

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

PRINTED: 01/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/13/2013
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHABILITATION-ZEBULON			STREET ADDRESS, CITY, STATE, ZIP CODE 509 W GANNON AVE ZEBULON, NC 27597		
(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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview the facility failed to communicate critical lab information to the</p>	F 157	<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>F157</p> <ol style="list-style-type: none"> <li>1. Attending physician is currently being notified of lab results and consultant physician's recommendations for Resident #89.</li> <li>2. Residents residing in house medical records were reviewed and attending physician was notified of lab results as needed. Residents residing in house medical records were reviewed and attending physician was notified of consultant recommendations as needed. Licensed Nurses will notify attending physician regarding increased blood glucose greater than 300 mg/dl or parameters set by the resident's attending physician. Licensed Nurses will notify attending physician of any abnormal lab results. Licensed Nurses will notify attending physician of consulting physician's recommendations.</li> </ol>	01/03/14	

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

Tasleem Ahmed

TITLE

Administrator

(X6) DATE

01/08/14

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 157	<p>Continued From page 1</p> <p>physician following a consult for 1 of 1 residents (Resident #89) charts reviewed for critical lab results.</p> <p>Findings included:</p> <p>Record review of the residents chart indicated Resident #89 was originally admitted to the facility in September of 2012. The resident was most recently re-admitted on 9/23/13. Resident #89 cumulative diagnosis consisted of dementia, diabetes, atrial fibrillation, hypertension and stroke.</p> <p>A review of Resident 89 's most recent Minimum Data Set (MDS) quarterly review dated 10/21/13 indicated the resident was severely cognitively impaired</p> <p>During a record review it was revealed the resident had been admitted to the hospital on 9/17/13 with the chief complaint being fever and confusion with hyperglycemia. A review of the lab reports indicated the resident ' s labs were as follows upon admission to the hospital:</p> <p>HgA1C (test is used as a standard tool to determine blood sugar control for patients with diabetes): 7.3 (normal range 4.0-6.2)</p> <p>BUN (blood urea nitrogen; high levels being indicative of kidney damage): 19 (normal range 7-26)</p> <p>Creatinine (higher levels indicative of kidney damage): 0.98. (normal range 0.51-1.00)</p> <p>GFR (glomerular filtration rate; measures how</p>	F 157	<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>3. Licensed Nurses in-serviced on the following: when an abnormal lab result is received, licensed nurses will ensure: MD is notified of results as indicated. Any critical results are immediately called to MD. Non-Critical/Normal labs are called during business hours or placed in MD Communication box. Licensed Nurses in-serviced to notify physician regarding increased blood glucose greater than 300 mg/dl or parameters set by the resident's attending physician. Licensed Nurses in-serviced on Consult Protocol: Licensed Nurses will notify attending physician regarding recommendations from a consulting physician or physician extender via telephone and fax. Licensed Nurses will document the notification in the resident progress notes. If the attending physician elects to order the consultant's recommendation, the Licensed</p>		

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F 157	<p>Continued From page 2</p> <p>well kidney are functioning): 55 (normal range for older adults &gt; 60)</p> <p>According to the Discharge summary from the hospital, the resident was discharged back to the facility on 9/23/13. The resident's labs on discharge were as follows:</p> <p>BUN: 14, Creatinine: 0.78, GFR: &gt;60. All labs were back within normal ranges.</p> <p>A review of the physicians orders indicated a sliding scale insulin coverage ordered on 9/23/13 that read as follows:</p> <p>Accucheck AC &amp; HS with SSI Novolog as follows:</p> <p>141-170: 1 unit 171-200: 2 units 201-230: 3 units 231-260: 4 units 261-290: 5 units 291-320: 6 units 321-350: 7 units 351-380: 8 units 381-410: 9 units 411-440: 10 units 441-470: 11 units 471-500: 12 units</p> <p>Further physician order review indicated resident was also on Glipizide 2.5 mg by mouth daily at breakfast. That order was dated 9/23/13.</p> <p>A record review indicated on 11/4/13 a History and Physical (H&amp;P) from the resident's physician was completed. The H&amp;P stated under follow up for Diabetes type II " the last clinic visit was one month ago. Management changes</p>	F 157	<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>Nurses will write a physician's telephone order. A copy of the consult will be placed in the attending physician's box for the attending physician to sign and date. The signed copy will be filed in the resident's medical record.</p> <p>4. DNS, ADNS or Desk Nurse will randomly review blood glucose results of three residents with physician's orders for blood glucose monitoring Monday – Friday in Clinical Rounds to validate appropriate physician notification was performed as indicated. DNS, ADNS or Desk Nurse will review lab results of three random residents Monday – Friday in Clinical Rounds to validate appropriate notification of attending physician was performed as indicated. DNS, ADNS or Desk Nurse will review any critical lab results Monday – Friday in Clinical Rounds to validate appropriate notification of attending physician</p>		

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F 157	<p>Continued From page 3</p> <p>made at the last visit include ordering an extra dose of Novolog on 10/31. Symptoms do not include polydipsia, polyuria, increased appetite or fatigue. The patient describes this as mild and unchanged. Associated symptoms include bladder dysfunction, while associated symptoms do not include extremity pain, extremity numbness, extremity paresthesias or lower extremity ulcers. Current treatment includes basal insulin (humalog) and glipizide. By report there is good compliance with treatment and good tolerance of treatment. Initial diagnosis of diabetes mellitus type II was 10 years ago. Disease complications do not include peripheral neuropathy, diabetic retinopathy, coronary artery disease, peripheral vascular disease or lower extremity ulceration. Home glucose testing is done twice daily. The patient was previously evaluated during a hospitalization. "</p> <p>On 11/11/13 Resident #89 had an Endocrine consult. The resident was evaluated and returned to the facility with orders of increase Glipizide from 2.5 mg at breakfast to 7.5 mg at breakfast. This order was transcribed and changed on the MAR. On 11/13/13, the consulted endocrinologist office faxed a consult note to the facility at 3:12 PM. This consult note included medication changes and significant lab results. The second page of the note had a starred note that stated " see 2 nd page for annotation. " On the second page of lab results there was an annotation that was starred and typed in bold that stated " 1. random blood glucose was very high at the time of the labs. 2. Decline in kidney function is noted for the first time on her labs--will need to monitor this - tighter control of blood glucose is imperative to maintaining her current kidney function. " And</p>	F 157	<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>was performed as indicated. DNS, ADNS or Desk Nurse will review consultant recommendations Monday – Friday in Clinical Rounds to validate recommendations were communicated to the resident's attending physician. Results of the audits will be reviewed in the center's monthly Quality Assurance Performance Improvement (QAPI) meeting monthly for a minimum of three months. QAPI Committee will make further recommendations as needed to ensure sustained compliance.</p>		

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F 157	<p>Continued From page 4</p> <p>then went on to also say " 5. Hemoglobin A1c has risen from 6.7% previously and now indicates an average blood glucose of approximately 234 for the last three months. The goal of the hemoglobin A1c of less than 8% (or a blood glucose average less than 180). 6. There is a large amount of protein present in the urine. Again, tighter blood glucose control is imperative to stabilizing and hopefully reversing this. " The record review of the endocrine consult from 11/11/13 stated a diagnosis of uncontrolled Diabetes Mellitus II with a Hemoglobin A1c of 9.8 and a GFR of 46. There were no nursing notes, physician orders, or communication on the physician clipboard in his mailbox that indicated this report was seen by the physician.</p> <p>An interview with Resident #89 ' s physician was conducted over the phone on 12/12/13 at 9:30 AM. He stated he was not aware of the new findings from the residents Endocrinology consult.</p> <p>An interview was conducted with nurse #1 on 12/12/13 10:00 AM. Nurse #1 stated any orders that returned with a resident from a consult are transcribed as telephone orders and the physician is called to be notified of the new orders. She stated that there was no documentation that is done to show that the call was actually made to the physician. She stated when a fax comes through and there are important lab results needed for the physician in house to know the papers are faxed to the physician and signed and dated on the bottom of the form that it was faxed to the physicians office. Then it ' s placed in the chart or placed in the physician box so he can initial it when he comes in. She stated if it ' s not signed by the desk</p>	F 157			

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F 157	Continued From page 5 nurse and there isn't a copy in his box it has not been seen by the physician. A review of the physicians mailbox at 10:30 AM revealed there was no copy of the consult from the Endocrinologist office. And the consult was not signed by the desk nurse that it had been faxed to the physician.	F 157	<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>	01/03/14	
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES  The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by: Based on resident observation, record review and staff interviews the facility failed to provide one on one activities as indicated by the care plan to a resident (Resident #16) that was dependent on staff for 1 out of 8 residents reviewed for activities.  Findings included:  Resident #16 had cumulative diagnoses that include brain neoplasms, anxiety, chronic pain,	F 248	F248  1. Resident #16 is currently receiving one to one activities per the plan of care. 2. Residents care planned for one to one activities have been identified and are currently receiving per their plan of care. 3. Administrator in-serviced Activity Director on providing activities per the plan of care. Administrator in-serviced Activity Director on promptly documenting activities on Individual Participation Activity Record. 4. Administrator will randomly audit three resident activities a week to validate activities are corresponding with resident's plan of care. Administrator will randomly audit three resident Individual Participation Activity Records weekly to validate prompt documentation. Results of the audits will be reviewed in the center's monthly Quality Assurance Performance Improvement (QAPI) meeting monthly for a minimum of three months. QAPI Committee will make further recommendations		

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F 248	<p>Continued From page 6</p> <p>Parkinson 's and psychosis.</p> <p>The care plan most recently dated 10/09/13 indicated resident was to have one to one activities/visits two times per week in her room.</p> <p>Record review of the activity assessment dated 10/09/13 on 12/11/13 at 3:30pm indicated resident enjoys watching TV, listening to music, responds to touch, family visits often, animal/pets, attending church sometimes, being read to, lotion and family bringing in food.</p> <p>Record review revealed no documentation that resident was provided one to one activities two times per week as indicated in the plan of care.</p> <p>Resident observation on 12/11/13 at 11:39am revealed resident lying in bed, awake with television on.</p> <p>Resident observation on 12/11/13 at 3:25pm revealed resident lying in bed, grimacing. Lights and television in the room were off. When asked what was wrong resident stated " my feet " .</p> <p>Resident observation on 12/12/13 at 8:30am revealed resident lying in bed awake, legs elevated and washcloth rolled in left hand.</p> <p>Resident observation on 12/13/13 at 10:16am revealed resident seated in a high back wheelchair, sitting in the living room next to another resident. Resident not engaged in activity.</p> <p>Interview on 12/12/13 at 8:35am with nurse aide #1 indicated resident gets out of bed weekly to get her hair fixed, is repositioned, fed by staff and</p>	F 248	<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>as needed to ensure sustained compliance.</p>		

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F 248	<p>Continued From page 7</p> <p>has a contracture to her left hand. Nurse aide #1 further revealed resident will help stretch her arms and will loosen them when asked. Staff keeps a rolled washcloth in her left hand. Nurse aide #1 indicated resident complains of pain and when she does this is reported to the nurse.</p> <p>Interview on 12/12/13 at 8:51 am with the Activity Director (AD) revealed the resident goes to a singing activity that her brother in law does on Monday afternoon 's, attends other singing groups, goes to the beauty shop, gets her nails polished and watches TV. When asked for documentation/record of the one to one activities the AD showed a blank example of an individual participation record that is used for one to one activities. The AD stated " The resident does not have an individual participation record for 1:1 activities written up. I keep it written on a sheet of paper and then I document it on the record later. " When asked for a copy of the paper she was referring to, the AD provided four sheets of paper with names that was titled " Beauty Shop List ". The AD indicated she did not have a current list of any residents ' that have attended activities in groups or 1:1. The AD stated "Do you want me to write hers up for this month?"</p> <p>Interview on 12/12/13 at 9:36am with the Administrator revealed the AD has attended a class for her activity certification. He stated " I see her doing activities, she polishes nails and they play bingo. I know for my budget she does activities. I know these resident ' s love this place and they love activities and they are practicing now for a program on the 21st. It is weird that she does not have documentation, maybe she did not</p>	F 248		



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F 248	Continued From page 8 understand what you asked. I will do a PI (performance improvement) with her today and have her give you a list for this week. I can tell you things are happening. I have reimbursed her for the activity certification. You can see the calendar is a repetition because the residents prefer those activities. "	F 248	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	01/03/14	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  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.  This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview the facility failed to manage blood glucose levels for 1 of 1 resident (Resident #89) charts reviewed for diabetic control.  Findings included:  Record review of the residents chart indicated Resident #89 was originally admitted to the facility in September of 2012. The resident was most recently re-admitted on 9/23/13. Resident #89 cumulative diagnoses consisted of dementia, diabetes, atrial fibrillation, hypertension and stroke.  A review of Resident-89 's-most recent Minimum Data Set (MDS) quarterly review dated 10/21/13	F 309 F309	1. Attending physician is currently being notified of lab results and consultant physician's recommendations for Resident #89.  2. Residents residing in house medical records were reviewed and attending physician was notified of lab results as needed. Residents residing in house medical records were reviewed and attending physician was notified of consultant recommendations as needed. Licensed Nurses will notify attending physician regarding increased blood glucose greater than 300 mg/dl or parameters set by the resident's attending physician. Licensed Nurses will notify attending physician of any abnormal lab results. Licensed Nurses will notify attending physician of consulting physician's recommendations.		

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F 309	<p>Continued From page 9</p> <p>indicated the resident was severely cognitively impaired.</p> <p>A review of Resident #89 's care plan dated 10/30/13 indicated the resident had interventions in place for low and high blood sugar levels. The interventions in place included finger sticks as ordered before meal and at bedtime, monitor for signs or symptoms of low or high blood sugar, diet teaching with resident and family, diet as ordered low concentrated sweets, monitor meal consumption at meals, diabetic medications as ordered, labs as ordered by physician, and between meal snacks.</p> <p>During a record review it was revealed the resident had been admitted to the hospital on 9/17/13 with the chief complaint of fever and confusion with hyperglycemia. A review of the lab reports indicated the resident ' s labs were as follows upon admission to the hospital:</p> <p>HgA1C (test is used as a standard tool to determine blood sugar control for patients with diabetes): 7.3 (normal range 4.0-6.2)</p> <p>BUN (blood urea nitrogen; high levels being indicative of kidney damage): 19 (normal range 7-25)</p> <p>Creatinine (higher levels indicative of kidney damage): 0.98 (normal range 0.51-1.00)</p> <p>GFR (glomerular filtration rate; measures how well kidney are functioning): 55 (normal range for older adults &gt; 60)</p> <p>According to the discharge summary from the hospital, the resident was discharged back to the</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>3. Licensed Nurses in-serviced on the following: when an abnormal lab result is received, licensed nurses will ensure: MD is notified of results as indicated. Any critical results are immediately called to MD. Non-Critical/Normal labs are called during business hours or placed in MD Communication box. Licensed Nurses in-serviced to notify physician regarding increased blood glucose greater than 300 mg/dl or parameters set by the resident's attending physician. Licensed Nurses in-serviced on Consult Protocol: Licensed Nurses will notify attending physician regarding recommendations from a consulting physician or physician extender via telephone and fax. Licensed Nurses will document the notification in the resident progress notes. If the attending physician elects to order the consultant's recommendation, the Licensed</p>	

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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHABILITATION-ZEBULON			STREET ADDRESS, CITY, STATE, ZIP CODE 509 W GANNON AVE ZEBULON, NC 27597		
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F 309	<p>Continued From page 10 facility on 9/23/13. The resident ' s labs on discharge were as follows:</p> <p>BUN: 14, Creatinine: 0.78, GFR: &gt;60.</p> <p>A review of the physician ' s orders indicated silding scale Insulin coverage ordered on 9/23/13 that read as follows:</p> <p>Accucheck AC &amp; HS with silding scale insulin Novolog as follows: (AC means before meals and HS means at bedtime)</p> <p>141-170: 1 unit 171-200: 2 units 201-230: 3 units 231-260: 4 units 261-290: 5 units 291-320: 6 units 321-350: 7 units 351-380: 8 units 381-410: 9 units 411-440: 10 units 441-470: 11 units 471-500: 12 units</p> <p>Further physician order review indicated the resident was also on Glipizide (to control blood sugars) 2.5 mg (milligrams) by mouth daily at breakfast. That order was dated 9/23/13.</p> <p>A review of the resident ' s physician orders and the facility standing orders for this physician did not indicate the physician needed to be called unless the blood sugars were below 70. There was no documentaion the physician was notified of fluctuating blood sugars in the nursing notes, or on the physician-communication board.</p> <p>During a record review of the resident ' s</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>Nurses will write a physician's telephone order. A copy of the consult will be placed in the attending physician's box for the attending physician to sign and date. The signed copy will be filed in the resident's medical record.</p> <p>4. DNS, ADNS or Desk Nurse will randomly review blood glucose results of three residents with physician's orders for blood glucose monitoring Monday – Friday in Clinical Rounds to validate appropriate physician notification was performed as indicated. DNS, ADNS or Desk Nurse will review lab results of three random residents Monday – Friday in Clinical Rounds to validate appropriate notification of attending physician was performed as indicated. DNS, ADNS or Desk Nurse will review any critical lab results Monday – Friday in Clinical Rounds to validate appropriate notification of attending physician</p>		

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F 309	Continued From page 11 medicine administration record (MAR) for September 23-30, 2013 blood sugars were as follows:  September 23: 4:30 PM: 87 8:00 PM: 170 September 24: 7:30 AM: 148 11:30 AM: 233 4:30 PM: 223 8:00 PM: 170 September 25: 7:30 AM: 151 11:30 AM: 395 4:30 PM: 124 8:00 PM: 241 September 26: 7:30 AM: 158 11:30 AM: 490 4:30 PM: 270 8:00 PM: none recorded September 27: 7:30 AM: 127 11:30 AM: 227 4:30 PM: 259 8:00 PM: 182 September 28: 7:30 AM: 216 11:30 AM: 376 4:30 PM: 301 8:00 PM: 283 September 29: 7:30 AM: 194 11:30 AM: 217 4:30 PM: none recorded 8:00 PM: 268 September 30: 7:30 AM: 242 11:30 AM: 358 4:30 PM: 304 8:00 PM: 219  The October blood sugars according to the MAR were as follows:  October 1: 7:30 AM: 190 11:30 AM: 245 4:30 PM: 202 8:00 PM: 225 October 2: 7:30 AM: 223 11:30 AM: 284 4:30 PM: 181 8:00 PM: 229 October 3: 7:30 AM: 180 11:30 AM: 244 4:30 PM: 354 8:00 PM: 312 October 4: 7:30 AM: 220 11:30 AM: 336 4:30 PM: 427 8:00 PM: 205 October 5: 7:30 AM: 219 11:30 AM: 312 4:30 PM: 326 8:00 PM: 140 October 6: 7:30 AM and 11:30 AM none recorded 4:30 PM: 313 8:00 PM: 143 October 7: 7:30 AM: 253 11:30 AM: 360 4:30 PM: 135 8:00 PM: 245 October 8: 7:30 AM: 229 11:30 AM: 385 4:30 PM: 100 8:00 PM: 248	F 309	<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>  was performed as indicated. DNS, ADNS or Desk Nurse will review consultant recommendations Monday – Friday in Clinical Rounds to validate recommendations were communicated to the resident's attending physician. Results of the audits will be reviewed in the center's monthly Quality Assurance Performance Improvement (QAPI) meeting monthly for a minimum of three months. QAPI Committee will make further recommendations as needed to ensure sustained compliance.		

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F 309	Continued From page 12 October 9: 7:30 AM: 225 11:30 AM: 370 4:30 PM: 356 8:00 PM: 370 October 10: 7:30 AM: 225 11:30 AM: 479 4:30 PM: 329 8:00 PM: 241 October 11: 7:30 AM: 251 11:30 AM: 387 4:30 PM: 360 8:00 PM: 221 October 12: 7:30 AM: 216 11:30 AM: 387 4:30 PM: 265 8:00 PM: 261 October 13: 7:30 AM: 217 11:30 AM: 471 4:30 PM: 202 8:00 PM: 326 October 14: 7:30 AM: 205 11:30 AM: 323 4:30 PM: 363 8:00 PM: 176 October 15: 7:30 AM: 199 11:30 AM: 387 4:30 PM: 342 8:00 PM: 215 October 16: 7:30 AM: 216 11:30 AM: none recorded 4:30 PM: 331 8:00 PM: 301 October 17: 7:30 AM: none 11:30 AM: 492 4:30 PM: 242 8:00 PM: 163 October 18: 7:30 AM: 195 11:30 AM: 250 4:30 PM: 291 8:00 PM: 222 October 19: 7:30 AM: 252 11:30 AM: 316 4:30 PM: 130 8:00 PM: 128 October 20: 7:30 AM: 264 11:30 AM: 384 4:30 PM: 139 8:00 PM: 130 October 21: 7:30 AM: 297 11:30 AM: 170 4:30 PM: 266 8:00 PM: 282 October 22: 7:30 AM: 93 11:30 AM: 460 4:30 PM: 260 8:00 PM: 261 October 23: 7:30 AM: 263 11:30 AM: 321 4:30 PM: 354 8:00 PM: 196 October 24: 7:30 AM: 231 11:30 AM: 294 4:30 PM: 161 8:00 PM: 160 October 25: 7:30 AM: 174 11:30 AM: 442 4:30 PM: none 8:00PM: 448 October 26: 7:30 AM: 193 11:30 AM: 211 4:30 PM: 242 8:00 PM: 228 October 27: 7:30 AM: 222 11:30 AM: none 4:30 PM: 283 8:00 PM: 313 October 28: 7:30 AM: 204 11:30 AM: 140 4:30	F 309			

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F 309	<p>Continued From page 13</p> <p>PM: 251 8:00 PM: 309</p> <p>October 29: none recorded</p> <p>October 30: 7:30 AM: none 11:30 AM: none 4:30 PM: 207 8:00 PM: 323</p> <p>October 31: 7:30 AM: 201 11:30 AM: 160 4:30 PM: 545 then 15 min later 515</p> <p>According to physician orders and nursing notes dated 10/31/13, the physician was called at 5:30 PM and orders were received to give 13 units of novolog insulin as a one time coverage order.</p> <p>A record review indicated on 11/4/13 a History and Physical (H&amp;P) from the facility physician was completed. The H&amp;P stated under follow up for Diabetes type II " the last clinic visit was one month ago. Management changes made at the last visit include ordering an extra dose of Novolog on 10/31. Symptoms do not include polydipsia, polyuria, increased appetite or fatigue. The patient describes this as mild and unchanged. Associated symptoms include bladder dysfunction, while associated symptoms do not include extremity pain, extremity numbness, extremity paresthesias or lower extremity ulcers. Current treatment includes basal insulin (humalog) and glipizide. By report there is good compliance with treatment and good tolerance of treatment. Initial diagnosis of diabetes mellitus type II was 10 years ago. Disease complications do not include peripheral neuropathy, diabetic retinopathy, coronary artery disease, peripheral vascular disease or lower extremity ulceration. Home glucose testing is done twice daily. The patient was previously evaluated during a hospitalization. "</p> <p>The record review of the resident 's MAR for November revealed blood sugars as follows:</p>	F 309			

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F 309	Continued From page 14 November 1: 7:30 AM: none 11:30 AM: none 4:30 PM: 217 8:00 PM: 420 November 2: 7:30 AM: 234 11:30 AM: 210 4:30 PM: 330 8:00 PM: 231 November 3: 7:30 AM: 255 11:30 AM: 230 4:30 PM: 338 8:00 PM: 177 November 4: 7:30 AM: 285 11:30 AM: 267 4:30 PM: 463 8:00 PM: 194 November 5: 7:30 AM: 291 11:30 AM: 239 4:30 PM: 248 8:00 PM: 216 November 6: 7:30 AM: 252 11:30 AM: 362 4:30 PM: 254 8:00 PM: none November 7: 7:30 AM: 252 11:30 AM: 258 4:30 PM: 280 8:00 PM: 296 November 8: 7:30 AM: 233 11:30 AM: 303 4:30 PM: 210 8:00 PM: 185 November 9: 7:30 AM: 278 11:30 AM: 300 4:30 PM: 431 8:00 PM: 216 November 10: 7:30 AM: 270 11:30 AM: 230 4:30 PM: 338 8:00 PM: 177 November 11: 7:30 AM: 303 11:30 AM: 474 4:30 PM: 167 8:00 PM: 330 November 12: 7:30 AM: 301 11:30 AM: 390 4:30 PM: 467 8:00 PM: 398 November 13: 7:30 AM: 247 11:30 AM: 448 4:30 PM: 265 8:00 PM: 375 November 14: 7:30 AM: 263 11:30 AM: 410 4:30 PM: 375 8:00 PM: 201 November 15: 7:30 AM: 281 11:30 AM: 535 4:30 PM: 300 8:00 PM: 360 November 16: 7:30 AM: 399 11:30 AM: none 4:30 PM: 377 8:00 PM: 241 November 17: 7:30 AM: 240 11:30 AM: 190 4:30 PM: 317 8:00 PM: 179 November 18: 7:30 AM: 247 11:30 AM: 246 4:30 PM: 310 8:00 PM: 260 November 19: 7:30 AM: 264 11:30 AM: 402 4:30 PM: 359 8:00 PM: 305 November 20: 7:30 AM: 265 11:30 AM: 348	F 309			

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F 309	<p>Continued From page 15</p> <p>4:30 PM: 496 8:00 PM: 322 November 21: 7:30 AM: 214 11:30 AM: 214 4:30 PM: 326 8:00 PM: 241 November 22: 7:30 AM: 266 11:30 AM: 239 4:30 PM: 267 8:00 PM: 303 November 23: 7:30 AM: 244 11:30 AM: 475 4:30 PM: 374 8:00 PM: 259 November 24: 7:30 AM: 264 11:30 AM: none 4:30 PM: 258 8:00 PM: 350 November 25: 7:30 AM: 305 11:30 AM: 397 4:30 PM: 351 8:00 PM: 231 November 26: 7:30 AM: 267 11:30 AM: 246 4:30 PM: 312 8:00 PM: 369 November 27: 7:30 AM: 253 11:30 AM: 326 4:30 PM: 341 8:00 PM: 202 November 28: 7:30 AM: 328 11:30 AM: 362 4:30 PM: 164 8:00 PM: 319 November 29: 7:30 AM: 220 11:30 AM: none 4:30 PM: 460 8:00 PM: 476 November 30: 7:30 AM: 274 11:30 AM: 308 4:30 PM: 174 8:00 PM: 238</p> <p>A record review of the resident 's chart indicated there was no documentation reporting blood sugar fluctuations to the facility physician or the endocrine office.</p> <p>On 11/11/13 Resident #89 had an appointment with her Endocrinologist for her diabetes management. The resident was evaluated and returned to the facility with orders of increase Gllpizide from 2.5 mg at breakfast to 7.5 mg at breakfast. This order was transcribed and changed on the MAR.</p> <p>On 11/13/13, the Endocrinologist faxed a consult note to the facility at 3:12 PM. This consult note included medication changes and significant lab results. The second page of the note had a</p>	F 309			



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F 309	<p>Continued From page 16</p> <p>starred note that stated " see 2 nd page for annotation. " On the second page of lab results there was an annotation that was starred and typed in bold that stated " 1. random blood glucose was very high at the time of the labs. 2. Decline in kidney function is noted for the first time on her labs - will need to monitor this - tighter control of blood glucose is imperative to maintaining her current kidney function. " The report then goes on to say " 5. Hemoglobin A1c has risen from 6.7% previously and now indicates an average blood glucose of approximately 234 for the last three months. The goal of the hemoglobin A1c of less than 8% (or a blood glucose average less than 180). 6. There is a large amount of protein present in the urine. Again, tighter blood glucose control is imperative to stabilizing and hopefully reversing this. " The record review of the endocrine consult from 11/11/13 stated a diagnosis of uncontrolled Diabetes Mellitus II with a Hemoglobin A1c of 9.8 and a GFR of 46. There were no nursing notes, physician orders, or communication on the physician clipboard in his mailbox that indicated this report was seen by the facility physician.</p> <p>An interview with Resident #89 ' s facility physician was conducted over the phone on 12/12/13 at 9:30 AM. He stated he was not aware of the lab results and new orders from the residents Endocrinology consult and stated that he would expect the nurses to call him if the resident ' s blood sugars remained in the 200 range for any amount of time.</p> <p>An interview with nurse #2 was conducted on 12/12/13 at 9:40 AM. Nurse #2 stated that she would call the physician for a blood sugar when it became outside the range of the sliding scale the</p>	F 309			

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F 309	<p>Continued From page 17</p> <p>physician ordered. Nurse #2 further stated she would call the physician when the blood sugar got 400 or above. Nurse #2 stated the resident has always been high since she had been caring for her. She stated she would call the physician if the blood sugar was higher than the highest blood sugar written for coverage on the order.</p> <p>An interview was conducted with nurse #1 on 12/12/13 10:00 AM. Nurse #1 stated any orders that return with a resident from a consult are transcribed as telephone orders and the physician is called to be notified of the new orders. She indicated no call was made to the facility physician. She indicated when she received a fax with important lab results she then faxes the report to the facility physician and signs and dates it on the bottom indicated that it was done. Then it 's placed in the chart or placed in the physician box so he can initial it when he comes in. A review of the consult from the Endocrinologist office dated 11/11/13 and faxed on 11/13/13 to the facility revealed there was no nurse initial or physician ' s signature or date.</p> <p>An interview was conducted with the Director of Nursing (DON) on 12/12/13 at 9:45 AM. She stated her expectation of her staff would be to notify the physician of high blood glucose levels per protocol. She stated protocol was not written and the floor nurse on duty would have told the charge nurse who would have been responsible to call the physician for elevated blood sugars. The DON stated she does not monitor the MARS herself for changes in blood sugar level trends. She expects her floor nurses and unit managers to be able to monitor and call the physician when changes are seen. When consults come back with the resident it is the unit manager ' s</p>	F 309			

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F 309	Continued From page 18 responsibility to notify the physician of any changes. The way they notify the physician is either by faxing the report to the physician's office, calling the physician directly, or placing a copy of the consult report in the physician's mailbox. The DON stated if the consult was faxed, the date, time and nurse's initials would have been written down on the consult itself when it was faxed. During an interview on 12/12/13 at 2:00PM, the facility's medical director indicated she was not aware the nurses were not communicating high blood sugar levels to the appropriate physician. If a resident was seeing an endocrinologist she would follow the referral. She indicated she expected the nurses to notify the physician if the blood sugars were trending up.  During an interview on 12/12/13 at 2:30 PM the physician stated the sliding scale coverage for the resident was not an ideal way to control her blood sugars. The facility physician stated that he would like to keep the resident's HgbA1c at 8 for good control. He further stated he was not able to see the resident's blood sugars because the MAR was hard to read and was not easily found at his convenience during his monthly visits. He was unable to explain why the H&P done on 11/4/13 indicated the resident was on a basal insulin regimen.	F 309	<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>	01/03/14	
F 514 SS=B	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and	F 514	F514  1. Monthly physician orders for residents #9, #16, #52, #90 and #117 are currently signed and filed in the residents' medical records for November and December. 2. Attending physicians are currently signing the monthly physician's orders timely. 3. Administrator in-serviced attending physicians on prompt signing of monthly physician orders. Administrator in-serviced Medical Records Clerk to notify Administrator if attending physician's are not signing monthly orders timely. 4. Medical Records Clerk will audit monthly physician's orders monthly when filing physician's orders in the resident's medical record to validate timely signing of physician's orders. Medical Records Clerk will notify Administrator if attending physicians are not signing monthly orders timely. Administrator will perform any necessary follow up with attending physicians. Results of the audits will be reviewed in the		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  346104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/13/2013
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHABILITATION-ZEBULON			STREET ADDRESS, CITY, STATE, ZIP CODE 609 W GANNON AVE ZEBULON, NC 27597	
(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 514	<p>Continued From page 19 systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to have current doctor's orders on the chart for 5 of 5 residents reviewed for physician orders (resident #9, #16, #52, #90 and #117).</p> <p>Findings included:</p> <p>Record review on 12/11/13 at 11:45am revealed the most current MD (medical doctor) orders on each resident's chart were for October 2013. The orders for October 2013 did not match the current MD orders on the MAR (medication administration record) for December 2013.</p> <p>Interview on 12/11/13 at 11:30am with the DON (Director of Nursing) indicated it was the Medical Records (MR) responsibility to input the orders monthly and print onto the monthly MD orders. The DON stated " Myself and the ADON (Assistant Director of Nursing) review the charts each month and compare the MAR and MD orders. "</p> <p>Interview on 12/11/13 at 2:00pm with MR Director indicated the MD still had to orders for December 2013. The MR Director stated " The MD still has</p>	F 514	<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>center's monthly Quality Assurance Performance Improvement (QAPI) meeting monthly for a minimum of three months. QAPI Committee will make further recommendations as needed to ensure sustained compliance.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/13/2013
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHABILITATION-ZEBULON			STREET ADDRESS, CITY, STATE, ZIP CODE 609 W GANNON AVE ZEBULON, NC 27607		
(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 514	Continued From page 20 those orders to sign and she is in a meeting. " When asked for November 2013 MD orders, she indicated the MD had those orders as well.  Interview on 12/12/13 at 2:20pm with the MD indicated the nurses ' place the orders in the MD box and they sign them as they come in and out of the facility. The MD stated " I have taken them out of the facility once or twice to sign. I recently took them out of the facility because I was out of the country. December and November was the months I had. "	F 514			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345104	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  01/16/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHABILITATION-ZEBULON	STREET ADDRESS, CITY, STATE, ZIP CODE 509 W GANNON AVE ZEBULON, NC 27597
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(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
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K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type 11 construction, one story, with a complete automatic sprinkler system.	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	02/14/14
K 052 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: 42 CFR 482.41(a) By observation on 1/16/14 the following fire alarm system was non-compliant, specific findings include; There was not a quick disconnect for testing the phone line for the fire alarm system.	K 052	K 052  1. It is the practice of the center to assure that Fire Alarm system is installed in accordance with NFPA standard.  2. An outside vendor who installed the new system has been contacted to install a quick disconnect on the main fire panel for testing the phone line for the fire alarm system.  3. The Director of Plant Operation will monitor all quarterly inspections by outside vendor and findings will be discussed in center's monthly Performance Improvement Committee meeting.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tarlem Ahmad TITLE: Administrator (X6) DATE: 01/30/14

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.