DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FORM	APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NC	<u>. 0938-0391</u>
-	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •			TE SURVEY MPLETED
		345131	B. WING		01	C / 22/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	
				3	905 CLEMMONS ROAD	
CLEMMO	ONS NURSING & REH	AB CENTER		C	LEMMONS, NC 27012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309 SS=D	HIGHEST WELL BI Each resident must provide the necessa or maintain the high mental, and psycho	CARE/SERVICES FOR EING receive and the facility must ary care and services to attain test practicable physical, social well-being, in e comprehensive assessment	F3	309		2/28/15
	by: Based on record refacility failed to adm as ordered by the p residents (resident i medications and fail as ordered by the p (resident #3) review medications. The fin Example 1) Resident #3 was act with multiple diagnor mellitus, dementia, fracture of the verter A review of the Mini revealed the reside moderately impaire decision making. Th resident was asses injections. A review of the Phy order dated 9/13/14 Start sliding scale for	Imitted to the facility on 9/9/14 oses including diabetes dysphagia and history of a			 Resident # 3 discharged from the facility on 9/21/14. The deficient practice was not discovered until after discharge. All residents receiving prescription medications have the potential to be affected by the practice. A 100% audit of all residents MARs for administration of diabetic medications. SSI, and completion of accuchecks was completed by the ADONs on 1/27/15. Results of the audit revealed omissions on multiple residents MARs. On 1/28/15 in-servicing began for full time, part time and PRN nurses on omissions on the MAR by the DON. In-servicing included that on 2/2/2015, a verification sheet would be placed in the front of each narcotic book for nurses to sign verifying that he/she has followed the physician orders according to the MAR, including accuchecks and SSI. Any order not followed, the nurse will sign, circle, and give an explanation on the back of the MAR as to why the order was not followed per facility policy. In-servicing will continued 	4
	300. "				thru 2/28/2015 for all licensed nurses.	
	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		TITLE	(X6) DATE

Electronically Signed

02/06/2015

PRINTED: 03/02/2015

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.

TATEMENT	OF DEFICIENCIES F CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY PLETED
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IAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	• • •	
LEMMO	ONS NURSING & REF	IAB CENTER		3905 CLEMMONS ROAD CLEMMONS, NC 27012		
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F 309	Continued From pa	age 1	F 30			
	(MAR) dated 9/9/14 The review revealed which read " Novo sliding scale: 301 - 401 - 450 10 units, order required door the amount of insul the insulin was adm AM, 4:30 PM and a revealed blood sug administered and the administered was r 6:30 AM, 11:30 AM review revealed blood insulin administered administered was r 6:30 AM.	dication Administration Record 4 to 9/30/14 was conducted. d an undated medication order lin R subcutaneous (SQ) with 350 6 units, 351 - 400 8 units, 451 - 500 12 units. " The umentation of the blood sugar, in administered and the site ninistered at 6:30 AM, 11:30 at 8:00 PM. The review ars, the amount of insulin he site the insulin was not documented on 9/14/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/15/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/16/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/16/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/17/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/17/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/17/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/17/14 at , 4:30 PM and at 8:00 PM. The bod sugars, the amount of d and the site the insulin was not documented on 9/18/14 at		 In-servicing to licensed nurse on 2/3/2015 instructing any nurse 11-7 to pull all pink copy of physe orders placed in the unit box, check the orders have been transcribed on to the MAR and to place the the top corner of the order once transcription was verified. ADOI collect the pink copies daily More Friday and verify that a nurse has the pink copy. " ADONs will audit verification and MAR twice weekly for 4 weeks, and month months for correct transcription compliance with medication administration. " Compliance will be monitored by the DON and reported QA committee for three months 	e working icians leck that ed correctly r initials on Ns will hday L as initialed h sheet eks, y for 3 and ed by the will be from the ed to the	

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		AND HUMAN SERVICES			FORM	03/02/2015 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATI COM	E SURVEY IPLETED
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NAME OF F	PROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	An interview was co Staff #1 on 1/22/15 nursing staff was ei- medication orders to medication was reconursing staff was ei- medication at the n administration as on Administrative Staff resident 's medical documentation that on the above refere ordered by the physic did not offer an exp not administered or and times as ordered Example 2) Resident #3 was ac with multiple diagnor mellitus, dementia, fracture of the verte A review of the Min revealed the reside moderately impaire decision making. The resident was assess injections. A review of the Phy order dated 9/15/14 subcutaneous (SQ) A review of the MAI revealed an order of Lantus SQ 3 units either was scheduled to b	onducted with Administrative at 12:38 PM. She stated the expected to fax all new to the pharmacy. Once a new ceived from the pharmacy, the expected to administer the new ext scheduled medication rdered by the physician. If #1 stated she reviewed the record and was unable to find to Novolin R was administered enced dates and times as sician. Administrative Staff #1 planation why Novolin R was in the above referenced dates ed by the physician. Idmitted to the facility on 9/9/14 poses including diabetes dysphagia and history of a ebrae. imum Data Set dated 9/16/14 int was assessed as being d for cognitive skills for daily he review also revealed the used as receiving insulin	F 309			

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		AND HUMAN SERVICES				FORM	: 03/02/2015 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DAT CON	E SURVEY IPLETED
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F 309	at 8:00 AM. An interview was co Staff #1 on 1/22/15 nursing staff was e medications as ord Administrative Staff resident ' s medical documentation that administered on 9/2 9/21/14 at 8:00 AM Administrative Staff explanation why La administered on 9/2 9/21/14 at 8:00 AM Example 3) Resident #3 was ac with multiple diagnor mellitus, dementia, fracture of the verte A review of the Min revealed the reside moderately impaire decision making. A review of the Phy order dated 9/15/14 750 milligrams (mg (qam) at 9:00 AM.	20/14 at 8:00 AM and 9/21/14 onducted with Administrative at 12:38 PM. She stated the xpected to administer ered by the physician. f #1 stated she reviewed the record and was unable to find t Lantus 3 units SQ was 20/14 at 8:00 AM and on as ordered by the physician. f #1 did not offer an intus 3 units SQ was not 20/14 at 8:00 AM and on as ordered by the physician. dmitted to the facility on 9/9/14 oses including diabetes dysphagia and history of a ebrae. imum Data Set dated 9/16/14 int was assessed being id for cognitive skills for daily rsician ' s Orders revealed an 4 which stated " Metformin i) by mouth (po) every morning	F3	809			

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		AND HUMAN SERVICES				FORM	: 03/02/2015 APPROVED . 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	CON	E SURVEY IPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	9:00 AM. An interview was co Assistant (PA) on 1 stated the nursing s administration of ne next scheduled me ordered by the phys An interview was co Staff #1 on 1/22/15 nursing staff was es medication orders t nursing staff was es medication orders t medication orders t medication dress t medication as rec nursing staff was es medication at the n administrative Staff resident 's medicat documentation that was administered of and times as ordered Administrative Staff explanation why Me not administered or and times as ordered Example 4) Resident #3 was ad with multiple diagnor mellitus, dementia, fracture of the verted	A at 9:00 AM and on 9/21/14 at onducted with the Physician 's /22/15 at 10:06 AM. The PA staff was expected to begin ew medication orders at the dication administration as sician. Onducted with Administrative at 12:38 PM. She stated the xpected to transcribe new to the MAR. She stated the xpected to fax all new to the pharmacy. Once a new terived from the pharmacy, the xpected to administer the new ext scheduled medication rdered by the physician. If #1 stated she reviewed the record and was unable to find Metformin 750 mg po qam on the above referenced dates ed by the physician. If #1 did not offer an etformin 750 mg po qam was in the above referenced dates ed by the physician.	F 3	309			

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	-	AND HUMAN SERVICES					FORM	03/02/2015 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	0	(X3) DATE COM	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, Z	IP CODE		
CLEMMO	ONS NURSING & REH	AB CENTER			905 CLEMMONS ROAD CLEMMONS, NC 27012			
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F 309	Continued From pa decision making.	ge 5	F:	309				
	order dated 9/15/14	sician ' s Orders revealed an 4 which stated " Metformin) by mouth (po) every evening						
	revealed the order of Metformin 250 million was not transcribed mg was not adminis 9/17/14 at 5:00 PM	R dated 9-9-14 to 9-30-14 dated 9/15/14 which stated " grams po qpm at 5:00 PM " d onto the MAR. Metformin 750 stered on 9/16/14 at 5:00 PM, , 9/18/14 at 5:00 PM, 9/19/14 9/20/14 at 5:00 PM.						
	Assistant (PA) on 1. stated the nursing s administration of ne	onducted with the Physician 's /22/15 at 10:06 AM. The PA staff was expected to begin ew medication orders at the dication administration as sician.						
	Staff #1 on 1/22/15 nursing staff was ex medication orders t nursing staff was ex medication orders t medication was rec nursing staff was ex medication at the ne administration as on Administrative Staff resident ' s medical documentation that was administered of and times as ordere Administrative Staff	onducted with Administrative at 12:38 PM. She stated the expected to transcribe new to the MAR. She stated the expected to fax all new to the pharmacy. When a new the pharmacy. When a new the pharmacy. When a new the pharmacy, the expected to administer the new ext scheduled medication rdered by the physician. If #1 stated she reviewed the record and was unable to find the Afformin 250 mg po qpm on the above referenced dates and by the physician. If #1 did not offer an efformin 250 mg po qpm was						

Facility ID: 923335

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		& MEDICAID SERVICES				0938-039
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F 309	not administered or and times as ordered Example 5) Resident #3 was ad with multiple diagnor mellitus, dementia, fracture of the verte A review of the Vinii revealed the residen moderately impaired decision making. A review of the Physorial order dated 9/9/14 y before meals (AC) a AM, 11:30 AM, 4:30 A review of the MAR conducted. The rev were not performed AM, 4:30 PM and at not performed on 9/ 4:30 PM and at 8:00 PM performed on 9/12/ PM and at 8:00 PM performed on 9/14/ PM and at 8:00 PM performed on 9/14/ PM and at 8:00 PM performed on 9/15/ PM and at 8:00 PM	the above referenced dates ad by the physician. Imitted to the facility on 9/9/14 ses including diabetes dysphagia and history of a	F 3	09		

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		AND HUMAN SERVICES				FORM	03/02/2015 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DAT COM	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER		-		STREET ADDRESS, CITY, STATE, ZIP CODE		
CLEMMO	ONS NURSING & REH	AB CENTER		-	3905 CLEMMONS ROAD CLEMMONS, NC 27012		
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F 309 F 322 SS=D	Continued From pa accuchecks were n 6:30 AM. An interview was co Staff #1 on 1/22/15 nursing staff was ex blood sugars as ord Administrative Staff resident 's medical documentation that on the above menti not offer an explana were not obtained of and times. 483.25(g)(2) NG TF RESTORE EATING Based on the comp resident, the facility (1) A resident who f alone or with assist tube unless the residemonstrates that of unavoidable; and (2) A resident who i gastrostomy tube re treatment and service pneumonia, diarrhe metabolic abnorma	ge 7 ot performed on 9/18/14 at onducted with Administrative at 12:38 PM. She stated the spected to begin checking dered by the physician. f #1 stated she reviewed the record and was unable to find blood sugars were obtained oned dates and times. She did ation why the blood sugars on the above mentioned dates REATMENT/SERVICES -	F	309	DEFICIENCY)	RIATE	2/28/15

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		AND HUMAN SERVICES				FORM	03/02/2015 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVE COMPLETED C	
		345131	B. WING				_ 22/2015
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CLEMMO	ONS NURSING & REH	IAB CENTER			905 CLEMMONS ROAD CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 322	Continued From pa	ige 8	F	322			
	by: Based on observation interviews, the facil of gastrostomy tube into the GT with a set prior to medication resident (resident # medications via GT A review of the Poli Medication Administic dated 2007 was con- nurse was expected the insertion of a sr with a syringe and I stethoscope for gur medication administic Resident #4 was act 6/30/14. A review of the Phy order dated 12/1/14 0.5 milligram, take day. " The review r 12/1/14 which state capsule, take 1 cap day. " Nurse #2 was obset to resident #4 via a Nurse #2 failed to v insertion of a small with a syringe and I	dmitted to the facility on esician ' s Orders revealed an 4 which stated " Lorazepam 1 tablet per tube three times a revealed an order dated ed " Lyrica 50 milligram osule per tube three times a erved administering medication GT on 1/21/15 at 12:12 PM. verify tube placement with the amount of air into the tube istening to the stomach with a rgling sounds before			 A physician order was obtained verify placement of Gtube prior to medication administration via aus for resident #4. All residents receiving medicadministration via Gtube has the ptobe affected by the practice. A 100% audit of the MAR for residents receiving medications vi Gtubes was completed by the DO 1/27/2015. Audit revealed no writtor orders to check placement of Gtubeen written. Corrective action: All resident receiving medications via Gtube v orders written according to Pharm Nursing policy and procedure to c placement via auscultation prior to medication administration. All licensed nurses, full time, and PRN, will be in-serviced verifying Gtube placement via aus by 2/27/2015. In-servicing will be completed by ADONs and the DO Skills check-off will be complead If ull time, part time and PRN licenurses by 2/27/2015. All newly hir nurses will be checked off for comby the Unit Managers. DON will monitor auditing too thru 2/27/2015, then monthly for the months and report to the QA Common to the QA Common to the placement via the prior to the QA Common the point of the placement via the pla	cultation potential che a N on en obe had s vill have lacy heck for on scultation N. eted by ensed ed opliance weekly nree	

		(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION		
IND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G		PLETED C
		345131	B. WING _			_ 22/2015
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CLEMMO	ONS NURSING & REH	AB CENTER		3905 CLEMMONS ROAD CLEMMONS, NC 27012		
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F 322	Continued From pa	ge 9	F 32	2		
	1/21/15 at 12:26 PM staff was not expect with the insertion of tube with a syringe	onducted with Nurse #2 on <i>A</i> . Nurse #2 stated the nursing ted to verify tube placement a small amount of air into the and listening to the stomach for gurgling sounds before tration.				
F 332 SS=D	conducted on 1/21/ the nursing staff wa placement with the air into the tube with stomach with a stet before medication a	OF MEDICATION ERROR	F 33	2		2/28/15
		sure that it is free of tes of five percent or greater.				
	by: Based on observation interviews, the facili medication error ratiflushing the gastrost before medication a medications for one observed receiving facility failed to adminisulin as ordered b three residents (residents insulin injections. T	NT is not met as evidenced ion, record review and staff ity failed to maintain a te of 5% or below by not stomy tube (GT) with water administration and between e of one resident (resident #4) medications via GT. The ninister the correct units of by the physician for one of ident #9) observed receiving here were 3 errors of 25 for resulting in a 12% error		A 100% audit of the MAR for the re #4 was completed by the DON on 1/27/2015. Audit revealed no writte orders to administer medication via Pharmacy Nursing policy and proce were written. A physicians order wa obtained for Resident #4 to adminis medication via Gtube per Pharmac Nursing Policy and Procedure whic orders to Flush with 60mlsof water medication administration, give eac medication with 5ml of water separ	n edure as ster y h prior to ch	

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		E & MEDICAID SERVICES	0.00		OMB NO. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CLEMMO	ONS NURSING & REI	HAB CENTER		3905 CLEMMONS ROAD CLEMMONS, NC 27012	
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F 332	Continued From pa	age 10	F 332	2	
	rate. The findings i Example 1) A review of the Pol Medication Admini- dated 2007 was co- nurse was expected 15 milliliters of wat administration. Resident #4 was a 6/30/14. A review of the Phy order dated 12/1/1 0.5 milligram, take day. " The review 12/1/14 which state capsule, take 1 cap day. " Nurse #2 was obset to resident #4 via a Nurse #2 failed to medication administration An interview was co 1/21/15 at 12:26 P	ncluded: icy and Procedures for stration through Enteral Tubes onducted. The policy stated the ed to flush the tube with at least er prior to medication dmitted to the facility on ysician 's Orders revealed an 4 which stated " Lorazepam 1 tablet per tube three times a revealed an order dated ed " Lyrica 50 milligram psule per tube three times a erved administering medication a GT on 1/21/15 at 12:12 PM. flush the GT with water prior to stration. onducted with Nurse #2 on M. Nurse #2 stated the nursing to flush the GT with 60		 and flush with 5mls of water after medication is given, and flush with of water after completing medicate administration. Medication admin for Resident #4 will be observed shifts to ensure all nursing staff is administering medication per Ph Policy and Procedure. Observation be completed by the Pharmacy Consultant, the Director of Nursin the Assistant Directors of Nursin than February 28, 2015. All residents receiving medication Gtube have the potential to be a the practice. Upon admission, a Physician or obtained for any resident receiving medication via Gtube per Pharma Nursing policy and procedure to with 60mls of water prior to medication, give each medication of water after each medication given, and flush with 60mls of water after each medication administration administrat	th 60mls ation nistration on all 3 s armacy ons will ng and g no later n via ffected by der will be ng lacy Flush ication ation with sh with tion is ater after ation.
	GT with 60 millilite administration. An interview was c Staff #1 on 1/21/15 nursing staff was e	e stated she forgot to flush the rs of water before medication onducted with Administrative 5 at 12:41 PM. She stated the expected to flush the GT with er before medication		medication administration via Gt 2/28/2015. In-servicing will be co by Pharmacy Consultant, ADON DON. Medication Administration Skills will be completed by all current f part time and PRN licensed nurs 2/28/2015 and will be completed	ompleted s and the check-off ull time, ses by

Facility ID: 923335

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CLEMMO	ONS NURSING & REF	AB CENTER			005 CLEMMONS ROAD LEMMONS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 332	Medication Adminis dated 2007 was co enteral tubing was milliliters of water b administrations. Resident #4 was ac 6/30/14. A review of the Phy order dated 12/1/14 0.5 milligram, take day. " The review n 12/1/14 which state capsule, take 1 cap day. " Nurse #2 was obset to resident #4 via a Nurse #2 failed to f between medicatio An interview was co 1/21/15 at 12:26 PI staff was not expect milliliters of water b	icy and Procedures for stration through Enteral Tubes inducted. The policy stated the to be flushed with at least 5 between medication dmitted to the facility on ysician 's Orders revealed an 4 which stated " Lorazepam 1 tablet per tube three times a revealed an order dated ed " Lyrica 50 milligram osule per tube three times a erved administering medication a GT on 1/21/15 at 12:12 PM. flush the GT with water	F 3	32	 Pharmacy Consultant, DON, and Al Upon hire all Nurses will receive a Medication Administration Skills Check-off. DON will monitor auditing tool week 2/28/2015, then monthly for three m and report to the QA Committee for months. Resident # 9 MAR was reviewed by ADON on 1/23/2015, and verified th proper dose of Insulin is being giver Insulin administration to Reside was observed by ADON on 1/23/20 in her observation, the correct dosa was administered. Resident #9 has expired. All residents receiving insulin have a potential to be affected by the pract A 100% audit of all residents receiving insulin was completed by ADONs of 1/28/15. Audit revealed correct dosa have been given. All nursing staff, full time, part time, PRN nurses will be in-serviced on p Medication Administration which will 	the ice. and oroper I	
	Staff #1 on 1/21/15 nursing staff was e milliliters of water b administrations. Example 3)	onducted with Administrative 5 at 12:41 PM. She stated the expected to flush a GT with 5 between medication dmitted to the facility on			include insulin administration and the rights. In-servicing will be completed 2/28/2015 and will be done by the D and ADONS. Proficiency will be documented on a check off sheet. All current nurses we complete skills check off sheet by 2/28/2015. Proficiency will be comp by the DON and ADONs. Upon hire	d by DON a skills will leted	

Facility ID: 923335

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CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATI COM	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		B. WING		C 01/22/2015			
IAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 3905 CLEMMONS ROAD CLEMMONS, NC 27012	DE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	HOULD BE COMPLETION		
F 332	diabetes mellitus. A review of the Phy order dated 12/22/ units per milliliter in every morning. " Nurse #1 was obse Levemir subcutane at 7:50 AM. An interview was co 1/22/15 at 8:25 AM medication adminis up the insulin and b administer 13 units she normally admir resident #9 daily. An interview was co Staff #2 on 1/22/15 was expected to ve given by reviewing	age 12 ble diagnoses including rsician 's Orders revealed an 14 which stated "Levemir 100 ject 15 units subcutaneous erved to administer 13 units of ous to resident #9 on 1/22/15 bnducted with Nurse #1 on . She stated she looked at the stration record prior to drawing believed the order stated to of Levemir. Nurse #1 stated histers 15 units of Levemir to bnducted with Administrative . She stated the nursing staff erify the dose of insulin to be the medication administration inistering to the residents.	F 33	2 Nurses will receive a Medicatio Administration Skills Check-off include insulin administration. ADONs will continue randomly insulin administration to two re- week times 4 weeks and then times one month. Director of Nursing will monitor weekly for compliance thru 2/2 then monthly for three months be reported to and monitored for committee for three months.	which will observe sidents per bi-weekly audit tools 8/2015, This will		

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