

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2024
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NAME OF PROVIDER OR SUPPLIER CAPITAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 HOLSTON LANE RALEIGH, NC 27610
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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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F 000	INITIAL COMMENTS A complaint investigation survey was conducted on 9/16/24. Event ID# 1SZJ11. The following intake was investigated: NC00221140. 1 of the 2 complaint allegations resulted in deficiency.	F 000		
F 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §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. 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. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584		10/24/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/01/2024
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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	Continued From page 1 §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §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 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, the facility failed to ensure the caulking around the base of the toilets (Room #210, #211, #308, #310, and #408) was adhered and free of black/brown matter. The facility also failed to ensure a baseboard in the bathroom (Room #211) was free of black/brown matter for 5 of 9 bathrooms reviewed for clean and homelike living environment. The findings included: a. During a continuous observation and interview with Resident #1 on 9/16/24 from 9:20 AM until 9:23 AM, the bathroom in room 211 revealed the caulking around the base of the toilet was detached in some areas with black/brown matter underneath. Also, a baseboard adjacent to the toilet had areas of dried black/brown matter. Room 211 was occupied by 2 residents, and Resident #1 was able to use the bathroom on their own or with supervision assistance by staff. Resident #1 stated that the bathroom often becomes flooded from the shower on the other side of the wall, which caused the black/brown matter on the baseboard.	F 584	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F584 The facility failed to maintain a Safe/ Clean/ Comfortable Homelike Environment 1. For room # 211, 210, 408, 310, 308, corrective action was obtained on 09/16/2024. On 09/16/2024 all caulking at the base of the toilets listed were removed and corrected and the baseboard in 211 was corrected. The Administrator Educated the Maintenance Team on Maintains a Safe/ Clean/ Comfortable/ Homelike		

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F 584	<p>Continued From page 2</p> <p>Resident #1 was coded as cognitively intact for the most recent Minimum Data Set (MDS) assessment dated 8/1/24.</p> <p>An observation and interview with the Maintenance Director on 9/16/24 at 9:47 AM revealed that the caulking around the base of the toilet does not look "that bad" in room 211, but he thought it needed to be pulled up and replaced. He further stated that the brown spots on the baseboard were due to water damage and needed to be painted.</p> <p>During an interview with the Administrator on 9/16/24 at 11:03 AM, he revealed that Resident #1's family member spoke to him last week about the brown spots on the baseboard, and she was told that that area needed to be addressed. The Administrator stated that the whole baseboard needed to be replaced.</p> <p>b. On 9/16/24 at 9:26 AM, an observation of the bathroom in room 210 revealed black/brown matter around the base of the toilet with the caulking detached in some areas. Room 70 was occupied by 1 resident. The resident of this room was not able to use the bathroom on her own.</p> <p>An observation and interview with the Maintenance Director on 9/16/24 at 9:50 AM revealed that he thought the bathroom in room 210 "looked ugly and the caulking needed to be replaced."</p> <p>The Administrator was interviewed on 9/16/24 at 11:06 AM. He revealed that brown was not the natural color of caulking. As time goes on and during room rounds, the caulking would not be</p>	F 584	<p>Environment with the focus on bathroom caulking and baseboards and the importance of routine rounding for preventative maintenance.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. On 09/16/ 2024, the maintenance team completed a full sweep of the building to ensure there were no other bathrooms that needed attention with caulking The results included: No other needs noted</p> <p>3. Systemic changes: The Administrator Educated the Maintenance Team on Maintains a Safe/ Clean/ Comfortable/ Homelike Environment with the focus on bathroom caulking and baseboards and the importance of routine rounding for preventative maintenance.</p> <p>4. Quality Assurance monitoring procedure.</p> <p>Utilizing the F584 Quality Assurance Audit Tool, the Administrator or Designee will monitor all caulking around the toilet base for appropriate environment. Compliance will be monitored and ongoing auditing program reviewed at the monthly Quality Assurance Meeting. The monthly Quality Assurance Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Therapy, Health Information Manager, and the</p>		

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F 584	<p>Continued From page 3</p> <p>observed. He stated that caulking was an optional item in the bathrooms.</p> <p>c. During a continuous observation and interview with Resident #2 on 9/16/24 from 9:35 AM until 9:38 AM, the bathroom in room 408 revealed the caulking around the base of the toilet was detached in some areas with black/brown matter underneath. Room 408 was occupied by 2 residents, and Resident #2 was able to use the bathroom with assistance by staff. Resident #2 stated that the base of the toilet looked "rough," and it did bother her.</p> <p>Resident #2 was coded as cognitively intact for the most recent Minimum Data Set (MDS) assessment dated 7/30/24.</p> <p>An observation and interview with the Maintenance Director on 9/16/24 at 9:52 AM revealed that he stated there was no caulking around the base of the toilet, and the black/brown substance was dirt.</p> <p>The Administrator was interviewed on 9/16/24 at 11:08 AM. He revealed that he was not aware Resident #2 did not like the appearance of the base of the toilet.</p> <p>d. On 9/16/24 at 10:40 AM, an observation of the bathroom in room 310 revealed multiple areas of a dried brown matter along the base of the toilet where the caulking was detached in some areas. Room 310 was occupied by 1 resident, and she was able to use the bathroom on her own or with supervision assistance by staff.</p> <p>During a continuous observation and interview with the Maintenance Assistant on 9/16/24 from</p>	F 584	<p>Dietary Manager</p> <p>DOC: 10/24/2024</p>		

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

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F 584	<p>Continued From page 4</p> <p>10:45 AM until 10:46 AM, he stated the base of the toilet in room 310 looked "horrible. The caulking needs to be stripped and replaced."</p> <p>e.On 9/16/24 at 10:41 AM, an observation of the bathroom in room 308 revealed multiple areas of a dried brown matter along the base of the toilet where the caulking was detached in some areas. Room 308 was occupied by 2 residents, and it was uncertain of their assistance with toileting.</p> <p>During a continuous observation and interview with the Maintenance Assistant on 9/16/24 from 10:47 AM until 10:48 AM, he stated "The same thing. The caulking needs to be stripped and replaced" around the base of the toilet in room 308.</p> <p>The Maintenance Director was interviewed on 9/16/24 at 9:43 AM. He revealed that the bathrooms were not being renovated. Room rounds were made whenever he was in a resident's room to observe if the toilet was running, or the sink was leaking. The Maintenance Director stated that the caulking was only for appearance purposes, and it did not seal or prevent water leakage. Any staff member could notify him if they saw issues with the caulking around the base of the toilets; however, the Housekeeping Director or maintenance staff could replace the caulking.</p> <p>During an interview with the Administrator on 9/16/24 at 11:10 AM, he revealed that the rooms needed to be more thoroughly observed, including the caulking around the toilet base. Any rooms with the caulking issue needed to be replaced.</p>	F 584			