

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/20/2015
NAME OF PROVIDER OR SUPPLIER HIGHLAND ACRES NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1170 LINKHAW ROAD LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 360 SS=D	<p>483.35 PROVIDED DIET MEETS NEEDS OF EACH RESIDENT</p> <p>The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide a nutritional supplement as ordered for 1 of 4 sampled residents reviewed for nutrition (Resident #1). Findings included: Record review indicated Resident #1 was admitted to the facility on 9/29/15 following a hospital stay for abnormal weight loss, alcohol abuse, cachexia, dehydration and failure to thrive. The resident ' s admission diagnoses to the facility included cachexia, dehydration, adult failure to thrive and abnormal weight loss. Record review indicated Resident #1's hospital discharge orders on 9/29/2015 to the facility was a diabetic diet with a chocolate nutritional shake(Glucerna) at each meal. Further review of the record indicated the resident did not receive a nutritional supplement while in the facility. A review of the Minimum Data Set (MDS) dated 10/4/15 revealed the resident was independent after set-up in regards to eating, had no problems with his swallowing and was on a therapeutic diet. The resident 's record also indicated he was discharged from the facility on 10/4/2015. On 10/19/15 at 4:15 p.m., Staff Nurse #1 was interviewed and reported Glucerna was not on the facility ' s nutritional formulary at the time of admission, and she had intentions of clarifying</p>	F 360	<p>Resident number 1 was sent to the hospital on 10-4-15. A 100 % audit was completed for missed orders, to include supplements, on all admissions and readmissions for the last 3 months by the Director of Nursing, Assistant Director of Nursing, and the Wound Nurse on 10-19-15. A 100 % of MAR audits was completed by the Director of Nursing, Assistant Director of Nursing, and the hall nurses from 10-29-15 to 10-30-15 for missed orders to include supplements. All identified concerns were corrected when they were identified by the Director of Nursing, Assistant Director of Nursing and the hall nurses. A 100% in - service was completed with the nurses by the Director of Nursing and the Assistant Director of Nursing on transcribing orders correctly, to include supplements on 10-19-15. All new nurses will be in - service during their orientation period. Nursing will monitor admissions and readmissions for omitted orders at the daily clinical meeting for 4 weeks utilizing a QI tool and monthly for 2 months. The</p>	10/30/15	

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

TITLE

(X6) DATE

Electronically Signed

10/30/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 360	Continued From page 1 the order with the facility physician to obtain orders for a nutritional supplement which was on the facility formulary. Staff Nurse #1 stated she failed to get the clarification order on admission. On 10/19/15 at 4:30 p.m., in an interview with the Director of Nursing (DON), the DON stated the expectation of the nursing staff was they follow physician orders as prescribed.	F 360	QI tool will be turned into the Director of Nursing or the Assistant Director of Nursing for review daily for 4 weeks and monthly for 2 months. The Director of Nursing and Assistant Director of Nursing will monitor MARS through the monthly change over for omitted orders. The QI Committee will review the audit tools for areas of concerns weekly for 4 weeks and monthly for 2 months. The Executive Committee will review the results of the QI minutes monthly for 3 months for the continued need and frequency of monitoring.	