

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349	
(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 11/01/2023 through 11/02/2023. Event ID# 6EDJ11. The following intakes were investigated NC00198817, NC00204541, NC00204994, NC00206177, NC00207295, NC00208199, NC00208770, and NC00208877.	F 000		
F 745 SS=D	1 of the 18 complaint allegations resulted in deficiency. Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to ensure Resident # 9 had transportation arrangements for her podiatry appointments as requested by her husband resulting in Resident #9 missing podiatry appointments for one of one resident reviewed for medically related social services. The findings included: Resident # 9 was admitted into the facility on 7/28/2023 with the diagnoses of diabetes mellites, nontraumatic ischemic infarction of muscle of left lower leg, unspecified atherosclerosis of native arteries of extremities, right leg, cellulitis of left lower limb, acquired absence of other left toe(s). A review of her hospital discharge orders dated	F 745	F745 SS-D 1)Per the 2567, the facility failed to ensure resident #9 had transportation arrangements for her podiatry appointments as requested by her husband resulting in the resident missing a podiatry appointment. No adverse outcomes were identified. Resident was successfully discharged home on 10-21-23.. 2)All residents have the potential to be affected by the alleged deficient practice if requiring transportation to an outpatient appointment. 100% audit was completed to ensure any resident with a scheduled outpatient appointment	11/22/23

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

TITLE

(X6) DATE

Electronically Signed

11/20/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 745	<p>Continued From page 1</p> <p>7/28/2023 indicated an order for antibiotic ointment to ulcer to left posterior leg covered with a dressing daily. There was no order for follow-up appointments for podiatry noted.</p> <p>The Admission Minimum Data Set dated 8/3/2023 revealed that Resident #9 was severely cognitively impaired, had no behaviors, had 1 stage 2 pressure ulcer, and was at risk for developing pressure areas.</p> <p>Resident # 9 was discharged from the facility on 10/12/2023.</p> <p>A phone interview was attempted with the Wound Care Physician regarding Resident #9's wounds. He was unable to be reached.</p> <p>A phone interview was attempted with Resident #9's physician regarding her wounds. He was unable to be reached.</p> <p>An interview with the facility Social Worker conducted on 11/1/2023 at 2:00 PM indicated that on a date unable to be determined Resident #9's husband called and spoke to the her inquiring why Resident #9 was not going to the podiatry appointments the Residents husband stated that Resident #9 had these pre-scheduled prior to her hospitalization and admission into the facility The facility Social Worker then notified the Transportation Scheduler of the needed appointments.</p> <p>An interview with the Transportation Scheduler conducted on 11/1/2023 at 1:51 PM indicated that he made appointments as he was made aware of them. The Transportation Scheduler stated that he could not give an exact date of when he had</p>	F 745	<p>is scheduled and transportation arranged. No adverse outcomes noted with this audit.</p> <p>3)Education was started for all nursing staff staff on 11-3-23 to include contract agency by the Director of Nursing and or designee regarding resident appointments and confirmation of scheduled transportation arrangements. Prior to and upon admission, the Admissions Director and nursing staff will also confirm with the resident and or responsible party of any outstanding appointments needed to be scheduled that are not indicated on the hospital discharge summary</p> <p>4)To ensure ongoing compliance, the Director of Nursing and or designee will conduct compliance audits 3X a week times 12 weeks to ensure staff is aware of any outstanding or to be scheduled outpatient appointments and that appropriate transportation to said appointments are arranged an confirmed. The facility will provide education on any areas of concern.</p> <p>Results of the audits will be reported to the the monthly QAPI committee meeting until such time that substantial compliance has been achieved X 3 months times 12 weeks to ensure staff is aware of any outstanding or to be scheduled outpatient appointments and that</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 745	<p>Continued From page 2</p> <p>been made aware that Resident #9 required podiatry appointments. He further stated that Resident #9 had appointments made for 9/6/2023, 9/13/23, 9/27/2023 and 10/4/2023. He stated that Resident #9 did not go to her scheduled appointment on 9/6/2023 because she required a stretcher for transportation which he was not aware of. He explained that he had scheduled a wheelchair transport for 9/6/2023 and they could not accommodate Resident #9. On 9/13/2023 the transport company did not show up to take Resident #9 to her appointment. On 9/20/2023 transportation services were unable to be scheduled due to transportation stating they could not transfer on that day. He indicated that Resident #9 attended the 9/27/2023 and 10/4/2023 scheduled appointments. The Transportation Scheduler further stated that after the appointment on 10/1/2023 Resident #9's order changed to have appointments scheduled every 3 weeks. The Transportation Scheduler indicated that missed appointments were not rescheduled.</p> <p>An interview with the Director of Nursing on 11/1/2023 at 2:15 PM revealed that when a resident entered the facility, the facility checked the orders to see if there was wound care orders and if they were going outside the facility for wound care or in-house. At the time of Resident #9's admission the facility was not aware Resident #9 appointments for podiatry and was not made aware until Resident #9's husband inquired about them. The Director of Nursing further revealed when the facility was made aware by the resident representative that he wanted Resident #9 to go to podiatry the appointments were scheduled. The Director of Nursing also revealed that it was the Social</p>	F 745	<p>appropriate transportation to said appointments are arranged as confirmed. The facility will provide education on any areas of concern.</p>		

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 745	Continued From page 3 Workers understanding based on information provided by the husband that the appointments were prescheduled prior to Resident #9 going to the hospital and admission into the facility. The Social Worker relayed to the Director pf Nursing that per the conversation with the Resident's husband Wednesdays were the only day the podiatrist was able to see Resident #9 so missed appointments were not rescheduled. An interview with the Interim Administrator on 11/2/2023 at 10:30 AM revealed that he was not the Administrator at the time of Resident #9's admission or discharge however he would expect that any residents that required appointments from a outside provider would go to the appointments as scheduled.	F 745			
F 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F 842		11/22/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 4</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p>	F 842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 5</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to ensure the medical records were complete and accurate in the area of wound care for three (Residents #2, #9, & #10) of three sampled residents. The findings included:</p> <p>1. Resident #2 was most recently admitted to the facility on 9/01/23 with diagnoses to include stage 4 pressure wound sacrum.</p> <p>Record review dated 9/12/23, physician orders directed staff to clean sacrum with wound cleanser/gauze, skin prep periwound, apply silver alginate with santyl ointment, and cover with dry dressing daily on day shift for wound care.</p> <p>Record review of wound care treatments revealed there were no wound care treatment notes or nurse initials documented on Resident #2's Treatment Administration Record (TAR) to indicate the treatment was completed on 10/04/23, 10/12/23, 10/16/23, 10/19/23, 10/23/23, 10/26/23, or 10/27/23.</p> <p>The facility's Treatment Nurse was interviewed on 11/02/23 at 11:10 AM. The Treatment Nurse reported providing treatment as ordered to Resident #2 on 10/04/23, 10/12/23, 10/16/23, 10/19/23, 10/23/23, 10/26/23, and 10/27/23. She revealed she did not document in her notes and</p>	F 842	<p>F842 SS-B</p> <p>1) Per the 2567, the facility failed to ensure the medical records were complete and accurate in the area of wound care for resident's #2, #9 and #10. No adverse outcomes were identified for those 3 residents and no decline in skin integrity was noted in those residents.</p> <p>2) All residents have the potential of being affected by the alleged deficient practice if wound documentation is not completed or accurate on the residents. Treatment Administration Record (TAR) and in the wound care treatment notes. 100% audit was completed to ensure all residents with a physician ordered wound treatment is signed off on the TAR indicating MD order was followed and completed and wound care treatment notes, if indicated, are in place in the resident's medical record. Expectation for all to be completed by the end of the day. No adverse outcomes noted.</p> <p>3) Education was started on 11-3-23 for all nursing staff, to include contract agency</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 6</p> <p>did not enter the treatments on the TAR. She explained she got busy and was trying not to stay late to document but forgot to sign her charts and do late entry the next day.</p> <p>The Director of Nursing (DON) was interviewed on 11/02/23 at 12:18 PM and reported that treatments should be entered on TAR and nurse's notes should be entered if needed for all treatments when completed. The DON validated pressure sore treatments had not been entered in the electronic medical record in a note or on the TAR for Resident #2 on the dates of 10/04/23, 10/12/23, 10/16/23, 10/19/23, 10/23/23, 10/26/23, or 10/27/23. According to the DON, nurses should document treatments immediately after completion. The DON stated the Treatment Nurse and/or the Staff Nurse (if the Treatment Nurse was off) was responsible for documentation of treatments.</p> <p>Interview with the Administrator on 11/02/23 revealed he expected the Treatment Administration Records and electronic charting to be completed and correctly reflect the care provided.</p> <p>Findings included:</p> <p>2. Resident #9 was admitted into the facility on 7/28/2023.</p> <p>Resident #9's Physicians Orders and Treatment Administration Record dated 8/1/23-8/31/23 revealed:</p> <p>An order dated 7/28/23 to 8/19/23 to clean the left heel wound with wound cleanser, apply silver alginate and cover with a dry dressing daily and</p>	F 842	<p>staff, by the Director of Nursing or designee regarding properly documenting completion of a resident's physician ordered wound care, signature of completion on the TAR and wound care notes to be in resident's record if indicated by the end of the day. The Director of Nursing or designee will monitor 5X week for missing signatures on the TAR, missing wound care treatment notes, if indicated, and address any issues immediately with the assigned nurse and correct immediately.</p> <p>4) To ensure ongoing compliance, the Director of Nursing and or designee will conduct compliance audits 5X week X 12 weeks to ensure staff is documenting that wound care is completed on the TAR, wound care notes in place, if indicated, and that the expectation is that it is competed by the end of the day. The facility will provide education on any areas of concern.</p> <p>The results of the audits will be reported to the monthly QAPI committee meeting until such time that substantial compliance has been achieved X 3 months.</p>		

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 7</p> <p>as needed. This was not documented as completed on the Treatment Administration Record (TAR) on the 2nd, 6th, 7th, 9th, 16th, 17th, and 19th.</p> <p>An order dated 8/19/23 through 8/25/23 to clean arterial wound of the left posterior heel with wound cleanser and gauze, apply calcium alginate with a wound debriding ointment the cover with an abdominal pad and wrap with gauze daily and as needed. This was not documented as completed on the TAR on the 22nd and 25th.</p> <p>An order dated 8/25/23 to clean arterial wound of the left posterior heel with wound cleanser and gauze, apply skin prep to the periwound (tissue surrounding the wound) and calcium alginate with a wound debriding ointment to the wound bed cover with and abdominal pad and wrap with gauze daily and as needed. This was not documented as completed on TAR on the 26th, 28th, 29th, 30th, and 31st.</p> <p>Resident #9's Physician Orders and TAR dated 9/1/23-9/30/23 revealed:</p> <p>The order initiated on 8/25/23 to clean arterial wound of the left posterior heel with wound cleanser with gauze, skin prep to the periwound (tissue surrounding the wound), apply calcium alginate with Santyl ointment, cover with abdominal pad and kerlix and secure with tag every day and as needed. This order was active until 9/13/23 and was not documented as completed on TAR on the 9th or 12th.</p> <p>On 9/8/23 an order to clean the sacral wound with wound cleanser and gauze, apply skin prep to the</p>	F 842			

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 8</p> <p>periwound, apply calcium alginate and a dry dressing every day. This order was active 9/18/23 and not documented as complete on the TAR on the 9th, 12th, 16th, or 17th.</p> <p>On 9/8/23 an order to clean the left buttock with wound cleanser and gauze, apply skin prep to the periwound, apply silver alginate and a dry dressing daily with a discontinue date of 9/19/23 this was not documented as completed on the TAR on the 9th, 12th, 16th, or 17th.</p> <p>On 9/8/23 an order to clean the right buttock with wound cleaner and gauze, apply skin prep to the periwound and wound, apply silver alginate and cover with a dry dressing every day. This order was discontinued on 9/11/23 this was not documented as completed on the TAR on the 9th or 11th.</p> <p>On 9/11/23 the order to clean the right buttock with wound cleanser and gauze, apply skin prep to the periwound, apply silver alginate and cover with a dry dressing every day was re-written with a discontinue date of 9/19/23. This order was not documented as completed on the TAR on the 12th, 16th, and 17th.</p> <p>On 9/13/23 an order to the right and left heel to dress with moist wet to dry with diluted betadine and cover with a dry dressing every day. This order was active until 9/27/23 and was not documented as completed on the TAR on the 16th, 17th, 20th, 22nd, 25th, and 27th.</p> <p>On 9/18/23 an order to cleanse the sacral wound with wound cleanser and gauze, apply skin prep, apply hydrocolloid dressing and secure with border tape, change every Tuesday and Friday</p>	F 842			

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 9</p> <p>with a discontinued date of 10/3/23. This was not documented as completed on the 28th or 29th.</p> <p>On 9/27/23 an order to dress the right heel with moist wet to dry with diluted betadine dressing and cover with a dry dressing every day. This order was not documented as completed on the TAR on the 28th or 29th.</p> <p>A review of Resident #9's Physician Orders and TAR dated 10/1/23-10/31/23 revealed:</p> <p>The order initiated on 9/18/23 and discontinued on 10/3/23 to clean the sacrum with wound cleanser and gauze, apply silver alginate and cover with a dry dressing an order for the right heel to dress with moist to dry, diluted betadine every day and cover with a dry dressing was not documented as completed on the TAR on the 1st.</p> <p>The order initiated on 9/27/23 for the right heel to dress with moist wet to dry, diluted betadine every day and cover with a dry dressing was not documented as completed on the TAR on the 1st or 4th.</p> <p>An interview was conducted regarding Residents #9 on 11/2/23 at 9:30 AM with the Treatment Nurse Nurse who revealed that she knew she had missed documentation of treatments. She further stated that she would plan on documenting missed documentation the following day, but it seemed like something would come up and she never got back to completing the missed documentation. She also revealed that the treatments were completed as ordered on the days of missing documentation.</p> <p>An interview with the Director of Nursing on</p>	F 842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 10</p> <p>11/2/23 at 10:00 AM indicated that the Treatment Nurse had made her aware of missing documentation on Resident #9 after her interview on 11/2/23 at 9:30 AM and that it was understood by the Treatment Nurse that all documentation was to be completed at the end of the day.</p> <p>3. Resident #10 was admitted into the facility on 7/26/2022.</p> <p>Resident #10's most recent quarterly Minimum Data Set dated 8/31/2023 revealed that Resident #10 had 1 stage 4 pressure.</p> <p>A review of Resident 10's Physician Orders and Treatment Administration Record (TAR) dated 9/1/23 through 9/30/23 revealed:</p> <p>On 9/1/23 an order to clean the sacral wound with wound cleanser and gauze, apply skin prep to the periwound (tissue surrounding the wound), apply silver alginate and a wound debriding ointment then over with a dry dressing daily. This order was discontinued on 9/12/23 and not documented on the TAR as complete on the 3rd, 6th, and 9th.</p> <p>On 9/12/23 an order to clean the sacral wound with wound cleanser and gauze, apply skin prep to the periwound then silver alginate with a wound debriding ointment and collagen powder and cover with a dry dressing daily. This order was not documented as completed on the TAR on the 12th, 17th, 22nd, 25th, 28th and 29th.</p> <p>On 9/26/23 an order for the right ischium to be cleaned with wound cleanser and gauze, apply skin prep to the periwound and xeroform and a wound debriding ointment to the wound bed then cover with a dry dressing daily and as needed</p>	F 842			

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	<p>Continued From page 11</p> <p>was not documented as completed for on the 28th and 29th.</p> <p>A review of Resident 10's Physician Orders and TAR dated 10/1/23 through 10/31/23 revealed:</p> <p>An order initiated on 9/12/23 to clean the sacral wound with wound cleanser and gauze, apply skin prep to the periwound then silver alginate with a wound debriding ointment and collagen powder and cover with a dry dressing daily was not documented as completed on the TAR for the 1st, 2nd, 4th, 12th, 16th, 23rd, 26th, 27th and 28th.</p> <p>An order initiated on 9/26/23 to clean the right ischium to be cleaned with wound cleanser and gauze, apply skin prep to the periwound and xeroform and a wound debriding ointment to the wound bed then cover with a dry dressing daily and as needed was. This order was discontinued on 10/19/23 and not documented as completed on the TAR for the 1st, 2nd, 3rd, 12th, 16th, and 19th.</p> <p>On 10/19/23 an order to clean the right ischium with wound cleanser and gauze, apply skin prep to the periwound, apply silver alginate and a wound debriding ointment and cover with a dry dressing daily and as needed. This order was not documented on the TAR on 10/23/23.</p> <p>An interview was conducted regarding Residents #10 on 11/2/23 at 9:30 AM with the Treatment Nurse who revealed that she knew she had missed documentation of treatments, she further stated that she would plan on documenting missed documentation the following day, but it seemed like something would come up and she</p>	F 842			

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023
NAME OF PROVIDER OR SUPPLIER KENANSVILLE REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349		
(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 842	Continued From page 12 never got back to completing the missed documentation. She also revealed that the treatments were completed as ordered on the days of missing documentation. An interview with the Director of Nursing on 11/2/23 at 10:00 AM indicated that the Treatment Nurse had made her aware of missing documentation on Resident #10 after her interview on 11/2/23 at 9:30 AM and that it is understood by the Treatment Nurse that all documentation is to be completed at the end of the day.	F 842		