PRINTED: 10/07/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT(FICATION NUMBER;	1''	(X2) MULTIPLE CONSTRUCTION A. BULDING			(X3) DATE SURVEY COMPLETED	
		345024	B. WING			09	26/2013	
	ROVIDER OR SUPPLIER			6:	TREET ADDRESS, CITY, STATE, ZIP CODE 229 APPOMATTOX ROAD LEASANT GARDEN, NC 27313			
(X4) ID PREFIX TAG	(EACH DEFICIENC	VIEWENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (FACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X8) COMPLETION DATE	
F 315 SS=D	RESTORE BLADDER Based on the resident assessment, the facility resident who enters the indwelling catheter is resident's clinical concatheterization was now the important and service infections and to resident as possible. This REQUIREMENT by: Based on observation interviews, the facility catheter tubing to avoid dislodgement or tissue sampled residents with catheters. Residents with catheters. Resident #15 indiges included: The facility policy titled (revised August 2002) General Guidelines Procedure step 17 in the "secured with a left of the most resident #151 had chronic urinary retention. Review of the most repair Set (MDS) dated sextensive assistance in the secured with a left of the most resident #151 was considered and sextensive assistance.	d's comprehensive ty must ensure that a ne facility without an not cathetedzed unless the dition demonstrates that ecessary; and a resident bladder receives appropriate as to prevent urinary tract are as much normal bladder Is not met as evidenced a, record review, and staff falled to anchor a urinary id tugging, prevent catheter de damage for 2 of 2 h urinary Indwelling 151 and Resident #92 d "Urinary Catheter Care " read in part under " step 15 and " Steps in the dicated the catheter was to ne strap." I diagnoses that included on. cent quarterly Minimum	F	315	This plan of correction is being surpursuant to the applicable federal state regulations. Nothing contain herein shall be construed as an addithat this Facility violated any federal state regulation or failed to follow applicable standard of care. F315 1. Catheter tubing has been secured straps for resident #151 & resident prevent tugging, catheter dislodge tissue damage by the nurses. 2. All residents with indwelling catheter anchors/leg straps to secure the troorder to prevent tugging, catheter dislodgement or tissue damage. The anchors/straps are applied by nurses. CNA's alert the nurse if the soiled, needing replacement or if it positioned properly. 3. Nurses and CNA's have been inson "Urinary Catheter Care" including proper placement of leg straps. We resident requires an indwelling catheter capy of the order is sent to medical supplies. The catheter kit including appropriate strap/anchor is then do to the nurse. Additional anchors/leare kept at each nurses' station in medication room.	and ied mission ral or any with leg t #92 to ment or ders have ubing in the estrap is t is not erviced ng the hen a heter a af g an istributed g straps the		
Inon Gobii						_con't/_	l	

Any deficiency statement ending with an estensk (*) 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 disclossible 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 disclossible 14 days following the date those documents are made available to the facility. If deficiencies are ched, an approved plan of correction is requisite to continued program participation.

		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345024	8. WNG			09/	26/2013
	ROVIDER OR SUPPLIER			6:	YREEY ADDRESS, CITY, STATE, ZIP CODE 229 APPOMATTOX ROAD PLEASANT GARDEN, NC 27313		
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F 315	revealed a physician urlnary indwelling cat Review of the care plincluded interventions name of catheter) cal 9/26/13 at 9:15 am we catheter care written securing the catheter Observation of the rep M with (nursing assigned to secure with a legistrate of the facility "don't (does anchor the catheter.) Observation of the rep M with a legistrate of the facility "don't (does anchor the catheter.) Observation of the rep M revealed the resinot anchored or secured was not another the catheter was not another	's order since 8/23/12 for a heter for urinary retention. an updated 02/12/2013, sfor "proper	F	315	All residents with indwelling cather are monitored daily to ensure anch straps are appropriately placed by The nurse documents catheter care placement of leg straps daily in TA Nurse managers/supervisors monit to make certain compliance is main A QA monitoring tool has been implemented by the QA nurse to ecorrective action is appropriate and This has been incorporated in our QA meeting and is reported and or by our QA nurse.	ors/leg the nurse. and AR. or weekly ntained. insure the d effective monthly	
FORM CMS-26	37(02-99) Previous Versions Ob	solete Event ID: MEZI	111	Fe	aditity ID: 953104 If con	ntinuation she	et Page 2 of 1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XD PLAN OF CORRECTION (IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		346024	B. WING			09/	26/2013
	ROVIDER OR SUPPLIER			6	TREET ADDRESS, CITY, STATE, ZIP CODE 229 APPOMATTOX ROAD LEASANT GARDEN, NC 27313		
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F 315	Continued From page director of nurses, the MDS#1 and the assis The DON indicated he nurse should ensure a secured with a leg str. 2. Resident # 92 was 3/21/11 with cumulative incomplete Bladder E. Review of the Admiss 3/21/13 indicated the History of (brand namin the last 30 days. Review of the Urology Active Problems: Hyd Emptying of Bladder. Out Catheterization E. Review of the note by dated 6/13/13 read; Dilatlon. Recommend Out Catheterization is success. Will have passive in the series of the page 2.	e director of nurses (DON), tant administrator was held, or expectation was the each resident's catheter was rap. admitted to the facility on we diagnoses which included mptying. Idon Nursing Evaluation of resident did not have a se of catheter) catheter use of catheter) catheter use we consult dated 6/13/13 read ironephrosis and incomplete Has now been on in and every 6 Hours since 6/9/13. If the Nurse Practitioner diagnosis: Severe Urethral lations: Attempted in and everal times without attent return for follow		315		OIL.	
	name of catheter) RT Retention. Goals: Res retention by next revie facility protocol, monil Irritation. Observe cor color. Position tubing (brand name of cathe The MD Progress not	dated 6/18/13 read: (Brand (Related To) Urinary sident will have no urinary ew. Approaches: Clean per tor insertion site for blood or asistency of urine, odor, and appropriately, no pressure, ter) bag dependent position.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	1, , ,	IIPLE CONS		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NURSING CENTER INC			5229 AI	ADDRESS, CITY, STATE, ZIP CODE PPOMATTOX ROAD BANT GARDEN, NC 27313		
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F 315	post-residual vold vold Indwelling (brand na inserted. The Quarterly Minim Assessment dated 8 had short and long to was moderately impaidally decision - makindicate the resident catheter. Review of the new Michange Indwelling (to Catheter (20 French co (cubic centimeters overy 3 days. Interview on 9/25/13 indicated, "We tried catheterization, and Catheter in July, bectwisted bladder. (The name of catheter) Catheter in July, bectwisted bladder. (The name of catheter) Catheter in July, bectwisted bladder. (The name of catheter) Catheter in July, bectwisted bladder. (The name of catheter) Catheter in July, bectwisted bladder. (The name of catheter) Catheter in July, bectwisted bladder. (The name of catheter) Catheter in July, bectwisted bladder. (The name of catheter) Catheter in July, bectwisted bladder (The name of catheter) Cathete	um Data Set (MDS) /1/13 Indicated the resident erm memory problems and eired with cognitive skills for ing. The MDS was coded to had an Indwelling urinary ID orders dated 9/14/13 read; orand name of catheter) every month. Flush with 20 s) Sterile Normal Saline at 2:45 PM with Nurse #1 a series of in and out the Urologist put in a Foley ause (the resident) had a e resident) has a (orand atheter with a leg bag for on conducted on 9/25/13 at g assistant) NA #1 revealed e catheter was not anchored e strap. sterview was conducted on with NA #1. When asked e required for the resident's tubing, the NA indicated, " hold the tubing down. I just dent's) leg. I'm supposed to	F	315			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			62	REET ADDRESS, CITY, STATE, ZIP CODE 129 APPOMATTOX ROAD LEASANT GARDEN, NC 27313		
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F 315	8:00 am with Nurse # for the resident's urini indicated, "The aide is the bag is secured will every 3 days." An additional observation catheter was conduct with NA #2 revealed to catheter was not and strap. NA #2 indicated I know of to use beside the catheter." Interview on 9/26/13 addirector of nurses, the MDS Nurse #1 and it was held. The DON in	conducted on 9/26/13 at 1 regarding care required ary catheter. The Nurse is supposed to make sure th the leg straps and flush attion of the resident's urinary ed on 9/26/13 at 9:10 AM the resident's urinary hered or secured with a leg di, "There's not anything else fles the leg straps to secure at 9:15 am with the assistant at director of nurses (DON), the assistant administrator addicated her expectation ensure each resident's	F	315			
F 329 SS=E	9/26/13 at 11:10 AM variable. They (referring to the have known that there tubing around the uppronfused about what In-Service them today 483.25(I) DRUG REGUNNECESSARY DRUG Each resident's drug unnecessary drugs. Adrug when used in ex duplicate therapy); or without adequate more	IMEN IS FREE FROM	F:		F329 1. Appropriate diagnoses indicating th for antipsychotic drug therapy has bestablished for resident #26 and resi #51 per physicians' orders and docu in their clinical charts and care plan by the nursing department.	een ident mented	10/10/13

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:				
		345024	B, WING	August for the super hand has been been been been been been been bee	09/2	8/2013
	ROVIDER OR SUPPLIER NURSING CENTER IN	С	6	TREET ADDRESS, CITY, STATE, ZIP CODE 229 APPOMATTOX ROAD PLEASANT GARDEN, NC 27313		
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F 329	should be reduced combinations of the Based on a compression, the facility who have not used given these drugs therapy is necessed as diagnosed and record; and reside drugs receive grade behavioral intervencentraindicated, in drugs. This REQUIREMED by: Based on observation interview and recording and recordi	inces which indicate the dose of or discontinued; or any elements assessment of a symust ensure that residents of antipsychotic drugs are not unless antipsychotic drug ary to treat a specific condition documented in the clinical into who use antipsychotic drug drugs are not unless and into an antipsychotic drug ary to treat a specific condition documented in the clinical into who use antipsychotic drug dose reductions, and into an effort to discontinue these are effort to discontinue these after a first and phermacist and review the facility falled to lagnoses (Indication) for the use for 2 (Residents #26,#51) of 6 d for unnecessary drugs and ehaviors for 2 of 6 residents into #193, Ros #51	F 329	Behaviors for resident #193 & resare being monitored and charted inurse when administering antipay medications. 2. Clinical charts of all residents recently antipay chotic medications have be reviewed to ensure appropriate diand behaviors are noted and doctory Nursing Administration. The Properties of diagnosis for every antipaychot medication has made certain diagon chart. 3. The Pharmacy Consultant has co "Monthly Psychotropic Review" as "New Admission Antipaychotic Dia Verification" form. This info is given DON and attending physician for to maintain compliance. E-MAR orders have been updated the nurse to Indicate type of behanumber of occurrences when admall antipaychotic medications. The nurse cannot proceed to the medication until documentation has entered. The update was completed. The update was completed.	oy their chotic siving seen agnosis ic moses are mpleted a swell as a signosis en to the review and to alert viors and ninistrating next as been	
	07/18/13 with cum hlp fracture, hyper Review of the phy September 2013 r for Atlyan 0.5 mg	3 was admitted to the facility on ulative diagnoses of traumatic tension and depression. sician 's order sheet for evealed the resident had order (milligram) twice a day (anti-ion HCl XL (extended release)			con't	

OF: 1 (F)	OT OR MEDIOWINE OF	MICOLOUR OFILAIOFO				7	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329	daily (antidepressant) bedtime (antipsychotil Lexi-Comp's Geriatr Zyprexa as an antipsyschizophrenia and bip monograph also state carries a U.S. Boxed Drug Association "E dementia-related psysantipsychotic are at a compared to placebo. Observation of the reservealed the resident the covers. She could like "Are you in pain anything?" but could interview with the floof failed to identify any bantipsychotic. Review of the admission 09/26/13 at 1 PMG behaviors for the resident. Interview with the cor 09/26/13 at 11 AM, sha review to the physic for the use of an antipsychotic the use of an antipsychotic at 11 AM, sha review to the physic for the use of an antipsychotic at 12 AM, sha review to the physic for the use of an antipsychotic at 14 AM, sha review to the physic for the use of an antipsychotic at 14 AM, sha review to the physic for the use of an antipsychotic at 14 AM, sha review to the physic for the use of an antipsychotic at 14 AM, sha review to the physic for the use of an antipsychotic at 14 AM, sha review to the physic for the use of an antipsychotic at 15 AM, sha review to the physic for the use of an antipsychotic at 14 AM, sha review to the physic for the use of an antipsychotic at 14 AM, sha review to the physic for the use of an antipsychotic and he had told her the antidepressants listed results.	pressant), Celexa 20 mg and Zyprexa 10 mg at c). Its Handbook defines ychotic use for polar disease. The polar disease. The polar disease. The polar disease. The polar disease is the polar disease is the polar disease of the food and derity patients with the polar patients with the polar patients with the polar patients with the polar patients of death polar patients of the polar patients of the polar patients of the use of an another polar (July 18/13) and the polar patients of the polar patients. The polar patients of the patients	F	329	A. Nursing staff have been in-serviced on antipsychotic medications, obtaining appropriate diagnosis to administer medications, the importance of documenting behaviors and the E-MAR update requesting documentation of behaviors and occurrences. In-services were conducted by SDC, DON, Pharma Consultant, and through our on-line in-service training "HealthCare Acaden beginning on 9/26, 9/27, 10/1, 10/2, 10/10/6, and 10/9. QA monitoring tools have been develop and completed by nursing administration pharmacy consultant to ensure compliant of the plan in our monthly QA meeting for and to ensure compliance is sustained.	ncy "(3, 10/5, ped, on and noce. grated	
		tive diagnoses of chronic					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345024	B. WING		0	9/26/2013	
	ROVIDER OR SUPPLIER NURSING CENTER INC	J.,	Б	TREET ADDRESS, CITY, STATE, ZIP COE 220 APPOMATTOX ROAD PLEASANT GARDEN, NC 27313)E		
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F 329	airway obstruction, of cerebellar ataxia. Review of the physic September 2013 reversor. Depakote 125 mg capsules, 3 capsules 125 mg every momin physician order shee Citaloprem 40 mg da 07/04/11, and Seroquentipsychotic) writte Lexi-Comp 's Geriat Seroquel as an antip schizophrenia and bit monograph also staticarries a U.S. Boxed Drug Association." Edementia-rolated psy	len's order sheets for ealed the resident had orders g (milligrams) sprinkle (375mg) at bedtime and ag (mood stabilizer) but t said for dementia, illy (antidepressant) written uel 50 mg at bedtime n 01/12/12 for insomnia. In the Handbook defines sychotic use for polar disease. The ed that this medication warning from the Food and ciderly patients with an increased risk of death	F 329				
	1:30 PM, he was sittle watching TV in the diand alert in converse street clothes. In an interview with the 2 PM, no behaviors of the care planned for exit combative behavior. Floor nurse could not behavior. Length of was 21 months. No care plan and the properties of the process of the contest of the care plan and the process of the care plan and the plan and the process of the care plan and the	ay room. He was pleasant atton and dressed neatly in the floor nurse on 09/25/13 at could be identified. It is seeking behavior and on 12/15/10 on admission, it remember any exit seeking time on the antipsychotic addendum was added to the oblem was not resolved.				•	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		e construction	(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER NURSING CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 8229 APPOMATTOX ROAD PLEASANT GARDEN, NG 27313		
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	suitable diagnosis t antipsychotic. 483.60(c) DRUG R	not asked the doctor for a or the continued use of an EGIMEN REVIEW, REPORT	F 329	3 F428		tolista
SS¤E	The drug regimen of reviewed at least of pharmacist. The pharmacist muther attending physics.	of each resident must be note a month by a licensed set report any irregularities to cian, and the director of reports must be acted upon.		1. Appropriate diagnoses have been of the use of antipsychotic medication resident #26 and resident #51 by the physicians. The second antipsychot resident #49 has been reviewed by and the attending physician. Nursing will continue to monitored behavior resident #49 to ensure appropriate antipsychotic medications. 2.	s for eir attending ic for the DON g has and rs for	, 4, 4, 4, 5
	This REQUIREMENT is not met as evidenced by: Based on observation, staff and pharmacist interview and record review the consultant pharmacist failed to request suitable diagnoses for the use of antipsychotics from the attending physician for 2 (Residents #28,51 of 6 residents reviewed for unnecessary drugs and failed to alert the Director of Nursing and the attending physician on the use of a second antipsychotic on Resident #49. Findings included: 1. Resident #193 was admitted to the facility on 07/18/13 with cumulative diagnoses of traumatic hip fracture, hypertension and depression. Review of the physician's order sheet for September 2013 revealed the resident had order for Attvan 0.5 mg (milligram) twice a day (ant anxiety), Buproprion HCI XL (extended release)			Clinical charts of all residents rece antipsychotic medications have bee reviewed to ensure appropriate diagand behaviors are noted and docum by Nursing Administration. The Pl Consultant has completed a double of diagnosis for every antipsychotic medication to ensure diagnoses are The pharmacy consultant has revier residents receiving antipsychotic in and has alcrted the DON and physical resident receiving more than one mand/or needing GDR.	en gnosis cented armacy check c charted wed all redications cian of any	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 428	20 mg daily (antideprat bedlime (antipsych Lexi-Comp's Geriatr Zyprexa as an antips schizophrenia and blimonograph also state carries a U.S. Boxed Drug Association "Edementia-related psy antipsychotic are at a compared to placebo Observation of the rerevealed the resident the covers. She coullike "Are you in pain anything?" but could interview with the flot failed to identify any lantipsychotic. Review of the admissifailed to any behavio. Review of the nurses 2013 failed to establic resident. Interviow with the corol/26/13 at 11 AM, sa roview to the physic for the use of an antipshe had asked the at occasions about the and he had told her tantidepressants lister results.	aily (antidepressant), Celexa essant) and Zyprexa 10 mg rotic). ic Handbook defines ychotic use for polar disease. The ad that this medication warning from the Food and iderly patients with chosis treated with in increased risk of death" sident on 09/25/13 at 1 PM esitting up in bed, picking at d answer simple questions ?"," do you need if not answer where she was for nurse on 09/25/13 at 2 PM behaviors for the use of an estated she had not written clan asking for a diagnosis psychotic. She did state that tending physician on other use of two antidepressants, that use of the two diabove had given him good.	F	428	3. The Pharmacy Consultant has com a "Monthly Psychotropic Review" a as a "New Admission Antipsychotic Diagnosis Verification" forms. The are completed with the monthly Dra Regimen Review. This info is giver DON and attending physician for reand to maintain compliance. The DON and attending physician alerted in the event a diagnosis is noted and orders/corrections are mimmediately by the DON. All orders are checked daily by Nur Administration. Orders for antipsychedications are reviewed for diagrand the nurses' notes are reviewed indications of behaviors. E-MAR orders have been updated the nurse to Indicate type of behavior number of occurrences when admiall antipsychotic medications. The nurse cannot proceed to the medication until documentation has entered. The update was completed DON on 10/10/2013.	s well c) forms Jg lo to the eview are not hotic losis for to alert iors and nistrating	9
	05/05/12 with cumula hypertension, diabete and depression.	ative diagnoses of es méllitus, mental disorder					

STATEMENT OF DEFICIENCIES (X1) PROVI		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	TD:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 428	for Depicted 375 mg capsules twice a dayl mg at bedtime (an an mg at bedtime (an ide mg in the morning, Le hours as needed for a Gel every 6 hours as and agitation (an tan (0.5 ml [millilliter] ever agitation (a second a Lexi-Comps Gerlatrio addition stated that Gereatment of schlzophassociated with bipolamaintenance treatme monograph does not antipsychotic on an a of acute osychiatric s with the physician will Review of the nursing revealed that when the or exhibited behavior. Ativan Gel and if this resident would be given antipsychotic. Review of care plant the resident had behavior of the Zyprexa such a combativeness with the Review of the Medica rovoaled that the resident had second of the as needed second capsulative with the second capsulati	an 's order sheet for seled the resident had of (milligrams) sprinkle (mood stabilizer), Zepectipsycholic) Remer on spressant), Trazodone spressant), Lorazepam prazepam, 0.5 mg every anxiety, Lorazepam 1 m needed for excess anxiety), and Geodon 10 m y 6 hours as needed for intipsychotic). Dose Handbook, 17th second is used in the ment of bipolar disease. Treating and acute mania ar disease and the endorse the use of an sine needed basis. Treating must be addressed to resident became resident became resident became resident became resident became resident and an as needed dose distent of the second and the second	da 15 15 15 15 10 0.5 14 19 iety ng r The ment based liess e of an that use cord uses	F 428	QA monitoring tools have been by the pharmacy to monitor residiagnoses indicating the need for antipsychotic medications and right drug regimen review looking at medications for GDR. DON revision for accuracy and documents on regimen review report. QA Nurse for timeliness of recommendation received from physician and conactions taken. This is reported monthly QA meeting with a plantas needed.	dents' or nonthly all ews charts drug e monitors ons rective at our of action	The Page 41 of 12	
FORM CMS-250	(02-99) Previous Versions Obs	eolgia E	Event ID: MEZH11	F	sofity ID: 963104 II o	ontinuation she	et Page 11 of 13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		INTERPRETATION NUMBERS		TIPLE CONSTRUCTION		(X3) DAYE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 5229 APPOMATTOX ROAD PLEASANT GARDEN, NC 273		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIA		(X6) COMPLETION DATE
F 428	Minimum Data Set (N 09/25/13 at 4 PM, the needed dose was use needed Ativan Gel was the resident's behavincidents documented around bedtime. The sedating antidepress 50 mg and Remeron were alternative plans medication managem difficult to get that type environment. In an interview with the 19/26/13 at 11 AM, si written a review to the documenting the multi antipsychotic was used had been used without 3. Resident #51 was a 12/15/10 with cumula airway obstruction, concerebellar ataxia. Review of the physici September 2013 reverse for: Depakote 125 mg capsules, 3 capsules 125 mg overy mominiphysician order sheet Citalopram 40 mg dal 07/004/11, and Seroq (antipsychotic) writter Lexi-Comp's Gerlater Seroquel as an antips schizophrenia and big monograph also states	IDS) coordinator on by were not aware that the as and frequently, that the as as not effective in changing lors and that most of the d in the nursing notes were resident also received two ants at bedtime, Trazodone 15 mg. When asked if there is for a psychiatric consult for tent, they stated that it was o of service in a rural ne consultant pharmacist on the stated that she had not extending physician tiple times the second and anti-anxiety agents at effect. In admitted to the facility on the diagnoses of chronic ongestive heart failure and an 's order sheets for ealed the resident had orders is (milligrams) sprinkle (375mg) at bedtime and g (mood stabilizer) but it says for dementia, thy (antidepressant) written quel 60 mg at bedtime in 01/12/12 for insomnia. It is chandbook defines by chotic use for toolar disease. The old that this medication warning from the Food and	F	428			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER;	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
346024		B. W.NG	G		09/26/2013		
NAME OF PROVIDER OR SUPPLIER CLAPPS NURSING CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5229 APPOMATTOX ROAD PLEASANT GARDEN, NC 27313				
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X6) COMPLETION DATE	
F 428	Continued From page 12 dementia-related psychosis treated with antipsychotic are at an Increased risk of death compared to placebo. " On observation of the resident on 09/26/13 at 1:30 PM, he was sitting in his wheelchair watching TV in the day room. He was pleasant and alert in conversation and dressed neatly in street clothes. In an interview with the floor nurse on 09/25/13 at 2 PM, no behaviors could be identified. Review of the care plan revealed that he was care planned for exit seeking behavior and combative behavior on 12/16/10 on admission. Floor nurse could not remember any exit seeking behavior. Length of time on the antipsychotic was 21 months. No addendum was added to the care plan and the problem was not resolved. No behaviors were documented in the nursing notes for September 2013. In an interview with the consultant pharmacist on 09/26/13 at 11 AM, she was not aware of any behaviors and had not asked the doctor for a suitable diagnosis for the continued use of an antipsychotic.		[-	428			

	RS FOR MEDICARE FOR DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/SLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	0938-039 SURVEY
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A BUILDING	01 - MAIN BUILDING 01	COM	しまれまひ
		345024	B. WINO		10/2	25/2013
NAME OF	ROVIDER OR SUPPLIER	<u> </u>	\$	STREET ADDRESS, CITY, STATE, 21P CODE		-
or appo	NURSING CENTER I	MA.	I -	5229 APPOMATTOX ROAD		
CLAPPS	MOUSING CEMIEU I	NO	F	PLEASANT GARDEN, NC 27013		
(X4) IÖ PREFIX TAQ	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	N OBE RIATE	(X5) Completio Dayu
	•			This plan of correction is being		
K 000	INITIAL COMMEN	rs	K 000	submitted pursuant to the		
				applicable federal and state		
	This Life Safety Co	ode(LSC) survey was		regulations. Nothing contained		
	conducted as per T	he Code of Federal Register	*	herein shall be construed as an		
	et 42CFR 483.70(a); using the 2000 Existing		admission that this Facility		
	Mealth Care section	n of the LSC and its referenced building is Type V (111)		violated any federal or state		
	construction ones	tory, with a complete		regulation or failed to follow any	:	
	automatic sprinkler			applicable standard of care.		
K 029		FETY CODE STANDARD	K 029	K029	1	10/20
SS≂E				1. The door to the dry storage roo	m nas	/~%
į		construction (with 1/4 hour		been repaired to close and latch	.dmant	
	ire-rated doors) or	en approved automatic fire m in accordance with 8.4.1		properly by the maintenance department of the Supply Room corridor door at	itha	
	and/or 19.3.5.4 pro	lects hazardous areas, When		Gold Nurses' Station has been re	naired	1
	the approved autor	natic fire extinguishing system		to close and latch properly by the	501,00	
	option is used, the	areas are separated from		maintenance department.		<u> </u>
	doors Doors ate s	noke resisting partitions and self-closing and non-rated or		2, All doors have been inspected	to ensur	e
	field-applied protec	tive plates that do not exceed		they close and latch properly by the	ne	
	48 Inches from the	bottom of the door are		maintenance department. Staff ha	s been	
	permitted. 19,3,2	2.1		in-serviced on not using a wedge	on any]
		•		door by the maintenance director.		İ
				3. The maintenance department in	nspects	
				doors weekly and repairs, if need	ed, are	ļ
		is not met as evidenced by:		completed immediately to make o	ertain	
	Based on observa	tion on Friday 10/25/13 at		doors close and latch properly by		
	deficiencies were n	AM onward the following	ļ	maintenance. The 'Inspection of I	Doors'	
	1) The dry storage	room in the kitchen was found		checklist is completed by the male	ntenanc	В
	wedged open. Whe	an the wedge was removed the		person as he inspects the doors t	or	
	door would not clos	so, latch and seal.		compliance.	-	
	2) The Supply Roc	om corridor door at the Gold d not close, latch and seal.	1	4. Weekly maintenance rounds in	Clude	
	THE STATION WOULD	a there aleast terms ofth some	-	the inspection of doors to ensure	uiey	
	42 CFR 482,41(a)			close and latch properly. The (QA	() (ent on	
K 045		AFETY CODE STANDARD	K 045	'Inspection of Doors' checklist is in a clipboard in the maintenance of	tica and	
~ ~ -	I		1	Ta connoard in the Highlighter of	HOO MIN	'1

Any deficiency statement ending with at 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 disclossable 30 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 disclossable 14 days following the date those documents are made available to the facility. If deficiencies are cited, an approvad plan of correction is requisite to continued program participation.

\$\$=D

If continuation sheet Page 1 of 5

a clipboard in the maintenance office and

monitored by the Director weekly to

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

PRINTED: 10/26/2013

STATEMENT OF PERCENCISC AND PLAN OF CONFECTION SUBJECT PROVIDER OR SUPPLIER SUBJECT PROVIDER OR SUPPLIER CLAPPS NURSING CENTER INC SUBJECT PROVIDER OR SUPPLIER PROVIDER OR SUBJECT PROVIDER OR SUBJECT PROVIDER OR SUBJECT PROVIDER OF TAKE PROVIDER OR SUBJECT PROVIDER OR SUBJECT PROVIDER OF TAKE PROVIDER OR SUBJECT PROVIDER OF TAKE PROVIDE			HAND HUMAN SERVICES			O		0938-0391		
RAME OF PROVIDER ON SUPPLIER CLAPPS NURSING CENTER INC CAPPS NURSING CENTER INC REGULATORY OR LSO IOSNIPPTING INFORMATION) REGULATORY OR LSO IOSNIPPTING INFORMATION) K 045 Continued From page 1 Illumbation of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bubly will not leave the area in derkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation on Friday 10/25/19 at approximately 9:00 AM onward the following deficiencles were noted: 1) The path from the 600 Halt to the public way was not adequately illuminated. Ugfitting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 recardlo measured at the floor. Failure of any single lighting unit does not result in en illumination level of loss han 0.2 rt-candles in any designated area. NFPA 101 7.8.1.7, 8.1.3, and 7.8.1.4. 42 CFR 483.70(a) K 052 SS-F A fire alarm system required for life safely is installed, tosted, and maintained in accordance with NFPA 70 haltonal Electrical Code and NFPA. 72. The system has an approved maintenance with NFPA 70 haltonal Electrical Code and NFPA. 72. The system has an approved maintenance with NFPA 70 haltonal Electrical Code and NFPA. 72. The system complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 A fire alarm system required for life safely is installed, tosted, and maintained code and NFPA. 72. The system has an approved maintenance code on the Fire Alarm Control Panel has been tested by T. & S Fire System Company. The Maintenance Department and the notification devices on the Fire Alarm S activated. 3. The fire alarm system is properly tested and maintained by the maintenance (copt) when the Fire Alarm is activated.					(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
CLAPPS NURSING CENTER INC ROLL SUMMARY STATEMENT OF DESICIENCIES (SEACH BEPTICINCY MUST BE PRECEDED BY PULL TABOL TO THE SEACH STORY MATCH SEPREMENT OF DESICIENCIES (SEACH BEPTICINCY MUST BE PRECEDED BY PULL TABOL THE SEACH STORY MATCH SEACH SEACH STORY MATCH SEACH SEA	345024						10/2	25/2013		
CK410 SUMMARY STATEMENT OF DENCISENCIES (PACH DESIGNATION) REGULATORY OR LEGIDENTIFTING INFORMATION) K 045 Continued From pags 1 Illiumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture bulbub will not leave the area in darkness. (This does not refor to emergency lighting in accordance with section 7.6.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation in Friday 10/25/13 at approximately 9:00 AM onward the following deficiencies were noted: 1) The path from the 600 Hall to the public way was not adequately illuminated. Lighting have been assessed by the Maintenance Department arranged to provide light from the exit discharge leading to the public way (parking lot). The wakking surfaces within the exit discharge shall be illuminated to values of at least 1 (f-candlo measured at the floor. Falure of any single lighting unit does not result in en Illumination love of loss than 0.2 ft-candles in any designated erea. NFPA 1017.8.1.1,7.8.1.3, and 7.8.1.4. 42 CFR 483.70(a) K 032 NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 hellonal Electrical Code and NFPA. 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.5.1.4	NAME OF PROVIDER OR SUPPLIER				,					
K 045 Continued From page 1 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation on Friday 10/26/13 at approximately 9:00 AM onward the following deficiencies were noted: 1) The path from the 800 Hall to the public way was not adequately illuminated. Lighting must be arranged to provide light from the exit discharge leading to the public way (parking) lot). The walking surfaces within the exit discharge leading to the public way (parking) lot). The walking surfaces within the exit discharge leading to the public way (parking) lot). The walking surfaces within the exit discharge leading to the public way (parking) lot). The walking surfaces within the exit discharge leading to the public way (parking) lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Fallure of any single lighting unit does not result in en illumination level of loss han 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4. 42 CFR 483.70(a) K 052 NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 Nellonal Electrical Code and NFPA. 72. The system company with applicable requirements of NFPA 70 and 72. 9.6.1.4 K 052 SS-F The stream complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 The maintained by the maintained in property tested and maintained by the maintenance (control) the maintenance (control) the public way (parking lot) by Allways Electric Company. 2. All ar	CLAPPS	NURSING CENTER I	NC							
K 045 Continued From page 1 Illumination of means of egress, including exit discharge, is arranged so that failure of any single-lighting fixture (buils) will not leave the area in deakness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation on Friday 10/25/13 at approximately 9:00 AM onward the following deficiencies were noted: 1) The path from the 600 Hall to the public way was not adequately illuminated. Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge leading to the public way (parking lot) by Allways Electric Company. 3. The Maintenance Department as executed on the requirements on continuous Illumination for means of egress. All areas of facility requiring continuous lillumination of means of egress. All areas of facility requiring continuous lillumination for means of egress. All areas of facility requiring continuous lillumination for means of egress. All areas of facility requiring continuous lillumination for means of egress. All areas of facility requiring continuous lillumination of means of egress. All areas of facility requiring continuous lillumination of means of egress. All areas of facility requiring continuous lillumination of means of egress. All areas of facility have been assessed by the Maintenance Department monitors all lighting throughout the facility have been assessed by the Maintenance Department monitors all lighting throughout the facility have been assessed by the Maintenance of gress. 5. The Maintenance Department monitors all lighting throughout the facility have been assessed by the Maintenance of gress and area. The	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH GORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	(XS) BE COMPLETION RIATE DATE			
and maintained by the maintenance (cont)	K 052	lliumination of mea discharge, is arrang lighting fixture (built derkness. (This do lighting in accordant the STANDARD is Based on observa approximately 9:00 deficiencies were not adequately arranged to provide leading to the publication of less than 0.2 the NFPA 101 LIFE SA A fire alarm system installed, tested, an with NFPA 70 Nello 72. The system has and testing program	ns of egress, including exit ged so that failure of any single so will not leave the area in uses not refer to emergency nee with section 7.8.) 19.2.8 is not met as evidenced by: 19.2.8 is n	K 0	45	ensure the doors have been checked and function properly. K 045 1. Adequate lighting has been inst provide illumination leading from the Hall to the public way (parking lot) Allways Electric Company. 2. All areas of the facility have been assessed by the Maintenance Department in all lighting throughout the facility in all exit areas correcting any failure lighting corrected immediately. Lightin	he 600 by en partmer K 045 of egre has bee on of liance. monitors notuding e in ghting is ve d on QA een bl Panel	10/29/3		
					ðı -	and maintained by the maintenan	ce (co	ሰ ቴ)		

		AND HUMAN SERVICES		·	FORM /	10/25/2013 APPROVED 0938-0391	
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
345024			8, WING 10/25/20				
NAME OF F	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE			
CLAPPS	NURSING CENTER I	NC		229 APPOMATTOX ROAD LEASANT GARDEN, NC 27313			
(X4) ID PREFIX TAG-	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			Provider's plan of correction (Each corrective action should cross-referenced to the approp deficiency)	N) BE RIATE	COMPLETION DATE	
K 052	Continued From pa	ge 2	K 052	department quarterly and by Sunl- Protection (outside contractor) and accordance with requirements of and 72 guidelines. 4. The notification devices on the	nually in NFPA 70 Fire		
	Based on observal approximately 9:00 deficiencies were n 1) Upon testing the under battery backt devices did not acti	Fire Alarm Controt Panel up power the notification vate upon activation of the ation devices would activate		Alarm Control Panel are checked recorded by the maintenance dep during monthly fire drills to ensure working properly and in compliant This is reviewed at monthly Safety meeting.	artment they ar ce.	e	
K 056 SS=F	If there is an autominetalled in accordator the Installation of provide complete or building. The syste accordance with Ni Inspection, Testing Water-Based Fire is supervised. There supply for the systems are equipp switches, which are building fire starm is This STANDARD is Based on observat	s not met as evidenced by; lon on Friday 10/25/13 at AM onward the following	K 056	K056 K056 1. The sprinkler head in room 403 been replaced by Sunland Fire Pr and is in good repair. The sprinkler heads in the laundry kitchen have been cleaned by the maintenance department and are working condition. The sprinkler s inspected quarterly by the maintenance department and annually by Sunke Protection Company. 2. All sprinkler heads have been in and cleaned by the maintenance department to ensure they are in working condition. 3. Quarterly testing and inspection performed on the entire sprinkler is by the maintenance department to the system is properly working.	otection y and the in prope ystem is nance and Fire proper ns are system	er J	
	delinicitoida Adig ()			The officers to broken, transmiss	(con	(t)	

PRINTED: 10/25/2013 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0930-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: a building 01 - Main building 01 10/25/2013 345024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8229 APPOMATTOX ROAD CLAPPS NURSING CENTER INC PLEASANT GARDEN, NC 27313 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) COMPLETION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Prefix (EACH DEFICIENCY MUST BE PRECEDED BY FULL OATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) 4. Inspections are monitored and K 056 K 056 Continued From page 3 documented by the maintenance director. 1) The sprinkler head in resident room 403 was All repairs/replacements are completed missing missing the fluid in the glass bulb and not by the maintenance department as maintained in good repair. needed in accordance with NFPA 25. The sprinkler heads in the Laundry and in the Kitchen were not maintained clean and in good condition, Sprinkler heads were were covered in lint, dust and/or dirt. 3) Upon staff interview and documentation the sprinkler system is inspected only annually. Facility will need to have the sprinkler system inspected quarterly, 42 CFR 483.70(a) K 076 K076 NFPA 101 LIFE SAFETY CODE STANDARD K 076 1. Oxygen cylinders stored in the SS=F Medical gas storage and administration areas are oxygen storage room on 200 Hall protected in accordance with NFPA 99, have been properly chained/secured Standards for Health Care Facilities. and are supported in a proper cylinder stand. All cylinders in the 200 hall (a) Oxygen storage locations of greater than storage room have been designated 3,000 cu.ft. are enclosed by a one-hour with "full" or "empty" signage. separation. Full and empty cylinders are (b) Locations for supply systems of greater than segregated and marked to ensure 3,000 cu.ft, are vented to the outside. NFPA 99 easy identification. 4,3.1.1,2, 19,3,2.4 All empty cylinders have been removed from the Therapy Department. 2. All O2 cylinders have been checked to ensure they are properly chained/secured and supported in a This STANDARD is not met as evidenced by: proper cylinder stand. All O2 cylinders Based on observation on Friday 10/25/13 at have been checked to make certain approximately 9:00 AM onward the following "full" and "empty" tanks are segregated deficiencles were noted:

 In the oxygen storage room on 200 Hall an oxygen cylinder were not properly chained or and have the appropriate signage in

accordance with NFPA 99,

PRINTED: 10/25/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (xs) date survey compleyed (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A, BUILDING 01 - MAIN BUILDING 01 345024 B. WING 10/25/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5229 APPOMATTOX HOAD** CLAPPS NURSING CENTER INC PLEASANT GARDEN, NC 27313 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSY BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX TAG (X6) COMPLETION DATE PREFIX YAG DEFICIENCY) K 076 3. When O2 is delivered all empty K 076 Continued From page 4 cylinders are picked up and all full supported in a proper cylinder stand or cart, cylinders are placed in the appropriate [NFPA 99 4-3.5.2.1b(27)] 2) In the 200 Hall oxygen storage room and in larea with signage and properly the Therepy Room full and empty oxygen cylinders were stored together. If stored within secured and chained. 4. Supervisors will monitor O2 cylinders the same enclosure, empty cylinders shall be during weekly QA rounds to ensure all segregated and designated (with signage) from cylinders are stored securely and full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is segregated with appropriate signage needed hurriedly. [NFPA 99 4-3.5.2.2b(2)] in accordance with NFPA 99 and reported at the monthly QA meeting. 42 CFR 483.70(a)