PRINTED: 08/16/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	•	345262				08/09	/2012
	ROVIDER OR SUPPLIER		<u> </u>	13	EET ADDRESS, CITY, STATE, ZIP CODE 00 DON JUAN ROAD ERTFORD, NC 27944		
(X4) ID PREFIX TAG	JEACH DESIGIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETION DATE
SS=D	A facility must immed consult with the residence or an interested family accident involving the injury and has the pointervention; a signiff physical, mental, or deterioration in healt status in either life the clinical complications significantly (i.e., a rexisting form of treat consequences, or to treatment); or a decithe resident from the §483.12(a). The facility must als and, if known, the reor interested family change in room or respectived in §483.1 resident rights under regulations as specified in §483.1 resident rights under the address and phalegal representative. This REQUIREMENT by: Based on staff and facility record revies	diately inform the resident; dent's physician; and if ident's legal representative ity member when there is an e resident which results in otential for requiring physician icant change in the resident's psychosocial status (i.e., a th, mental, or psychosocial areatening conditions or s); a need to alter treatment ment due to adverse of commence a new form of ision to transfer or discharge of facility as specified in o promptly notify the resident esident's legal representative member when there is a commate assignment as 5(e)(2); or a change in the resident of the resident's error interested family member.		157	"Preparation and for executation of the correction does not constitute admissions agreement by the provider of the trut alleged or conclusions set forthin the deficiencies. The plan of correction is and/or executed solely because it is reprovisions of federal and state law." 1. Resident # 1 no longer residenciality. 2. Facility resident current medwere reviewed for period last 30 assure that attending physician responsible party were notified regarding acute changes in concept and solution of Nursing a designee. Facility Licensed Staff were peducation regarding procedures resident has acute change con and/or change, to include not 8-11-2012 and on going by fact development coordinator. Lit that has not received the researched led shift. Newly hired staff will receive training dur orientation.	ion or h of the facts statement of sprepared quired by the des in lical records O days to and/or if indicated ditions on nd/or revided re- re when dition ification on cility staff censed staff ducation wil next licensed	

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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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII			3) DATE SURV COMPLETED	
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F 157	physician for an acut condition and unsucce measurement for 1 or residents. Findings include: Resident #1 was adred Her diagnoses included history of gastrointes heart attack, atrial fitchistory of aspiration vascular disease. The five day minimulassessment for residented for daily defected extensive assistance mobility and was defected transfers. She required one person for dress personal hygiene. Reference for bathif frequently incontiner incontinent of bowelf assistive device. The resident #1 had should and required oxyger not require oxygen to the fourteen day MI was decision making. She assistance of two person for the person for the person for two person for two person for the person for the person for the person for two person for the person for the person for the person for the person for two person for two person for two person for the person for two pe	e change in resident ressful oxygen saturation f 3 (resident #1) sampled nitted to the facility 7/12/12. led; diabetes, hypertension, tinal bleed with anemia, orillation, dysphagia with pneumonia and peripheral	I.	157	3. Systemic measures implemented ensure the same alleged deficient pradoes not recur include: The 24-hour report, Physician ord change of condition reports will be reviewed by the Interdisciplinary Monday through Friday to identif residents who have had changes in treatment plan and if indicated to notification to Physician and Resp party daily for 4 weeks than bime for one month. Negative finding winaddressed when noted. 4. The Director of Nursing will refindings to the Quality Assessment and Assurance Assurance Committee monthly x 3 Quality Assessment and Assurance Assurance Committee will evaluate effectiveness of the plan based on tridentified and develop and implement additional interventions as needed continued compliance.	ders and e team fy n their validate consible conthly ill be eported and The and the rends ent	9/6/2012

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED C		
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F 157	dressing, eating, toile Resident #1 was depotathing. She was co bowel and bladder a assistive device. The resident #1 had shown required oxygen the require oxygen the resident #1 did not shortness of breath A physical therapt (F7/18/12 indicated dunoted to have cooling of skin indicating tiss low oxygen) to her foxygen saturation is an indicating the measurement. The pulse oximetry, uses sources of light that and transmitted through the tissue is then correpresenting the persistent of	eting and personal hygiene. Dendent on one person for ded as always incontinent of and had a wheelchair for an e assessment indicated thess of breath at rest and rapy as a resident but did not apy prior to her admission.	F	157				

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		CONSTRUCTION	COMPLE	
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F 157	liters per minute via r indicating oxygen us was handwritten in the oxygen saturation be was handwritten in the was no assessment a system documented. A physician's order of reviewed. The order administered at 2 liter cannula on an as nearly shortness of breath of There were no parant oxygen saturation was also read for oxygen checked twice a day nurse #1 and the phyby a backslash and the was not signed by the A nursing daily skille 7/22/12 at 5:15 PM in have any signs or sy distress. The narrative resident's hands unable to obtain her measurement. A nursing daily skille 7/27/12 revealed a becked. The oxyge checked but an oxyge checked but an oxyger corded. A narrative oxygen at 2 liters a rafternoon but there was a strenoon but the strenoon but there was a strenoon but there was a strenoon but there was a strenoon but the strenoon but t	s." Oxygen was initiated at 2 hasal cannula. A box e was checked and "2 liters" he space provided. The ox was checked and "92%" he space provided. There of resident #1's respiratory lated 7/18/12 at 4:30 PM was read for oxygen to be or a minute via nasal heded (PRN) basis for or low oxygen saturations. heters to define what "low" has considered. The order saturation levels to be or the order was signed by hysicians name was followed he nurse's name. The order he physician. d summary sheet dated hedicated resident #1 did not comptoms of respiratory have note also mentioned that havere cold and the nurse was	E	157			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE		
F 157	hands being very col were recorded for 7/2 note dated 7/28/12 a resident was talking cardiopulmonary res the resident was sen. Oxygen saturation mere not recorded tw 7/21/12, 7/22/12, 7/2 saturation measurement once a day on 7/25/1 explanation of why orecorded except on 7 there was no documnotification. A facility procedure to Administration was procedure read; "Monthly hypoxemia (low oxygentem G read; "Cyano On 8/8/12 at 4:10 PM with the administration that resident #1 was to herself and her far 7/18/12 resident #1 a physician's appoin outside was very hold #1 returned from her was just not as alert, resident #1's oxygen and her oxygen saturation was just not as alert, resident #1's oxygen and her oxygen saturation.	exygen saturation due to her d. No oxygen saturations 27/12. A third shift nurse's to 5:50 am indicated that the and took her last breath, suscitation was started and to the hospital. The easurements for resident #1 frice daily as ordered on 4/12 or 7/27/12. Oxygen ments were only recorded 12 and 7/26/12. There was no oxygen saturations were not 7/22/12 and 7/27/12 and entation of physician	I.	157				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		ONSTRUCTION	(X3) DATF SURVI / COMPLETED C		
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F 157	nurse in the office. S spoke with. Nurse #1 physician's office garneeded. Nurse #1 saphysician's office did use other than for "s oxygen saturation." I oxygen saturation leper the facility guidel administered oxyger nasal cannula to resafew minutes residereturned to normal a status. Nurse #1 recwearing oxygen whe 7:00 PM. Nurse #1 s #1's lung sounds on sounds were clear. I document the assesonly document by exabnormal and resident #1. Nurse #3 hurse #3 said on 7/2 obtain an oxygen saresident #1. Nurse #3 the physician because any signs or symptom Nurse #3 said she pin shift report to the that nurse obtained said on 7/27/12 she oxygen saturation materials.	the low oxygen saturation to a she could not recall who she is said the nurse at the we her orders for oxygen as aid the nurse at the inot give her parameters for hortness of breath and low Nurse #1 indicated that is sthat 90% is considered low lines. Nurse #1 said she in at 2 liters per minute via ident #1. She recalled within ent #1's oxygen saturation as well as her mental alled that resident #1 was still en her shift ended 7/18/12 at said she listened to resident 7/18/12 and her breath Nurse #1 said she did not sment because the nurses exception if something is ent #1's assessment was M nurse #3 was interviewed. 22/12 she was unable to atturation measurement on the said indicated she did not notify see the resident did not display ones of shortness of breath. It is assed the information along next nurse but was unsure if a measurement. Nurse #3 was not able to obtain an neasurement and she did not because resident #1 did not	F	157				

STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 157 SS=D	not have any record for resident #1 regard levels. The physician office the morning of without concerns relasystem. The physicial expected the facility saturation less that 90 oxygen saturation m would expect that an have parameters for possibly ordered addinvestigate why reside physician said he visuand examined resides she had oxygen on a 7/22/12 resident #1 were clear bilaterally he reviewed the 7/18 explain why the order obtain an oxygen sa obtained an oxygen less than 90%. The that resident #1 had meetings and the fa saturation on 7/18/1 due to the heat, the co-morbidities. 483.20(d), 483.20(k) COMPREHENSIVE	If the physician said he did of his office being contacted ding low oxygen saturation in said resident #1 was in his 7/18/12 and she was stable ated to her respiratory an said he would have to notify him of an oxygen 10% or the inability obtain an easurement. He said he is order for PRN oxygen to use and he would have ditional diagnostic tests to dent #1 needed oxygen. The sited the facility on 7/22/12 ent #1 but could not recall if at the time. He said on was stable and her lungs at the time. He said on was stable and her lungs at the Administrator indicated hysician to be notified of any dition, if a nurse could not sturation measurement or saturation measurement or saturation measurement of administrator also indicated the been discussed in morning cility staff felt the low oxygen 2 was an isolated incident resident's age and (1) DEVELOP CARE PLANS The was instance of the assessment of the results		157			
	to develop, review a	and revise the resident's				<u> </u>	

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F 279	The facility must dever plan for each resident objectives and timetal medical, nursing, and needs that are identificated assessment. The care plan must do to be furnished to attainighest practicable plansychosocial well-being \$483.25; and any serble required under \$400 due to the resident's \$483.10, including the under \$483.10(b)(4). This REQUIREMENT by: Based on facility reconterview the facility of comprehensive care and a sampled residents. Findings include: Resident #1 was addressed with anemia, the diagnoses included beed with anemia, the dysphagia with historiand peripheral vascut. The five day minimum assessment for resident resid	elop a comprehensive care t that includes measurable bles to meet a resident's mental and psychosocial ied in the comprehensive escribe the services that are ain or maintain the resident's nysical, mental, and ng as required under vices that would otherwise 83.25 but are not provided exercise of rights under e right to refuse treatment is not met as evidenced ord review and staff ailed to develop a plan for oxygen use for 1 of (resident #1). hitted to the facility 7/12/12. led; history of gastrointestinal eart attack, atrial fibrillation, ry of aspiration pneumonia lar disease.	F2	279	"Preparation and for executation of the correction does not constitute admission agreement by the provider of the truth of alleged or conclusions set forth in the state deficiencies. The plan of correction is pland/or executed solely because it is require provisions of federal and state law." 1. Resident #1 related to resident resides at the facility. 2. Facility residents have the potentification and the same alleged deficient practice. Facility residents identified that resort oxygen medical record were resurred each physician order contained orders for routine saturation check parameters regarding saturation resort 10-12 by Director of Nursing. The identified care plans were reviewed audit as well on 8-10-12. Newly a residents will be reviewed in the impeding to ensure that residents with physician orders for oxygen have checks and parameters.	or of the facts atement of repared ired by the no longer ntial to be cient equire use eviewed to ined as and esults on 8- he residents ed during admitted morning vith	

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STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 279	impaired for daily decextensive assistance mobility and was deptransfers. She required one person for dress personal hygiene. Recome person for bathing frequently incontinent incontinent of bowel, assistive device. The resident #1 had shor and required oxygen not require oxygen the fourteen day ME #1 dated 7/27/12 was revealed she was more decision making. She assistance of two perequired extensive a dressing, eating, toil Resident #1 was depathing. She was concompared to bowel and bladder a assistive device. The resident #1 had shor required oxygen the resident #1 did not shortness of breath. A physical therapy (7/18/12 indicated du	cision making. She required of two people for bed bendent on two people for ed extensive assistance of sing, eating, toileting and esident #1 was dependent on any. She was coded as at of bladder and always. She had a wheelchair for an eassessment indicated the the soft breath with exertion and the appropriate to her admission. OS assessment for resident as reviewed. The assessment oderately impaired for daily be required extensive exple for bed mobility and was exple for transfers. She assistance of one person for eting and personal hygiene, pendent on one person for eded as always incontinent of and had a wheelchair for an expense as a resident but did not appy prior to her admission.	F	279	3. Systemic Measures put into pla ensure the same alleged deficient places not recur include: The Resident Care Management and the Resident Care Managem Coordinator were provided reconsoled on 8-16 by Teresa WelcherRN, Lethe process of using the comprel assessment to develop, review at the resident's comprehensive plate include resident identified wit respiratory medical conditions. The 24-hour report, Physician change of condition reports wireviewed by the Interdiscipling Monday through Friday to ideresidents who have received on oxygen therapy to assure that orders for saturation checks a comprehensive care plan put it daily for 4 weeks than bimonth month. Negative finding will be when noted. 4. The Resident Care Director and Administrator will analyze the reare plan reviews for trends. The care Director will report results Quality Assessment and Assurance and Committee monthly x 3. The Quality Assessment and Assurance and Committee will evaluate the effect the plan based on trends identification interventions as needed to ensure	Director nent educated NHA, on nensive nd revise an of care th orders and ll be ary team entify rders for each have nd a nto place hly for one e addressed addressed addressed Assurance ectiveness of ied and nal re continued	f
	of skin indicating tis	sue near the skin surface had ingers and left toes. Her			compliance.		/06/12

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F 279	Continued From page oxygen saturation in the "80 liters per minute visuals at training the saturation of Criticals at the time of the mean obtained through pusensor containing the absorbed by hemogetissues to a photo detransmitted through to a digital value rephemoglobin saturation vhealthy individual. "by Pulse Oximetry" Association of Critical A nursing daily skiller assessment sheet with the check for assess 7/18/12 at 7:00 PM note revealed resides attraction in the "80 liters per minute visuals of the check of the c	e 9 easured 78%. The nurse was turation is an indicator of the globin saturated with oxygen easurement. The reading, lise oximetry, uses a light to sources of light that are lobin and transmitted through effector. The amount of light the tissue is then converted effect with oxygen. Normal alues are 97% to 99% in the Oxygen Saturation Monitoring written by the American eal-Care Nurses.) ed summary sheet (an with body systems and boxes ment of the systems) dated was reviewed. The narrative ent #1 had an oxygen O's." Oxygen was initiated at 2 in nasal cannula. dated 7/18/12 at 4:30 PM was ar read for oxygen to be ters a minute via nasal eeded (PRN) basis for nor low oxygen saturations. In ameters to define what "low" was considered. The order en saturation levels to be	F 275					
	Illinate via riacai o	5		Facility ID: 943003	If continuation	sheet Page 10 c		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 279	A nursing daily skiller 7/24/12 at 10:35 AM third shift (11:00 PM #1's continuous oxysta A nursing daily skiller 7/27/12 indicated ox applied in the aftern shortness of breath. On 8/9/12 at 9:23 Al she expected reside oxygen to have a case oxygen to have a case of the first of breath on exertion the PT notes the first of breath on exertion the 7/22/12 nurses were cold and the inpulse oximetry read assessment that resident in the pulse oximetry read assessment that resident in the	d summary sheet dated revealed a nurse's note for - 7:00 AM) indicated resident gen was intact. d summary sheet dated rygen at 2 liters a minute was oon but there was no acute M the Director of Nursing said ant #1 or any resident on are plan for oxygen use. AM the MDS nurse was DS nurse indicated she in for the 5 day assessment that resident #1 had shortness in and required oxygen the used the information from note; "the residents hands aurse was unable to get a ling" for the 14 day sident #1 had shortness of	F 279				
F 328 SS=0	revealed resident # therapy on an as no said oxygen use or trigger the care are used to develop ca stated that unless a diagnosis she did r The MDS nurse sa care plan for oxyge 8 483.25(k) TREATM	indicated the nurse's notes 1 had continued to use oxygen eeded basis. The MDS nurse shortness of breath does not a assessment section which is re plans. The MDS nurse a resident had a respiratory not care plan for oxygen use. id resident #1 did not have a en use. MENT/CARE FOR SPECIAL	F 32	28			

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURY COMPLETE	
AND PLAN OF	CORRECTION	(DENTIFICATION NOMBER.	A. BUILDING		C	
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	ROVIDER OR SUPPLIER ENTER HEALTH & REHA	B/HE	13	EET ADDRESS, CITY, STATE, ZIP CODE 100 DON JUAN ROAD ERTFORD, NC 27944		
(X4) ID PREFIX TAG	FACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 328	The facility must ensigned proper treatment and special services: Injections; Parenteral and enter Colostomy, ureteros Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT by: Based on staff interview the facility and needed basis within failed to monitor oxy ordered by the physical reviewed. Findings include: Resident #1 was and as a full code (card wanted in the even breathing or her her included; diabetes, gastrointestinal ble atrial fibrillation, dy aspiration pneumodisease. The five day minimassessment for resident serviewed. She was reviewed. She was provided to the property of the property of the physical fibrillation, dy aspiration pneumodisease.	ture that residents receive dicare for the following ral fluids; stomy, or ileostomy care; IT is not met as evidenced reviews and facility record dministered oxygen on an as no parameters for use and ygen saturation levels as sician for 1 of 3 sampled	F 328	"Preparation and /or executatic correction does not constitute a agreement by the provider of talleged or conclusions set forth deficiencies. The plan of correand/or executed solely because provisions of federal and state 1. Resident #1 no longer Facility. 2. Facilities residents have affected by the same alleg practice include residents orders for oxygen therapy monitoring. Facility residents requiring and/or saturation monitors on 8-11-2012 by Directo /designee to assure each recomplete with parameters on order and on care plan.	ndmission or he truth of the facts in the statement of ction is prepared. It is required by the law." Tresides at the the potential to be ged deficient with physician and/or saturation g oxygen therapying were reviewed of Nursing resident has orders for use identified	

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE	E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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		345262	B. WIN	G		08/09	/2012
	ROVIDER OR SUPPLIER ENTER HEALTH & REHA	В/НЕ		130	ET ADDRESS, CITY, STATE, ZIP CODE 00 DON JUAN ROAD ERTFORD, NC 27944		
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F 328	extensive assistance mobility and was deptransfers. She required one person for dress personal hygiene. Rone person for bathing frequently incontinent of bowel assistive device. The resident #1 had sho and required oxyger not require oxygen to the fourteen day M #1 dated 7/27/12 was revealed she was more decision making. She assistance of two properties of two properties of the propertie	e of two people for bed bendent on two people for red extensive assistance of sing, eating, toileting and esident #1 was dependent on ng. She was coded as at of bladder and always. She had a wheelchair for an e assessment indicated rtness of breath with exertion a therapy as a resident but did herapy prior to her admission. DS assessment for resident as reviewed. The assessment noderately impaired for daily ne required extensive exple for transfers. She assistance of one person for eleting and personal hygiene, expendent on one person for odded as always incontinent of and had a wheelchair for an the assessment indicated ortness of breath at rest and erapy as a resident but did not repy prior to her admission.	F	328	2. Systemic Measures put into ensure the same alleged def practice does not recur included and practice does not recur included and on going, on the processory of the process	re provided -11-2012 edure to the to include icensed staff re-education to their next red licensed during their ician orders eports will isciplinary iday to re orders for parameters for oxygen 4 weeks onth. dressed nee will ministration who are ralidate orders,	

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	ROVIDER OR SUPPLIER			130	ET ADDRESS, CITY, STATE, ZIP CODE 00 DON JUAN ROAD ERTFORD, NC 27944		
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F 328	A pursing daily skil	erns were documented for ursing daily skilled summary nt sheet with body systems for assessment of the notes from 7/13/12 through (PT) evaluation note for 13/12 was reviewed. The ent #1 had an oxygen rest during her evaluation. is an indicator of the iglobin saturated with oxygen easurement. The reading, also eximetry, uses a light two sources of light that are globin and transmitted through etector. The amount of light the tissue is then converted oresenting the percentage of ed with oxygen. Normal ralues are 97% to 99% in the Oxygen Saturation Monitoring written by the American	F	328	4. Results of the audits will be rethe Quality Assessment and Assurance Committee monthly x 3 months to Director of Nursing. The Quality Assessment and Assurance Commevaluate the effectiveness of the pontrends identified. The Quality Assessment and Assurance Commevelop and implement additional interventions as needed to ensure compliance.	rance by the ty mittee will blan based mittee will	9/06/12

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE S COMPLE	
and plan of	CORRECTION		A. BUILDING B. WING		00	C /09/2012
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F 328	note revealed reside saturation in the "80' liters per minute via indicating oxygen us was handwritten in the oxygen saturation be was handwritten in the was no assessment system documented. The shift report sheet concerns between stresidents medical residents at 2 lit cannula on an as no shortness of breath. There were no para oxygen saturation walso read for oxyge checked twice a danurse #1 and the play a backslash and was not signed by the narrative note indication minute via nasal call differentiate if the course was checked.	nt #1 had an oxygen s." Oxygen was initiated at 2 nasal cannula. A box e was checked and "2 liters" he space provided. The ox was checked and "92%" he space provided. There of resident #1's respiratory et (used for reporting hifts but is not a part of a scord) dated 7/18/12 indicated oxygen as needed and two were recorded; 92 % and dated 7/18/12 at 4:30 PM was r read for oxygen to be ers a minute via nasal eeded (PRN) basis for or low oxygen saturations. Interest to define what "low" was considered. The order n saturation levels to be y. The order was signed by nysicians name was followed the nurse's name. The order	F 328			

STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SUR COMPLETE	
AND PLAN OF	CORRECTION	IDENTI IOATION NOMBER	A. BUILD			00101	
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F 328	resident #1's oxygen the evening shift (3:0 did not indicate if the room air. A nursing daily skilled 7/20/12 at 7:00 PM indicating oxygen us prn" was handwritten oxygen saturation be was handwritten in the shift report she resident #1's oxygen the night shift (11:0 did not reveal if the room air. There was an addit summary sheet dat the box indicating of oxygen saturation in the shift oxygen saturation in the support if reside oxygen in use or well as the seven was no nurse sheet for 7/21/12. There was no nurse sheet for 7/21/12 did not have documented. There to support if reside oxygen in use or well as the seven was no nurse sheet for 7/21/12 did not have documented. There is no nurse sheet for 7/21/12 did not have documented in the support if reside oxygen in use or well as the seven was no nurse sheet for 7/21/12. There was no nurse sheet for 7/21/12 did not have documented. There is no nurse sheet for 7/21/12 did not have documented in the support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not not support if reside oxygen in use or well as the seven was not	et dated 7/19/12 noted in saturation level was 91% in in OPM -11:00 PM) section but it resident was on oxygen or ed summary sheet dated was reviewed. A box se was checked and "2 liters in in the space provided. The ox was checked and "91%" the space provided. et dated 7/20/12 noted in saturation level was 92% in in OPM - 7:00 AM) section but resident was on oxygen or ional nursing daily skilled ed 7/20/12 at 11:00 PM with oxygen use checked but no recorded. ing daily skilled summary The shift report sheet dated we any oxygen saturation e was also no documentation int #1 had supplemental	F	328			
	7/22/12 at 5:15 PN have any signs or	M indicated resident #1 did not symptoms of respiratory ative note also mentioned that dis were cold and the nurse was					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		CONSTRUCTION	(X3) DATE S COMPLI	
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F 328	oxygen saturation on 7/22/12. A nursing daily skiller 7/23/12 at 4:30 PM noxygen use was chehandwritten in the sp saturation box was c (room air)" was hand provided. The shift report sheer resident #1's oxygen day shift (7:00 AM - 397-98% in the evening A nursing daily skille 7/24/12 at 10:35 AM oxygen use was chehandwritten in the sp saturation box was not restrict third shift indicated in oxygen was intact. There was no docum oxygen saturation or 7/24/12.	d summary sheet dated evealed a box indicating cked and "prn" was ace provided. The oxygen hecked and "97-98% RA written in the space t dated saturation was 97% in the 3:00 PM) section and ng shift section. d summary sheet dated revealed a box indicating cked and "prn" was sace provided. The oxygen hecked are saturation was 97% in the 3:00 PM) section and ng shift section. d summary sheet dated revealed a box indicating cked and "prn" was sace provided. The oxygen hot checked but an oxygen exorded. A nurse's note for esident #1's continuous	L.	328			
	7/25/12 at 6:30 PM roxygen use was che handwritten in the sp	d summary sheet dated revealed a box indicating cked and "prn" was pace provided. The oxygen checked and "98% RA" was					

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SE COMPLE	
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F 328	There was no docum oxygen saturation or 7/25/12. Resident #7 only recorded once of A nursing daily skilled 7/26/12 revealed at the checked and "prn" who provided. The oxygen checked and "97% is space provided. The shift report sheer resident #1's oxygen day shift section. Resaturation was only a nursing daily skilled 7/27/12 revealed at the checked. The oxygen checked but an oxy recorded. A narrative oxygen at 2 liters at afternoon but there breath. The nurse of obtain resident #1's hands being very owere recorded for 7 note dated 7/28/12 resident was talking cardiopulmonary retire the resident was set. There were no oxy recorded on the me	nentation of resident #1's in the shift report sheet dated it's oxygen saturation was on 7/25/12. It distant sheet dated box indicating oxygen use was was handwritten in the space en saturation box was RA" was handwritten in the let dated 7/26/12 revealed in saturation was 97% in the lesident #1's oxygen recorded once on 7/26/12. It distant sheet dated box indicating oxygen use was en saturation box was gen saturation box was gen saturation was not we nurse's note indicated minute was applied in the was no acute shortness of documented she was unable to soxygen saturation due to her old. No oxygen saturations if 27/27/12. A third shift nurse's at 5:50 am indicated that the g and took her last breath, esuscitation was started and	F 328			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

F 328 F 328 Continued From page 18 (TAR) for July 2012. The 7/18/12 physicians order for oxygen administration and oxygen saturation excess were not transcribed onto the MAR or TAR. Cygen saturation measurements for resident #1 were not recorded twice daily as ordered on 7/21/12, 7/22/12, 7/24/12 or 7/27/12. Oxygen saturation measurements were only recorded once ad ay on 7/28/12 and 7/28/12 and 7/27/12 and no documentation of physician notification. On 8/6/12 at 4:10 PM nurse #1 was interviewed. She said she was the nurse who called the physicians office and received the 7/18/12 physician's order for PRN oxygen aduration checks twice a day. She said that orders for PRN oxygen and for oxygen saturation checks twice a day. She said that orders for PRN oxygen and for oxygen saturation checks twice a day. She said that orders for PRN oxygen and for oxygen saturation checks twice a day. She said that orders for PRN oxygen are supposed to have parameters but the physician office did not give her specific number parameters and she did not clarify the order. She said that orders are supposed to be franscribed onto the MAR and she was not sure why the orders were not transcribed onto the MAR they had not been focumented. Nurse #1 said there was a facility protocol to administer oxygen if oxygen saturation been documented. Nurse #1 said there was a facility protocol to administer oxygen (solpayed signs of shortness of breath or had an oxygen saturation to use than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness she she 90%. She indicated worked since she initially administered the even on 2 /14/12 Nurse #1 fire viewed the	DEPART	MENT OF TICALTON	MEDICAID SERVICES					0.0936-0391	
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABINE SUMMARY STATEMENT OF DEFICIENCIES PARTY TAO CONTINUED FROUDERCRYAN OF CORRECTION PRETEX PRODUCTORY OR LIST DISTRIPTION FROM MORNATION) FROM DEFICIENCY FROM DEFICIENCY FRANCE OF THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY FRANCE OF COMMENT OF THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE PRETEX PARTY TAO FRANCE OF COMMENT OF THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE PRETEX PRETEX PRETEX PRETEX PROPRIATE FRANCE CROSS-REFERENCED TO THE APPROPRIATE PRETEX PRETEX PROPRIATE FRANCE CROSS-REFERENCED TO THE APPROPRIATE PRETEX PRETEX PROPRIATE FRANCE CROSS-REFERENCED TO THE APPROPRIATE PRETEX PROPRIATE FRANCE CROSS-REFERENCED TO THE APPROPRIATE PRETEX PROPRIATE PRETEX PROPRIATE FRANCE PRETEX PRETEX PROPRIES FRANCE PRETEX PRETEX PROPRIES PROPRIES PRETEX PROPRIES PROPRIES PRETEX PROPRIES PRETEX PROPRIES PRO	STATEMENT O	F DEFICIENCIES	IXII PROVIDER/SUPPLIER/CLIA	1					
MARE OF PROMOTIT OR SUPPLIER BRIAN CENTER HEALTH & REHABHE SUMMARY STATEMENT OF DEFICIENCIES (ICACH DEFICIENCY MUST OF REFECCED BY STULL) PRETTY TAGS CONTINUED From page 18 (TAR) for July 2012. The 7/18/12 physicians order for oxygen administration and oxygen saturation checks were not transcribed onto the MAR publication. Congen saturation measurements for resident #1 were not recorded twice daily as ordered on 7/21/12, 7/22/12, 7/22/12 and 7/22/12 and rodecomentation of physician colficeation. On 8/8/12 at 4:10 PM nurse #1 was interviewed. She said she was the nurse who called the physicians' order for PRO oxygen are supposed to have parameters but the physician office did not give her specific number parameters and she did not clarify the order. She said that orders are supposed to the MAR nut because they order had not been transcribed onto the MAR and she was not surve with checks are supposed to be documented on the MAR put because they order had not been transcribed onto the MAR and she was not surve with the MAR put because they order had not been transcribed onto the MAR and she was not surve with the MAR put because they order had not been transcribed onto the MAR nut set and there was a facility profocol to administer oxygen if oxygen saturation was less than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation was less than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation was less than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation was less than 100%. The reviewed the	AND PLAN OF	CORRECTION	BENTITION	A. BUIL	LUIN				
BRIAN CENTER HEALTH & REHABINE 1300 DON JUAN ROAD HERTFOR, NC 27844 PREVIOUS CHARGE CONSTRUCTION OF DEFICIENCIES (EACH DEPTION OF DEFICIENCY MATE BE PRECEDED BY FULL RECULATORY OR IS.C. IDENTIFYING REFORMATION) F 328 Continued From page 18 (TAR) for July 2012. The 71/8/12 physicians order for oxygen administration and oxygen saturation measurements for resident #1 were not recorded twice daily as ordered on 7/21/12, 7/22/12, 7/24/12 or 7/27/12. Oxygen saturation measurements were not recorded except on 7/22/12 and 7/26/12. There was no explanation of why oxygen saturations were not recorded except on 7/22/12 and 7/26/12. There was no explanation of physician notification. On 8/8/12 at 4:10 PM nurse #1 was interviewed. She said she was the nurse who called the physicians office and received the 7/18/12 physician's order for PRN oxygen and for oxygen saturation checks twice a day. She said that orders for PRN oxygen are supposed to have parameters but the physician flotic did not give her specific number parameters and she did not clarify the order. She said that orders are supposed to be transcribed onto the MAR and she was not sure why the orders were not transcribed onto the MAR. Nurse #1 indicated that oxygen saturation checks are supposed to be documented on the MAR Nurse #1 indicated that oxygen saturation the clarify the orders were not transcribed onto the MAR. Nurse #1 indicated that oxygen saturation checks are supposed to be documented on the MAR Nut because they order had not been dramscribed onto the MAR was altered to the oxygen saturation was less than 80%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation test had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation test had been transcribed the every and transcribed the beautiful at the same of the every and the saturation test had been transcribed the saturation test had been transcribed onto the MAR but because they order had not been documented			345262	B. WIN	IG _		08	/09/2012	
PRIECK TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICENCY MIST BE PRECEDED BY FULL RECULATORY OR LSO DEMTIFYEN INFORMATION) F 328 Continued From page 18 (TAR) for July 2012. The 7/18/12 physicians order for oxygen administration and oxygen saturation checks were not transcribed onto the MAR or TAR. Oxygen saturation measurements for resident #1 were not recorded twice daily as ordered on 72/11/2, 7/22/12, 7/24/12 or 7/27/12, Oxygen saturation of physician notification. On 8/3/12 at 4:10 PM nurse #1 was interviewed. She said she was the nurse who called the physicians office and received the 7/18/12 physician's order for PRN oxygen and for oxygen saturation checks twice a day. She said that orders for PRN oxygen are supposed to have parameters but the physician office did not give her specific number parameters and she did not clarify the order. She said that ordors are supposed to the final orders were not transcribed onto the MAR and she was not sure with the orders were not transcribed onto the MAR and she was not sure with the orders were not transcribed onto the MAR they had not been documented. Nurse #1 indicated that oxygen saturation checks are supposed to be documented on the MAR with the cause they order had not been documented. Nurse #1 said there was a facility protocol to administer oxygen if oxygen saturation was less than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation or she initially administered the events of the protocol and protocol to administer oxygen if oxygen saturation is the protocol to administer oxygen if oxygen saturation estates than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation estate the protocol and protocol to administer oxygen if oxygen saturation estates than 90%. She indicated the oxygen, displayed signs of shortness of breath or had an oxygen saturation estate the extended the						1300 DON JUAN ROAD			
GAJID PREERX TAG SUMMARY STATEMENT OF DESIDERAL PILL RECOVERY MAY SERVICEDED BY FULL RECOVERY ON LSC DESTRIPMENT ON THE PREERY TAG F 328 Continued From page 18 (TAR) for July 2012. The 7/18/12 physicians order for oxygen administration and oxygen saturation checks were not transcribed onto the MAR or TAR. Oxygen saturation measurements for resident #1 were not recorded twice daily as ordered on 7/21/12, 7/22/12, 7/24/12 or 7/27/12. Oxygen saturation measurements were only recorded once a day on 7/25/12 and 7/27/12 and no documentation of physician notification. On 8/8/12 at 4:10 PM nurse #1 was interviewed. She said she was the nurse who called the physicians office and received the 7/18/12 physician's order for PRN oxygen and for oxygen saturation checks twice a day. She said that orders for PRN oxygen and she was not supposed to be transcribed onto the MAR and she was not sure why the orders were not transcribed onto the MAR and she was not sure why the orders were not transcribed onto the MAR and she was not sure why the orders were not transcribed onto the MAR but because they order had not been documented. Nurse #1 indicated that oxygen saturation checks are supposed to be documented on the MAR but because they order had not been droumented. Nurse #1 said thero was a facility protocol to administer oxygen if oxygen saturation was less than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation set han 90%. She indicated the oxygen set than 90%. She indicated the oxygen set than 90% withing any shift she had worked since she initially administered the oxygen set than 90% worked the more than 100 the process of the	BRIAN CE	NTER HEALTH & REHA	,B/HE		_				
Continued Priorit page 10 (TAR) for July 2012. The 7/18/12 physicians order for oxygen administration and oxygen saturation checks were not transcribed onto the MAR or TAR. Oxygen saturation measurements for resident #1 were not recorded twice daily as ordered on 7/21/12, 7/22/12, 7/24/12 or 7/27/12. Oxygen saturation measurements were only recorded once a day on 7/25/12 and 7/26/12. There was no explanation of why oxygen saturation were not recorded except on 7/22/12 and 7/26/12. There was no explanation of why oxygen saturations were not recorded except on 7/22/12 and 7/27/12 and no documentation of physician notification. On 8/3/12 at 4:10 PM nurse #1 was Interviewed. She said she was the nurse who called the physicians office and received the 7/18/12 physicians order for PRN oxygen and for oxygen saturation checks twice a day. She said that orders for PRN oxygen are supposed to have parameters but the physician office did not give her specific number parameters and she did not clarify the order. She said that orders are supposed to be transcribed onto the MAR and she was not sure why the orders were not transcribed onto the MAR. Nurse #1 indicated that oxygen saturation checks are supposed to be documented on the MAR but because they order had not been transcribed onto the MAR they had not been documented. Nurse #1 said there was a facility protocol to administer oxygen if oxygen saturation sense less than 90%. She indicated resident #1 had not used oxygen, displayed signs of shortness of breath or had an oxygen saturation elses than 90% during any shift she had worked since she initially administered the evene on 7/18/12 Nurse #1 reviewed the	PREFIX	ALYON DEELGENG	Y MIST BE PRECEDED BY FULL	PREF	ΞIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION	
of shortness of breath or had an oxygen saturation less than 90% during any shift she had worked since she initially administered the		Continued From page (TAR) for July 2012. order for oxygen address aturation checks with MAR or TAR. Oxygen saturation in were not recorded to 7/21/12, 7/22/12, 7/2 saturation measured once a day on 7/25/explanation of why recorded except on documentation of plants of the said she was to physicians office at physician's order for saturation checks to orders for PRN oxyparameters but the her specific number clarify the order. Since was not sure with that oxygen saturation on the that oxygen saturation the pen document on the had not been transing the protocol to saturation was less resident #1 had not provided to the protocol to saturation was less resident #1 had not provided to the protocol to saturation was less resident #1 had not provided to the protocol to the protoc	The 7/18/12 physicians ministration and oxygen ere not transcribed onto the measurements for resident #1 wice daily as ordered on 24/12 or 7/27/12. Oxygen ments were only recorded 12 and 7/26/12. There was no oxygen saturations were not 7/22/12 and 7/27/12 and no hysician notification. M nurse #1 was interviewed. The nurse who called the nurse who called the not received the 7/18/12 or PRN oxygen and for oxygen wice a day. She said that represented onto the MAR and why the orders are supposed to have a physician office did not give or parameters and she did not he said that orders are unscribed onto the MAR and why the orders were not at the MAR. Nurse #1 indicated attended to the MAR they had not he made they had not he will be a said there was a administer oxygen if oxygen as than 90%. She indicated out used oxygen, displayed signs	F.	32				
resident chart and stated she had worked with Footblook 19 43003 If continuation sheet Page		of shortness of breaturation less that worked since she	eath or had an oxygen an 90% during any shift she had initially administered the 2. Nurse #1 reviewed the				If continuetic	on sheet Page 19 of	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	.DING		(X3) DATE SUR' COMPLETE	D D
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 328	Continued From pag- resident #1 on 7/20/1 7/26/12.	e 19 2, 7/23/12, 7/25/12 and	F	328			
	She indicated that 7: AM on 7/28/12 was to worked with resident had on oxygen when recalled the residents was 96-97%. She sat specifically how much but it was being delive. Nurse #2 said she the resident #1's oxygen thought she also doos sheet. Nurse #2 said complaints or exhibit she was not able to esaturation had not be	In nurse #2 was interviewed. On PM on 7/27/12 until 7:00 the first time she had ever #1. She said resident #1 ther shift started and she is oxygen saturation check id she could not recall the oxygen resident #1 was on wered via nasal cannula. The output on the MAR but the saturation on the MAR but the saturation on the shift report is resident #1 did not have any signs of shortness of breath; explain why the oxygen een documented. In nurse #3 was interviewed.					
	Nurses notes and far that nurse #3 worked until 7:00 PM on 7/12 7/27/12. Nurse #3 re started on oxygen the date or why she was indicated that oxyge are supposed to be skilled summary she could not recall if reson 7/19/12 or if she oxygen saturation me could not recall if reson 7/22/12 and said physician she could saturation measurer	cility staff sheets indicated with resident #1 7:00 AM 9/12, 7/22/12, 7/24/12 and exalled that resident #1 was erapy but could not recall the started on oxygen. Nurse #3 in saturation measurements recorded on the nursing daily set and on the MAR. Nurse #3 sident #1 had oxygen in place initiated the oxygen after her reasured 90%. Nurse #3 sident #1 had oxygen in place she did not notify the not obtain an oxygen ment. Nurse #3 could not t #1 had oxygen in place on					

STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ND PLAN OF	CORRECTION		A. BUILDING B. WNG		C
NAME OF PR	OVIDER OR SUPPLIER	345262		T ADDRESS, CITY, STATE, ZIP CODE	08/09/2012
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 328	documented an oxyg she could not recall se checked resident #1* 7/24/12. Nurse #3 sa not have oxygen on said she attempted to saturation on resider she applied oxygen a cannula. She said re	cnow why she had not then saturation measurement, specifically that she had so oxygen saturation on aid on 7/27/12 resident #1 did cuntil in the afternoon. She so obtain an oxygen at #1 and was unable to so at 2 liters a minute via nasal sident #1 did not display any of shortness of breath and	F 328		
F 456 SS=D	(DON) and the Admi The DON said it was nurse who received order onto the MAR. the order for twice of to be transcribed on would record the ox MAR. The Administ staff to use the facili order for PRN oxyge parameters for use	NTIAL EQUIPMENT, SAFE DITION nintain all essential ral, and patient care	F 456		
	by: Based on observat	IT is not met as evidenced ion, staff interviews and facility acility failed to ensure that 2 of used for emergency			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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TATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(XS) WF	JLTIPLE	CONSTRUCTION	(X3) DATE SURV COMPLETER	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUIL	DING		С	
		345262	B. WIN	G		08/09	2012
	OVIDER OR SUPPLIER			130	T ADDRESS, CITY, STATE, ZIP CODE DON JUAN ROAD RTFORD, NC 27944		
(X4) ID PREFIX TAG	SUMMARY S	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	observed on the cra Both gauges read e (DON) used an oxy, regulator. When the leaked from the reg not exit from the co on empty. The DON tank on. The secon from the regulator s oxygen on. On 8/9/12 at 12:20 oxygen tanks she a oxygen tanks that the emergency. She in of the third shift (11 check the crash ca of equipment which The DON said ther expectation of the on the crash cart v 483.75(I)(1) RES RECORDS-COMF LE The facility must in resident in accord	PM two oxygen tanks were sh cart by the nursing station. mpty. The Director of Nursing gen key to turn on the DON turned the key, oxygen ulator attachment site and did rect port, the gauge remained I attempted to turn the second doxygen tank also leaked site when the DON turned the PM the DON stated the attempted to turn on were the would be used in an dicated it was the responsibility 1:00 PM to 7:00 AM) nurse to rt nightly for the inventory list in included two oxygen tanks. The was not a policy or an staff to ensure the equipment was functioning. PLETE/ACCURATE/ACCESSIB The property of the inventory is the property of	F	456 F 514	"Preparation and for executation of the correction does not constitute admissi agreement by the provider of the trust alleged or conclusions set forthin the ediciencies. The plan of correction is and/or executed solely because it is reprovisions of federal and state law." 1. Residnet #1 no longer resides The facility. 2. Facility residents have the postfected by the alleged deficient The maintenance director immed 8/9/12 removed from use and retwo tanks from the oxygen storinstalled two regulators and he for functioning. In addition he regulators on top of the crash cextra o-rings. Facilities Licensed Staff were re-education on 8-11-2012 aron the procedure to check fur and availability of the equipmerash cart Licensed staff that received the re-education will educated prior to their next shift. Newly hired licensed streetive training during their The Director of Nursing will weekly the completeness of the functionality of the equipmeranding swill be corrected when the functionality of the equipmeranding still be corrected when the functionality of the equipmeranding swill be corrected when the functionality of the equipmeranding still be corrected when the functionality of the equipmeranding swill be corrected when the functionality of the equipmeranding still be corrected when the functionality of the equipmeranding still be corrected when the functionality of the equipmeranding still be corrected when the functionality of the equipmeranding still be corrected when the functionality of the equipmeranding still be corrected when the functional still be corrected to the functional still be corrected at the function of the func	in of the facts statement of a prepared quired by the in tential to be to practice. Ediately on eplaced the age room and tested each placed two art along with provided and on going, actionality ment on the thave not I be rescheduled taff will orientation. Falidate e audits and ment. Negative	
	The clinical record information to ide	d must contain sufficient ntify the resident; a record of the					

NAME OF PROVIDER OIL SUPPLIER BRIAN CENTER KEALTH & REHABINE COMMANY STATEMENT OF DEPOCIENCES (MACH CEPTICISES MASS OF PRECIDED BY PAUL) FOR COMMANY STATEMENT OF DEPOCIENCES (MACH CEPTICISES MASS OF PRECIDED BY PAUL) FOR COMMANY STATEMENT OF DEPOCIENCES (MACH CEPTICISES MASS OF PRECIDED BY PAUL) FOR COMMENT STATEMENT OF DEPOCIENCES OF PAUL (MACH CEPTICISES MASS OF PRECIDED BY PAUL) FOR COMMENT STATEMENT OF DEPOCIENCES OF PAUL (MACH COMPETTING AND ASSOCIATION) FROM CEPTICISES OF PROVIDER OF CORRECTION AND ASSOCIATION OF PRECIDED BY PAUL (MACH COMPETTING AND ASSOCIATION) FOR COMPETTING AND ASSOCIATION OF PRECIDED BY PAUL (MACH COMPETTING AND ASSOCIATION) FROM CEPTICISES OF PROVIDER OF PRECIDED BY PAUL (MACH COMPETTING AND ASSOCIATION) FROM CEPTICISES OF PROVIDER OF PRECIDED BY PAUL (MACH COMPETTING AND ASSOCIATION) FROM CEPTICISES OF PROVIDER OF PRECIDED BY PAUL (MACH COMPETTING AND ASSOCIATION) FROM CEPTICISES OF PROVIDER OF PRECIDED BY PAUL (MACH COMPETTING AND ASSOCIATION) FROM CEPTICISES OF PROVIDER OF PRECIDED BY PAUL (MACH COMPETTING AND ASSOCIATION) FROM CEPTICAL ORDS OF PROVIDER OF PRO			MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) M	JLTIP	LE CONSTRUCTION	(X3) DATE SURY	
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABIHE SUMMAY STATEMENT OF DEPOLICATION PROPRIES TAGS BUMANY STATEMENT OF DEPOLICATION PROPRIES TAGS RECOULA ORT OR LOSS EXPERIENCES BY HALL RECOULANCE BY HALL RECO	STATEMENT O AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:					i
STREET ADDRESS, CITY, STATE, 2P CODE 130 DOS JUAN NO. AD HERTFORD, NC. 27844 PRESIDENT STATEMENT OF DESIDENCES EACH DEFIDIENCY MOST BE PROCEEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) F 514 Continued From page 22 resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the Stato; and progress notes. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility record review the facility falled to completely and accurately document oxygen administration and resident response to oxygen therapy for 1 of 3 sampled residents (resident #1). Findings include: A facility procedure titled; "Oxygen Administration" SSP 9001.01 revised December 2010 was reviewed. Under the documentation section the procedure read," in the nurse's notes and treatment administration record, (exord; 1) Date and time of oxygen administration, 2) Type of delivery device, a oxygen flow rate and 4) Resident #1 was admitted to the facility 712/12. Her diagnoses included, diabetes, hypertension, history of aspiration pneumonia and peripheral vascular diseases. A nursing admission assessment dated 71/12/12 indicated resident #1's pulse was 70 bests per minute and regular and she had no edema (swelling). Her respiratory rate was regular and STREET ADDRESS, CITY, STATE, 2P PROMESTED. PREVENT PROMESTERLAN OF CORRETTION PREVENT PROMESTER PLAN OF CORRETTION PREVENT PROMESTER. F 514 3. Systemic Measures put into place to ensure the alleged deficient practice does not received the functioning of the equipment, The director of Nursing will inherent average and the stator installed regulator, Training is in place and on going			345262	B. WIN	G		I	i i
PRETEX TAG SUMMANY STATEMENT OF DEFICIENCIES PRODUCED BY THAT TAG PROPERTY TAG PROP				<u> </u>	1	300 DON JUAN ROAD		
PREFIX TAG F 514 Continued From page 22 resident's assessments; the plan of care and services provided; the results of any proadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility record review the facility failed to completely and accurately document oxygen administration and resident response to oxygen therapy for 1 of 3 sampled residents (resident #1). Findings include: A facility procedure field: "Oxygen Administration" SSP 0901.01 revised December 2010 was reviewed. Under the documentation section the procedure read; "In the nurse's notes and treatment administration," 2) type of delivery device, 3 oxygen flow rate and 4) Resident wital signs, skin color, respiratory effort and lung sounds when indicated." Resident #1 was admitted to the facility 7/12/12. Her diagnoses included; diabotes, hypertension, history of apstrolinestinal bleed with anomia, heat attack, afrial fibrillation, dysphagia with listory of aspiration pneumonia and peripheral vascular disease. A nursing admission assessment dated 7/12/12 indicated resident #1's pulse was 70 beats per minute and regular and she had no edoms (swelling). Her respiratory rate was regular and compliance. F514 Continued From page 22 resident's vision and services provided; the plan of care and services provided; the plan of care and services provided; the results of any practice does not recur include: Licensed Nurses will include in their crash cart scale effects the collaboration of casult intervels and their crash cart devision in the requirement. The director of Nursing will implement a weekly check to validate the functioning of the equipment, times 2 weekly. New Yoxygen stable the functioning of the equipment, times 2 weekly. New Yoxygen stable the functioning of the equipment a weekly. New Yoxygen stable and their crash cart state that have a factor-installed regulator, training is in place and on going for licensed staff. Results will be discussed in The	DIVING CO.			ID	<u> </u>	PROVIDER'S PLAN OF CORF	ECTION	
resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility record review the facility failed to completely and accurately document oxygen administration and resident response to oxygen therapy for 1 of 3 sampled residents (resident #1). Findings include: A facility procedure titled; "Oxygen Administration" SSP 0901.01 revised December 2010 was reviewed. Under the documentation section the procedure read; "In the nurse's notes and treatment administration record and/or medication administration record and/or medication administration record and/or medication administration; 2) Type of delivery device, 3 oxygen flow rate and 4) Resident's vials dispins, skin color, respiratory effort and lung sounds when indicated." Resident #1 was admitted to the facility 71/2/12. Her diagnoses included; diabetes, hypertension, history of agsirointestinal bleed with anemia, heart attack, atrial fibrillation, dysphagia with history of aspiration pneumonia and peripheral vascular disease. A nursing admission assessment dated 71/2/12 indicated resident #1 had no edorma (swelling). Her respiratory rate was regular and she had no edorma (swelling). Her respiratory rate was regular and	PREFIX	(EACH DESICIENC	Y MUST BE PRECEDED BY FULL			CROSS-REFERENCED TO THE A	PROPRIATE	
minute and regular and she had no edema (swelling). Her respiratory rate was regular and		Continued From pag resident's assessme services provided; the preadmission screer and progress notes. This REQUIREMEN by: Based on staff interreview the facility far accurately document resident response to sampled residents (Findings include: A facility procedure Administration' SSF 2010 was reviewed section the procedurand treatment administration administration administration administration administration administration administration administration administration and time of oxygen delivery device, 3 or Resident's vital signand lung sounds with Resident #1 was a Her diagnoses including history of gastroint heart attack, atrial history of aspiration vascular disease.	e 22 Ints; the plan of care and the results of any string conducted by the State; This not met as evidenced eview and facility record filed to completely and strong administration and coxygen administration and coxygen therapy for 1 of 3 resident #1). It titled; "Oxygen to 0901.01 revised December to Under the documentation are read; "In the nurse's notes an instration record and/or tration record, record; 1) Date administration, 2) Type of exygen flow rate and 4) and sexions, skin color, respiratory effort then indicated." In the facility 7/12/12. In the facility 7/12/12. In the facility 7/12/12. In the indicated of the facility 7/12/12. In the ind	F	514	3. Systemic Measures put into ensure the alleged deficient precur include: Licensed Nurses will include it carts checks the functionality equipment. The director of Number implement a weekly check to functioning of the equipment Weekly x 4 weeks and month months. The Maintenance Dinclude checking the crash caweekly. New Oxygen tanks ordered for the crash cart that installed regulator, training it on going for licensed staff. I discussed in The Interdiscipl Meeting. Additional interver implemented as determined. 4. Results of the audits will the Quality Assessment and Committee monthly x 3 monopirector of Nursing. The Assessment and Assurance evaluate the effectiveness of on trends identified. The Quality Assessment and Assurance develop and implement addinterventions as needed to entered the control of t	n their crash of the ursing will validate the times ally times 2 irector will also art equipment have been thave a factoris in place and Results will be inary Team ations will be necessary. be reported to Assurance and the plan based as a lity Committee will itional	
		indicated resident	#1's pulse was 70 beats per r and she had no edema			Facility ID: 943003	If continuation s	heet Page 23 of 29

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STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		-	E CONSTRUCTION	(X3) DATE SURI	
			A. BUII	DING	-	c	;
		345262	B. WIN	G		08/09	/2012
	ROVIDER OR SUPPLIER ENTER HEALTH & REHA	в/не		130	ET ADDRESS, CITY, STATE, ZIP CODE 00 DON JUAN ROAD ERTFORD, NC 27944		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 514	she had no dyspnea Resident #1's breath and she did not requil No respiratory conceresident #1 on the nusheet or nurse's note 7/17/12. A PT note for resider during therapy reside coolness and cyanos indicating tissue near oxygen) to her finger saturation measured an indicator of the persaturated with oxyge measurement. The repulse oximetry, uses sources of light that and transmitted through the tissue is then correpresenting the persaturated with oxyge values are 97% to 98 "Oxygen Saturation Oximetry" written by Critical-Care Nurses The nurse was notif A nursing daily skiller #1 (an assessment shoxes to check for a dated 7/18/12 at 7:0 narrative note reveals aturation in the "80"	(difficulty breathing). sounds were clear bilaterally re oxygen therapy. In swere documented for arising daily skilled summary is from 7/13/12 through If #1 dated 7/18/12 indicated and #1 was noted to have sis (blueness of skin in the skin surface had low is and left toes. Her oxygen 78%. (Oxygen saturation is arcentage of hemoglobin in at the time of the eading, obtained through a light sensor containing two are absorbed by hemoglobin and this sues to a photo in the flight transmitted through inverted to a digital value centage of hemoglobin in. Normal oxygen saturation 3% in the healthy individual. Monitoring by Pulse the American Association of .)	F	514	"Preparation and /or executation of the correction does not constitute admiss agreement by the provider of the truth alleged or conclusions set forthin the deficiencies. The plan of correction is and/or executed solely because it is reprovisions of federal and state law." 1. Resident # 1 no longer resides The facility. 2. Facility residents have the professed of the facility. 2. Facility residents have the professed of the facility. 3. Facility residents have the professed of the facility. 4. Facility residents have the professed of the facility. 5. Facility residents have the professed of the facility. 6. Facility residents have the professed of the facility. 7. Facility residents have the professed of the facility. 8. Facility residents have the professed of the facility. 9. Facility residents have the professed of the facility. 1. Resident # 1 no longer resides for the facility. 1. Resident # 1 no longer resides for the facility. 2. Facility residents have the professed of the facility. 1. Resident # 1 no longer resides for the facility. 2. Facility residents have the professed of the facility. 2. Facility residents have the professed of the facility. 3. Facility residents have the professed of the facility. 4. Resident # 1 no longer resides for the facility. 5. Facility residents have the professed of the facility. 6. Facility residents have the professed of the facility. 7. Facility residents have the professed of the facility. 8. Facility residents have the professed of the facility. 9. Facility residents have the professed of the facility. 9. Facility residents have the professed of the facility. 9. Facility residents have the professed of the facility. 9. Facility residents have the professed of the facility. 1. Resident # 1 no longer resides. 1. Resident # 1 no l	on or h of the facts statement of sprepared equired by the otential to be ficient ducted to ocumentation esident ders are in of oxygen device, and aff re- 1-2012 and n to oxygen nas not I be re- scheduled taff will	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` `	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING		G	- с			
		345262	B. WING _	-	08/0	9/2012		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/HE			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 DON JUAN ROAD HERTFORD, NC 27944					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 514	indicating oxygen use was handwritten in the oxygen saturation be was handwritten in the was no assessment a system documented. A physician's order for at 4:30 PM was revied oxygen to be administ nasal cannula on an shortness of breath of There were no parant oxygen saturation was also read for oxygen checked twice a day, nurse #1 and the phy by a backslash and the was not signed by the A nursing daily skille 7/19/12 at 12:15 PM narrative note indicated minute via nasal can #1 but did not differe already in place or who box indicating oxygen oxygen saturation be was handwritten in the was	e was checked and "2 liters" the space provided. The ex was checked and "92%" the space provided. There of resident #1 dated 7/18/12 the space at 2 liters a minute via as needed (PRN) basis for or low oxygen saturations. The order was signed by the order was signed by the nurse's name. The order the physician. In d summary sheet dated was reviewed. The nurse's thed oxygen at 2 liters per nula was in use for resident thiate if the oxygen was as placed by the nurse. A nuse was checked and "90%" the space provided. In the space provided. The tox was checked and "2 liters on in the space provided. There tox was checked and "91%" the space provided. There to to support if oxygen was	F 514	3. Systemic measures to implemented to ensure a alleged deficient practice recur include: The 24-hour report, Physic change of condition reports reviewed by the Interdiscip Monday through Friday to residents who have new or therapy to assure appropriate weekly for 4 weeks than bis one month. Negative finding addressed when noted 4. Results of the audits we the Quality Assessment and Committee monthly x 3 mandal Director of Nursing. The Assessment and Assurance evaluate the effectiveness on trends identified. The Assessment and Assurance develop and implement and interventions as needed to compliance	the same the does not the does for oxygen the do) 1 -d		

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		A. BUILDING			(X3) DATE SURVEY COMPLETED C		
	345262 B. WING			08	/09/2012		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/HE			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 DON JUAN ROAD HERTFORD, NC 27944				
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE		
There was an additi summary sheet for r 11:00 PM with the b	onal nursing daily skilled resident #1 dated 7/20/12 at ox indicating oxygen use	F 514					
7/22/12 at 5:15 PM have any signs or signs or signs or signs. The narration the resident's hands unable to obtain her measurement. Ther	indicated resident #1 did not ymptoms of respiratory ive note also mentioned that s were cold and the nurse was r oxygen saturation re was no documentation to						
#1 dated 7/23/12 at indicating oxygen u handwritten in the s saturation box was	4:30 PM revealed a box se was checked and "prn" was pace provided. The oxygen checked and "97-98% RA						
7/24/12 at 10:35 AM oxygen use was ch handwritten in the s saturation box was saturation was not third shift indicated oxygen was intact. to support when ox initiated or why oxy	of revealed a box indicating ecked and "prn" was space provided. The oxygen not checked but an oxygen recorded. A nurse's note for resident #1's continuous There was no documentation ygen therapy had been gen therapy was initiated.						
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page There was an additi summary sheet for resident # A nursing daily skille 7/22/12 at 5:15 PM have any signs or s distress. The narrat the resident's hands unable to obtain her measurement. Ther support if oxygen w A nursing daily skille #1 dated 7/23/12 at indicating oxygen u handwritten in the s saturation box was (room air)" was har provided. A nursing daily skill 7/24/12 at 10:35 AM oxygen use was ch handwritten in the s saturation box was saturation box was saturation box was saturation was not third shift indicated oxygen was intact. to support when ox initiated or why oxy	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 There was an additional nursing daily skilled summary sheet for resident #1 dated 7/20/12 at 11:00 PM with the box indicating oxygen use checked but no oxygen saturation recorded. There was no nursing daily skilled summary sheet for resident #1 on 7/21/12. A nursing daily skilled summary sheet dated 7/22/12 at 5:15 PM indicated resident #1 did not have any signs or symptoms of respiratory distress. The narrative note also mentioned that the resident's hands were cold and the nurse was unable to obtain her oxygen saturation measurement. There was no documentation to support if oxygen was in use. A nursing daily skilled summary sheet for resident #1 dated 7/23/12 at 4:30 PM revealed a box indicating oxygen use was checked and "prn" was handwritten in the space provided. The oxygen saturation box was checked and "97-98% RA (room air)" was handwritten in the space	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 There was an additional nursing daily skilled summary sheet for resident #1 dated 7/20/12 at 11:00 PM with the box indicating oxygen use checked but no oxygen saturation recorded. There was no nursing daily skilled summary sheet for resident #1 on 7/21/12. A nursing daily skilled summary sheet dated 7/22/12 at 5:15 PM indicated resident #1 did not have any signs or symptoms of respiratory distress. The narrative note also mentioned that the resident's hands were cold and the nurse was unable to obtain her oxygen saturation measurement. There was no documentation to support if oxygen was in use. A nursing daily skilled summary sheet for resident #1 dated 7/23/12 at 4:30 PM revealed a box indicating oxygen use was checked and "prn" was handwritten in the space provided. The oxygen saturation box was checked and "97-98% RA (room air)" was handwritten in the space provided. A nursing daily skilled summary sheet dated 7/24/12 at 10:35 AM revealed a box indicating oxygen use was checked and "prn" was handwritten in the space provided. The oxygen saturation box was not checked but an oxygen saturation was not recorded. A nurse's note for third shift indicated resident #1's continuous oxygen was intact. There was no documentation to support when oxygen therapy had been initiated or why oxygen therapy was initiated.	NTER HEALTH & REHABI/HE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 There was an additional nursing daily skilled summary sheet for resident #1 dated 7/20/12 at 11:00 PM with the box indicating oxygen use checked but no oxygen saturation recorded. There was no nursing daily skilled summary sheet for resident #1 did not have any signs or symptoms of respiratory distress. The narrative note also mentioned that the resident's hands were cold and the nurse was unable to obtain her oxygen saturation measurement. There was no documentation to support if oxygen was in use. A nursing daily skilled summary sheet for resident #1 dated 7/23/12 at 4:30 PM revealed a box indicating oxygen use was checked and "pri" was handwritten in the space provided. The oxygen saturation box was not checked and "97-98% RA (room air)" was handwritten in the space provided. The oxygen saturation was not recorded. A nurse's note for third shift indicated resident #1's continuous oxygen was intact. There was no documentation to support when oxygen therapy had been initiated or why oxygen therapy was initiated.	NTER HEALTH & REHABIHE SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 Thore was an additional nursing daily skilled summary sheet for resident #1 dated 7/20/12 at 11:00 PM with the box indicating oxygen use checked but no oxygen saturation recorded. There was no nursing daily skilled summary sheet for resident #1 did not have any signs or symptoms of respiratory distress. The narrative note also mentioned that the resident's hands were cold and the nurse was unable to obtain her oxygen saturation measurement. There was no documentation to support if oxygen use was checked and "prn" was handwritten in the space provided. The oxygen saturation box was checked and "97-98% RA (room air)" was handwritten in the space provided. The oxygen saturation box was checked and "97-98% RA (room air)" was handwritten in the space provided. The oxygen saturation box was on to checked to that oxygen saturation box was not checked and "prn" was handwritten in the space provided. The oxygen saturation box was not checked and "prn" was handwritten in the space provided. The oxygen saturation box was not checked and "prn" was handwritten in the space provided. The oxygen saturation box was not checked but an oxygen saturation box was not checked and "prn" was handwritten in the space provided. The oxygen saturation box was not checked but an oxygen saturation box was not checked and in the space provided. The oxygen saturation box was not checked but an oxygen saturation box was not checked but an oxygen saturation was not recorded. A nurse's note for this shift in the space provide		

Event ID:9CC811

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIFLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
345262		345762	B, WNG			C 08/09/2012	
				T		1 00/1	Daizoiz
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABIRE			•	1300	T ADDRESS, CITY, STATE, ZIP CODE DOON JUAN ROAD RTFORD, NC 27944		
(X4) ID	SHUMARYST	ATEMENT OF DEFICIENCIES	ID	! 	PROVIDER'S PLAN OF CORRE	CTION	(Xc)
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F 514	Continued From page	e 26	F	514			
		330 PM revealed a box					
	1	was checked and "pm" was		1	•		1
•		ace provided. The oxygen					1
	saturation box was checked and "96% RA" was					•	
	handwritten in the space provided. There was no			Į.			1
	documentation to sup						
	oxygen therapy had t		F				
				F			1
		f summary sheet for resident		Į.			
	#1 dated 7/26/12 revealed a box indicating			. :			
:	oxygen use was checked and "pm" was			· [1
	handwritten in the space provided. The oxygen)			
	saturation box was checked and "97% RA" was handwritten in the space provided.			ļ-			
	i nanowntten in the sp:	ace provided.					
	Δ. nureina dailu ekiller	i summary sheet dated		1:			
	7/27/12 revealed a bo		1.				
	checked. The oxygen						
		en saturation was not		-			
		nurse's note indicated		1			1
	oxygen at 2 liters a minute was applied in the			:			
	afternoon but there was no acute shortness of breath. The nurse documented she was unable to			1.			
			J	l.			
	obtain resident #1's o	xygen saturation due to her		.			
	hands being very cold	f, No oxygen saturations		ļ			-
	were recorded for 7/2	7/12. A third shift nurse's	İ];			Ì
	note dated 7/28/12 at	5:50 am indicated that the		1.			1
		ind took her last breath,		1			
	cardiopulmonary resuscitation was started and		1	į			
	the resident was sent	to the hospital.					
	* !]
		n saturation méasurements		ļ			
	recorded on the medication administration record						1
	(MAR) or the treatment administration records			:			1
	(TAR) for July 2012. The 7/18/12 physicians order for oxygen administration and oxygen			.			
				.			
	MAR or TAR.	re not transcribed onto the		1.			
}	MICIN DE LAIR.			- 1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	(S:FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		B. MNG				C		
				· · ·		08/	09/2012	
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABIHE			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 DON JUAN ROAD HERTFORD, NC 27944					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROMDER'S PLAN OF CORRECTION (X5)					
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREPIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE		
F 514	Continued From page	e 27	F	514				
	On 8/8/12 at 4:10 PM	nurse #1 was interviewed.			1.			
	She indicated that ox							
	measurements were supposed to be documented		1					
		ministration records or in the						
		#1 indicated the order for	1					
	oxygen was not trans		•					
	administration record					1		
	saturations had not be							
	medication administra	Ţ						
	resident#1 had only r			•				
		esident on 7/18/12 and she			:			
	had documented the							
	nurse's notes. Nurse	1		-		1		
- ,		ontinuation as well as the			:			
	residents response to	treatment was supposed to						
	be documented in the	nutse's notes.						
	// // // // // // // // // // // // //							
		nurse #2 was interviewed.	Ì				1	
		00 PM on 7/27/12 until 7:00						
		e first time she had ever #1. She said resident #1						
		when her shift started and					1	
1		en saturation check was	1				1	
}		could not recall specifically					, [
		ident#1 was on but it was					1	
1		isal cannula. Nurse #2 said			•			
	she thought she docu							
1		the MAR but thought she					1. 1	
		the shift report sheet (not			_			
-	part of the residents m	nedical record). Nurse #2			•			
Į		n why the oxygen saturation						
}	had not been docume	-		•		!		
	oxygen administration	ĺ				j [
	resident response to o		ĺ	•				
		nented in the nurse's notes.] [
					 		[
	On'8/9/12 at 8:15 AM	nurse #3 was interviewed.						
1			1	l	i -		1 1	

PRINTED: 08/18/2012 FORM APPROVED

	S. Carringstor (142 C	MEDICARD OFITAIOES		<u>.</u>		OMB !	<u>NO. 0938-0391</u>
STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCLIA · AND PLAN OF CORRECTION UNGER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		345262 B. WNG		na na	C		
NAME OF PROVIDER OR SUPPLIER			<u></u>	T		0	/09/2012
BRIAN CENTER HEALTH & REHABIHE				1200	ADDRESS, CITY, STATE, ZIP CODE DON JUAN ROAD		
		5 ·		HER	IFORD, NC 27944		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IĎ PŘEP TAG	IX .	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OLD BE	(X6) COMPLETION DATE
	that nurse #3 worked until 7:00 PM on 7/15 7/27/12. Nurse #3 red started on oxygen the date or why she was indicated that oxygen are supposed to be nursing daily skilled s MAR. Nurse #3 could oxygen in place on 7/ oxygen after her oxygen after her oxygen in place on 7/ remember if resident: 7/24/12 and did not know the management of the documented an oxygen and resident responses supposed to be documented and resident responses supposed to be document of 6/9/12 at 1:50 PM. expected the nursing of oxygen applied and therapy. She also expedocument when oxygen document when oxygen applied and therapy.	cility staff sheets indicated with resident #1 7:00 AM 1/12, 7/22/12, 7/24/12 and called that resident #1 was crapy but could not recall the started on oxygen. Nurse #3 a saturation measurements ecorded on the nummary sheet and on the not recall if resident #1 had 19/12 or if she initiated the real if resident #1 had 122/12. She could not #1 had oxygen on place on now why she had not en saturation measurement. The resident #1 did not in the afternoon, Nurse #2 inistration, discontinuation to oxygen therapy was nented in the nurse's notes.	F	514			