PRINTED: 03/09/2016 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                    | SECTION SECTION SECTIONS | LE CONSTRUCTION  |  | SURVEY                     |
|---|--|---|--------------------------|--|--|----------------------------|
|   |  | 345426  | B. WNG                   |  |  | C<br>/25/2016              |
| NAME OF PROVIDER OR  VALLEY VIEW CARE   |  | ENTER   |                          | STREET ADDRESS, CITY, STATE, ZIP CODE  551 KENT STREET  ANDREWS, NC 28901  |  |                            |
|   | CH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)   | D BE   | (X5)<br>COMPLETION<br>DATE |
| consult w known, no or an intervention accident i injury and intervention physical, deteriorat status in eclinical conseque treatment the reside §483.12(a)  The facilit and, if kno or interest change in specified resident ri regulation this section  The facilit the address legal repress  This REQ by: Based on interviews of a change | must immed ith the resid of the resid of the resid part of the resid on; a signific mental, or prion in health either life the implications the residences, or to on; or a decise of the residual of the resid |   |                          | 7 F157  SS=D  1) Resident #1 no longer reside facility. Nurse #1 was in servithe notification of change in on 03/08/16 by the Director Clinical Services.  2) All residents have the potent affected by this citation. The of Clinical Services and Nursin visor did an audit of the curre patients on 02/26/16 to iden other issues.  3) The Director of Clinical Service licensed nurses on notifying the physician in a residents' change dition was completed on 03/01 in servicing of all nurses recomprotocol with any change in condition of any patient. In service was completed 03/03/16. The of Clinical Services and/of Nursupervisor will perform Qualify Improvement Monitoring audition medical records for notification change in condition five times week for eight weeks, three times | ced on condition of ial to be Director ng Superent tify any es and/or dhe ge in consistent consiste | (X6) DATE                  |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution and 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 tomes, 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. program participation.

Event ID: PB3611

MAR 1 8 7013

Facility 15: 923155 by: Val

|                          | OF DEFICIENCIES<br>F CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | 100 (100)           |     | ONSTRUCTION ()  |   | SURVEY                     |
|--------------------------|--|---|---------------------|-----|---|---|----------------------------|
|                          |  |   | A. BOILDING         | ,   |   | (   | С                          |
|                          |  | 345426  | B. WNG              |     |   |   | 25/2016                    |
|                          | PROVIDER OR SUPPLIER   | ENTER   |                     | 551 | EET ADDRESS, CITY, STATE, ZIP CODE<br>KENT STREET<br>DREWS, NC 28901  |   |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG |     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  | E   | (X5)<br>COMPLETION<br>DATE |
| F 157                    | with diagnoses which dementia, macular de kidney disease, diabe hyperlipidemia, anxie spondylosis and cere  The latest Minimum E for Resident #1 was cassessed Resident #1 impairment.  The care plan last up #1 included the follow-Exhibits signs/symptodementia as evidence verbally inappropriate repetitive verbalization-Has the potential for pattern related to droptimes. Approaches to Oxygen as ordered, E ordered by physician The Medical Orders for (MOST) form in the m #1 with a 07/28/15 da Not Attempt Cardiopu Limited Additional Intel Review of the medical noted the Department guardianship for his case. | initted to the facility 07/29/15 included anemia, senile regeneration with blindness, retes, hyperparathyroidism, ty, hypertension, cervical bral artery occlusion.  Data Set (MDS) assessment lated 01/22/16 and 1 with severe cognitive  dated 02/06/16 for Resident ring problem areas: oms of behaviors due to red by disruptive behaviors, with screaming, yelling, an ineffective breathing on oxygen saturation at this problem area included: elevate head of bed as or requested by resident.  Der Scope of Treatment redical record of Resident to noted the following: Do Imonary Resuscitation and reventions.  If record of Resident #1 of Social Services had | F 15                | 7   | F 157 SS=D week for eight weeks, then two ti week for eight weeks and/or unti substantial compliance is obtained. The results of the audit will be re ported to the Quality Assurance P formance Improvement Committe by the Director of Clinical Services. The Quality Assurance Performance Committee. The Quality Assurance Performance Improvement Committee members consist of but not lir to the Executive Director, Director Clinical Services, Unit Manager, Social Services, Medical Director, Maintenance Director, Housekeep Services, Dietary Manager, MDS Nurse. | il<br>ed.<br>Per-<br>ee<br>s.<br>ce<br>e<br>nit-<br>mited | 03/24/16                   |

| NAME OF PROVIDER OR SUPPLIER  |           | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |  |     | (X3) DATE SURVEY<br>COMPLETED |  |
|---|-----------|--|--|---|--|-----|-------------------------------|--|
| NAME OF PROVIDER OR SUPPLIER  VALLEY VIEW CARE & REHAB CENTER  ANDREWS, No. 28901  PRETIX TAGE  PRETIX TAGE CONTINUED TO PRECEDED BY PULL REGULATORY OR ISO IDENTIFYING INFORMATION)  F157  Continued From page 2  Resident #1 noted there were no orders for oxygen on a routine or as needed (PRN) basis.  Review of the medical record for Resident #1 noted a progress note in the medical record dated O2/11/16 which included the following: The patient does not have decision making capacity secondary to dementia. This is an acute visit to assess patient for original poharboral disturbances. He was originally admitted to this facility 11/11/15 following hospitalization that began 07/22/15 for right upper extremity pain, debility. Sent to emergency department 01/22/16 for arcibiteration of behaviors and returned with diagnosis of urinary tract infection with prescription for antibiotics. Recurrence of urinary tract infection detected 02/09/18. Serveral medication changes made to attempt to lellevite patient continues to yell and scream throughout day and night. Several medication changes made to attempt to alleviate patient originally admitish gains at beditime, rather than AM. In addition, gradual dose reduction of Cymbalts started to alleviate patient, and make a decision of Cymbalts started to alleviate patient, and make a decision of 20/09/18 Serroquel 25 milligrams started at beditime, rather than AM. In addition, gradual dose reduction of Cymbalts started to alleviate pasychoropic side effects. The following day, Depakole increased 750 milligrams started at beditime, rather than AM. In addition, gradual dose reduction of Cymbalts started to alleviate pasychoropic side effects. The following day, Depakole increased 750 milligrams every 6 hours when necessary added, as Depakole changes, Today, patient is observed sleeping, but staff reports that he will yell for hours at a time, sometimes during the night. Through   |           |  |  | 1.00-610-11                             |  |     | С                             |  |
| ALLEY VIEW CARE & REHAB CENTER  (A9) ID REFERX TAGO  FREFIX TAGO  FREGULATORY OR LSC IDENTIFYING IMPORMATION)  F157  Continued From page 2  Resident #1 noted there were no orders for oxygen on a routine or as needed (PRN) basis.  Review of the medical record for Resident #1 noted a progress not in the medical record dated 02/11/16 which included the following: The pattent does not have decision making capacity secondary to dementia. This is an acute visit to assess patient for ongoing behavioral disturbances in context of advanced and progressive dementia. Was readmitted to facility 11/11/15 following hospitalization for about one week secondary to behavioral disturbance. He was originally admitted to this facility on 07/22/15 for right upper extremity pain, debility. Sent to emergency department 01/22/16 for acceleration of behaviors and returned with diagnosis of urinary tract infection with prescription for antibiotics. Recurrence or urinary tract infection detected 02/09/16 and treated with Gentamicin for 10 days. Significant debility. Staff reports patient continues to yell and scream throughout day and night. Several medication changes made to attempt to alleviate patient's agitation. On 02/02/16 Seroquel 150 milligrams started at bedtime, rather than AM. In addition, gradual dose reduction of Cymbalts started to alleviate pasychortopic side effects. The following day, Depakote increased 750 milligrams at bedtime, and medications added for probable constipation. On 02/02/16 Seroquel 25 milligrams are very 6 hours when necessary added, as Depakote changes. Today, patient is observed steeping, but staff reports that the will yell for hours at a time, sometimes during the night. Throough   |           |  | 345426   | B. WNG_                                 |  | 02/ | 25/2016                       |  |
| MADREWS, NC 28901  ANDREWS, NC 28901  ANDREWS, NC 28901  PREVIOUR STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F157  Continued From page 2  Resident #1 noted there were no orders for oxygen on a routine or as needed (PRN) basis.  Review of the medical record for Resident #1 noted a progress note in the medical record dated 02/11/16 which included the following: The patient does not have decision making capacity secondary to dementia. This is an acute visit to assess patient for ongoing behavioral disturbances in context of advanced and progressive dementia. Was readmitted to facility 11/11/15 following hospitalization for about one week secondary to behavioral disturbances in context of edvanced and progressive dementia. Was readmitted to facility 11/11/15 following hospitalization for about one week secondary to behavioral disturbance. He was originally admitted to this facility on 07/29/15 for right upper extremity pain, debility. Sent to emergency department 01/22/16 for acceleration of behaviors and returned with diagnosis of urhary tract infection with prescription for antibiotics. Recurrence of urinary tract infection detected 02/09/16 and treated with Centamicin for 10 days. Significant debility. Staff reports patient continues to yell and scream throughout day and night. Several medication changes made to attempt to alleviate patient's agitation.  On 02/02/16 Seroquel 150 milligrams every 6 hours when necessary added, as Depakote changes. Today, patient is observed sleeping, but staff reports that the will yell for hours at a time, sometimes during the night. Throrough  | NAME OF P | ROVIDER OR SUPPLIER  |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE                                    |     |                               |  |
| (X4) ID PREFIX TAGS    SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAGS   PROVIDERS PLAN OF CORRECTION   PREFIX TAGS   PROVIDERS PLAN OF CORRECTION   PROVIDERS PLAN OF CORRECTION   PREFIX TAGS   PROVIDERS PLAN OF CORRECTION   PROVIDERS PLAN OF CRAN   PROVIDERS PLAN OF CORRECTION   PROVIDERS PLAN OF CORRECTION   PROVIDERS PLAN OF CORRECTION   PROVIDERS PLAN OF CRAN PROVIDERS | VALLEVI   | IEW CARE & REHAR CE  | NTER   |   | 551 KENT STREET  |     |                               |  |
| FREEIX TAG  GEACH DEPICIENCY NIST BE PRECEDED BY FILL REQULATORY OR LSC IDENTIFYING INFORMATION)  F 157  Continued From page 2  Resident #1 noted there were no orders for oxygen on a routine or as needed (PRN) basis.  Review of the medical record for Resident #1 noted a progress note in the medical record dated 02/11/16 which included the following: The patient does not have decision making capacity secondary to dementia. This is an acute visit to assess patient for ongoing behavioral disturbances in context of advanced and progressive dementia. Was readmitted to facility 11/11/15 following hospitalization for about one week secondary to behavioral disturbance. He was originally admitted to this facility on 07/22/15 for right upper extremity pain, debitily. Sent to emergency department 01/22/16 for acceleration of behaviors and returned with diagnosis of urinary tract infection with prescription for antibiotics. Recurrence of urinary tract infection detected 02/03/16 and treated with Gentamicin for 10 days. Significant debility. Staff reports patient continues to yell and scream throughout day and night. Several medication changes made to attempt to alleviate patient's agitation. On 02/02/16 Seroquel 150 milligrams started at bedtime, rather than A.M. In addition, gradual dose reduction of Cymbalia started to alleviate psychotropic side effects. The following day, Depakote increased 750 milligrams at bedtime, and medications added for probable constipation. On 02/05/16 Seroquel 25 milligrams every 6 hours when necessary added, as Depakote changes. Today, palient is observed sleeping, but staff reports that he will yell for hours at a time, sometimes during the right. Thorough  | VALLET    | IEW CARE & REHAD CE  | WIEK   |   | ANDREWS, NC 28901  |     |                               |  |
| Resident #1 noted there were no orders for oxygen on a routine or as needed (PRN) basis.  Review of the medical record for Resident #1 noted a progress note in the medical record dated 02/11/16 which included the following: The patient does not have decision making capacity secondary to dementia. This is an acute visit to assess patient for ongoing behavioral disturbances in context of advanced and progressive dementia. Was readmitted to facility 11/11/15 following hospitalization for about one week secondary to behavioral disturbance. He was originally admitted to this facility on 07/29/15 following hospitalization that began 07/22/16 for right upper extremity pain, debility. Sent to emergency department 01/22/16 for acceleration of behaviors and returned with diagnosis of urinary tract infection with prescription for antibiotics. Recurrence of urinary tract infection detected 02/09/16 and treated with Centamicin for 10 days. Significant debility. Staff reports patient continues to yell and scream throughout day and night. Several medication changes made to attempt to alleviate patients' a signation. On 02/02/16 Seroquel 150 milligrams started at bedtime, rather than A.M. In addition, gradual dose reduction of Cymbalta started to alleviate psychotropic side effects. The following day, Depakote increased 750 milligrams at bedtime, and medications added for probable constipation. On 02/05/16 Seroquel 25 milligrams are very 6 hours when necessary added, as Depakote changes. Today, patient is observed sleeping, but staff reports that he will yell for hours at a time, sometimes during the night. Thorough   | PREFIX    | (EACH DEFICIENC)   | Y MUST BE PRECEDED BY FULL   | PREFIX                                  | ( (EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIA |     | COMPLETION                    |  |
| opportunities for medication simplification and   | F 157     | Resident #1 noted the oxygen on a routine of Review of the medical noted a progress noted 02/11/16 which include patient does not have secondary to demential assess patient for one disturbances in context progressive demential 11/11/15 following host was originally admitted following hospitalization in the progressive demential 11/11/15 following hospitalization in the progressin the progressive demential 11/11/15 following hospitalization in | ere were no orders for or as needed (PRN) basis.  If record for Resident #1 e in the medical record dated led the following: The e decision making capacity ia. This is an acute visit to going behavioral xt of advanced and it. Was readmitted to facility spitalization for about one ehavioral disturbance. He ed to this facility on 07/29/15 on that began 07/22/15 for pain, debility. Sent to int 01/22/16 for acceleration rined with diagnosis of with prescription for icc of urinary tract infection in directed with Gentamicin int debility. Staff reports ell and scream throughout all medication changes leviate patient's agitation.  If 150 milligrams started at A.M. In addition, gradual inbalta started to alleviate ects. The following day, is of for probable constipation. If 25 milligrams at bedtime, and for probable constipation. If 25 milligrams every 6 y added, as Depakote ent is observed sleeping, ne will yell for hours at a fing the night. Thorough is made to search for | F 1                                     | 57   |     |                               |  |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  |                     |  | (X3) DATE SURVEY<br>COMPLETED |                            |
|---|--|--|---------------------|--|-------------------------------|----------------------------|
|   |  |  |                     | Not designed to  |                               |                            |
|   |  | 345426   | B. WNG _            |  | 02/2                          | 25/2016                    |
| NAME OF P   | ROVIDER OR SUPPLIER  |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE  |                               |                            |
| VALLEY  | IEW CARE & REHAB CE  | NTER   |                     | 551 KENT STREET  |                               |                            |
| VALLET  | IEW CARE & REHAD CE  | INIER  |                     | ANDREWS, NC 28901  |                               |                            |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIADEFICIENCY) |                               | (X5)<br>COMPLETION<br>DATE |
| F 157   | side effects. No company shortness of breath. 119/60. No upper or symptoms such as dy No chest pain, tightness abdominal pain, naus bowel habits. Questic Temperature: 97.3, P16, Oxygen Saturation supine in bed in no application. He is some not very interactive. In Normal to auscultation rhonchi. Regular care murmurs, rubs or gall varicosities. Abdome without masses. Bow reproducible tendernest tract infection-I have a patient's recent urinar patient demonstrates increased support and Gentamicin. Prognos behavioral disturbance course of this patient's demonstrates significated and requiractivities of daily living demonstrates significated and the pais high. We will continue nvironment, preventations, and free changes in status. The hospice services relationed to medicipated and to medicipated and to medicipated services relations and free changes in status. The hospice services relationed to medicipated and to medicipated and to medicipated and to medicipated services relations and free changes in status. The hospice services relations are relationally accompany to the programment and the pain status. The hospice services relations are relationally accompany to the programment accomplications and free changes in status. The hospice services relations are relationally accomplication and the pain status. The hospice services relations are relationally accomplication and the pain status. The hospice services relations are relationally accomplication and the pain status. | plaints of chest pain, Today's blood pressure lower respiratory infection respnea, cough or wheezing. ess or palpitations, No ea, vomiting or change in chable constipation. Pulse: 71, Respiratory rate in 97%. Patient found lying oparent acute distress or innolent and arousable, but Normal respiratory effort. In with no wheezes, rales or diovascular rhythm with no ops. No edema or in is soft, flat, nontender and vel sounds are present. No ess. Assessment: Urinary assessed the course of this ry tract infection, and the instability that requires diffequent monitoring. On esis guarded. Dementia with e-I have assessed the sedementia, and the patient ant functional debility, is es assistance with all g. The patient also ant cognitive dysfunction municate meaningfully or win. Continued decline is attent's risk for complications mue to provide a safe attive measures for | F 1                 | 157  |                               |                            |

|                          | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING  |   |                     | (X3) DATE SURVEY<br>COMPLETED   |     |                            |
|--------------------------|---|---|---------------------|---|-----|----------------------------|
|                          |   | 245426  | B. WING             |   |     | 0                          |
|                          |   | 345426  | D. WING             |   | 02/ | 25/2016                    |
|                          | ROVIDER OR SUPPLIER   | NTER  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>551 KENT STREET<br>ANDREWS, NC 28901                                 |     |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) |     | (X5)<br>COMPLETION<br>DATE |
| F 157                    | demonstrates signific increases the patient' as skin breakdown, in malnutrition, falls and could be life-threaten status requires total a of daily living, and the instability requiring signequent monitoring. poor and the patient is services related to enpatient is at high risk multiple co-morbiditie patient's condition fre symptoms of complications.  Review of nurses note Resident #1 included 02/13/16 6:00 AM-Ye approximately 60 cc (brown liquid. Abdomo positive bowel sounds 02/13/16 11:59 AM-R pressure, respirations.  Nurse #1 (that worked 02/12/16 from 10:45 Fwas interviewed on 02 reported there were note that was noted at the state of the reported nurse.  Nurse Assistant (NA) | s debility, and the patient ant progression that s risk for complications such affections, contractures, aspiration, any of which ing. The patient's functional assistance with all activities a patient demonstrates gnificant support and This patient's prognosis is seligible for hospice d stage debility. This for complications related to s. We will monitor the quently for any signs or ations or changes in  es in the medical record of the following: Illing out. Vomited (cubic centimeters) old dark en soft, non-distended, s. esident with no pulse, blood 6.  d with Resident #1 on PM-02/13/16 at 7:15 AM) 2/24/16 at 1:44 PM and to concerns with Resident than at the end of her shift and with a small amount of ing from his mouth. Nurse d this to the oncoming | F 1                 | 57  |     |                            |

| F 157 Continued From page 5 at 7:15 AM) was interviewed on 02/25/16 at 6:00 AM and reported Resident #1 appeared weaker than usual during the night on 02/12/16 and that she checked his vital signs throughout her shift and they were all okay. NA #1 stated Resident #1 reported he thought he was going to vomit and reported she never saw him vomit. NA #1 stated Resident #1 appeared to be having trouble breathing but, when checked, his oxygen saturation levels were normal. NA #1 stated the nurse had her elevate the head of the bed of Resident #1 to make him more comfortable.  Nurse #2 (that worked with Resident #1 on 02/13/16 from 06:45 AM until he expired) was interviewed on 02/24/16 at 2:02 PM and reported that she was told at the beginning of her shift on 02/13/16 that Resident #1 had a "little dark spit" earlier that morning. Nurse #2 stated she checked on Resident #1 several times during her shift which included giving him his morning medications. Nurse #2 recalled that Resident #1 ate a little of breakfast that morning and, at the beginning of the shift, had no complaints other  | STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |  |                 | PLE CONSTRUCTION  |    | SURVEY<br>PLETED |
|--|--|--|--|-----------------|---|----|------------------|
| NAME OF PROVIDER OR SUPPLIER  VALLEY VIEW CARE & REHAB CENTER  SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 157  Continued From page 5 at 7:15 AM) was interviewed on 02/25/16 at 6:00 AM and reported Resident #1 appeared weaker than usual during the night on 02/12/16 and that she checked his vital signs throughout her shift and they were all okay. NA #1 stated Resident #1 reported he thought he was going to vomit and reported she never saw him vomit. NA #1 stated Resident #1 reported he thought he was going to vomit and reported she never saw him vomit. NA #1 stated Resident #1 reported the nurse had her elevate the head of the bed of Resident #1 to make him more comfortable.  Nurse #2 (that worked with Resident #1 on 02/13/16 had with the beginning of her shift on 02/13/16 that Resident #1 had a "little dark spit" earlier that morning. Nurse #2 stated she checked on Resident #1 several times during her shift which included giving him his morning medications. Nurse #2 recalled that Resident #1 ate a little of breakfast that morning and, at the beginning of the shift, had no complaints other  |  |  |  |                 |   | 1  | С                |
| VALLEY VIEW CARE & REHAB CENTER  (X4) ID PREFIX (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 157  Continued From page 5 at 7:15 AM) was interviewed on 02/25/16 at 6:00 AM and reported Resident #1 appeared weaker than usual during the night on 02/12/16 and that she checked his vital signs throughout her shift and they were all okay. NA #1 stated Resident #1 reported she never saw him vomit. NA #1 stated Resident #1 appeared to be having trouble breathing but, when checked, his oxygen saturation levels were normal. NA #1 stated Resident #1 to make him more comfortable.  Nurse #2 (that worked with Resident #1 on 02/13/16 from 05:45 AM until he expired) was interviewed on 02/24/16 at 2:02 PM and reported that she was told at the beginning of her shift on 02/13/16 that Resident #1 had a "little dark spit" earlier that morning. Nurse #2 stated she checked on Resident #1 several times during her shift which included giving him his morning medications. Nurse #2 recalled that Resident #1 at a a little of breakfast that morning and, at the beginning of the shift, had no complaints other   |  | 345426   |  | B. WNG          |   | 02 | /25/2016         |
| ANDREWS, NC 28901    CAJID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY)   PREFIX   (EACH DEFICIENCY WIST BE PRECEDED BY FULL PREFIX TAG   PROVIDERS PLAN OF CORRECTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)    F 157   Continued From page 5   at 7:15 AM) was interviewed on 02/25/16 at 6:00   AM and reported Resident #1 appeared weaker than usual during the night on 02/12/16 and that she checked his vital signs throughout her shift and they were all okay. NA #1 stated Resident #1 reported he thought he was going to vomit and reported she never saw him vomit. NA #1 stated Resident #1 appeared to be having trouble breathing but, when checked, his oxygen saturation levels were normal. NA #1 stated the nurse had her elevate the head of the bed of Resident #1 to make him more comfortable.    Nurse #2 (that worked with Resident #1 on 02/13/16 from 06:45 AM until he expired) was interviewed on 02/24/16 at 2:02 PM and reported that she was told at the beginning of her shift on 02/13/16 that Resident #1 had a "little dark spit" earlier that morning. Nurse #2 stated she checked on Resident #1 several times during her shift which included giving him his morning medications. Nurse #2 recalled that Resident #1 at a little of breakfast that morning and, at the beginning of the shift, had no complaints other | NAME OF PROVIDER OR SUPPLIER   |  | OF PROVIDER OR SUPPLIER  |                 |   |    |                  |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 157  Continued From page 5 at 7:15 AM) was interviewed on 02/25/16 at 6:00 AM and reported Resident #1 appeared weaker than usual during the night on 02/12/16 and that she checked his vital signs throughout her shift and they were all okay. NA #1 stated Resident #1 reported she never saw him vomit. NA #1 stated Resident #1 reported she never saw him vomit. NA #1 stated Resident #1 appeared to be having trouble breathing but, when checked, his oxygen saturation levels were normal. NA #1 stated the nurse had her elevate the head of the bed of Resident #1 to make him more comfortable.  Nurse #2 (that worked with Resident #1 on 02/13/16 from 06:45 AM until he expired) was interviewed on 02/24/16 at 2:02 PM and reported that she was told at the beginning of her shift on 02/13/16 that Resident #1 ame all ittle dark spit" earlier that morning. Nurse #2 stated she checked on Resident #1 several times during her shift which included giving him his morning medications. Nurse #2 recalled that Resident #1 at a a little of breakfast that morning and, at the beginning of the shift, had no complaints other  | VALLEY VIEW CARE & REHAR CENTER  |  |  | 551 KENT STREET |   |    |                  |
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| at 7:15 AM) was interviewed on 02/25/16 at 6:00 AM and reported Resident #1 appeared weaker than usual during the night on 02/12/16 and that she checked his vital signs throughout her shift and they were all okay. NA #1 stated Resident #1 reported he thought he was going to vomit and reported she never saw him vomit. NA #1 stated Resident #1 appeared to be having trouble breathing but, when checked, his oxygen saturation levels were normal. NA #1 stated the nurse had her elevate the head of the bed of Resident #1 to make him more comfortable.  Nurse #2 (that worked with Resident #1 on 02/13/16 from 06:45 AM until he expired) was interviewed on 02/24/16 at 2:02 PM and reported that she was told at the beginning of her shift on 02/13/16 that Resident #1 had a "little dark spit" earlier that morning. Nurse #2 stated she checked on Resident #1 several times during her shift which included giving him his morning medications. Nurse #2 recalled that Resident #1 ate a little of breakfast that morning and, at the beginning of the shift, had no complaints other  | PREFIX (EACH DEFICIENCY  | MUST BE PRECEDED BY FULL   | IX (EACH DEFICIEN  | PREFIX          | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE | COMPLETION       |
| than he wanted something to drink. Nurse #2 stated she provided Resident #1 with something to drink. Nurse #2 stated that about an hour and a half before Resident #1 expired she noticed he was going about 15-20 seconds without a breath. Nurse #2 stated Resident #1 appeared peaceful, was mottling and appeared to be "passing". Nurse #2 stated she checked on Resident #1 several times until he expired. Nurse #2 stated she did not notify the physician when there was a change in the respiratory status of Resident #1. Nurse #2 could not explain why she did not notify the physician other than noting the resident was mottling and appeared to be "passing". Nurse #2  | at 7:15 AM) was intered. AM and reported Resist than usual during the she checked his vital sand they were all okay reported he thought he reported she never sa Resident #1 appeared breathing but, when consider the saturation levels were nurse had her elevate Resident #1 to make he was told at the 02/13/16 from 06:45 An interviewed on 02/24/2 that she was told at the 02/13/16 that Resident earlier that morning. In the checked on Resident shift which included ging medications. Nurse #2 at a little of breakfast beginning of the shift, than he wanted somet stated she provided R to drink. Nurse #2 stated she provided R to drink. Nurse #2 stated Resident was going about 15-20 Nurse #2 stated Resident was mottling and appead to several times until he she did not notify the proposition of the shift. Nurse #2 could not exthe physician other the | dent #1 appeared weaker night on 02/12/16 and that signs throughout her shift was going to vomit and whim vomit. NA #1 stated to be having trouble necked, his oxygen normal. NA #1 stated the the head of the bed of him more comfortable.  with Resident #1 on M until he expired) was 16 at 2:02 PM and reported be beginning of her shift on the #1 had a "little dark spit" Hurse #2 stated she #1 several times during her wing him his morning 2 recalled that Resident #1 that morning and, at the had no complaints other hing to drink. Nurse #2 esident #1 with something ted that about an hour and #1 expired she noticed he of seconds without a breath. Bet #1 appeared peaceful, hered to be "passing". The expired in Resident #1 that morning and the had no Resident #1 appeared to be "passing". The expired in Resident #1 appeared to be "passing". The expired in Resident #1 appeared to the passing and the passing when there was a pary status of Resident #1. The polain why she did not notify an noting the resident was | at 7:15 AM) was interested than usual during the she checked his vital and they were all ok reported he thought reported she never a Resident #1 appears breathing but, when saturation levels we nurse had her eleval Resident #1 to make the saturation of the shift which included medications. Nurse at a little of breakfar beginning of the shift than he wanted some stated she provided to drink. Nurse #2 stated Resident was going about 15-Nurse #2 stated Resident was mottling and ap Nurse #2 stated she several times until his she did not notify the change in the respiratory. | F 15            | 57  |    |                  |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING   |                    |   | (X3) DATE SURVEY<br>COMPLETED |     |                            |
|--|---|--|--------------------|---|-------------------------------|-----|----------------------------|
|  |   | 345426   | B. WNG             |   |                               |     | 25/2016                    |
| Valley one now-consistent  | ROVIDER OR SUPPLIER   | INTER  |                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br>551 KENT STREET<br>ANDREWS, NC 28901 |                               | Var | 20,2010                    |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFI<br>TAG |   | OULD BE                       |     | (X5)<br>COMPLETION<br>DATE |
| F 157  | #1 expired but had not physician was not not change in the resident On 02/24/16 at 4:50 F #1 reported he recalled 02/11/16 and did a thou medication managem stated he would not hof the 60 cc of dark but would have expect was a change in the r. The physician stated staff to call for guidan reference the MOST f medical record to deteo f treatment. The phydementia, Resident # input into end of life d stated if staff had called have staff elevate the Resident #1 though hot have made a differences of recuperati stretch" but agreed the | explanation why the ified when there was a t's respiratory status.  Of the physician of Resident ed seeing Resident #1 on brough physical review and ent review. The physician ave expected to be notified rown emesis on 02/13/16 eted to be called when there esident's respiratory status, he would have expected ce and would have had staff form in the resident's ermine the aggressiveness visician stated, due to his 1 was never able to give ecisions. The physician ed he most likely would bed and initiate oxygen on e noted it most likely would rence. The physician noted ically compromised and ng would have "been a at he should have been when there was a change in | F                  | 157   |                               |     |                            |