PRINTED: 01/20/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	LE CONSTRUCTION		SURVEY PLETED
		345551	B. WING		12/1	2/2014
	PROVIDER OR SUPPLIER			ETREET ADDRESS, CITY, STATE, ZIP CODE	12/1	12/2014
FROITII	ILALITI-OAROLINA F	OINT	I	DURHAM, NC 27705		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs .	F 000			
F 224 SS=G	and severity of tag to a G. Tag F425 w 483.13(c) PROHIBI MISTREATMENT/N The facility must de policies and proced mistreatment, negle	T NEGLECT/MISAPPROPRIATN Evelop and implement written	F 224			1/5/15
	by: Based on record rephysician interview and administer a m (Elavil) for 10 days, administer ordered (Meropenum) for 8 days; and failed to ptreatments for a Plocentral catheter) for residents (Resident of 30 opportunities 1.Resident #181 was diagnoses that incluon both lower legs at The Nursing Home Physical dated 10/9	eview, staff interview, and the facility failed to provide edication ordered for pain failed to provide and admission medications days and (Tobramycin) for 3 provide assessments and CC (peripherally inserted 8 out of 10 days for 2 of 2 at 181 and #128) missing 25 to provide care. Admission History and 19/14 indicated Resident #181 rextremity chronic wound		This plan of correction constitutes a written allegation of compliance. Preparation and submission of this procession or agreement by the provided truth of the facts alleged or the correctness of the conclusions set from the statement of deficiencies. The of correction is prepared and submit solely because of requirements und state and federal law Corrective Action for the resident affection of the resident affection of the pharmacy and gas ordered. The Director or Health Services will counsel, and/or in-servithe nursing staff involved in error.	plan of vider of orth e plan tted er fected.	
ABORATORY		DER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE

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

Electronically Signed

12/31/2014

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.

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING (X3) DATE S COMPL		SURVEY PLETED				
		345551	B. WING			12/1) 2/2014
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, C	CITY, STATE, ZIP CODE		
DDIJITTL	IEALTH-CAROLINA I	POINT		5935 MOUNT SINAI	ROAD		
FRUITIF	IEALI H-CAROLINA I	FOINT		DURHAM, NC 27	705		
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F 224	Continued From pa	age 1	F 2	24			
	infection and acute	e and chronic pain.		Corrective Act	tion for Those with the	Э	
	Orders included the pain: Gabapentin 30 and aday. Ultram 50 mg eventablet for moderate Oxycodone 10 mg The physician progrindicated Resident increased burning physician discontinutyrica for her nerventage.	signed admission Physician e following medications for 00 milligrams (mg) three times by 6 hours as needed. Take 1 e pain, 2 for severe pain. every 6 hrs as needed. Gress note dated 10/10/14 at #181 was seen due to sensation in legs. The nued Gabapentin and started e pain.		Unit Managers reviewed new Records and the Medication Carmedications and compare and compare are in publication of He Competency (Competency Competency Co	s and Supervisors had Medication Admission the medication in the arts, including IV and pain medications, assure new medications assure new medication of the coordinator will selectly with new orders to ling followed and correst orders to Medication of the cord to medication cattle IV medications we see the cord of t	to on ved. cal t 10 ensure ect by	
	indicated: Morphine 4 m dressing change o The Physician Inte indicated Oxycodone 10 extreme pain. Ultram 50 mg needed] mild pain. Ultram 100 mg [by	g [by mouth] 30 minutes before nce daily. rim Orders dated 10/15/14 mg [by mouth] x 1 dose now - [by mouth every 6 hours as		reviewed by the Services and longers to inchanges and inchanges and inchanges and inchanges are viewed for the include flushed medications. The Pharmacy Health Services	ne Director of Health Unit Manager for acculude flush orders, drimedication orders. Iministration sheets ranscription of orders, dressing changes,	to and	
	The Minimum Data indicated Resident had wounds, receipain medication in pain frequently, the	ars as needed] severe pain. a Set (MDS) dated 10/15/14 a #181 was cognitively intact, ved scheduled and as-needed the last 5 days, experienced be pain made it hard for her to st pain was a 10/10.		Services in-set the provision of including following living including IV mandications. Toordinator with provision of Planting IV manual including IV manual including IV manual including IV medications.	erviced the licensed sof pharmacy services wing physician orders the medication order nedications and pain. The Clinical Care will include information harmacy service inclusion orders to include	staff on s to ed, on the	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S ON PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S ON PLAN OF CORRECTION (X3) DATE S		E SURVEY PLETED			
		345551	B. WING			C 12/2014
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CC	•	12/2017
PRUITTH	IEALTH-CAROLINA	POINT		5935 MOUNT SINAI ROAD DURHAM, NC 27705		
040.15	CLIMMA DV CT	ATEMENT OF DEFICIENCIES	15	PROVIDER'S PLAN OF COR	DECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 224	Continued From p	age 2	' F 2	24		
F 224	The Physician Interindicated: [Discontinue] Morpminutes before drestart Morphine 5 ndressing change] ([Discontinue] Lyric Elavil 25 mg [by main). [Discontinue] Ultra [Discontinue] Ultra [Discontinue] Oxycodone 10 as needed] pain. Ultram 50 mg needed] pain. Review of the 24-rby Nurse #15 and orders" and indicar	chrim Orders dated 10/16/14 chine 4 mg [by mouth 30 essing change]. ng [by mouth 30 minutes before conce daily. apentin. a. outh every night at bedtime] - m.	F 2	giving the dose ordered during The Director of Health Service Competency Coordinator, with orders on a weekly bases for then q2 weeks for 1 month the total assure medications are according to physician orders. Systemic Changes to Prever Practice. New orders for medications, medication, flush orders and medication will be checked be manager/week-end supervise ensure medications were fax pharmacy, received, transcril given. Education with licensed nurse Oct 27, 2014 by the Interim E	ces or Clinical Il review 1 month then quarterly dministered s. Int Deficient Including IV pain ty the unit or daily to the ded to bed, and les began on Director of	
	(MAR) indicated E ordered on 10/16/2 being administered. The physician program indicated Resident continued complailegs. The physician management. The Physician Interindicated: [Morphine] 15 The physician program in t	lication Administration Record lavil 25 mg for pain was 14 and was first signed off as d on 10/26/14. gress note dated 10/20/14 t #181 was seen due to nt of severe pain in both of her n added Morphine for pain erim Orders dated 10/20/14 mg [by mouth twice a day]. gress note dated 10/24/14 t #181's pain was improved but		Nursing and continued by the Competency Coordinator on Emergency-Kit (E- Kit) for meneded immediately, utilizated back-up pharmacy for medicare not available in the Emer (E-kit), and new medication administration. Education will in orientation and licensed nurbeave and/or PRN will be ed to returning to work on use of kit (E-kit) and back-up pharm Education with licensed nurs Dec 24, 2014 by the Clinical Coordinator and Director of Fervices on policy and proce "Intermittent infusion devices"	use of the edications on of the ations that gency-kit I be provided ursed on ucated prior f emergency nacy. es began on Competency dealth edure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345551	B. WING				C 1 2/2014
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 12/	12/2017
					935 MOUNT SINAI ROAD		
PRUITTH	IEALTH-CAROLINA P	OINT			OURHAM, NC 27705		
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F 224	Continued From pa	ge 3	F 2	24			
		g at night with pain. The I her Morphine at night.			locking", and "Physician order for in therapy" Education will be added to)	
	The Physician Inter indicated:	im Orders dated 10/24/14			license nursing orientation, and lice nurses on Leave and/or PRN will b educated prior to returning to work.	е	
		orphine] ng [by mouth every morning]. ng [by mouth at bedtime].			How will Corrective Action be moni		
	indicated:	im Orders dated 10/25/14 mg [by mouth at bedtime] until macy.			The Director of Nursing will conduct a weekly review of the Unit Managers'/week- end supervisor's audit findings of new medications. Findings wi be brought to the monthly Quality Assurance Performance Improvement		
	Record (MAR) reve 49 doses of as-nee 10/8/14 and 10/31/	Medication Administration saled Resident #181 received ded pain medication between 14. The pain evaluation done nted moderate to severe pain			Committee for review and revision needed.		
	indicated Resident episodes of crying a "she was only crying have pain in [both le	ress note dated 11/5/14 #181 was seen because of and that the resident stated g [because] she continues to ower legs]." The physician I for her chronic nerve pain ers.					
	indicated: [Discontinue El	im Orders dated 11/5/14 avil]. y mouth at bedtime] for					
	indicated: [Discontinue El	im Orders dated 11/11/14 avil]. v mouth at bedtimel.					

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F 224	the acting Director of "Two nurses check the floor checks ever [that 24-hour period there is no set time nurse to do the 24-check for new orde to 7 pm the previous missed. She also is stock medication or (emergency kit), she the pharmacy and stresident as ordered During an interview 12/11/14 at 12:25 pfax [the physician of matter what time the write it on the MAR chart check to ensurpharmacy and put of Resident #181's 10 indicated a nurse difference or faxing it to any date since that written order does repharmacy and is no order until it comes mentioning the mission why it was not given would have to come During an interview 4:15 pm she stated	on 12/10/14 at 3:26 pm with of Nursing (DON) she stated, the chart. The [night] nurse on ery new order that has come in I]." She further indicated that for the night (7 pm - 7 am) hour chart check, but that the rs should go all the way back s day so that no orders are indicated that the Elavil is not a ravailable in the e-kit ould have been ordered from should have been given to the	F 22	4		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 224	1:00 pm, regarding Elavil order she sta order] when I was v A line was drawn or was not] on the car working on the 16th MAR but never sign pharmacy and the medication. Nurse #15 was una 2.Resident #128 was an acute hospital or was not and the medication.	with Nurse #2 on 12/12/14 at Resident #181's 10/16/14 ted, "I found [the missed working on the hall on the 25th. In the MAR and [the medication t." She indicated the nurse in must have written it on the ned or faxed the order to the resident never received the available for interview. The sadmitted to the facility from in 10/18/2014. His diagnoses	F 2	24			
	condition in which of airways causes the scar and lose their exacerbation. The scar (MDS) dated 10/25 was cognitively into assistance from stalliving. Resident #12 as receiving intraves special procedures PICC line on admissional discharges included the discharge included th	air passages to widen and ability to move air in and out) admission Minimum Data Set /2014 revealed Resident #128 act but required extensive aff for his activities of daily 28 was not coded in the MDS enous medication under nor was he care planned for a sion. The summary dated 10/18/2014 arge diagnosis of acute on asis exacerbation, a history of and previous admissions for cerbation secondary to other and side of the summary dated to the summary of the summary					

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION IDENTIFICATION NUMBER: (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED C		
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F 224	Tobramycin (antibio through 10/18/2014 included: Meropeninjections infuse 2 [e.g. PICC] every 1 Tobramycin 300 ms solution. Inhale 5 m A medication list for the hospital on 10/[in part] the medication record review of faxed to the pharm 10/18/2014 attached (Level of Care Scremedication recondicated 10/18/2014. included: Insulin (Natrovent), Merope Warfarin. A record review of Orders dated 10/18 and verified by Nurin two different ham Meropenem 500 minto venous cathete and Tobramycin 30 ml every 12 hours order's did not incomplete the solution of the cord dated 10/1500 mg injections in catheter every 12 hours at the cord review of Record dated 10/1500 mg injections in catheter every 12 hours in the cord review of Record dated 10/1500 mg injections in catheter every 12 hours in the cord review of Record dated 10/1500 mg injections in catheter every 12 hours in the cord review of Record dated 10/1500 mg injections in catheter every 12 hours in the cord review of Record dated 10/1500 mg injections in catheter every 12 hours in the cord review of Record dated 10/1500 mg injections in catheter every 12 hours in the cord review of Record dated 10/1500 mg injections in catheter every 12 hours in the cord review of Record review of Rec	otic) twice a day 10/2/2014 4. The discharge medications em 500 mg (milligram) grams into venous catheter 2 hours for 10 days and g/ 5 ml (milliliters) nebulizer and every 12 hours for 3 days. Tresident #128 provided by 18/2014 included: ations Meropenem and the Medication list that was acy from the facility on ed to Resident #128 's FL2 eening Tool) was the liation list from the hospital Page 2 [not labeled] was not lovolog), Ipratropium nem, Tobramycin, and Resident #128 's Physician 's 8/2014 transcribed by Nurse #4 se #5 noted to be transcribed did writings included: g injections infuse 2 grams er every 12 hours for 10 days for 3 days. The Physician clude treatment for the PICC. Resident #128 's Medication 8/2014 included: Meropenem infuse 2 grams into venous hours for 10 days and g/5 ml nebulizer. Inhale 5 ml	F 22	.4		

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F 224	indicated the medic blank from the PM of 10/26/2014 for the 20 opportunities. To were blank or initial initials that indicate span from 10/19/20 out of 6 opportunities medication. The Mas to what 3 days the administer the Tobs. A record review of received from the properties of the facility for reside Tobramycin were not through 10/26/2014 Meropenem and Tobramycin were not through 10/27/2014 Medispensed for Reside A record review of Admission/Nursing 10/18/2014 included under Devices/Speassessment noted the Body Audit section A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the A record review of 10/18/2014 signed assessment of the 10/18/2014 signed as	exes for nurse staff initials that cation was administered were of 10/18/2014 through the AM the Meropenem missing 16 of the boxes for the Tobramycin led with a circle around the ext and administered over a time of 14 to 10/24/2014 missing 6 to administer the edication Record was unclear the nursing staff intended to tramycin. The facility log for medication charmacy revealed that on medications were dispensed to ent #128. Meropenem and not included. 10/19/2014 was reviewed and cobramycin were not dispensed. Topenem quantity of 4 was dent #128. Resident #128 's Observation Form dated an IV (intravenous) /PICC exial Treatments. In addition the the PICC line in the left arm on tion. a Body Audit Form dated by Nurse #4 did not include an	F 224			

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F 224	nebulizer treatment antibiotic therapy C admission nurse no assessment or treat PICC. A record review of I chart check form vechecked all of Resirevealed Nurse #1 10/18/2014, 10/19/3 10/24/2014. Nurse 10/20/2014. Nurse 10/21/2014. Nurse 10/22/2014. The data 10/26/2014 were leter in a sees in the second review of dated 10/18/2014 winclude an assessment as PICC. It indicated an assessment (#128) on treatment given. A record review of I Nurses Note dated system assessment by Nurse #3 for day shift. It did not include for the second review of I not included and teach/care IV of the indicate application and teach/care IV of the indicate application arrative written by multiple nebulizer to	at #128 was on multiple s and inhalers. He was on ipro (oral antibiotic). The ote did not include an tment for Resident #128 's Resident #128 's 24 hour erifying that a second nurse dent #128 's medications signature initialed on 2014, 10/23/2014 and # 12 signature initialed on # 7 signature initialed on # 9 signature initialed on ates 10/25/2014 and	F 22	4		

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F 224	A record review of R Admission History a included notation of Nurses Note dated system assessmen by Nurse #6 for day assessment or treat PICC. The boxes a central/peripheral IV catheter sites were applicable for Resid Nurse #6 included today. A record review of R Nurses Note dated system assessmen by Nurse #7 for night assessment or treat PICC. The boxes a central/peripheral IV catheter sites were applicable for Resid from Nurse #7 included today. A record review of R Nurses Note dated system assessmen by Rurse #8 for day assessment or treat PICC. The boxes a policy in the property of R Nurses Note dated system assessmen by Nurse #8 for day assessment or treat PICC. The boxes a policy included the property in the property in the property is not provided to the property in the property is not provided to the property in the property is not provided to the property in the property is not provided to the property in the property is not provided to the property in the property is not provided to the property in the property is not provided to the property is not provided to the property in the provided to the provided to the property is not provided to the property in the property is not provided to the provided	Resident #128 's Physician and Physical dated 10/20/2014		224		
	applicable for Residual narratives from Nur	not marked to indicate dent #128. Addition nurse note se #9 and Nurse #1 did not t or treatment for Resident				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ') MULTIPLE CONSTRUCTION BUILDING		COMPLETED	
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F 224	included tolerated s # 9 as needed Albu #1 tolerated medica treatment given. A record review of Nurses Note dated system assessment by an unidentified r assessment or trea PICC. The boxes of central/peripheral l' catheter sites were applicable for Reside A record review of Nurses Note dated system assessment by Nurse #3 for day shift. It did not include of Resident #128 's services provided f and teach/care IV of to indicate applicab narrative written by medications and br #1 included tolerate nebulizer treatment A record review of Nurses Note dated system assessment note narrative from include assessment #128 's PICC. The	arrative written by Nurse #8 scheduled medications; Nurse sterol administered; and Nurse ations well and nebulizer Resident #128 's Skilled Daily 10/23/2014 included a full at for each shift and was signed aurse. It did not include atment of Resident #128 's under services provided for V therapy and teach/care IV not marked to indicate dent #128. Resident #128 's Skilled Daily 10/24/2014 included a full at for each shift and was signed by shift and Nurse #1 for night and assessment or treatment as PICC. The boxes under or central/peripheral IV therapy catheter sites were not marked alle for Resident #128. A Nurse #3 included tolerated reathing treatments and Nurse and all medications well and		4			

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F 224	Nurses Note dated system assessmen by Nurse #2. The b for central/peripher IV catheter sites we applicable for Residual applic	Resident #128 's Skilled Daily 10/26/2014 included a full the for each shift and was signed oxes under services provided all IV therapy and teach/care ere not marked to indicate dent #128. A nurse note Nurse #12 at 12:00 PM in the was alert and oriented and ell well ". Resident #128 'd dessed and orders ' were Physician for blood work and note narrative written by Nurse aled his interpretation of the ders were received to start a bus access (PIV); start ered at hospital; and to when possible. Resident #128 's Skilled Daily 10/27/2014 included a #11. The Physician ordered sent to the hospital for an CC and Resident #128 was PM. A facility communication tool ation Form) dated 10/27/2014 included to the hospital for an CC and Resident #128 was PM. A facility communication tool ation Form) dated 10/27/2014 included	F 2	24		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	COM	E SURVEY IPLETED C
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	NAME OF PROVIDER OR SUPPLIER Cach Deficiency Must be preceded by Full Regulatory or Lsc identifying information)			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705	•	
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 224	department dischar a diagnosis of Occi. Nurse #1 was Resi 10/18/2014, 10/19/10/24/2014. She w unavailable for an i On 12/12/2014 at 1 Nurse #2 revealed admission nurse for longer employed. No care for Resident # through 10/26/2014 when she found the 10/23/2014 a nurse even though Nurse schedule. The Mer delivered from a sp back up. The regul additional doses or was "oriented to p sick. I am not sure that time had passes show me his PICC nasty and it was not on 12/12/2014 at 1 Nurse #3 who care 10/19/2014 and 10 recall the Meropen Resident #128 hav On 12/12/2014 at 1 Nurse #4 revealed at the facility. Nurse on 10/18/2014 and Resident #128 's a sident #128 's a	rge dated 10/27/2014 included luded PICC line. dent #128 's nurse on 2014 10/23/2014 and as out of the country and nterview during the survey. 1:48 PM an interview with she worked for 4 years as the or a sister facility and was no lurse #2 reported she did not 1:28 the week of 10/18/2014 at until the evening [10/26] are error. She reported on a in orientation worked the hall at 2 's name remained on the openum on 10/26/2014 was becialty pharmacy through the arr pharmacy delivered in 10/27/2014. Resident #128 to line. The PICC dressing was bet a facility dressing. " 1:18 PM an interview with d for Resident #128 on /24/2014 revealed she did not um order nor does she recall	F 22	4		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		COM	E SURVEY PLETED
		345551	B. WING				C 1 2/2014
	PROVIDER OR SUPPLIER HEALTH-CAROLINA P	OINT		STREET ADDRESS, CITY, STATE, ZIP 5935 MOUNT SINAI ROAD DURHAM, NC 27705	CODE	12/	12/2017
(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 X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD E APPROPF	BE	(X5) COMPLETION DATE
F 224	transcribing orders that were on formul of Resident #128 's Nurse #5 was Resident #12014 and waduring the survey. Nurse #6 was Resident 10/20/2014 and waduring the survey. On 12/11/2014 at 1 Nurse #7 revealed #128 on 10/21/2014 reported she ignored saident 9:00 AM. She time but not the order not check for a PIC Nurse #8 was Resident 10/22/2014 and waduring the survey. Nurse #9 was a sugan assessment on Nurses Note on 10/for interview during. Nurse #10 was Resident 10/25/2014 and waduring the survey. Nurse #11 was Resident 10/26/2014 and waduring the survey. Nurse #11 was Resident 10/26/2014 and waduring the survey. Nurse #12 was identification in the survey. Nurse #12 was identification in the survey.	to the telephone order sheet ary. She did not transcribe all so Physician orders. Ident #128 's nurse on so not available for an interview of a not available for an interview of a not available for interview of the order because the time of the order because the time of the notation of the notati	F 2	24			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	MULTIPLE CONSTRUCTION (JILDING		COMPLETED	
		345551	B. WING _		12	C 2 /12/2014	
	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP COI 5935 MOUNT SINAI ROAD DURHAM, NC 27705			
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 224	cared for Resident through 10/26/2014 Nurse #12 's signal identified and she winterview during the Nurse #13 was ide administration team cared for Resident through 10/26/2014 at 2 Nurse #13 revealed Resident #128 's h 10/26/2014. She reson the first morning antibiotic through a signature initials or Record for 10/27/2. Nurse #14 was ide administration team cared for Resident through 10/26/2014 the staff schedule. initials were not ide unavailable for an identification was supported by the staff was identifials were restricted included: flush (Saline/Antibiotic/S dressing changes at The nursing staff with Physician order Medication Order for the staff or the physician order for the physician o	#128 the week of 10/18/2014 4 based on the staff schedule. ature or initials were not was unavailable for an e survey. Intified by the facility corporate in as one of the nurses that #128 the week of 10/18/2014 4. It is PM an interview with dishe had not worked on hall 10/18/2014 through eported she returned to the hall gresident #128 received his in PIV. Nurse #13 confirmed her in Resident #128 's Medication 014. Intified by the facility corporate in as one of the nurses that #128 the week of 10/18/2014 4 (10/21 and 10/22) based on Nurse #12 's signature or entified and she was interview during the survey. I:05 PM an interview with Unit ealed all nursing staff ponsible for PICC line care	F 22	24			

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			COM	IPLETED
		345551	B. WING				C 12/2014
	PROVIDER OR SUPPLIER	OINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			12/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	(X5) COMPLETION DATE
F 224	and if the order was was to call and get maintenance. She reported she ds POF or Medication not working on his and expectations. The cand expectations or than the nursing prophysician Orders which was every shift. We assessments were staff schedule and responsible for the Acting Director of Nexpectation was the Record and look at An interview on 12/Physician indicated of chronic and acut and the Meropener sputum culture resucall from Unit Coording Physician reported to the Phynot been receiving Physician reported that time and exten medication. The Pleit was occluded fron flushed but it should nurses] had provide important that he [Formattine].	id not look at Resident #128 on Record because she was admission date. :06 PM an interview with the lursing (DON) revealed she pordinator #1 's statements. The facility policy was different actice. The staff follows the which was to flush the PICC ekly body audits/skin done weekly and on a rotating the floor nurse was. PICC dressing changes. The lursing (DON) revealed her estaff review the Medication every page. 10/2014 at 4:54 PM with the the resident had a diagnosis e Bronchiectasis exacerbation in had been ordered due to his cults. The Physician received a dinator #1 on 10/26/2014. She is sician that Resident #128 had his antibiotic Meropenem. The he ordered the Meropenum at ded the end date for the CC line was replaced because in lack of use. It was not do have been. "Do I wish [the led the antibiotic? Yes. It was Resident #128] received the		224			
	antibiotic. I do not to during the time he	hink his condition deteriorated did not receive the medication, t for him to receive the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345551	B. WING		4.	C 2/ 12/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (5935 MOUNT SINAI ROAD DURHAM, NC 27705	•	2/12/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC X (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 224	medication, so we sto get the medication been given ". The process issue. On 12/12/2014 at 3 Acting DON revealed during the admission reviewed the admission reviewed the admission reviewed the medication and transcribed orders pharmacy. If the pharmacy. If the pharmacy is the pharmacy order sheet. The Actiff will send both the POF. The Pharmacy are receiving the discharge summary the medications are receiving the discharge from the check against the from medications in the check the medication in the check the medication pass are they were giving. The medications list regardless of what The nursing staff we chart check [for ord nurse staff does the nurse who transcribed the medication that the check is the medication that the medication is the chart check is the murse staff does the nurse who transcribed the medication that the medication is the chart check is the medication that the medication the medication tha	age 16 Started a peripheral IV for him on when we realized it had not Physician agreed there was a state of Physician of Physician discharge summary and the state of Physician o	F 2	224			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	COM	E SURVEY IPLETED
		345551	B. WING			C 12/2014
	PROVIDER OR SUPPLIER	OINT		STREET ADDRESS, CITY, STATE, ZIP C 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 224 F 328 SS=G	verification. It was r nurses to be involve process/transcription responsibility of the Resident #128, keep care needed.	not best practice for multiple	F 2			1/5/15
	proper treatment ar special services: Injections; Parenteral and enter	stomy, or ileostomy care; ;				
	by: Based on record refacility failed to provide treatments for a PIC central catheter) for residents (Resident opportunities to assiline for patency whit occluded and require Findings included: Resident #128 was an acute hospital of	eview and staff interview the vide assessments and CC (peripherally inserted 8 out of 10 days for 1 of 1 #128) missing 15 of 20 ess for infection and flush the ch resulted in the PICC being red replacement. admitted to the facility from 1 10/18/2014. His diagnoses hronic Bronchiectasis (a lung		Corrective Action for the resaffected. Resident #128 medications from pharmacy and given as Director or Health Services and/or in-services the nursir involved in error. Corrective Action for Those Potential to be affected. Unit Managers and Supervisit reviewed new Medication Action	were obtained s ordered. The will counsel, ng staff with the	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		E SURVEY PLETED
		345551	B. WING			C 12/2014
NAME OF I	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CC	•	12/2014
PRUITTH	HEALTH-CAROLINA I	POINT		5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 328	condition in which airways causes the scar and lose their exacerbation. The (MDS) dated 10/25 was cognitively into assistance from st living. Resident #1 as receiving intraves pecial procedures PICC line on admit A hospital dischargincluded the discharchronic Bronchlect Pulmonary Fibrosis Bronchiectasis exa Pseudomonas (ba resistance). The di Meropenem (antib 2 grams into venor 12 hours for 10 da A record review of Admission/Nursing 10/18/2014 include under Devices/Speassessment noted the Body Audit sector of Corders dated 10/15 and verified by Nurfor the PICC. The 10/18/2014 were to writings. A record review of A record review of Corders dated 10/15 and verified by Nurfor the PICC. The 10/18/2014 were to writings.	damage to the eair passages to widen and ability to move air in and out) admission Minimum Data Set 5/2014 revealed Resident #128 act but required extensive aff for his activities of daily 28 was not coded in the MDS enous medication under anor was he care planned for a ssion. Je summary dated 10/18/2014 arge diagnosis of acute on asis exacerbation, a history of a service and previous admissions for acerbation secondary to acteria with antibiotic scharge medications included a totic) 500 mg injections infuse as catheter [e.g. PICC] every yes. Resident #128 's and Observation Form dated and IV (intravenous) /PICC acial Treatments. In addition the the PICC line in the left arm on	F3	Records and the medication Medication Carts, including I's medications and pain medications and pain medications and pain medications are in place and being Director of Health Services of Competency Coordinator will patients weekly with new ord orders are being followed and checking new orders to Medication Record to medicate All resident with IV medication reviewed by the Director of Health Services and Unit Manager for of orders to include flush ord changes and medication ordered Medication administration should reviewed for transcription of include flushes, dressing charmedications. The Pharmacy Consultant, Definition of the provision of pharmacy services in-serviced the lice the provision of pharmacy services including IV medications and medications. The Clinical Carcoordinator will include information of Pharmacy services of Pharma	ations, to edication g followed. or Clinical I select 10 ers to ensure d correct by ication cart. ons were dealth for accuracy ers, dressing ers. eets orders to anges, and Director of Health insed staff on ervices orders to a ordered, I pain remation on the ce including include ing orientation. des or Clinical II review or 1 month	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345551	B. WING				C 12/2014
NAME OF I	PROVIDER OR SUPPLIER	L		5	STREET ADDRESS, CITY, STATE, ZIP CODE		12/2014
					5935 MOUNT SINAI ROAD		
PRUITTH	IEALTH-CAROLINA F	POINT			DURHAM, NC 27705		
0(0) ID	CLIMMA DV CT	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 328	Continued From pa	age 19	F 3	328			
	assessment of the	PICC.			to assure medications are administaccording to physician orders.	tered	
	A record review of	Resident #128's admission			3 to provide the second		
		0/18/2014 written by Nurse #5			Systemic Changes to Prevent Defi	cient	
		assessment or treatment for			Practice.		
					New orders for medications, includ	ing IV	
	A record review of	Resident #128's nurse note			medication, flush orders and pain	Ū	
		written by Nurse # 1 did not			medication will be checked by the		
		ment or treatment for Resident			manager/week-end supervisor dail	y to	
	#128's PICC.				ensure medications were faxed to		
					pharmacy, received, transcribed, a	nd	
		Resident #128's Skilled Daily			given.		
		1 10/19/2014 included a full					
		nt for each shift and was signed			Education with licensed nurses beg		
		y shift and Nurse #1 for night ude assessment or treatment			Oct 27, 2014 by the Interim Directo		
		PICC. The boxes under			Nursing and continued by the Clinic Competency Coordinator on use of		
		for central/peripheral IV therapy			Emergency-Kit (E- Kit) for medicati		
		catheter sites were not marked			needed immediately, utilization of t		
		ole for Resident #128.			back-up pharmacy for medications		
	to indicate applicat	ole for resident in 120.			are not available in the Emergency		
	A record review of	Resident #128's Physician			(E-kit), and new medication		
		and Physical dated 10/20/2014			administration. Education will be pr	ovided	
	included notation c				in orientation and licensed nursed		
					Leave and/or PRN will be educated	d prior	
	A record review of	Resident #128's Skilled Daily			to returning to work on use of eme	rgency	
	Nurses Note dated	10/20/2014 included a full			kit (E-kit) and back-up pharmacy.		
		nt for each shift and was signed					
	•	y shift. It did not include			Education with licensed nurses beg	•	
		atment of Resident #128's			Dec 24, 2014 by the Clinical Comp	etency	
		under services provided for			Coordinator and Director of Health		
		V therapy and teach/care IV			Services on policy and procedure		
		e not marked to indicate			"Intermittent infusion device flushin		
	applicable for Resi	aent #128.			locking", and "Physician order for in		
	A managed mandered 5	Decident #4001- Old!! - 1 D - 1			therapy" Education will be added to		
		Resident #128's Skilled Daily			license nursing orientation, and lice		
		1 10/21/2014 included a full			nurses on Leave and/or PRN will b		
	system assessmer	nt for each shift and was signed	Ì		educated prior to returning to work		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED		
		345551	B. WING			C 12/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 5935 MOUNT SINAI ROAD DURHAM, NC 27705	•	12/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 328	by Nurse #7 for nig assessment or tre PICC. The boxes central/peripheral catheter sites were applicable for Res A record review of Nurses Note dated system assessment or tre PICC. The boxes central/peripheral catheter sites were applicable for Res narratives from Nuinclude assessment or tre PICC. A record review of Nurses Note dated system assessment or tre PICC. The boxes central/peripheral catheter sites were applicable for Res central/peripheral catheter sites were applicable for Res central/peripheral catheter sites were applicable for Res A record review of Nurses Note dated system assessment of the system assessment of the system assessment of Resident #128's services provided and teach/care IV	ght shift. It did not include atment of Resident #128's under services provided for IV therapy and teach/care IV e not marked to indicate ident #128. Resident #128's Skilled Daily 10/22/2014 included a full nt for each shift and was signed by shift. It did not include atment of Resident #128's under services provided for IV therapy and teach/care IV e not marked to indicate ident #128. Addition nurse note irse #9 and Nurse #1 did not nt or treatment for Resident Resident #128's Skilled Daily 10/23/2014 included a full nt for each shift and was signed nurse. It did not include atment of Resident #128's under services provided for IV therapy and teach/care IV e not marked to indicate	F3	How will Corrective Action The Director of Nursing weekly review of the Unit Managers'/week- end su findings of new medication be brought to the month! Assurance Performance Committee for review an needed.	will conduct a t pervisor's audit ons. Findings will y Quality Improvement	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345551	B. WING		12	C / 12/2014
	PROVIDER OR SUPPLIER	OINT		STREET ADDRESS, CITY, STATE, Z 5935 MOUNT SINAI ROAD DURHAM, NC 27705	.	712/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 328	Nurses Note dated system assessmen note narrative from include assessmen #128's PICC. The for central/periphers IV catheter sites we applicable for Resid A record review of for Nurses Note dated system assessmen by Nurse #2. The bound for central/periphers IV catheter sites we applicable for Residnarrative written by included the resides stated "I don't fee signs were assessed from the Physician A nurse note narrat PM revealed his intreport. Orders were intravenous access ordered at hospital; when possible. A record review of for Nurses Note dated narrative by Nurses resident #128 to be evaluation of the PI transported at 1:15	Resident #128's Skilled Daily 10/25/2014 included a full to for each shift and a nurse Nurses #9 and #10. It did not to reatment of Resident boxes under services provided at IV therapy and teach/care are not marked to indicate dent #128. Resident #128's Skilled Daily 10/26/2014 included a full to for each shift and was signed oxes under services provided at IV therapy and teach/care are not marked to indicate dent #128. A nurse note Nurse #12 at 12:00 PM and was alert and oriented and at well." Resident #128's vital and orders were received for blood work and radiology. In the waste and to replace PICC line received to start a peripheral (PIV); start Meropenem as and to replace PICC line Resident #128's Skilled Daily 10/27/2014 included a #11. The Physician ordered sent to the hospital for an CC and Resident #128 was	F3	328		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		345551	B. WING		12	C / 12/2014
	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP CO 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(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 CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 328	included Resident: from the PICC line hospital. A record review of Hospital Transfer Fincluded no blood reason for transfer. A record review of department discha a diagnosis of Occ. Nurse #1 was Resi 10/18/2014, 10/19/10/24/2014. She wunavailable for an incompartment of the compartment of the c	#128's had no blood return and was transported to the the facility Nursing Home to form dated 10/27/2014 return to PICC and the primary was de-clog/replace PICC. hospital emergency rge dated 10/27/2014 included	F 3.	28		
	Nurse #4 revealed at the facility. Nurse on 10/18/2014 and	11:22 PM an Interview with she was no longer employed e #4 was the treatment nurse helped Nurse #5 with Imission process. She recalled				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING	` '	TE SURVEY MPLETED				
		345551	B. WING		12	C / 12/2014
	ROVIDER OR SUPPLIER	OINT		STREET ADDRESS, CITY, STATE, ZIP C 5935 MOUNT SINAI ROAD DURHAM, NC 27705	•	712/2014
(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
	that were on formul of Resident #128's Nurse #5 was Resi 10/18/2014 and was during the survey. On 12/10/2014 at 1 Coordinator #1 revemembers were resp that includes: flush (Saline/Antibiotic/Sadressing changes at The nursing staff with the Physician order Medication Order for expectation that the was to make sure than diff the order was was to call and get maintenance. On 12/10/2014 at 1 Acting Director of Nagreed with Unit Coexpectations. The sthe Physician Order 10/26/2014] which we very shift. Weekly were done weekly a schedule and the flothe PICC dressing of An interview on 12/Physician revealed	the pharmacy, and to the telephone order sheet ary. She did not transcribe all Physician orders. ident #128's nurse on so not available for an interview and available for an interview and all nursing staff consible for PICC line care with the SASH aline/Heparin) protocol, and monitor site for redness. as responsible for transcribing for PICC line care on the area on the nurses and order for the PICC line and on a rotating staff or nurse was responsible for nurse was responsible for the process and on a rotating staff or nurse was responsible for the process and on a rotating staff or nurse was responsible for the process and the process are process and the process and	F3	28		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345551	B. WING		C 12/1 :	2/2014
	PROVIDER OR SUPPLIER	OINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 328 F 333 SS=G	Acting DON revealed during the admission reviewed the admission reviewed the admission verified the medical Physician and transcribed orders apharmacy. It was no nurses to be involved process/transcription responsibility of the Resident #128, keet care needed. 483.25(m)(2) RESII SIGNIFICANT MEDITORIES The facility must enany significant medical medication interview admission medication ordered healing (multivitamin residents (Resident Findings included: 1. Resident #128 with the admission medical included: 1. Resident #128 with the admission medical included:	2:40 PM an interview with the ed her expectation of staff on process was the nurse staff sion discharge summary and tions/treatments with the effer the orders to the Physician er nurse was to verify the end then fax them to the ot best practice for multiple ed in the admission on of medications. It was the nurses to take care of the phim safe, and provide the DENTS FREE OF DERRORS	F 333		cations liven ices	1/5/15

· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345551	B. WING			C 12/2014	
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP (•	12/2014	
		•		5935 MOUNT SINAI ROAD			
PRUITTH	EALTH-CAROLINA	POINT					
1				DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 333	Continued From p	age 25	F 3	33			
	included acute on condition in which airways causes the scar and lose their exacerbation. The (MDS) dated 10/2 was cognitively intrassistance from stiliving. Resident #1 as receiving intrav special procedures.	chronic Bronchiectasis (a lung damage to the e air passages to widen and ability to move air in and out) admission Minimum Data Set 5/2014 revealed Resident #128 act but required extensive raff for his activities of daily 28 was not coded in the MDS enous medication under s.		Records and the medication Medication Carts, including medications and pain medicompare and assure new morders are in place and bein Director of Health Services Competency Coordinator with patients weekly with new or orders are being followed a checking new orders to Me Admission Record to medicate MII resident with IV medicates.	IV cations, to nedication ng followed. or Clinical vill select 10 rders to ensure and correct by dication cart.		
	included the disch chronic Bronchlec Pulmonary Fibrosi Bronchiectasis ex Pseudomonas (ba resistance). The s Pseudomonas and the hospital with M hours 10/5/2014 th	arge diagnosis of acute on tasis exacerbation, a history of s, and previous admissions for accerbation secondary to acteria with antibiotic putum culture grew d Resident #128 was treated at aleropenum (antibiotic) every 12 prough 10/18/2014 and		reviewed by the Director of Services and Unit Manager of orders to include flush or changes and medication or Medication administration s reviewed for transcription or include flushes, dressing classifications.	Health for accuracy ders, dressing ders. sheets f orders to nanges, and		
	through 10/18/201 included: Meroper injections infuse 2 every 12 hours for mg/ 5 ml (milliliters ml every 12 hours A medication list for the hospital on 10/2 [in part] the medical Tobramycin. A record review of Orders dated 10/1	or Resident #128 provided by 1/18/2014 included: ations Meropenem and Resident #128 's Physician 's 8/2014 transcribed by Nurse #4		The Pharmacy Consultant, Health Services, Clinical Co Coordinator and interim Dir Services in-serviced the lic the provision of pharmacy sincluding following physicia include giving the medication including IV medications ar medications. The Clinical Coordinator will include information of Pharmacy services following physician orders to giving the dose ordered durate Director of Health Services.	ompetency rector of Health censed staff on services n orders to on ordered, nd pain care ormation on the rice including o include ring orientation. vices or Clinical will review		
	and verified by Nu	rse #5 noted to be transcribed nd writings included:		orders on a weekly bases f then q2 weeks for 1 month			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED	
		345551	B. WING			C 12/2014	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/2014	
				5935 MOUNT SINAI ROAD			
PRUITTH	IEALTH-CAROLINA F	POINT		DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 333	Continued From pa	age 26	F 333	3			
	Meropenem 500 mg injections infuse 2 grams into venous catheter every 12 hours for 10 days and Tobramycin 300 mg/5 ml nebulizer. Inhale 5			to assure medications are admir according to physician orders.			
	ml every 12 hours	•		Systemic Changes to Prevent De Practice.	eficient		
	Record dated 10/1 500 mg injections is catheter every 12 h Tobramycin 300 me every 12 hours for The designated bo indicated the medic blank from the PM of 10/26/2014 for the 20 opportunities. Twere blank or initial initials that indicate span from 10/19/20 out of 6 opportuniti medication. The M as to what 3 days that administer the Tobrat 1200 mg injections.	xes for nurse staff initials that cation was administered were of 10/18/2014 through the AM ne Meropenem missing 16 of the boxes for the Tobramycin led with a circle around the ad not administered over a time 014 to 10/24/2014 missing 6 to administer the edication Record was unclear the nursing staff intended to ramycin.		New orders for medications, incl medication, flush orders and pai medication will be checked by the manager/week-end supervisor densure medications were faxed pharmacy, received, transcribed given. Education with licensed nurses to Oct 27, 2014 by the Interim Dire Nursing and continued by the CI Competency Coordinator on use Emergency-Kit (E- Kit) for medication needed immediately, utilization of back-up pharmacy for medication are not available in the Emergen (E-kit), and new medication administration. Education will be in arientation and licensed to the control of th	e unit aily to to , and egan on ctor of inical of the ations of the ns that cy-kit		
	received from the p 10/18/2014 fifteen the facility for resid Tobramycin were n through 10/26/2014 Meropenem and To On 10/27/2014 Me dispensed for Resi A record review of nurse note dated 1 revealed all medica Physician and faxe	the facility log for medication charmacy revealed that on medications were dispensed to ent #128. Meropenem and tot included. 10/19/2014 was reviewed and charmycin were not dispensed. Topenem quantity of 4 was dent #128. Resident #128 's admission 0/18/2014 written by Nurse #5 ations were verified by the d to the pharmacy. All received from the back up		in orientation and licensed nurse Leave and/or PRN will be educa to returning to work on use of enkit (E-kit) and back-up pharmacy Education with licensed nurses to Dec 24, 2014 by the Clinical Cor Coordinator and Director of Hea Services on policy and procedur "Intermittent infusion device flust locking", and "Physician order for therapy" Education will be added license nursing orientation, and Inurses on Leave and/or PRN will educated prior to returning to work.	ted prior nergency v. pegan on mpetency lth e ning and r infusion I to icensed I be		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	COM	COMPLETED	
		345551	B. WING			C 12/2014
	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP CO 5935 MOUNT SINAI ROAD DURHAM, NC 27705		12/2017
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 333	pharmacy. Resider treatments and inhat therapy Cipro (oral Nurse #1 was Resi 10/18/2014, 10/19/10/24/2014. She al hour chart check for admission 10/18/20 all of Resident #12/2 She was out of the interview during the On 12/12/2014 at 1 Nurse #2 revealed #128 the week of 1 until the evening [1 error. She reported orientation worked 's name remained Meropenum on 10/specialty pharmacy regular pharmacy of 10/27/2014. The Total Con 12/12/2014 at 1 Nurse #3 who care 10/19/2014 and 10/18/2014 and 10/18/2014 and Resident #128 's a recalled faxing the transcribing orders	at #128 is on multiple nebulizer alers. He is on antibiotic antibiotic). dent #128 's nurse on 2014 10/23/2014 and so signature initialed the 24 arm for Resident #128 on 214 verifying that she checked 8 's admission medications. country and unavailable for an exurvey. :48 PM an interview with she did not care for Resident 0/18/2014 through 10/26/2014 0/26] when she found the on 10/23/2014 a nurse in the hall even though Nurse #2 on the schedule. The 26/2014 was delivered from a refered additional doses on obramycin was not reordered. :18 PM an interview with d for Resident #128 on /24/2014 revealed she did not um order. 1:22 PM an Interview with she was no longer employed at #4 was the treatment nurse helped Nurse #5 with dimission process. She orders to the pharmacy, and to the telephone order sheet lary. She did not transcribe all	F 33:	How will Corrective Action be The Director of Nursing will weekly review of the Unit Managers'/week- end superfindings of new medications be brought to the monthly Q Assurance Performance Imp Committee for review and reneeded.	conduct a visor's audit . Findings will uality provement	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		345551	B. WING _		12	C / 12/2014
	AME OF PROVIDER OR SUPPLIER RUITTHEALTH-CAROLINA POINT (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 28 Nurse #5 was Resident #128's nurse on 10/18/2014 and was not available for an interduring the survey. Nurse #6 was Resident #128's nurse on 10/20/2014 and was not available for interview during the survey. On 12/11/2014 at 1:29 PM an interview with Nurse #7 revealed she worked with Resident #128 on 10/21/2014 and 10/23/2014. She reported she ignored the order because the ti said 9:00 AM. She looked at the administration time but not the order. Nurse #8 was Resident #128's nurse on 10/22/2014 and was not available for interview during the survey. Nurse #10 was Resident #128's nurse on 10/25/2014 and was not available for interview during the survey. Nurse #10 was Resident #128's nurse on 10/25/2014 and was not available for interview during the survey. Nurse #11 was Resident #128's nurse on			STREET ADDRESS, CITY, STATE, ZIP COD 5935 MOUNT SINAI ROAD DURHAM, NC 27705		112/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 333	Continued From pa	ige 28	F 33	3		
	10/18/2014 and wa					
10/20/2014 and was not avail						
	Nurse #7 revealed she worked with Resident #128 on 10/21/2014 and 10/23/2014. She reported she ignored the order because the time said 9:00 AM. She looked at the administration					
	10/22/2014 and wa					
	10/25/2014 and wa					
	10/26/2014 and was not available for an interview					
	administration team cared for Resident through 10/26/2014 Nurse #12 's signa	#128 the week of 10/18/2014 # based on the staff schedule. Iture or initials were not was unavailable for an				
	administration team	ntified by the facility corporate n as one of the nurses that #128 the week of 10/18/2014				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345551	B. WING				C 12/2014
	PROVIDER OR SUPPLIER	OINT		593	REET ADDRESS, CITY, STATE, ZIP CODE 85 MOUNT SINAI ROAD IRHAM, NC 27705	,,	12/2017
(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 333	through 10/26/2014 On 12/12/2014 at 2 Nurse #13 revealed Resident #128 's h 10/26/2014. She re on the first morning antibiotic through a signature initials on Record for 10/27/20 . Nurse #14 was ider administration team cared for Resident through 10/26/2014 the staff schedule. initials were not ide unavailable for an in On 12/10/2014 at 1 Coordinator #1 reve members are responded Physician order. Sh Resident #128 's P because she was n date. On 12/10/2014 at 1 Acting Director of N expectation was the Record and look at An interview on 12/ Physician indicated of chronic and acut and the Meropener sputum culture resicall from Unit Coord	:28 PM an interview with a she had not worked on all 10/18/2014 through ported she returned to the hall Resident #128 received his PIV. Nurse #13 confirmed her Resident #128 's Medication 014. Intified by the facility corporate in as one of the nurses that if #128 the week of 10/18/2014 (10/21 and 10/22) based on Nurse #12 's signature or intified and she was interview during the survey. :05 PM an interview with Unit ealed all nursing staff on sible for transcribing the lie reported she did not look at the POF or Medication Record ot working on his admission.		333			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
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F 333	receiving his antibio Physician reported that time and exten medication. "Do I the antibiotic? Yes. [Resident #128] rec think his condition of did not receive the important for him to we started a periph medication when we given. "The Physip process issue. On 12/12/2014 at 3 Acting DON reveals when the medication staff would check a place the medication drawer they are to the Medication Record the expectation was the back up pharmathe nurse staff to viroutine medication medications they we needed to read the Medication Record [designated] time s responsible for a 24 verification]. The ni 24 hour chart check the orders was not complete order veripractice for multiple admission process, was the responsibil	otic Meropenem. The he ordered the Meropenum at ded the end date for the wish [the nurses] had provided It was important that he seived the antibiotic. I do not deteriorated during the time he medication, but it was a receive the medication, so eral IV for him to get the e realized it had not been cian agreed there was a set the expectation of staff was ans were received the nursing gainst the POF and when they was in the [medication cart] check the medications against ord. If something was missing to call the Pharmacy or go to acy. Her expectation was for ew the orders during the pass and to know what ere giving. The nurse staff medications listed on the regardless of what the aid. The nursing staff was a hour chart check [for order ght shift nurse staff does the control of the nurse to sign off or fication. It was not best enurses to be involved in the extranscription of medications. It ity of the nurses to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make the enurse to take care the enurse to make th	F 3:	33		

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F 333	diagnoses that included hower legs at the Nursing Home Physical dated 10/9 had a bilateral lower infection and acute. The October 2014 and orders included the pain: Gabapentin 30 and aday. Ultram 50 mg every tablet for moderate Oxycodone 10 mg. The physician progrindicated Resident increased burning a physician discontinularication. Morphine 4 mg. dressing change or the Physician Interindicated Oxycodone 10 extreme pain.	as admitted on 10/8/14 with uded a wound infection, ulcers and acute and chronic pain. Admission History and 0/14 indicated Resident #181 or extremity chronic wound and chronic pain. Signed admission Physician of following medications for 0 milligrams (mg) three times of 6 hours as needed. Take 1 pain, 2 for severe pain. The every 6 hrs as needed. Tess note dated 10/10/14 #181 was seen due to sensation in legs. The level Gabapentin and started of pain. The pain of the pain. The pain of th	F3	133	DEFICIENCY		
	Ultram 100 mg [by needed] moderate	mouth every 6 hours as pain. Oxycodone 10 mg [by s as needed] severe pain.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY OMPLETED
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F 333	indicated Resident had wounds, receiv pain medication in pain frequently, the sleep and her wors. The Physician Interindicated: [Discontinue] Morp minutes before dre Start Morphine 5 m dressing change] of [Discontinue] Gaba [Discontinue] Lyrica Elavil 25 mg [by mo (pain). [Discontinue] Ultrar [Discontinue] Oxycooxycodone 10 as needed] pain. Ultram 50 mg [needed] pain. Review of the 24-h by Nurse #15 and corders" and indicate new orders were pleased on 10/16/1 being administered. The physician program indicated Resident continued complair	a Set (MDS) dated 10/15/14 #181 was cognitively intact, yed scheduled and as-needed the last 5 days, experienced pain made it hard for her to obt pain was a 10/10. Tim Orders dated 10/16/14 hine 4 mg [by mouth 30 ssing change]. Ing [by mouth 30 minutes before since daily. Inpentin. Index. Inde	F3	33		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	OINT		STREET ADDRESS, CITY, STATE, ZIP C 5935 MOUNT SINAI ROAD DURHAM, NC 27705	•	12/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 333	management. The Physician Interindicated: [Morphine] 15 r The physician progrindicated Resident she was awakening physician increased. The Physician Interindicated: [Discontinue Mice [Morphine] 15 r [Morphine] 30 r The Physician Interindicated: May hold Elavil 25 r available from phare The October 2014 If Record (MAR) reversed (MAR) reversed doses of as-need 10/8/14 and 10/31/r every shift document every day. The physician progrindicated Resident sepisodes of crying as she was only crying have pain in [both leincreased her Elaviand bilateral leg ulconstructions.]	im Orders dated 10/20/14 Ing [by mouth twice a day]. Iress note dated 10/24/14 #181's pain was improved but g at night with pain. The d her Morphine at night. Im Orders dated 10/24/14 Imag [by mouth every morning]. Img [by mouth at bedtime]. Img [by mouth at bedtime] until macy. Medication Administration caled Resident #181 received ded pain medication between 14. The pain evaluation done inted moderate to severe pain Imperson note dated 11/5/14 #181 was seen because of and that the resident stated g [because] she continues to ower legs]." The physician I for her chronic nerve pain iters.	F3	33		
	The Physician Inter indicated:	im Orders dated 11/5/14				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C		
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F 333	neuropathic pain. The Physician Inte indicated: [Discontinue E Elavil 75 mg [b] During an interview the acting Director "Two nurses check the floor checks ev [that 24-hour perior there is no set time nurse to do the 24-check for new order to 7 pm the previous missed. She also stock medication of (emergency kit), she indicated in the control of	lavil]. by mouth at bedtime] for rim Orders dated 11/11/14 lavil]. by mouth at bedtime]. by on 12/10/14 at 3:26 pm with of Nursing (DON) she stated, at the chart. The [night] nurse on very new order that has come in d]." She further indicated that the for the night (7 pm - 7 am) shour chart check, but that the ters should go all the way back us day so that no orders are indicated that the Elavil is not a or available in the e-kit mould have been ordered from should have been given to the		3		
	12/11/14 at 12:25 pfax [the physician of matter what time the write it on the MAR chart check to ensigharmacy and put Resident #181's 10 indicated a nurse corder or faxing it to any date since that written order does pharmacy and is norder until it comes	wwith Unit Coordinator #1 on om she stated, "The nurse will order] to the pharmacy no ne order is written and then will at the night supervisor does a ture all orders are sent to the on the MAR." After reviewing 0/16/14 Elavil order, she lid not sign off as receiving the of the pharmacy on 10/16/14, or a time. She further stated, "If a not arrive after it is sent to the ot in the e-kit, we write a hold as I remember Nurse #2 used Elavil to me. I don't				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING			E SURVEY PLETED
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F 333	recall why it was no e-kit [and would have pharmacy]." During an interview 4:15 pm she stated would have been cathe chart check." During an interview 1:00 pm, regarding Elavil order she stated order] when I was was not] on the cart working on the 16th MAR but never sign pharmacy and the remedication. Nurse #15 was una 3.Resident #75 was and re-admitted on included sepsis, diamethicillin-resistant (MRSA). The Admission/Nurs 10/3/14 indicated the right knee and had catheter (PICC) in harmonic properties of the reside on a therapeutic diese.	t given. Elavil is not in the ve to come from the with the DON on 12/11/14 at "I would expect the order aught by the night nurse doing with Nurse #2 on 12/12/14 at Resident #181's 10/16/14 ted, "I found [the missed vorking on the hall on the 25th. In the MAR and [the medication it." She indicated the nurse in must have written it on the led or faxed the order to the led or faxed the order to the esident never received the vailable for interview. soriginally admitted on 9/19/14 10/3/14 with diagnoses that betes, hypertension, and staphylococcus aureus sing Observation Form dated e resident had MRSA to the a peripherally-inserted central	F 3	33			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP COI 5935 MOUNT SINAI ROAD DURHAM, NC 27705	•		
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 333	Review of the Resirevealed a low Albideciliter (g/dL). The range noted on the The Physician Ord stated, "Therapeut tablet by mouth] do order was written a physician by the diphysician assistant not have a signatu. Review of the 24-h 10/15/14 indicated slash through it) the written within 24 hot transferred to the Necord (MAR), and Review of the MAR was ordered on 10 as being administed. Review of the Resirevealed a low Albinormal Albumin reflabwork was 3.5-5. During an interview the acting Director "Two nurses check the floor checks ever [that 24-hour period there is no set time nurse to do the 24-check for new order to 7 pm the previous the province of the previous the province of the previous	dent's labwork dated 10/13/14 umin level of 2.8 grams per re normal Albumin reference e labwork was 3.5-5.2 g/dL. er dated 10/15/14 at 10:30 am ic [multivitamin (MVI) one aily - supplement/wound." The is a telephone order from the etician and was signed by the con 10/15/14. The order did are of a "nurse receiving order." Our Chart Check Form dated (by a circle with a diagonal at there were no medications of was initialed by Nurse #1. R indicated a daily multivitamin /15/14 and was first signed off fored on 10/29/14. Ident's labwork dated 10/31/14 umin level of 3.1 g/dL. The forence range noted on the	F3	33			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP COD 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 333	stock medication, a in the facility and sl resident as ordered at 5:15 pm regarding stated, "The [MVI] important for him. I have been given." MVI would have been given." MVI would have been given. MVI would have to multiple fact his low Albumin lev. During an interview that time the write it on the MAR chart check to ensupharmacy and put Resident #75's 10/a nurse did not sign 10/15/14, or any da #2 signed on 10/27 order to the pharmation. During an interview 4:15 pm she stated would have been controlled the chart check." During an interview Nurse #3, the 7 am assigned to Reside stated, "We have here	available to nurses at all times hould have been given to the di. If with Physician #1 on 12/10/14 and Resident #75's MVI he is a nice adjunct and it is would expect that it would The physician indicated the een important for this resident fors, including his infection and rel. If with Unit Coordinator #1 on om she stated, "The nurse will order] to the pharmacy no ne order is written and then will in the man and the man are all orders are sent to the continuous the MAR." After reviewing 15/14 MVI order, she indicated in off as receiving the order on the since that time, and Nurse 1/14 indicating she sent the accy. If with the DON on 12/11/14 at 1/14, "I would expect the order aught by the night nurse doing 1/14 on 12/12/14 at 12:32 pm with 1/15 on 10/15/14, she and several reminders about	F 3:	33		
	4:15 pm she stated would have been of the chart check." During an interview Nurse #3, the 7 am assigned to Reside stated, "We have hooking at the order double of the orders double of the orders."	I, "I would expect the order aught by the night nurse doing of on 12/12/14 at 12:32 pm with a - 7pm nurse who was ent #75 on 10/15/14, she had several reminders about rs, taking them off, and getting checked. I do not specifically sed medication or anyone				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		345551	B. WING _			C 12/2014
	PROVIDER OR SUPPLIER	OINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705	, ·=·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 425 SS=G	Nurse #2, regarding order, she stated, "checks for Novemb [The night nurse] is chart on the hall [evorder] was a couple 483.60(a),(b) PHAFACCURATE PROCTOR The facility must prodrugs and biological them under an agree §483.75(h) of this punlicensed personn law permits, but onlicensed personn law permits personn law pe	on 12/12 12:44 pm with g Resident #75's 10/15/14 MVI When I was doing the MAR er is when I caught the error. supposed to check every very] night. [The 10/15/14 of pages back in the orders." RMACEUTICAL SVC - EDURES, RPH ovide routine and emergency Is to its residents, or obtain ement described in art. The facility may permit el to administer drugs if State y under the general ensed nurse. de pharmaceutical services es that assure the accurate , dispensing, and drugs and biologicals) to meet esident.	F 33			1/5/15
	by: Based on record re physician and pharm	NT is not met as evidenced eview, staff interview, macist interview the facility rocedure, receive, and		Corrective Action for the resident affected.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	COM	E SURVEY PLETED
		345551	B. WING		C 12/12/2014	
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE		12/2014
				5935 MOUNT SINAI ROAD		
PRUITTH	IEALTH-CAROLINA I	POINT		DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 425	administer the adn (Meropenem) for 8 days as ordered; fa pharmacy and adn for pain (Elavil) for administer a stock supplement and w 14 days for 3 of 3 mand #75). Findings included: 1. Resident #128 v an acute hospital cincluded acute on condition in which airways causes the scar and lose their exacerbation. The (MDS) dated 10/28 was cognitively into assistance from the living. Resident #1 as receiving intravespecial procedures. A hospital dischargincluded the disc	nission medications days and (Tobramycin) for 3 ailed to obtain from the ninister a medication ordered 10 days; and failed to medication ordered for ound healing (multivitamin) for residents (Resident #128, #181 was admitted to the facility from on 10/18/2014. His diagnoses chronic Bronchiectasis (a lung damage to the e air passages to widen and ability to move air in and out) admission Minimum Data Set 5/2014 revealed Resident #128 act but required extensive e staff for his activities of daily 28 was not coded in the MDS enous medication under	F 42!	Resident #128, #181, and #75 medications were obtained fror pharmacy and given as ordered Director or Health Services will and/or in-services the nursing s involved in error. Corrective Action for Those wit Potential to be affected. Unit Managers and Supervisors reviewed new Medication Admi Records and the medication in Medication Carts, including IV medications and pain medication compare and assure new medi orders are in place and being for Director of Health Services or Competency Coordinator will se patients weekly with new orders orders are being followed and of checking new orders to Medicat Admission Record to medication All resident with IV medications reviewed by the Director of Health Services and Unit Manager for of orders to include flush orders changes and medication orders Medication administration sheer reviewed for transcription of ord include flushes, dressing chang medications. The Pharmacy Consultant, Dire Health Services, Clinical Comp Coordinator and interim Director Services in-serviced the licens	d. The counsel, staff the the shave sission the counsel of the counsel, staff the shave sission the counsel of the counsel o	

PRINTED: 01/20/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED		
		345551	B. WING			C 12/12/2014	
NAME OF F	PROVIDER OR SUPPLIER	0.000.		STREET ADDRESS, CITY, STATE, ZIP CO		12/2014	
INAIVIL OF F	TROVIDER OR SUFFEILIR				JDL		
PRUITTH	IEALTH-CAROLINA P	OINT		5935 MOUNT SINAI ROAD			
				DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 425	injections infuse 2 g every 12 hours for	grams into venous catheter 10 days and Tobramycin 300) nebulizer solution. Inhale 5 for 3 days.	F 4	including following physician include giving the medication including IV medications and medications. The Clinical Ca Coordinator will include inforprovision of Pharmacy service following physician orders to giving the dose ordered duri The Director of Health Service Competency Coordinator, worders on a weekly bases for then q2 weeks for 1 month to assure medications are a according to physician order Systemic Changes to Preve Practice. New orders for medications, medication, flush orders and medication will be checked I manager/week-end supervisensure medications were fat pharmacy, received, transcrigiven. Education with licensed nurse Oct 27, 2014 by the Interim	n ordered, d pain are remation on the ce including of include and orientation. Ces or Clinical ill review or 1 month then quarterly deministered as. Int Deficient or the unit or daily to exed to ibed, and sees began on Director of		
	9) Norvasc 10) Omeprazole 11) Tramadol 12) Trazadone STOP 1) Dulera			Nursing and continued by th Competency Coordinator on Emergency-Kit (E- Kit) for m needed immediately, utilizat back-up pharmacy for medic are not available in the Eme	use of the dedications ion of the cations that		
	2) SpirivaA record review of I	Resident #128 's medication the hospital dated 10/18/2014		(E-kit), and new medication administration. Education wi in orientation and licensed n Leave and/or PRN will be ed to returning to work on use of	Il be provided ursed on ducated prior		

Facility ID: 20090049

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345551	B. WING			C 12/2014	
	PROVIDER OR SUPPLIER	POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705				
(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 CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIED TO THE	OULD BE	(X5) COMPLETION DATE	
F 425	STOP: 1) Dulera 2) Spiriva START: 1) Pulmicort 2) Performist 3) Novolog 4) Atrovent 5) Meropenem 6) Tobramycin 7) Warfarin CHANGE: 1) Albuterol Inhale 2) Albuterol Nebu 3) Lasix 4) Lactulose 5) Sodium Polystr CONTINUE: 1) Aspirin 2) Carvedilol 3) Ciprofloxacin 4) Creon 5) Hyper-Sal 6) Magnesium Ox 7) Metformin 8) Nitrostat 9) Norvasc 10) Omeprazole 11) Tramadol 12) Trazadone A medication list fo the hospital on 10/7 [in part] the medica Tobramycin. A record review of faxed to the pharm	er lizer rene kide	F 42	kit (E-kit) and back-up pharmace Education with licensed nurses Dec 24, 2014 by the Clinical Co Coordinator and Director of He Services on policy and procedu "Intermittent infusion device flu- locking", and "Physician order of therapy" Education will be adde license nursing orientation, and nurses on Leave and/or PRN weducated prior to returning to we How will Corrective Action be or The Director of Nursing will cor weekly review of the Unit Managers'/week- end supervise findings of new medications. Fi be brought to the monthly Qual Assurance Performance Impro Committee for review and revise needed.	began on ompetency alth ure shing and for infusion ed to I licensed vill be vork. nonitored? Induct a or's audit ndings will ity vement		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		345551	B. WING _		12	2/12/2014
	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
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F 425	medication reconci dated 10/18/2014. included: Novolog, Tobramycin, and W. A record review of Orders dated 10/18 and verified by Nur in two different han Meropenem 500 m into venous cathete and Tobramycin 30 ml every 12 hours of Record dated 10/18 500 mg injections in catheter every 12 hours for The designated book indicated the medic blank from the PM of 10/26/2014 for the 20 opportunities. Towere blank or initial initials that indicate span from 10/19/20 out of 6 opportunitiemedication. The Meas to what 3 days the daminister the Tobre 10/18/2014 fifteen the facility for residence in the facility f	eening Tool) was the liation list from the hospital Page 2 [not labeled] was not Atrovent, Meropenem, /arfarin. Resident #128 's Physician 's 8/2014 transcribed by Nurse #4 se #5 noted to be transcribed in writings included: g injections infuse 2 grams for 10 days for 3 days. Resident #128 's Medication 8/2014 included: Meropenem infuse 2 grams into venous for 10 days and g/5 ml nebulizer. Inhale 5 ml 3 days. Xes for nurse staff initials that cation was administered were of 10/18/2014 through the AM in the Meropenem missing 16 of the boxes for the Tobramycin led with a circle around the ed not administered over a time of 10/124/2014 missing 6 es to administer the edication Record was unclear the nursing staff intended to	F 42			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP CO 5935 MOUNT SINAI ROAD DURHAM, NC 27705		12/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 425	Meropenem and To On 10/27/2014 Me dispensed for Resi A record review of nurse note dated 1 revealed all medical Physician and faxe medications were repharmacy. Resider treatments and inhigh therapy Cipro (oral Nurse #1 was Resi 10/18/2014, 10/19/10/24/2014. She all hour chart check for admission 10/18/20 all of Resident #12 She was out of the interview during the old the interview during the during the admission nurse for longer employed. Sknowledge about the during the admission with the physician and To	4 was reviewed and obramycin were not dispensed. ropenem quantity of 4 was dent #128. Resident #128 's admission 0/18/2014 written by Nurse #5 ations were verified by the d to the pharmacy. All received from the back up at #128 is on multiple nebulizer alers. He is on antibiotic antibiotic). dent #128 's nurse on 2014 10/23/2014 and so signature initialed the 24 orm for Resident #128 on 014 verifying that she checked 8 's admission medications. country and unavailable for an		· ·		
	the medications tra was faxed to the pl closing the facility of summary as long a number, date of bir	nurse checked the accuracy of inscribed and then the POF narmacy. If the pharmacy was could fax the discharge is it included the resident room th, allergies, and was verified he pharmacy delivered to the				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345551	B. WING _		12	2/12/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705	•		
(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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 425	supposed to make delivered. If not the back up pharmacy accepted POF. Nu care for Resident # through 10/26/2014 when she found the 10/23/2014 a nurse even though Nurse schedule. The Mer delivered from a sp back up. The regul additional doses or On 12/12/2014 at 1 Nurse #4 revealed at the facility. Nurse on 10/18/2014 and Resident #128 ' s a recalled faxing the transcribing orders that were on formu of Resident #128 ' Nurse #5 was Resi 10/18/2014 and wad uring the survey. On 12/10/2014 at 1 Coordinator #1 rev members were res Physician order. St Resident #128 ' s F because she was redate. On 12/10/2014 at 10 coordinator #1 rev members were res Physician order. St Resident #128 ' s F because she was redate.	PM and 10 PM. The nurse was sure all the medications were en the nurse was to call the . The back up pharmacy only rese #2 reported she did not £128 the week of 10/18/2014 4 until the evening [10/26] the error. She reported on the error is name remained on the openum on 10/26/2014 was becialty pharmacy through the ar pharmacy delivered	F 42	5			

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CON	(X3) DATE SURVEY COMPLETED	
		345551				C / 12/2014	
	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, Z 5935 MOUNT SINAI ROAD DURHAM, NC 27705			
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F 425	expectation was the Record and look at On 12/10/2014 at 3 Pharmacist #1 reversed at the Pharmacist #1 reversed at the Pharmacist #1 reversed on 10/18/2 #128's medication FL2. On 12/11/2014 at 2 Pharmacist #1 reversed year at 2 PM. If the pharmacy would deliver it to the facil PM then the Pharmacist #1 reversed year and encourages the fact	e staff review the Medication every page. 3:45 PM an interview with eled 5:L2/discharge summary was armacy on 10/18/2014 at 1:56 an Orders Form (POF) was 2014 at 4:15 PM. Resident as were dispensed from the consideration order and dill the medication order and lity. If an order came in after 2 macy would review it on the facility was responsible for pharmacy on the weekend. In	F 4	125			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		345551	B. WING _		12	C / 12/2014
	PROVIDER OR SUPPLIER	POINT		STREET ADDRESS, CITY, STATE, ZIP (5935 MOUNT SINAI ROAD DURHAM, NC 27705		
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F 425	summary as orders discharge summary written verification order from a Physic the facility to not se facility needed to cl summary or the PC to be a telephone of the pharmacy georders the pharmacy georders the pharmacy during the facilities decision orders was accurated. On 12/12/2014 at 3 Acting DON revealed during the admission reviewed the admission reviewed the admission reviewed the medical Physician and transpharmacy. If the pharmacy if the pharmacy if the pharmacy order sheet. The Acting the nurse was physician and result order sheet. The Acting the pharmacy in the pharmacy summary the medications or receiving the discharge summary the medications are recheck against the finedications in the check the medicati Record. If something was to call the Pharmacy. Her exp	ge a faxed hospital discharge is. We will accept the hospital by as long as it included a with a Physician or a verbal cian. The pharmacy has asked and two sets of orders. The hoose either the discharge DF. Anything sent after needed order communication. Its a second set of admission by will call the facility but it was on as to what set of admission	F 42	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ,	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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F 425	medication pass ar they are giving. The the medications list regardless of what The nursing staff we chart check [for order or nurse staff does the nurse who transcrift the nurse to sign of verification. It was nurses to be involved process/transcription responsibility of the Resident #128, keep care needed. 2. Resident #181 we diagnoses that included no both lower legs. The Nursing Home Physical dated 10/8 had a bilateral lower infection and acute. Review of the facilial Receiving informat pharmacy address, hours of operations service number and the New orders - fact the pharmacy and by 2 pm or the New orders. Order form. Fill in reperson faxing on to the Fax to the pharmaconfirmation reports.	and to know what medications is nurse staff needed to read the on the Medication Record the [designated] time said. The least responsible for a 24 hour der verification]. The night shift is 24 hour chart check. The least the orders was not to be for complete order not best practice for multiple ed in the admission on of medications. It was the enurses to take care of ep him safe, and provide the least admitted on 10/8/14 with leaded a wound infection, ulcers and acute and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain. Admission History and least extremity chronic wound and chronic pain.	F 42	25			

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F 425	indicated: Elavil 25 mg [by mo (pain). Review of the 24-ho by Nurse #15 and corders" and indicate new orders were pl. Review of the Medi (MAR) indicated Elavil 25 mg administered. The Physician Interindicated: May hold Elavil 25 may available from phare. During an interview the acting Director of "Two nurses check the floor checks every [that 24-hour period there is no set time nurse to do the 24-check for new orde to 7 pm the previous missed. She also in the series of	im Orders dated 10/16/14 buth every night at bedtime] - bur Chart Check Form signed lated 10/16/14 stated, "New ed, by a checkmark, that the aced on the MAR. cation Administration Record avil 25 mg for pain was 4 and was first signed off as on 10/26/14. im Orders dated 10/25/14 mg [by mouth at bedtime] until	F 4	,				
	(emergency kit), sh the pharmacy and s resident as ordered During an interview 12/11/14 at 12:25 p	ould have been ordered from should have been given to the						

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 PRUITTHEALTH-CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705				
(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 E APPROPR	BE	(X5) COMPLETION DATE
F 425	write it on the MAR chart check to ensupharmacy and put of Resident #181's 10 indicated a nurse dorder or faxing it to any date since that written order does repharmacy and is no order until it comes mentioning the miswhy it was not given would have to come During an interview 4:15 pm she stated would have been cathe chart check." During an interview 1:00 pm, regarding Elavil order she stated order] when I was we A line was drawn or was not] on the car working on the 16th MAR but never sign pharmacy and the redication. 3.Resident #75 was and re-admitted on included sepsis, diamethicillin-resistant (MRSA). Review if the facility	e order is written and then will. The night supervisor does a are all orders are sent to the on the MAR." After reviewing /16/14 Elavil order, she id not sign off as receiving the the pharmacy on 10/16/14, or time. She further stated, "If a not arrive after it is sent to the off in the e-kit, we write a hold. I remember Nurse #2 sed Elavil to me. I don't recall in. Elavil is not in the e-kit [and in the pharmacy]." I with the DON on 12/11/14 at a provided the missed working on the hall on the 25th. In the MAR and [the medication at the MAR and [the medication at the maximum thave written it on the med or faxed the order to the medication that a provided the modern and the soriginally admitted on 9/19/14 at 10/3/14 with diagnoses that a betes, hypertension, and a staphylococcus aureus of the pharmacy Ordering and on dated 10/7/14 provided the modern and a staphylococcus aureus	F 4:	25			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345551	B. WING _		12	/12/2014		
	PROVIDER OR SUPPLIER	POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705			1 12112017		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 425	pharmacy address hours of operations service number and New orders - faday and by 2 pm or All new orders Order form. Fill in reperson faxing on to Fax to the pharmacy. The Physician Ordestated, "Therapeutitablet by mouth] do order was written a physician assistant not have a signature. Review of the 24-h 10/15/14 indicated slash through it) the written within 24 hot transferred to the Necord (MAR), and Review of the MAR was ordered on 10 as being administed. During an interview the acting Director "Two nurses check the floor checks ever [that 24-hour period there is no set times the service of the service is no set times the service of the service is no set times the service is not set times the	a, phone number, fax number, s, and after-hours emergency d stated: axed by 5 pm - delivered same in Saturdays. must be written on the Interim name, date, time, and initials of op of the Order form. Imacy and keep the fax orders must be faxed to the are dated 10/15/14 at 10:30 am of initials of orders must be faxed to the are dated 10/15/14 at 10:30 am of initials of initials of orders must be faxed to the are dated 10/15/14. The order did on 10/15/14. The order did or of a "nurse receiving order." are of a "nurse receiving order." our Chart Check Form dated (by a circle with a diagonal at there were no medications of initialed by Nurse #1. A indicated a daily multivitamin of initials of	F 42	25				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345551	B. WING _		12	2/12/2014		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 5935 MOUNT SINAI ROAD DURHAM, NC 27705	-			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE		
F 425	Continued From page 51 check for new orders should go all the way back to 7 pm the previous day so that no orders are missed. She also indicated that the MVI is a stock medication, available to nurses at all times in the facility and should have been given to the resident as ordered. During an interview with Unit Coordinator #1 on 12/11/14 at 12:25 pm she stated, "The nurse will fax [the physician order] to the pharmacy no matter what time the order is written and then will write it on the MAR. The night supervisor does a chart check to ensure all orders are sent to the pharmacy and put on the MAR." After reviewing Resident #75's 10/15/14 MVI order, she indicated a nurse did not sign off as receiving the order on 10/15/14, or any date since that time, and Nurse #2 signed on 10/27/14 indicating she sent the order to the pharmacy. During an interview with the DON on 12/11/14 at 4:15 pm she stated, "I would expect the order would have been caught by the night nurse doing the chart check." During an interview on 12/12/14 at 12:32 pm with Nurse #3, the 7 am - 7pm nurse who was assigned to Resident #75 on 10/15/14, she stated, "We have had several reminders about looking at the orders, taking them off, and getting the orders double checked. I do not specifically remember this missed medication or anyone speaking to me about it."		F 42	5				
	Nurse #2, regardin order, she stated, ' checks for Novemb	on 12/12 12:44 pm with g Resident #75's 10/15/14 MVI When I was doing the MAR per is when I caught the error. Is supposed to check every						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COV	(X3) DATE SURVEY COMPLETED	
		345551	B. WING			C / 12/2014	
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-CAROLINA POINT				STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 425	chart on the hall [e	age 52 very] night. [The 10/15/14 e of pages back in the orders."	F 4	25			