STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345195	A. BUILDING _____ B. WING _____	C 07/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - TARBORO	1000 WESTERN BLVD TARBORO, NC 27886

(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 No deficiencies were cited as a result of the complaint investigation.	F 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to implement physician ordered nutritional interventions, in a timely fashion, for 1 of 4 sampled residents (Resident # 78) that experienced weight loss. Findings include: Resident # 78 was admitted on 03/11/11. Cumulative diagnoses included anemia, paralysis agitans, diabetes, acute kidney failure, hypertension, gastroesophageal reflux disease, chronic anxiety, dependent edema and osteoarthritis. On 03/11/11, the facility physician completed a History and Physical (H & P). The H & P indicated the resident had been hospitalized the prior month for an increased weakness,	F 325	F325 The facility will continue to ensure that a resident (1) maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eddie S. Webb — TITLE: Executive Director — (X6) DATE: 8-05-2011

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	345195	A. BUILDING _____ B. WING _____	C 07/21/2011

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F 325	Continued From page 1 confusion, not eating well, not taking her medication and mental status changes. Under REVIEW of SYSTEMS, the physician documented the resident had no weight loss , weight gain or anorexia. He added Resident # 78 was not having any obvious swallowing difficulties. On 03/11/11, the Yearly Weight Record indicated Resident # 78's weight was 191 pounds. On 03/28/11, Resident # 78's weight was recorded as 187 pounds. On 04/11/11 the resident's weight was recorded as 174 pounds. On 05/02/11, the resident's weight was listed as 168 pounds which reflected a 22 pound weight loss in approximately 5 weeks. On 05/09/11, Resident # 78's weight was listed as 165 pounds. On 05/12/11, Resident # 78 was seen by the physician for concerns about adequacy of intake. The physician documented the resident continued to complain of occasional nausea and vomiting but denied dysphagia. The PLAN included offering supplements with every meal and between meals and pushing fluids. Daily weights were also ordered. The Quarterly MDS, dated 06/08/11, indicated Resident # 78 was moderately cognitively impaired. The resident was coded as not rejecting care. The MDS indicated Resident # 78 required extensive assistance for eating. The resident's weight was recorded as 154 pounds. The MDS indicated the resident had no problems	F 325	***Criteria 1*** Resident #78 was from a closed record review and no longer resides in the facility. ***Criteria 2*** Audit will be completed for all current residents to identify that the resident's weight upon admission is recorded in the facility weight monitoring tool in order to timely identify any potential weight decline. Any discrepancies identified, MD will be notified. Audit will be completed for all MD ordered supplements to ensure supplements were implemented as ordered in a timely manner. Any discrepancies identified, MD will be notified. ***Criteria 3*** For those residents with identified weight loss via the facility weight monitoring tool, RD and/or DSM will ensure timely implementation of interventions to possibly prevent any further weight decline. RD and/or Dining Services Manager will monitor the facility weight monitoring tool on a weekly basis to identify patients with significant weight decline and report to nursing and MD those residents identified. DSM will be in-serviced	8/18/11 8/18/11

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	345195	A. BUILDING _____ B. WING _____	C 07/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - TARBORO	1000 WESTERN BLVD TARBORO, NC 27886

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F 325	Continued From page 2 with swallowing. Resident # 78 was identified as having weight loss that was not a prescribed weight loss regimen.. Resident # 78's care plan was last reviewed on 06/17/11. The care plan for Nutritional Risk indicated an initiation date of 03/24/11. Review of the care plan indicated it had been updated as changes occurred in the resident's nutritional status. The Daily Weight Record for Resident # 78 listed her weight on 06/30/11 as 142 pounds. The July 2011 Physician's orders included a supplement with meals (5/28/11 identified as the start date) and a house supplement three between meals (5/13/11 identified as the start date). An interview was held with the 7 to 3 Registered Nurse Charge Nurse on 07/21/11 at 11:24 AM. She stated the charge nurses were responsible for transcribing orders. Dietary orders for supplements were added to the Medication Administration Record (MAR) for the individual resident and a diet ticket is completed. The nurse stated one copy of the ticket was placed under the dietary section of the resident's medical record and one copy was sent to the dietary department. The nurse added the implementation of an ordered supplement was up to the dietary department. The Charge nurse stated orders for supplements were added to the MAR the same shift as received. The nurse added the negative impact for a resident that did not receive an ordered supplement timely could be weight loss, dehydration and the lack of an	F 325	on the implementation of facility weight monitoring tool for recording weight upon admission to the facility. New MD orders for supplements will be reviewed by Wing Manager in morning clinical start up meeting to ensure transcription of order is correct. RD and/or Dining Service Manager will monitor on a weekly basis that supplements are transcribed as MD ordered. DCE will in-service nursing staff on correct transcription of orders. ***Criteria 4*** The Dietary Manager will report monitoring results of the review in the monthly Quality Assurance (QA) Committee meeting for 3 months or until deemed necessary. Recommendations will be made as necessary. The Dining Service Manager/ DNS is responsible for overall compliance.	8/18/11

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	345195	A. BUILDING _____ B. WING _____	C 07/21/2011

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F 325	Continued From page 3	F 325		

ordered supplement could contribute to skin breakdown. Supplements, she added are ordered by the physician most of the time to avoid weight loss, dehydration and skin breakdown. The Charge Nurse stated Resident # 78 did not eat or drink well. On review of the 05/12/11 nutritional supplement order for Resident # 78, the Charge Nurse stated she was the nurse that received the physician's order for nutritional supplements and transcribed the order for Resident # 78 to receive nutritional supplements between meals and with meals. Review of Resident # 78's May 2011 MAR indicated the nutritional supplements had not been added to the MAR on the date the order had been received. The nurse could give no reason why it took 16 days to initiate the order for the house supplement with meals and no reason why the order for the nutritional supplement between meals had not been included on the May 2011 MAR. She stated maybe both supplements had been written on another sheet of paper that had been pulled out of the chart. Review of the resident's medical record indicated there was no communication for from nursing to the dietary department related to an order for nutritional supplements. The Charge Nurse stated maybe the dietary department had pulled the copy of the communication form for supplements out of the chart.

An interview was held with the Director of Nursing (DON) on 07/21/11 at 12:00 PM. The DON stated when a nurse received a dietary order she transcribed the order to the MAR and then called the Dietary Manager (DM) to alert her of physician approval of the dietary recommendation The DON stated the 05/12/11 physician's order

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	345195	A. BUILDING _____ B. WING _____	C 07/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - TARBORO	1000 WESTERN BLVD TARBORO, NC 27886

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F 325	Continued From page 4 should have been written on the MAR by at least the next day. The DON reviewed the MAR for May 2011 and acknowledged the nutritional supplement order between meals had not been included. The DON could not explain why the with supplement that had been ordered to be served with meals had not been initiated until 05/28/11. Review of the physician's orders revealed a second order, dated 05/27/11 for Mighty Shakes (a nutritional supplement) three times daily with meals. The DON stated that order from 05/28/11 had been followed, but the 05/12/11 order had been omitted. During an interview with the DON on 07/21/11 at 2:17 PM, she stated after review of additional information (computer printouts) the 05/12/11 order had not been transcribed correctly and 3 of the nutritional supplements per day, ordered by the physician, had been omitted.	F 325		

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345195	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - TARBORO	1000 WESTERN BLVD TARBORO, NC 27886

(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
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 08/12/2011 the door to the Admissions Coordinator's office requires more than one motion of the hand in order to exit the room. 42 CFR 483.70 (a)	K 038	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable stats and federal regulatory requirements. K038 The Dead Bolt locking mechanism was removed and capped off. The remaining passage lock requires no more than one motion of the hand in order to exit the room. Completed on 8/23/11. No other deficient practices were noted in the facility by the surveyor. Audit was completed of all existing door knobs in the facility to assure did not have any other potential problems. None were found. Completed 8/23/11.	8-23-11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: A. Based on observation 0on 08/12/2011 there was storage in front of the electrical panel in room 801. 42 CFR 483.70 (a)	K 147	Educated all maintenance staff not to utilize dead bolt in facility. Completed 8/23/11. This deficient practice will be monitored and results reported in the next scheduled QAA. K147 The overbed table with the empty copy paper box was removed immediately from in front of the electrical panel in the south computer room. Note room 801 was not involved this is the room across the hall from the south computer room. To ensure the deficient practice does not reoccur a marking system was placed on the floor to verify the proper clearance in front of the panel. Completed 8/23/2011 Maintenance will monitor utilizing the preventative maintenance program. Staff educated with signage in the area to not use this area for storage. Completed 8/23/201. This deficient practice will be monitored and results reported in the next scheduled QAA.	8-23-11 8-12-11 8-23-11 8-23-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bobbie R. Webb ED | TITLE: Executive Director | (X6) DATE: 8-26-11

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