one person for feeding.</p> <p>On 2/27/2023 at 12:15 p.m. in a continuous observation, Nurse #1 was observed standing while assisting Resident #50 with her meal tray on the left side of the high back wheelchair positioned facing the side of the rectangle table in the dining room. There were four standard chairs observed in the dining room, and one standard chair was observed positioned two feet behind Nurse #1. Nurse #1 remained standing to assist with feeding Resident #50 the entire meal. Resident #50 finished her meal tray at 12:40 p.m. on 2/27/2023.</p> <p>In an interview with Nurse #1 on 2/27/2023 at 12:41 p.m., Nurse #1 said she preferred to stand when assisting Resident #50 in feeding, and there were not a lot of chairs in the dining room for sitting while assisting Resident #50 with feeding. She stated she should have been sitting when assisting in feeding Resident #50 her meal.</p> <p>In an interview with the Staff Development Coordinator on 2/28/23 at 2:08 p.m., she stated Nurse #1 was to sit next to Resident #50 when assisting her with feeding.</p> <p>In an interview with the Administrator on 3/2/2023 at 3:15 p.m., she stated Nurse #1 was to be in a sitting position when assisting in feeding Resident #50 her meal.</p> <p>b. Resident #48 was admitted to the facility on 3/3/2021.</p> <p>The care plan dated 2/18/2021 revealed Resident</p>	F 550	<p>require feeding assistance to identify any concerns related to dignity and assistance with meals. There were no concerns identified</p> <p>On 3/3/2023 the Director of Nursing and Staff Development Coordinator initiated an in-service with all nurses to include nurse #1, nursing assistants to include NA #2 and all staff trained to provide feeding assistance regarding Dignity with Dining with emphasis on when providing feeding assistance, staff should sit at resident eye level and not standing over the resident and never place a meal tray in front of a resident requiring feeding assistance unless you provide feeding assistance immediately. In-service also included if serving meals in dining area, staff should serve all residents at the same table together. If you are unable to serve all the residents at the same time or if any of the residents require assistance and assistance cannot be provided at time tray is served, the staff should remove the resident from the table until a time in which they can be served. The in-service will be completed by 3/27/2023. After 3/27/2023, any nurse, nursing assistance or staff trained to provide feeding assistance who have not worked or completed the in-service will complete upon next scheduled work shift. All newly hired nurses, nursing assistants or staff trained to provide feeding assistance will be in-serviced during orientation.</p> <p>The Director of Nursing, RN Unit managers, MDS RN, MDS LPN,</p>		

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F 550	<p>Continued From page 5</p> <p>#48 needed assistance with activities of daily living. Interventions included providing total assistance in feeding Resident #48 slowly.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/20/2023 indicated Resident #48 was moderately cognitively impaired and required total assistance of one person in feeding.</p> <p>On 2/27/2023 at 12:28 p.m., Resident #48 was observed sitting in a standard wheelchair positioned facing her covered meal tray on the rectangular table in the dining room when Nurse Aide (NA) #2 entered the dining room and began assisting in feeding Resident #48. NA #2 was observed standing on the left side of the wheelchair while assisting in feeding Resident #48. This observation continued until 12:40 p.m. on 2/27/2023.</p> <p>In an interview with NA #2 on 2/27/2023 at 12:49 p.m., she said the facility had taught her when assisting residents with feeding to be in a sitting position. She could not explain why she was standing to assist in feeding Resident #48 instead of sitting in a chair.</p> <p>In an interview with the Staff Development Coordinator on 2/28/23 at 2:08 p.m., she stated NA #2 was to sit next to Resident #50 when assisting her with feeding.</p> <p>In an interview with the Administrator on 3/2/2023 at 3:15 p.m., she stated NA#2 was to be in a sitting position when assisting in feeding Resident #48 her meal.</p>	F 550	<p>Scheduler LPN, Unit Nurse, and weekend nurse supervisor will complete 10 Resident Care Audits to include observations during all three meals and observations to include nurse #1 and NA #2, as well as residents #50, #48, #23, and #11 weekly x 4 weeks then monthly x 1 month. This audit is to ensure residents were treated with dignity and respect by removing residents from dining table if they cannot be immediately assisted with meal or if meal tray cannot be served if other residents are being served at the same table and when providing feeding assistance, staff sit at resident eye level and not standing over the resident. The Director of Nursing or Staff Development Coordinator will address all concerns identified during the audit to include but not limited to assistance with meals when indicated and/or retraining of staff. The Director of Nursing (DON) will review the Resident Care Audits weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The DON will forward the results of Resident Care Audits to the Quality Assurance (QA) Committee monthly x 2 months. The QA Committee will meet monthly x 2 months and review the Resident Care Audits 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>		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary	F 812		3/27/23	

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F 812	<p>Continued From page 6 CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to label, date, and/or remove expired food items stored for use in 1 of 1 walk-in coolers and 1 of 3 nourishment rooms (300 Hall Nourishment room). These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>1) An initial inspection of the kitchen area was made with Dietary Aide #1 on 02/27/23 at 9:20 AM revealed the following items stored in the walk-in cooler:</p> <p>- A plastic bag containing what appeared to be fried pork chops dated 02/15/23.</p>	F 812	<p>F812 Food Procurement, Store/Prepare/Serve- Sanitary</p> <p>On 2/27/2023, the Dietary Manager discarded all items in the Walk-in Cooler that were not dated when opened or had a "use by date" when indicated to include fried porkchops dated 2/15/23, cooked pork loin not dated and plastic bag of food not labeled or dated.</p> <p>On 3/1/2023, the Administrator and 300 hall LPN discarded all items in the 300-hall refrigerator that was not labeled with resident name or date to include but not limited to an open metal can of cola</p>		

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F 812	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- A metal pan containing a cooked pork loin, loosely covered with foil, not labeled or dated</li> <li>- An opened plastic bag containing unidentified cream colored round food items not labeled or dated.</li> </ul> <p>In an interview with the Dietary Manager on 02/27/23 at 10:00 AM she stated all foods that had been opened were to be labeled and dated with the open date. She noted the fried pork chops dated 02/15/23 had exceeded the regulated 7-day shelf life and should have been discarded. She explained she had cooked the pork loin the previous day to be used for lunch today. She stated the item should have been labeled and dated but she had been running the kitchen short staffed and had been in a hurry.</p> <p>2. An inspection of the refrigerator in the 300 Hall nourishment room on 03/01/23 at 1:35 PM revealed the following items stored in the refrigerator:</p> <ul style="list-style-type: none"> <li>- An open metal can of cola partially used that was not dated</li> <li>- An open plastic cup filled with brown liquid, partially used, with no label or date</li> <li>- A small plastic cup with cola, half full with no lid, label or date</li> <li>- Two small plastic bowls with lids that contained what appeared to be "greens" that were not labeled or dated</li> <li>- A carton of ice cream in the freezer section that had been partially used with no date and a lose fitting lid</li> </ul> <p>In an interview with the Administrator, who was present during the inspection, she stated all foods stored in the refrigerator should have had lids and</p>	F 812	<p>partially used, an open plastic cup filled with brown liquid, a small plastic cup with cola, half full with no lid, two small plastic bowls with lids that contained food that were not labeled or dated, a carton of ice cream in the freezer section that had been partially used with no date and a lose fitting top.</p> <p>On 3/3/2023, the Administrator and 300 hall LPN discarded all items in the 300-hall refrigerator that was not labeled with resident name or date to include but not limited to a bottle of clear liquid with pieces of lemon, celery, and cucumber and a pitcher of brown liquid from the kitchen with no label or date.</p> <p>On 3/3/2023, the Administrator completed an audit of all items in the Walk in Cooler. This audit is to ensure all items were labeled with an "open date" or an "use by date" when opened per facility protocol. The Administrator and Dietary Manager addressed all concerns identified during the audit to include discarding all food items not labeled and dated per facility protocol and education of staff.</p> <p>On 3/3/2023 the administrator completed an audit of all nourishment refrigerators to include refrigerator on 300-hall. This audit is to ensure all food items were labeled to include resident name and date, had secured lids or were discarded per facility protocol when expired. The unit LPN or RN addressed all concerns identified during the audit to include discarding all food items not properly labeled to include</p>		



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F 812	<p>Continued From page 8</p> <p>been labeled and dated. She disposed of the items listed above.</p> <p>A follow-up inspection made on 03/03/23 at 1:15 PM of the refrigerator in the 300 Hall nourishment room revealed the following items in the refrigerator:</p> <ul style="list-style-type: none"> <li>- A bottle of clear liquid with pieces of lemon, celery, and cucumber in it with no date or label on the bottle</li> <li>- A pitcher of brown liquid from the kitchen with no label or date.</li> </ul> <p>In an interview with the Administrator, who was present during the inspection, she stated that all food items and liquids in the refrigerator were to be labeled and dated. She noted the kitchen usually put stickers on the pitchers indicating the contents and date and she was surprised it did not have one.</p>	F 812	<p>resident name and date, discard any items expired per facility protocol and education of staff.</p> <p>On 3/1/2023 the Administrator initiated an in-service with the Dietary Manager and dietary staff in regards to Labeling and Storage of Food Items When Opened with emphasis on labeling all food items in the Walk in Freezer, Walk in Refrigerator or the Reach in Refrigerator with an "open date" or an "use by date" when opened per protocol to ensure food service safety. In-service will be completed by 3/27/2023. All newly hired Dietary Staff will be in-serviced during orientation regarding Labeling and Storage of Food Items When Opened.</p> <p>On 3/3/2023, the Staff Development Coordinator initiated an in-service with all nurses, nursing assistants, dietary staff and housekeeping staff regarding monitoring of nourishment room refrigerators/resident refrigerators with emphasis on ensuring all food items are labeled per facility protocol to include resident name, date and to ensure all expired items are discarded to ensure food service safety. The in-service will be completed by 3/27/2023. After 3/27/2023 any nurse, nursing assistant, dietary staff or housekeeping staff who has not worked or received the in-service will receive upon next scheduled work shift. All newly hired nurses, nursing assistants, dietary staff and housekeeping staff will be in-serviced during orientation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345478</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2023</b>
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F 812	Continued From page 9	F 812	<p>The Admissions Director, Maintenance Director, or Supply Coordinator will complete an audit of the Walk in Freezer, Walk in Refrigerator and the Reach in Refrigerators 3 times a week x 2 weeks, weekly x 2 weeks then monthly x 1 month utilizing the Kitchen Audit Tool. This audit is to ensure all items in the Walk in Freezer, Walk in Refrigerator or the Reach in Refrigerators are labeled with an "open date" or an "use by date" when opened and all expired items are discarded per facility protocol. The Dietary Manager will address all concerns identified during the audit to include discarding items not labeled or expired per facility protocol and re-education of staff. The Administrator will review the Kitchen Audit Tool 3 times a week x 2 weeks, weekly x 2 weeks then monthly x 1 month to ensure all concerns addressed.</p> <p>The Payroll Bookkeeper, Medical Records Manager, Activity Director or Activity Aide will audit all nourishment room refrigerators 3 times a week x 4 weeks then monthly x 1 month utilizing the Nourishment Room Audit Tool to ensure all food items are labeled with resident name, date and are stored in appropriate containers with lids secured when indicated and that all expired items are discarded per facility protocol. The Unit RN or LPN will address all concerns identified during the audit to include discarding all items not labeled with resident name, date or stored in appropriate containers or any items that are expired per facility protocol. The</p>	

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

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F 812	Continued From page 10	F 812	<p>Director of Nursing will review the Nourishment Room Audit Tool 3 times a week x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The Administrator will present the findings of the Kitchen Audit Tool and the Nourishment Room Audit Tool to the Quality Assurance (QA) committee monthly for 2 months. The QA Committee will meet monthly for 2 months and review the Kitchen Audit Tool and the Nourishment Room Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		