PRINTED: 11/07/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345054	B. WING _			C <b>10/10/2014</b>	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	Upon the death of a deposited with the f within 30 days the raccounting of those probate jurisdiction estate.  This REQUIREMENT by: Based on financial interviews, the facili resident's personal estate or probate juresident's estate for reviewed. (Resident The findings included 1. Resident #135 efor \$52.00 was forw \$7/14.  During an interview Business Office Maresident expired the to the Clerk of Court to the Clerk of Court Close. She concluded Manager was not described to the Clerk of Court close. She concluded Manager was not described to the Clerk of Court close. She concluded Manager was not described resident's fit forwarded to the Clerk of Court close. She concluded Manager was not described resident's fit forwarded to the Clerk of Court close.	a resident with a personal fund facility, the facility must convey esident's funds, and a final funds, to the individual or administering the resident's  AT is not met as evidenced record reviews and staff ty failed to convey expired funds to the executor of the risdiction administering the 2 of 5 resident fund accounts t #135 and Resident #24).  Expired on 7/18/14 and a check varded to a family member on on 10/9/14 at 11:30 AM, the nager revealed that when a excheck was usually forwarded t.  In on 10/10/14 at 1:56 PM, the explained that the Business ially forwarded the check to out the family members were end if the Business Office ertain who to forward the unds, the check should be	F 16	1. Although the funds didn't go the clerk of court, The funds di appropriate family members. N directly affected by this deficie 2. All other accounts have been and all other funds have been through the clerk of court.  3. The Business offfice staff hae ducated on the appropriate co of personal funds upon death of Resident.  4. This has been added to the quality assurance program to be monitored monthly by the Performance monthly by the Performance for monthly according to the corrective action date is 31, 2014.	d go to the o one was ency. In checked sent as been enveyance of a Facility's e ormance	(X6) DATE	

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

**Electronically Signed** 

10/31/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	X3) DATE SURVEY COMPLETED			
		345054	B. WING		C <b>10/10/2014</b>	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C	1	TREET ADDRESS, CITY, STATE, ZIP CODE  150 PINE RUN DRIVE  LUMBERTON, NC 28358	10/10/2014	
(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 COMPLÉTION	1
F 160	Continued From pa	ge 1	F 160			
		xpired on 9/5/14 and a check warded to a family member on				
	Business Office Ma member wanted the	on 10/9/14 at 11:30 AM, the anager revealed that a family e money to be used for funeral he reported that usually the the Clerk of Court.				
F 221 SS=D	Director of Nursing Office Manager usu the Clerk of Court, close. She conclud Manager was not c expired resident's f forwarded to the Cl	O BE FREE FROM	F 221		11/3/14	
	physical restraints i discipline or conver	ne right to be free from any imposed for purposes of nience, and not required to medical symptoms.				
	by: Based on observatinterviews the facilirestrictive device for symptoms that wer dependent resident	tions, record reviews and staff ty failed to utilize the least or residents who had medical e being treated for 3 of 3 ts (Resident # 156, # 207, # erved in restraints. The		1. It has always been the goal of the nursing staff at Woodhaven to keep Residents safe and treat them with and respect. The Posey beds were used to prevent fall and injury. It was our intention to use them for any oth reasons. The posey beds have been discontinued and the staff are working	oour dignity being s not ner n	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
<b>345054</b> B. WING		C <b>10/10/2014</b>	
NAME OF PROVIDER OR SUPPLIER  WOODHAVEN NURS & ALZHEIMER'S C  STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358	,		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOED TO THE APPROVIDE	ULD BE	(X5) COMPLETION DATE	
F 221  Continued From page 2  1. Resident # 156 was admitted to the facility on 9/5/14 and readmitted on 10/7/14 with diagnosis that included osteoarthritis, osteoporosis, left femur fracture.  The most recent Minimum Data Set (MDS) dated 9/7/14 coded the resident as having short term and long term memory problems and moderately impaired decision making skills. Behaviors were coded as rejection of care. She required extensive assist of two person physical assist to total dependence on staff for transfers and bed mobility. The resident coded for physical restraints as other, used daily.  Review of the Care Area Assessment Summary triggered in the area of falls related to the resident had a fall at home and was at high risk for falls.  Review of the Restraint Assessment Form dated 10/8/14 documented less restrictive measures used in the past included bed/chair alarm, merry walker, floor-bed alarm and moving bed to nurses desk. Recommendations for the geri tent included release every 2 hours & as needed 10 minutes for toileting, assist diet and range of motion.  Resident # 156 was observed on 10/8/14 at 3:36 PM up in her wheel chair with a personal body alarm (PBA) attached watching television with other residents.  During an interview on 10/8/14 at 5:19 PM nursing assistant # 4 stated that there was not a zipper or any way to get out from the inside of the geriatric tent.	ds being been strictive is a . et an order he nd there is so need to ility Quality tored provement ess n meeting tegic sible.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONS	(X3) DATE SURVEY COMPLETED C			
		345054	B. WING				10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZH			1150 PIN	ADDRESS, CITY, STATE, ZIP CODE NE RUN DRIVE RTON, NC 28358	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 221	Staff were observed to administer med During an observare resident was observated the state when at home the on her own, had far now was in the get and bed alarms but and refused any of the Admission Miccoded the resident cognition, having the towards others. Havith one person planting and the code of the care triggered in the are to he uses a gerite Review of the Res 9/16/14 document used in the past in	besed geriatric tent yelling out. and to open the tent and attempt ications for agitation.  Ition on 10/10/14 at 8:26 AM the rved in her closed geriatric tent e, nurse. "  It with Nurse # 3 on 10/9/14 at d that resident was used to getting up allen at home, broke her hip and riatric bed to keep from falling, that the facility had tried PBA at the resident could take it off activities.  If was admitted to the facility on osis that included seizure rain injury, bipolar affective notic agitation.  Inimum Data Set dated 9/29/14 that as moderately impaired for verbal behaviors directed e required limited assistance hysical assistance for bed	F 2	21			

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING		COM	E SURVEY PLETED
		345054	B. WING				C <b>10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP 1150 PINE RUN DRIVE LUMBERTON, NC 28358	CODE	10/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD E APPROPF	BE	(X5) COMPLETION DATE
F 221	interventions for ph buddy to prevent Famonitor/document/regarding effectiver restrictive device, of hydration, nutrition hours. Allow reside hours.  An observation was 10/10/14 at 12:05 Follosed geriatric ten observed entering for resident. After staff resident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for resident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for resident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for resident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten observed entering for sident stopped how 10/10/14 at 12:10 Followed geriatric ten ob	Plan dated 10/6/14 listed ysical restraint use as lap	F 2	221			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	COMPLETED	
		345054	B. WING		C <b>10/10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358	30.10.2011
(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 B CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION
F 241 SS=D	than daily.  During the initial too Resident # 200 was reading in her geria and folded back ov Resident # 200 state out of this " dumb she had to be insided buring an interview on 10/10/14 at 11:0 resident had a pose and her Medical Dotat the facility.  483.15(a) DIGNITY INDIVIDUALITY  The facility must promanner and in an elenhances each restull recognition of hor This REQUIREMENT.	Restraints as other, used less ur on 10/7/14 at 10:00 AM is observed. The resident was stric tent with the tent flap open er the top of the geriatric tent. Ited that she would like to get bed and did not know why e it.  With the Director of Nursing AM she stated that the ey bed while in the hospital octor had continued the order AND RESPECT OF  Comote care for residents in a environment that maintains or ident's dignity and respect in its or her individuality.	F 22 <sup>-</sup>		11/3/14
	interviews the facility of 3 dependent results 207, # 200) who we the findings include 1. Resident # 156 9/5/14 and readmitted	tions, record reviews and staff ty failed to preserve dignity for esidents (Resident # 156, # ere observed in a geriatric tent. ed:  was admitted to the facility on ted on 10/7/14 with diagnosis arthritis, osteoporosis, left		1. It has always been the goal of the nursing staff at Woodhaven to keep Residents safe and treat them with and respect. The Posey beds were used to prevent fall and injury. It was our intention to use them for any oth reasons. The posey beds have been discontinued and the staff are working hard to prevent falls and injuries of the Residents.  2. There are no other posey beds be	our dignity being not eer n ng hese

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		345054	B. WING			_ 10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		
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F 241	9/7/14 coded the reand long term memimpaired decision in coded as rejection extensive assist of total dependence of mobility. The resident restraints as other,  During an interview nursing assistant # zipper or any way to geriatric tent.  10/9/14 at 8:20 AM in her closed geriation observed to open the administer medicate.  During an observative resident was observed to a periodic was observed to a periodic administer medicate.  2. Resident # 207 9/16/14 with diagnoral disorder, anoxic bradisorder, anoxic bradisorder and psych.  The Admission Minicoded the resident cognition, having we towards others. He with one person phimobility and transfer The resident coded other, used daily.	inimum Data Set (MDS) dated esident as having short term for problems and moderately making skills. Behaviors were of care. She required two person physical assist to a staff for transfers and bed ent coded for physical used daily.  If on 10/8/14 at 5:19 PM If stated that there was not a concept get out from the inside of the area tent and attempt to ions for agitation.  If on 10/10/14 at 8:26 AM the even in her closed geriatric tent, nurse. "  If was admitted to the facility on the inside of the even in her closed geriatric tent, nurse. "  If was admitted to the facility on the inside of the even in her closed geriatric tent, nurse. "  If was admitted to the facility on the inside of the even in injury, bipolar affective otic agitation.  If was admitted to the facility on the injury, bipolar affective otic agitation.  If was admitted to the facility on the injury, bipolar affective otic agitation.  If was admitted to the facility on the injury, bipolar affective otic agitation.  If was admitted to the facility on the injury, bipolar affective otic agitation.  If was admitted to the facility on the injury, bipolar affective otic agitation.  If was admitted to the facility on the injury, bipolar affective otic agitation.  If was admitted to the facility on the injury, bipolar affective otic agitation.	F 241	used. All other restraints have assessed to ensure the least remethod is being used and thermedical reason for the restrain 3. The staff will not be able to go for any type of restraint unless Director of Nursing is notified at a medical reason for it. It will at be the least restrictive.  4. This will be added to the Fact Assurance Program to be mon monthly by the Performance In Nurse. The Facility will also asserstraints during our BEST teat (Behavioral evaluation and strateam) to assess reduction if feat 5. Completion date for this defit 11-3-14.	estrictive e is a t. get an order the and there is lso need to cility Quality itored approvement sess m meeting ategic asible.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345054	B. WING	B. WING		C <b>10/10/2014</b>	
NAME OF F	PROVIDER OR SUPPLIER	0.000			REET ADDRESS, CITY, STATE, ZIP CODE	10/	10/2014
WOODH	AVEN NURS & ALZHE	EIMER'S C			50 PINE RUN DRIVE JMBERTON, NC 28358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241	closed geriatric tentobserved entering to turned on the televiors.  3. Resident # 200 to 9/614 and was read diagnosis that incluseizures.  The Discharge Return Set (MDS) dated 9/5 severely impaired of behaviors directed extensive assistance assist for bed mobifule one person physical toilet use and person coded for Physical than daily.  During the initial tool Resident # 200 was reading in her gerial.	PM. The resident was in his thollering out. Staff were he room, talked to the resident sion and left the room.  Was admitted to the facility on dimitted on 10/2/14 with ded syncope, dementia and an	F 2	241			
	Resident # 200 stat	er the top of the geriatric tent. ed that she would like to get bed and did not know why e it.					
F 272 SS=E	on 10/10/14 at 11:0 resident had a pose and her Medical Do at the facility.	with the Director of Nursing 7 AM she stated that the ey bed while in the hospital ector had continued the order PREHENSIVE	F 2	272			11/7/14
	The facility must co	nduct initially and periodically					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER  AVEN NURS & ALZH			STREET ADDRESS, CITY, STATE, ZIP ( 1150 PINE RUN DRIVE LUMBERTON, NC 28358				
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F 272	reproducible asses functional capacity  A facility must make assessment of a resident assessment by the State. The least the following: Identification and of Customary routine Cognitive patterns Communication; Vision; Mood and behavior Psychosocial well-Physical functioning Continence; Disease diagnosis Dental and nutrition Skin conditions; Activity pursuit; Medications; Special treatments Discharge potential Documentation of the additional assessments areas triggered by Data Set (MDS); as	accurate, standardized sement of each resident's v.  As a comprehensive esident's needs, using the ent instrument (RAI) specified assessment must include at edemographic information; e.; ;  For patterns; being; and structural problems; and health conditions; anal status;  Se and procedures; al; summary information regarding essment performed on the care the completion of the Minimum	F 2	272				
	This REQUIREME by:	NT is not met as evidenced						

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NAME OF E	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	107	10/2014
					150 PINE RUN DRIVE		
WOODH	AVEN NURS & ALZHE	EIMER'S C			UMBERTON, NC 28358		
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F 272	Based on observations, record review and		F 2	72	The care plans have been corre		
	comprehensively as of 3 residents review (Resident #46 and also failed to compreceiving antipsychotor 2 of 3 residents	ations with behaviors.			reflect the behaviors and the contra with the appropriate interventions.  2. All care plans have been reviewed contractures and behaviors and has been updated as needed.  3. All Residents have been screened the Rehab Dept. and interventions been put into place as needed. The Rehab dept. will continue to screened Residents quarterly for contracture	ed for ve ed by have e	
		was originally admitted to the			4. This will be added to the facility of Assurance program to be monitore monthly by the Performance Impro	Quality d vement	
	Dementia, Depress the Care Area Asse dated 1/19/14, unde "See CAA for Cogn Cognitive Loss/Den read in part, "Resid behavior directed to period." Under care "Will Behavioral Syladdressed in the care Area Assessm Psychotropic, unde problem/condition adverse side effects Resident currently to insomnia) citalopra risperidone (used to for Resident #123) anxiety). Diagnosis: insomnia. "	read in part, "Potential for s of psychotropic medication. akes temazepam (to treat m (to treat depression) o treat insomnia and dementia and lorazepam (to treat dementia, depression and			Nurse. All psychotropic drugs will be monitored for behaviors on the care and care plans will be monitored for and contractures.  5. Completion date for this deficien November 7, 2014.	e plans r ROM	
		#123's Care Plan, updated nat Resident #123 was not ehaviors.					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		(X3	(X3) DATE SURVEY COMPLETED	
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PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, 1150 PINE RUN DRIVE LUMBERTON, NC 28358	ZIP CODE	10/10/2014	
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According to the me (MDS) dated 7/15/7 Resident #123 was symptoms directed threatening others, at others). These be occurred 1 to 3 day wandering as a berdays. Resident #12 antipsychotic medic Review of October, Administration Rec #123 received Risp for Dementia and In Review of a Pharm part, "Best team non Risperidone twice of sleep issues, occas meeting. May consinear future. Also di Melatonin if sleep is Review of a Pharm "Best team - Discus behavior issues so Review of a Pharm "Best team note: pacare-on current Ris Care easier to province ommended."	post recent Minimum Data Set 14, in the area of behavior, coded for "verbal behavioral toward others (e.g., screaming at others, cursing ehaviors were noted to have as. The MDS also coded navior, which occurred 1 to 3 as was coded as receiving cation.  2014, Medication ord (MAR) revealed Resident eridone 0.25mgs. twice daily assomnia.  acy note dated 1/2/14, read, in tes-patient on 0.25 mgs. daily-main issues noted are sional hitting mentioned in ider decrease attempt again in scussed possible trial of ssues persist."  acy note dated 3/26/14, read, ased patient today. Still with no changes recommended."  acy note dated 7/29/14, read atient rambles and resists peridone dose since 3/31/14-ide per nursing. No changes		272			
	PROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa  According to the me (MDS) dated 7/15/1 Resident #123 was symptoms directed threatening others, at others). These b occurred 1 to 3 day wandering as a ber days. Resident #12 antipsychotic medic  Review of October, Administration Rec #123 received Risp for Dementia and In Review of a Pharm part, "Best team no Risperidone twice of sleep issues, occas meeting. May consi near future. Also dis Melatonin if sleep is  Review of a Pharm "Best team - Discus behavior issues so  Review of a Pharm "Best team note: pa care-on current Ris Care easier to prov recommended."  During an interview Staff Nurse #3 reve behaviors were doc	AVEN NURS & ALZHEIMER'S C  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  According to the most recent Minimum Data Set (MDS) dated 7/15/14, in the area of behavior, Resident #123 was coded for "verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others). These behaviors were noted to have occurred 1 to 3 days. The MDS also coded wandering as a behavior, which occurred 1 to 3 days. Resident #123 was coded as receiving antipsychotic medication.  Review of October, 2014, Medication Administration Record (MAR) revealed Resident #123 received Risperidone 0.25mgs. twice daily for Dementia and Insomnia.  Review of a Pharmacy note dated 1/2/14, read, in part, "Best team notes- patient on 0.25 mgs. Risperidone twice daily- main issues noted are sleep issues, occasional hitting mentioned in meeting. May consider decrease attempt again in near future. Also discussed possible trial of Melatonin if sleep issues persist."  Review of a Pharmacy note dated 3/26/14, read, "Best team - Discussed patient today. Still with behavior issues so no changes recommended."  Review of a Pharmacy note dated 7/29/14, read "Best team note: patient rambles and resists care-on current Risperidone dose since 3/31/14-Care easier to provide per nursing. No changes	A BUILD  345054  B. WING  PROVIDER OR SUPPLIER  AVEN NURS & ALZHEIMER'S C  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  According to the most recent Minimum Data Set (MDS) dated 7/15/14, in the area of behavior, Resident #123 was coded for "verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others). These behaviors were noted to have occurred 1 to 3 days. The MDS also coded wandering as a behavior, which occurred 1 to 3 days. Resident #123 was coded as receiving antipsychotic medication.  Review of October, 2014, Medication Administration Record (MAR) revealed Resident #123 received Risperidone 0.25mgs. twice daily for Dementia and Insomnia.  Review of a Pharmacy note dated 1/2/14, read, in part, "Best team notes- patient on 0.25 mgs. Risperidone twice daily- main issues noted are sleep issues, occasional hitting mentioned in meeting. May consider decrease attempt again in near future. Also discussed possible trial of Melatonin if sleep issues persist."  Review of a Pharmacy note dated 3/26/14, read, "Best team - Discussed patient today. Still with behavior issues so no changes recommended."  Review of a Pharmacy note dated 7/29/14, read "Best team note: patient rambles and resists care-on current Risperidone dose since 3/31/14-Care easier to provide per nursing. No changes recommended."  During an interview on 10/10/14 at 10:49 AM, Staff Nurse #3 revealed that Resident #123's behaviors were documented in nurse's notes and	STREET ADDRESS, CITY, STATE, 1150 PINE RUN DRIVE LUMBERTON, NC 28358  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 10  According to the most recent Minimum Data Set (MDS) dated 7/15/14, in the area of behavior, Resident #123 was coded for "verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others). These behaviors were noted to have occurred 1 to 3 days. The MDS also coded wandering as a behavior, which occurred 1 to 3 days. Resident #123 was coded as receiving antipsychotic medication.  Review of October, 2014, Medication Administration Record (MAR) revealed Resident #123 received Risperidone 0.25 mgs. 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WING  STREET ADDRESS, CITY, STATE, ZIP CODE 150 PINE RUN DRIVE  LUMBERTON, NC 28358  BUMMARY STATEMENT OF DEFICIENCIES (EACH GERICIENCY WIST ER PERCEPED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  According to the most recent Minimum Data Set (MDS) dated 7/15/14, in the area of behavior, Resident #123 was coded for "verbal behavioral symptoms directed toward others, cursing at others). These behaviors were noted to have occurred 1 to 3 days. The MDS also coded wandering as a behavior, which occurred 1 to 3 days. Resident #123 was coded as receiving antipsychotic medication.  Review of October, 2014, Medication Administration Record (MAR) revealed Resident #123 received Risperidone 0.25 mgs. Risperidone twice daily- main issues noted are sleep issues, occasional hitting mentioned in meeting. May consider decrease attempt again in ear future. Also discussed possible trial of Melatonin if sleep issues persist."  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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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F 272	Resident #123 beck brought to the Nurs During an interview Minimum Data Set Resident #123's be station at night and up and down and ir rooms. The MDS Nexplain why Reside for behaviors.  During an interview Director of Nursing resident's behavior reviewed in monthly that worked directly involved in the meet that exhibited behawith interventions. Sintervention they hamuch as possible. #123 would not eat further revealed that staff and could not conversation without 2. Resident #65 we facility on 2/20/12 ve Alzheimer's Demea Aggressiveness. Resident has a his and hallucinations. (used for Alzheimer)	ame more agitated she was are's station at night.  If on 10/10/14 at 12:51 PM, the (MDS) Nurse #2 stated that d was pulled up to the nurse's Resident #123 was constantly and out of other resident's lurse #2 was not able to ent #123 was not Care Planned of the control behaviors as She stated staff with the residents were every meetings. She stated staff with the residents were every should be Care Planned She stated that they tried every and to control behaviors as She reported that Resident nor take her medications. She at Resident #123 fought with carry on a sensible at her current medication.  It was originally admitted to the with diagnoses including entia, Hallucinations and eview of the Care Area hary (CAA) dated 2/9/14, under ms read, "See CAA for mentia." The Cognitive ention of the CAAs read in part, story of Alzheimer's Dementia She is currently on Risperdal	F 27			

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 272	(Depression), and I Disease). She had another resident du was easily redirecte considerations, "W-Functional Status Yes." According to received antipsychediagnoses of Alzhe Hallucinations.  According to the m Data Set (MDS) da behavior, Resident behavioral symptor (e.g., threatening or cursing at others). have occurred 1 to wandering as a behavior, Resident #65 antipsychotic medical Review of Resident 8/6/14 revealed that for behaviors.  Review of October, Administration Received Risper Alzheimer's Disease During an interview Staff Nurse #6 revew was admitted to the of hitting other residing staff and curegard to behaviors Nurse #6 explained	Namenda (Alzheimer's one episode of yelling at uring the look back period but ed." Under care plan ill Behavioral Symptoms be addressed in the care plan? the CAAs, Resident #65 otic medication due to imer's Disease and  ost recent Annual Minimum ted 2/9/14, in the area of #65 was coded for "verbal ms directed toward others thers, screaming at others, These behaviors were noted to 3 days. The MDS also coded navior, which occurred 1 to 3 is was coded as receiving cation.  t #65's Care Plan updated at she was not Care Planned	F 2'	72		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COM	E SURVEY IPLETED
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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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 272	and yelling at other after other resident staff chart Resident and monitor for any revealed that staff i Resident #65 when During an interview Nursing Assistant (I reference to Reside get a little feisty, su talking or move out her personal space Resident #65 being residents. NA#5 sta Resident #65 curse resist care.  During an observat PM, Resident #65 wher meal during lun food and would eat sat back in her chat buring an interview MDS Nurse #2 revesit in the day room Resident #65 would and tell them to shu Planning, MDS Nurse #2 revesit in the day room Resident #65 would and tell them to shu Planning, MDS Nurse #2 revesit in the day room Resident #65 would and tell them to shu Planning, MDS Nurse #2 revesit in the day room Resident was made that would let the behaviors and med Pharmacist was made pharmacist was made that Resident was mad	ge 13 residents and was not going s. Staff Nurse #6 reported that a #65's behaviors every shift other symptoms. She intervene and redirect she exhibited behaviors.  on 10/10/14 11:53 AM, NA# 5) revealed that in ent #65's behavior's, she might ch as saying shut up, stop of the way if someone got in, but she had not seen aggressive to staff or ated that she had not heard at others and she did not seen in a couple of bites of food and it and looked around.  on 10/10/2014 at 12:32 PM, ealed that Resident #65 would area with staff. She stated that if holler at staff and residents at up. In reference to Care see #2 reported that staff on em know about resident 's sication. She revealed that the ade aware of resident 's sication. She revealed that the ade aware of resident #65 got nollered at other residents. She taf65 currently received imer 's Disease and		272			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 272	Hallucinations) and she had one episod intervention was to reported that they ut to be done during nexplain why a care Resident #65.  During an interview Director of Nursing resident's behavior reviewed in monthly that worked directly in the meetings. The exhibited behaviors interventions. She says	ge 14 Remeron (depression) and de of yelling at others and the redirect her. MDS Nurse #2 isually discussed what needed nonthly meetings. She did not plan was not completed for  on 10/10/14 at 2:06 PM, the (DON) revealed that and medication were y meetings. She stated staff with residents were involved a bould be Care Planned with stated that they tried every and to control behaviors as	F 2	72			
	3/11/14 and had dia (Cerebrovascular A An Occupational Thread: "Hand hygie stretch/ROM (range extremity) in prepar	nerapy Note dated 3/17/14					
	for Activities of Dail resident had left sid CVA (Stroke). Then	essment (CAA) dated 3/18/14 y Living (ADLs) revealed the led weakness from a prior e was no information in the garding the resident 's left					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C		
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F 272	hand contracture.  The resident 's Carevealed the reside performance defici weakness/paralysistroke. The Care Fino short term memindependent in decinformation on the for the resident's lease A Quarterly Minimulassessment dated had impairment of side. There were in Plan following this A Quarterly MDS A revealed the reside MDS revealed the upper extremity on changes made to thand contracture at 3:55 PM, the resident stated his hand had The Resident stated his left hand.  In an interview with 9:32 AM the Resident was unableft hand.	are Plan for ADLs dated 4/3/14 ent had ADL self-care t related to left sided s of left arm from a prior Plan revealed the resident had nory problems and was cision making. There was no Care Plan regarding the care eft hand contracture.  Im Data Set (MDS) 6/8/14 revealed the resident the upper extremity on one o changes made to the Care	F 27	2		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION  NG	, COV	(X3) DATE SURVEY COMPLETED	
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F 272	facility. The Reside left hand at home a happened to it.  An interview was count and MDS Nurse #2 Nurse #1 stated the assessments for Reat the facility. MDS remember the nurs saying anything abord contracture.  The Director of Nur 10/10/14 at 2:28 PN hand contracture to planned for a hand  4. Resident #25 was facility on 8/21/12 as included Severe De Accident (Stroke).  The most recent Mis Assessment (Annuresident had short as and was severely corevealed the reside upper extremity on the resident was totactivities of daily liversident in the side of the side of the side upper extremity on the resident was totactivities of daily liversident in the side of the	onducted with MDS Nurse #1 on 10/10/14 at 1:07 PM. MDS enurse that did the esident #46 no longer worked Nurse #2 stated she did not e who did the assessments out the resident having a sing stated in an interview on that she would expect a be assessed and care roll.  s originally admitted to the end had diagnoses that ementia and Cerebrovascular dinimum Data Set (MDS) all dated 8/13/14 revealed the end long term memory loss ognitively impaired. The MDS not had impairment of the one side. The MDS revealed tally dependent on staff for all	F 2	,		
	Status dated 8/13/1 rarely/never unders others and was nor information in the C	4 revealed the resident was atood nor did he understand neverbal. There was no care Area Assessments ent 's hand contracture.				

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F 272	no information regar contracture.  On 10/8/14 at 9:51 observed lying in be was balled up in a for a splint for the resolution of the right hand. Not entered the room distated she was assisted the time but would washcloth out of the time but would live washcloth out of the resident had be long time but could NA stated she was hand contracture the MDS Nurse #2 stat Nurse that did the reassessment no long MDS Nurse stated contractures wheth be used. The MDS aware that Resident On 10/10/14 at 2:28 stated she would extend the contracture of the model of the contracture of the	Plan dated 8/15/14 revealed riding the resident 's had  AM, Resident #25 was ed. The resident's right hand ist. There was not a hand roll sident 's hand.  AMResident #25 was ed with a washcloth hand roll A (Nursing Assistant) #3 uring the observation and igned to the resident 's care ated the resident was a washcloth in his right hand all use his left hand to work the exident hand. The NA stated en using the hand roll for a not remember how long. The trained that if a resident had a ey needed a hand roll.  The worked at the facility. The she usually care planned er a hand roll or a splint was to Nurse stated she was not t #25 had a hand contracture.  By PM the Director of Nursing spect a hand contracture to be	F 27			
F 279 SS=E	COMPRÉHENSIVE	x)(1) DEVELOP	F 27	79		11/7/14
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COM	E SURVEY PLETED
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F 279	The facility must deplan for each reside objectives and time medical, nursing, a needs that are identical assessment.  The care plan must to be furnished to a highest practicable psychosocial well-by \$483.25; and any side to the resident \$483.10, including under \$483.10 (b) (4).  This REQUIREMED by:	and revise the resident's n of care.  Evelop a comprehensive care ent that includes measurable stables to meet a resident's nd mental and psychosocial stiffied in the comprehensive to describe the services that are attain or maintain the resident's physical, mental, and being as required under ervices that would otherwise \$483.25 but are not provided as exercise of rights under the right to refuse treatment events.	F 2	79			
	interviews, the facil behaviors for 2 of 3 behaviors (Resider also failed to care presidents reviewed #46 and #25) and fulcer for 1 of 1 samulcer (Resident #85 The findings included 1. Resident #123 facility on 6/24/14 v Dementia, Depress	•			1.The care plans have been corrected the behaviors, contractures, pressure ulcers with the appropriatinterventions.  2. All care plans have been reviewed contractures, behaviors, and pressulcers and have been updated as r.  3. All Residents have been screened the Rehab Dept. and interventions been put into place as needed. The Rehab dept. will continue to screened the Residents quarterly for contracture 4. This will be added to the facility of Assurance program to be monitored monthly by the Performance Impro Nurse. All psychotropic drugs will be	and e ed for sure needed. ed by have e n all s. Quality d vement	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION IG	COM	(X3) DATE SURVEY COMPLETED C	
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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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 279	"See CAA for Cogn Cognitive Loss/Der read in part, "Resid behavior directed to period." Under care "Will Behavioral Sy addressed in the ca Care Area Assessm Psychotropic, unde problem/condition adverse side effect: Resident currently to insomnia) citaloprarisperidone (used to for Resident #123) anxiety). Diagnosis insomnia. "  Review of Resident 7/15/14, revealed the Care Planned for be According to the modern (MDS) dated 7/15/17. Resident #123 was symptoms directed threatening others, at others). These be occurred 1 to 3 day wandering as a ber days. Resident #12 antipsychotic medical Review of October, Administration Receivers.	er Behavioral Symptoms read, itive Loss/Dementia." The nentia section of the CAAs ent had one episode of verbal oward others during look back e plan considerations, read, mptoms -Functional Status be are plan? Yes." Review of the nent Summary (CAA) for r, "Nature of the read in part, "Potential for s of psychotropic medication. takes temazepam (to treat am (to treat depression) or treat insomnia and dementia and lorazepam (to treat edmentia, depression and at #123 Care Plan, updated nat Resident #123 was not ehaviors.  Dest recent Minimum Data Set 14, in the area of behavior, coded for "verbal behavioral toward others (e.g., screaming at others, cursing ehaviors were noted to have so. The MDS also coded navior, which occurred 1 to 3 as was coded as receiving cation.  2014, Medication ord revealed Resident #123 ne 0.25mgs. twice daily for	F 27	monitored for behaviors or and care plans will be mor contractures, and pressure 5. Completion date for this November 7, 2014.	nitored for ROM, e ulcers.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION  G	CON	(X3) DATE SURVEY COMPLETED	
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F 279	During an interview Staff Nurse #3 reveloperations were doubehavior notes. Staresident #123 becoming an interview Minimum Data Set Resident #123's bestation at night and up and down and in rooms. The MDS Nexplain why Reside for behaviors.  During an interview Director of Nursing resident's behavior reviewed in month that worked directly involved in the meet that exhibited behawith interventions intervention they have that worked directly involved in the meet that exhibited behawith interventions intervention they have that exhibited behawith intervention they have that exhibited behavior as possible.  #123 would not early further revealed that staff and could not conversation without the conversatio	age 20 If on 10/10/14 at 10:49 AM, ealed that Resident #123's cumented in nurse's notes and aff Nurse #3 stated that if ame more agitated she was se's station at night.  If on 10/10/14 at 12:51 PM, the (MDS) Nurse #2 stated that ed was pulled up to the nurse's I Resident #123 was constantly in and out of other resident's Nurse #2 was not able to ent #123 was not Care Planned of the interest of t	F 27	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
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F 279	"Resident has a his and hallucinations. (used for Alzheime Hallucinations for F (Depression), and Disease). She had another resident downs easily redirect considerations, "W-Functional Status Yes." According to received antipsych diagnoses of Alzhe Hallucinations.  According to the management of the	story of Alzheimer 's Dementia She is currently on Risperdal r 's Disease and Resident #65), Remeron Namenda (Alzheimer 's one episode of yelling at uring the look back period but ed. " Under care plan ill Behavioral Symptoms be addressed in the care plan? the CAAs, Resident #65 otic medication due to simer 's Disease and steed 2/9/14, in the area of the #65 was coded for "verbal ms directed toward others others, screaming at others, These behaviors were noted to 3 days. The MDS also coded thavior, which occurred 1 to 3 to was coded as receiving cation.  It #65's Care Plan updated at she was not Care Planned	F 27	79		

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 279	fighting staff and curegard to behaviors Nurse #6 explained was better in that the and yelling at other after other resident staff chart Resident and monitor for any revealed that staff i Resident #65 when During an interview Nursing Assistant (I reference to Reside get a little feisty, su talking or move out her personal space Resident #65 being residents. NA#5 staff.	ge 22 Irsing at other residents. In that were being tracked, Staff that Resident #65's behavior residents and was not cursing residents and was not going s. Staff Nurse #6 reported that a #65's behaviors every shift of other symptoms. She intervene and redirect she exhibited behaviors.  On 10/10/14 11:53 AM, NA# 5) revealed that in ent #65's behaviors, she might ch as saying shut up, stop of the way if someone got in aggressive to staff or atted that she had not heard at others and she did not	F 2	79			
	PM, Resident #65 veating lunch. She he because she sat loce eat a couple of bite chair and looked ar During an interview MDS Nurse #2 revesit in the day room	on 10/10/2014 at 12:32 PM, ealed that Resident #65 would area with staff. She stated that					
	and tell them to shu Planning, MDS Nur the unit would let th behaviors and med Pharmacist was ma	I holler at staff and residents at up. In reference to Care se #2 reported that staff on em know about resident 's ication. She revealed that the ade aware of resident 's sing Assistants would					

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		345054	B. WING			/10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 279	MDS Nurse #2 reveloud at times, and histated that Resider Risperidone (Alzhe Hallucinations) and she had one episod intervention was to reported that they ut to be done during rexplain why a care Resident #65.  During an interview Director of Nursing resident's behavior reviewed in monthly that worked directly in the meetings. The exhibited behaviors interventions. She stated in the stated i	's behaviors in the computer. ealed that Resident #65 got nollered at other residents. She at #65 currently received	F 27	9		
	3/11/14 and had dia (Cerebrovascular A An Occupational TI read: "Hand hygie stretch/ROM (range	s admitted to the facility on agnoses including CVA accident).  Therapy Note dated 3/17/14 ne to L (left), gentle e of motion) to LUE (left upper ration of wearing splint for				
	The Care Area Ass	essment (CAA) dated 3/18/14				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345054	B. WING			10/2014	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZH			STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358	,		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 279	resident had left sic CVA (Stroke). The CAAs regarding the contracture.  The resident 's Carevealed the reside performance deficit weakness/paralysis stroke. The Care Fino short term merrindependent in decinformation on the contracture of the hand roll or splint of the hand roll or splint of the hand roll or splint of side. There were not plan following this A Quarterly MDS A revealed the reside MDS revealed the upper extremity on changes made to the tontracture after the contracture after the distance of the plan stated his hand had there was not a had resident 's hand contracture with the contracture with the resident 's hand contracture with the contracture with the resident 's hand contracture with the contracture with the resident 's hand contracture with the contracture	ly Living (ADLs) revealed the ded weakness from a prior re was no information in the e resident 's left hand  are Plan for ADLs dated 4/3/14 ent had ADL self-care it related to left sided so of left arm from a prior Plan revealed the resident had nory problems and was cision making. There was no Care Plan regarding a resident 's left hand or of a or the contracted hand.  Im Data Set (MDS)  16/8/14 revealed the resident the upper extremity on one to changes made to the Care assessment.  Assessment dated 9/6/14 ent was cognitively intact. The resident had impairment of the rone side. There were no the Care Plan regarding a his quarterly assessment.  We with Resident #46 on 10/7/14 sident 's left hand was led up in a fist. The resident deen like that for a long time. and roll or a splint for the	F 279				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING		10	C / <b>10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP 1150 PINE RUN DRIVE LUMBERTON, NC 28358		710/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 279	right hand and slighting fingers and staresident was unable left hand. There was the resident 's hand. An interview was counted and MDS Nurse #2 Nurse #1 stated the assessment for Resident the facility. MDS Nursemember the nurse saying anything about contracture.  The Director of Nur 10/10/14 at 2:28 Pl hand contracture to roll.  4. Resident #25 was facility on 8/21/12 at on 9/16/13. The resincluded Severe De Accident (Stroke).  The most recent M Assessment dated had short and long severely cognitively the resident had imextremity on one si resident was totally activities of daily liv.  The Care Area Ass Status dated 8/13/17 rarely/never undersident was totally activities of daily liv.	antity move his left index and atted his fingers were sore. The set to extend the fingers on his as not a hand roll or a splint for d contracture.  Onducted with MDS Nurse #1 on 10/10/14 at 1:07 PM. MDS enurse that did the admission sident #46 no longer worked at curse #2 stated she did not see who did the assessment out the resident having a roll of the care planned for a hand as originally admitted to the and re-admitted to the facility sident had diagnoses that ementia and Cerebrovascular inimum Data Set (MDS) 8/13/14 revealed the resident term memory and was a impaired. The MDS revealed in an interview of the upper de. The MDS revealed the redependent on staff for all	F 2	779		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED C	
		345054	B. WING				10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CI 1150 PINE RUN DRIV LUMBERTON, NC	<b>VE</b>	101	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULI RENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 279	the Care Area Asseresident's hand contracture or a har contracted hand.  On 10/8/14 at 9:51 observed lying in bewas balled up in a for a splint for the reconserved lying in bein the right hand. Nentered the room distated she was assisted the time but would washcloth out of the time but would washcloth out of the tresident had belong time but could NA stated she was hand contracture the hand.  MDS Nurse #2 stated to 1:05 PM the MDS is last annual assessing facility. The MDS is last annual assessing facility. The MDS is last annual assessing the was not aware that contracture.  On 10/10/14 at 2:28	ssments regarding the intracture.  The Plan dated 8/15/14 revealed reding the resident 's and roll or splint for the  AM, Resident #25 was and The resident 's right hand ist. There was not a hand roll	F 2	79			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI JEP/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		345054	B. WING _		10	C <b>)/10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CO 1150 PINE RUN DRIVE LUMBERTON, NC 28358		710/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 279	Continued From pacare planned.	ige 27	F 27	79		
	facility on 7/30/14 v Diabetes and Cere Review of the Admi (MDS) assessment resident was mode The MDS revealed dependent on staff continent of bowel a revealed the reside pressure ulcers but on admission to the	s originally admitted to the with diagnoses that included brovascular Accident (Stroke). ission Minimum Data Set a dated 8/6/14 revealed the rately cognitively impaired, the resident was totally for bed mobility and was and bladder. The MDS and was at risk of developing a did not have pressure ulcers a facility.				
	dated 8/12/14 rever pressure ulcers.  The resident 's Ca Living (ADL) dated	re Plan for Activities of Daily 8/12/2014 revealed the				
	8/24/2014 and re-a 8/28/14. The Admis dated 8/28/2014 re unstageable presson assessment reveal toe that was noted ulcer. There was a and the right heel the	ischarged to the hospital on dmitted to the facility on sion Nursing Assessment vealed the resident had three ure ulcers. The nursing ed a scabbed area on the right as an unstageable pressure in area on the left small toe nat was noted as an ure ulcer. An unstageable				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION		E SURVEY PLETED
		345054	B. WING				C 10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		1150	EET ADDRESS, CITY, STATE, ZIP CODE  PINE RUN DRIVE  MBERTON, NC 28358	10/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 279	covered by tissue to depth from being of the resident was depth from being of the resident was depth from being of the resident was document to the left toe with not the left toe with not updated to reflet the new pressure updated to reflet the new pressure updated to reside updated for reside updated for reside updated to review the resident of the resident.  MDS Nurse #1 stated to the planned for pressure for the resident.  MDS Nurse #1 stated to the planned for pressure for the resident.  MDS Nurse #1 stated to the planned for pressure stated the planned for pressure the resident.  MDS Nurse #1 stated to the planned for pressure stated the planned for pressur	in ulcer with the wound bed hat prevents the underlying beserved.  ischarged to the hospital on ted to the facility on 9/16/2014. It is ing Assessment dated he resident had an unstageable he right toe and right heel. Intation of a missing toe nail on pressure ulcer noted.  The Plan initiated 8/12/14 was noted the development or care for elcers.  O:49 AM wound care was not # 85. A large pressure the right heel and an ulcer on Both ulcers were covered with	F 2	779			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING _			C 1 <b>0/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358	107	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 279 F 312 SS=D	updated. The MDS aware the resident not update the care  The Director of Nurinterview on 10/10/2 pressure ulcers show 483.25(a)(3) ADL CODEPENDENT RES  A resident who is undaily living receives	o that the care plan could be Nurse stated she was not had pressure ulcers and did plan.  sing (DON) stated in an 2014 at 3:35 PM that the ould have been care planned. ARE PROVIDED FOR	F 27			11/7/14
	by: Based on observatinterviews the facilit thoroughly cleaned care for 1 of 2 residincontinence care (included: Resident #63 was r 2/25/14 and had dia Stage Dementia an Infections. The resident 's Carthe resident was incand required total at The Care Area Asset	ion, record review and staff y failed to ensure staff a resident during incontinence ents observed to receive Resident #63). The findings  e-admitted to the facility on agnoses that included End d Recurrent Urinary Tract  re Plan dated 5/13/14 revealed continent of bowel and bladder ssist of 2 persons for toileting.  essment (CAA) for Cognitive ed 5/26/14 revealed the		<ol> <li>The Nursing Assistant was educed on Pericare immediately.</li> <li>All Nursing assistants are in the process of being inerviced on perimaterity.</li> <li>The Staff will be educated on perimaterity by the nurse educator.</li> <li>This will be added to the Quality Assurance program to be monitored monthly to ensure pericare is being accurately.</li> <li>Completion date for this deficient November 7, 2014.</li> </ol>	care. ri-care	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING				C <b>10/2014</b>
NAME OF PROVIDER OR SU WOODHAVEN NURS &		EIMER'S C		1	TREET ADDRESS, CITY, STATE, ZIP CODE  150 PINE RUN DRIVE  .UMBERTON, NC 28358	10/	10/2014
PREFIX (EACH DE	-ICIENC	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
the resident The CAA for resident was dependent of the Quarter Assessment required total and was alw On 10/09/14 #1 and NA # incontinence transferred to been recline with her feet resident 's in observed to stool present no-rinse soal area from from NAs assisted a clean incontrolled her over tape the bries cleaned the did not because wet in the from buttocks. The incontinent because the did not because	was set Urinar always n staff y Minii dated I assis ays incompart of the bod in a continuous of in the resider use short but he 2 NA #1 I pering the cle was continuous of the	y could not be assessed and everely cognitively impaired. y Incontinence revealed the s incontinent and was totally	F 3	12			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		(X3) DATE SURVEY COMPLETED	
		345054	B. WING		C <b>0/10/2014</b>
	PROVIDER OR SUPPLIER AVEN NURS & ALZHI	EIMER'S C	1	TREET ADDRESS, CITY, STATE, ZIP CODE  150 PINE RUN DRIVE  UMBERTON, NC 28358	J. 10,201
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC 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 312 F 318 SS=D	Manager stated she now because she of be washed all the v	ot's buttocks. The Unit be would in-service the staff lid not want resident's to not way.  EASE/PREVENT DECREASE	F 312		11/7/14
	resident, the facility with a limited range appropriate treatme	orehensive assessment of a must ensure that a resident of motion receives ent and services to increase d/or to prevent further of motion.			
	by: Based on observat resident and staff ir provide a hand roll of 3 residents revie (Resident #46).  Resident #46 was a 3/11/14 and had dia (Cerebrovascular A  The Care Area Ass for Activities of Dail resident had left sic CVA (Stroke). The information regardi  The resident 's Ca revealed the reside performance deficit	ion, record review and atterviews the facility failed to or splint for a contracture for 1 wed for contractures  admitted to the facility on agnoses including CVA accident).  essment (CAA) dated 3/18/14 by Living (ADLs) revealed the led weakness from a prior CAA summaries contained no ang a hand contracture.  The Plan for ADLs dated 4/3/14 at the ADL self-care are lated to left sided as of left arm and left leg from a		1.The Resident is being seen by Occupational therapy. The hand splint h been ordered. A hand roll is currently being used. 2. All Residents have been screened by Occupational Therapy for contractures. 3. Residents will be screened quarterly the Rehab team for contractures and treated as needed. 4. This has been added to the Quality Assurance Program for the PI nurse to monitor Residents quarterly for contractures and interventions. 5. The completion date for this deficience is November 7, 2014.	ру

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C	
		345054	B. WING			10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZH	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358	•	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 318	prior stroke. The Chad no short term independent in decinformation on the contracture of their roll or splint for the The Quarterly Minin Assessment dated was cognitively into resident had impair on one side.  Review of Occupator revealed the resided 3/13/14 through 4/4 therapy for a left had dated 4/4/14 by Occupator revealed a trial but the splint was in thumb. There were regarding a splint frontracture after 4/4.  During an interview at 3:55 PM, the resobserved to be ball did not have a hand contracted hand. Thad been like that is stated he did not with 9:32 AM the Resideright hand and slight residence of the contractive with 9:32 AM the Resideright hand and slight residence.	are Plan revealed the resident memory problems and was sision making. There was no Care Plan regarding a resident 's hand or of a hand contracture.  The mum Data Set (MDS) 9/6/14 revealed the resident act. The MDS revealed the ment of the upper extremity sional Therapy (OT) Notes ent was seen by OT from 4/14 for 5 days a week for and contracture. A therapy note cupational Therapy Assistant hand care was provided with entle stretch and double rolled aration of resting splint. The all of a hand splint from home mappropriate for the resident 's in additional therapy notes or the resident 's hand	F 318	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING			C <b>10/2014</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358	<u>1 10/</u>	10/2014
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 318	and was unable to thand. The resident splint for the contrastated he had not his since admission to stated he had a splint and did not know where the splint of the brought from host appropriate because it would be the Occinegarding obtaining. The Rehab Director 10/10/14 at 10:09 Adocumentation on 3 was noted and prepropriate the splint in meet his needs. The another hand splint and they dropped the stated she was not apparently the OTA washcloth hand roll should have notified that the splint did not the splint in the splint in the splint did not the splint d	extend the fingers on his left did not have a hand roll or a cted hand. The Resident ad a splint for his left hand the facility. The Resident int for his left hand at home	F 3′	18		
F 328 SS=D	NEEDS The facility must en	ENT/CARE FOR SPECIAL sure that residents receive nd care for the following eral fluids;	F 32	28		11/7/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE COMF	PLETED
		345054	B. WING			, 0/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE I150 PINE RUN DRIVE LUMBERTON, NC 28358		
(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 328	Tracheostomy care Tracheal suctioning Respiratory care; Foot care; and Prostheses.	stomy, or ileostomy care;	F 328			
	interviews the facili orders for gastric turesident reviewed fube (Resident #63 Resident #63 was revealed that Resident #63 was revealed that Resident receives the resident receives the resident receives the resident receives the resident was at risk interventions include tube feedings as or 25mls/hr continuous to evaluate and mare commendations of the Care Area Asservealed that Reside for memory and de impaired. The CAA			1. Upon further evaluation of the character the flush order was not transcribed correctly by nursing. The order has corrected. The Resident has been evaluated by the dietician.  2. All other tube feeding orders have checked. No other deficient areas have been identified.  3. The nurses are being educated or proper technique of transcribing order The Dietician will have a front sheet everyone that is admitted to the facility of the point in the front office so she will all Residents being admitted.  4. This will be added to the facility of Assurance Program to be monitored monthly by the PI nurse.  5. Completion date for this deficient November 7, 2014.	been e been nave on the ders. t of illity in ll see Quality d	

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345054	B. WING		1	C 0/ <b>10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		0/10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 328	(MDS) Assessmen revealed the reside impaired and was teating. The MDS refeeding tube and rethrough the feeding mls/day or more of This assessment wassessment and the hospital on 8/12 Review of the physicated 8/27/14 upor revealed an order feeding tube at 40mls/hour. There was an orde sheet written by Sp (SLP) #2 dated 8/2 feeding tube at 25ml A note by Dietary A the resident had be stay on 8/27/14 and the rate of the tube not address the was medical record revedietician since read 8/27/14.  Review of the Medi (MAR) for October was to receive water on 10/09/14 at 9:10 observed sitting in a near the nurse 's si	recent Minimum Data Set t (Quarterly) dated 8/12/14 ent was severely cognitively otally dependent on staff for evealed the resident had a eceived 51% or more calories g tube and received 501 fluids through a feeding tube. eas also coded as a discharge e resident was discharged to 2/14.  ician 's admission orders in return from the hospital for water flushes by gastric er on the physician 's order eech Language Pathologist 9/14 for water flushes per	F3	28		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		345054	B. WING			C <b>10/10/2014</b>	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE			STREET ADDRESS, CITY, STATE, ZIP O 1150 PINE RUN DRIVE LUMBERTON, NC 28358	CODE	10/10/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO  (EACH CORRECTIVE ACTION  CROSS-REFERENCED TO THE  DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 328	resident's tube fee flushes were on a prates the fluids were resident's feeding preset to 25mls/hou.  On 10/09/14 at 10:4 to review the reside resident was to recellushes. The nurse resident and check stated the water flushes received by when a SLP made a resident's diet or a pleasure feedings, write an order for the current diet. SLP #1 order on 8/29/14 wr stated there were norders to change the 40mls/hour to 25ml.  On 10/09/14 at 2:32 conducted with SLP tube feeding flushes. The SLP stated he for a bedside swalled change in the resides SLP stated he asked resident's tube feed take the information.	adding formula and water bump that was preset to the et to be infused through the tube. The water flush was ur.  40 AM Nurse #1 was observed ent's MAR and stated the enve 40mls per hour of water was observed to go to the the tube feeding pump and sh was set at 25mls/hour.  4 PM SLP #1 stated in an peech Language Pathologist he amount of tube feeding a resident. The SLP stated a change in the texture of a ended the facility required them to be change plus the resident's a stated the SLP that wrote the rote an incorrect order. SLP #1 to other written physician's e tube feeding flushes from s/hour.  2 PM an interview was P #2 who wrote the order for a st 25mls/hour on 8/29/14. It was asked to see the resident owing evaluation and made a ent's pleasure feedings. The end one of the nurses about the ending orders and was told to a from the chart on the desk as her order from before she	F 3	28			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		COMPLETED	
		345054	B. WING				C 1 <b>0/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIF 1150 PINE RUN DRIVE LUMBERTON, NC 28358	CODE	107	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
F 328	stated in an intervie saw residents within re-admission and dassessment. The Director of Nurse was observed of the purpose of water flush per half at 12:50 observed sitting in a rear an ear the nurse pump was observed of the Director of Nurse was observed of the purpose of the purpose of the purpose of the purpose of water flush per half the purpose of water flush per half the purpose of the p	D PM the Dietary Manager what the Dietician usually in 5 days after admission or luring each quarterly Dietary Manager stated the hospital in August 2014 when sment was completed.  Id in an interview on 10/09/14 dent was not out of the facility she did not necessarily do not unless she received a endiction between the process and she should dent after she was re-admitted dent after she was residents to see.  The difference of the process of the state of the sta	F 3	328			

,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	COMPLETED		
		345054	B. WING _		C <b>10/10/2014</b>	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358	10.10.2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPROVIDENCY)	D BE COMPLÉTIO	
F 328		ige 38 e therapy recommended diet ng the orders with the	F 32	8		
F 329 SS=D		EGIMEN IS FREE FROM PRUGS	F 32	9	11/7/14	
	unnecessary drugs drug when used in duplicate therapy); without adequate m indications for its us adverse consequer	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 e reasons above.				
	resident, the facility who have not used given these drugs therapy is necessal as diagnosed and crecord; and resider drugs receive gradubehavioral interven	chensive assessment of a must ensure that residents antipsychotic drugs are not unless antipsychotic drug ry to treat a specific condition documented in the clinical ats who use antipsychotic ual dose reductions, and tions, unless clinically an effort to discontinue these				
	by: Based on observarinterviews, the facility drug regimen was f	NT is not met as evidenced tions, record reviews and staff ity failed to ensure a resident free from unnecessary inistering an antipsychotic		1.Tapering has been started on the listed Residents for eventual discontinuation of the Medication appropriate.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345054	B. WING				C 10/2014
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 107	10/2014
WOODH	AVEN NURS & ALZHE	IMEDIS C		11	150 PINE RUN DRIVE		
WOODH	AVEN NURS & ALZHE	EIMER S C		L	UMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329	Continued From pa	ge 39	F 3	29			
	use for 2 of 3 reside	an appropraiate indication of ents reviewed for unnecessary ent #123 and Resident #65).			<ul><li>2. All other Residents on Psychotro have been evaluated to ensure the unnecessary drug usage.</li><li>3. We have developed a form that includes all the components require antipsychotic use that will be used</li></ul>	re is no ed for	
	facility on 6/24/14 w Dementia, Depress the Care Area Asse dated 1/19/14, unde "See CAA for Cogn Cognitive Loss/Den read in part, "Resid behavior directed to period." Under care "Will Behavioral Syn addressed in the ca Care Area Assessm Psychotropic, unde problem/condition " adverse side effects Resident currently tinsomnia) citalopra risperidone (used to for Resident #123)	was originally admitted to the vith diagnoses including ion and Insomnia. Review of ssment Summary (CAAs) or Behavioral Symptoms read, itive Loss/Dementia." The mentia section of the CAAs ent had one episode of verbal oward others during look back or plan considerations, read, mptoms -Functional Status be are plan? Yes." Review of the ment Summary (CAA) for r., "Nature of the read in part, "Potential for sof psychotropic medication. askes temazepam (to treat im (to treat depression) or treat insomnia and dementia and lorazepam (to treat dementia, depression and			antipsychotic use that will be used Residents receiving them. The Dire Nursing has to be notified of all ordensure that there is appropriate menecessity for the medication.  4. This has been added to the facil Quality Assurance Program for all Antipsychotic medications to be remonthly to ensure there is an appropriate and there is benefit outweighs risk note from the physician. The black box warning heen added to the consent forms.  5. The completion date for this definition is November 7, 2014.	ector of lers to edical ity viewed opriate s a e nas	
		#123's Care Plan, updated nat Resident #123 was not ehaviors.					
	(MDS) dated 7/15/1 Resident #123 was symptoms directed threatening others,	ost recent Minimum Data Set 4, in the area of behavior, coded for "verbal behavioral toward others (e.g., screaming at others, cursing ehaviors were noted to have					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION  NG	()	COMF	SURVEY PLETED
		345054	B. WING			10/1	0/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP COD 1150 PINE RUN DRIVE LUMBERTON, NC 28358	E	1071	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SECONDS - CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD B		(X5) COMPLETION DATE
F 329	wandering as a bendays. Resident #12 antipsychotic medic Review of October, Administration Recompared for Dementia and Interest Monograph for Risp Excerpted from Lex Handbook, 17th experiment of a secret mania or mix bipolar disorder; treirritability/aggression disorder  Warnings Precaution the highest warning in bold print] Elderly dementia-related partipsychotics are a compared to placed [regular print] Most of cardiovascular (e.g. or infectious (e.g. paddition, an increase cerebrovascular eff attack, cerebrovascular eff attack, cerebrovascular eff attack psychosis.	s. The MDS also coded havior, which occurred 1 to 3 as was coded as receiving cation.  2014, Medication ord (MAR) revealed Resident eridone 0.25mgs. twice daily asomnia.  Derdal (Risperidone) ciComp's Geriatric Dosage dition  egory: Antipsychotic Agent schizophrenia, treatment of ed episodes associated with eatment of associated with eatment eatment of deaths appeared to be either heart failure, sudden death) neumonia) in nature, In ed incidence of ects (e.g. transient ischemic cular accidents) has been of placebo controlled trials of ly patients with dementia	F3	29			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG	ļ		E SURVEY PLETED
		345054	B. WING				C <b>10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP ( 1150 PINE RUN DRIVE LUMBERTON, NC 28358	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD	BE	(X5) COMPLETION DATE
F 329	part, "Best team no Risperidone twice of sleep issues, occass meeting. May consinear future. Also dis Melatonin if sleep is Review of a Pharma "Best team - Discussion behavior issues so Review of a Pharma "Best team note: pacare-on current Ris Care easier to proving an interview the Consultant Pha #123 was receiving was not sleeping. Sher sleep medication might be due to lack revealed that Resid same dosage of Ris March, 2013. She riwas reviewed every her medication and revealed that they her medication. The Pharmacist state of the sleep medication. The Pharmacist state of the sleep medication and the right pharmacist state of the sleep medication. The Pharmacist state of the sleep medication and the right pharmacist state of the sleep medication. The Pharmacist state of the sleep medication and the right pharmacist state of the sleep medication. The Pharmacist state of the sleep medication and the right pharmacist state of the sleep medication. The Pharmacist state of the sleep medication and the right pharmacist state of the sleep medication.	acy note dated 1/2/14, read, in tes- patient on 0.25 mgs. laily- main issues noted are ional hitting mentioned in der decrease attempt again in scussed possible trial of	F 3	29			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		X3) DATE SURVEY COMPLETED
		345054	B. WING			C <b>10/10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE			STREET ADDRESS, CITY, STATE, 1150 PINE RUN DRIVE LUMBERTON, NC 28358	ZIP CODE	10/10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD E THE APPROPRI	
F 329	during hands on ca #123 had a diagnos was being tracked a that Resident #123 during hands on ca believe Resident #1 stated that they me was in the best interpretated that the provided that Resident #123 because the provided that Resident #123's best that the provided for best that the stayed up during the antipse Risperidone. He existed that Resident #123 and refused bathing that he routinely local antipsychotic medication to that Resident #123	re. She revealed that Resident sis of Dementia and agitation as a behavior. She revealed was combative and agitated re. She stated that she did not 123 yelled out. The Pharmacist t quarterly to talk about what rest of Resident #123.  on 10/10/14 at 10:49 AM, saled that Resident #123's sumented in nurse's notes and ff Nurse #3 stated that if ame more agitated she was e's station at night.  on 10/10/14 at 12:51 PM, the (MDS) Nurse #2 stated that d was pulled up to the nurse's Resident #123 was constantly and out of other resident's urse #2 was not able to nt #123 was not Care Planned  on 10/10/14 2:16 PM, the Resident #123 revealed that of a reason for Resident #123	F3	29		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
		345054	B. WING			C 10/10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE			STREET ADDRESS, CITY, STATE, ZIP  1150 PINE RUN DRIVE  LUMBERTON, NC 28358	<b>-</b>	10/10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 329	the Nurses would to outweighed the risk medication. He state benefits versus risk appropriate he would buring an interview Director of Nursing resident's behavior reviewed in monthly that worked directly involved in the meet that exhibited behavior with interventions. Sintervention they have much as possible. \$\frac{4}{123}\$ would not eat further revealed that staff and could not conversation without the conversation	ell him if the benefits of the resident receiving the ed that they discussed the s of Risperidone and if ld continue the medication.  on 10/10/14 at 2:06 PM, the (DON) revealed that and medication were meetings. She stated staff with the residents were tings. The DON said anyone viors should be Care Planned she stated that they tried every d to control behaviors as she reported that Resident nor take her medications. She at Resident #123 fought with carry on a sensible at her current medication.  as originally admitted to the with diagnoses including entia, Hallucinations and eview of the Care Area lary (CAA) dated 2/9/14, under ms read, "See CAA for mentia." The Cognitive tion of the CAAs read in part, tory of Alzheimer's Dementia She is currently on Risperdal	F3	29		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		E SURVEY PLETED
		345054	B. WING				C <b>10/2014</b>
	PROVIDER OR SUPPLIER	EIMER'S C		11	REET ADDRESS, CITY, STATE, ZIP CODE 50 PINE RUN DRIVE JMBERTON, NC 28358	10/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329	received antipsychediagnoses of Alzhe Hallucinations.  According to the m Data Set (MDS) dabehavior, Resident behavioral symptor (e.g., threatening ocursing at others). have occurred 1 to wandering as a bel days. Resident #65 antipsychotic medical Review of Residen 8/6/14 revealed that for behaviors.  Review of October, Administration Received Risper Alzheimer's Disease Monograph for Rise Excerpted from Lethandbook, 17th ed Pharmacologic Catal Use: Treatment of acute mania or mix bipolar disorder; treirritability/aggression disorder	the CAAs, Resident #65 otic medication due to imer's Disease and  ost recent Annual Minimum ited 2/9/14, in the area of #65 was coded for "verbal ins directed toward others ithers, screaming at others, These behaviors were noted to 3 days. The MDS also coded havior, which occurred 1 to 3 is was coded as receiving cation.  It #65's Care Plan updated at she was not Care Planned  at she was not Care Planned  iteridone 0.25mgs. twice daily for iteridone 0.25mgs. twice daily for iteridone Mallucinations.  perdal (Risperidone) xiComp's Geriatric Dosage dition  tegory: Antipsychotic Agent sechizophrenia, treatment of ited episodes associated with eatment of on associated with autistic  ons U.S. Boxed Warning this is	F3	329			
		g type issued from the FDA) [					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION  G	COM	C C		
		345054	B. WING			10/2014	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZH	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 329	antipsychotics are compared to place [regular print]Most cardiovascular (e.g. or infectious (e.g. paddition, an increa cerebrovascular ef attack, cerebrovas reported in studies risperidone in elde related psychosis.  ***Risperidone is not dementia-related  During an interviev Staff Nurse #6 review was admitted to the of hitting other resifighting staff and cregard to behavior. Nurse #6 explained was better in that the and yelling at other after other resident staff chart Resident and monitor for an revealed that staff Resident #65 where the personal spaces a little feisty, sutalking or move outher personal spaces Resident #65 being staff end.	y patients with sychosis treated with at an increased risk of death bo. deaths appeared to be either g. heart failure, sudden death) oneumonia) in nature, In sed incidence of fects (e.g. transient ischemic cular accidents) has been of placebo controlled trials of rly patients with dementia	F 32	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		345054	B. WING		10	/10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP COL 1150 PINE RUN DRIVE LUMBERTON, NC 28358		
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 329	resist care.  During an observat PM, Resident #65 wher meal during lur food and would eat sat back in her chat buring an interview MDS Nurse #2 revesit in the day room Resident #65 would and tell them to she Planning, MDS Nurse #1000 Hanning, MDS Nurse was and Nurse Hallucinations and Stated that Resident MDS Nurse #2 reveloud at times, and had stated that Resider Risperidone (Alzhe Hallucinations) and she had one episod intervention was to reported that they ut to be done during resident puring an interview Consultant Pharma was aggressive, retoward other resident know if risk/benefits had been noted by During an interview During An	tion on 10/10/2014 at 12:04 was in the dining room eating achtime. She sat looking at her a couple of bites of food and ir and looked around.  You 10/10/2014 at 12:32 PM, ealed that Resident #65 would area with staff. She stated that din holler at staff and residents at up. In reference to Care rese #2 reported that staff on the know about resident's lication. She revealed that the ade aware of resident's sing Assistants would 's behaviors in the computer. ealed that Resident #65 got hollered at other residents. She at #65 currently received imer's Disease and I Remeron (depression) and de of yelling at others and the redirect her. MDS Nurse #2 usually discussed what needed monthly meetings.  You 10/10/14 at 12:41 PM, the acist stated that Resident #65 fused care and was combative ents. She stated she did not so of Resident #65's medication	F 32	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		245054	B. WING			С
NAME OF I		345054	D. WING		10/	10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
F 329	agitation and at one needed to be on moneoded to be on moneoderol. The Medica might have been at risk/benefit note for antipsychotic medical Nurses reminded hand he would note stated that if there we medication, the nur would put one in the Review of Medical 2014 to current revisk/benefits notes the Physician programmed.	psychotic medication for a point in time the resident edication to keep her under all Doctor revealed that he noversight of him not writing a resident #65 receiving cation. He explained that the him about making the notation it in the chart. He further was no diagnosis for the reses would inform him and he e chart.  Doctor's notes from February, realed that there were no entered for Resident #65 in ress note section of the chart.	F3	29		
F 371 SS=E	Director of Nursing resident's behavior reviewed in monthly that worked directly in the meetings. The exhibited behaviors interventions. She sintervention they hamuch as possible. 483.35(i) FOOD PFSTORE/PREPARE  The facility must - (1) Procure food froconsidered satisfact authorities; and	om sources approved or ctory by Federal, State or local distribute and serve food	F 3	71		10/31/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION (	X3) DATE SURVEY COMPLETED	
		345054	B. WING		C <b>10/10/2014</b>	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C	1	TREET ADDRESS, CITY, STATE, ZIP CODE  150 PINE RUN DRIVE  LUMBERTON, NC 28358	30.10.2011	
(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 BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 371	Continued From pa	ge 48	F 371			
	by: Based on observatifacility failed to preponditions, by failinclean the range how machines in the kittle expired milk from 2 refrigerators. The The facility policy did Hood and Filter Cle Read as follows: Procleaning instructions.  Policy: The hood system socieaned twice a monecessary. Supplies: detergent Self Cleaner. Clean around all arof detergent and how the sprinkler and finareas. Clean outside area cleaner.  1. During the initial Dietary Manager (Control of the hood exhaust shood drip ledge was clear tape or cellop blowing upwards.	findings included: ated Revised: 5/2012 Subject:		1. No Resident has been affected by deficiency. 2. No Resident had the potential to be affected by this deficiency. Breakfas just been cooked when grease was on the hoods. The hoods are usually cleaned once a day. The white matternoted on the outside lid and the correct the ice machine was dried glue from previous maintenance service. The educated on checking the date on anything that they give the Resident the refrigerator. The glue has been removed by the maintenance depart. The clear cellophane noted on the vorm top inside corners of the hood was protective covering from the manufating and has been removed. 3. The dietary staff will begin cleaning hood after each meal. The ice mach will be cleaned daily. This all will be documented on a daily checklist. 4. This has been added to the Facility quality assurance program. The chewill be monitored monthly for accurate 5. Completion date for this deficiency 10/31/14.	be it had noted y er hers of i a staff is s from tment. ery acterer ing the hines ty ccklist acy.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		E SURVEY PLETED
		345054	B. WING				C 10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		115	REET ADDRESS, CITY, STATE, ZIP CODE O PINE RUN DRIVE MBERTON, NC 28358	107	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 371	9:14 AM revealed in grease that coated large pot of soup wingle oven stove dwalls.  During an interview 9:33 AM she stated the hood area once the hood area once 2. During the initial Dietary Manager (Outle ice machine ne observed. The ice with dried liquid and machine had a dried corner edges of the A second observation 10/9/14 at 9:26 AM door with dried liquid ice machine with a corner edges of the During an interview 9:35 AM she stated have been wiped done it in the undated facility read as follows: The follow, if you have a your supervisor. Yo standard operating All open items mus All open refrigerate	on of the kitchen on 10/9/14 at a side the hood a light film of the inner walls of the hood. A as observed simmering on the lirectly below the hood system with the CDM on 10/9/14 at a that staff should wipe down a week or more as needed.  kitchen tour with the Certified CDM) on 10/7/14 at 8:45 AM ar the dietary office was machine door was observed at the inside edge of the ice and white build up in the 4 ar frame.  on of the ice machine on revealed the inside edge of the dried white build up in the 4 ar frame.  with the CDM on 10/9/14 at a that the ice machine should own.  y policy Dating Procedures the same are only guidelines to any questions ask myself or our must remember the below procedures:	F 3	571			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		245054	B. WING	· · ·		С
NAME OF 5	200//050 00 00 00 00	345054	B. WING_	OTREET ARRESTO OUTV OTATE TIP CORE	10/	10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZH	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358		
(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 CORREC' (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 372 SS=E	Any refrigeration not temperature must all tis everyone is refor dates and discard date.  3. On 10/8/14 at 9: refrigerator was obmilk were observed dates of 10/6/14.  In an interview with on 10/8/14 at 9:11 nurse checks the temperature foods.  In an interview with AM she stated that for stocking the mil responsible to check observed on the she expiration date of 10/8/14 at 9:23 staff did daily temperature on 10/8/14 at 9:23 staff did daily temperature on the she can be	ast maintain 41 degrees or less. The transfer of the reported to your supervisor. The reported the	F 3			10/31/14
	The facility must di properly.	spose of garbage and refuse				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION  G	COV	(X3) DATE SURVEY COMPLETED	
		345054	B. WING _			C / <b>10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP COD 1150 PINE RUN DRIVE LUMBERTON, NC 28358	•	110/2314
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 372	by: Based on observat facility failed to main functioning and the dumpster was free The findings include During the initial kith Certified Dietary madumpster was obsedumpster roller and front of the dumpster dumpster was obsedumpster was observed leaking lice and ground that flow that stopped at the Observation of the CDM at 9:30 AM rethe same condition.  In an interview with AM she stated that is in charge of the odumpster company week to empty the observices Manager of stated that he had of stated that he had of the condition of the condition.	ions and staff interviews the ntain the dumpster was fully area surrounding the of spillage.  chen tour on 10/7/14 with the mager (CDM) at 9:00 AM the rved leaking liquid onto the pooling onto the ground in er. The front end of the rved leaking on the left side servation of the dumpster 8:06 AM the dumpster was quid onto the dumpster roller ved two and a half feet wide curb in front of the dumpster.  dumpster on 10/9/14 with the vealed the dumpster was in  the CDM on 10/9/14 at 9:34 the housekeeping department lumpster and that the came one or two times a	F 37	1. No Residents were effected deficiency. 2. NO Resident had the potent affected by this deficiency. Act the Waste company, no waste leaking from the dumpster, on fluid. 3. This has been added to the checklist for the kitchen staff the dumpster daily. 4. This has been added to the improvement program. The control the dietary check off sheets with monititered monthly for 100% 5. Completion date for this definition of 10/31/14.	tial to be cording to so were ly hydraulic dietary or check the Quality empletion of accuracy.	
		mptied the trash. He stated				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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		345054	B. WING		10/	10/2014	
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358			
(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 APPRODEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 428 SS=D	10/10/14 at 9:15 Al know the dumpster known she would h fix or replace the du 483.60(c) DRUG R IRREGULAR, ACT  The drug regimen of reviewed at least of pharmacist.  The pharmacist muthe attending physical regime of the pharmacist muther attending physical regime of the physical regime of	the Director of Nursing on M she stated that she did not was leaking. If she had ave someone there that day to umpster.  EGIMEN REVIEW, REPORT	F 4			11/7/14	
	by: Based on observarinterviews and phare Consultant Pharma appropriate diagnormedication for 2 of antipsychotic medication feesident #65).  The findings included the second of the sec	NT is not met as evidenced tions, record reviews and staff rmacist interview, the facility incist failed to request an antipsychotic 3 residents reviewed receiving cation. (Resident #123 and led:  was originally admitted to the with diagnoses including ition and Insomnia. Review of essment Summary (CAAs)		1. Tapering has been started on a listed Residents for eventual discontinuation of the Medication appropriate.  2. All other Residents on Psycholohave been evaluated to ensure the unnecessary drug usage.  3. We have developed a form the includes all the components requantipsychotic use that will be use Residents receiving them. The D Nursing has to be notified of all of ensure that there is appropriate in necessity for the medication. The	if tropics nere is no at ired for d on all irector of orders to medical		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 428	dated 1/19/14, under "See CAA for Cogn Cognitive Loss/Der read in part, "Resid behavior directed to period." Under care "Will Behavioral Syladdressed in the care Area Assessmesychotropic, unde problem/condition adverse side effect: Resident currently finsomnia) citaloprarisperidone (used to for Resident #123) anxiety). Diagnosis insomnia. "  Review of Resident 7/15/14, revealed the Care Planned for be According to the me (MDS) dated 7/15/17, Resident #123 was symptoms directed threatening others, at others). These be occurred 1 to 3 day wandering as a ber days. Resident #12 antipsychotic medical Review of October, Administration Receiver 1 days and the control of the contr	er Behavioral Symptoms read, itive Loss/Dementia." The nentia section of the CAAs ent had one episode of verbal oward others during look back e plan considerations, read, mptoms -Functional Status be are plan? Yes." Review of the nent Summary (CAA) for r, "Nature of the read in part, "Potential for s of psychotropic medication. takes temazepam (to treat am (to treat depression) or treat insomnia and dementia and lorazepam (to treat edmentia, depression and at #123's Care Plan, updated nat Resident #123 was not ehaviors.  Dest recent Minimum Data Set 14, in the area of behavior, coded for "verbal behavioral toward others (e.g., screaming at others, cursing ehaviors were noted to have as. The MDS also coded navior, which occurred 1 to 3 as was coded as receiving cation.  2014, Medication ord (MAR) revealed Resident eridone 0.25mgs. twice daily	F 428	pharmacy monthly reviews of the regimens will be reviewed in the BEST meetings. The drug reviewed given to the DON/MD monthly they are done. They will be revision as they are received to en any irregularities are corrected.  4. This has been added to the fouglity Assurance Program for Antipsychotic medications to be monthly to ensure there is an a reason for the drug use and the benefit outweighs risk note from physician. The black box warning been added to the consent form 5. The completion date for this is November 7, 2014.	e monthly ews are as soon as ewed as asure that facility all e reviewed ppropriate ere is a n the ng has ns.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345054	B. WING				C <b>10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		1150	EET ADDRESS, CITY, STATE, ZIP CODE  D PINE RUN DRIVE  MBERTON, NC 28358	10/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	Excerpted from Lex Handbook, 17th ed Handbook, 17th ed Pharmacologic Cat Use: Treatment of acute mania or mix bipolar disorder; treirritability/aggressic disorder  Warnings Precaution the highest warning in bold print] Elderly dementia-related pantipsychotics are acompared to place [regular print] Most cardiovascular (e.g. or infectious (e.g. paddition, an increase cerebrovascular effattack, cere	derdal (Risperidone) ciComp's Geriatric Dosage dition  degory: Antipsychotic Agent schizophrenia, treatment of ded episodes associated with eatment of design associated with autistic design associated with a design associated with a design associated with a design associated with a death appeared to be either an increased risk of death death appeared to be either and the death appeared to be either and the design associated with a death appeared to be either and the design associated and the design associated with a death appeared to be either and the design associated and the design associated with a death appeared to be either and the design associated with autistic design and the death appeared to be either and the design associated with autistic design and the death appeared to be either and the design associated with autistic design and the death and the design associated with autistic design and the design and the design associated with autistic design and the design associated with autistic design as	F 4	.28			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345054	B. WING				C 10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		STREET ADDRESS, CITY, STATE, ZIP C 1150 PINE RUN DRIVE LUMBERTON, NC 28358	ODE	107	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
F 428	Review of a Pharma "Best team note: pa care-on current Ris Care easier to prov recommended."  During an interview the Consultant Pha #123 was receiving was not sleeping. S her sleep medication might be due to lack revealed that Resid same dosage of Ris March, 2013. She r was reviewed every her medication and revealed that they h #123's pain and sle Resident #123 was quarterly to talk abor medication. The Ph Resident #123 was Melatonin and the r The Pharmacist sta inability to sleep wa during hands on ca #123 had a diagnos was being tracked a that Resident #123 during hands on ca believe Resident #1 stated that they me was in the best inte	ge 55 seed patient today. Still with no changes recommended." acy note dated 7/29/14, read atient rambles and resists peridone dose since 3/31/14- ide per nursing. No changes on 10/09/2014 at 3:56 PM, rmacist stated that Resident Risperidone because she he stated that they changed in and found that her agitation k of sleep. The Pharmacist ent #123 had been on the speridone 0.25 mgs. since evealed that Resident #123 month in meetings to discuss behavior. The Pharmacist and been changing Resident ep medication. She stated that combative and that they met out residents on antipsychotic armacist reported that tried on sleep medication, nedication was not working. ted that Resident #123's s causing her to be agitated re. She revealed that Resident sis of Dementia and agitation as a behavior. She revealed was combative and agitated re. She stated that she did not 23 yelled out. The Pharmacist t quarterly to talk about what rest of Resident #123.  on 10/10/14 at 10:49 AM,	F4	28			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING	` '	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE			STREET ADDRESS, CITY, STATE, ZIP ( 1150 PINE RUN DRIVE LUMBERTON, NC 28358	•	0/10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 428	Staff Nurse #3 reverse behaviors were dood behavior notes. State Resident #123 because brought to the Nurse During an interview Minimum Data Set Resident #123's be station at night and up and down and in rooms. The MDS Nexplain why Reside for behaviors.  During an interview Medical Doctor for agitation was more receiving the antips Risperidone. He ex stayed up during the awake, she was ag revealed that Resident #123 Risperidone. The Note that Resident #123 Risperidone. The Note that Resident #123 Risperidone. The Note the Nurses would the outweighed the risk medication. He state benefits versus risk appropriate he would be noted to be the proper state of Nursing resident's behavior	aled that Resident #123's sumented in nurse's notes and ff Nurse #3 stated that if ame more agitated she was e's station at night.  on 10/10/14 at 12:51 PM, the (MDS) Nurse #2 stated that d was pulled up to the nurse's Resident #123 was constantly and out of other resident's urse #2 was not able to nt #123 was not Care Planned on 10/10/14 2:16 PM, the Resident #123 revealed that of a reason for Resident #123	F 4	28		

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG			SURVEY PLETED
	345054	B. WING			10/1	0 1 <b>0/2014</b>
NAME OF PROVIDER OR SUPPLIER  WOODHAVEN NURS & ALZHEIME	R'S C		STREET ADDRESS, CITY, STATE, ZIP COL 1150 PINE RUN DRIVE LUMBERTON, NC 28358	DE	107	10/2014
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ET BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
that exhibited behaviors with interventions. She sintervention they had to much as possible. She #123 would not eat nor further revealed that Re staff and could not carry conversation without he  2. Resident #65 was or facility on 2/20/12 with dalzheimer's Dementia, It Aggressiveness. Review Assessment Summary Behavioral Symptoms of Cognitive Loss/Demential Loss/Demential Section (Resident has a history and hallucinations. She (used for Alzheimer's Diffor Resident #65), Remonantial Repisode of yelling at and look back period but was Under care plan consider Symptoms -Functional Staff the care plan? Yes." Acceptable Assessment Summary of Cognitive Loss/Demential Symptoms -Functional Staff the care plan? Yes." Acceptable Assessment Summary of Cognitive Loss/Demential Symptoms -Functional Staff the care plan? Yes." Acceptable Assessment Summary of Cognitive Loss/Demential Symptoms -Functional Staff the Care plan? Yes." Acceptable Assessment Summary of Cognitive Loss/Demential Symptoms -Functional Staff the Care plan? Yes." Acceptable Assessment Summary of Cognitive Loss/Demential Symptoms -Functional Staff the Care plan? Yes." Acceptable Assessment Summary of Cognitive Loss/Demential Symptoms -Functional Staff the Care plan? Yes."	in the residents were is. The DON said anyone is should be Care Planned is stated that they tried every control behaviors as reported that Resident take her medications. She esident #123 fought with yon a sensible in current medication.  Inginally admitted to the diagnoses including Hallucinations and yof the Care Area (CAA) dated 2/9/14, under ead, "See CAA for ia." The Cognitive of the CAAs read in part, of Alzheimer's Dementia is currently on Risperdal isease and Hallucinations eron (Depression), and Disease). She had one other resident during the is easily redirected. "erations, "Will Behavioral Status be addressed in cording to the CAAs, antipsychotic medication heimer's Disease and ecent Annual Minimum 2/9/14, in the area of was coded for "verbal irected toward others	F 4	28			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COM	E SURVEY PLETED
		345054	B. WING				C 10/2014
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C		S <sup>-</sup> <b>1</b> 1	TREET ADDRESS, CITY, STATE, ZIP CODE 150 PINE RUN DRIVE UMBERTON, NC 28358	100	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 428	wandering as a ber days. Resident #65 antipsychotic medic Review of Resident 8/6/14 revealed that for behaviors.  Review of October, Administration Rec #65 received Rispe Alzheimer's Diseas Monograph for Risp Excerpted from Lex Handbook, 17th ed Pharmacologic Cat Use: Treatment of acute mania or mix bipolar disorder; treirritability/aggression disorder  Warnings Precaution the highest warning in bold print] Elderly dementia-related pantipsychotics are a compared to placel [regular print] Most cardiovascular (e.g. or infectious (e.g. paddition, an increas cerebrovascular effattack,	3 days. The MDS also coded havior, which occurred 1 to 3 was coded as receiving cation.  4 #65's Care Plan updated the she was not Care Planned  2014, Medication ord (MAR) revealed Resident widone 0.25mgs. twice daily for element and Hallucinations.  Derdal (Risperidone) cicomp's Geriatric Dosage dition  egory: Antipsychotic Agent eschizophrenia, treatment of element of element associated with eatment of element associated with autistic element of element sechizophrenia, treatment of element of element element of element element of element elem	F 4	128			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING				C <b>10/2014</b>
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHI	EIMER'S C		1150 PINE	E RUN DRIVE RTON, NC 28358	1 10/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL ROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 428	risperidone in elder related psychosis. ***Risperidone is no of dementia-related.  During an interview. Staff Nurse #6 reve was admitted to the of hitting other residestaff and cursing at behaviors that were explained that Resi in that the resident other residents and residents. Staff Nur Resident #65's beh for any other symptimervene and redinexhibited behaviors.  During an interview. Nursing Assistant (reference to Reside get a little feisty, su talking or move out her personal space. Resident #65 being residents. NA#5 staresident #65 curse resist care.  During an observate PM, Resident #65 to be not meal during lun and would eat a coback in her chair are During an interview.	ot approved for the treatment of approved for the treatment of psychosis.***  on 10/10/2014 at 11:49 AM ealed that when Resident #65 of facility she exhibited behavior dents, refusing to eat, fighting to other residents. In regard to be being tracked, Staff Nurse #6 dent #65's behavior was better was not cursing and yelling at a was not going after other rese #6 reported that staff chart haviors every shift and monitor froms. She revealed that staff ect Resident #65 when she is a con 10/10/14 11:53 AM, NA# 5) revealed that in ent #65's behaviors, she might chas saying shut up, stop of the way if someone got in the behavior of the way if someone got in the dining room eating and the staff or a ted that she had not heard of a tothers and she did not was in the dining room eating the inch. She sat looking at her food uple of bites of food and sat	F 4	28			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WING				C <b>10/2014</b>
NAME OF PROVIDER OR SUPPLIER  WOODHAVEN NURS & ALZHEIMER'S C				1150	EET ADDRESS, CITY, STATE, ZIP CODE  PINE RUN DRIVE  MBERTON, NC 28358	10/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	sit in the day room Resident #65 would and tell them to shu Planning, MDS Nur the unit would let th behaviors and med Pharmacist was ma behaviors and Nurs document resident' MDS Nurse #2 reve loud at times, and h stated that Residen Risperidone (Alzhe Hallucinations) and she had one episod intervention was to reported that they u to be done during n  During an interview Consultant Pharma was aggressive, rei toward other reside know if risk/benefits had been noted by  During an interview facility Medical Doo was receiving antip agitation and at one needed to be on m control. The Medica writing a risk/benefit receiving antipsych oversight. He expla him about making t it in the chart. He fu no diagnosis for the	area with staff. She stated that d holler at staff and residents at up. In reference to Care see #2 reported that staff on the lem know about resident's ication. She revealed that the lede aware of resident's sing Assistants would so behaviors in the computer. Healed that Resident #65 got hollered at other residents. She at #65 currently received imer's Disease and Remeron (depression) and the of yelling at others and the redirect her. MDS Nurse #2 is ually discussed what needed monthly meetings.  From 10/10/14 at 12:41 PM, the ledist stated that Resident #65 fused care and was combative ents. She stated she did not so of Resident #65's medication		.28			

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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NAME OF PROVIDER OR SUPPLIER			B. WIIVO	STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE	10/	10/2014
WOODH	AVEN NURS & ALZHI	IMER'S C		LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 428	Continued From pa	ge 61	F 4	28		
F 431 SS=D	2014 to current revrisk/benefits notes the Physician program During an interview Director of Nursing resident's behavior reviewed in monthly that worked directly in the meetings. The exhibited behaviors interventions. She sintervention they hamuch as possible. 483.60(b), (d), (e) ELABEL/STORE DR. The facility must enalicensed pharmac of records of receip controlled drugs in accurate reconciliar records are in order controlled drugs is reconciled.  Drugs and biological abeled in accordar professional principa appropriate access instructions, and the applicable.  In accordance with	rugs & Biologicals  Inploy or obtain the services of cist who establishes a system of and disposition of all sufficient detail to enable antion; and determines that drug r and that an account of all maintained and periodically  als used in the facility must be nee with currently accepted oles, and include the ory and cautionary e expiration date when	F4	31		10/31/14
	facility must store a	State and Federal laws, the ill drugs and biologicals in nts under proper temperature				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION (	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  WOODHAVEN NURS & ALZHEIMER'S C			1	STREET ADDRESS, CITY, STATE, ZIP CODE  150 PINE RUN DRIVE  LUMBERTON, NC 28358	10/10/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION	
F 431	The facility must propermanently affixed controlled drugs list Comprehensive Dru Control Act of 1976 abuse, except wher package drug distriquantity stored is mbe readily detected.  This REQUIREMENT by: Based on observating facility failed to lock located in the facility unattended on hall.  The findings include Facility's Cart Manastates "All carts wie eyesight of the nurse Observation of the cart 1116-1124 on leading and unattended who medication to a residirect view of the card on the right side of position and medication to a residured who medication and medication a	t only authorized personnel to keys.  Divide separately locked, and compartments for storage of sed in Schedule II of the sug Abuse Prevention and and other drugs subject to an the facility uses single unit bution systems in which the inimal and a missing dose can see the second staff interviews the second st	F 431	1. No Residents were affected by the defficiency. 2. All Residents had the potential to affected by an unattended unlocked medication cart. 3. The nurses have been educated leaving unlocked carts unattended. 4. This has been added to the facilit Quality Assurance program to be monitored weekly times 4 weeks the monthly if 100% compliance is achied. Completion date for this deficience 10/31/14.	on not y en eved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	CON	(X3) DATE SURVEY COMPLETED	
		345054	B. WING			C / <b>10/2014</b>	
NAME OF PROVIDER OR SUPPLIER  WOODHAVEN NURS & ALZHEIMER'S C				STREET ADDRESS, CITY, STATE, ZI 1150 PINE RUN DRIVE LUMBERTON, NC 28358		10/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 431	AM revealed the nucart 1116-1124 statemedication cart was not in direct eyesigl stated she could not she was just in. The have locked the cart a resident in their reasonable. An interview on 10/facility's Director of the facility had a pocarts. The DON statement of the should be locked was not interview on 10/facility.	e #1 on 10/10/2014 at 9:17 urse assigned to medication ed she was aware that the s to be locked when she was ht of the cart. The Nurse of see the cart from the room he Nurse stated she should rt or have been in direct if she was giving medicine to	F4	31			