1/13/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES.

PRINTED: 06/29/2015 FORM APPROVED OMB NO. 0938-0391

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION		E SURVEY PLETED
		345258	B. WING_			1	C 12/2015
NAME OF C	ROVIDER OR SUPPLIER			e T	REET ADDRESS, CITY, STATE, ZIP CODE	1 007	12/2013
		VICES OF KANNAPOLIS		18	10 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157 SS=D	(INJURY/DECLINE A facility must imme consult with the resident with the residual accident involving the injury and has the printervention; a signiphysical, mental, or deterioration in hear status in either life to clinical complication significantly (i.e., and existing form of treat consequences, or to treatment); or a decident from the §483.12(a).  The facility must also and, if known, the resordent from or interested family change in room or inspecified in §483.1 resident rights under regulations as specified in §483.1. The facility must reconstructed family change in room or interested family cha		F 15	7	the facility. The physician was notified immediately after it was brought to the attention of the Director of Clinical Services. Resident # 227 who was recommadin; was noted to have bleeding gums. The physician/nurse practitions was not notified. The physician was notified immediately after it being bruto the attention of the Director of Clinical Services. No harm came to either resident and the potential to be affected. The Director Clinical Services reviewed the 24 Hour Reports for any resident conditions not to ensure the physician has been notified which is audited daily by the nursing management team.  The Director of Clinical Services reeducated all nursing staff on 7/7/201: they are to notify a nurse, unit manage Director of Clinical Services of any characteristic of changes noted during his/her shift within a timely manner for any addition orders. This training included the need follow the prescribed guidelines established by the physician and to not the physician when issues are assessed be outside the parameters. No nursi staff will work until he/she has complethis education.	d he elving g er ought hical dent. ve a of r oted fied  5 that er or oner onal d to otify d to ng	
VOOTAGOOS	DIRECTORIC OR REQUIRE	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATHRE		TITLE		(X6) DATE

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.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	(X3) DATE COMP	
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NAME OF	PROVIDER OR SUPPLIER	340200	D. WHYG		STREET ADDRESS, CITY, STATE, ZIP CODE	06/	12/2015
		VICES OF KANNAPOLIS		1	IS10 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083		
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F 157	with the parameters the physician for 1 or reviewed with a diag failure and history of the physician of ble residents (Resident receiving Coumadir thinner) and at risk.  The findings includes 1. Resident #9 was 11/26/13. His cumulated congestive heart fail Minimum Data Set the resident had introducision making.  A review of Resident revealed there was which read, "Weight (Medical Doctor) of one day or 5 pounds physician's order was Resident #9's scheduled furosemide once day extremity edema. A Progress Notes on scheduled furosemidinates in the resident which may be a kidneys are function.  A review of Resident Administration Recodocumentation of the service was resident which may be a kidneys are function.	s specified and as ordered by of 1 residents (Resident #9) gnosis of congestive heart of edema; and failed to notify reding gums for 1 of 1 th #227) reviewed who was in (an anticoagulant or blood for bleeding.  ed:  s admitted to the facility on ulative diagnoses included ilure. His most recent quarterly (MDS) dated 3/4/15 revealed act cognitive skills for daily  ht #9's medical record a current physician's order at every day; notify MD weight gain of 3 pounds (#) in is in one week." On 3/12/15, a as received to discontinue duled dose of furosemide (a). An order was also received the 20 milligrams (mg) aily as needed for lower A review of the physician's 3/12/15 revealed the ide was held due to an dent's creatinine level (a blood an indicator of how well the ning).  ht #9's April 2015 Medication	F	157	<ol> <li>The unit coordinators, overseen by the Director of Clinical Services, will audit charts:         <ol> <li>To ensure shift nurses have notified physician/nurse practitioner of chang outside of set parameters according the physician/nurse practitioner orders.</li> <li>To ensure that recommended referratinglemented.</li> <li>times weekly for 1 month, then 3 times weekly for 1 month, then 1 time weekly for 2 months, then 1 time monthly for months. The results of the Quality improvement monitoring will be reported by the Director of Clinical Services/Unional Manager to the Quality Assurance. Performance Improvement Committee monthly times 6 months for continues substantial compliance and/or revision.</li> </ol> </li> </ol>	es ls are s kly r 2 orted nit	7-10-15

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		CONSTRUCTION		E SURVEY PLETED
		345258	B. WING	_			C <b>12/2015</b>
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		18	REET ADDRESS, CITY, STATE, ZIP CODE HIO CONCORD LAKE ROAD ANNAPOLIS, NC 28083	00/	12/2013
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157	than 3 pounds (#) iiOn 4/8/15, the res 4/9/15, he weighed one day)On 4/24/15, the res 4/25/15, he weighed in one day). No notes were mad record to indicate the (MD) was notified on the corded weights, the weighed one day);On 5/4/15, he weighed one day);On 5/11/15, the resident late one day);On 5/11/15, the resident late one day). No notes were mad record to indicate the (MD) was notified one day). A review of Resident late one day. No notes were mad recorded weights, the resident had a weights one day. No notes were mad one day. No notes were mad	had a weight increase of more in one day: ident weighed 158.4#; on 166.4# (a difference of 8# in esident weighed 166.0#; on id 170.8# (a difference of 4.8# in the resident's medical ne resident's Medical Doctor of the weight increases.  In the weight increases of the weight increase of more in one day: In the resident's medical necessary weight increase of more in one day: In the weight increase of more in one day: In the resident weighed 162.3#; on 171.3# (a difference of 9# in the resident's medical necessary in the weight increases.  In the resident's medical necessary increases.  In the weight increases.	F 1	57			

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NAME OF E	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
TDANSIT	TONAL HEALTH CED	VICES OF KANNAPOLIS		10	810 CONCORD LAKE ROAD		
INAMOII	IONAL HEALTH SER	VICES OF KANNAPOLIS		K	ANNAPOLIS, NC 28083		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5)
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					DEFICIENCY)		
					'		
F 157	Continued From pa	ge 3	F '	157			
	notified of the weigh	nt increase. There were no					
		ight increase in the MD's					
	Communication Bo						
	An interview was co	onducted on 6/11/15 at 10:17					
	AM with Nurse #8.	Nurse #8 was the 1st shift					
	Hall nurse assigned	I to care for Resident #9.					
	During the interview	v, Nurse #8 reported she had					
	also worked the sar	me shift and hall assignment					
	on 6/9/15. Upon re	view of Resident #9's 6/9/15					
	weight, Nurse #8 co	onfirmed there was a greater					
	than 3# weight incre	ease from the previous day.					
	The nurse reported	the daily weights were				1	
	generally done on ti	he 11PM-7AM shift (3rd shift).					
	The nurse stated it	would have been the					
	responsibility of the	11PM-7AM nurse to contact		i			
		bout the weight increase					
	and/or pass along t	he need to do so to the					
		st shift nurse) in report. Nurse					
	#8 reported she had	d not been made aware of this					
	weight increase. The	ne nurse noted that she					
		he MD to notify him of the				1	
	weight change on 6						
		w was conducted on 6/11/15					
		rse #7. Nurse #7 was the 3rd					
		to care for Resident #9 on					
		4-4/25/15, 5/4-5/5/15, and					
		dates when a greater than 3#					
		ease was recorded). Nurse #7					
		ere typically done on the 3rd					
		ho had orders for daily					
		iry, the nurse stated she					
		weight increase greater than					
		9 by writing a note in the MD's					
		o stated she would have					
		change to the day shift nurse.					
		#8 stated that if she wrote a					
		lent's weight change in the					<b>i</b>
i	MD's book, she wor	uld not have documented this					1 <b>!</b>

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4		E CONSTRUCTION		E SURVEY PLETED
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	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 310 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
F 157	nurse could not rec the resident's physi increases noted for 5/4-5/5/15, or 5/11-1. The 3rd shift nurses Resident #9 on 4/8 not available for introduced the country of the A telephone intervie at 4:15 PM with Resident's PM with Resident's PM with Resident's weight in MD orders and paraevaluate the resident's weight in MD orders and paraevaluate the reside indicated he would have documented the MD communication boothe 6/9/15 weight in An interview was communication boothe 6/9/15 weight in The DON indicated parameters as to weight increase, shotified in accordant The DON stated in she would expect the Party (RP) and the	esident's medical record. The all whether or not she notified cian about the weight Resident #9 on 4/24-4/25/15, 5/12/15.  Is assigned to care for 4/9/15 and 6/8-6/9/15 were erview.  It was conducted on 6/11/15 sident #9's Medical Doctor aterview, the daily weight Resident #9 were discussed. ID reported he did not recall ether or not he had been resident's weight increases. Expected to be notified of the crease in accordance with the ameters given so he could not accordingly. The MD have expected the nurse to he MD notification in the to have communicated this in tion book as well. He stated, was not in the (MD) ok, it was not done (relative to	F1	157			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(		E SURVEY PLETED
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				KANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD B		(X5) COMPLETION DATE
F 157	she expected documeight changes to I	mentation of MD notification of be made both in the MD k and in the resident's	F 1	57			
	3/24/15 and re-adm of pneumonia, chro pain, hypertension avein thrombosis.  The admission Min assessment with as 3/31/15 indicated th cognitively intact an assistance with acti. The care plan initial focus for Cardiovas bleeding with an ap any excessive bleed A physician order date 4/227 was ordered 6/11/15 on 6/11/15 and 6/12 reduced to Coumact to start on 6/13/15. An interview with Registal of the stated that she told her teeth and mouth #227 has a lower to turned sideways an During an interview 6/10/15 at 10:00 AN care for Resident #2	as admitted to the facility on litted on 5/11/15 with diagnosis nic airway obstruction, chronic and left upper extremity deep imum Data Set (MDS) is essement reference date of at Resident #227 was direquired extensive vity of daily living (ADL's). led on 3/24/15 revealed a cular-resident is at risk for proach to notify physician for ding and bruising. Lated 6/9/15 revealed Resident Coumadin (anticoagulant) 4 mouth every day. A physician revealed to hold Coumadin (2/15 and the dosage was lin 3.5 mg by mouth every day lesident #227 on 6/10/15 at late she had a loose bottom eding yesterday (6/9/15), she the staff and they swabbed in Upon observation, Resident lose front tooth that was din o bleeding was noted. with nurse aide (NA) #3 on indicated that she did mouth 227 yesterday (6/9/15) using a lone bleeding and a very					

	CENTEROT OR MEDIOVINE & MEDIOVID CERTICLO				1		
	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLET (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLET (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLET (X4) PROVIDER/SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X5) DATE SI COMPLET (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE SI COMPLET (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE SI COMPLET (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE SI COMPLET (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE SI COMPLET (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIE						
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(X4) ID	SHAMARY STA	TEMENT OF DEFICIENCIES	ID ID		PROVIDER'S PLAN OF CORRECTION	N .	(X5)
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F 157	Continued From pa	ae 8	E 1	157			
		ront bottom gum. She	' '	101			
		and bleeding tooth to nurse					
	#2.	3					
		iew on 6/10/15 revealed no					
-		ted to Resident #227 having a					
		tooth or that the physician e change in condition.					
		irse #2 on 6/10/15 at 11:30					
		A#3 did report to her about					
		ng a loose tooth and some					
		but did not document it or					
		because she became busy Nurse #2 indicated that she					
	,	I the physician because the					
	resident is on Coun	nadin.					
		ess note dated 6/11/15					
		isit for history of deep vein ere reviewed, on Coumadin					
		nal normalized ratio-measures					
		nitors effectiveness of					
		ay is 3.2 (range .9-1.1). The					
		an indicated that the INR is					
		nd will decrease Coumadin R in one week. Coumadin was					
	reduced to 3.5 mg						
		e unit manager on 6/12/15 at		1			
		that nurse #2 should have					
		n with signs and symptoms of					
		as her expectation that ied with any changes in					
	resident condition.	ied with any changes in					
F 278	483.20(g) - (j) ASSE	ESSMENT	F2	278 <sup>1.</sup>	Resident #227 no longer resides in th	ne l	
		RDINATION/CERTIFIED	· •		facility.		
	The assessment me	ust accurately reflect the					
	resident's status.	,					
	A registered nurse i	must conduct or coordinate					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		LE CONSTRUCTION			E SURVEY PLETED
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	PROVIDER OR SUPPLIER TIONAL HEALTH SER	VICES OF KANNAPOLIS		18	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD	BE	(X5) COMPLETION DATE
F 278	each assessment we participation of heal A registered nurse is assessment is come. Each individual who assessment must set that portion of the auxilifully and knowing false statement in a subject to a civil most statement in a subject to a civil most subject subject sub	with the appropriate the professionals.  must sign and certify that the pleted.  completes a portion of the ign and certify the accuracy of ssessment.  d Medicaid, an individual who gly certifies a material and resident assessment is eney penalty of not more than sessment; or an individual who gly causes another individual and false statement in a not is subject to a civil money than \$5,000 for each and the individual and false statement.  IT is not met as evidenced eview and staff interviews the grately code the Minimum 1 of 5 residents reviewed for ment. (Resident #227)	F:	278	<ol> <li>All residents residing in the facility potential to be affected. The Mit Data Set Nursing team complete audit of all current MDS' for residensure accuracy and completed as needed.</li> <li>The Minimum Data Set Nurses were ducated on the accuracy of comminimum data sets by the Direct Clinical Services on 6/18/15 and the Regional Minimum Data Set ensure that the Minimum Data Set ensure that the Minimum Data Set ensure that the Minimum Data Set of Clinical Services on rechanges/updates in resident's stensure that information is availate Minimum Data Set nurses to accurately code the Minimum Data Nurses completed a review of the Minimum Data Set of all resident residing in the facility on 7/7/15, resident who had any identified including oral problems have had appropriate Interventions and reimplemented. An oral assessment each resident who was residing in building was completed by the Dof Clinical Services on 7/7/2015 assessments were provided to the Minimum Data set Nurses for according which was completed 7/9</li> </ol>	nimident dent dent dent dent dent dent dent	um  ts to sions  g of in by se to s y ting tto for set	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION .	(X3) DAT	TE SURVEY	
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		VICES OF KANNAPOLIS	8	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	1 08/	12/2015	
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F 280 SS=D	3/31/15 indicated the cognitively intact an assistance with actinus assistance with actinus assistance with actinus assistance with actinus are area was not to the care area was not to the care area was not to the care plan initiate problem for nutrition intervention on 4/13 ordered.  The physician progrindicated that Resid lower teeth, no pain, assessment indicate revealed to consult a During an observation Resident #227 on 6/10 several missing, broupper and lower gurthat she had a loose had a dentist visit yeth Resident #227 indicated that he loose and the loose atting.  During an interview of 6/11/15 at 10:40 AM the MDS based on reviews and if oral/ditriggered she would nurse to initiate dent did not realize that Reloose and broken teed 483.20(d)(3), 483.10 PARTICIPATE PLANThe resident has the incompetent or other	at Resident #227 was d required extensive vity of daily living (ADL's), nder Oral/Dental Status was for none of the above and the iggered. ed on 3/24/15 revealed a n/hydration with an updated /15 to consult dentist as  ess note dated 4/13/15 ent #227 complained of loose, no bleeding. The ed a loose tooth and the plan dentist for tooth evaluation. On and interview with (8/15 at 3:42 PM revealed ken and decayed teeth on ms. Resident #227 indicated to bottom tooth and had not et and was not sure why, ated that she did not have se tooth did not interfere with with the MDS nurse on indicated that she completes esident interviews and record ental assessment would have have contacted the charge al services. The MDS nurse tesident #227 had missing, eth.  (k)(2) RIGHT TO INING CARE-REVISE CP	F 280	4. The Director of Clinical Services/Case Management Nurse/ Minimum Data Nurse will conduct Quality Improver monitoring on 3 Minimum Data Sets week to ensure accuracy for 1 mont then 1 Minimum Data Set per week months, then 1 Minimum Data Shee two months. The results of the Qua- Improvement monitoring will be reported by Director of Clinical Services/Assistant Director of Clinical Services to the Quality Assurance Performance Improvement Committe monthly for six months for continues substantial compliance and/or revisi	n Set ment is per h, for 3 t for lity	3-10-16	

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TRANSIT	TIONAL HEALTH SER	VICES OF KANNAPOLIS			910 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
F 280 SS=D	3/31/15 indicated the cognitively intact an assistance with action The MDS section undicated the MDS section undicated are area was not to the care plan initial problem for nutrition intervention on 4/13 ordered. The physician program indicated that Residewer teeth, no pain assessment indicated that Resident #227 on 6 several missing, brougher and lower guithat she had a loose had a dentist visit you represent the following pain and the loose and the loose and if oral/of triggered she would nurse to initiate dendid not realize that followed and broken tee 483.20(d)(3), 483.10 PARTICIPATE PLAI	at Resident #227 was ad required extensive vity of daily living (ADL 's), nder Oral/Dental Status was for none of the above and the riggered.  Ited on 3/24/15 revealed a n/hydration with an updated s/15 to consult dentist as ress note dated 4/13/15 lent #227 complained of loose in no bleeding. The led a loose tooth and the plan dentist for tooth evaluation. On and interview with /8/15 at 3:42 PM revealed oken and decayed teeth on less and was not sure why, leated that she did not have less tooth did not interfere with less tooth did not interfe	F 2		Residents # 203 and #227 no longer reside in facility. The plan of care for resident #48 wa updated to reflect the current interventions treatment of the pressure ulcers and prevent measures to prevent new sores from forming	s for tive	
	moapaoitateu under	and laws of the Otate, to			measures to prevent new sores from forming	gon	

Facility ID: 923060

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		E SURVEY PLETED
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NAME OF B	PROVIDER OR SUPPLIER	040200		_	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	12/2015
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TRANSII	TIONAL HEALTH SER	VICES OF KANNAPOLIS	KANNAPOLIS, NC 28083				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	8E	(X5) COMPLETION DATE
F 280	Continued From page 9 participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.			2280	<ol> <li>All residents residing in the facility a potential to be affected. The Minimum Data Set Nursing Team completed an audit of all resident oplans to ensure accuracy and plans updated as needed.</li> <li>The Minimum Data Set Nurses who responsible for developing and upoplans of care were reeducated on to care planning process and the need continuously update the care plans the Director of Clinical Services on 6/18/15 and again by the Regional Minimum Data Set Nurse 7/8/2015 nursing staff was reeducated by Director of Clinical Services on 7/9/on reporting changes of condition, orders, and new interventions for a aspects of resident care and on the</li> </ol>	The  Ing Team  I	
	by: Based on observal interview, staff inter the plan of care for The care plan did n inappropriate behave did not update the o interventions for pro #227 and Resident The findings include 1. Resident #203 w 5/5/15 with a diagnor The most recent Mi assessment dated verbal, physical dire mental stats (BIMS)	viors for Resident #203 and care plan to include essure ulcers for Resident # 48.			need to communicate changes to t Nurse Managers and the Minimum Set Nurses. The Minimum Data Set Nurses reviewed the plans of care of residents currently residing in the facility for accuracy and made nece updates – completed on 7/8/15. If Minimum Data Set Nurse/Nursing s will work until he/she has complete this education.	Data ts of all essary No Staff	

CENTE	TO LOW MILDIONIL	& MEDICAID SELVICES				MID NO.	0930-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY PLETED
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(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 280	5/21/15 indicated th (behavior/mood). Finappropriate behavior medication use, insevidenced by wandebehavior (removing throwing on floor, the assistants (stool). Will wander safely, runattended; and rescare as needed. Apconsult as needed, redirect inappropriate needed and observe unsafe behavior and sources of agitation care plan did not adtouching or exposin.  1a. Resident #149 v 5/14/15 with a diagrifunctional status, straccident, and left he MDS dated 5/26/15 indicating the resident #203 enter asleep. The residendate but stated it was admitted to the facilit to be about 10:00 P being asleep at the Resident #203 enter asleep. The resident #203 enter asleep as the Resident #203 enter asleep at the Resident #203 enter asleep at the Resident #203 enter asleep.	#203 care plan revised on e resident had a problem of ocus revealed impaired or riors; etiologies: cognitive loss, ufficient safety awareness; as ering, socially inappropriate brief, playing in stool, reatening to throw on nursing The goal indicated; resident esident will not leave building sident will allow staff to provide proaches included; psych medications per physician, te behaviors safety check as e for increase in behaviors or d report to physician, remove as possible. The resident 's dress instances of unwanted	F 2	280	4. The Director of Clinical Services/Ca Management Nurse/Minimum Dat Nurse will conduct Quality Improvement monitoring on 3 Care Plans per week to ensure accuracy month, then 1 Care Plan per week months, then 1 Care Plan for two months. The results of the Quality Improveme monitoring will be reported by Dire of Clinical Services/Assistant Direct Clinical Services to the Quality Assurance Performance Improveme Committee monthly for six months continued substantial compliance and/or revision.	a Set for 1 for 3 nt ector or of	7-10-15
Ì		and run his hand up her leg to					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		345258	B. WING		00	C /12/2015
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		112/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE
F 280	above her knee. Romer Resident #203 to grade #149 stated she the drink her perineal wher bedside table. Resident #203 then rubbed her foot. Resident #203 had touching his genital Interview on 6/11/16 care for Resident #PM shift stated Resident 's rooms. Because he can proin falling star prografall risk. The staff sesident #203 had thigh and was touch Resident #59 on 30 #203 in her room. reported to the incider about an hour. To watch him. This resident 's rooms.  1b. Resident #59 with diagnosis of person weakness and deprecent MDS assess Resident #59 had a she was moderately.	esident #149 stated she told et out of her room. Resident en observed Resident #203 vash and perfume that was on Resident #149 stated that e went to her roommate and esident #149 stated her nt #178) was upset as g. Resident #149 stated that his hands down in his pants	F2			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
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	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		S'	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083	00/	12/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 280	took his penis out a come and get it." out of her room. St from her room. Recocurred at least a linterview with the se 6:26pm revealed the aware of with Reside wandered the facility had brought to her entered any resider or touching any resident or touching any resident or touching any resident was her respectively and it was her respectively with the social worker further of resident behavior and it was her respectively with the social worker with the care plus behavior.  Interview with the Def/12/15 at 3:06 pm Resident #203 exhibitions and the cocurrent linterview with the approved the cocurrent linterview with the approved the social worker with the social worker with the social worker with the proved the social worker with the social worker w	ent #203 came into her room, and said, "Come and get it, She yelled for staff to get him aff came and removed him sident #59 stated the incident week ago.  ocial worker on 6/11/15 at e only behavior they were lent #203 was that he y in his wheelchair. No one attention that the resident had at 's rooms exposing himself idents. The social worker me aware of issues regarding e nurses notes or though staff for what has occurred. The er revealed she became aware as at clinical morning meetings onsibility to update care plans and behaviors. In the instance as aware of the incident in 3 entered Resident #149 and om and touched her or resident #59 they would have an updated to reflect the new irector of Nursing (DON) on revealed she was unaware of biting the behavior of or exposing himself. The e been care plan developed	F2	280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345258	B. WING			1	0
NAME OF	PROVIDER OR SUPPLIER	040200	2		REET ADDRESS, CITY, STATE, ZIP CODE	06/	12/2015
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TRANSIT	TIONAL HEALTH SER	VICES OF KANNAPOLIS			ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 280	her expectation that instances of unwan resident exposes his should have been dishould have been dinstances.	t staff to communicate ted touching or when a mself to others. The instance locumented and a care plan leveloped in regards to these	F2	280			
	3/24/15 and re-adm of pneumonia, chro pain, hypertension a vein thrombosis.  The admission Min assessment with as 3/31/15 indicated the cognitively intact an assistance with acti. The MDS revealed for developing presereducing devices webed.  The care plan initial problem for skin/wo has the potential for approaches and introdered, assist with inform the physician breakdown, inform the physician breakdown the physician	vas admitted to the facility on itted on 5/11/15 with diagnosis nic airway obstruction, chronic and left upper extremity deep imum Data Set (MDS) is sessment reference date of late Resident #227 was direquired extensive vity of daily living (ADL's). It that Resident #227 was at risk sure ulcers and pressure ere in place for the chair and led on 3/24/15 revealed a lund with a focus that resident impaired skin. The erventions listed were diet as turning and repositioning, of any new area of skin family and caregivers of any leakdown, obtain and order as ordered, handle and liction, administer treatment littor for effectiveness, provide lost episode, weekly skin resident to get out of bed and liction order was written to float					

NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  WILLIAMS (STATELLER) OF DEFICIENCES (EAGNAPOLIS (EAGNAPOLIS (EAGNAPOLIS (EAGNAPOLIS (EAGNAPOLIS (EAGNAPOLIS (EAGNAPOLIS) (EAGNAPOLIS), NO 28983  FOR CONTINUED TO PROVIDER OF STATELLER) OF DEFICIENCES (EAGNAPOLIS (EAGNAPOLIS), NO 28983  FOR CONTINUED TO PROVIDER OF STATELLER) OF DEFICIENCES (EAGNAPOLIS (EAGNAPOLIS EAGNAPOLIS (EAGNAPOLIS EAGNAPOLIS EAGNAP		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,,		LE CONSTRUCTION		E SURVEY IPLETED
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TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS    SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   REACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   PREFIX   TAG   PROPURER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   THE APPROPRIATE DEFICIENCY			345258	B. WING	_		06/	12/2015
(X4) D  SUMMARY STATEMENT OF DEFICIENCIES  FREETIX TAG  FREDIL (REGULATORY OR LSC IDENTIFYING INFORMATION)  FREDIL (REGULATORY OR LSC IDENTIFYING INFORMATION)  F 280  Continued From page 14 heels while in bed. The treatment sheet for May and June 2015 revealed to float heels while in bed was implemented May 25, 2105. The new intervention to float heels while in bed was not added to the care plan but was noted on the nurse aide kardex. During several observations on 6/10/15, 6/11/15 and 6/12/15 Resident #227 was observed to have her heels floated on a pillow while in bed. Review of Resident #227 is the weekly pressure ulcer record revealed a pressure ulcer on the coccyx and right heel was resolved on 6/3/15. During an interview with nurse aide (NA) #3 on 6/10/15 at 10:00 AM indicated that resident specific care needs are identified on the nurse aide kardex. Upon review of the kardex, NA #3 identified interventions of float heels, reposition every 2 hours and air mattress in place for skin protection for Resident #3.  During an interview with the MDS nurse on 6/11/16 at 10:30 AM revealed that care plans are updated according to new orders, order changes and the 24 hour report and any new information provided in morning meeting. The MDS nurse indicated that new intervention should have been added when the order was received.  During an interview with the unit manager on 6/12/15 at 11:30 AM revealed that care plans interventions should be implemented as planned and any changes or updates should be reviewed during the morning clinical meeting.  Resident #48 was admitted to facility on 3/5/08	NAME OF F	ROVIDER OR SUPPLIER			1	, , , , , , , , , , , , , , , , , , , ,		
(A4) D PREFEX TAG  SUMMARY STATEMENT OF DEFICIENCIES PREFEX TAG  CACH TO DEFICIENCY MUST BE PRECEDED BY FULL TAG  F 280  Continued From page 14 heels while in bed. The treatment sheet for May and June 2015 revealed to float heels while in bed which was implemented May 25, 2105. The new intervention to float heels while in bed was not added to the care plan but was noted on the nurse aide kardex. During several observations on 6/10/15, 6/11/15 and 6/12/15 Resident #227 was observed to have her heels floated on a pillow while in bed. Review of Resident #227 is the weekly pressure ulcer on the coccyx and right heel was resolved on 6/3/15. During an interview with nurse aide (NA) #3 on 6/10/15 at 10:00 AM indicated that resident specific care needs are identified on the nurse aide kardex. Upon review of the kardex, NA #3 identified interventions of float heels, reposition every 2 hours and air mattress in place for skin protection for Resident #3. During an interview with the MDS nurse on 6/11/15 at 10:30 AM revealed that care plans are updated according to new orders, order changes and the 24 hour report and any new information provided in morning meeting. The MDS nurse indicated that never the company of the provided in morning meeting. The MDS nurse indicated that never the company of the previous deal of the plans are updated according to new orders, order changes and the 24 hour report and any new information provided in morning meeting. The MDS nurse indicated that new intervention should have been added when the order was received.  During an interview with the unit manager on 6/12/15 at 11:30 AM revealed that the care plan interventions should be implemented as planned and any changes or updates should be reviewed during the morning clinical meeting.  Resident #48 was admitted to facility on 3/5/08	TRANSIT	IONAL HEALTH SER	VICES OF KANNAPOLIS		1	1810 CONCORD LAKE ROAD		
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 280  Continued From page 14 heels while in bed. The treatment sheet for May and June 2015 revealed to float heels while in bed which was implemented May 25, 2105. The new intervention to float heels while in bed was not added to the care plan but was noted on the nurse aide kardex. During several observations on 6/10/15, 6/11/15 and 6/12/15 Resident #227 vs the weekly pressure ulcer record revealed a pressure ulcer record revealed a pressure ulcer not the coccyx and right heel was resolved on the nurse aide kardex. During an interview with nurse aide (NA) #3 on 6/10/15 at 10:00 AM indicated that resident specific care needs are identified on the nurse aide kardex. Upon review of the kardex, NA #3 identified interventions of float heels, reposition every 2 hours and air mattress in place for skin protection for Resident #3. During an interview with the MDS nurse on 6/11/15 at 10:30 AM revealed that care plans are updated according to new orders, order changes and the 24 hour report and any new information provided in morning meeting. The MDS nurse indicated that new intervention should have been added when the order was received. During an interview with the unit mananger on 6/12/15 at 11:30 AM revealed that the care plan interventions should be implemented as planned and any changes or updates should be reviewed during the morning clinical meeting.  Resident #48 was admitted to facility on 3/5/08	110/11011	IONAL HEALIN GER	VIOLES OF INMINIAL OLIO	ļ	ŀ	KANNAPOLIS, NC 28083		
heels while in bed.  The treatment sheet for May and June 2015 revealed to float heels while in bed which was implemented May 25, 2105.  The new intervention to float heels while in bed was not added to the care plan but was noted on the nurse aide kardex.  During several observations on 6/10/15, 6/11/15 and 6/12/15 Resident #227 was observed to have her heels floated on a pillow while in bed.  Review of Resident #227 's the weekly pressure ulcer record revealed a pressure ulcer on the coccyx and right heel was resolved on 6/3/15.  During an interview with nurse aide (NA) #3 on 6/10/15 at 10:00 AM indicated that resident specific care needs are identified on the nurse aide kardex. Upon review of the kardex, NA #3 identified interventions of float heels, reposition every 2 hours and air mattress in place for skin protection for Resident #3.  During an interview with the MDS nurse on 6/11/15 at 10:30 AM revealed that care plans are updated according to new orders, order changes and the 24 hour report and any new information provided in morning meeting. The MDS nurse indicated that new intervention should have been added when the order was received.  During an interview with the unit manager on 6/12/15 at 11:30 AM revealed that the care plan interventions should be implemented as planned and any changes or updates should be reviewed during the morning clinical meeting.	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	COMPLETION
senile dementia. On 4/2/15 Resident #48 was sent to the local hospital due to	F 280	heels while in bed. The treatment sheer revealed to float her implemented May 2. The new intervention was not added to the nurse aide kard During several obse and 6/12/15 Reside her heels floated on Review of Resident ulcer record revealed coccyx and right he During an interview 6/10/15 at 10:00 AM specific care needs aide kardex. Upon in identified intervention every 2 hours and a protection for Resid During an interview 6/11/15 at 10:30 AM updated according the and the 24 hour repprovided in morning indicated that new in added when the ord During an interview 6/12/15 at 11:30 AM interventions should and any changes or during the morning of Resident #48 was a with diagnosis of Alzsenile dementia. Of	et for May and June 2015 lels while in bed which was 25, 2105. In to float heels while in bed he care plan but was noted on lex. ervations on 6/10/15, 6/11/15 ent #227 was observed to have he a pillow while in bed. It #227 's the weekly pressure led a pressure ulcer on the hel was resolved on 6/3/15. If with nurse aide (NA) #3 on M indicated that resident he are identified on the nurse review of the kardex, NA #3 has of float heels, reposition her mattress in place for skin hent #3. If with the MDS nurse on M revealed that care plans are to new orders, order changes hort and any new information her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the unit manager on M revealed that the care plan her was received. If with the was received.	F 2	280			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345258	B. WING	NIING.		ı	C 06/12/2015	
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		18	REET ADDRESS, CITY, STATE, ZIP CODE 210 CONCORD LAKE ROAD ANNAPOLIS, NC 28083	001	12/2015	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE	
F 280	Review of the admis wounds were noted assessment dated a left heels had "unb Review of the admis included treatment of Review of the Treatment (TAR) for review for included use of skin Interventions include bed.  Review of the Minim 4/12/15 included two were present. Residuant activities of daily living The care plan dated of "skin/wound" for bilateral heels. The and repositioning freatmes and weekly skin Review of the telephindicated the left heels be continued. The Sheel was to be discontanged to start, hydressing. Also recontants	ssion notes dated 4/8/15 on bilateral heels. The skin 4/8/15 indicated the right and danchable redness. " ssion orders dated 4/8/15 of skin prep to both heels. ment Administration Record 4/8/15 revealed treatment prep to both heels every day. ed to float the heels when in  num Data Set (MDS) dated of unstageable pressure ulcers dent #48 required extensive mobility and all other ng.  4/23/15 included a problem or deep tissue injury to approaches included turning equently, float heels at all in checks.  none order dated 5/21/15 el skin prep treatment was to santyl treatment to the right ontinued. The treatment was drogel with dry protective mmend sponge boot.  ot include the update for use	F 2	280				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING			K3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
TRANSIT	TONAL HEALTH SER	VICES OF KANNAPOLIS		1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083			
(X4) ID	SULMARY STA	TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETION DATE	
F 280	Continued From pa	ge 16	F 280	, 			
F 282 SS=D	10:05 AM he was n ordered. The usual plans included revise each morning and usaid that order mus 483.20(k)(3)(ii) SEF PERSONS/PER CAThe services provide must be provided by	IDS nurse on 06/12/2015 at ot aware the boot had been method of updating the care ewing the telephone orders updating the care plans. He thave been missed.  RVICES BY QUALIFIED ARE PLAN  led or arranged by the facility y qualified persons in ch resident's written plan of	F 282 1.	Residents #227and 232 no longer reside i facility. Resident #129 had a range of mo assessment and was referred to Restorati	tion		
	This REQUIREMENT by: Based on observatinterviews and recomplement a care properties for 2 of 5 streeds (Resident #2 management for 1 of The findings included 1. Resident #227 who should be a second of pneumonia, chrough pain, hypertension avein thrombosis. The admission Minassessment with as 3/31/15 indicated the cognitively intact and assistance with action accurately coded triggered.	NT is not met as evidenced ions, staff and resident rd reviews, the facility failed to lan intervention for dental ampled residents for dental 27 and #232) and contracture of 1 resident (Resident #129).	2.	Nursing on 6/15/15 for splinting and positioning and services initiated.  All residents residing in the facility have a potential to be affected. All residents had ROM assessment completed and interventions implemented if there was a need.  The Director of Clinical Services, Minimum Data Set Nurses, and Management Nurse completed a review of all residents' record on 7/2/15 to ensure that any resident resident had facility with an identified need was seen by a qualified person either inside or outside of the facility to include: dental and therapy/restorative professionals. The Minimum Data Set Nurses updated the plof care as indicated on 7/9/15.	n s rds iding be r nd		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345258	B. WING			06/	12/2015
NAME OF	PRÖVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
TRANSIT	TIONAL HEALTH SER	VICES OF KANNAPOLIS			810 CONCORD LAKE ROAD		
				K	(ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	intervention on 4/13 ordered. The physician progindicated that Resideeth lower, no pain assessment indicat revealed to consult A physician order donsult dentist for louring an observati Resident #227 on 6 several missing, broupper and lower guthat she had a loose had a dentist visit you Resident #227 indicany pain and the locating. A record review on documentation of a had been made. An interview with Resident #227 has a lower loturned sideways. During an interview 6/10/15 at 10:00 AM care for Resident #227 has a loose tooth on the freported the loose, An interview with no AM revealed that the Resident #227 havi	n/hydration with an updated 8/15 to consult dentist as ress note dated 4/13/15 Jent #227 complained of loose in, no bleeding. The ed a loose tooth and the plan dentist for tooth evaluation. ated 4/13/15 indicated to		282	The Director of Clinical Services/Case Management Nurse will conduct Quality Improvement monitoring on 3 resident records for appointments and consult completion per week for 3 weeks, then 2 records per week for 3 weeks, then 1 reco per week for 2 months. The Director of Clinical Services will conduct random aud times per week for 2 months identifying referrals from the report in morning mee to assure appropriate follow up occurred. The results of the Quality Improvement monitoring will be reported by Director of Clinical Services/Assistant Director of Clinical Services (Assistant Director of Clinical Services to the Quality Assurance Performance Improvement Committee monthly for six months for continued substantial compliance and/or revision.	its 2 ting	7-10-15

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	345258	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	06/	12/2015
		VICES OF KANNAPOLIS		18	810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	notify the physician with an admission. would notify the phy An interview with not AM revealed that standard the order and place for the appointment makes the appointment makes the appointment makes the appointment transportation. Nurs Resident #227 wen During an interview transportation/appoduced to the order for consultant arranges transpoack to the nurse date, she then note indicated that there copied physicians of appointment date of appointment date of she was not sure warrangements for Rappointment.  During an interview 6/12/15 at 11:30 AM interventions should and any changes of during the morning  2. Resident #232 w 4/6/15 and re-admit tibia-fibula fracture, amputation, B-cell I extremity and disch A closed record rev MDS assessment w date of 4/13/15 that	because she became busy Nurse #2 indicated that she /sician today (6/10/15) urse #4 on 6/11/15 at 10:30 he signed off the order dated tal consult and made a copy of the today on the clip board thransportation staff who ment and arranges se #4 could not recall if t to the dentist or not. with the interest staff on 6/11/15 at hat once she gets a copy of this she makes the appointment portation and returns the copy s station with the appointment s it on the calendar. She are no record of the the order or record of an in the calendar. She indicated that happened with the tesident #227 's dental  with the unit manager on if revealed that the care plan d be implemented as planned r updates should be reviewed	F 2	282			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		ATE SURVEY OMPLETED	
			A. GOILL			(	С	
		345258	B. WING		06/12/2015			
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 282	assistance with ADI Dental Status was of (edentulous) and de The care plan initial problem for ADL's hygiene oral care at A physician order de consult Dentist for of A closed record rev documentation of a had been made. An interview with no AM revealed that sh 4/28/15 for the dent the order and place for the appointment makes the appointment makes the appointment transportation. Nurs Resident #232 went During an interview transportation/appo 1:00 PM revealed to the order for consul and arranges transp back to the nurse 's date, she then note indicated that there copied physicians of appointment date of she was not sure with arrangements for R appointment. During an interview 6/12/15 at 11:30 AM interventions should and any changes or during the morning 2. Resident #129 with	L's. The MDS section under coded no natural teeth ental care area triggered, ted on 4/24/15 revealed a with an approach for personal nd dental consult as ordered, ated for 4/28/15 indicated to dental care. iew on 6/10/15 revealed no dental consult or dental visit ares #4 on 6/11/15 at 10:30 ne signed off the order dated hal consult and made a copy of dithe copy on the clip board all consult and made a copy of dithe copy on the clip board all consult and made a copy of dithe copy on the clip board all consult and made a copy of dithe copy on the clip board arranges are #4 could not recall if the tothe dentist or not. with the interest and arranges are station with the appointment contation and returns the copy is station with the appointment are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of an are no record of the the order or record of the the order or record of an area no record of the the order or record of	Fí	282				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILE			(	o
		345258	B. WING			06/	12/2015
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETION DATE
F 282	joint, hand, contract contracture of hand communication defi Minimum Data Set 3/14/15 indicated R of the upper extrem dependent on staff activities of daily livi revealed Resident fas evidenced by a status (BIMS) score Review of Resident 4/2/15 indicated a 'The resident had the pain/comfort due to The interventions in changes in usual rodecrease in function (range of motion), we care; therapy consultreat the existing compain and or discommontracture of the lenursing stated carrocontracture manage indicated continue we have been contracture manage indicated continue we have contracture manage indicated upon arrival contracture manage indicated continue we have contracture manage indicated a goal of receiving schedule to occupational therap Review of Resident recertification/monthindicated a goal of runderstanding of particles.	ture of joint of multiple sites, joint, dementia and cognitive loit. The most recent (MDS) assessment dated esident #129 had impairments ities and was totally assistance to complete long (ADL). The MDS further #129 was cognitively impaired orief interview for mental e of 3.  #129 care plan updated Problem of the left hand, locluded; observe and report lutine, sleep patterns, had abilities, decrease ROM withdrawal or resistance to lot as needed; identify and lottions which may increase fort due to arthritis, and left hand. The specifications for lot to left hand as tolerated for lement. Update of 5/4/15 with carrot. In the specification of the left hand; left hand splint to be left; therapy carrot to left hand for lement. In the specific hand for lement. In the specific hand for lement. In the left hand splint to be left hand; left hand splint to be left hand splint to be left hand; left hand splint to be left hand; left hand splint to be left hand splint to be left hand; left hand splint to be left hand splint hand; left hand splint	Fí	282			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  346258  NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STREET ADDRESS, CITY, STATE, 2IP CODE 1810 CONCORD LAKE ROAD  KANNAPOLIS, NO. 28883  FEAST STATE, 2IP CODE 1810 CONCORD LAKE ROAD  FREETY  FRE	CENTER	19 LOK MEDICAKE	& WEDICAID SERVICES				MP MO	0930-0391
INAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS    PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   1810 CONCORD LAKE ROAD   KANNAPOLIS, NC. 28083     PROVIDER'S PLAN OF CORRECTION   REGULATORY OR LSC IDENTIFYING INFORMATION    PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION    PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   SIGNUM BE   CROSS-REFERRINGED TO THE APPROPRIATE   COMPLETION CONTRACTURE management. The baseline dated   4/20/15 stated nursing not consistently placing therapy carrot in left hand; left hand digits flexion contracture has declined to the point where it is very difficult to extend digits; no functional maintenance program (FMP) being followed for daily range of motion (ROM) to bilateral upper extremities (BUE). Patient with impact on the point where it is very difficult to extend digits; no FMP being followed for daily ROM to BUE. Patient with impact olderance for PROM to left hand. Previous monthly summary dated 5/1/15 stated nursing not consistently placing therapy carrot in left hand; left hand during the day. At this time patient is only able to tolerate slight extension of digits for application of carrot or similar device. Will continue to monitor. Will continue to provide modalities including short wave diathermy to assist with increasing ROM to left hand once patient is able to tolerate splint wear.  Review of Resident #129 Occupational therapy encounter note dated 6/1/16 revealed therapy carrot on in place, nursing non-compliant with contracture management program for patient. Observation of Resident #129 to be seated in her wheelchair. Her hand was observed lightly held. No therapeutic carrot was applied to her left hand.  Observation of Resident #129 was seated in her wheelchair. Her hand was observed lightly				, ,			СОМ	PLETED
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  (CAL) DEPRETEX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 282  Continued From page 21 contracture management. The baseline dated 4/20/15 stated nursing not consistently placing therapy carrot in left hand; left hand digits flexion contracture has declined to the point where it is very difficult to extend digits; no functional maintenance program (FMP) being followed for daily range of motion (RCM) to bilateral upper extremilles (SEUE). Patient with impaired tolerance for PROM to left hand; left hand digits flexion consistently placing therapy carrot in left hand; left hand digit flexion consistently placing the point where it is very difficult to extend digits; no FMP being followed for daily range of motion (RCM) to bilateral upper extremilles (SEUE). Patient with impaired tolerance for PROM to left hand. Previous monthly summary dated 6/11/6 stated nursing not consistently placing therapy carrot in left hand; left hand digit flexion contracture had declined to the point where it is very difficult to extend digits; no FMP being followed for daily RCM to BUE. Patient with impaired tolerance for passive range of motion (PROM) to left hand to fair, new orders from neurologist 4/29/15 to use carrot in left hand during the day. At this time patient is only able to tolerate slight extension of digits for application of carrot or similar device. Will continue to monitor, Will continue to provide modalities including short wave diathermy to assist with increasing RCM to left hand with plan to provide appropriate splint to left hand with plan to provide appropriate splint to left hand with plan to provide appropriate splint to left hand with plan to provide appropriate splint to left hand with plan to provide appropriate splint to left hand contracture management program for patient. Observation of Resident #129 to be seated in her wheelchair. Her hand was observed tightly held. No therapeutic carrot was applied to her left ha			345258	B. WING			ı	- 1
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS    Manual Color   C	MAME OF 6	POVIDER OR SHIPPLIER			8	YREET ADDRESS CITY STATE ZIP CODE	1 00.	
CANDAD   HEALTH SERVICES OF KANNAPOLIS   KANNAPOLIS, NC 28083	HOUSE OF F	NOVIDER OR SOFFEEN						
Description   Summary Statement of Deficiencies   PREFIX   TAG   REQUATORY OR LSC IDENTIFYING IMPORMATION)   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY)   PREFIX   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY)   PREFIX   TAG   P	TRANSIT	IONAL HEALTH SER	VICES OF KANNAPOLIS					
FREETIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 282  Continued From page 21 contracture management. The baseline dated 4/20/16 stated nursing not consistently placing therapy carrot in left hand; left hand digits flexion contracture has declined to the point where it is very difficult to extend digits; no functional maintenance program (FMP) being followed for daily range of motion (ROM) to bilateral upper extremities (BUE). Patient with poor + tolerance for PROM to left hand. Previous monthly summary dated 6/1/15 stated nursing not consistently placing therapy carrot in left hand; left hand digit flexion contracture had declined to the point where it is very difficult to extend digits; no FMP being followed for daily range of motion (PROM) to left hand to fair, new orders from neurologist 4/29/15 to use carrot in left and during the day. At this time patient is only able to tolerate slight extension of digits for application of carrot or similar device. Will continue to monitor, Will continue to provide modalities including short wave diathermy to assist with increasing ROM to left hand once patient is able to tolerate splint to left hand with plan to provide appropriate splint to left hand once patient is able to tolerate splint wear.  Review of Resident #129 Occupational therapy encounter note dated 6/1/15 revealed therapy carrot not in place; nursing non-compliant with contracture management program for patient. Observation of Resident #129 to be seated in her wheelchair. Her hand was observed tightly held. No therapeutic carrot was applied to her left hand.  Observation of Resident #129 was seated in her wheelchair. Her hand was observed tightly	**********				K	ANNAPOLIS, NC 28083		
contracture management. The baseline dated 4/20/15 stated nursing not consistently placing therapy carrot in left hand; left hand digits flexion contracture has declined to the point where it is very difficult to extend digits; no functional maintenance program (FMP) being followed for daily range of motion (ROM) to bilateral upper extremities (BUE). Patient with poor + tolerance for PROM to left hand. Previous monthly summary dated 5/1/15 stated nursing not consistently placing therapy carrot in left hand; left hand digit flexion contracture had declined to the point where it is very difficult to extend digits; no FMP being followed for daily ROM to BUE. Patient with impaired tolerance for passive range of motion (PROM) to left hand to fair, new orders from neurologist 4/29/15 to use carrot in left and during the day. At this time patient is only able to tolerate slight extension of digits for application of carrot or similar device. Will continue to monitor. Will continue to provide modalities including short wave diathermy to assist with increasing ROM to left hand with plan to provide appropriate splint to left hand own patient is able to tolerate splint wear.  Review of Resident #129 Occupational therapy encounter note dated 6/1/15 revealed therapy carrot not in place; nursing non-compliant with contracture management program for patient.  Observation of Resident #129 on 6/8/15 at 11:00am revealed Resident #129 on 6/8/15 at 11:00am revealed Resident #129 was seated in her wheelchair. Her hand was observed tightly held. No therapeutic carrot was applied to her left hand.  Observation of Resident #129 was seated in her wheelchair. Her hand was observed tightly	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	
held. No therapeutic carrot was observed in Resident #129's left hand.	F 282	contracture manage 4/20/15 stated nurs therapy carrot in lef contracture has derivery difficult to extermaintenance progradily range of motio extremities (BUE), for PROM to left hasummary dated 5/1 consistently placing left hand digit flexion the point where it is no FMP being follow Patient with impaire of motion (PROM) from neurologist 4/2 during the day. At tolerate slight extendarrot or similar dewill continue to prowave diathermy to a left hand with plan to left hand once patient wear.  Review of Resident encounter note date carrot not in place; contracture manage Observation of Resident encounter note date carrot not in place; contracture manage Observation of Resident encounter note date carrot not in place; contracture manage Observation of Resident encounter note date carrot not in place; contracture manage Observation of Resident encounter note date carrot not in place; contracture manage Observation of Resident encounter note date carrot not in place; contracture manage Observation of Resident. He held. No therapeut hand.  Observation of Resident. He held. No therapeut	ement. The baseline dated ing not consistently placing it hand; left hand digits flexion clined to the point where it is and digits; no functional am (FMP) being followed for on (ROM) to bilateral upper Patient with poor + tolerance nd. Previous monthly /15 stated nursing not a therapy carrot in left hand; in contracture had declined to a very difficult to extend digits; and tolerance for passive range to left hand to fair; new orders 29/15 to use carrot in left and this time patient is only able to asion of digits for application of vice. Will continue to monitor, vide modalities including short assist with increasing ROM to be provide appropriate splint to ent is able to tolerate splint to ent is able to tolerate splint.  ##129 Occupational therapy and 6/1/15 revealed therapy nursing non-compliant with ement program for patient. Ident #129 on 6/8/15 at Resident #129 to be seated in a r hand was observed tightly ic carrot was applied to her left ident #129 on 6/8/15 at esident #129 was seated in a r hand was observed tightly ic carrot was observed in	F	282			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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		345258	B, WING			06/	12/2015
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CO 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(X5) COMPLETION DATE
F 282	Observation of Res 9:09am revealed Rewheelchair. Her leftightly held. No ther in Resident #129 's On 6/09/15 at 9:57a (OT) provided Resident #129 hand residents splinting of #129 was not on the carrot was issued by the therapist in the state of the therapist in the state of the therapist state of the therapist state of the therapist state of the when she walked by when she came to a may have to do more Resident #129 thera. The OT stated that indicated the therapist and staff. The OT indicated the ducation to perform Interview with restoration on her caseload for aide stated she only positioning. Therapist Resident #129 back carrot in her hand. Interview with Resident #129 back carrot in her hand. Interview with Resident #129 's therapeutic determine the pararhad to wear the splinting the pararhad to wear the splinting in the splinting the pararhad to wear the splinting in the pararhad to wear	sident #129 on 6/9/15 at esident #129 seated in her it hand was observed to be rapeutic carrot was observed is left hand. In the Occupational therapist dent #129 with ROM to her left cated that she was stretching in order to put in the device. The OT said Resident e current OT caseload. The rey therapy and was located by resident 's drawer. The it she had observed Resident ing the therapeutic carrot y the residents room and assess. The OT stated she re staff education in regards to apeutic carrot application. in her assessments she beutic carrot was not being I due to the resident taking the not applying the device at all. hat nursing was provided		282			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345258	B. WING		06/4	C 12/2015
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	007	12/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE
F 309 SS=D	applied to Resident Interview with the D revealed it was her would be placing the Resident #129's has should be following Interview with the A 3:08pm revealed it was further the carrot was not be was further the expethat the staff follow 483.25 PROVIDE CHIGHEST WELL BE Each resident must provide the necessary maintain the high mental, and psycholaccordance with the and plan of care.  This REQUIREMENT by:  Based on record rephysician interviews monitor and assess daily weight as orderesidents (Resident of congestive heart.)  The findings include Resident #9 was ad	#129 's left hand. ON on 6/12/15 at 3:06pm expectation that restorative e therapeutic carrot in nd. The DON stated staff the care plan as written. dministrator on 6/12/15 at was her expectation that OT nursing or administration that leing applied consistently. It ectation of the administrator the care plan as written. EARE/SERVICES FOR EING  receive and the facility must ary care and services to attain est practicable physical, social well-being, in e comprehensive assessment  IT is not met as evidenced view, facility staff and to the facility failed to obtain, increases in a resident 's red by the physician for 1 of 1 #9) reviewed with a diagnosis failure and history of edema.  It is not met as evidenced	F 2		nally ices ing it	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. 601L6	ino,			
		345258	B. WING	_		06/	12/2015
	PROVIDER OR SUPPLIER FIONAL HEALTH SER	VICES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	Data Set (MDS) dairesident had intact decision making. The assistance from state Daily Living (ADLs), limited assistance from state and supervision with eating.  A review of Resider revealed there was which read, "Weig (Medical Doctor) of one day or 5 pound a physician's order Resident #9's scheduled furosemide once dairester medication) on 3/12/15 to initiate furosemide once dairester with eating the resident with the resident with the kidneys are fundamentation of the April 2015 MAR revealed weight where the resident than 3 pounds (#) ir-On 4/8/15, the resident with the resident than 3 pounds (#) ir-On 4/8/15, the resident than 3 pounds (#)	st recent quarterly Minimum ted 3/4/15 revealed the cognitive skills for daily he resident required extensive iff for most of his Activities of with the exception of needing or locomotion on/off the unit his personal hygiene and the twery day; notify MD weight gain of 3 pounds (#) in sin one week. "On 3/12/15, was received to discontinue eduled dose of furosemide (a). An order was also received to milligrams (mg) aily as needed for lower a review of the physician 's 3/12/15 revealed the ide was held due to an indicator of how well extensive of the physician ord (MAR) included the daily weights obtained. The realed 5 daily weights (4/1, 4/2, had not been recorded. Of tes, there were two occasions had a weight increase of more	F3	809	<ol> <li>Nursing Staff were reeducated of 6/18/15 by the Director of Clinic Services on the need for following physician's orders and parameter. The retraining stressed the need contact the physician as prescribus as required by nursing standard practice. No nursing staff will wountil he/she has completed this education.</li> <li>The Director of Clinical Services/Manager will monitor any reside with physician orders for special monitoring 5 times weekly for month, then 3 times weekly for month, then 1 time monthly formonths. The results of the Qual Improvement monitoring will be reported by the Director of Clini Services/Unit Manager to the Qual Assurance Performance Improve Committee monthly times 6 mon for continued substantial compliand/or revision.</li> </ol>	all ng ers. I to ped or s of ork  Unit ents  1 cal uality ement nths	7-10-15

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. DOILE			(	С
		345258	B. WING			06/	12/2015
	PROVIDER OR SUPPLIER TIONAL HEALTH SER	VICES OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTIVE ACTION SHOULD THE APPROPRIATE OF CORRECTION O		BE	(X5) COMPLETION DATE
F 309	On 4/24/15, the management of the medial record to import the medial record to import of the medial record weight in the medial record to import of the medial record to import of the medial record to import of the medial record weight, the medial record weight, the medial record to import of the medial record weight, the medial record weight, the medial record the medial record the medial record or an as weight increase was management. No notes we medical record to import of the medial rec	dical record revealed no de to indicate the resident was seesment of the reason for the scompleted. The April 2015 doses of furosemide (ordered ed) were given during the vere made in the resident 's indicate the resident 's Medical otified of the weight increases.  In #9 's May 2015 Medication ord (MAR) included he daily weights. The May d 4 daily weights (5/6, 5/14, d not been recorded. Of the there were two occasions had a weight increase of more	F	809			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION		E SURVEY PLETED
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		345258	B. WING			06/	12/2015
NAME OF I	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
TRANSIT	TIONAL HEALTH SER	VICES OF KANNAPOLIS		1	810 CONCORD LAKE ROAD		
110011	HONAL HEALTH GEN	VICES OF NAMINAFOLIS		K	(ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTIO PREFIX TAG  PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)		BE	(X5) COMPLETION DATE	
F 309	documentation of th	ne daily weights. The June	F3	809			
	been recorded thro	d 1 daily weight (6/1) had not ugh the date of the review corded weights, there was one					
	occasion where the	resident had a weight an 3 pounds (#) in one day:					
	On 6/8/15, the re	esident weighed 167.2#; on 170.5# (a difference of 3.3# in					
	one day).	tiant was and was also done					
		dical record revealed no le to indicate the resident was					
		sessment of the reason for the					
		s completed. The June 2015					
		loses of furosemide (ordered					
		ed) were given during the				ļ	
		date of the review. No notes					
		esident 's medical record to I Doctor (MD) was notified of					
		. There were no notations of					
		in the MD 's Communication					
	Book.						
	An interview was co	onducted on 6/11/15 at 10:17					
		Nurse #8 was the 1st shift					
		I to care for Resident #9.					
		v, Nurse #8 reported she had					
		me shift and hall assignment view of Resident #9 's 6/9/15					
		onfirmed there was a greater					
		ease from the previous day.					
		d the facility 's procedures for					
	obtaining weights fo	or those residents having					
		ghts. She reported the daily					
		ally done on the 11PM-7AM					
		e nurse stated it would have ility of the 11PM-7AM nurse to					
		illy of the TTPNF/ANT hurse to					
		ss along the need to do so to				ļ	
		(1st shift nurse) in report.					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING				(X3) DATE SURVEY COMPLETED	
		345258	B. WING	-			0	
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS	b. Willia	S1	FREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083	06/	12/2015	
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETION DATE	
F 309	of this weight increadid not call the MD change on 6/9/15. reported that all daithe resident 's MAI A telephone intervie at 2:04 PM with Nu shift nurse assigned the evenings of 4/2 5/11-5/12/15 (three per day weight increported weights weights. Upon inquivould report a daily a 3# for Resident # s book. Nurse #8 areported the weight and that nurse wou as needed "furose asked, Nurse #8 stabout the resident book, she would no notification in the renurse could not recthe resident 's physincreases noted for 5/4-5/5/15, or 5/11-The 3rd shift nurse Resident #9 on 4/8 not available for intervient that the properties of the resident with the resident #9 on 4/8 not available for intervient that the properties of the resident with the resident #9 on 4/8 not available for intervient that the properties with the properties with the resident #9 on 4/8 not available for intervient that the properties with th	she had not been made aware ase. The nurse noted that she to notify him of the weight Upon inquiry, Nurse #8 by weights were recorded on R. aw was conducted on 6/11/15 ase #7. Nurse #7 was the 3rd of to care for Resident #9 on 4-4/25/15, 5/4-5/5/15, and dates when a greater than 3# ase was recorded). Nurse #7 are typically done on the 3rd aho had orders for daily siry, the nurse stated she aweight increase greater than 9 by writing a note in the MD' also stated she would have change to the day shift nurse ald subsequently give him the "amide prescribed. When atted that if she wrote a note is weight change in the MD's atted that if she wrote a note is weight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's atted that if she wrote a note is sweight change in the MD's attended this is sident and it is she wrote and it is not in the MD's attended the more	F3	309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
		345258	B. WING	_		i .	0 12/2015
NAME OF I	PROVIDER OR SUPPLIER			\$1	TREET ADDRESS, CITY, STATE, ZIP CODE	00/	12/2015
TRANSIT	IONAL HEALTH SER	VICES OF KANNAPOLIS			110 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	weights, the MD stated ally weights and to increase, would explore the increase, would explored as to whomade aware of the made aware of the made aware of the resident's weight in the MD orders and evaluate the resider indicated he would have documented the MD communica "If the notification woommunication boothe 6/9/15 weight in An interview was copily with the Interim	ild be in regards to daily ited, "If an order is written for notify the MD for a weight eet that to be done." Upon wild reported he did not recall ether or not he had been resident 's weight increases, expected to be notified of the increase in accordance with parameters given so he could not accordingly. The MD have expected the nurse to he MD notification in the to have communicated this in tion book as well. He stated, was not in the (MD)	F3	609			
F 318 SS=D	resident to have dai expected them to be noted that if the MD when he should be she expected the M with those paramete addition to notifying resident 's Responsherself to be notified inquiry, the DON stated documentation of M changes to be made communication boo permanent medical	ly weights taken, she e done every day. She also had given parameters as to notified for a weight increase, D to be notified in accordance ers. The DON stated in the MD, she would expect the sible Party (RP) and the DON d of such a change. Upon ated she expected ID notification of weight e both in the MD k and in the resident 's record.	F3	s18	1. Resident #129 had a range of motion assessment and was referred to Restoration Nursing on 6/15/15 for splinting and positioning and services were initiated.	ve	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345258	B. WING			1	C
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS	c. mine	1:	STREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083	1 06/	12/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	9E	(X5) COMPLETION DATE
F 318	Based on the comp resident, the facility with a limited range appropriate treatme range of motion and decrease in range of This REQUIREMEN	rehensive assessment of a must ensure that a resident of motion receives nt and services to increase l/or to prevent further of motion.	F	318	<ol> <li>All residents residing in the facility the potential to be affected. All residents residing in the facility we assessed for splinting and contract by the Unit Coordinators/Unit Mar by 7/10/15. Any abnormal findings reported to the interdisciplinary Te for referral to Therapy or Restorati Nursing.</li> <li>The Director of Clinical Services reeducated all nursing equipment for residents residing in the facility and residents residing in the facility and</li> </ol>	ere cures nagers s were eam live	
	This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to follow physician order and therapy recommendations for contracture management for 1 of 5 sampled residents (Resident #129). The findings included: Resident #129 was admitted to the facility on 12/12/13 with a diagnosis that included pain in joint, hand, contracture of joint of multiple sites, contracture of hand joint, dementia, cognitive communication deficit. The most recent Minimum Data Set (MDS) assessment dated 3/14/15 indicated Resident #129 had impairments of the upper extremities and was totally dependent on staff assistance to complete activities of daily living (ADL). The MDS further revealed Resident #129 was cognitively impaired				range of motion declines that woul warrant a referral to Therapy or Restorative Nursing. Therapy will rany therapy recommendations dur the morning meeting for follow up Nursing Management. Each reside will have a Range of assessment completed quarterly to determine progress or decline. No nursing stawill work until he/she has complete this education.	report ing by nt	
	as evidenced by a b status (BIMS) score Review of Resident 4/2/15 indicated a " The resident had the pain/comfort due to the interventions indicates in usual ro- decrease in function	rief interview for mental				TO CAMPAGE AND A COLUMN ASSESSMENT ASSESSMEN	

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
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		345258	B. WING	_		06/	12/2015
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		1	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETION DATE
F 318	care; therapy constitreat the residents of increase pain and of and contracture of it specifications for number of the specifications for number of the specifications for number of the specifications for number of Resident initial evaluation sign for patient referral of was noted that patient wheelchair with not carrot previously is appropriately in left Review of Resident initial evaluation sign ferred to OT throuprocess due to lack maintenance prograby nursing. Patient hand contracture and OT services for consplinting. Review of consultatindicated a diagnost developing left hand included use carrot Physician note date brace for both hand left hand during the Physician note date order for splint to rigapplied upon arrival contracture manage Physician note date	alt as needed; identify and existing conditions which may be discomfort due to arthritis, the left hand. The arising stated carrot to left or contracture management, ated continue with carrot.  #129 occupational therapy med 3/12/15 revealed reason due to fall. During OT screen it ent is poorly positioned in cushion or leg rests, therapy sued during OT not positioned hand.  #129 occupational therapy med 4/22/15 stated Patient agh referral from rounding of appropriate functional am being consistently followed demonstrates significant left and would benefit from skilled attracture management and dion report dated 4/29/15 is of left hand dystonia with did contracture and Parkinson included botox was of no . The recommendations in left hand during the day, and 4/29/15 stated fashion as to use at night, use carrot in day.  If the discontinue is to use at a discontinue ght hand; left hand splint to be a left hand roll or contracture management; and 5/20/15 stated hand roll or contracture management;	F	318	4 The Unit Coordinators/Director of Clinical Services will conduct Qualit Improvement monitoring of 4 splin residents per week for 1 month to ensure splints are in place as prescriben 3 splinted residents per week month, then 2 splinted residents per week for 2 months, 1 splinted resid weekly for 1 month.  The Director of Clinical Services/Unit Manager will conduct Quality Improvement monitoring of 4 recorper week for the completion of the quarterly Range of Motion Assessm for 1 month, then 3 records per we for 1 month, then 2 records per we for 2 months, then 1 record per we for 1 month.  The results of the Quality Improven monitoring will be reported by the Director of Clinical Services/Unit Manager to the Quality Assurance Performance Improvement Commitmonthly times 6 months for continuously substantial compliance and/or revisions.	ted ribed, for 1 er lent it rds nents ek ek nent	3-10-15

A. BUILDING COMPLETED  C 345258 B. WING 06/12/201	
345258 B. WING 06/42/201	
00/12/20	/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  1810 CONCORD LAKE ROAD	
KANNAPOLIS, NC 28083	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   (EACH CORRECTIVE ACTION SHOULD BE COMPL	(X5) COMPLETION DATE
F 318  Continued From page 31  occupational therapy. Review of Resident #129 Occupational therapy recertification/monthly summary dated 5/21/15 indicated a goal of nursing will demonstrate good understanding of patient functional maintenance program (FMP) for wheelchair positioning and contracture management. The baseline dated 4/20/15 stated nursing not consistently placing therapy carrot in left hand; left hand digits fexion contracture has declined to the point where it is very difficult to extend digits; no functional maintenance program (FMP) being followed for daily range of motion (ROM) to bilateral upper extremities (BUE). Patient with poor + tolerance for PROM to left hand. Previous monthly summary dated 5/1/15 stated nursing not consistently placing therapy carrot in left hand; left hand digit flexion contracture had declined to the point where it is very difficult to extend digits; no FMP being followed for daily ROM to BUE. Patient with impaired tolerance for passive range of motion (PROM) to left hand to fair; new orders from neurologist 4/29/15 to use carrot in left and during the day. At this time patient is only able to tolerate slight extension of digits for application of carrot or similar device. Will continue to monitor. Will continue to provide modalities including short wave diathermy to assist with increasing ROM to left hand with plan to provide appropriate splint to left hand once patient is able to tolerate splint wear.  Review of consultation report dated 5/22/15 indicated a diagnosis of left hand contracture. The recommendations stated Occupational therapy stretching with dynamic splinting, Review of resident #129 Occupational therapy encounter note dated 6/1/15 revealed a therapeutic carrot was not in place; nursing non-compliant with contracture management	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY PLETED
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14445		340200	J. 1111G			06/	12/2015
	PROVIDER OR SUPPLIER FIONAL HEALTH SER	VICES OF KANNAPOLIS		1	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083		
44.00	CHILLIAN	TENENT OF DEFICIENCES					
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETION DATE
F 318	am revealed Reside wheelchair. Her ha held. Resident #12 applied to in her left Observation of Respm revealed Reside wheelchair. Her ha held. Resident #12 therapeutic carrot ir Observation of Resam revealed Reside wheelchair. Her left tightly held. Reside carrot to be in her left tightly held. Reside carrot to be in her left tightly held. Reside carrot to be in her left tightly held. Reside carrot to be in her left tightly held. Reside carrot to be in her left tightly held. Resident #129 hand. The OT indic Resident #129 hand residents splinting of #129 was not on the carrot was issued be the therapist in the state of the therapist stated that #129 not to be hold when she walked by when she came to a may have to do more Resident #129 thera The OT stated that indicated the therap consistently applied carrot out and staff The OT indicated the education to perforn Interview with restore 9:24 am revealed si	ident #129 on 6/8/15 at 11:00 ent #129 to be seated in her nd was observed to be tightly 9 had no therapeutic carrot thand. ident #129 on 6/8/15 at 4:01 ent #129 to be seated in her nd was observed to be tightly 9 was observed to have no her left hand. ident #129 on 6/9/15 at 9:09 ent #129 to be seated in her thand was observed to be not #129 had no therapeutic eft hand. If the ent #129 with ROM to her left eated that she was stretching the in order to put in the levice. The OT said Resident e current OT caseload. The yetherapy and was located by resident 's drawer. The is she had observed Resident ent enter the therapeutic carrot yetherapy and was located by resident 's drawer. The is she had observed Resident enter the staff education in regards to apeutic carrot was not being due to the resident taking the not applying the device at all. eat nursing was provided	FS	318			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		SURVEY PLETED
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		345258	B, WING			06/	12/2015
NAME OF I	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE B10 CONCORD LAKE ROAD		
TRANSIT	IONAL HEALTH SER	VICES OF KANNAPOLIS			ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 318	Continued From pa	ge 33	F3	:18			
F 323 SS=D	aide stated she only positioning. Therapy Resident #129 back carrot in her hand. Interview with Resident #129 assistant or restora Resident #129 assistant or restora Resident #129 had Nurse #1 was unsu carrot was not appli hand on 6/8/15. Interview with the Drevealed it was her putting the therapy re Interview with the A 3:08pm revealed it communicate with a the therapy carrot was the therapy orders it parameters identified 483.25(h) FREE OF HAZARDS/SUPER.	y provided Resident #129 with by had not discharged the of the restorative to put the dent #129 's Nurse (Nurse #1) or revealed she, nursing tive nursing would apply herapeutic carrot. The nurse of the parameters in which to wear the splitting device, are of why the therapeutic fied to Resident #129 's left on the expectation that restorative be attic carrot if Resident #129. Therapy devices should be accommendations. It was her expectation that OT nursing or administration that was not being applied further her expectation that one carried out as written and ed.	F3		1. Regident #203 no langar ragides at t	he	
	prevent accidents.	on and assistance devices to			<ol> <li>Resident #203 no longer resides at the facility. The resident was placed on supervision at the time the inapprophehavior was brought to the attention the management team.</li> </ol>	1:1 oriate	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		SURVEY PLETED
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		345258	B. WING	_		06/	12/2015
	PROVIDER OR SUPPLIER FIONAL HEALTH SER	VICES OF KANNAPOLIS		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 323	by: Based on record restaff interview the fainappropriate behavinterventions for 1 of (Resident #203) where resident (Resident is touched residents (#178).  The findings include 1. Resident #203 who is touched residents (#178).  The findings include 1. Resident #203 who is touched residents (#178).  The findings include 1. Resident #203 who is touched resident Mind assessment dated verbal, physical direction who is touched the work of Resident 5/21/15 indicated the service of Resident 5/21/15 indicated the service of Resident S/21/15 indicated the service of Resident S/21/15 indicated the service of Resident S/21/15 indicated the service of S/21/15 ind	eview, resident interview and acility failed to manage viors and implement effective of 1 sampled residents o exposed himself to a #59) and inappropriately Reisdent #149 and Resident	F	3323	2. All residents in the facility have the potential to be affected. All resider were discussed in a Behavior Management Meeting to identify at additional behavioral issues requiris intervention on 6/11/15.  All residents currently residing in the facility have been assessed for wandering/inappropriate behaviors proper interventions were put in pland care planning completed on 7/3. The Director of Clinical Services reeducated all facility staff on reportinappropriate behaviors to Nurses, Director of Clinical Services, or the Executive Director on 6/29/15. Not will be allowed to work until he/she completed this education. New admissions will be assessed by the Admitting Nurse and any Indication behavioral issues will be reported to Social Service Professional for appropriate interventions and care planning.	nts  nd  ng  and  acce  9/15.  riting  staff  has	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
			A. BUILU	ING			.
		345258	B. WING	_	10.00	1	12/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
TDANGIT	TONAL BEALTH SED	VICES OF KANNAPOLIS		1	810 CONCORD LAKE ROAD		
IKANSII	IONAL REALIN SEK	VICES OF KANNAPOLIS		K	(ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE RIATE	(X5) COMPLETION DATE
			4. The Unit Coordinators/Director of C	linical			
F 323	F 323 Continued From page 35 touching or exposing himself to others.  1a. Resident #149 was admitted to the facility on		F3	323	Services will conduct Quality		7-10-15
					Improvement monitoring of 4 curre	nt	,
					and new admission residents to ens	ure	
					all residents are safe and all needed		
		nosis that included impaired			interventions to address behaviors	are in	
		atus post cardiovascular			place to provide every resident with		
		emiparesis. The Most recent			safety 5x week for 1 month, then 3x	( '	
		revealed a BIMs of 15			week for 2 months, then 2x weekly	for 2	
	mulcaung the reside	ent was cognitively intact.			months, then weekly for 1 month. I	he	
	Interview with Resid	dent #149 on 6/11/15 at			results of the Quality Improvement		
		ne voiced concerns that			monitoring will be reported by the		
		red her room when she was			Director of Clinical Services/Unit		
	asleep. The resider	nt couldn ' t recall the exact			Manager to the Quality Assurance		
:		as shortly after she was			Performance Improvement Commit	tee	
		lity. The resident stated it had			monthly times 6 months for continu	ied	
		M or 10:30 PM due to her			substantial compliance and/or revis	ion.	
		time. Resident #149 stated					
		red her room in his wheelchair					
		up when she felt Resident and run his hand up her leg to					
		esident #149 stated she told					
		et out of her room. Resident				,	
		en observed Resident #203					
		ash and perfume that was on					
		Resident #149 stated that					
	Resident #203 then	went to her roommate and					
		sident #149 stated her					
		nt #178) was upset as					
	evidenced by yelling	g. Resident #149 stated that					
		his hands down in his pants			•		
	touching his genital	ъ.					
	Interview on 6/11/1:	5 at 5:40 PM with NA#2, who					
		#203 during the 3:00					
		stated Resident #203 goes					
		s rooms. Staff have to watch					
		he can propel his wheelchair					
		star program due to					
	elopement risk and	fall risk. The staff stated they					L

A. BUILDING	
345258 B. WING 06/42	2/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	2/2010
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323  Continued From page 36 were aware that Resident #203 had touched a resident' s leg and thigh and was touching himself. A second Resident #59 on 300 hall complained of Resident #203 is her room. The staff revealed they had reported to the incident to their nurse. Resident #203 is supposed to go to 'falling star program' during the day to monitor his whereabouts. During the change of shift, he is back on the hall for about an hour. He is on the hall, and they try to watch him. This is when he goes into other resident' s rooms.  1b. Resident #59 was admitted on 6/30/14 with a diagnosis of personal history of fall, muscle weakness and depressive disorder. The most recent MDS assessment dated 3/7/15 indicated Resident #59 had a BIMS score of 12 indicating she was moderately cognitively impaired.  Interview on 6/11/15 at 5:43 PM with Resident #59 revealed Resident #203 came into her room, took his penis out and said, "Come and get it, come and get it." She yelled for staff to get him out of her room. Staff came and removed him from her room. Resident #59 stated the incident occurred at least a week ago.  Interview with the social worker on 6/11/15 at 6:26pm revealed the only behavior they were aware of with Resident #203 was that he wandered the facility in his wheelchair. No one had brought to her attention that the resident had entered any resident. *1 ne social worker indicated she became aware of issues regarding behavior though the nurses notes or though staff communicating to her what has occurred. The social worker further revealed she became aware of resident behaviors at clinical morning meetings	

PRINTED: 06/29/2015 FORM APPROVED OMB NO, 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILDI		ONSTRUCTION		SURVEY PLETED
		345258	B. WING			000	
NAME OF I	PROVIDER OR SUPPLIER	345256	D. 711110	STRE	EET ADDRESS, CITY, STATE, ZIP CODE	06/	12/2015
		VICES OF KANNAPOLIS		1810	CONCORD LAKE ROAD INAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 328 SS=D	and it was her respin regards to reside the social worker with the social worker with the Resident #178 ' sroexposed himself to ensured the care plus behavior.  Interview with the E6/12/15 at 3:06 pm Resident #203 exhiunwanted touching incident should have due to the occurrences we occurrences not be the interdisciplinary.  Interview with the apm revealed she with Resident #203 exhiexposing himself. In developed prevent in appropriate touch the interdisciplinary occurrences. The expectation that start of unwanted touching himself to others. The deen documented abeen developed in 483.25(k) TREATMINEEDS	onsibility to update care plans int behaviors. In the instance as aware of the incident in 3 entered Resident #149 and som and touched her or resident #59 they would have an updated to reflect the new pirector of Nursing (DON) on revealed she was unaware of biting the behavior of or exposing himself. The re been care plan developed sees. Interventions to prevent the ing bought to the attention of	F3		Resident #94 was reassessed for the necoxygen support. The orders were reviewand the oxygen was to continue on 6/15 Resident # 28 was reassessed for the necoxygen support. The orders were reviewand the oxygen was to continue on 6/15	ved i/15. ed for ved	

Facility ID: 923060

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLEYED
			A. BUILL	11110_		(	.
		345258	B. WING	_			12/2015
		VICES OF KANNAPOLIS TEMENT OF DEFICIENCIES	ID.	18	FREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083 PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PRÉFIX TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	DATE DATE
F 328	Tracheostomy care Tracheal suctioning Respiratory care; Foot care; and Prostheses.  This REQUIREMEN by: Based on observat interviews the facilit according to physic sampled residents of Residents #94 and The findings include 1. Resident #94 wa 4/17/15 with left hip Review of the Minin 4/24/15 indicated R of pneumonia and of This MDS assesser intact with short and The care plan was post hip fracture wit pneumonia. Oxyge problem of pneumo On 5/15/15 a physic wean Resident #94 decrease at 3 pm a	eral fluids; stomy, or ileostomy care; ; ; ; in the stomy or ileostomy care; ; ; ; in the stome of the staff	F	328	<ol> <li>All residents residing in the facility of treatment/care for special needs had the potential to be affected.</li> <li>The Director of Clinical Services comple an audit of all residents with special treatments to assure the orders we executed as prescribed on 6/17/15.</li> <li>The Director of Clinical Services reeducated all nursing staff on the reto implement physician's orders for special treatments and correct documentation according to facility policy on 6/15/15. No nursing staff work until he/she has completed the education</li> <li>The Unit Coordinators/Director of C Services will conduct Quality Improvement monitoring of 4 residiand resident records with special neto assure the treatments are administered as prescribed and are documented 5x week for 1 month, 3x week for 2 months, then 2x weel 2 months, then weekly for 1 month results of the Quality Improvement monitoring will be reported by the Director of Clinical Services/Unit Coordinator to the Quality Assurance Performance Improvement Commit monthly times 6 months for continusubstantial compliance and/or revision.</li> </ol>	ted I re need will is linical ents eeds then kly for . The	7-10-15

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F 328	Continued From pa	-	F3	28			
	Administration Recotranscribed " weam (at) 3 pm 5/15/15 (a L/min (liter/minute) (times) 2 hours to k MAR was initialed a documented at 5 produmented at 5 produmented as obtox Review of the nurses Note " for the are follows:  - No nurses ' nor oxygen weaning, oxor vital signs 5/16/15 at 10:0 and sats were 96% oxygen was not receivist a signs 5/17/15 11-7 at via nasal cannula. documented and the documented. The documented. The documentation of oxygen with monito - 5/18/15 there we shift on the flow shere - 5/19/15 there we shift related to oxygen.	2:00 AM oxygen was in place The sats were not e liters per minute were not 7-3 shift and the 3-11 had no xygen use and/or weaning the ring of oxygen sats. //as no documentation for any					
	sats obtained.  - 5/20/15 night sl were clear. There is for review for this di Review of the MAR	nift had documented the lungs was no other documentation					

A BUILDING  346258  B. WING  C O6/12/2015  STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083  CASH DEFICIENCY MUST BE PRECEDED BY PULL TAG  F 328  Continued From page 40 Oxygen at 4L/min was documented as being provided to Resident #94.  On 06/11/2015 at 1:45 PM an interview was conducted with nurse #11, the RN unit manager. Nurse #11 explained the order was written incorrectly on the MAR, the resident was not assessed each shift immediately after the weaning. Nurse #11 had no further documentation to provide indicating Resident #94 had been assessed, the oxygen weaned and oxygen sats were monitored. Nurse #11 explained the nurses ' notes for " Daily Skilled Nurse's Note" should document every shift for skilled residents. Resident #94 was skilled and should have documentation each shift. Further interview revealed the O2 at 4L/minute should have been discontinued. An explanation was not provided as to why the orders were not carried out.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION		E SURVEY PLETED
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TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  (X4) ID PREFIX IN (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 328  Continued From page 40  Oxygen at 4L/min was documented as being provided to Resident #94.  On 06/11/2015 at 1:45 PM an interview was conducted with nurse #11, the RN unit manager. Nurse #11 explained the order was written incorrectly on the MAR, the resident was not assessed each shift immediately after the weaning. Nurse #11 had no further documentation to provide indicating Resident #94 had been assessed, the oxygen weaned and oxygen sats were monitored. Nurse #11 explained the nurses 'notes for 'Daily Skilled Nurse's Note 's should document every shift for skilled residents. Resident #94 was skilled and should have documentation each shift. Further interview revealed the O2 at 4L/minute should have been discontinued. An explanation was not provided as to why the orders were not carried			345258	B. WING			06/	12/2015
F 328  Continued From page 40 Oxygen at 4L/min was documented as being provided to Resident #94.  On 06/11/2015 at 1:45 PM an interview was conducted with nurse #11, the RN unit manager. Nurse #11 explained the order was written incorrectly on the MAR, the resident was not assessed each shift immediately after the weaning. Nurse #11 had no further documentation to provide indicating Resident #94 had been assessed, the oxygen weaned and oxygen sats were monitored. Nurse #11 explained the nurses ' notes for " Daily Skilled Nurse 's Note" should document every shift for skilled residents. Resident #94 was skilled and should have documentation each shift. Further interview revealed the O2 at 4L/minute should have been discontinued. An explanation was not provided as to why the orders were not carried			VICES OF KANNAPOLIS		181	IO CONCORD LAKE ROAD		
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2. Resident # 28 was admitted to the facility 2/27/14 with diagnosis of hypoxia, congestive heart failure and Alzheimer 's disease.  Review of the Minimum Data Set (MDS) dated 3/24/15 revealed Resident #28 was cognitively impaired with short and long term memory, required extensive assistance with activities of daily living and received oxygen therapy.  Record review revealed an order for oxygen at 2 liters per minute via nasal cannula continuous for diagnosis hypoxia dated 3/31/14.  Review of the care plan dated 4/10/15 for a problem of respiratory hypoxia continuous oxygen use per pasal cannula. Resident has potential for	F 328	Oxygen at 4L/min v provided to Resider On 06/11/2015 at 1 conducted with nurse #11 explaine incorrectly on the M assessed each shift weaning. Nurse # documentation to p had been assessed oxygen sats were n explained the nurse Nurse 's Note " sh skilled residents. If should have documinterview revealed thave been disconting provided as to why out.  2. Resident # 28 w 2/27/14 with diagnotheart failure and Alz Review of the Mining 3/24/15 revealed Reimpaired with short required extensive adaily living and recent Record review reveilters per minute via diagnosis hypoxia of Review of the care problem of respirate	vas documented as being nt #94.  1:45 PM an interview was se #11, the RN unit manager. In the order was written MAR, the resident was not fit immediately after the 11 had no further provide indicating Resident #94 In the oxygen weaned and monitored. Nurse #11 is 'notes for "Daily Skilled would document every shift for Resident #94 was skilled and mentation each shift. Further the O2 at 4L/minute should mued. An explanation was not the orders were not carried was admitted to the facility is of hypoxia, congestive in the orders was cognitively and long term memory, assistance with activities of eived oxygen therapy.  The plan dated 4/10/15 for a ory hypoxia continuous oxygen in the oxygen dated 3/31/14.		328			

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F 328	an ineffective breat hypoxia. Has remo Resident has deme approaches include oximetry as orderer replace O2 tubing v complications relate and report abnormate keep head of bed edecrease shortness. Review of the Medi for June 2015 rever receive oxygen at 2 cannula continuous. The documentation oxygen was being processed of the concentration on 06/Resident # 28 was in her nose. The content was and the resident was observations on 06/Resident # 28 had the concentrator on 05/Resident # 28	hing pattern related to oved oxygen tubing at times. Entia (severe). The ed oxygen as ordered, pulse d, monitor lung sounds, when removed, assess for ed to removing oxygen tubing al findings to the physician, devated while in bed to s of breath.  Cation Administration Record aled Resident #28 was to exiters per minute via nasale for a diagnosis of hypoxia. The revealed nurses initials the provided.  8/15 at 10:59 revealed in bed with the nasal cannula procentrator was not turned on as not receiving oxygen.  08/2015 at 11:04 AM revealed ent #28's room and turned in her nose oxygen concentrator was not  1/11/2015 at 9:46 AM revealed the nasal cannula in her nose oxygen concentrator was not  1/11/2015 at 9:46 AM revealed the nasal cannula in her nose or was not turned on.	F	328			

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F 328	Continued From pa	ge 42	F3	328		
F 329 SS=D	revealed nurse aide the resident. The of turned on. Interview revealed she had to on, but it was off what it was on and it was on and it was on and it was on and it was on a compression of the was off what it was on a compression of the was off what it was on a compression of the was off what it was on a compression of the was off was on a compression of the was of the was off wa	g regimen must be free from  An unnecessary drug is any excessive dose (including or for excessive duration; or conitoring; or without adequate se; or in the presence of aces which indicate the dose or discontinued; or any	F 3	1. Resident #242 was given an extra d 10mg Prednisone on 5/30/15. A medication error report was comple and the physician and responsible p were notified on 6/12/15. No harm to resident #242.	eted arty	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY PLETED
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F 329	who have not used given these drugs u therapy is necessar as diagnosed and d record; and residen drugs receive gradu behavioral intervent	ge 43 antipsychotic drugs are not inless antipsychotic drug y to treat a specific condition locumented in the clinical ts who use antipsychotic ial dose reductions, and ions, unless clinically an effort to discontinue these	FS	329	<ol> <li>All residents residing in the facility in the potential to be affected. The Director of Clinical Services and the Managers completed a review of all Residents' Medication Administratic Records to assure there were no other medication discrepancies. Any discrepancies noted were corrected immediately and Medication Error Reports completed.</li> <li>The Director of Clinical Services reeducated the nursing staff on medication errors and properly transcribing orders to the Medication Administration Record/Treatment</li> </ol>	Unit on ner	
	by: Based on record refacility failed to ensuadministered correct medication being giresidents for unnecent findings include Resident # 242 was 5/29/15 with diagnor Pulmonary Disease respiratory failure, ocongestive heart fail Review of the admissincluded an order for	admitted to the facility on ses of Chronic Obstructive (COPD), chronic hypoxic exygen dependent and lure (CHF) ssion orders dated 5/29/15 or prednisone 20 milligram			Administration Record, Treatment Administration Record. New admiss orders and new orders are to be transcribed to the Medication Administration Record/Treatment Administration Record by the on shi nurse. These orders will checked again on the nurse to ensure accuracy or day and again by the Unit Coordinat on the following morning for an additional check of accuracy. No nur will work until he/she have complete this education.	ft ain by a that ors	
	(mg) 1 tab (tablet) o prednisone 10 mg 1 discontinue the pred Review of the medic (MAR) for May, 201 prednisone was initi Therefore, the second	rally for 2 days and then tab orally for 2 days, then					

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F 329	The 10 mg of predribe given until 6/1/19 However, the order transcribed onto the dose of prednisone from the order block of May. A nurse has a line through it for on May 30th.  Review of the June 10 mg was schedul per the physician 's Review of the medi (MAR) for May 201 prednisone and one were initialed as be AM.  Interview with the Expert was made for #10 had made the made on 06/11/15 at 9:11 with nurse #10 reversedication error for not aware of the 10 addition to the 20 m.  Review of the medication to the 20 m.	nisone was not scheduled to 5 and 6/2/15. for 10 mg of prednisone was a May MAR below the 20mg. An line had been drawn to of the 10 mg dose to the end dinitiated in the block that had the 10 mg dose of prednisone.  MAR revealed the prednisone ed to be given on 6/1 and 6/2 corder.  Cation administration record 5 revealed one 20 mg tablet of a 10 mg tablet of prednisone ing given on 5/30/15 at 9:00  Director of Nursing (DON) on the prednisone and nurse medication error.  Priew nurse #5 by phone was at 4:25 PM and a message e call. Nurse #5 had ers from the admission for the land at the prednisone being given in mg.  Cation incident report dated	F 32		4. The Unit Coordinators/Director of C Services will conduct Quality Improvement monitoring of 5 residito ensure all residents' medications treatments are accurately transcrib administered, and documented 5x for 1 month, then 3x week for 2 monther 2x weekly for 2 months, then weekly for 1 month. The results of the Quality Improvement monitoring as medication/treatment errors will be reported by the Director of Clinical Services/Unit Coordinator to the Quality Improvement Improvement Committee monthly times 6 month continued substantial compliance a revision.	ents and ed, week onths, the add e uality ent s for	7-10-15
	medication error for not aware of the 10 addition to the 20 n Review of the medi	r this resident. Nurse #10 was mg prednisone being given in ng.					

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F 329 F 332 \$S=D	the same date. The the 10 mg not giver not transcribed on t 10 mg dose was to the order box on the given after the 20 m The physician had I error with no new or	the 20mg and the 10 mg on the dose was to be tapered, with a until 6/1/15. The order was the MAR to indicate when the be given. The description in the MAR indicated it was to be an doses.  The medication recent notified of the medication recent given.	F3	329			
	This REQUIREMENt by: Based on observatinterviews, the facilimedication error rate evidenced by 3 med opportunities, result of 12%, for 2 of 4 re Resident #228) obs. The findings include 1) A review of the familiant Medication-Administ (dated 11/30/14) inc. "NOTE: If medication available in liquid Resident #228 was				<ol> <li>Resident #228 was admitted to the facility with a gastrostomy tube with orders for medications to be given with gastrostomy tube per facility po Medication administered per gastrostomy requires the medication crushed. The do not crush medication was not given to resident #1. Nurse did obtain an order for the liquid for of the medication on 6/10/15 and added the medication to the medication administration record. Resident #1 received Senna plus with an order for Senna as well as a multi-vitamin with order for multi-vitamin with mineral Resident #1's responsible party and physician were notified per company policy, medication error paperwork completed, and the nurse was reeducated on the six rights of medication administration. No harm came to either resident.</li> </ol>	n be on #1 rm ation or h an ls. the y was	

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F 332	status post placemes surgical opening intereding tube may be on 6/10/15 at 9:01. In preparing medication gastrostomy tube for medications pulled one - 600 milligram Extended Release expectorant that he bronchial secretions productive. During Nurse #1 placed the plastic sleeve for crithe guaifenesin ER resident 's MAR refor the guaifenesin ER resident or chew.' acknowledged the trushed. The nurse dissolve the guaifenesin of crushing tablet did not dissolve the guaifer instead of crushing tablet did not dissolve the guaifenesin orders in guaifenesin 600 mg tablet via gastrostor gastrostor to surgicial plant of the plant of	eint of a gastrostomy tube (a of the stomach whereby a einserted).  AM, Nurse #1 was observed ons to be administered via a or Resident #228. The for administration included (mg) guaifenesin 12-hour (ER) tablet. Guaifenesin is an lips to loosen phlegm and thin is to make coughs more the medication preparation, e guaifenesin ER tablet into a ushing. As the nurse inserted ontaining the guaifenesin ER usher, he was asked if he was ablet. After Nurse #1 stated, ed to check the resident's tration Record (MAR) to see if es regarding the crushing of tablet. A review of the vealed there was a notation ER tablet which read, "Do' At that time, Nurse #1 ablet was not supposed to be stated he would try to nesin ER tablet in water it. Upon observation, the ve in the water and the nurse ne water used as the diluent to	F3	3332	<ol> <li>All residents residing in the facility in the potential to be affected.</li> <li>On 7/7/2015 the Director of Clinical Services reeducated all current nursistaff on the policy of the facility regarding crushing medications (by mouth or by feeding tubes) and to obtain a crushable or liquid form of medication. The nursing staff was all educated on the six rights of medical administration; right patient, right medication, right time, right route, it dose and right documentation. Durithis education it was recommended the nurses to check the medication the medication administration recomminimum of three times to ensure accuracy. No nurse will work until he/she has received this education.</li> </ol>	the lso ation right ing I to with rd a	

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F 332	According to Lexi-Con-line medication of extended release to chewed, or broken.  A follow-up interview #1 on 6/10/15 at 10 was made as to hot typically given to Regastrostomy tube. usually a liquid form the med cart that he using a tablet.  An interview was concept with the Interim the crushing of the resident with a gast The DON stated, "(Nurse #1) was goin we have g-tube (gall suggest we get liq (medications) to ke up." The DON als to educate the nurs medication administration administration to Repulled for administrati	comp, a comprehensive database, guaifenesin ablets should not be crushed, upon administration.  If was conducted with Nurse 10 AM. At that time, inquiry was guaifenesin ER tablet was esident #228 via the The nurse reported there was aulation of this medication on e would use for her instead of DON. During the interview, guaifenesin ER tablet for a rostomy tube was discussed. It's an error because he not crush it. Normally when strostomy tube) in the building uid forms of the meds ep the g-tube from clogging or eported there was a need ing staff in regards to tration for a resident with a 51 AM, Nurse #2 was medications for esident #1. The medications ation included one - Senna Plus is a combination ontained 8.6 milligrams (mg) axative) and 50 mg docusate tener). The nurse was laministered the Senna Plus	F	332	4. The Unit Coordinators/Director of Clinical Services will conduct Quality Improvement monitoring (medication pass audits) of 1 nurse per unit coverall shifts and weekends to include immediate education for any medication/treatment error 5x week 1 month, then 3x week for 2 months then 2x weekly for 2 months, then weekly for 1 month. The results of the Quality Improvement monitoring and medication/treatment errors will be reported by the Director of Clinical Services/Unit Coordinator to the Quality Assurance Performance Improvement Committee monthly times 6 months continued substantial compliance and/or revision.	on ering k for s, he ad e nality	7-10-15

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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  (K4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 332  Continued From page 48  A review of Resident #1 's physician 's medication orders included a current order for 8.6 mg senna laxative to be given as one tablet by mouth twice daily.  An interview was conducted with Nurse #2 on 6/10/15 at 8:20 AM. Upon review of Resident #1 's June 2015 Medication Administration Record (MAR) and the manufacturer 's labeling on the bottle of the Senna Plus tablet given to Resident #1, the nurse acknowledged the tablet administered to Resident #1 during the medication administration was not the medication prescribed. The nurse confirmed the prescribed medication (containing 8.6 mg senna as a single active ingredient) was available in the floor stock kept on the medication cart. Nurse #2 indicated she had not realized the medication given to the resident was different from the one ordered until it was brought to her attention.  An interview was conducted with the Interim Director of Nursing (DON) on 6/11/15 at 4:35 PM.			345258				ı	
F 332  Continued From page 48 A review of Resident #1 's physician 's medication orders included a current order for 8.6 mg senna laxative to be given as one tablet by mouth twice daily.  An interview was conducted with Nurse #2 on 6/10/15 at 8:20 AM. Upon review of Resident #1 's June 2015 Medication Administration Record (MAR) and the manufacturer 's labeling on the bottle of the Senna Plus tablet given to Resident #1, the nurse acknowledged the tablet administered to Resident #1 timing the medication administration was not the medication prescribed. The nurse confirmed the prescribed medication (containing 8.6 mg senna as a single active ingredient) was available in the floor stock kept on the medication cart. Nurse #2 indicated she had not realized the medication given to the resident was different from the one ordered until it was brought to her attention.  An interview was conducted with the Interim Director of Nursing (DON) on 6/11/15 at 4:35 PM.					18	10 CONCORD LAKE ROAD	00/	12/2015
A review of Resident #1 's physician 's medication orders included a current order for 8.6 mg senna laxative to be given as one tablet by mouth twice daily.  An interview was conducted with Nurse #2 on 6/10/15 at 8:20 AM. Upon review of Resident #1 's June 2015 Medication Administration Record (MAR) and the manufacturer 's labeling on the bottle of the Senna Plus tablet given to Resident #1, the nurse acknowledged the tablet administered to Resident #1 during the medication administration was not the medication prescribed. The nurse confirmed the prescribed medication (containing 8.6 mg senna as a single active ingredient) was available in the floor stock kept on the medication cart. Nurse #2 indicated she had not realized the medication given to the resident was different from the one ordered until it was brought to her attention.  An interview was conducted with the Interim Director of Nursing (DON) on 6/11/15 at 4:35 PM.	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
During the interview, the DON indicated her expectation would be that nurses followed the "six rights " for medication administration. She stated the six rights expected to be observed included the right patient, medication, dose, time, route and documentation of the medication administered.  3) On 6/10/15 at 7:51 AM, Nurse #2 was observed preparing medications for administration to Resident #1. The medications pulled for administration included one - One Daily with Vitamins tablet (a multivitamin supplement). The nurse administered the One Daily with Vitamins tablet to Resident #1.	F 332	A review of Resider medication orders in mg senna laxative to mouth twice daily.  An interview was considered to the Senna bottle of the Senna #1, the nurse acknowledge administered to Resmedication administered to Resmedication (contain active ingredient) which was brought to her an interview was brought to her an interview was brought to her was brought to her six rights "for medication would be six rights and document administered.  3) On 6/10/15 at 7: observed preparing administration to Repulled for administration for Repulled for administration for Repulled for administration for Repulled for administration	ont #1 's physician 's included a current order for 8.6 to be given as one tablet by conducted with Nurse #2 on it. Upon review of Resident #1 'ation Administration Record outfacturer's labeling on the Plus tablet given to Resident owledged the tablet sident #1 during the stration was not the medication was not the medication was a single was available in the floor stock tion cart. Nurse #2 indicated the medication given to the ent from the one ordered until it attention.  Inducted with the Interim (DON) on 6/11/15 at 4:35 PM, with the DON indicated her be that nurses followed the "ication administration. She expected to be observed attent, medication, dose, time, station of the medication  51 AM, Nurse #2 was medications for esident #1. The medications atton included one - One Daily it (a multivitamin supplement).	F	332			

CENTE	NO FOR WEDICARE	A MEDICAID SERVICES				MR NO	. 0938-0391
STATEMENT AND PLAN (	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		345258	B. WING_			1	C /12/2015
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
TRANSIT	TIONAL HEALTH SER	VICES OF KANNAPOLIS			CONCORD LAKE ROAD NAPOLIS, NC 28083		
(X4) ID	SHILLARY STA	TEMENT OF DEFICIENCIES	<del></del>	1			
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	COMPLETION DATE
F 332	Continued From pa	ge 49	F 33	32			
		nt #1 's physician 's					]
	medication orders in	ncluded a current order for a					i
	multivitamin with mi tablet by mouth onc	inerals to be given as one					
	An interview was co	onducted with Nurse #2 on					
		Upon review of Resident #1 '					
		ation Administration Record outacturer's labeling on the					
	bottle of the One Da	aily with Vitamins tablet given					[
		nurse acknowledged the					
		to Resident #1 during the tration was not the medication					
	prescribed. The nu	rse confirmed the prescribed					İ
	medication (contain	ing both vitamins and able in the floor stock kept on					
	the medication cart.	Nurse #2 indicated she had					
	not realized the med	dication given was different ntil it was brought to her					
	attention,	itti it was brought to her					
		nducted with the Interim		:			
		(DON) on 6/11/15 at 4:35 PM. the DON indicated her		!			
	expectation would b	e that nurses followed the "					
		cation administration. She expected to be observed					
	included the right pa	itient, medication, dose, time,					
	route and document administered.	ation of the medication					
F 333	483.25(m)(2) RESID	DENTS FREE OF	F 33	3.			
SS≍D	SIGNIFICANT MED	ERRORS	. 55				
		sure that residents are free of		p	lest summer and a second secon		
ĺ	any significant medi	cation errors.	1,		lent #178 received extra doses of Diltiazer ng following a faxed order from the dialysi		
				unit	to administer the medication at bedtime.	The	
	This REQUIREMEN	T is not met as evidenced			r did not say to discontinue the Diltiazem is e morning,	ER	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	g- 1-3 -11 -		ONSTRUCTION		E SURVEY PLETED
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NAME OF E	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
TRANSIT	IONAL HEALTH SER	VICES OF KANNAPOLIS			CONCORD LAKE ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		DATE
F 333	facility administered antiarrhythmic (trea heartbeats)/antihyp sampled residents unnecessary medic The findings included Resident #178 was 3/13/15. The reside included chronic refailure, cardiomyop placement of an au cardioverter-defibril small device that's abdomen to help colife-threatening arrh electrical pulses or A review of Resider quarterly Minimum revealed the reside cognitive skills for device the condition of the condition of the condition of the recent update made included a checked	eviews and staff interviews, the duplicate doses of an atment of irregular ertensive medication for 1 of 5 (Resident #178) reviewed for eations. ed:  admitted to the facility on ent 's cumulative diagnoses nal failure, congestive heart athy, and status post tomatic implantable lator (AICD). An AICD is a placed in the chest or outrol potentially sythmias by the use of	F3	!	The nurse receiving the order from dialysis center did not discontinue the morning dose of 180mg Diltiazem Elethe morning and the nurse did not obto clarify this order. The physician arresponsible party were notified. A medication error report was complet the resident experienced no harm. All residents residing in the facility his potential to be affected. The Director of Clinical Services reeducated all nurses currently employed on the following topics: always review physician orders and for clarification if any orders appear questionable, if medications are prescribed that affect vital statistics, notify the physician of any abnormal readings or reading outside parameter prescribed by the physician, and if a new order is for a same medication.	ne R in all all ted. ave call	
	A review of Resider 's Orders revealed included an order in milligrams (mg) dilti	i, "Tends to be hypotensive."  Int #178 's May 2015 Physician her medication regimen itiated on 3/13/15 for 180 itazem 24-hour Extended it as 1 capsule by mouth every		:	question the order if the current medication was not discontinued. No nurse will work until he/she has completed this education.	0	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION		SURVEY PLETED
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(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	antihypertensive me Resident #178 's N Administration Recibeen scheduled to diltiazem ER at 9:00 2015 Physician 's Cinitiated on 3/13/15 (including blood president and planting blood president) and planting blood president blood president and planting blood president b	n antiarrhythmic and edication. A review of May 2015 Medication ord (MAR) revealed she had receive the once daily dose of 0 AM every day. The May Orders also included an order for the resident 's vital signs essure) to be checked daily.  Int #178 's May 2015 MAR of the received 180 mg diltiazem ordered by the physician from	F3		Services will review all new orders to ensure that the order was transcribe correctly and that no duplicate order exist that are not clarified. Any discrepancies will be corrected and to nurse responsible will receive reeducation/corrective actions.  The Unit Coordinators/Director of Clinical Services will report all new orders Monday through Friday to the Interdisciplinary Team in the morning meeting. The Unit Coordinators/Director of Clinical Services will audit 2 random resident per unit coordinator per day to revie new orders and compare to the Medication/treatment administratio record x4weeks, then 1 random residents per day per unit coordinator per day times 12 weeks, then 3 random residents per week x4wks, then 1 random resident per week x4weeks.	ed rs he g g ts w n dent	<b>≯ハ</b> ひぱっ

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG		ILD BE	(X5) COMPLETION DATE
F 333	blood pressure readmercury (mm Hg) of blood pressure read pressure of 60 mm number) is generall pressure. The diltid for Resident #178 in 5/7/152 doses of (9:00 AM and 8:00 BP results in 5/9/152 doses of (9:00 AM and 8:00 BP results in the first at dialysis). 5/10/151 or 2 dose administered (one of were made to inc 8:00PM dose was graded to inc 8:00PM dose w	ding of 90 millimeters of or less (the top number in a cling) or a diastolic blood. Hg or less (the bottom y considered to be low blood azem dosing and BP results included: diltiazem were administered PM); Presults included 128/76; (noted at dialysis). diltiazem were administered PM); included 132/82, diltiazem were administered PM); included 96/66; 87/52 (noted es of diltiazem were dose at 9:00 AM; no notations dicate whether or not the given); BP results included diltiazem was administered PM dose was held); were not available, diltiazem was administered PM dose was held); included 112/50; and 104/57 97/54; and 100/57. If diltiazem were administered PM); Presults included 138/90. If diltiazem were administered PM); Presults included 138/90. If diltiazem were administered PM); Presults included 138/90. If diltiazem were administered PM);	F 3	133		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
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F 333	(9:00 AM and 8:00 BF 5/16/152 doses of (9:00 AM and 8:00 BF (noted at dialysis). 5/17/152 doses of (9:00 AM and 8:00 BF 5/18/151 dose of (8:00 PM; the 9:00 BP results 5/19/151 dose of (8:00 PM; the 9:00 BP results at dialysis). After 5/19/15, the m discontinued with a the May 2015 MAR An interview was co AM with the Medica Resident #178. A r pertinent medical re review included the diltiazem, May 2015 MD recalled the res hypotension at time he indicated the twi diltiazem was a sign could have potentia negative outcome of noted that based or this medication erro caused harm to the	PM); Presults were not available. I diltiazem were administered PM); Presults included 138/88 I diltiazem were administered PM); Presults were not available. I diltiazem was administered AM dose was held); I were not available. I diltiazem was administered AM dose was held); I were not available. I diltiazem was administered AM dose was held); I ncluded 124/60; 90/46 (noted I norning dose of diltiazem was handwritten notation made on which read, " duplicate." I dil Doctor (MD) caring for eview of the resident's ecord was completed. The medication orders for S MAR, and BP results. The ident was known to have s in the past. Upon inquiry, ce daily (duplicate) dosing of nificant medication error that lily had serious effects and a on the resident. The MD also in the information reviewed, or did not appear to have	F3	333			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
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	OUR HARD OF THE	TELEVIT OF PERIORS					
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	Continued From pa shift Hall nurse assi #178 on 5/7/15. Up medical record, Nur received the 5/7/15 administration time to the evening. Nurse procedure for received transcribing them of indicated two nurse Telephone Order resignature on the 5/7 stated the Hall nurse herself) was respon- resident 's MAR to received. Nurse #6 her responsibility to of diltiazem when the change its administ. The nurse recalled evening dose of dilther shift because the already received on morning. Nurse #6 MAR where the even noted as refused or An interview was controlled as refused or An interview was controlled as refused or High Nurse #5. Nursing Supervisor the 5/7/15 Telephore #178, Nurse #5 controlled the facility. Telephone Orders as medication order was medication order was	ge 54 gned to care for Resident con review of the resident 's re #6 confirmed she had order to change the of diltiazem from the morning se #6 discussed the facility 's ving new orders and nto the MAR. Nurse #6 s needed to sign any ceived (she was the first 7/15 diltiazem order). She e (which would have been sible to make changes on the reflect any new orders confirmed it would have been discontinue the 9:00 AM dose ne order was received to ration time to the evening. the resident did refuse the liazem on occasions during the resident knew she had e dose of diltiazem that referred to the May 2015 ening dose of diltiazem was		3333			
	on the MAR and the	e second nurse needed to Upon inquiry as to whether it					

STATEMENT OF DEFICI AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		E SURVEY PLETED
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PREFIX (EAC	H DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE.	(X5) COMPLETION DATE
appeare to Resid 5/7/15 to 's lookin  An inter PM with During t expecta double of be sure 483.55(I SS=D  The nur an outsi §483.75 covered dental s resident making transpor must pro damage  This RE by: Based of interview obtain d resident #232) The find 1. Resid 3/24/15 of pneur	dent #178 of 5/17/15, No 5/17/	o doses of diltiazem were given in multiple occasions from Nurse #5 stated, "That's what it onducted on 6/11/15 at 4:37 in Director of Nursing (DON). We the DON indicated her in all medication orders to be ainst the resident 's MAR to occessed correctly.  E/EMERGENCY DENTAL is must provide or obtain from the in accordance with overt, routine (to the extent State plan); and emergency meet the needs of each eccessary, assist the resident in the interior of from the dentist's office; and in residents with lost or to a dentist.  NT is not met as evidenced tions, staff and resident to come of the complete in the interior of the dentist of the interior	F 4	1112		de post ave see ide y for oral dent ag ral	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY IPLETED
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PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		DATE
F 412	vein thrombosis. The admission Min assessment with as 3/31/15 indicated the cognitively intact an assistance with acti. The MDS section uninaccurately coded triggered. The care plan initiat problem for nutrition intervention on 4/13 ordered. The physician progrindicated that Resid teeth lower, no pain assessment indicate revealed to consult A physician order deconsult dentist for local During an observati Resident #227 on 6 several missing, broupper and lower guithat she had a loose had a dentist visit ye Resident #227 indicany pain and the local eating. A record review on a documentation of a had been made. An interview with Resident was blestated that she told her teeth and mouth	nimum Data Set (MDS) seessment reference date of nat Resident #227 was not required extensive ivity of daily living (ADL's), under Dental Status was and the care area was not ted on 3/24/15 revealed a n/hydration with an updated 3/15 to consult dentist as ress note dated 4/13/15 dent #227 complained of loose n, no bleeding. The red a loose tooth and the plan dentist for tooth evaluation. ated 4/13/15 indicated to	F 4	412	3. The Director of Clinical Services reeducated all nursing staff to repor oral care issues, concerns, recommendations, or requests to the Unit Coordinators/Supervisor/Direct Clinical Services for follow up with appropriate dental care. The Social Service department will be informed referrals for the residents to be seen the visiting facility dentist. These referrals will be reviewed in the ammeeting with the Interdisciplinary Temporary Monday through Friday. No nursing will work until he/she has completed education.  4. The Director of Clinical Services/Case Management Nurse/Social Services conduct Quality Improvement monitoring on 5 random residents 5 week to ensure accuracy for 1 month then 3x per week for 3 months, then per week for two months. The resu the Quality Improvement monitoring be reported by Director of Clinical Services/Assistant Director of Clinical Services to the Quality Assurance Performance Improvement Committ monthly for six months for continues substantial compliance and/or revisitions.	e tor of lof h by eam staff d this e will x per h, 11x lts of g will lee d	7-10-15

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	appointment date of she was not sure warrangements for Rappointment. An interview with the 2:00 PM indicated the services that visit expects the services that visit expects the services that visit expects of the services that visit expects of the services that visit expects of this punificent procedure and permits, but on supervision of a lice.  A facility must provide the services of each of the services of the services in the facility must end a licensed pharmacon all aspects of the services in the facility.  This REQUIREMENT.	n the calendar. She indicated hat happened with the resident #232's dental e administrator on 6/11/15 at hat the facility has dental very 3 months and the list is rorker. If dental consults are ments are made for ransportation at that time. RMACEUTICAL SVC - EDURES, RPH covide routine and emergency is to its residents, or obtain rement described in art. The facility may permit related to administer drugs if State by under the general ensed nurse.  de pharmaceutical services es that assure the accurate drugs and biologicals) to meet resident.  Inploy or obtain the services of sist who provides consultation is provision of pharmacy			<ol> <li>Resident #242 no longer resides in the facility. The medication was obtained and administered late. There was no harm noted to the resident.</li> <li>All residents in the facility have the potential to be affected.</li> <li>The Director of Clinical Services reeducated all nursing staff on 6/18/1 on assuring the resident has the prescribed medications to be administered to include:</li> <li>If a resident residing in the facility do not have a medication available, the nurse is to check the emergency kit for the medication.</li> </ol>	l 15	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		LE CONSTRUCTION		E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
TDANCIT	TONAL HEALTH SED	VICES OF KANNAPOLIS		1	810 CONCORD LAKE ROAD		- 1
IKANSII	IONAL REALITY SER	VICES OF KANNAPOLIS		H	(ANNAPOLIS, NC 28083		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 412	During an interview 6/10/15 at 10:00 AM care for Resident # swab and noticed s loose tooth on the f reported the loose, An interview with not AM revealed that the Resident #227 havibleeding on 6/9/15 notify the physician with an admission. Would notify the phy An interview with not AM revealed that sl 4/13/15 for the dent the order and place for the appointment makes the appointment makes the appointment transportation. Nurs Resident #227 wen During an interview transportation/appo 1:00 PM revealed the order for consultant arranges transported that there copied physicians of appointment date of she was not sure warrangements for Rappointment. An interview with the 2:00 PM indicated the services that visit events with the services with the services that visit events with the services with the services that visit events with the services with the services that visit events with the services with the services with the services with the services that visit events with the services with the s	with nurse aide (NA) #3 on of indicated that she did mouth 227 yesterday (6/9/15) using a some bleeding and a very ront bottom gum. She bleeding tooth to nurse #2. urse #2 on 6/10/15 at 11:30 to NA did report to her about ing a loose tooth and some but did not document it or because she became busy Nurse #2 indicated that she visician today (6/10/15) urse #4 on 6/11/15 at 10:30 to signed off the order dated tal consult and made a copy of the did to the dentist or not. The with the sintment staff on 6/11/15 at that once she gets a copy of the she makes the appointment portation and returns the copy is station with the appointment is it on the calendar. She are no record of the the order or record of an in the calendar. She indicated that happened with the desident #227 's dental the administrator on 6/11/15 at that the facility has dental very 3 months and the list is vorker. If dental consults are	F4	112			
	made then arrange	ments are made for					

<u> </u>	COT OIL MEDIONICE	WILDIO/IID OFICE				1101	0000
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF R	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
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IRANSII	IONAL HEALIH SEK	VICES OF KANNAPOLIS		K	(ANNAPOLIS, NC 28083		
(24) 15	SUBMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	VI.	(X5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREF	X	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETION
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					DEPIGENCY)		
'					•		
F 412	Continued From pa	ge 58	F4	112			
	appointments and t	ransportation at that time.					
	2. Resident #232 w	as admitted to the facility on					
	4/6/15 and re-admit	tted on 4/24/15 with right					
		status post above knee					
		ymphoma involving right lower					
		arged home on 6/2/15.					
		iew revealed an admission					
		vith assessment reference					
		t indicated Resident #232 was					
		d required extensive					
	************	L's. The MDS section under					
	_ +	coded no natural teeth					
		ental care area triggered.					
		ted on 4/24/15 revealed a					
		with an approach for personal					
		nd dental consult as ordered. ated for 4/28/15 indicated to					
	consult Dentist for						
		riew on 6/10/15 revealed no					
		dental consult or dental visit					
	had been made.	derital consult of derital visit					
		urse #4 on 6/11/15 at 10:30					
		he signed off the order dated					
		tal consult and made a copy of					
		d the copy on the clip board					
		t/transportation staff who					
		ments and arranges					
		se #4 could not recall if					
		t to the dentist or not.					
	During an interview						
		intment staff on 6/11/15 at					
		hat once she gets a copy of					
		Its she makes the appointment					
		portation and returns the copy					
		s station with the appointment					
		s it on the calendar. She					
		are no record of the the					
	copied physicians of	order or record of an					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
			n. boice	,,,,,		(		
		345258	B. WING	_		06/	12/2015	
NAME OF B	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
TRANSIT	IONAL HEALTH SER	VICES OF KANNAPOLIS		1810 CONCORD LAKE ROAD				
		TIOLO OF ITALIAN OLIO	KANNAPOLIS, NC 28083					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE :	(X5) COMPLETION : DATE	
			3. b. If the medication is not in the emerge					
F 425	F 425 Continued From page 60 facility failed to ensure medication was available		F4	425				
					Coordinator to obtain this medication	via		
		ents receiving an inhalant			back-up pharmacy timey.			
	medication. Reside	ent #242.			c. If the Unit Coordinator is unable to			
	The findings include	a di			obtain the needed medication for any			
	The findings included:				resident residing in the facility the Uni			
	Resident # 242 was	admitted to the facility on			Manager is responsible to contact the			
		ses of Chronic Obstructive			physician for orders to replace the medication or to hold the medication			
		(COPD), chronic hypoxic			until delivered.			
		xygen dependent and			d. If the physician insists the medication	ho		
	congestive heart fai	llure (CHF)			administered, the Unit Manager is to	UC.		
	Peview of the June	monthly orders revealed an			contact the Director of Clinical Service	s to	to	
		160 milligrams (mg) inhalant			address the situation.	7.0		
		e administered for diagnosis						
		ve lung disease. The original			No nurse will work until he/she has			
		9/15 on admission to the			completed this education.			
		nt reduces inflammation in the						
		the lungs for patients to cording to the online			<ol><li>The Unit Coordinators/Director of Clin</li></ol>	ical	7-10-10	
		on, the medication should be			Services will conduct Quality			
	used daily to be effe				Improvement monitoring for 5 randor	n		
	, , , , , ,				residents to ensure that needed	. 60.0		
		Medication Administration			medications are in the facility 5x week	. 101		
		doses of the inhalant was			1 month, then 3x week for 2 months, then 1x week for 2months, then week	the contract of		
		d as not given. The			for 1 month.	ıy		
	ordered on 6/8, 6/9	administered twice a day as			ioi i month.			
	ordered on oro, oro.	, 67 10 and 67 117 10.						
	Interview on 06/11/2	2015 3:52:53 PM with nurse						
		d notified pharmacy the						
		eded on 6/7/15. Upon return						
		ication was not available.						
		nd informed her it was sent received the medication had						
		nifest. Nurse #4 explained			!			
		nurse who signed for the						
		the missing inhalant. That						
		e of where the medication			•			

A STREET ADDRESS, CITY, STATE, ZIP CODE  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  OC 06/12/2015  STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083  (X4) D SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 425  Continued From page 61  was located. Nurse #4 explained she continued to look for the medication and did not find it.					_			· ·	
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 425  Continued From page 61  was located. Nurse #4 explained she continued to look for the medication and did not find it.			345258	B. WING			06/1	12/2015	
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 425  Continued From page 61  was located. Nurse #4 explained she continued to look for the medication and did not find it.			VICES OF KANNAPOLIS		18	810 CONCORD LAKE ROAD			
was located. Nurse #4 explained she continued to look for the medication and did not find it.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION	
received the medication today from the back up pharmacy. The process for obtaining a medication (that is needed immediately includes calling their pharmacy. Their pharmacy then calls the back- up pharmacy for the medications that would be needed immediately.  Interview with the Director of Nursing (DON) on 06/11/2015 at 3:56 PM revealed she would expect the nurse to call after hours Omnicare. If Omnicare can 't get the medication to the facility, the pharmacy would call a back-up pharmacy and have it delivered. If the nurse can't get the medication she would expect the nurse to call her. The DON explained she is available by phone 24/7.  F 431  SS=D  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	to Nu remains the photos of th	as located. Nurse of look for the medical lurse #4 stated show the medical lurse properties. The properties of the medication that is not alling their pharma out the back- up pharma out the back- up pharma out the back- up pharma out the medication at 3:56 expect the nurse to participate can't generate the nurse to perform the DON explanation of the pharmacy would be pharmacy to be facility must endicented the pharmacy of the facility must endice the facility must endice the pharmacy of the facility must endice the	e #4 explained she continued ication and did not find it. e notified pharmacy and ation today from the back up ocess for obtaining a needed immediately includes acy. Their pharmacy then calls nacy for the medications that namediately.  Director of Nursing (DON) on PM revealed she would call after hours Omnicare. If set the medication to the facility, did call a back-up pharmacy and if the nurse can't get the full dexpect the nurse to call lained she is available by DRUG RECORDS, TUGS & BIOLOGICALS and disposition of all sufficient detail to enable and that an account of all maintained and periodically als used in the facility must be not and cautionary.			immediately discarded.  2. All residents residing in the facility have the potential to be affected. To Director of Clinical Services and Unit Managers inspected the medication carts and medication storage areas fremove any identified expired.			

A STATEMENT OF DEFICIENCIES   A SUBLIFIEE CONSTRUCTION   A SUBLIFIEE CONSTRUCTION   A SUBLIFIEE CONSTRUCTION   A SUBLIFIEE CONSTRUCTION   CONFIDENCIAL PROPERTY   CAN DEFINITION   CONFIDENCIAL PROPERTY   CAN DESCRIPTION   CONFIDENCIAL PROPERTY   CAN DESCRIPTION   CONFIDENCIAL PROPERTY   CAN DESCRIPTION   CONFIDENCIAL PROPERTY   CONFIDENCIA	CENTERS FOR MEDICARE & MEDICARD SERVICES				The state of the s				
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083  CAND DEFICIENCY MUST BE PRECEDED BY FILL (EACH CORRECTION EXANNAPOLIS, NC 28083  FOR PROVIDER SHANAPOLIS, NC 28083  FROM PRETX (EACH CORRECTION SHOULD BE CANDED TO CORRECTION)  FROM PRETX TAG  TAG  The Director of Clinical Services reeducated all nurses on 6/18/15 regarding checking for expired medications. This education and removing/ returning expired medications. This education and removing/ returning expired medications. This education also included proper labeling of multi dose vials/fliquids/ointments per facility policy. Nurses were tagent to use the guide for recommended medication administration book to determine if a particular medication expires prior to the expiration date located on the packaging. Nurses were abore reducated that if the manufacturer's recommendations are unable to read for any reason: call the pharmacy for directions.  A nobservation of the 500 Hall medication cart).  The findings included:  An observation of the 500 Hall medication cart on 6/10/15 at 9:45 AM revealed an opened vial of acetylcysteine was stored on the cart for Resident #228. The vial was dated as having been opened on 5/14/15. Auxillary labeling on the outside container storing the acetylcysteine vial indicated the medication should be stored at room temperature until opened; and refrigerated after				·					
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS    CAN ID   CANNAPOLIS   STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083			245250	B WING			Ι ΄	-	
Summary statement of deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE			345256	B. WING			06/	12/2015	
CALIFORMER   CANADACIS   CAN	NAME OF F	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE			
(24) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  F 431 Continued From page 62 In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to remove an expired medication from one of four medication hall carts (the 500 Hall medication cart).  The findings included:  An observation of the 500 Hall medication cart on 6/10/15 a t0:45 AM revealed an opened vial of acetylcysteine was stored on the cart for Received Fractions (CAMPAPORIATE ODE) (EACH TEACH TO PROVINE PROPOPRIATE ODE) (EACH TEACH TO PROVINE PROPOPRIATE OF TAGO P	TDANCIT	TONAL DEVITE CED	VICES OF KANNADOLIS						
F 431  Continued From page 62 In accordance with State and Federal laws, the facility must store all drugs and biologicals in looked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by:  Based on observations and staff interviews, the facility failed to remove an expired medication and ministration book to determine if a particular medication storage located in their medication administration book to determine if a particular medication administration book to determine if a particular medication and implemented 7/8/15 to include inspecting the medication storage areas for expired medication storage labeling of multi dose vials/liquids/ointments per facility policy. Nurses were taught to use the guide for recommended medication storage located in their medication administration book to determine if a particular medication.  This REQUIREMENT is not met as evidenced by:  Based on observations and staff interviews, the facility failed to remove an expired medication cart on 6/10/15 at 9:45 AM revealed an opened vial of acetylogytelien was stored on the cart for Received in spectral treatment /medication carts, treatment carts, and medication storage areas for expired times.  No nurse will be able to work until he/she has completed this education.	IKANSII	IONAL REALIR SER	VICES OF KANNAPOLIS		KANNAPOLIS, NC 28083				
In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to remove an expired medication from one of four medication hall carts (the 500 Hall medication cart).  The findings included:  An observation of the 500 Hall medication cart on 6/10/15 at 9:45 AM revealed an opened vial of acetylcysteine was stored on the cart for Resident #228. The vial was dated as having been opened on 6/14/15. Auxiliary labeling on the outside container storing the acetylcysteine vial indicated the medication should be stored at room temperature until opened; and refrigerated after	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE		
information included, in part, the following information on the storage of acetylcysteine solution for inhalation: Store unopened vials at	TAG	Continued From pa In accordance with facility must store a locked compartmer controls, and permi have access to the  The facility must propermanently affixed controlled drugs list Comprehensive Dri Control Act of 1976 abuse, except whei package drug distri quantity stored is m be readily detected.  This REQUIREMEN by: Based on observat facility failed to rem from one of four me Hall medication car  The findings include An observation of tt 6/10/15 at 9:45 AM acetylcysteine was #228. The vial was on 5/14/15. Auxilia container storing th the medication shot temperature until of opening. The man information include information on the si	ge 62 State and Federal laws, the III drugs and biologicals in ints under proper temperature tonly authorized personnel to keys.  I compartments for storage of led in Schedule II of the ug Abuse Prevention and and other drugs subject to in the facility uses single unit bution systems in which the sinimal and a missing dose can will be an expired medication edication hall carts (the 500 t).  In the facility uses single unit bution systems in which the sinimal and a missing dose can will be an expired medication edication hall carts (the 500 t).  In the facility uses single unit bution systems in which the sinimal and a missing dose can will be single medication edication hall carts (the 500 t).  In the facility uses single unit bution systems in which the sinimal and a missing dose can will be seen expired medication edication hall carts (the 500 t).	F		3. The Director of Clinical Services reeducated all nurses on 6/18/15 regarding checking for expired medications prior to administering the treatment /medication and removing returning expired medications. This education also included proper labeling of multi-dose vials/liquids/ointments per facility policy. Nurses were taught to use the guide for recommended medication administration book to determine if particular medication expires prior to the expiration date located on the packaging. Nurses were also reeducated that if the manufacturer recommendations are unable to rea for any reason: call the pharmacy for directions.  A night shift duty list was revised a implemented 7/8/15 to include inspecting the medication carts, treatment carts, and medication storage areas for expired items.  No nurse will be able to work until	he g/ e a o 's d r	EMIE	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ç 2		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A, BUILL	III G		(	c l
		345258	B. WING	_		06/	12/2015
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
TRANSIT	IONAL HEALTH SER	VICES OF KANNAPOLIS			1810 CONCORD LAKE ROAD		
				KANNAPOLIS, NC 28083			
(X4) ID PREFIX YAG	(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 CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	BE RIATE	COMPLETION DATE
					4. The Director of Clinical Services/Unit	1	7-10-15
F 431	Continued From pa	ge 63	F4	131			' ' '
		once opened, store under			Improvement monitoring of each ca	rt	
	refrigeration and us	e within 96 hours.			and medication/biological rooms 2		
	A review of Pecider	nt #228 's June 2015			times weekly for 2 months, then 1 ti weekly for 2 months, then 1 time a	me	
		revealed there was a current			month for 2 months. The results of	the	
		systeine (initiated 5/12/15) to			Quality Improvement monitoring wi		
	be used for an inha	lation treatment via a			be reported by the Director of Clinic		
		y. Acetylcysteine solution for			Services/Assistant of Director of		
		mucolytic medication s secretions) used as adjuvant			Clinical Services to the Quality		
	therapy in respirato				Assurance Performance Improveme	nt	
		onducted with the nurse					
		) hall medication cart (Nurse					
		0:10 AM. During the interview,					
		ne had obtained the opened e from the medication room					
		hat morning. The nurse					
	reported it was his	handwriting on the outside					
		icated the medication had					
		14/15. When asked how long					
		teine medication would last, would be good until, " the					
		At that time, the manufacturer					
		al was reviewed with Nurse #1.					
		ne resident 's name printed on					
		ne acetylcysteine vial. Upon					
		bel, the manufacturer's proper storage of the					
		oosed. The manufacturer's			1		
		tylcysteine indicated the vial of					
		be discarded after being open			:		
		#1 acknowledged he was not					
		nation. The nurse indicated ild need to be discarded and					
	he would have to g						
	acetylcysteine for R	Resident #228.					
	' '						
		with the DON on 6/10/15 at addressed the shortened					

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		345258	B. WING	•		0	
		345258	B. WING		TOTAL DEPTH OF THE TOTAL TOTAL	06/1	2/2015
	ROVIDER OR SUPPLIER	VICES OF KANNAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD				
IKANSII	IONAL REALIS SER	VIOLE OF NAMINAFOLIS		K	ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG				x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431 F 514 SS=D	expectation would be directions to be follow acetylcysteine to be 483.75(I)(1) RES	•	F 4				
	The facility must mare resident in accorda standards and pracacurately docume systematically orga.  The clinical record information to ident resident's assessm services provided; to preadmission screet and progress notes.  This REQUIREMED by: Based on record resident resident records for supplements (Resident #94) for the records.  The findings included.	must contain sufficient ify the resident; a record of the ents; the plan of care and the results of any ening conducted by the State; in  NT is not met as evidenced eview, observations and staff ty failed to maintain accurate orders for use of dent #144) and oxygen two of forty five sampled ed: was admitted to the facility on int diagnosis of pneumonia,			1. Residents # 144 and 94 had their Medication Administration Records and Treatment Administration Recoimmediately updated to reflect the correct prescribed Items.  2. All residents residing in the facility have the potential to be affected. To Director of Clinical Services, Unit Managers, or Shift Supervisor will check new orders daily for accuracy transcription. The orders are validated daily by the night shift nurse.  3. On 6/15/15, the Director of Clinical Services reeducated the Nursing states on accurate transcription and when contact the physician/nurse practitioner for clarification. Dietary slips are to be sent to the dietary department so that any diet or supplement orders can be updated. No nurses will be allowed to work to he/she has completed this education.	of ed ff to	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA  DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245250	B. WING				0
		345258	B. WING	_		06/	12/2015
	PROVIDER OR SUPPLIER FIONAL HEALTH SER	VICES OF KANNAPOLIS		1	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	Review of the montincluded a supplem cup by mouth every was 3/4/14. Three for a house suppler pass 120cc four time every day with the I Review of the June record (MAR) reves orders were transcrand documented as resident.  The dietary nutrition included a diet order every morning, froz 120cc four times a Review of Resident breakfast on 6/11/1 Interview with aiderevealed she remerget a magic cup, but Interview with the F06/11/2015 at 10:50 was not supposed forder was clarified error in orders. She clarified on 4/2/15 valso. The House sigiven. This order with the revealed a telephor clarification order for the cla	hly recap orders for May 2015 ent for weight loss of a magic of day. The original order date other supplement orders were ment four times a day, med les a day and a frozen treat unch meal.  Medication Administration aled all three supplement libed on the pre-printed MAR is being provided to the  n evaluation dated 6/3/15 er of pureed, fortified cereal en treat and house med pass	F	514	4. The Unit Coordinators/Director of Clinical Services will review all new orders and compare them to the medication/treatment administratic record to ensure that all orders have been transcribed correctly to the medication/treatment administratic record. The Unit Coordinators/Director of Clinical Services will audit 4 random resider per day to review new orders and compare to the Medication/treatment administration record for 4 weeks, then 2 random residents per day for weeks, then 3 random residents per week x 4 wks, then 1 random residents per week x 4 weeks. The results of the Quality Improvement monitoring where the period by the Director of Clinical Services/Assistant of Director of Clinical Services to the Quality Assurance Performance Improvements.	e on on ts ent r 12 r ent the till tal	7-10-15

STATEMENT OF D		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345258	B. WING				0
NAME OF PROV	IDER OR SUPPLIER	340200	D. WILLO	_	TREET ADDRESS, CITY, STATE, ZIP CODE	06/	12/2015
		VICES OF KANNAPOLIS		1	810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	8E	(X5) COMPLETION DATE
nurs wer wor out as c ord wor cha che exp on t  2. I 4/11 puli  Ord dec leve sats  Rev Rec wes 5/18 (lite hou initia pm. 5/28 pm. Rev s N follo	re checked by two the with change of orders/MARs one nurse would ers against the full do next check the MAR befolanation provide the MAR was "  Resident #94 was 7/15 with diagnormonary disease der 5/15/15 to we brease at 3 pm arels (sats). Instrustive of the Mar had beford (MAR) revean off O2 (oxyge of MAR) revean off O2 (oxyge of MA	vealed the monthly orders vo nurses. The two nurses ver (end of the month change e). She explained the process I do the first check of the MAR. The second nurse k. On the night of loor nurse is supposed to ore putting them out. The ed for the multiple supplements someone made an error. "  as admitted to the facility on uses of chronic obstructive and pneumonia.  ean off O2 with orders to and check oxygen saturation actions to leave oxygen off if	F	514			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
						i .	c	
		345258	B. WING	_		06/	12/2015	
	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		1	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 514	- 5/16/15 at 10:0 and sats were 96% oxygen was not rec - 5/17/15 11-7 at via nasal cannula. documented and th documented. The documentation of oxygen with monito - 5/18/15 there with shift on the flow she - 5/19/15 there with shift related to oxygisats obtained 5/20/15 night shift related to oxygisats obtained 5/20/15 night shift review for this defended for review for this defended to Resider Oxygen at 4L/min with provided to Resider On 06/11/2015 at 1 conducted with nurse Nurse #11 explained incorrectly on the Massessed each shift weaning. Nurse #1 documentation to put had been assessed oxygen sats were mexplained the nurse Nurse 's Note " she skilled residents. Fishould have documentation to put she skilled residents. Fishould have documentation to put skilled residents.	O PM oxygen was in place The liters per minute of orded. 2:00 AM oxygen was in place The sats were not reliters per minute were and/or weaning the ring of oxygen sats. The sas no documentation for any reliters and documentation for any reliters and documented the lungs relieves and reliters a	F	514				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUILT		(X3) DATE SURVEY COMPLETED			
		345258	B. WING	-		l	C 12/2015
TRANSI	PROVIDER OR SUPPLIER	VICES OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083	00/	12/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	06/12/2015 at 3:43 expect nurses to tra	ge 68 irector of Nursing on PM indicated she would inscribe orders correctly. order, the old order should	F	514			