STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345515	A. BUILDING _____ B. WING _____	C 01/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT TOWN CENTER	6300 ROBERTA ROAD HARRISBURG, NC 28075

(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 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to transcribe the doctor ' s order accurately to the MAR (Medication Administration Record) for 1 (Resident #174) of 10 sampled residents reviewed for unnecessary medications. Finding included: Resident #174 was admitted to the facility on 1/9/13 with multiple diagnoses including Vitamin D deficiency. The admission MDS (Minimum Data Set) assessment dated 1/16/13 indicated that Resident #174 had memory and decision making problems. Review of the telephone orders revealed that on 1/11/13, Resident #174 had a doctor ' s order for Calcium 500 mgs (milligram) with D 200 Iu (international units) 2 tablets once a day for Vitamin D deficiency. The January, 2013 MAR was reviewed. The telephone order for 1/11/13 (Calcium with D) was transcribed to the MAR as " Vit (vitamin) D 500 mgs/200 Iu 2 tabs (tablets) = 1000 mgs/400 Iu by mouth daily " . The word " Calcium " was omitted. The boxes on the MAR for 1/11/13, and 1/12/13 were initialed by the nurses indicating that Vit D was administered to the resident. The box for	F 281	F 281 Services Provided Meet Professional Standards The services provided or arranged by the facility must meet professional standards of quality 1) Resident #174 had their order for Calcium and Vit D clarified by the physician and a corrected Medication Administration Record (MAR) by the Director of Health Services (DHS). 1/24/2013 2) All Resident physician orders and MAR's were audited by the DHS and the weekend supervisor to ensure all physician orders and MAR's were correct.1/31/2013. All new or readmitted residents will have their physician orders and MAR's checked by two (2) licensed nurses and will sign at the bottom of the physician orders. All orders upon transcription will be checked and transcribed by two licensed nurses both signing each order that they have ensuring that the order is double checked immediately. Effective 2/13/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michael H. Mc[illegible]	Administrator	2/8/2013

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 281	Continued From page 1 1/13/13 was encircled indicating that the Vit D was not administered. From 1/14/2013 to 1/24/2013, there were no nurse ' s initials to indicate that the medication was administered to the resident. The MAR did not have documentation that the medication had been discontinued. Review of the telephone orders revealed no order to discontinue the Calcium. Review of the doctor ' s progress notes and the nurse ' s notes revealed no documentation that Calcium had been discontinued. On 1/25/13 at 11:59 AM, administrative staff #1 was interviewed. She acknowledged that the doctor ' s order for Calcium was not transcribed accurately to the MAR. She stated that the nurse who transcribed the order was not available for interview. Administrative staff #1 further stated that Nurse #1, nurse assigned on 1/13/13, had called the doctor to discontinue the Vit D because it was a duplicate therapy. She stated that Resident #174 was also on Vit D3 tablet. She stated that Nurse #1 did not realize that the Calcium supplement order was transcribed inaccurately to the MAR.	F 281	3) In-services will be given to all licensed nurses by the DHS and/or Unit manager and/or RN weekend supervisor on transcribing orders from the physician order form to the MAR correctly. If any licensed nurse misses this in-service they will not be allowed to work until they have completed the in-service. This process will also be reviewed in orientation by DHS and/or RN supervisor to ensure hired licensed nurses have had the same education. 2/13/2013 4) Monitoring of the effectiveness of the education of this process will occur by the DHS and/or unit manager and/or weekend supervisor with review of the physician orders. This will occur daily for two (2) weeks, then weekly for two (2) weeks. The monitoring will continue bi weekly for eight (8) weeks. The results of the monitoring will be followed for tracking and trending by the DHS and/or unit manager and/or weekend supervisor who will report these findings to the Performance Improvement (PI) Committee for recommendations and changes. Final completion of 2/13/2013	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate	F 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 315	Continued From page 2 treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to secure the indwelling urinary catheter to prevent catheter related injury or accidental removal/pulling for 1 (Resident #174) of 3 sampled residents with an indwelling urinary catheter. The finding includes: The facility policy dated 11/2012 on changing of catheter, care and anchoring was reviewed. The policy read in part " In order to avoid mucosal damage, catheter tubing will be anchored to prevent tension on the Foley insertion site " . Resident #174 was admitted to the facility on 1/9/13 with multiple diagnoses including BPH (Benign Prostatic Hypertrophy). The admission MDS (Minimum Data Set) assessment dated 1/16/13 indicated that Resident #174 had memory and decision making problems and had an indwelling urinary catheter. The care plan was reviewed. The care plan for the use of the indwelling catheter did not have interventions to prevent catheter related injury or accidental removal/pulling. On 1/24/13 at 8:30 AM, Resident #174 was observed. He was up in wheelchair in his room and had an indwelling catheter in place. The catheter was not secured to the resident's thigh/leg. At 9:22 AM, NA #1 was interviewed.	F 315	F 315 No Catheter, Prevent UTI, Restore Bladder Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. 1. Resident #174 had their indwelling urinary catheter secured to the leg on 1/24/13 by shower team. 2. 100% Audit of all Residents with indwelling urinary catheters was done by DHS and RN supervisors to ensure they all had their catheters secured to prevent potential related injury on 1/24/2013. Any new admitted resident and readmitted residents with an indwelling urinary catheter will have the securing of the catheter checked by the admitting licensed nurse. The securing of the indwelling urinary catheter will also be placed on the Activity Daily living (ADL) record by DHS and/or RN supervisor for the	

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F 315	Continued From page 3 She stated that residents with an indwelling catheter should have a strap to secure the catheter tubing. NA #1 observed Resident #174 and verified that his catheter was not secured to his leg/thigh. At 10:30 AM, NA #2 (assigned to resident) was interviewed. He stated that he was not aware that the catheter was not secured because Resident #174 was already up in wheelchair when he came that morning.	F 315	nursing assistants use to ensure the indwelling urinary catheter is in place with the changing and bathing of the Resident 4 All nursing staff (licensed and unlicensed) will be educated by 2/13/2013 by DHS and/or RN supervisor on the use and proper placement of leg straps to secure indwelling urinary catheters to prevent potential catheter related injury. None of the nursing staff will be allowed to work until they have completed this education. All new hire nursing staff will be educated on this process in orientation by DHS and/or RN supervisor. 5 Monitoring the effectiveness of the education will occur by observation of the placement of the indwelling urinary catheters with leg straps daily for two (2) weeks, then weekly for two (2) weeks and then bi weekly for eight (8) weeks by the DHS and/or RN supervisor. The results of the monitoring with tracking and trending will be reported to the Performance Improvement (PI) Committee by the DHS and/or RN supervisor for recommendations and changes 2/13/13	

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

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	345515	A. BUILDING 01 - BUILDING 01 B. WING _____	02/20/2013

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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V-protected construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	K018 1) Doors 101, 108, and 304 will be replaced and installed to meet NFPA code. Target date 6/1/2013 2) Facility Audit conducted on 2/21/2013 for all resident doors for compliance. All doors not meeting NFPA code will be adjusted or replaced accordingly.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018	3) Monthly door inspections for all patient room doors to ensure compliance. 4) Continue monthly door inspection and bring concerns to PI 5) 6/1/2013 for substantial compliance	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michael H. McDaniel
TITLE: Administrator
(X6) DATE: 3/6/2013

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K 018	Continued From page 1 Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: A. doors 101, 108 and 304 had a gap at top of the door between the door and it's frame of more than 1/8 inch.(that would not stop passage of smoke). 42 CFR 483.70(a)	K 018	K052 1) Administrator was in-serviced on life safety operation procedures. Facility guidance and step by step processes initiated and put in our life safety manual. And also in the schedule book at the nurses station. 2) Administrator was in-serviced on all life safety operational procedures in the event of an emergency. Department head managers and nurse supervisors are in-serviced on fire alarm system to ensure compliance 3) Administrator will be present with maintenance director one a month to test emergency generator and fire alarm detector. Any questions or concerns will be brought to PI. 4) All issues with life safety will be brought to PI for monitoring 5) 3/29/2013 effective date of compliance	
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: at time of survey, staff was knowledge able of how to work fire alarm control panel when system was tested. 42 CFR 483.70(a)	K 052		

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

MAR [illegible] 2013
PRINTED: 02/22/2013
FORM APPROVED
OMB NO. 0938-0391

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K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: facility could not provide proper documentation that a 5 year obstruction investigation has been performed on sprinkler system. 42 CFR 483.70(a)	K 062	K062 1) Immediately started communication regarding scheduling of a 5 year obstruction test for sprinkler system 2) Review life safety manual for compliance on all regulatory inspections 3) BFPE and corporate office will automatically schedule the 5 year obstruction test in 2018. This will repeat continuously. 4) All issues will be brought forth to PI 5) 4/3/2013	