STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER #	MULTIPLE CONSTRUCTION A. BUILDING:	DATE SURVEY COMPLETE:			
FUR SINFS AIND	NFS	345391	B. WING	6/4/2014			
NAME OF PROVIDER OR SUPPLIER HEARTLAND LIVING & REHAB AT THE MOSES H		STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE	CIES					
F 514	483.75(I)(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 systematically organized.						
	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.						
	This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews with physician and staff, the facility failed to maintain clinical records that were complete and accurately documented for 1 of 16 residents (Resident #85).						
	Findings included:						
	Resident #85 was admitted to the facility on 10/30/12 and had diagnoses that included hypertension, cardiovascular disease, and history of transient ischemic attack/stroke.						
	The physician order dated 1/16/13 indicated Resident #85 was to have her vital signs taken every Monday, Wednesday, and Friday.						
	Review of physician orders for April and May 2014 indicated vital signs were to be taken "per facility protocol unless otherwise ordered by physician."						
	Record review of the Medication Administration Record (MAR) for April and May 2014 revealed the following orders: Hydrochlorothiazide 12.5 milligrams (mg) by mouth daily for hypertension						
	Losartan 50 mg by mouth daily for h [Vital signs every Monday, Wednesd and Friday had signed that vitals signs we	day, Friday.] The M		y, Wednesday,			
	Review of nurse's notes dated April and May 2014 revealed one set of vital signs taken on 5/1/14.						
	Review of the nurse aide vital sign sheets for April and May 2014 revealed: No vital signs for Resident #85 for the month of April. Vital signs taken on 5/10, 5/17, and 5/24 for the month of May.						
	During an interview on 5/30/14 at 12:08 pm the Director of Nursing (DON) reviewed resident #85's MARs, the nurse's notes, the nurse aide vital sign sheet, and the electronic medical record. She indicated there was						

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

The above isolated deficiencies pose no actual harm to the residents

031099 If continuation sheet 1 of 2 Event ID: 7QVY11

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STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM		PROVIDER #	MULTIPLE CONSTRUCTION A. BUILDING:	DATE SURVEY COMPLETE:	
FOR SNFs AND	NFs	345391	B. WING	6/4/2014	
NAME OF PROVIDER OR SUPPLIER HEARTLAND LIVING & REHAB AT THE MOSES H		STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	IES			
F 514	Continued From Page 1 an order for vitals to be taken every Mone MARs that vitals were done. She further unable to locate any other vitals in the me of vitals taken weekly. During a phone interview on 5/30/14 at 1 back to weekly vitals. I don't know why s weekly vitals. She has been very stable later than the provided of the provid	indicated, other the edical record and to 2:16pm Physician he was on vitals thately." om Nurse #4 indicately." om Nurse #4 indicately and that the lathere was a check on 5/30/14, and shad been done. So the properties of the order changes themselves or reverse themselves or reverse was a check of the order changes themselves or reverse was a check of the order changes themselves or reverse was a check of the order changes themselves or reverse was a check of the order changes themselves or reverse was a check of the order changes the order changes was a check of the order changes which is the order changes	an the 4 sets of vital signs taken in that the physician order was for the #1 stated, "I think we can change aree times a week. I would expect he ated [Resident #85's] physician order checkmark and nurse's initials (on kmark with her initials on 5/30/14, she did not know why she signed of the further stated, "I think everyone d, "We should be following the physic, but until then [nurses] should be iew what the aide took. They should wed Resident #85's orders and indicated Friday. Nurse #5 further indicated 2, Wednesday May 14, and Friday aide vital sign sheet for May 9th,12 dicated she did not recall Resident	May, she was re to be 3 sets [Resident #85] her to be getting der indicated the MAR) she was not ff on the vitals e just gets used ysician order. The following the donot sign off the donot sign off the sted she was may 16. She eth,14th,16th). #85 getting	