STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345383	A. BUILDING _____ B. WING _____	C 12/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTISH PINES REHABILITATION AND NURSING CENTER	620 JOHNS ROAD LAURINBURG, NC 28352

(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 000	INITIAL COMMENTS The practice statement for tag F 514 was amended on 12/29/14.	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide PRN (as needed) pain medication to 1 of 3 residents (Resident #1) who requested pain medication. The findings included: Resident # 1 was admitted to the facility 6/4/14 and readmitted on 10/23/14 with diagnosis that included hip replacement, postoperative infection, chronic pain, lumbago and degenerative disc disease. The Admission Minimum Data Set (MDS) Assessment dated 11/4/14 coded the resident as cogitatively intact, having no behaviors, with frequent pain at a level of 6 out of 10. Review of Resident # 1 ' s November Medication Administration Record (MAR) documented on 11/7/14 at 6:55 AM, 2 PRN (as needed) pain medicines were administered to the resident. A	F 309	Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Scottish Pines Rehabilitation and Nursing. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings. F309	1/14/15

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

Electronically Signed | 12/29/2014

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F 309	Continued From page 1 follow up notation at 7:28 AM documented the medication was effective. A notation at 11:56 AM indicated that 2 PRN pain medicines were administered to the resident. There was no follow up notation. A follow up note documented at 6:19 PM the resident had received 2 PRN pain medications and that the medication was effective. In an interview with the Director of Nursing on 12/17/14 at 9:17 AM she stated that the resident ' s nurse had signed out for the medication and then discovered the medication was not available. She stated that the nurse probably never gave the resident his pain medication as documented and that he did not receive anything until 4:25 PM. The DON indicated that the nurse who signed the MAR was no longer employed with the facility. In an interview on 12/17/14 at 9:45 AM the nurse aide who worked with Resident # 1, she stated that the resident took his pain medications every 4 hours and would not want to miss any of his pain medications.	F 309	1) Resident #1 was discharged from facility on 11/12/2014 to resident□s home following completion of therapy services. 2) Resident #1 was discharged from facility on 11/12/2014 with prescriptions for a thirty-day supply of pain medications and a follow-up appointment with primary care physician within two weeks of discharge from facility. 3) Nurse that had signed out for the medication (and then discovered it was not available) was terminated from employment effective 11/7/2014. 4) All facility licensed nursing staff will be in-serviced by facility Director of Nursing Services or designee of facility policy to ensure that each resident receives necessary care and services (to include medications) in accordance with the comprehensive assessment and plan of care. This in-service will be completed on or before January 14th, 2015. This information will be included in new hire orientation and through annual reviews. 5) All facility licensed nursing staff will be in-serviced by facility Director of Nursing Services or designee to ensure that clinical records on each resident are accurate and in accordance with accepted professional standards. This in-service will be completed on or before January 14th, 2015. This information will be included in new hire orientation and through annual reviews. 6) Results of plan will be discussed and minutes recorded x 4 months during the facility□s monthly QA meeting, with adjustments to plan made as needed, followed by:	

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F 309	Continued From page 2	F 309	7) Results of compliance with plan will be discussed and minutes recorded quarterly x 3 quarters during the facility□s quarterly QA committee meeting, with adjustments to plan made as needed followed by: 8) Should revisions be necessary, appropriate staff will be re-in-serviced by facility Director of Nursing Services or appropriate designee. 9) Any revisions to plan will require monitoring steps to begin again at step 6.	
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 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 provide pain medication that had been documented as given to 1 of 3 residents (Resident # 1) reviewed. The findings included:	F 514	Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable	1/14/15

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F 514	Continued From page 3 Resident # 1 was admitted to the facility 6/4/14 and readmitted on 10/23/14 with diagnosis that included hip replacement, postoperative infection, chronic pain, lumbago and degenerative disc disease. The Admission Minimum Data Set (MDS) Assessment dated 11/4/14 coded the resident as cogitatively intact, having no behaviors, with frequent pain at a level of 6 out of 10. Review of Resident # 1 ' s November Medication Administration Record (MAR) documented on 11/7/14 at 6:55 AM, 2 PRN (as needed) pain medicines were administered to the resident. A follow up notation at 7:28 AM documented the medication was effective. A notation at 11:56 AM indicated that 2 PRN pain medicines were administered to the resident. There was no follow up notation. A follow up note documented at 6:19 PM the resident had received 2 PRN pain medications and that the medication was effective. In an interview with the Director of Nursing on 12/17/14 at 9:17 AM she stated that the resident ' s nurse had signed out for the medication and then discovered the medication was not available. She stated that the nurse probably never gave the resident his pain medication as documented and that he did not receive anything until 4:25 PM. The DON indicated that the nurse who signed the MAR was no longer employed with the facility. In an interview on 12/17/14 at 9:45 AM the nurse aide who worked with Resident # 1, she stated that the resident took his pain medications every	F 514	rules and the provision of quality care to residents. The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Scottish Pines Rehabilitation and Nursing. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings. F514 1) Resident #1 was discharged from facility on 11/12/2014 to resident□s home following completion of therapy services. 2) Resident #1 was discharged from facility on 11/12/2014 with prescriptions for a thirty-day supply of pain medications and a follow-up appointment with primary care physician within two weeks of discharge from facility. 3) Nurse that had signed out for the medication (and then discovered it was not available) was terminated from employment effective 11/7/2014. 4) All facility licensed nursing staff will be in-serviced by facility Director of Nursing Services or designee of facility policy to ensure that each resident receives necessary care and services (to include medications) in accordance with the comprehensive assessment and plan of care. This in-service will be completed on or before January 14th, 2015. This information will be included in new hire orientation and through annual reviews.	

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F 514	Continued From page 4 4 hours and would not want to miss any of his pain medications. In an interview on 12/17/14 at 2:00 PM the DON stated that nurses are expected to administrator a resident ' s medication first, then document on the MAR the medication was given.	F 514	5) All facility licensed nursing staff will be in-serviced by facility Director of Nursing Services or designee to ensure that clinical records on each resident are accurate and in accordance with accepted professional standards. This in-service will be completed on or before January 14th, 2015. This information will be included in new hire orientation and through annual reviews. 6) Results of plan will be discussed and minutes recorded x 4 months during the facility□s monthly QA meeting, with adjustments to plan made as needed, followed by: 7) Results of compliance with plan will be discussed and minutes recorded quarterly x 3 quarters during the facility□s quarterly QA committee meeting, with adjustments to plan made as needed followed by: 8) Should revisions be necessary, appropriate staff will be re-in-serviced by facility Director of Nursing Services or appropriate designee. 9) Any revisions to plan will require monitoring steps to begin again at step 6.	