PRINTED: 08/15/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345309	B. WING		07/2	24/2014
	PROVIDER OR SUPPLIER  COMMONS NSG AN	D REHAB CTR OF HALIFAX CTY	'	STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE  WELDON, NC 27890	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 164 SS=D	PRIVACY/CONFIDION  The resident has the confidentiality of his records.  Personal privacy independent of the communications, personal privacy independent of the communications, personal individual of the communications, personal individual outside the contained in the resident is transferring institution; or record the facility must keep contained in the resident	e right to personal privacy and sor her personal and clinical cludes accommodations, written and telephone ersonal care, visits, and and resident groups, but this efacility to provide a private lent.  in paragraph (e)(3) of this at may approve or refuse the and clinical records to any ne facility.  to refuse release of personal does not apply when the ed to another health care at release is required by law.  ep confidential all information sident's records, regardless of methods, except when by transfer to another in; law; third party payment	F 164	,	and do	8/11/14
ADODATON	medications via a fe	eeding tube.	IATUDE	To remain in compliance with all fed		(Ve) DATE
-ABURATURY	UIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE

**Electronically Signed** 

08/11/2014

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.

	MENT OF DEFICIENCIES LAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING  (X3) DATE COMI		SURVEY PLETED			
		345309	B. WING		07/2	24/2014
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F 164	6/19/14 and readm diagnoses of cereb aphasia due to cere dysphagia, and rec gastrostomy tube.  Review of the resid (MDS) dated 7/2/14 verbally express he understand others.  On 7/22/14 at 3:33 observed sitting up present. The mediobserved approach her medication start The medication nurdress exposing her	admitted to the facility on itted on 7/18/14 with rovascular accident (CVA), ebrovascular disease, eived medications through a ent's initial minimum data set a revealed she was unable to erself but was able to pm Resident #98 was in her room with 3 visitors cation nurse (Nurse #1) was ing Resident #98 to administer rough her gastrostomy tube. The pulled up the resident's a upper thighs, her brief and then was observed	F 164	and state regulations the facility had or will take the actions set forth in plan of correction. The plan of corrections the facilityKs allegation compliance such that all alleged deficiencies cited have been or with corrected by the dates indicated.  Corrective Action for Resident Affer Resident #98 did not receive private during medication administration of feeding tube on 7/22/14. Nurse was in-serviced on 7/22/14 for resident affected.  Corrective Action for Resident Pot Affected All residents have the potential to affected by this alleged deficient process Residents who were able to answer interviewed by DON by 8/11/14 to	this rection of	
	administering her natube.  During an interview #1 stated she failed administering media during an interview Director of Nursing expectations for the to ask the resident'	on 7/22/14 at 3:45 pm Nurse at to provide privacy while cation via a feeding tube.		that privacy was present for those residents with g-tube medication administration.  Systemic Changes An in-service was conducted on 7 and 8/6/14 by DON. Those who a all RNs, LPNs, FT, PT, and PRN. Hospice providers were included a in-service on 8/1/14 and 8/5/14 by directors because they do provide medication administration if needefacility. Any in-house staff memb did not receive in-service training 8/11/14 will not be allowed to work training has been completed. The in-service topics included ensuring is given when administering medication	/29/14 attended and their ed in the er who by c until e	

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE (X3) DATE (X3) DATE (X4) MULTIPLE CONSTRUCTION (X3) DATE (X3) DATE (X4) MULTIPLE CONSTRUCTION (X5) DATE (X5) MULTIPLE CONSTRUCTION (X6) DATE		E SURVEY IPLETED			
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F 164	Continued From pa	ge 2	F 164	via g-tube. This information has be integrated into the standard oriental training and in the required in-serving refresher courses for all employees will be reviewed by the Quality Assign Process to verify that the change have been sustained.  Quality Assurance The Director of Nursing, MDSC or Weekend Supervisor will monitor the issue using the "Survey QA Tool to Privacy". The monitoring will include verifying that during medication parprivacy will be ensured. All g-tube residents we be reviewed weekly, attached monitoring tool. This will done daily Monday thru Friday for the weeks and then weekly times three months or until resolved by QOL/Q committee. Reports will be given the weekly Quality of Life- QA committee corrective action initiated as appropriate appropriate to the quarterly QA Meeting with the Director with verification of his atternal Department Heads.	ntion ce s and urance as nis Ensure de sses See be our e A o the ee and oriate. nared in Medical ndance eam	
F 272 SS=D	483.20(b)(1) COMF ASSESSMENTS	PREHENSIVE	F 272	We will be in compliance as of 8/17	I/14.	8/11/14
	a comprehensive, a	nduct initially and periodically accurate, standardized sment of each resident's				

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F 272	assessment of a resident assessment by the State. The least the following Identification and Customary routin Cognitive pattern Communication; Vision; Mood and behavi Psychosocial wel Physical functioni Continence; Disease diagnosi Dental and nutriti Skin conditions; Activity pursuit; Medications; Special treatment Discharge potent Documentation of the additional assareas triggered b Data Set (MDS);	ake a comprehensive resident's needs, using the rent instrument (RAI) specified assessment must include at g: demographic information; e; s; or patterns; l-being; ng and structural problems; and health conditions; onal status; ts and procedures; fial; f summary information regarding ressment performed on the care by the completion of the Minimum	F 21	72			
	by: Based on record interviews, the far assess residents	review, observations and staff cility failed to comprehensively receiving antipsychotic ehaviors for 2 of 3 residents		The statements made on this correction are not an admissio not constitute an agreement w	n to and do		

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F 272	antipsychotic drug The findings includ 1. Resident #12 w 5/2/14 with diagno and intellectual dis A review of the add (MDS) dated 5/28/ severely mentally it term memory prob assessed as havin checked for receiv Review of the MDS Summary (CAAS) Resident #12 rece antipsychotic med (intellectual disabil any increased sign admission.  Review of the Med (MAR) dated for Ji was prescribed Ris medication for anti- bedtime for MR.  A request for the M 2014 Behavior Mo facility did not initia 2014. A review of sheet for July 2014	d #100) who were reviewed for use.  ded:  vas admitted to the facility on ses of hip fracture, dementia	F 272	To remain in compliance with all fe and state regulations the facility had or will take the actions set forth in a plan of correction. The plan of correction. The plan of correctives the facility allegation compliance such that all alleged deficiencies cited have been or will corrected by the dates indicated.  Corrective Action for Resident Affer A comprehensive MDS assessment done for Residents #100 and #12 addressing behaviors for antipsych drug use by 8/11/14.  Corrective Action for Resident Pote Affected All residents MDSKs who are taking antipsychotic medications were restor behavior evaluation. If the MDS reflect behaviors the care plan was updated for behaviors and will be addressed in their next scheduled Systemic Changes An in-service was conducted on 7/by MDS Consultant. Those who as were the Interdisciplinary Team incompleted and the interdisciplinary Team incom	as taken this rection of libe cted at was notic entially ag viewed a did not as MDS.  28/14 ttended sluding liberary who by until	
	targeted behaviors The MDS Coordin	s were noted. ator stated on 7/23/14 at 10:41		working of CAAKs to ensure CAA information is accurate, individualizand reflects the residentKs issues.		

Facility ID: 923116

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 272	AM that Resident on an antipsychotic have a diagnoses documented in the On 7/23/14 at 1:3 observed in her rescreaming out who touched her to prove resident always yet her and that behas she had been adm.  On 7/23/14 at 2:4 (Nurse #2) stated when she was tou if she wanted a baresident was adm screaming."  On 7/24/14 at 11:2 that on admission antipsychotic med behavior flow she stated she was the behavior part of the stated she completed and 30-day She stated she wo Monthly flow Sheed documented then or Nursing Assistated worker further stated any behaviors reptrigger for behavior The Social Worker resident did have	#12 was admitted to the facility or medication but she did not and there were no behaviors initial MDS assessment.  I PM Resident #12 was soom reclined in her Geri chair en Nursing Assistant (NA#1) ovide care. NA#1 stated the elled out when anyone touched vior had been happening since nitted to the facility.  I PM the resident's nurse Resident #12 screamed out ched and when she was asked of the Nurse #2 stated when the litted, "She came into the door litted, "She came into the door litted if a resident was on an ication the nurses initiated a let. The Social Worker further to person that completed the let MDS assessment. She leted the 5-day admission, assessment for behaviors and if nothing was she would interview the Nurses lated Resident # 12 did not have orted to her and so she did not lors and was not care planned. It was not aware that the	F 27	conditions and strengths; completed after the compl portions of the MDS by the CAAs should be worked we to either care plan or not commatch the items on the catreatment of underlying catestent possible, aimed at a complications and improving resident and possible approaches function or minimize declined and the MDS. The include verifying that MDS are audited prior to submit behaviors are assessed for antipsychotics on the MDS with behaviors will be reviet attached monitoring tool. done weekly times three noresolved by QOL/QA committee and correct initiated as appropriate. For audits will then be shared QA Meeting with the Mediverification of his attendant members of the QA Team Department Heads.  We will be in compliance as well as a possible portion of the possible possible portion of the possible pos	detion of all te IDT; triggered with the rational care and should re plan for suse(s) to the addressing the ing the gered CAAs also as strengths to improve ne.  It is issue using the end of the end		

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F 272	on an antipsychoti	age 6 lent #12 had come to the facility c medication for MR and was sident having behaviors until	F 272			
	facility on 7/3/14 w Dementia with bel Depressive Disorce A review of the ad (MDS) dated 7/11/2 had not been assess nothing checked f	was originally admitted to the vith diagnoses including navioral disturbances,				
	summary (CAAS) Resident #100 had antipsychotic med According to the CSummary, Reside and antidepressar diagnosis of demonstral Status and displayed any sign admission.  Resident #100 did	S Care Area Assessment dated 7/11/14 revealed direceived scheduled iation since admission. Care Area Assessment int # 100 received antipsychotic int medications due to a entia with delirium, Altered depression. He had not ins of psychotic behaviors since and need for behaviors or				
	Review of Resider Administration Re revealed the residence. (medication bedtime. The MAF	ned for behaviors or ication use.  Int #100's Medication cord (MAR) dated July, 2014 ent was prescribed Seroquel 25 for psychotic behaviors) at R also revealed that Resident ped Haldol 2 mgs. (a medication				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	TIPLE CONSTRUCTION			E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD E	3E	(X5) COMPLETION DATE
F 272	needed for agitation During an interview Nursing Assistant # observed Resident She revealed that h During an observat Resident # 100 was arms folded across exhibiting any behad During an interview Nursing Assistant # #100 sometimes reugly. She stated that resisted care she was to provide care agad During an observat Resident # 100 was During an interview MDS (Minimum Dawhen she initiated five see any behavioral flag in the Care Are She revealed that the behaviors targeted assessment. She sad iagnosis of Demand Anxiety. The Mwhen she did an as antipsychotic medic resident's discharge was anything about Coordinator revealed Assistants docume followed up by the State of the saw a diagnosi see anything about Coordinator revealed Assistants docume followed up by the State of the saw a diagnosi see anything about Coordinator revealed Assistants docume followed up by the State of the saw a diagnosi see anything about Coordinator revealed Assistants docume followed up by the State of the same followed u	oehaviors) three times daily as a. on 7/22/14 at 3:25 PM 1 stated she had not # 100 exhibit any behaviors. e had not resisted care. fon on 7/23/14 at 9:00 AM awake in bed laying with his his chest. He was not viors. on 7/23/14 at 10:10 AM, 2 revealed that Resident sisted care and he would talk at when Resident # 100 rould come back later and try	F 2	72			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		E SURVEY IPLETED
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F 272	that if Resident # 1 screaming or being would follow up, the the doctor and the The MDS Coordinate condition that Resiseroquel was for Depressive Disord Resident #100 recentance anxiety. She reveas monitoring system medication cart. During an interview Staff Nurse # 1 states had a behavior flow since he was admirevealed that Resignist shift. She states the flow sheet to do Resident # 100 's During an interview 10:54 AM, Resident his bed in his room requested that his interview. Resident nurse reviewed his revealed that he direceiving Seroquel have any pain, but he did not think he Haldol medications During an interview Corporate MDS Corpo	00 was acting out, such as a combative, the Social Worker e Nurses would follow up with Psychiatrist would follow up. ator explained that the specific dent #100 was receiving Dementia with behavior, er and Anxiety. She stated that eived Haldol for agitation and led that the behavior is or tools were on the Nurse's won 7/24/14 at 10:40 AM, the ted that Resident #100 had not with sheet to track his behaviors atted to the facility. She dent #100 would yell out on the detail that she also did not have becoment the side effects of medications. We and observation on 7/24/14 at and #100 was observed lying on a with his light out. He light be turned on during the the #100 acknowledged that his a medication with him. He do not know why he was and Haldol. He said he did not he did not feel good. He said needed the Seroquel and	F 272			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 272	for agitation. She remedication triggered behaviors. During an interview facility Social Work were admitted on a nurses started a betwhen she did her 5 assessments she lemonitoring sheets a would interview the about resident 's between the about resident on the monitoring resident does not receive be explained that when Minimum Data Set behaviors. She start she was definitely less had not seen the before he was admitted that Resident and she was aware behaviors.  During an observation Resident 100 trans his wheelchair and to his bed again. He behaviors.  During an interview Director of Nursing was admitted to the medication for Dem Resident # 100 had Psychiatric Consult	at # 100 received mostly Haldol evealed that antipsychotic d on the MDS but not a con 7/24/14 11:19 AM, the er stated that when residents ntipsychotic medications the chavior monitoring sheet and day, 14 day and 30 day poked at the behavior and if nothing was written, she nurses and nursing assistants chaviors. In reference to a sheavior monitoring sheets. She is that was time to do the (MDS), she did her part for the death with Resident #100 poking out for behaviors, but the behaviors he exhibited itted to the facility. She lent # 100 had a little agitation of that he got Haldol for that he got Haldol for the transferred himself from his bed to then transferred himself back to was not exhibiting any and to con 7/23/14 at 10:27 AM the (DON) stated Resident #100 con facility on an antipsychotic mentia. The DON further stated in not been seen by the ant.	F 2'			Q/11/14
F 279 SS=D	483.20(d), 483.20(l) COMPREHENSIVE		F 2	79		8/11/14

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F 279	to develop, review comprehensive plate The facility must deplan for each reside objectives and time medical, nursing, a needs that are idented assessment.  The care plan must to be furnished to a highest practicable psychosocial well-by §483.25; and any some be required under §483.10, including under §483.10 (b) (4)  This REQUIREMED by: Based on record reinterviews, the faciliplan for a resident	the results of the assessment and revise the resident's in of care.  Evelop a comprehensive care ent that includes measurable etables to meet a resident's ind mental and psychosocial attified in the comprehensive of the describe the services that are attain or maintain the resident's physical, mental, and being as required under services that would otherwise \$483.25 but are not provided by sexercise of rights under the right to refuse treatment of the right to refuse treatment of the right to develop a care receiving antipsychotic	F 279	The statements made on this plan correction are not an admission to not constitute an agreement with the	and do	
	(#100) reviewed for The findings includ  1. Resident #100 v facility with diagnost behavioral disturbational Anxiety.	naviors for 1 of 3 residents, r antipsychotic medication use.  ed:  was originally admitted to the ses including Dementia with inces, Depressive Disorder  nission Minimum Data Set		alleged deficiencies.  To remain in compliance with all fed and state regulations the facility has or will take the actions set forth in the plan of correction. The plan of correctionstitutes the facilityKs allegation compliance such that all alleged deficiencies cited have been or will corrected by the dates indicated.	s taken nis ection of	
		14 revealed Resident # 100		Corrective Action for Resident Affect	ted	

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE:  N OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING (X2) MULTIPLE CONSTRUCTION (X3) DATE:  COMPI		SURVEY PLETED			
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F 279	Continued From p	age 11	F 279			
	nothing checked for	essed for behaviors. There was or behaviors. Resident # 100's d for receiving antipsychotic		Resident # 100Ks care plan was developed for receiving antipsych medication for behaviors.		
	summary (CAAS) Resident #100 had antipsychotic med According to the C Summary, Reside and antidepressar of dementia with d and depression. H of psychotic behave	S Care Area Assessment dated 7/11/14 revealed direceived scheduled ication since admission. Care Area Assessment at #100 received antipsychotic at medications due to diagnoses delirium, altered mental status de had not displayed any signs viors since admission.		Corrective Action for Residents Pour Affected All residents on Antipsychotics has potential to be affected by this alled deficient practice. All residents research Antipsychotic medications for behaver reviewed to ensure it was account of the Antipsychotics will be reviewed by Systemic Changes An in-service was conducted on 7 by the MDS consultant. Those whattended were the Interdisciplinary	ve the eged eceiving aviors ddressed / 8/11/14.	
	Administration Recrevealed the residereceived Seroquel medication for psy bedtime. There was MAR for Seroquel Resident #100 was (milligrams) (a me behaviors) three ti agitation. According received Haldol 2r 7/14/14 for agitation During an interview Nursing Assistant observed Residen She revealed that During an observat Resident # 100 was served Resident	at #100's Medication cord (MAR) dated July, 2014 ent was prescribed and 25 mgs. (milligrams) (a rehotic behaviors) daily at as no diagnosis listed on the The MAR also revealed that is prescribed Haldol 2 mgs. dication used for psychotic mes daily as needed for ag to the MAR, Resident #100 mgs. on 7/10/14, 7/11/14 and on.  W on 7/22/14 at 3:25 PM # 1 stated she had not t # 100 exhibit any behaviors. The had not resisted care. Ition on 7/23/14 at 9:00 AM as awake in bed laying with his is his chest. He was not		including Administrator, DON, MD Social Services, Activities Directo the Dietary Manager. The hospice providers were provided with an in about antipsychotics and that it not be included in care plan. Any care team member who did not receive in-service training by 8/11/14 will nallowed to work until training has completed. The in-service topics care plans needing to address an resident on antipsychotics with an approved diagnosis, monitoring behaviors, non-medication interves specific to the resident, and monit side effects. The care plans will be updated daily and as needed with acute issues such as medication that need to be care planned. This information has been integrated in standard orientation training and i	r, and e n-service eeds to e plan e not be been included y entions coring of e any changes s nto the	

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		345309	B. WING		07/:	24/2014	
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F 279	Nursing Assistant ##100 sometimes reugly. She stated the resisted care she was to provide care aga During an observat Resident # 100 was During an interview MDS Coordinator rursing assistants were followed up be reference to monite Coordinator stated acting out, such as combative, the Soot the nurses would for the psychiatrist wook Coordinator explain that Resident #100 for Dementia with and Anxiety. She streepived Haldol for revealed that the more on the nurse During an interview Staff Nurse # 1 states had a behavior flow since he was admit She revealed that for first shift. She stave the flow shee of Resident # 100 During an interview 10:54 AM, Resident his bed in his room requested that his states and the states of the states and the states are states as the states and the states are states as the states ar	aviors.  y on 7/23/14 at 10:10 AM,  £ 2 revealed that Resident esisted care and he would talk at when Resident # 100 yould come back later and try hin.  tion on 7/23/14 at 3:22 PM, s laying in his bed asleep. y on 7/24/14 at 9:18 AM, the evealed that nurses and document behaviors and they y the Social Worker. In bring behaviors the MDS that if Resident # 100 was screaming or being hial Worker would follow up, hollow up with the doctor and huld follow up. The MDS hed that the specific condition was receiving Seroquel was head that Resident #100 hagitation and anxiety. She honitoring systems or tools he smedication cart. Hon 7/24/14 at 10:40 AM, the hed that Resident #100 had not had that Resident #100 had not had that Resident #100 had not had that Resident #100 would yell out hat that she also did not had to document the side effects	F 279	required in-service refresher coall employees and will be review Quality Assurance Process to with change has been sustained.  Quality Assurance The Director of Nursing or MDS monitor this issue using the "Su Tool for Comprehensive Care Formonitoring will include verifying residents newly admitted, reading changes in antipsychotics will be during QOL with updated care pantipsychotics. See attached months or until resolved by QO committee. Reports will be given weekly Quality of Life- QA committee as ap Results of the audits will then be the Quarterly QA Meeting with the Director with verification of his along with all members of the Cand Department Heads.  We will be in compliance by 8/1	wed by the rerify that I.  SC will urvey QA Plans". The that mitted, or se reviewed plans for conitoring for three L/QA en to the mittee and propriate. e shared in the Medical attendance QA Team		

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			TE SURVEY MPLETED
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F 279	nurse reviewed his revealed that he did Haldol were for. He but he did not feel on the needed the med During an interview Corporate MDS Co # 100 had a behavithe Medication Admonthe nurse's menot been document that the behavior floimplemented when to the facility. She smostly Haldol for an antipsychotic medic but not behaviors. During an interview facility Social Work were admitted on a nurses started a bewhen she did her 5 assessments she knonitoring sheets a would interview the about the resident monitoring resident does not receive be explained that when Minimum Data Set behaviors. She stat she was definitely known that the resident monitoring resident does not receive be explained that when Minimum Data Set behaviors. She stat she was definitely known that Resid and she was aware behaviors. During an observation	medication with him. He do not know what Seroquel and said he did not have any pain, good. He said he did not think	F 2	279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER COMMONS NSG AN	D REHAB CTR OF HALIFAX CTY		STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE  WELDON, NC 27890			
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F 329 SS=D	to his bed again. He behaviors. During an interview Director of Nursing was admitted to the medication for Dem Resident # 100 had Psychiatric Consult 483.25(I) DRUG RE UNNECESSARY DE Each resident's drug unnecessary drugs drug when used in duplicate therapy); without adequate mindications for its us adverse consequer should be reduced combinations of the Based on a compreresident, the facility who have not used given these drugs utherapy is necessary as diagnosed and corecord; and resident drugs receive gradus behavioral interventions.	then transferred himself back e was not exhibiting any on 7/23/14 at 10:27 AM the (DON) stated Resident #100 e facility on an antipsychotic nentia. The DON further stated I not been seen by the ant. EGIMEN IS FREE FROM RUGS g regimen must be free from . An unnecessary drug is any excessive dose (including or for excessive duration; or nonitoring; or without adequate se; or in the presence of nees which indicate the dose or discontinued; or any	F 2			8/11/14	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ND REHAB CTR OF HALIFAX CTY	. 1	TREET ADDRESS, CITY, STATE, ZIP CODE 01 CAROLINE AVENUE VELDON, NC 27890			
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F 329	This REQUIREME by: Based on facility pobservation, interview of the form use to 3 of 5 re 100) reviewed for The findings include 1. A review of the Drugs" dated Oct. Appropriateness of comprehensive as not used antipsychotropic drugs unless antipnecessary to treat a. Specific behavior objectively document of the resident of the representust of the provide care.  Antipsychotic drug more of the following restlessness, cryinnervousness or ur  If an antipsychotic absence of a diagonal residence of a diagonal	eNT is not met as evidenced policy, record review, views with resident, staff and the cility failed to ensure that a regimen was free from iteation by administering redications without indication residents (Residents #12, 52 and unnecessary medications.  ded:  facility policy "Psychotropic ober 1, 2001 read in part, " II. of Use: Based on a resessment, residents who have notic drugs are not given these resychotic drug therapy is a specific condition.  ors as quantitatively and rented by the Facility which rest to: danger to them. danger to others (including terferes with the staff's ability as should not be used if one or ring is/are the only indication: and out, yelling or screaming, incooperativeness  drug is being used in the mosis or specific behavior,	F 329	The statements made on this plan correction are not an admission to not constitute an agreement with the alleged deficiencies.  To remain in compliance with all fee and state regulations the facility had or will take the actions set forth in the plan of correction. The plan of correctionstitutes the facility Ks allegation compliance such that all alleged deficiencies cited have been or will corrected by the dates indicated.  Corrective Action for Resident Affect Resident Ks # 12, 52, and 100 did resident Ks # 12, 52, and 100 by 8/  Corrective Action for Resident Pote Affected All residents on Antipsychotics have potential to be affected by this alleged deficient practice. All residents on Antipsychotics were reviewed to enthey had diagnoses by 8/11/14.  Systemic Changes All staff was in-serviced on 7/29/14/8/6/14 by the DON. Those who attall RNs, LPNs, and CNAs, FT, PT, PRN. Hospice providers were included as the provide care and observation in the facility. Any in-testaff member who did not receive	deral s taken his ection of be cted not hotic ided for 1/14. entially e the ged and ended and uded		
	staff), or -actually in to provide care.  Antipsychotic drug more of the follow restlessness, cryir nervousness or ur  If an antipsychotic absence of a diag then the antipsych	terferes with the staff 's ability as should not be used if one or ing is/are the only indication: ag out, yelling or screaming, accoperativeness drug is being used in the		deficient practice. All residents on Antipsychotics were reviewed to enthey had diagnoses by 8/11/14.  Systemic Changes All staff was in-serviced on 7/29/14 8/6/14 by the DON. Those who att all RNs, LPNs, and CNAs, FT, PT, PRN. Hospice providers were included because they do provide care and	and ended and uded		

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		345309	B. WING		07/2	24/2014
	PROVIDER OR SUPPLIER	D REHAB CTR OF HALIFAX CTY	, 1	TREET ADDRESS, CITY, STATE, ZIP CODE 01 CAROLINE AVENUE VELDON, NC 27890		
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F 329	5/2/14 with diagnost (intellectual disability intellectual disability). A review of the adm (MDS) dated 5/28/2 severely mentally interm memory problem assessed as having checked for receiving received daily severely mediation related to disabilities). She has signs of psychotic to the Review of the Medi (MAR) dated for Julius was admitted to the (milligrams) (a mediation and the disabilities of the Medi (MAR) dated for Julius admitted to the (milligrams) at bedting Monograph for Risp from LexiComp's 17th edition. "Pha Antipsychotic Agen schizophrenia, treat episodes associate treatment of irritabilitatistic disorder.	dose reduction. " admitted to the facility on ses of dementia and MR ties).  nission Minimum Data Set 14 revealed the resident was impaired with short and long ems. Resident # 12 was igno behaviors but was ing antipsychotic medications.  Care Area Assessment dated 5/9/14 revealed Resident ischeduled antipsychotic in a history of MR (intellectual and not displayed any increased behaviors since admission.  Cation Administration Record 1/2 2014 revealed Resident #12 in facility on Risperdal 0.25 mg. dication for antipsychotic	F 329	allowed to work until training has completed. The in-service topics ensuring monitoring sheets and to behaviors are done and assessed admission, readmission, and any in orders. This information has be integrated into the standard orient training and in the required in-server refresher courses for all employed will be reviewed by the Quality Ast Process to verify that the change been sustained.  Quality Assurance The Director of Nursing or MDSC monitor this issue using the "Surv Tool for targeted behaviors and flosheets". The monitoring will incluverifying that admissions, readmis and orders for antipsychotics reviewed. See attached monitoring this with Antipsychotics will be reviewed. See attached monitoring This will be done weekly for three or until resolved by QOL/QA compression will be given to the weekl of Life- QA committee and correct action initiated as appropriate. Rethe audits will then be shared in the Quarterly QA Meeting with the Medice Director with verification of his attached and Department Heads.  We will be in compliance by 8/11/19	included argeted at at changes en ation vice es and surance has will ey QA ow ide esions, ewed ill be en g tool. months mittee. y Quality ive esults of he dical endance Team	
		at an increased risk of death				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED		
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F 329	A request for the N 2014 Behavior Mo facility did not initia 2014. A review of Sheet for July 2014 diagnosis for the R On 7/23/14 at 8:45 observed beside the Geri chair with no The Minimum Data on 7/23/14 at 10:4 admitted to the face medication but she there were no beham DS assessment. On 7/23/14 at 1:31 observed in her roscreaming out whe touched her to prothe resident always touches her. NA# screamed out since facility. "  On 7/23/14 at 2:48 (Nurse #2) stated when she was touched a screaming and when she was nurse #2 stated the resident had a screaming when she was nurse #2 stated the resident had a screaming when she was nurse #2 stated the resident had a screaming when she was nurse #2 stated the resident had a screaming when she was nurse #2 stated the resident had a screaming when she was nurse #2 stated the resident had a screaming when she was nur	Any 2014, June 2014 and July on the flow Sheet revealed the steet the flow sheet until July the Behavior Monthly Flow 4 revealed there was no disperdal 0.25 mg.  AM Resident #12 was ne nurses station reclined in here behaviors.  A Set (MDS) Coordinator stated 1 AM that Resident #12 was sility on an antipsychotic edid not have a diagnosis and aviors documented in the initial		29			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 329	(DON) stated Resi facility on an antips was unaware of the until recently when further stated Resi the Psychiatric Corany behaviors.  Review of the Consequence of th	7 AM the Director of Nursing dent #12 was admitted to the sychotic medication for MR and a resident having behaviors she had a fall. The DON dent #12 had not been seen by itsultant due to her not having sultant Pharmacist reports for 214 and July 2014 revealed she a facility that the resident did sis for the use of Risperdal and am that there were no targeted the behavior flow sheet.  5 AM the Consultant she had identified there was a Risperdal on admission but a facility because she was ity to have a psychiatric consult the physician to give a insultant Pharmacist stated she avior monitoring sheets when a to her but was not aware of any targeted behaviors.  facility policy "Psychotropic ober 1, 2001 read in part, " II. If Use: Based on a sessment, residents who have otic drugs are not given these sychotic drug therapy is a specific condition.	F 32				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NG	(X3) DATE SURVEY COMPLETED		
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F 329	represent staff), or -actually into provide care.  If an antipsychotic absence of a diagrithen the antipsychothe physician to reconsider a gradual Resident #52 was 5/30/14 with diagnobehavior disturband depressive disorded A review of the adright (MDS) dated 6/6/1 no short or long terms assessed with no behaviors of the Med (MAR) dated for Juwas prescribed on (milligrams) (a medical behaviors) at bedtion Monograph for Risexcerpted from Lethandbook, 17th edicategory: Antipsyciate physical physi	danger to them. danger to others (including terferes with the staff 's ability drug is being used in the nosis or specific behavior, otic review committee will ask view the medication plan and dose reduction."  admitted to the facility on oses of dementia without ces, encephalopathy, er and anxiety.  mission Minimum Data Set 4 revealed Resident #52 had rm memory problems and was behaviors, but was receiving cation.  ication Administration Record ally 2014 revealed Resident #52 admission Risperdal 0.25 mg dication for antipsychotic		29			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 329	antipsychotics are compared to place Risperdal is not ap dementia-related p Review of Resider Flow Sheet for Jun she received Rispeno diagnoses listed Review of the Consume 2014 and July notified the facility diagnosis for the usual Nurse #2 on 7/23/1 #52 had not had aralert and oriented a care needs.  The MDS Coordina stated Resident #5 assessment did trig behaviors. The M the nurses initiated Sheet and the Soci Pharmacist monito MDS assessments was responsible for On 7/24/14 at 11:20 once Resident #52 she was put on her MDS. The Social MDS asked the nurses a resident had behaviors are sident had behaviors.	at an increased risk of death bo. proved for the treatment of sychosis. "  Int #52 's Behavior Monthly e 2014 and July 2014 revealed erdal 0.25 milligrams (mg.) with d.  Sultant Pharmacist reports for y 2014 revealed she had not that the resident did not have a	F 3	29		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ND REHAB CTR OF HALIFAX CTY	,	STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE  WELDON, NC 27890	,		
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F 329	(DON) stated Resi facility on an antips hospital. The DON had not had any be reported to her sin stated the pharma informed the facilit	age 21  3 AM The Director of Nursing dent #52 had come to the sychotic medication from the further stated Resident #52 ehaviors that had been ce her admission. The DON cist consult review had not y that the resident did not have gnosis for Risperdal.	F3	229			
	Drugs " dated Oct Appropriateness o comprehensive as not used antipsych drugs unless antip necessary to treat  a. Specific behavio objectively docume causes the resider -represent dar -represent dar or -actually interfe provide care.  Antipsychotic drug	sessment, residents who have notic drugs are not given these sychotic drug therapy is a specific condition.  ors as quantitatively and ented by the Facility which					

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F 329	nervousness or un PRN " usage.  If an antipsychotic absence of a diagr then the antipsychothe physician to reconsider a gradual Resident #100 was facility on 7/3/14 w Dementia with beh Depressive Disord  A review of the adr (MDS) dated 7/11/ not been assessed nothing checked for MDS was checked medications.  Review of the MDS summary (CAAS) Resident #100 had antipsychotic medications antipsychotic medication antidepressand diagnosis of demermental status and displayed any sign admission.  Resident #100 did was not care plant	g out, yelling or screaming, cooperativeness and Any "  drug is being used in the nosis or specific behavior, otic review committee will ask view the medication plan and dose reduction."  s originally admitted to the ith diagnoses including avioral disturbances, er and Anxiety.  mission Minimum Data Set 14 revealed Resident #100 had for behaviors. There was or behaviors. Resident # 100's I for receiving antipsychotic  Care Area Assessment dated 7/11/14 revealed I received scheduled cation since admission. are Area Assessment at # 100 received antipsychotic t medications due to a ntia with delirium, altered depression. He had not s of psychotic behaviors and	F 32	9			
		cord (MAR) dated July, 2014					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 329	mgs. (milligrams) (a behaviors) at bedtir listed on the MAR. prescribed Haldol 2 medication used fo times daily as need During an interview Nursing Assistant # observed Resident She revealed that h During an observat Resident # 100 was arms folded across During an interview Nursing Assistant # #100 sometimes reugly. She stated that resisted care she was to provide care aga During an observat Resident # 100 was During an interview MDS (Minimum Dawhen she initiated I see any behavioral flag in the Care Are She revealed that the behaviors targeted assessment. She sad iagnosis of Demand Anxiety. The Mwhen she did an as antipsychotic medic resident's discharg was anything about status and she wouls saw a diagnosis of saw a diagnosis.	nt was prescribed Seroquel 25 a medication for psychotic me. There was no diagnosis Resident #100 was also mgs. (milligrams) (mysychotic behaviors) three ed for agitation. If on 7/22/14 at 3:25 PM material 1 stated she had not material 1 stated she had not material 1 material 2 materia	F3	29		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 329	Assistants docume followed up by the smonitoring behavior that if Resident # 10 screaming or being would follow up, the the doctor and the IThe MDS Coordinate condition that Resident makes and the IThe MDS Coordinate condition that Resident makes are presented by the following and interview Staff Nurse # 1 staft had a behavior flow since he was admit revealed that Resident makes and interview and the flow sheet to do Resident # 100 's rouring an interview 10:54 AM, Resident his bed in his room requested that his I interview. Resident nurse reviewed his revealed that he did Haldol were for. He but he did not feel of the needed the med During an interview Corporate MDS Co # 100 had a behavithe Medication Admithe nurse 's medication and makes in the medication Admithe nurse 's medication in the makes in the medication and the nurse 's medication in the makes in the medication and the nurse 's medication in the makes in the medication and the nurse 's medication in the makes in the medication and the nurse 's medication in the makes in the medication and the nurse 's medication in the medication and the nurse 's medication in the medication in the medication in the medication in the medication and the nurse 's medication in the medication	and that Nurses and Nursing on the behaviors and they were social Worker. In reference to rest the MDS Coordinator stated 200 was acting out, such as combative, the Social Worker on Nurses would follow up with Psychiatrist would follow up. It to explained that the specific dent #100 was receiving ementia with behavior, or and Anxiety. She stated that eived Haldol for agitation and ed that the monitoring systems on Nurse's medication cart. If the the that Resident #100 had not to sheet to track his behaviors that the ted that Resident #100 had not to sheet to track his behaviors that the side effects of medications. If and observation on 7/24/14 at the ted that the side effects of medications. If and observation on 7/24/14 at the ted that the side effects of medications. If and observation on 7/24/14 at the thin the side that his medication with him. He will not know what Seroquel and the said he did not have any pain, good. He said he did not think	F3	329		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		E SURVEY PLETED
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	PROVIDER OR SUPPLIER	D REHAB CTR OF HALIFAX CTY		STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE  WELDON, NC 27890		-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 371 SS=E	when Resident # 18 She stated Resider for agitation. She remedication triggered behaviors. During an interview facility Social Work were admitted on a nurses started a between she did her 5 assessments she lemonitoring sheets a would interview the about resident 's between monitoring resident does not receive be explained that whe Minimum Data Set behaviors. She starshe was definitely I she had not seen to the hospital. She rehad a little agitation got Haldol for behad During an observat Resident#100 transhis wheelchair and to his bed again. During an interview Director of Nursing was admitted to the medication for Den Resident # 100 had Psychiatric Consult 483.35(i) FOOD President # 100 had 183.35(i) FOOD President # 100 had 183.35(i) FOOD President # 100 had 183.35(i) FOOD President # 100 had 183.35(ii) FOOD President # 100 had 183.35(iii) FOOD President # 100 had 183.35(iii) FOOD President # 100 had 183.35(iiii) FOOD President # 100 had 183.35(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	heets did not get implemented 00 was admitted to the facility. In # 100 received mostly Haldol evealed that antipsychotic ed on the MDS but not on 7/24/14 11:19 AM, the fer stated that when residents antipsychotic medications the enavior monitoring sheet and day, 14 day and 30 day pooked at the behavior and if nothing was written, she enaviors. In reference to the shavior monitoring sheets. She in it was time to do the (MDS), she did her part for ted that with Resident #100 pooking out for behaviors, but the behaviors he exhibited in evealed that Resident # 100 and she was aware that he viors. Sien on 7/24/14 at 2:30 PM, afferred himself from his bed to then transferred himself back on 7/23/14 at 10:27 AM the (DON) stated Resident #100 and she was aware that he viors. The DON further stated that the DON further stated that been seen by the tent.	F 329			8/11/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION  G		SURVEY PLETED
		345309	B. WING		07/2	24/2014
	PROVIDER OR SUPPLIER	ND REHAB CTR OF HALIFAX CTY		STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 371	considered satisfa authorities; and	rom sources approved or ctory by Federal, State or local	F 37′	1		
	by: Based on observarecord review the equipment clean aprevent food borned 1 steam table she kitchen.  The findings included 1. On 7/22/14 at 3 was observed with particles between unit.  During a second of AM the steam table build up of dried for and steam table units.  In an interview on Certified Dietary Materials of the steam table with the steam table units.	3:20 PM the steam table shelf a a build up of dried food the shelf and the steam table bservation on 7/23/14 at 9:36 e shelf was observed with a bod particles between the shelf		The statements made on this plar correction are not an admission to not constitute an agreement with the alleged deficiencies.  To remain in compliance with all feand state regulations the facility has or will take the actions set forth in plan of correction. The plan of corrections that all alleged deficiencies cited have been or will corrected by the dates indicated.  Corrective Action for Resident Affean audit tool was put into place to compliance with weekly cleaning sand daily cleaning assignments.  Corrective Action for Resident Pote Affected All residents have the potential to be affected by this alleged deficient put. The audit tool began on August 3 to monitor satisfactory and timely completion of main kitchen cleaning.	deral staken this ection of l be cted be in chedule entially be ractice.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	` '	SURVEY PLETED
		345309	B. WING		07/2	24/2014
	PROVIDER OR SUPPLIER	ND REHAB CTR OF HALIFAX CTY	. 1	TREET ADDRESS, CITY, STATE, ZIP CODE 01 CAROLINE AVENUE VELDON, NC 27890		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 371	2. On 7/22/14 at 3 gun nozzle was ob build up of juice pathe nozzle tip.  During a second of AM the drink gun inch of a reddish becovering the inside removed the nozzle observed with a becovering the nozzle. In an interview on CDM she stated the cleaning schedule. She stated the nozweek and that state The CDM stated the cleaning schedule dated it recently.	3:22 PM the juice machine drink beerved with 1 inch of a reddish articles covering the inside of a beervation on 7/23/14 at 9: 45 mozzle was observed with 1 wild up of juice particles a of the nozzle tip. The CDM let ip and the nozzle ring was wild up of reddish juice particles	F 371	assignments.  Systemic Changes An in-service was conducted on Al 2014 by Ellen Anderson, RD. Thos attended were all dietary staff. Any in-house staff member who did no receive in-service training by 8/11/ not be allowed to work until training been completed. The in-service to included general cleaning and san food service procedures and adhecleaning assignments as well as completion of any monitoring tools and reporting of findings of such monitoring tools/audits to the monthly/quarterly QA meeting. This information has been integrat the standard orientation training ar required in-service refresher cours all Dietary employees and will be reby the Quality Assurance Process that the change has been sustained.	se who  t t 14 will g has opics itation rence to /audits  ed into nd in the ses for eviewed to verify	
	2:45 PM she state but she no longer she now puts a sti	d that she had a monitoring tool used the tool. She stated that cky note on something in the ed to be cleaned and staff		Quality Assurance The Dietary Manager or Administra monitor this issue using the "Surve Tool for dietary cleaning and sanita All areas will be monitored daily. S attached monitoring tool. This will done daily for four weeks and then times two months or until resolved QOL/QA committee. Reports will to the weekly Quality of Life- QA committee and corrective action in as appropriate. The Consultant Di will complete a QA K Sanitation Au monthly for 3 months commencing August, 2014 site visit and after 3	ator will by QA ation. ee be weekly by be given itiated ietitian udit	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
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F 371	Continued From pa	ge 28	F 3	71	this sanitation audit will be complete quarterly. Results of these audits we sent to Dietary Manager and Administrator. Results of the audits then be shared by the Administrator Quarterly QA Meeting with the Med Director with verification of his atter along with all members of the QA T and Department Heads.	will be will r in the ical	
F 428 SS=D	IRREGULAR, ACT The drug regimen of reviewed at least or pharmacist. The pharmacist muthe attending physic nursing, and these	EGIMEN REVIEW, REPORT ON of each resident must be not a month by a licensed st report any irregularities to cian, and the director of reports must be acted upon.	F 4:	28	We will be in compliance as of 8/11		8/11/14
	observation, staff and Consultant Pharmal diagnosis for the us and failed to inform have targeted behalf				The statements made on this plan correction are not an admission to a not constitute an agreement with the alleged deficiencies.  To remain in compliance with all fee and state regulations the facility has or will take the actions set forth in the plan of correction. The plan of correctionstitutes the facilityKs allegation	deral s taken his ection	

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION  G	(X3) DATE COMP	SURVEY
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	PROVIDER OR SUPPLIER  COMMONS NSG AN	ID REHAB CTR OF HALIFAX CTY		STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE  WELDON, NC 27890	1 01/2-1/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	1. A review of the Drugs " dated Octon Appropriateness of comprehensive as not used antipsych drugs unless antips necessary to treat a. Specific behavior objectively docume causes the residentogeness are dantogeness of the following restlessness, crying nervousness or unification of the following restlessness or unification of the fo	facility policy: "Psychotropic ober 1, 2001 read in part, "Il of Use: Based on a sessment, residents who have otic drugs are not given these sychotic drug therapy is a specific condition.  Ors as quantitatively and ented by the Facility which the total to themselves. In the ger to others (including staff), eres with the staff's ability to see should not be used if one or and is/are the only indication: In gout, yelling or screaming, cooperativeness  In drug is being used in the mosis or specific behavior, otic review committee will ask view the medication plan and dose reduction."	F 428	compliance such that all alleged deficiencies cited have been or will corrected by the dates indicated.  Corrective Action for Resident Affect Diagnosis and targeted behaviors for residents #12 and 52 were obtained 8/1/14.  Corrective Action for Resident Pote Affected All residents on Antipsychotics have potential to be affected by this alleged deficient practice. All residents on Antipsychotics were reviewed by our Pharmacy Consultant to ensure appropriate diagnoses are present use of antipsychotic medications are ensuring these residents have targed behaviors. All residents with Antipsychotics will be reviewed by 8 Systemic Changes All nurses have been in-serviced on 7/29/14 and 8/6/14 by the DON. The who attended were RN, LPN, FT, FPRN. Hospice providers were inclused because they do order antipsychotic training by 8/11/14 will not be allowed work until training has been completed in-service topics included ensurantipsychotics have appropriate diagrand targeted behaviors with daily monitoring. Nurses have also been call or fax MD for appropriate diagrand training has been integrated into the standard orientation training and in the requirements.	etted for don entially ethe ged ur for the eted 8/11/14. In cose PT, and ded cs. Any e ed to eted. uring all agnosis told to coses if nation ard	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		SURVEY PLETED
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F 428	Monograph for Ri Excerpted from Li Handbook, 17th Category: Antipsy schizophrenia, treepisodes associatreatment of irrital autistic disorder.  Warnings Precaudementia-related antipsychotics are compared to plac Risperdal is not adementia-related A request for the 2014 Behavior Mofacility did not initi 2014. A review of sheet for July 201 diagnoses for the there targeted bell The Minimum Daron 7/23/14 at 10:4 admitted to the famedication but shouse were no bell MDS assessment On 7/23/14 at 1:3 observed in her roscreaming out whouched her to prothe resident alway touches her. NA#	sperdal (Risperidone) exi Comp 's Geriatric Dosage edition. "Pharmacological chotic Agent Use: Treatment of eatment of acute mania or mixed ted with bipolar disorder; bility/aggression associated with  tions: Elderly patients with psychosis treated with e at an increased risk of death ebo. pproved for the treatment of psychosis. "  May 2014, June 2014 and July bothly flow sheet revealed the ate the flow sheet until July f the Behavior Monthly Flow 4 revealed there was no Risperdal .25 mg. nor were haviors listed.  ta Set (MDS) Coordinator stated A1 AM that Resident #12 was cility on an antipsychotic lie did not have a diagnosis and haviors documented in the initial	F 42	in-service refresher course employees and will be revi Quality Assurance Process the change has been susta Quality Assurance The Director of Nursing or monitor this issue using the Tool for Drug Regimen Remonitoring will include all a readmissions, and orders antipsychotics be reviewed pharmacist has addressed taking antipsychotic medic appropriate diagnosis and behaviors. See attached mathically the months or until resolved by committee. Reports will be monthly Quality of Life- Quality of Life- Quanterly QA Meeting will be the Quarterly QA Meeting of the audits will the Quarterly QA Meeting of along with all members of and Department Heads.  We will be in compliance by	ewed by the sto verify that ained.  MDSC will e "Survey QA view". The admissions, for at to ensure the residents ations for the targeted aonitoring tool. for three of QOL/QA e given to the a committee and as appropriate. It is attendance the QA Team	

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	PROVIDER OR SUPPLIER  COMMONS NSG AN	ND REHAB CTR OF HALIFAX CTY	,	STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE  WELDON, NC 27890	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 428	(Nurse #2) stated when she was tour and when she was Nurse #2 stated," screaming. " Nurse #2 stated about no targeted behavior targeted behavior an antips was unaware of the until recently when further stated Resist the psych consultated behaviors. The Dopharmacist had not needed a diagnosi antipsychotic meditate facility the resist behavior.  Review of the Con May 2014, June 20 had not notified the not have a diagnosi had not notified the behaviors listed.  On 7/23/14 at 11:00 Pharmacist stated no diagnosis for the facility for the facili	5 PM Resident #12 's Nurse Resident #12 screams out ched, when staff turned her asked if she wanted a bath. She came into the door se #2 stated there was a Flow Sheet that she had t Resident #12 but there was	F 42	8		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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F 428	available to her but having any targeter Pharmacist stated the medication under the medication under the medication under the medication under the physical states of the Drugs "dated Octo Appropriateness of comprehensive as not used antipsychatical drugs unless antipenecessary to treat a. Specific behavior objectively document causes the reside represent represent staff), or actually into provide care.  If an antipsychotical absence of a diagonal the antipsychotical absence of a diagonal the physician to reconsider a gradual Resident #52 was 5/30/14 with diagonal depressive disorder A review of the additional transfer to the physician to reconsider a gradual depressive disorder the additional transfer to the physician to reconsider a gradual transfer the physician trans	sheets when they were at was not aware of the resident ad behaviors. The Consult ashe did not want to discontinue til she read the Psych Consult ian.  facility policy "Psychotropic tober 1, 2001 read in part, "II. of Use: Based on a seessment, residents who have notic drugs are not given these esychotic drug therapy is a specific condition.  ors as quantitatively and ented by the Facility which nots to: danger to them. danger to others (including atterferes with the staff's ability  drug is being used in the mosis or specific behavior, notic review committee will ask eview the medication plan and admitted to the facility on moses of dementia without moses of dementia without moses of dementia without moses, encephalopathy, er and anxiety.  mission Minimum Data Set	F 4	,		
	no short or long te	4 revealed Resident #52 had rm memory problems and was behaviors, but was receiving				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 428	(MAR) dated for Juwas prescribed Rismedication for antibedtime for demer  Monograph for Risfrom Lexicon's Geedition. "Pharmac Antipsychotic Agerschizophrenia, treatenisodes associate treatment of irritabautistic disorder.  Warnings Precautidementia-related pantipsychotics are compared to place Risperdal is not apdementia-related processed Review of Reside Flow Sheet for Jurshe received Risperson diagnoses listed Review of the Con June 2014 and Julnotified the facility diagnosis for the universe #2 on 7/23/1#52 had not had a	lication Administration Record ally 2014 revealed Resident #52 sperdal 0.25 mg (milligrams) (a psychotic behaviors) at a perdal (Risperidone) excerpted riatric Dosage Handbook, 17th cological Category:  at. Use: Treatment of atment of acute mania or mixed ed with bipolar disorder; ility/aggression associated with at an increased risk of death ebo.  approved for the treatment of acychosis."  at #52 's Behavior Monthly are 2014 and July 2014 revealed erdal .25 milligrams (mg.) with description.	F 4	28		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  IG		E SURVEY IPLETED
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F 428	stated Resident #5. assessment did trig behaviors. The MI the Nurses initiated sheets and the Soc Pharmacist monitor MDS assessments was responsible for On 7/24/14 at 11:20 once Resident #52 she was put on her MDS. The Social V 5-day, 14-day and 3 looked at the behavasked the nurses a resident had behave	ge 34 tor on 7/24/14 at 11:08 AM 2 during the admission ger for dementia without DS Coordinator further stated the behavior monthly flow ial Worker along with the red the sheets. When the were done the Social Worker the behavior part of the MDS. O AM the Social Worker stated was admitted to the facility list for the behavior part of the Vorker stated she did an initial 30-day assessment and had vior monthly flow sheets and nd the nursing assistants if the iors. The Social Worker y reported to her that Resident	F 42	28		
F 520 SS=D	(DON) stated Resid facility on an antips hospital. The DON had not had any be reported to her sind stated the pharmac informed the facility a suitable diagnosis 483.75(o)(1) QAA COMMITTEE-MEM QUARTERLY/PLAI	IBERS/MEET	F 52	20		8/11/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  NG		E SURVEY IPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODER (DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 520	facility; and at least facility's staff.  The quality assess committee meets a issues with respect and assurance activelops and impleaction to correct ide.  A State or the Secret disclosure of the reexcept insofar as sucompliance of such requirements of this Good faith attempts and correct quality a basis for sanction.	and assurance teleast quarterly to identify to which quality assessment wities are necessary; and ments appropriate plans of entified quality deficiencies.  The tary may not require cords of such committee committee with the committee with the section.	F 52	20			
	interview, the facility Quality Assessmen Committee by failing deficiencies concerdrug use for 3 of 5 and 100) reviewed. The facility also fail tool for a previously maintaining kitchen sanitary condition by	olicy, record review, and staff y failed to have a functional t and Assurance (QAA) g to identify quality ning unnecessary medication residents (Resident #12, 52 for unnecessary medication. ed to use the QAA monitoring ridentified concern with equipment clean and in a y failing to clean 1 of 1 steam of 1 drink nozzle in the		The statements made on this please correction are not an admission not constitute an agreement with alleged deficiencies.  To remain in compliance with alleged state regulations the facility or will take the actions set forth in plan of correction. The plan of constitutes the facility Ks allegatic compliance such that all alleged deficiencies cited have been or work corrected by the dates indicated.  Corrective Action for Resident Affection 12, 52 and 100 were	to and do the  federal has taken this crection on of will be		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345309	B. WING		07/:	24/2014	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
LIBERTY	COMMONS NSG AN	ID REHAB CTR OF HALIFAX CTY	,	101 CAROLINE AVENUE WELDON, NC 27890			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 520	Continued From pa	age 36	F 52	0			
	Assurance Policy a September 1, 2005	·		during QA for unnecessary medic drug use related to diagnoses for antipsychotic drug use. Pharmac of resident #12, 52, and 100 was	y review reviewed		
	" Purpose and Res			by QA to ensure the pharmacist he reviewed for the presence of diagonal transfer in the presence of diagonal transfer in the presence of the presence of the presence of the presence of the pharmacist has been placed in the pharmacist has been p	gnosis for		
	determine the type Activities that are r on data presented	rement Committee shall so of Performance Improvement needed within the facility based to the committee based on utcomes and measurable data.		antipsychotic drug use. QA resolve previous dietary tool for cleaning sanitation and began a new dietar for cleaning and sanitation.	and		
	implemented to eli- problems to the gre	opropriate actions are minate or reduce identified eatest degree reasonably corrective action has been equent monitoring.		Corrective Action for Resident Po Affected All residents have the potential to affected by this alleged deficient All residents were reviewed to en QA identified and addressed any	be practice. sure that use of		
	duties of the Pharn Review Committee Committee. "	also is responsible for the nacy committee, Medication and the Infection control slity policy " Psychotropic ober 1, 2001 read in part,		unnecessary medications related antipsychotic use and made sure diagnosis were present. Pharmac reviewed for inclusion of appropri diagnosis for residents on antipsy. The kitchen has a daily and week cleaning and sanitation schedule as well to be reviewed by the QA	cy report iate ychotics. kly in place		
	" If an antipsychotic absence of a diagr then the antipsycho	c drug is being used in the nosis or specific behavior, otic review committee will ask view the medication plan and dose reduction. "		committee monthly.  Systemic Changes An in-service was conducted on by LNHA. Those who attended w Department Heads who attend the monthly QA meeting. This include NHA, DON, MDSC, HIM, SW, Ac BOM, Rehab Director, Dietary Ma	7/28/14 ere le es the ctivities,		
	(DON) stated the C monthly and quarte Pharmacy, the Die	PM the Director of Nursing QA committee met at least erly. She further stated tary Manager, the Minimum Data Set (MDS)		and Pharmacy Consultant. Pharmacy Consultant was also in-serviced by Professional Services regarding antipsychotic protocols and review 8/8/14. Any Department Head metals and the services are serviced by the services and the services are services are services and the services are services are services and the services are services and the services are services and the services are services are services are services are services are services and the services are se	nacy by Jones ws		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345309	B. WING _		07/:	24/2014	
	PROVIDER OR SUPPLIER	ND REHAB CTR OF HALIFAX CTY		STREET ADDRESS, CITY, STATE, ZIP CO 101 CAROLINE AVENUE WELDON, NC 27890	•	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 520	Coordinator, the Significant of the Significations and the Medication identified why resist medications did not the Pharmacist resident informed to antipsychotic mappropriate diagnorm. The Administrator the facility never had not informed the facility never had not informed the Gamilies. She informed the QA Cantipsychotic medications appropriate diagnorm. Review of the facility never had appropriate diagnorm. Purpose and Review of the facility never had appropriate diagnorm. September 1, 200	Social Worker, the Medical is attended the meetings. It will the DON was questioned on a Review Committee had not dents on antipsychotic of have appropriate diagnoses. The QA committee had never an Review Committee but that viewed the resident's DON further stated Pharmacy the QA committee that residents and a Committee that residents are dications were missing the coses.  On 7/24/14 at 2:45 pm stated and a Medication Review further stated Pharmacy had not committee that residents on ications were missing the coses.  It policy "Facility Quality and Procedure" dated 5, read in part:	F 52	mentioned above who did no in-service training by 8/11/14 allowed to work until training completed. The in-service to the QA process and review a of audits and pharmacy recoreports. All audits must be recompleteness by the QA commonthly and audit results to the needed.  Quality Assurance The Director of Nursing or Minonitor this issue using the Tool for QA Reviews". Reside antipsychotics will be reviewed QA committee for unnecessate medications related to antipsychotics will be brought to month tools will be brought to month ensure completion of audits of departments and evaluate for effectiveness. Pharmacy mowill be audited monthly to ensure and evaluate for effectiveness. Pharmacy mowill be audited monthly to ensure and evaluate for effectiveness on antipsychotics. In monitoring tool. This will be a for antipsychotics and review tools and pharmacy reports of the emonths or until resolve committee. Reports will be gimonthly Quality of Life-QA corrective action initiated as Results of the audits will there the Quarterly QA Meeting with Director with verification of his along with all members of the and Department Heads.	will not be has been pics included in evaluation mmendation eviewed for nmittee take action if  DSC will 'Survey QA ents with ed weekly by ary eychotics. hly monitoring hly QA to of all in mithly reports sure the osis for See attached done weekly and QA audit monthly times d by QOL/QA iven to the ommittee and appropriate. In the Medical is attendance		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345309	B. WING		07/	24/2014
NAME OF PROVIDER OR SUPPLIER  LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 520	Clean Schedule. " was dated 5/28/14. list of jobs to be perwhen staff complete for each day of the Review of the monithe jobs had only be most of the blocks  On 7/24/14 at 2:25 (DON) stated the coand quarterly. She Dietary Manager, the Data Set (MDS) Coathe Medical Director meetings.  During the QAA interactions for the committee had deverthe Daily Cleaning Schunaware that the clean numerous uncleans and interview Dietary Manager st monitoring tool but stated she had stopmonths ago, but had	e F-371  by monitoring tool, " Daily Revealed the monitoring tool of The monitoring tool noted a formed and a box to initial ed the job. There were blocks week and a box for each job. toring tool revealed some of een cleaned once a week and had no initials documented.  PM the Director of Nursing committee met at least monthly further stated Pharmacy, the ne Administrator, the Minimum cordinator, the Social Worker, or and others attended the QA erview, the DON was asked ction plan for the dietary on was not aware that dietary e past 3 years and the QAA eloped a monitoring tool "edule." The DON was eaning schedule for 5/28/14	F 520	We will be in compliance by 8/11.	/14	
	During an interview	on 7/24/14 at 2:45 PM the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		345309	B. WING _		07/	24/2014
	PROVIDER OR SUPPLIER  COMMONS NSG AN	D REHAB CTR OF HALIFAX CT	,	STREET ADDRESS, CITY, STATE, ZIP CODE  101 CAROLINE AVENUE  WELDON, NC 27890	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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)	) BE	(X5) COMPLETION DATE
F 520	looking at the kitche	d that she had not been en daily monitoring tool and Dietary Manager was no	F 52			