

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

AUG 21 2013

PRINTED: 08/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHAB-SCOTLAND NECK			STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874		
(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	<p>483.20(k)(3)(l) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to administer a nutritional supplement for 5 of 5 residents as ordered by the physician per omission on the medication administration record and failed to consult with the physician for guidance of an alternate method to ensure a nutritional supplement was administered (Resident #27, Resident #38, Resident # 4, Resident # 9, and Resident # 54).</p> <p>The findings included:</p> <p>1. Resident # 27 was admitted to the facility on 11/12/2012. The most recent Minimum Data Set (MDS) dated 5/28/13 indicated resident was severely cognitively impaired and had a stage 3 pressure ulcer.</p> <p>A review of a telephone physician order dated 7/18/2013 indicated for the resident to receive protein powder supplement two scoops three times a day via g-tube (gastrostomy tube) for 30 days to aid in wound healing.</p> <p>A review of the medication administration record (MAR) for resident #27 revealed an omission of 15 doses of protein powder supplement between the dates of August 1 and August 6, 2013. The entries on the MAR were initialed and circled by the nurses with</p>	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F281:</p> <ol style="list-style-type: none"> The physician was notified for Resident #27, by the Unit Manager on 8/6/13, and an order was received to utilize protein shakes via G-tube until protein powder is available, then continue the current order for use of protein powder. <p>The physician was notified for Residents #4, 9, 38, 54 by the Unit Manager on 8/6/13, and an order was received to use protein shakes until protein powder is available, then continue the current order for the use of protein powder.</p> <ol style="list-style-type: none"> An audit was completed by the Unit Manager on 8/14/13 of medication administration records for other residents to ensure that medications and 	8/16/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Deshae Morse

TITLE

Administrator

(X6) DATE

8/20/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	<p>Continued From page 1</p> <p>written documentation on the back of the MAR which indicated protein powder was not available.</p> <p>During staff interview on 8/5/2013 at 2:26 pm, nurse #1 indicated resident #27 had not been receiving the protein supplement ordered for the past few days because the supplement was not available.</p> <p>During an interview on 8/6/2013 at 2:07 pm, nurse #1 indicated the protein powder supplement was not given because it was not available. She stated the protein powder supplement had not been available since August 1, 2013. She further revealed she did not notify the physician that the supplement was not available.</p> <p>In an interview on 8/6/2013 at 3:05 pm, the medical records/ central supply clerk revealed she ordered the protein supplement powder for residents receiving enteral tube feedings. She indicated that she was informed this morning of the 100 hall med cart not having a supply of the protein powder supplement.</p> <p>In an interview on 8/6/2013 at 3:15 pm, the Director of Nursing Services (DNS) revealed she had just learned the nurses were circling the supplement and not giving it. The DNS further revealed she was in the process of contacting the pharmacy and having them to send the supplement for each of the residents to the facility. She stated " My expectation is for the nurse to notify me or whoever orders it as soon as they realize they do not have it. If the supplement is</p>	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>supplements were administered as per physician's order. Corrective actions were completed as indicated.</p> <p>3. A new system was initiated by the Director of Nursing on 8/8/13 to ensure medication/supplement availability for administration. Each nurse responsible for medication administration will notify the pharmacy/Central Supply Clerk when there is a 3 day supply of medication/supplement remaining for each resident. Should medication not be available for administration, the Nurse will report this immediately to the Director of Nursing. The Physician will be notified for further</p>

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F 281	<p>Continued From page 2</p> <p>not available, they need to notify the doctor to see if there is anything else he would recommend in the place of it until we can get it in. "</p> <p>During an interview on 8/7/2013 at 12:36 pm, nurse # 2 indicated she circled for the protein powder on the MAR because it was not available. She further indicated the protein powder supplement had not been available since August 1st. Nurse # 2 stated " I notified the supply person in writing like I normally do when we need something. " She stated she did not notify the physician of the supplement not being available because " I was not aware that I needed to but I was trained on that yesterday. "</p> <p>2. Resident # 38 was admitted to the facility on 3/6/2013. The most recent Minimum Data Set (MDS) dated 6/14/13 indicated resident was severely cognitively impaired. The quarterly assessment identified resident to have experienced weight loss greater than 5% in the last month or 10% in the last 6 months with a suspected deep tissue injury. Resident was evaluated at the wound clinic on 8/1/2013 for an open area to right hip with a recommendation to continue to offload pressure.</p> <p>A review of a telephone physician order dated 7/18/2013 indicated for the resident to receive protein powder supplement two scoops by mouth three times a day for 30 days to promote wound healing per dietary recommendation.</p> <p>A review of the July 2013 Medication Administration Record (MAR) revealed resident received the protein powder supplement as</p>	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>recommendations. Education was completed by the Director of Nursing, the Unit Manager, or the Nurse Consultant, with Licensed Nursing Staff and Medication Aides regarding the above stated system change. The Unit Manager will complete an audit of medication administration records three times weekly for 3 weeks, then weekly for 4 weeks to ensure that medications have been administered as ordered.</p> <p>4. Findings of the above stated audit will be presented to the quality assurance committee monthly for 3months for recommendations and further follow-up as indicated.</p>	

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F 281	<p>Continued From page 3</p> <p>ordered from date of order through July 31, 2013.</p> <p>A review of the August 2013 Medication Administration Record (MAR) for resident # 38 revealed a total of 17 omissions of the protein powder supplement between the dates of August 1 and August 6, 2013. The entries on the MAR were initiated and circled by the nurses with written documentation on the back of the MAR which indicated the protein powder was not available.</p> <p>During an interview on 8/6/2013 at 2:07 pm, nurse #1 indicated the protein powder supplement was not given because it was not available. She stated the protein powder supplement had not been available since August 1, 2013. She further revealed she did not notify the physician that the supplement was not available.</p> <p>During an interview on 8/6/2013 at 3:11 pm with the Dietary Director, she revealed she normally orders the protein supplement for the residents who take their supplements by mouth. The Dietary Director indicated she had just learned today that the 100 hall med cart did not have any protein powder supplement. She stated " I am expecting a delivery tomorrow. "</p> <p>In an interview on 8/6/2013 at 3:15 pm, the Director of Nursing Services (DNS) revealed she had just learned the nurses were circling the supplement and not giving it. The DNS further revealed she was in the process of contacting the pharmacy and having them to send the supplement for each</p>	F 281			

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F 281	<p>Continued From page 4</p> <p>of the residents to the facility. She stated " My expectation is for the nurse to notify me or whoever orders it as soon as they realize they do not have it. If the supplement is not available, they need to notify the doctor to see if there is anything else he would recommend in the place of it until we can get it in. "</p> <p>During an interview on 8/7/2013 at 12:36 pm, nurse # 2 indicated she circled for the protein powder on the MAR because it was not available. She further indicated the protein powder supplement had not been available since August 1st. Nurse # 2 stated she did not notify the physician of the supplement not being available.</p> <p>During an interview with a physician on 8/7/2013 @ 12:45 pm, he indicated his expectation is " If they do not have a supplement that is ordered, they would call and ask for an alternate for what they do have on hand in the facility. "</p> <p>3. Resident # 4 was admitted to the facility on 3/21/2013. The most recent Quarterly Minimum Data Set (MDS) dated 6/10/13 indicated resident was severely cognitively impaired and had a suspected deep tissue injury. Medical diagnoses included: End Stage Renal Disease with hemodialysis and Diabetes Mellitus.</p> <p>A review of the admission orders record dated 3/21/2013 revealed an order for protein powder one scoop by mouth three times a day.</p>	F 281			

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F 281	<p>Continued From page 5</p> <p>A review of the Medication Administration Record for resident # 4 revealed 17 omissions of the protein powder supplement between the dates of August 1 and August 6, 2013. The entries on the MAR were initialed and circled by the nurses with written documentation on the back of the MAR which indicated the protein powder was not available.</p> <p>During an interview on 8/6/2013 at 2:07 pm, nurse #1 indicated the protein powder supplement was not given because it was not available. She stated the protein powder supplement had not been available since August 1, 2013. She further revealed she did not notify the physician that the supplement was not available.</p> <p>During an interview on 8/6/2013 at 3:11 pm with the Dietary Director, she revealed she normally orders the protein supplement for the residents who take their supplements by mouth. The Dietary Director indicated she had just learned today that the 100 hall med cart did not have any protein powder supplement. She stated " I am expecting a delivery tomorrow. "</p> <p>In an interview on 8/6/2013 at 3:15 pm, the Director of Nursing Services (DNS) revealed she had just learned the nurses were circling the supplement and not giving it. The DNS further revealed she was in the process of contacting the pharmacy and having them to send the supplement for each of the residents to the facility. She stated " My expectation is for the nurse to notify me or whoever orders it as soon as they</p>	F 281		

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F 281	<p>Continued From page 6</p> <p>realize they do not have it. If the supplement is not available, they need to notify the doctor to see if there is anything else he would recommend in the place of it until we can get it in. "</p> <p>During an interview on 8/7/2013 at 12:36 pm, nurse # 2 indicated she circled for the protein powder on the MAR because it was not available. She further indicated the protein powder supplement had not been available since August 1st. Nurse # 2 stated she did not notify the physician of the supplement not being available.</p> <p>4. Resident # 9 was admitted to the facility on 4/1/2013. The most recent Minimum Data Set (MDS) dated 7/6/13 identified resident was severely cognitively impaired and had moisture associated skin damage. Medical diagnoses included Diabetes Mellitus and Hypertension. During wound care observation, resident was noted with a scabbed area and pink healed tissue to sacrum.</p> <p>A review of telephone physician order dated 7/9/2013 indicated for the resident to receive protein powder two scoops by mouth three times a day for 30 days per dietary recommendation to promote wound healing.</p> <p>A review of the July 2013 Medication Administration Record (MAR) for resident revealed resident received protein powder supplement as ordered from July 10 through July 31, 2013.</p> <p>A review of the August 2013 Medication Administration Record for resident # 9 revealed a</p>	F 281		

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F 281	<p>Continued From page 7</p> <p>total of 15 omissions of the protein powder supplement between the dates of August 1 and August 6, 2013. The entries on the MAR were initialed and circled by the nurses with written documentation on the back of the MAR which indicated protein powder was not available.</p> <p>During staff interview on 8/5/2013 at 2:26 pm, nurse #1 indicated resident # 9 had not been receiving the protein supplement ordered for the past few days because the supplement was not available.</p> <p>During an interview on 8/6/2013 at 2:07 pm, nurse #1 indicated the protein powder supplement was not given because it was not available. She stated the protein powder supplement had not been available since August 1, 2013. She further revealed she did not notify the physician that the supplement was not available.</p> <p>During an interview on 8/6/2013 at 3:11 pm with the Dietary Director, she revealed she normally orders the protein supplement for the residents who take their supplements by mouth. The Dietary Director indicated she had just learned today that the 100 hall med cart did not have any protein powder supplement. She stated " I am expecting a delivery tomorrow. "</p> <p>In an interview on 8/6/2013 at 3:15 pm, the Director of Nursing Services (DNS) revealed she had just learned the nurses were circling the supplement and not giving it. The DNS further revealed she was in the process of contacting the pharmacy and having them to send the supplement for each</p>	F 281		

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F 281	<p>Continued From page 8</p> <p>of the residents to the facility. She stated " My expectation is for the nurse to notify me or whoever orders it as soon as they realize they do not have it. If the supplement is not available, they need to notify the doctor to see if there is anything else he would recommend in the place of it until we can get it in. "</p> <p>During an interview on 8/7/2013 at 12:36 pm, nurse # 2 indicated she circled for the protein powder on the MAR because it was not available. She further indicated the protein powder supplement had not been available since August 1st. Nurse # 2 stated she did not notify the physician of the supplement not being available.</p> <p>5. Resident # 54 was admitted to the facility on 5/29/2013. Medical diagnoses included End Stage Renal Disease with hemodialysis, anemia and Diabetes Mellitus. The most recent Minimum Data Set (MDS) dated 6/30/13 identified resident to be moderately cognitively impaired.</p> <p>A review of a telephone physician order dated 1/8/2013 indicated for the resident to receive protein powder two scoops three times a day per dietary recommendation.</p> <p>During an interview on 8/6/2013 at 2:07 pm, nurse #1 indicated the protein powder supplement was not given because it was not available. She stated the protein powder supplement had not been available since August 1, 2013. She further revealed she did not notify the physician that the supplement was not available.</p>	F 281		

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F 281	<p>Continued From page 9</p> <p>During an interview on 8/6/2013 at 3:11 pm with the Dietary Director, she revealed she normally orders the protein supplement for the residents who take their supplements by mouth. The Dietary Director indicated she had just learned today that the 100 hall med cart did not have any protein powder supplement. She stated " I am expecting a delivery tomorrow. "</p> <p>In an interview on 8/6/2013 at 3:15 pm, the Director of Nursing Services (DNS) revealed she had just learned the nurses were circling the supplement and not giving it. The DNS further revealed she was in the process of contacting the pharmacy and having them to send the supplement for each of the residents to the facility. She stated " My expectation is for the nurse to notify me or whoever orders it as soon as they realize they do not have it. If the supplement is not available, they need to notify the doctor to see if there is anything else he would recommend in the place of it until we can get it in. "</p> <p>During an interview on 8/7/2013 at 12:36 pm, nurse # 2 indicated she circled for the protein powder on the MAR because it was not available. She further indicated the protein powder supplement had not been available since August 1st. Nurse # 2 stated she did not notify the physician of the supplement not being available.</p>	F 281		
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	F 309		

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F 309	<p>Continued From page 10</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record reviews and staff interviews, the facility failed to recognize or identify signs and symptoms of pain during a pressure ulcer dressing change for 1 of 4 residents reviewed for pressure ulcers, who was unable to verbalize pain (Resident # 27). The findings included:</p> <p>Resident # 27 was readmitted to the facility on 11/12/2012. Medical diagnoses included: Alzheimer 's and a stage 3 pressure ulcer to the right hallux. Quarterly Minimum Data Set (MDS) assessment dated 5/28/13 revealed Resident # 27 's cognition was severely impaired. The assessment also indicated Resident # 27 was able to respond adequately to simple direct communication only sometimes. A review of Resident # 27 's care plan, most recently updated on 7/17/2013, revealed the problem of impaired skin integrity was addressed with interventions which included monitoring for signs of pain. The care plan also indicated the resident should receive pain medication as needed per physician 's order.</p> <p>A review of the Controlled Drug Record for the Roxanol 1ml (milliliters) (20 mg milligrams) with a dispense date of 6/18/13 for resident # 27</p>	F 309	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <ol style="list-style-type: none"> 1. A pain assessment was completed for Resident #27 on 8/13/13 by the wound care nurse. The physician was notified on 8/7/13, and an order was obtained to administer pain medication 30 minutes prior to each dressing change. 2. A pain assessment was completed for residents requiring dressing changes by the wound care nurse on 8/13/13. Residents who require routine dressing changes will be offered pain medication 30 minutes prior to initiation of the dressing change. 3. The wound care nurse received education by the Director of Nursing on 8/8/13 regarding ensuring residents are offered pain medication prior to 	8/16/2013	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2013	
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHAB-SCOTLAND NECK		STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874		
(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 309	<p>Continued From page 11 revealed the last dose of medication was signed out on 7/31/13 at 1:30 am.</p> <p>A review of the Medication Administration Record (MAR) for resident # 27 revealed an order for Roxanol 1ml (milliliters) (20 mg milligrams) every hour as needed for severe pain. The MAR revealed no pain medication was administered for the month of August 2013.</p> <p>At 10:00 am on 8/7/2013, the Director of Nursing Services (DNS) and the Wound Care nurse were present in Resident # 27 's room. Prior to beginning the pressure ulcer dressing change, the Director of Nursing Services (DNS) asked the wound care nurse if the resident had been medicated for pain. The wound care nurse replied "I don 't know." During an observation of a pressure ulcer dressing change on 8/7/2013 that began at 10:00 am, Resident exhibited facial grimacing and bilateral shoulders/arms tensing as the wound care nurse cleansed a stage 3 pressure ulcer to the right hallux. During the dressing change the DNS asked the Wound Care nurse if she recognized any signs of pain in Resident # 27 's behavior. The Wound Care nurse said " Not no more than usual. She flinches like that sometimes even when she is in the room by herself. " At 10:15 am, as the wound care nurse proceeded to reposition the great toe and apply the dressing, the resident again exhibited facial grimacing, facial flushness, and bilateral shoulders/arms tensing. The DNS indicated she recognized the resident 's display of nonverbal signs of pain. The DNS upon exiting the room, instructed the hall nurse to come immediately and medicate the resident for pain at which time the dressing change was completed.</p>	F 309	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>dressing changes. Education also included that should a resident show indication of pain during a dressing change, treatment would be stopped, and the Licensed Nurse notified of the need to administer pain medication. Treatment would be resumed when it is determined that the medication was effective. In-service education was provided to the Licensed Nursing Staff on 8/12/13 by the Director of Nursing, Unit Manager, or Nurse Consultant regarding ensuring that pain medication is offered prior to dressing changes being completed, as well as the above stated process should pain be indicated during provision of a dressing change. The wound care nurse will</p>	

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F 309	<p>Continued From page 12</p> <p>During an interview on 8/7/2013 at 10:18 am, Nurse #1 indicated she was instructed to give pain medication immediately.</p> <p>In an interview on 8/7/13 at 10:38 am, Nurse # 1 indicated she medicated the resident with Roxanol 1 ml (20 mg) by mouth for pain level score of 10 on a non-verbal pain scale of 1-10 at 10:20 am. Nurse # 1 stated "She still had facial grimacing when I got in there, I rated it a 10."</p> <p>During an interview on 8/7/2013 at 10:40 am, the wound care nurse stated the resident was difficult to monitor for pain because she occasionally flinched like that even when she was in the room alone. She further stated "I will be more aware."</p> <p>During an interview on 8/7/2013 at 10:42 am, the Director of Nursing Services (DNS) indicated her expectation was for the wound care nurse to stop the treatment and go get the nurse so the resident can be administered pain medication immediately.</p>	F 309	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>complete documentation of pain medication being offered prior to dressing changes. The Director of Nursing will audit documentation to ensure that pain medication has been offered prior to dressing changes 3 times weekly for three weeks, then weekly for four weeks to ensure continued compliance.</p> <p>4. Findings of the above stated audit will be presented to the Quality Assurance Committee monthly for 3 months for recommendations and further follow-up as indicated.</p>	

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

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHAB-SCOTLAND NECK	STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874
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K 000	INITIAL COMMENTS	K 000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The facility contacted a locksmith to evaluate the problem of the laundry door located in the lobby and the dry storage door in the kitchen that would not latch as well as the bathroom near room 118 that required more than one motion to exit the room. (K038)</p> <p>The locksmith corrected the problem of both the dry storage door in the kitchen that would not latch, as well as the bathroom door that that required more than one motion to exit the room. (K038) Maintenance fixed the laundry door in the lobby that would not latch.</p> <p>Maintenance will check the doors that would not latch properly weekly for three weeks and then monthly going forward, and will correct when necessary.</p> <p>The facility will monitor for three months in the Quality Assurance meeting.</p>	9/4/2013
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 08/27/2013 the door located in the lobby which leads into the laundry failed to close and latch. B. The door the dry storage room in the kitchen failed to close and latch. 42 CFR 483.70 (a)</p>	K 029		
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *De Stae Morse* TITLE *Executive Director* (X6) DATE *9/12/13*

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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K 038	Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 08/27/2013 the Annex exit door would relock if the code was entered before the fifteen seconds was up. B. The toilet near room 118 required more than one motion of the to exit the room . C. The exit door from the main lobby failed to release when pressure was applied. 42 CFR 483.70 (a)	K 038	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> The facility contacted the electric company to evaluate the problem of the Annex door relocking if the code was entered before fifteen seconds were up as well as the exit door in the front lobby failing to release when pressure was applied. The electric company did not find a problem with the Annex doors as they worked properly when tested but corrected the exit door in the front lobby which failed to release when pressure was applied. Maintenance will check both the Annex exit door as well as the front lobby exit door to ensure proper function weekly for three weeks and then monthly going forward, and will correct when necessary. The facility will monitor for three months in the Quality Assurance meeting.	8/28/2013