STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	12/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CENTER	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the facility failed to assure that 1 of 1 residents with high calcium levels, maintained acceptable parameters of calcium by failing to follow Dialysis orders to discontinue serving milk to resident # 102. The findings included: Resident # 102 was admitted to the facility on 7/23/14 with diagnosis that included end stage renal failure, diabetes mellitus, hypertension, anemia, peripheral vascular disease, right below the knee amputation and dialysis. A review of the resident ' s Nutrition and Blood Test Results Report from the name of dialysis center documented on 10/16/14 the calcium level as 10.2. A review of the Progress notes dated 10/20/14 revealed that Resident #102 is on dialysis and received nepro-vite. Calcium level was high-resident not to have milk or cheese per dialysis.	F 325	F325 1. Tray card for resident #102 was corrected to reflect no milk, no cheese. 2. Residents with specific dietary limitations have the potential to be affected. Registered Dietician and Director of Dining Services compared diet orders of current residents to the tray cards to ensure that dietary specifications were noted on the tray cards. This audit was completed on 12/12/14. Dietary staff was in-serviced on tray accuracy on 12/11/14 by the Director of Dining Services. 3. Director of Dining Services or designee will randomly monitor 10 meal trays daily x 1 week, then 3 x week for 1 week, then weekly x 2 weeks to ensure dietary specifications are being followed as ordered. Errors will be corrected as they are identified.	1/1/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/22/2014

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F 325	Continued From page 1 Alerted nursing of recommendations. A review of the resident ' s November 2014 Order Summary Report documented an order as no cheese, no milk as needed. During an observation on 12/10/14 at 8:53 AM Resident # 102 was observed eating breakfast. The meal tray included an open carton of milk, cereal, and she was drinking a can of nepro. The tray card indicated a regular/ liberalized diet with no bananas or potatoes listed on the tray card. There was not a notation for the no milk or cheese restriction. The resident indicated she had received milk on her breakfast tray for her cereal. In an interview with the Nurse Unit Manager on 12/10/14 at she stated that the " no milk or cheese as needed " read as such according to how the order was entered into the computer system. She stated that Resident # 102 should not be served milk or cheese. The Nurse Unit Manager indicated that she had edited the order to read as no milk or cheese and had also changed the diet slip, so the kitchen staff would not send any milk or cheese out to the resident.	F 325	4 Results of the tray monitoring will be reported to the facility□s Performance Improvement Committee monthly x 3 for further recommendation.	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		1/1/15

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F 371	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to dispose of expired chocolate milk and failed to maintain 1 of 1 oven in clean condition to prevent the harboring of pests. The findings included: 1. During the initial kitchen tour on 12/8/14 at 10:00 AM the Walk in cooler was observed. Inside the cooler a crate of chocolate milk was observed with the expiration date of 12/8/14. During a second observation of the Walk in cooler on 12/10/14 at 9:15 AM, a crate of chocolate milk were observed with the expiration date of 12/8/14. On 12/10/14 at 9:17 AM dietary staff was observed delivering snacks to the nurse ' s station. One carton of chocolate milk with the expiration date of 12/8/14 was observed on the snack cart. In an interview with the dietary staff on 12/10/14 at 9:17 AM, she stated that she checked the dates on milk before she brought out to the nourishment refrigerators for the 10:00 AM snacks. An observation of the Walk in cooler on 12/10/14 at 9:23 AM, 16 cartons of chocolate milk were observed with the expiration date of 12/8/14. During an interview with the Certified Dietary Manager on 12/10/14 at 9:24 AM, he stated that	F 371	F371 1. Out of date chocolate milk was discarded on 12/10/14. 2. All Residents receiving meals in the facility have the potential to be affected. Dietary staff was in-serviced on 12/12/14 by the Director of Dining Services on routinely checking the expiration dates on milk and other perishable foods prior to tray service. 3. Director of Dining Services or designee will monitor milk deliveries bi-weekly x 2 weeks then weekly x 2 weeks to ensure the delivery person is rotating stock and removing out of date products as needed. 4. The Director of Dining Services will report monitoring to the facility□s Performance Improvement Committee monthly x 3 months for further recommendation results.	

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F 371	Continued From page 3 milk is not good past the expiration date and he would put the milk aside immediately. He stated that the dairy company came twice a week and should have handled the expired milk. Observation on 12/10/14 at 9:34 AM, dietary staff were observed returning to the kitchen with 4 cartons of expired chocolate milk in her hands. She stated that she had been told to return the chocolate milks to the kitchen. 2. During the initial kitchen tour on 12/8/14 at 10:49 AM the oven was observed with black charred food particles and small pieces of foil on the bottom shelf. An observation on 12/9/14 at 9:18 AM the oven was observed with black charred food particles and small pieces of foil on the bottom shelf. An observation on 12/10/14 at 9:28 AM the oven was observed with black charred food particles and small pieces of foil on the bottom shelf. In an interview with dietary staff on 12/10/14 at 3:16 PM she stated that the oven was cleaned twice a month. During an interview with the Certified Dietary Manager on 12/10/14 at 3:18 PM he stated that he expected the oven to be cleaned weekly and also as needed.	F 371		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional	F 514		1/1/15

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F 514	Continued From page 4 standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to ensure accurate Medication Administration Records for 1 of 5 residents whose medication records were reviewed. The findings included: Resident #67 was admitted to the facility on 11/4/14 and had a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). Review of the monthly physician ' s orders for December 2014 revealed an order dated 11/5/14 for Ipratropium-Albuterol Solution 0.5-2.5mg (milligrams) per 3ml (milliliters), 1 applicator, Inhale orally every 6 hours. There was an order dated 11/7/14 for DuoNeb Solution 0.5-2.5 mg per 3ml, 1 applicator, Inhale every 6 hours. DuoNeb Solution is a combination of Ipratropium and Albuterol that works together to help open the airways in the lungs and is used to treat COPD. The combined medications are given via a nebulizer that converts the liquid medication into a fine mist that is inhaled by breathing through a mouthpiece or mask.	F 514	F 0514 1. Duo-Neb orders for Resident #67 were clarified by Unit Manager on the December Medication Administration Record to reflect the single order for Duo-Nebs to be administered at 12am, 6am, 12noon, and 6pm). Duplicate order was discontinued from the December Medication Administration Record by Unit Manager on 12/8/2014. 2. Residents receiving medications in the facility have the potential to be affected. Audit completed by Director of Nursing, Assistant Director of Nursing, and Unit Managers for current residents physician orders and Medication Administration Records on 12/9/2014 and no additional residents were identified with duplication of orders. 3. Administrative nurses will complete the end of the month validation of current physician orders and accurate Medication Administration Records for the upcoming month. After the initial validation by the	

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F 514	Continued From page 5 Review of the November 2014 Medication Administration Record (MAR) for Resident #67 revealed an order dated 11/5/14 for Ipratropium-Albuterol Solution 0.5-2.5mg (milligrams) per 3ml (milliliters), 1 applicator, Inhale orally every 6 hours. The medication was to be given at 3AM, 9AM, 3PM and 9PM. The order was highlighted in yellow indicating the medication had been discontinued and a hand written notation that the times were changed on 11/7/14. The medication was initialed indicating the medication was given on 11/5/14 until 11/7/14 when the medication was discontinued. The November 2014 MAR also contained an order for DuoNeb Solution 0.5-2.5 mg per 3ml, 1 applicator, Inhale every 6 hours. The MAR was initialed that all doses were given as ordered from 11/8/14 through the end of November 2014. The December 2014 MAR for the resident contained an order dated 11/5/14 for Ipratropium-Albuterol Solution to be given at 3AM, 9AM, 3PM and 9PM that had been discontinued on the November MAR. The medication was initialed as having been given for all 4 times on December 1-5, 3 times on December 6 and 7 and 1 time on December 8. The MAR also contained an order for DuoNeb Solution 0.5-2.3 mg per 3ml. 1 applicator, inhale every 6 hours with a start date of 11/8/14. The medication was to be given at 12AM, 6AM, 12PM and 6PM. The medication was initialed as having been given 4 times from December 1 through December 5, 3 times on December 6 and 7 and 1 time on December 8. Nurse #1 was observed to administer medications to Resident #67 on 12/8/14 at 4:22 PM. While the nurse was preparing the medications, Nurse #1 stated the DuoNeb was	F 514	first administrative nurse, a second validation will be completed by a second administrative nurse prior to the new Medication Administration Records being used on the first of the new month. Both administrative nurses performing the validations will sign each Medication Administration Record page. Administrative nurses were educated by the Director of Nursing on this process 12/15/2014. The process will begin with the end of month reviews beginning on 12/30/2014 and continue for 3 months. Duplication of orders identified during the validations will be corrected when found to ensure the new month□s Medication Administration Records are accurate. Licensed nurses were in-serviced by the Nurse Practice Educator on Point Click Care new order entry and current order editing on 12/12/14-12/18/14 with return demonstration validated by the Nurse Practice Educator. Duplication of orders identified by the licensed nurses during medication passes will be clarified and corrected as identified. 4. The Director of Nursing will report the number of order duplications identified during the monthly reviews and during medication passes to the facility□s Performance Improvement Committee monthly x 3 months for review and further recommendation.	

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F 514	Continued From page 6	F 514		

due at 3:00 PM and then noted a second entry on the MAR for the same medication and stated it was due at 6:00 PM. The Nurse stated she did not realized the order was on the MAR twice. The MAR revealed Nurse #1 had initialed that the discontinued Ipratropium-Albuterol treatment had been given on December 3, 4, 5 and 8. The Nurse stated she had been following the 12AM, 6AM, 12PM, 6PM schedule for the DuoNeb and last gave the medication at 12PM. When asked why she initialed both medications as given, the Nurse stated after giving the medications she went down the list on the MAR and initialed all the medications not realizing the medication was entered twice on the MAR.

An interview was conducted with Nurse #2 on 12/10/14 at 3:52 PM. The Nurse stated on 11/7/14 she saw that the DuoNeb treatment was scheduled to be given at 3:00 PM which was the time of shift change for the nursing staff. The Nurse stated 3PM was an inconvenient time to give the medication and was concerned the medication might be omitted at this time of day. The Nurse stated she changed the medication to a 12AM, 6AM, 12PM, 6PM schedule and discontinued the medication on the November 2014 MAR. The Nurse stated she entered the order with the new times in the computer system but neglected to discontinue the other order, therefore both orders printed out on the December 2014 MAR.

The Director of Nursing (DON) stated in an interview on 12/10/14 at 3:15 PM that she had spoken to the nurses that gave medications to the resident and the resident did not receive the medication more than 4 times a day. The DON stated they had completed an audit on the MARs

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F 514	Continued From page 7 for all residents in the facility and there were no other MARs with a duplication of orders. The DON stated she had initiated a plan of correction to prevent this from happening again. On 12/11/14 at 1:00 PM an interview was conducted with Unit Manager #1. The Unit Manager stated when the new MARs were printed a staff member checked the MAR to ensure accuracy. The Unit Manager stated she checked the new MAR for December and did not notice the duplicate entry. The Unit Manager stated the medication was listed on one page with the brand name and on the next page with the generic name and she did not pick up the duplicate order on the MAR.	F 514		