DEPARTMENT OF HEALTH AND HUMAN SERVICES

SEP 2 7 2013

PRINTED: 09/19/2013 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			С			
	345237		B. WING_	B. WING			5/2013	
NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 516 BARBOUR RD SMITHFIELD, NC 27677					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 281 SS=D	483.20(k)(3)(i) SERV PROFESSIONAL STA	83.20(k)(3)(i) SERVICES PROVIDED MEET ROFESSIONAL STANDARDS the services provided or arranged by the facility must meet professional standards of quality.		281	Resident #1 is no longer in the facility.		10/1/13	
	The services provided must meet profession				A 100% audit of all medication was completed on September 6 the Administrative nursing staff	, 2013		
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure medication was administered as ordered by the physician for 1 of 6 sampled residents (Resident #1). The findings included:				ensure that all residents had a supply of all ordered medications. Any medications not found were ordered and received. All nurses and medication aides were			
	8/22/13 and was disc hospital for evaluatio Admission diagnoses Malignant Melanoma skin). The minimum d completed in its entir new admission. The screening tool (FL2)	s into the facility included (refers to cancer of the lata set had not been ety due to Resident #1 was a admission level of care indicated Resident #1's			inserviced on administration of medication as ordered by the physician and on ensuring prop medication supplies to include ordering procedures by the Star Facilitator completed on 9/26/1	er ff		
	intermittent to place a A review of the nurse	e's admission note dated sident #1 was admitted at	-		Administrative nurse(s) will use an audit tool to check the medication cart within 24 hours of residents' admission/re-admission or re-entry			
	A review of the physi physician on 8/26/12 cancer was indicated	f the physical exam completed by the on 8/26/12 revealed stage four skin s indicated.			to ensure that all medications are available. Upon the identification of any potential concern, the		Annual Property of the Propert	
LABORATORY	through 8/31/13 indic Dexamethasone 4 m daily. Dexamethason ability to alter the im-	ician's orders dated 8/20/13 cated the following orders: ng (milligrams) by mouth ne is a steroid that has the mune system responses.	E ()		pharmacy/back up pharmacy v notified to obtain medications indicated by the Administrativ nurse(s).	as	(X6) DATE	

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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		345237	B. WING	, , ,	09/05/2013
	ROVIDER OR SUPPLIER	REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 515 BARBOUR RD SMITHFIELD, NC 27577		ODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COMPLETION THE APPROPRIATE
F 281	One of the uses of D certain cancers. A review of the medic (MAR) revealed the find signed as administer milligrams (mg) on 8. 8:00 am In an interview on 9/4 (medication aide) #1 8/23/13 she did not a mg tablet at 8:00 am not available on the find that she made the number of the she was that the medic #1 concluded the number of the she was aware that Dexamett the medication cart. Under the impression supposed to bring the She concluded she cadministration staff. In an interview on 9/4 nurse stated that whinto the facility the characteristic was responsible for medication orders where filled and receivaded that sometimes.	cation administration record following medication was not ed: Dexamethasone 4 /23/13 at 8:00 am, 8/24/13 at 4/13 at 2:20 pm, MA acknowledged that on administer Dexamethasone 4 because the medication was medication cart. She stated ursing supervisor on duty cation was not available. MA raing supervisor responded conto it. 4/13 at 2:35 pm, Nurse #1 as the charge nurse of MA #1 mowledged that she was an attact the family was an emedication to the facility. Bid not notify the facility. Bid not notify the facility densuring admission are verified by the physician armacy to ensure medications wed. The resource nurse es she assisted the nurses medication orders but that		The results of these are forwarded to the Execution of th	cutive QI Nurse monthly the rends, follow necessary and for and/or

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		345237	B. WING			09/0	;)5/2013
NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER				51	TREET ADDRESS, CITY, STATE, ZIP CODE 15 BARBOUR RD MITHFIELD, NC 27577		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 281	Continued From page	∍2	F	281			
	supervisor acknowled informed her if any madministered. The sushe was aware that E available on the med she could not recall values order over nursing supervisor in if she notified the administration.	I/13 at 3:10 pm, the nursing diged that the MA #1 normally eds were circled or not pervisor acknowledged that Dexamethasone was not ication cart. She added that what day she faxed the or to the pharmacy. The dicated she could not recall ministration staff at the time me medication was not					
	acknowledged that o administer Dexameth the medication was r medication cart. MA between 9:30 pm - 1 the medication from the medication per d added that he forgot	nasone at 8:00 am because					
F 333 SS=D	of nursing (DON) acc administrator stated Dexamethasone to h ordered by the physi that she expected to nursing staff upon di- was not available on 483.25(m)(2) RESID SIGNIFICANT MED	she expected as care been administered as cian. The DON concluded have been notified by the scovery that the medication the medication cart. ENTS FREE OF ERRORS	F	333			
	The facility must ens	ure that residents are free of					

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		IDENTIFICATION NUMBER: A. BUILD		A. BUILDING				
		345237	B. WNG_		and the second s	1	05/2013	
NAME OF PE	ROVIDER OR SUPPLIER		<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE			
		NOTIFICATION OF NICE		51	6 BARBOUR RD			
BARBOUR	COURT NURSING AND	REHABILITATION CENTER		SI	MITHFIELD, NC 27677			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFID TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 333	by: Based on record rev facility failed to admired by the physic	medication errors. IMENT is not met as evidenced ord review and staff interviews, the administered medication as physician for 1 of 6 sampled ident #1). The findings included: as admitted into the facility on as discharged on 8/26/13 to the aluation of rectal bleeding. gnoses into the facility included fer .The minimum data set had not ad in its entirety due to Resident #1 mission. The admission level of tool (FL2) indicated Resident #1's was constant to person and place and time. a nurse's admission note dated ted Resident #1 was admitted at the hospital. b physical exam completed by the //26/12 revealed that Resident #1 er was to be treated with		333	Resident #1 is no longer in the facility. A 100% audit of all residents' medication administration records was completed on 8/31/13 by licensed nurses with no issues with		10/1/13	
	Resident #1 was adr 8/22/13 and was disc hospital for evaluatio Admission diagnoses Seizure Disorder .Th been completed in its was a new admission care screening tool (mental status was con intermittent to place A review of the nurse 8/22/13 indicated Re 11:25 pm from the ho A review of the phys physician on 8/26/12 seizure disorder was Phenobarbital.				administration of medications a ordered by the physician idention of all medication was completed on September 6 by Administrative nurses to enthat all residents had a supply ordered medications. Any medications not found were or and received All nurses and medication aide inserviced on administration or medication as ordered by the physician and on ensuring propendication supplies to include ordering procedures by the DC ADON completed on 9/26/13.	n carts 5, 2013 sure of all dered es were f		
	signed as administe	following medication was not red: Phenobarbital 97.2 mg m, 8:00 pm, 8/24/13 at 8:00					A Landauman and the state of th	

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AND PERSON CONTROL OF THE PERSON PERS		DENTI TOATION NOMBER.	A. BUILDIN			c	
		345237	B. WING			09/	05/2013
BARBOUR COURT NURSING AND REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREF TAG	5 S	TREET ADDRESS, CITY, STATE, ZIP CODE 15 BARBOUR RD MITHFIELD, NC 27577 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 333	In an interview on 9/4 (medication aide) #1 8/23/13 she did not a mg at 8:00 am becau available on the med she made the nursing that the medication we concluded the nursing she would check into In an interview on 9/4 indicated that she was on 8/23/13. She acknown aware that Phenobar medication cart. Nurse the impression that the impression that the bring the medication she did not notify the In an interview on 9/4 nurse stated that who into the facility the chwas responsible for emedication orders we and faxed to the phawere filled and receivadded that sometime with transcription of inshe did not assist with In an interview on 9/4 supervisor acknowle informed her if any madministered. The sushe was aware that available on the medication or the medication and the medication and the medication or the medication or the medication and the medication and the medication and the medication and the medication or the medication and the m	acknowledged that on dminister Phenobarbital 97.2 use the medication was not ication cart. She stated that g supervisor on duty aware was not available. MA #1 g supervisor responded that it. 1/13 at 2:35 pm, Nurse #1 us the charge nurse of MA #1 nowledged that she was bital was not available on the se #1 stated she was under the family was supposed to to the facility. She concluded facility administration staff. 1/13 at 3:00 pm, the resource en a resident was admitted that arge nurse of the resident ensuring admission are verified by the physician remacy to ensure medication and that are she assisted the nurses medication orders but that	F	3333	Administrative nurse(s) will use audit tool to monitor the administration of medications a ordered by the physician 3-5 tin per week X 4 weeks, weekly x 4 weeks, monthly x3, then quarted Upon identification of any potent concerns, the Administrative nurse(s) will use as appropriate. Administrative nurse(s) will use audit tool to check the medicate cart within 24 hours of resident admission/re-admission or re-et to include Resident #1 to ensure all medications are available. If the identification of any potent concern, the pharmacy/back up pharmacy will be notified to obmedications as indicated by the Administrative nurse(s).	s nes 4 rly. ntial urse(s) d staff se an ion ts' ntry re that Upon ial	

physician's order over to the pharmacy. The

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F 333	nursing supervisor in if she notified the ad she became aware to available. In an interview on 9/ acknowledged that on administer Phen medication was not cart. In an interview on 9/ acknowledged that of administer Phenoba 8:00 pm because the available on the medication was administered the medication was administered the medication was administered the medication was administrator stated to have been administrator stated to have been notified	indicated she could not recall ministration staff at the time the medications were not at 14/13 at 3:34 pm MA #2 on 8/23/13 at 8:00 pm she did obarbital 97.2 mg due to the available on the medication at 4/13 at 4:50 pm MA #3 on 8/24/13 he did not rbital 97.2 mg at 8:00 am or e medication was not dication cart. MA #3 stated on 100 pm - 10:00 pm the family ion from home and he edication per demand of the at he forgot to document on ation of the specific time the ninistered. 15/13 at 11:22 am, the director companied by the she expected Phenobarbital istered as ordered by the concluded that she expected d by the nursing staff upon ledication was not available	F3	forwarded to the Exect committee by the QIN x 3 then quarterly for the identification of any trup action as deemed into determine the need frequency of continue.	utive QI Jurse mo he ends, fol ecessary for and/o	nthly low and	