STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	**604 STOKES STREET EAST AHOSKIE, NC 27910**

(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 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on staff, Responsible Party (RP) and Medical Doctor (MD) interviews and record review, the facility failed to complete laboratory testing (testing for blood in the stool) for 1 of 3 sample residents (Resident #1) whose physician ' s orders and laboratory results were reviewed. Findings included: A Minimum Data Set, a quarterly dated 11/10/15, indicated Resident #1 was moderately cognitively impaired with no behaviors and rejection of care coded for 1 to 3 days during the assessment period. The resident required extensive assistance with bed mobility, transfer, dressing, toilet use, personal hygiene and was totally dependent for bathing. Active diagnoses included anemia. The resident was coded as frequently incontinent of bowel and bladder. Review of a MD progress note, dated 11/11/15 indicated the resident's most recent labs showed a hemoglobin (Hgb) of 9.4 (Hemoglobin is the part of the blood that carries oxygen throughout the body. The normal range for an adult male is 13.5 to 17.5 grams/deciliter. A low value may indicate anemia). The resident's pulse was described as 80-100 beats per minute and irregular. Blood pressure (BP) was recorded as	F 309	Creekside Care and Rehabilitation Center does not believe and does not admit that any deficiencies existed, either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. 1. Labs for resident # 1 were reviewed. On 12/5/15 resident□s physician and POA	1/7/16

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

Electronically Signed | 12/24/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	**604 STOKES STREET EAST AHOSKIE, NC 27910**

(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 309	Continued From page 1 100/70 with the resident ' s skin described as pale. The MD indicated the lab work would be repeated. Lab results, dated 11/12/15, indicated a Hgb of 10. Handwritten were the words serum Iron/TIBC (total iron binding capability), stool for blood (hemocult). Review of the electronic medication/treatment record (EZ-MAR) for November 2015 revealed the orders for the hemocults had not been added to the electronic system. Physician telephone orders dated 11/13/15 indicated serum iron, TIBC and stool for blood to be done on 11/16/15. Review of EZ-MAR revealed the order for the hemocult had not been entered into the electronic system. Nurse's notes for 11/16/15 at 10:17 PM, indicated lab results were faxed to the MD with a return fax that indicated the resident should receive ferrous sulfate 325 milligrams and repeat the labs on 11/23/15. The resident's care plan, reviewed on 11/17/15, indicated Resident #1was at risk for abnormal bleeding related to the use of an anticoagulant. The goal of free from signs and symptoms of abnormal bleeding was to be achieved by giving medications as ordered, monitor and report to nurse any of the following signs and symptoms of bleeding such as bleeding gums, nose bleeds, unusual bruising, tarry black stools or pink/discolored urine. Any signs or symptoms of bleeding would be reported to the MD. A Situation, Background, Assessment, Resident Evaluation report dated 11/22/15 indicated the change in condition started on that day. The signs and symptoms observed by the nurse included a low blood pressure and decreased oxygen saturations. Lying flat made signs and symptoms worse and oxygen use improved the	F 309	were informed of labs that had not been completed. No new orders were noted. Care plans were reviewed and revised. 2. Resident□s that have orders for laboratory tests have the potential to be affected. An audit was completed by Assistant Directors of Nurses (ADON), Staff Development Coordinator (SDC), Restorative Nurse and Wound Nurse that included labs from Oct. 1 to present to ensure that labs were completed as ordered. 3. SDC, DON or ADONs provided education to all Licensed Nursing Staff on Policy and Procedure regarding Diagnostic Test Ordering and Tracking. As of 12/23/15 any staff member not having completed this education will receive it prior to working next scheduled shift. Physician orders for labs will be brought to the clinical meeting daily to ensure that lab was placed in EZMAR, on lab tracking tool, drawn per order and results are in the chart and physician and family notified. Lab tracking tool to be signed as complete by ADONs/designee during clinical morning meeting. DON will complete random audit of lab tracking forms weekly x 4 weeks, then monthly x 3 months to ensure compliance with completion of labs per physician orders. 4. Results of above will be brought to monthly Quality Assurance and Performance Improvement(QAPI) Committee meeting for three months. Any trends or patterns will be addressed by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	604 STOKES STREET EAST AHOSKIE, NC 27910

(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 309	Continued From page 2 symptoms. The nurse stated the signs and symptoms exhibited by Resident #1 had not occurred before. BP was documented as 58/40, pulse 98, respiratory rate of 26, temperature of 98.8 degrees Fahrenheit. The nurse documented the resident had a decreased level of consciousness and was unresponsive, weak, had shortness of breath and required more assistance with activities of daily living. The 11/22/15 Hospital History and Physical indicated the resident was sent to the hospital with difficulty breathing with pulse oximetry of 84% (Pulse oximetry measures the amount of oxygenation in the body. The normal level is 90 or above.) and being less responsive than usual. No record of passing dark stool or hematemesis (blood in emesis) was documented. The plan was to start the resident on aggressive intravenous fluids for sepsis with hypotension, a surgery consult and monitoring for the acute gastrointestinal (GI) bleeding, start a transfusion for the anemia and check a hemoglobin every 6 hours and hold the anticoagulant. Under Review of Systems, the MD noted the resident experienced abdominal pain and blood in his stool. Past Medical History included colon cancer. The resident's blood pressure was documented as 81/43 with a pulse of 92, respiratory rate of 24 and oxygen sat of 98%. A hospital discharge summary, dated 12/3/15 indicated active hospital problems were sepsis associated hypotension, multiple gastric ulcers, acute kidney injury, acute gastrointestinal hemorrhage, acute blood loss anemia, diabetes, coagulopathy due to an anticoagulant, and paroxysmal atrial fibrillation. The resident's condition on discharge was stable. Resident #1 was readmitted to the skilled nursing facility on 12/3/15 with diagnoses that included	F 309	the QAPI committee as they arise and the plan will be revised to ensure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	604 STOKES STREET EAST AHOSKIE, NC 27910

(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 309	Continued From page 3	F 309		

gastric ulcers, GI bleed and anemia secondary to the GI bleed.
On 12/9/15 at 2:21 PM, Nursing Assistant (NA) #2 was interviewed. She reported Resident #1 was able to complete most of his activities of daily living (ADLs) independently on admission. During his stay, he started to decline and at times would not get out of bed stating he did not feel well. While the NA was unable to give a time frame for Resident #2 ' s decline, she added she had spoken to both a nurse about the resident and therapy staff. She stated the therapist told her the resident just was not trying. Prior to his discharge to the hospital, the NA stated Resident #1 had declined to the point he needed assistance with toileting and personal hygiene. He had become incontinent of stool and his appetite had declined. The NA stated she had not been asked to notify the nurse when the resident had a bowel movement and had not obtained stool for testing. She added she had heard his stool had been tested, but could give no other details. The NA stated she was not working on 11/22/15 when the resident had been transferred.
The Director of Nursing (DON) was interviewed on 12/9/15 at 2:50 PM. The DON stated nurses were responsible for faxing the results of labs to the physician when the labs were within a normal range or a normal range for the resident. If the lab result was tagged as critical, the expectation was for the nurses to call the physician. If the physician added orders to the bottom of a lab result sheet, the nurse receiving the fax would be responsible for writing a telephone order and entering that order into the EZ-MAR system. Labs were also discussed in morning meeting. The nurses are responsible for faxing labs to the MD. The DON added results for hemocults should be recorded in the nurse ' s notes or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	604 STOKES STREET EAST AHOSKIE, NC 27910

(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 309	Continued From page 4	F 309		

beside the hemocult entry in the EZ-MAR system.
Nurse #1 was interviewed on 12/9/15 at 3:05 PM. The nurse stated she cared for the resident on the 3:00 PM to the 11:00 PM shift. When she started working, in September 2015, the resident was up and sat in the lobby in his wheelchair. Progressively, Resident #1 got to the point he did not want to get up. The nurse added, when she asked Resident #1 why, he would say he was tired. Nurse #1 stated she first noticed the change in Resident #1 sometime in November 2015. She stated she had mentioned the change in his condition to the MD and the resident had been sent out for evaluation. The nurse stated any order received for hemocults are placed in the treatment section of the EZ-MAR. She stated results should be documented in the EZ-MAR or in the nurse ' s notes. Orders to check stools for blood goes into the treatment section of the chart. She added nurses were responsible for collection specimens for hemocults, but she had not had to do a test for Resident #1 on her shift. Nurse #1 stated Resident #1 ' s family had not expressed care concerns or concerns about dark bowel movements to her.
On 12/9/15 at 3:37 PM, Nurse #2 was interviewed. She stated she was not Resident #1 ' s usually assigned nurse, but had written a note on 11/22/15 indicating she had contacted the physician and RP. The nurse added she had stayed with Resident #1 while his scheduled nurse, Nurse #3 made the transfer arrangements. She stated while with the resident, she noticed he was pale in color, using his accessory muscles to breathe, had an irregular pulse and just looked poorly in general.
The Administrator was interviewed on 12/9/15 at 4:00 PM. She stated the family had not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	604 STOKES STREET EAST AHOSKIE, NC 27910

(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 309	Continued From page 5	F 309		

expressed any care concerns to her and she had not heard staff state the family had expressed care concerns to them.
The DON reported on 12/9/15 at 4:55 PM that she was unable to find any documentation to substantiate the resident's hemocults had been completed as the physician had ordered. She stated based on the fact she found no documentation the hemocult orders had been transcribed, no documentation of test results and no documentation the test results had been relayed to the physician in the EZ-MAR or the resident ' s medical record, she could only assume the tests had not been performed.
A telephone interview was held with Nurse #3 on 12/10/15 at 2:02 AM. The nurse stated she worked the 11:00 PM to 7:00 AM shift and had been the nurse assigned to care for Resident #1 when he was sent to the ED on 11/22/15. She described the resident as alert but confused at times, able to answer direct questions and becoming more dependent on staff for completion of ADLs as his facility stay progressed. The nurse stated when she arrived for work on 11/21/15, she made rounds and the resident seemed ok. She checked on him around 4:00 AM and he denied pain and still seemed to be ok. Around 5:00 AM, one of the NAs reported to her the resident was not feeling well. On assessment, Nurse #3 stated Resident #1 told her he just felt nervous. She stated she took his vital signs and found his pulse to be very erratic, his color had changed and he appeared paler. Other nurses stayed with the resident while she was trying to call the MD. She stated at one point, one of the staff told her he was unresponsive so she called 911. The nurse stated between 11:00 PM and 5:00 AM, the resident seemed to be fine. Nurse #3 reported

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	604 STOKES STREET EAST AHOSKIE, NC 27910

(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 309	Continued From page 6	F 309		

the 11:00 PM to 7:00 AM shift was responsible for completing 24 hour chart checks to make sure all orders had been transcribed and added to EZ-MAR. Any orders written prior to their shift were placed in a folder and then those orders were compared to what had been entered into the system. Nurse #3 stated orders for hemocults were either in lab section, the treatment section or the medication section of the EZ-MAR. Results for ordered hemocults were found in the chart behind labs, on the 24 hour report, in nurse ' s notes or in EZ-MAR. The expectation was for nurses to fax and document the results of ordered hemocults to the physician. The nurse stated she had no idea why the ordered hemocults for Resident #1 had been missed during chart checks. She stated she had not received orders for a hemocult in report.

On 12/10/15 at 11:17 AM, the resident ' s facility physician was interviewed via telephone. He stated Resident #1 had a history of colon cancer, chronic gastritis and a history of a previous GI bleed dating to March of 2014. While the MD was unable to recall if he had received hemocult results for Resident #1, he stated he expected notification of the results or the inability to obtain the hemocults. The physician added if the facility had no record of the hemocults being entered into the EZ-MAR system, no notes on obtaining the hemocult and no record of results, it was highly unlikely the test were done as ordered. Additionally, the physician stated it would seem the case if the hemocults were done per orders, he would have been aware of the GI bleed and would have been able to treat Resident #1 more aggressively prior to hospitalization; although he was unsure it would have made a difference in the resident's outcome since he had a long history of low hemoglobin dating back to 2013.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE CARE & REHABILITATION CENTER	**604 STOKES STREET EAST AHOSKIE, NC 27910**

(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 309	Continued From page 7 The physician stated he had noticed the resident was physically declining. He stated the GI bleed and the low hemoglobin may have contributed to the resident's decline. Nurse #1 was again interviewed by phone on 12/10/15 at 2:02 PM. The nurse stated whoever received the order for the hemocults from the MD was the one to place it in the EZ-MAR system. When nurses did not have time to enter the orders, the orders were placed in an envelope at the nurse ' s station so administrative nurses could review orders and enter them into the system as needed. Nurse #1 added while she did not remember signing off the 11/13/15 order for Resident #1 ' s hemocults, she was sure she entered it into the system; adding she had no idea why the order or the results of the hemocults were not showing up. She added that while the bowel movement record indicated Resident had a bowel movement during her 11/13/15 shift, she had not been notified and therefore, had not completed a hemocult. The nurse added she had passed along the need for hemocults to Nurse #3 during report. Review of the resident ' s nurse ' s notes, EZ-MAR and lab results failed to reveal any hemocult results for Resident #1.	F 309		