PRINTED: 12/29/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG	(X3)	(X3) DATE SURVEY COMPLETED	
		345421	B. WING _			C 12/14/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	CODE	121142010
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F 000	INITIAL COMMENTS	8	F 0	00		
F 272 SS=D	onsite complaint inverse 12/14/16. Event ID # 483.20(b)(1) COMPRASSESSMENTS (b) Comprehensive A (1) Resident Assessmust make a compreresident's needs, strength of the second of the s	Assessments Assessments Assessment Instrument. A facility chensive assessment of a congression of a congre	F 2	72		12/30/16
	(xv) Special treatment (xvi) Discharge processes (xvii) Documenta regarding the addition on the care areas of the Minimum Data	nts and procedures. blanning. tion of summary information nal assessment performed triggered by the completion		TITLE		(X6) DATE

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

E (X6) DATE

Electronically Signed 12/20/2016

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.

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345421	B. WING _				C 14/2016
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	assessment. The as include direct observation the resident, as well licensed and non-licens on all shifts. The assessment proposervation and con as well as communion non-licensed direct of shifts. This REQUIREMENT by: Based on record refacility failed to compute Minimum Data Sareas of mental statiresidents reviewed (The findings include 1a. Resident #118 we facility on 8/1/13 and multiple diagnoses to anxiety, and dement Set (MDS) assessment Resident #118 had of make herself unders Section C, the Cognot fully completed for C0100 indicated a Basel shift in the resident and the section C, the Cognot fully completed for C0100 indicated a Basel shift in the resident and the section C, the Cognot fully completed for C0100 indicated a Basel shift in the resident and the resident a	in and communication with as communication with as communication with ed direct care staff members in a cess must include direct information with the resident, cation with licensed and care staff members on all in a staff interview, the collected assess residents on the et (MDS) assessment in the custous and mood for 2 of 15. Residents #118 and #134). In a care initially admitted to the effect are and mode in the custous and initially admitted to the custous and included hypertension, in an annual Minimum Data custous and understood others. It is a custous and understood others in the custous and understood others. It is a custous and understood others. I			The Laurels of Chatham wishes to have this submitted plan of correction stand its written allegation of compliance. Or alleged compliance is December 30th, 2016. Preparation and/or execution of this plat of correction does not constitute admission to, nor agreement with, either the existence of or the scope and sever of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and executed to ensure continuing compliance with regulatory requirements. F 272 *483.20 Comprehensive Assessment	as ur an er erity of d/or	
	Status (BIMS) was t #118. The remaining in the BIMS section, C0500 were incomp	be conducted with Resident g resident interview questions questions C0200 through			Corrective Action The MDS (Minimum Data Set) assessment for residents' number 118 and 134 have been redone on 12-21-1 and 12-22-16, and the Cognitive Patter Section and Mood sections has been		

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		4/16 at 10:48 AM. She			completed by the social worker. The		
		had multiple staff changes			MDS care plan nurse will have them		
	·	rker (SW) position over the			submitted on 12-22-16		
		cated sometimes she			Sasimilea on 12 22 10		
	· •	C and sometimes the SW that			Corrective action for those who have the	he	
		e time completed Section C.			potential to be affected		
		tor reported she signed the			At the time of survey, with completion	of	
		for completion and accuracy.			the audit on 12-21-16, the DON (Direc		
					of Nurses) and the MDS nurse reviewe	∍d	
	The interview with the	he MDS Coordinator			the last completed assessment for		
		C of the MDS dated 5/30/16			residents MDS Section C and Section		
		as reviewed with the MDS			Additional necessary corrections will b		
		idicated the resident interview			completed by December 29th, 2016 by	1	
		ttempted with Resident #118			the Social Worker and MDS nurse.		
	· ·	ported she was unsure sure			Overtonnia alcanana		
		erview was not completed for			Systemic changes The MDS/Care Plan Nurse and Social		
		e MDS Coordinator explained resident interview was			Worker will be re-educated by our Clin		
		Assessment Reference Date			Resource Specialist, on December 28		
		e the assessment was not			2016regarding completing the Cognitiv		
		ted on the MDS assessment.			Section and the Mood sections of the	Ü	
		cility protocol was for the			MDS. The Activity Director has been		
		lucted on the day before or			trained as well to be able to complete		
		ARD. She indicated			these sections if the Social Worker is r	ıot	
	sometimes the inter	view was missed and it was			available. Having completed a root cau	ıse	
	completed late.				analysis and determining that this issu		
					occurred due to lack of training for the		
		enducted with the Director of			new Social Worker and not having a		
		2/14/16 at 2:50 PM. She			backup person to complete the section	ı if	
		tation was for the MDS to be			the Social Worker is not available, we		
	fully completed.				decided to cross train the Activity Direct		
	1b Dooldant #440 ::	uga initially admitted to the			to be able to complete the sections on		
		vas initially admitted to the			Cognitive Patterns and Mood.		
	-	d readmitted on 12/4/16 with			Monitoring		
		that included hypertension, tia. An annual MDS			Monitoring The Director of Nurses, using a QA		
		5/30/16 indicated Resident			auditing tool, will review all MDS Cogn	itive	
					Pattern Section and Section D for	III V C	
	#118 had clear speech, was able to make herself understood, and understood others. Section D,				completeness and accuracy, weekly for	or	

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	Resident #118. Que Resident Mood Inter with Resident #118. interview questions i questions D0200 threincomplete. An interview was cor Coordinator on 12/14 indicated the facility with their SW positio indicated sometimes and sometimes the Stime completed Sect	nducted with the MDS 4/16 at 10:48 AM. She had multiple staff changes in over the past year. She is she completed Section D SW that was employed at the cion D. The MDS Coordinator the MDS assessments for		the next 2 months, and random MDS's complet next two months to ens C and D continue to be completed. The results the DON, to the month! Assurance and Perform Improvement) meeting recommendations. The responsible to follow-up recommendation from twith additional training the Clinical Resource S indicated.	ted weekly for the sure that Sections accurate and will be reported by y QAPI (Quality nance for any further DON will be on any the QA committee to be provided by		
	for Resident #118 was Coordinator. She incomplete should have been at as required. She reputly the resident interested that sometimes the resonducted after the Assessment was not the MDS assessment protocol was for the the day before or the indicated sometimes and it was completed.	D of the MDS dated 5/30/16 as reviewed with the MDS dicated the resident interview tempted with Resident #118 borted she was unsure sure erview was not completed for MDS Coordinator explained resident interview was ARD and therefore the able to be documented on at. She reported the facility interview to be conducted on a day of the MDS ARD. She a the interview was missed d late. Inducted with the DON on . She indicated her					

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F 272	Continued From pag	ge 4 ras initially admitted to the	F 2	72		
	facility on 8/1/13 and multiple diagnoses thanxiety, and dement assessment dated 6 #118 had clear spee understood, and indicated a BIMS was Resident #118. The questions in the BIM through C0500, were an interview was concoordinator on 12/1 indicated the facility with their SW position indicated sometimes and sometimes the Stime completed Section.	d readmitted on 12/4/16 with hat included hypertension, ia. A quarterly MDS /20/16 indicated Resident ch, was able to make herself derstood others. Section C, as section, was not fully ent #118. Question C0100 as to be conducted with remaining resident interview IS section, questions C0200				
	completion and accumulation accumulation and accumulation accumulati	игасу.				

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F 272	Continued From pagindicated sometimes and it was completed	the interview was missed	F 2	72		
	An interview was con 12/14/16 at 2:50 PM expectation was for completed.					
	facility on 8/1/13 and multiple diagnoses that anxiety, and dement assessment dated 6 #118 had clear spee understood, and und the Mood section, w Resident #118. Que Resident Mood Inter	/20/16 indicated Resident ch, was able to make herself derstood others. Section D, as not fully completed for estion D0100 indicated a view was not to be conducted. The remaining resident in the Mood section,				
	Coordinator on 12/1- indicated the facility with their SW position indicated sometimes and sometimes the stime completed Section	nducted with the MDS 4/16 at 10:48 AM. She had multiple staff changes in over the past year. She is she completed Section D SW that was employed at the tion D. The MDS Coordinator the MDS assessments for uracy.				
	for Resident #118 w Coordinator. She in should have been at	ne MDS Coordinator O of the MDS dated 6/20/16 as reviewed with the MDS dicated the resident interview tempted with Resident #118 ported she was unsure sure				

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F 272	Resident #118. The that sometimes the conducted after the assessment was not the MDS assessme protocol was for the the day before or thindicated sometimes and it was complete. An interview was considered. An interview was for completed. 1e. Resident #118 via facility on 8/1/13 and multiple diagnoses if anxiety, and demen assessment dated 9 #118 had clear special understood, and understood, and understood, and understood, and understood, and understood and indicated a BIMS was Resident #118. Quith Resident #118. Quith Resident #118. interview questions questions C0300 the incomplete. An interview was concordinator on 12/1 indicated the facility with their SW positic indicated sometimes and sometimes the	erview was not completed for MDS Coordinator explained resident interview was ARD and therefore the table to be documented on the state of the table to be documented on the day of the MDS ARD. She is the interview was missed dolate. Inducted with the DON on the MDS to be fully the MDS to be fully the MDS to be fully the moderate of the MDS to be fully the moderate of the moderat	F 2	2.72		

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F 272	reported she signed to completion and accur. The interview with the continued. Section Completion and accur. The interview with the continued. Section Completed. She reported in the resident as required. She reported in the resident #118. The first that sometimes the reconducted after the Among assessment was not at the MDS assessment protocol was for the interview was continued as the sometimes and it was completed. An interview was continued and it was completed. An interview was continued and it was for the completed. If. Resident #118 was facility on 8/1/13 and multiple diagnoses the anxiety, and dementiant assessment dated 10 #118 had clear speed understood, and understood, and understood and understood as BIMS was Resident #118. The resident #118.	the MDS assessments for facy. If MDS Coordinator of the MDS dated 9/19/16 is reviewed with the MDS icated the resident interview tempted with Resident #118 orted she was unsure sure view was not completed for MDS Coordinator explained esident interview was RD and therefore the able to be documented on it. She reported the facility interview to be conducted on day of the MDS ARD. She the interview was missed late. Iducted with the DON on She indicated her the MDS to be fully It is initially admitted to the readmitted on 12/4/16 with at included hypertension, in a. A quarterly MDS indicated Resident in the was able to make herself erstood others. Section C, is section, was not fully int #118. Question C0100 is not to be conducted with remaining resident interview is section, questions C0200	F:	272			

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F 272	Coordinator on 12/14 indicated the facility indicated the facility indicated sometimes and sometimes the Stime completed Section of the interview with the continued. Section of for Resident #118 was Coordinator. She indicated sometimes the resident #118. The that sometimes the reconducted after the Alassessment was not the MDS assessmen protocol was for the indicated sometimes and it was completed. An interview was continuited as a required sometimes and it was completed. An interview was continuited as a required sometimes and it was completed. 1g. Resident #118 was for the indicated sometimes and it was for the indicated sometimes and it was completed. 1g. Resident #118 was for the indicated sometimes and it was for the indicated sometimes and it was completed. 1g. Resident #118 was for the indicated sometimes and it was for the indicated sometimes and it was completed. 1g. Resident #118 was facility on 8/1/13 and multiple diagnoses the anxiety, and dementicated sometimes assessment dated 10 #118 had clear speed	aducted with the MDS 1/16 at 10:48 AM. She had multiple staff changes he over the past year. She she completed Section C 1/20 W that was employed at the on C. The MDS Coordinator the MDS assessments for racy. 1/20 MDS Coordinator 1/20 Of the MDS dated 10/12/16 1/21 Amount of the MDS dated 10/12/16 1/21 Amount of the MDS dated the resident interview 1/20 empted with Resident #118 1/21 Amount of the MDS dated the resident interview 1/21 Amount of the MDS dated the resident interview 1/22 Amount of the MDS dated to make the facility 1/21 Amount of the MDS ARD. She 1/22 Amount of the MDS ARD. She 1/22 Amount of the MDS ARD. She 1/23 Amount of the MDS ARD. She 1/24 Amount of the MDS dated her 1/24 Amount of the MDS to be fully 1/23 Amount of the MDS to be fully 1/24 Amount of the MDS to be fully 1/24 Amount of the MDS to the 1/24 Amount of the 1/24 Amoun	F 27	72		

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F 272	Resident #118. Questions Mood Interview questions in questions D0200 throus incomplete. An interview was con Coordinator on 12/14 indicated the facility high with their SW position indicated sometimes and sometimes the Stime completed Section and accurate with their SW position indicated sometimes and sometimes the Stime completed Section and accurate with the continued. Section and accurate interview with the continued. Section and should have been attas required. She rep	s not fully completed for stion D0100 indicated a riew was not to be conducted. The remaining resident at the Mood section, riugh D0300, were ducted with the MDS /16 at 10:48 AM. She had multiple staff changes a over the past year. She she completed Section D W that was employed at the pon D. The MDS Coordinator he MDS assessments for racy.	F2	272	DETIGENORY		
	that sometimes the reconducted after the A assessment was not the MDS assessment protocol was for the inthe day before or the indicated sometimes and it was completed	RD and therefore the able to be documented on the state of the facility of the state of the stat					

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	Resident #134 was a Coordinator. She in should have been at as required. She reputly the resident into Resident #134. The that sometimes the reconducted after the assessment was not the MDS assessmer protocol was for the the day before or the	te MDS Coordinator C of the MDS dated 5/6/16 for reviewed with the MDS dicated the resident interview tempted with Resident #134 corted she was unsure sure erview was not completed for MDS Coordinator explained resident interview was ARD and therefore the able to be documented on at. She reported the facility interview to be conducted on a day of the MDS ARD. She at the interview was missed				

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F 272	Continued From pagand it was completed. An interview was con 12/14/16 at 2:50 PM expectation was for completed. 2b. Resident #134 w 5/21/14 with multiple hypertension and Alaassessment dated 5 #134 had clear speed understood, and understood, and understood, and understood with Mood section, was Resident #134. Que Resident Mood Interwith Resident #134. interview questions in questions D0200 thr incomplete. An interview was con Coordinator on 12/14 indicated the facility with their SW position indicated sometimes.	d late. Inducted with the DON on She indicated her the MDS to be fully It as admitted to the facility on diagnoses that included theimer 's. The annual MDS (6/16 indicated Resident ch, was able to make herself lerstood others. Section D, as not fully completed for estion D0100 indicated a view was not to be conducted The remaining resident in the Mood section,				DATE
	reported she signed completion and accumulation and accumulation. The interview with the continued. Section I Resident #134 was in Coordinator. She in should have been at as required. She reputly the resident interview.	•				

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F 272	conducted after the A assessment was not the MDS assessmen protocol was for the indicated sometimes and it was completed. An interview was cor 12/14/16 at 2:50 PM. expectation was for the completed. 2c. Resident #134 was 5/21/14 with multiple hypertension and Alz MDS assessment da Resident #134 had comake herself undersing Section C, the Cogninot fully completed for C0100 indicated a Bill	esident interview was ARD and therefore the able to be documented on t. She reported the facility interview to be conducted on day of the MDS ARD. She the interview was missed late. Iducted with the DON on She indicated her he MDS to be fully as admitted to the facility on diagnoses that included heimer 's. The quarterly ted 6/16/16 indicated lear speech, was able to rood, and understood others. tive Patterns section, was or Resident #134. Question MS was not to be conducted The remaining resident	F 2	72		
	questions C0200 throincomplete. An interview was corrected to Coordinator on 12/14 indicated the facility with their SW position indicated sometimes and sometimes the Stime completed Sections.	ducted with the MDS July 16 at 10:48 AM. She had multiple staff changes h over the past year. She she completed Section C July that was employed at the on C. The MDS Coordinator the MDS assessments for fracy.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345421	B. WING _			C 12/1	4/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	1 12/1	4/2010
THE LAU	RELS OF CHATHAM			72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	ACTION SHOULD BE TO THE APPROPRIATE		(X5) COMPLETION DATE
F 272	continued. Section of for Resident #134 was Coordinator. She incompleted that sometimes the reconducted after the Assessment was not the MDS assessment protocol was for the indicated sometimes and it was completed. An interview was for the completed. 2d. Resident #134 was 5/21/14 with multiple hypertension and Alz MDS assessment da Resident #134 had completed for Resident indicated a Resident #134 had completed for Resident interview questions D0200 through the conducted with Resident interview was conducted indicated a Resident had completed. An interview was conducted with Resident interview questions D0200 through the conducted with Resident interview was conducted the facility in incomplete. An interview was conducted the facility in incomplete.	c of the MDS dated 6/16/16 is reviewed with the MDS licated the resident interview empted with Resident #134 orted she was unsure sure rview was not completed for MDS Coordinator explained esident interview was iRD and therefore the able to be documented on it. She reported the facility interview to be conducted on day of the MDS ARD. She the interview was missed late. Iducted with the DON on She indicated her he MDS to be fully as admitted to the facility on diagnoses that included heimer 's. The quarterly ted 6/16/16 indicated lear speech, was able to lood, and understood others. Section, was not fully ent #134. Question D0100 Mood Interview was not to esident #134. The remaining lestions in the Mood section,	F	272			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345421	B. WING			C
	ROVIDER OR SUPPLIER	1 00.2		STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	ı	12/14/2016
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 272	and sometimes the stime completed Sect reported she signed completion and accompletion and accompleted. Section of the side of the s	s she completed Section D SW that was employed at the sion D. The MDS Coordinator the MDS assessments for a large. The MDS assessments for a large, and the MDS dated 6/16/16 as reviewed with the MDS dicated the resident interview tempted with Resident #134 corted she was unsure sure enview was not completed for MDS Coordinator explained resident interview was ARD and therefore the sable to be documented on a label to be documented on the standard form the sable to be conducted on the day of the MDS ARD. She is the interview was missed dilate.	F 2	72		

I ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345421	B. WING_			C / 14/2016	
	ROVIDER OR SUPPLIER	1 000		STREET ADDRESS, CITY, STATE, ZIP 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		14/2016	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETION DATE	
F 272	in the BIMS section C0400 were incompled. An interview was concoordinator on 12/2 indicated the facility with their SW position indicated sometimes and sometimes the time completed Secreported she signed completion and accompletion and accompleted. She rewith the second after the assessment was not the MDS assessment was not the MDS assessment was not the day before or the day before or the indicated sometime and it was completed. An interview was contained and it was completed. 2f. Resident #134 visualization was for completed.	ing resident interview questions questions C0300 through oblete. Inducted with the MDS 14/16 at 10:48 AM. She with a multiple staff changes on over the past year. She is she completed Section C SW that was employed at the objection C. The MDS Coordinator of the MDS assessments for curacy. In the MDS Coordinator C of the MDS dated 9/14/16 was reviewed with the MDS indicated the resident interview attempted with Resident #134 exported she was unsure sure erview was not completed for the MDS Coordinator explained interview was a ARD and therefore the stable to be documented on the stable to be conducted on the day of the MDS ARD. She is the interview was missed	F 2	272			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345421	B. WING			C	
	ROVIDER OR SUPPLIER	J-10-721		72 (REET ADDRESS, CITY, STATE, ZIP CODE CHATHAM BUSINESS PARK TSBORO, NC 27312	<u> 12/</u>	14/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 272	MDS assessment data Resident #134 had clable to make herself understood others. Swas not fully complete Question D0100 indical Interview was to be completed was not fully completed was to be completed. The interview was concoordinator on 12/14 indicated the facility has their SW position indicated sometimes and sometimes and sometimes the Stime completed Section and accurate the interview with the continued. Section of the facility has conclinated sometimes and sometimes the stime completion and accurate the interview with the continued. Section of the facility has required. She reput why the resident #134 was coordinator. She indicated she interview with the conducted after the A assessment was not the MDS assessment was not the MDS assessment was not the day before or the indicated sometimes and it was completed.	ted 9/14/16 indicated ear speech, was sometimes understood, and sometimes dection D, the Mood section, ed for Resident #134. cated a Resident Mood onducted with Resident resident interview questions questions D0200 through ete. ducted with the MDS /16 at 10:48 AM. She had multiple staff changes in over the past year. She she completed Section D W that was employed at the on D. The MDS Coordinator the MDS assessments for facy. e MDS Coordinator of the MDS dated 9/14/16 is reviewed with the MDS icated the resident interview empted with Resident #134 orted she was unsure sure rview was not completed for MDS Coordinator explained esident interview was RD and therefore the able to be documented on t. She reported the facility interview to be conducted on day of the MDS ARD. She the interview was missed	F	272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345421	B. WING				C 14/2016
	ROVIDER OR SUPPLIER			7:	TREET ADDRESS, CITY, STATE, ZIP CODE 2 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	1 12/	14/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 272	Continued From page 17 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.		F	272			
F 278 SS=D	483.20(g)-(j) ASSESSMENT		F	278			12/30/16
		esments. The assessment of the resident's status.					
	(h) Coordination A registered nurse muse each assessment with participation of health						
	(i) Certification(1) A registered nurse the assessment is contact.	e must sign and certify that mpleted.					
		no completes a portion of the n and certify the accuracy of essment.					
	(j) Penalty for Falsifica (1) Under Medicare a who willfully and know	nd Medicaid, an individual					
		and false statement in a is subject to a civil money nan \$1,000 for each					
	and false statement in	dividual to certify a material n a resident assessment is ey penalty or not more than ssment.					
	(2) Clinical disagreem	nent does not constitute a					

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345421	B. WING				C
NAME OF D	ROVIDER OR SUPPLIER	343421	5: 11::10	0	TREET ADDRESS, CITY, STATE, ZIP CODE	12/	14/2016
NAME OF FI	ROVIDER OR SUFFLIER						
THE LAUF	RELS OF CHATHAM				2 CHATHAM BUSINESS PARK		
				Р	ITTSBORO, NC 27312		
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 278	Continued From pag	e 18	F 2	278			
	material and false sta	atement.					
	This REQUIREMEN by:	T is not met as evidenced					
	•	view and staff interview, the			F 278 *483.20 Assessment		
		rately code the Minimum			Accuracy/Coordination/Certified		
		essments for hospice			Corrective Action		
	, , ,	sis (Resident #44), for			The MDS for residents' number 44 has		
	urinary catheter (Res				been completed 12-22-16, and the		
	medications (Resident #196) for 3 of 15 sampled				modifications for resident numbers 113		
	residents reviewed.	Findings included:			and 196 were completed 12-14-16. The	,	
					modifications were completed by the M	DS	
	1a. Resident #44 was admitted to the facility on 5/24/13 with multiple diagnoses including				nurse and these assessments will all be	؛	
					submitted on 12-22-16.		
		terly MDS assessment dated					
		t Resident #44 was not			Corrective action for those who have the	е	
	receiving hospice se	rvices while at the facility.			potential to be affected All current residents that receive hospic	e	
	Review of the medical	al records for Resident #44			services, all residents that have indwelli	ing	
		ident was admitted to			catheters, and those who have been		
	hospice on 3/22/16.				assessed in the past 30 days that reflect		
					receiving an injection on their MDS, have		
	•	an for end of life and hospice			been reviewed by the MDS nurse and the		
	care was initiated for	Resident #44.			Director of Nurses, with the audit being		
	0:- 40/44/40 -+ 40:40	0 AM 45 - MDO Noves			completed 12-21-16. There were		
		AM, the MDS Nurse was			modifications made to 6 MDS		
		knowledged that Resident			assessments to reflect "end of life", ther		
	_	ospice services while at the			was 1 modification to injections, and the		
	facility and she failed assessment for the h				remaining indwelling catheters were all found to be correct. All have been		
		iospice services.			submitted by the 12-22-16 except for 1		
	On 12/14/16 at 2:40	PM, the Director of Nursing			remaining hospice end of life that will be	_	
		ed. She stated that she			completed on 12-26-16 and submitted a		
	` '	ssessments to be accurate.			that time.	~ .	
	CAPOOLOG THE MIDO B	coscomonio to be accurate.			and anno.		
					Systemic changes		
		admitted to the facility on			The MDS/Care Plan Nurse and	ĺ	
	5/24/13 with multiple				administrative nurses will have been	_	
		terly MDS assessment dated at Resident #44 did not have			re-educated on 12-28-16, by our Clinica Resource Specialist regarding coding	al	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
		345421	B. WING			C 12/14/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		12/14/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	MARY STATEMENT OF DEFICIENCIES IFICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		HOULD BE	(X5) COMPLETION DATE		
F 278	Continued From pag	e 19	F 27	78			
	life expectancy of less prognosis. Review of the medicarevealed that the ress hospice on 3/22/16. On 4/4/16, a care placare was initiated for On 12/14/16 at 10:40 interviewed. She act #44 was receiving he facility. The MDS No didn't have to code the unless the physician medical records that expectancy of less the On 12/14/16 at 2:49 (DON) was interview	O AM, the MDS Nurse was knowledged that Resident espice services while at the urse further indicated that she he prognosis as " yes " has documentation in the the resident has life		accuracy of the MDS. Monitoring The Director of Nurses/ Unit Mautilizing a QA auditing tool, will MDS's for accuracy for guests or receiving injections, or have i catheters, weekly for the next 2 and then will randomly review Month toompleted weekly for one month ensure ongoing compliance with coding. The results will be report DON, to the monthly QAPI meet any further recommendations. The will be responsible to follow-up or recommendation from the commendational training will be provided Clinical Resource Specialist as	review all on hospice, ndwelling months, MDS's in to a accurate orted by the ting for The DON on any nittee and ed by the		
	1/29/16. Cumulative	s readmitted to the facility on diagnoses included, in part, etention with a urinary					
		cian's orders revealed an that stated foley catheter ertion due to urinary					
		ated 9/22/16 stated to do a 6 (remove foley catheter; if eplace it).					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345421	B. WING			C 12/14/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	'	12/14/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 278	78 Continued From page 20		F 2	78		
	9/27/16 indicated Reintact. Section H010 indwelling catheter v A review of the Trea (TAR) for Septembe catheter care was do daily the entire month of 12/14/16, Reside continue to have an On 12/14/16 at 2:30 conducted with the Noreviewed the medical and stated she should catheter on the MDS on 12/14/16 at 2:53 conducted with the Resident #113 did heremoval. She said to the section H010 indicated the should be section to the MDS on 12/14/16 at 2:53 conducted with the Resident #113 did heremoval. She said to the section H010 indicated the section H010 indic	tment Administration Record r 2016 revealed urinary ocumented as completed th of September. ent #113 was observed to indwelling urinary catheter. PM, an interview was MDS Coordinator. She al record for Resident #113 Id have coded the urinary				
	the evening of the sa #113 being unable to 3. Resident #196 wa 11/2/16 with multiple	ame day due to Resident				
	Resident #196 had simpairment. Section indicated Resident #	dated 11/9/16 indicated significant cognitive N, the Medications section, 196 was administered an ays during the MDS look back				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(XX	3) DATE SURVEY COMPLETED
		345421	B. WING			C
	ROVIDER OR SUPPLIER	1 00.2		STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		12/14/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 279 SS=D	period. A review of the Medi (MAR) for the look be #196's 11/9/16 MDS administered an injet back period (11/3/16 An interview was cor Coordinator on 12/14 indicated she was re Section N of the MDS MDS for Resident #1 MDS Coordinator. F 11/9/16 MDS look bathe MDS Coordinator. F 11/9/16 MDS look bathe MDS Coordinator #196's 11/9/16 MDS injections. She indic have indicated Resid administered an injection was accurately. An interview was cor Nursing on 12/14/16 her expectation was accurately. 483.20 (d) (Jes. A facility meassessments complements in the reside results of the assess	cation Administration Record ack period of Resident indicated she had not been ction during the MDS look through 11/9/16). Inducted with the MDS 4/16 at 10:48 AM. She sponsible for completing S. Section N of the 11/9/16 196 was reviewed with the Resident #196's MAR for the ack period was reviewed with r. She revealed Resident was inaccurately coded for ated the 11/9/16 MDS should tent #196 was not ction during the look back and ducted with the Director of at 2:49 PM. She indicated for the MDS to be completed	F2			12/30/16

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	IPLE CONSTRUCTION		TE SURVEY MPLETED
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(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 ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 279	comprehensive personeach resident, consist set forth at §483.10 (concludes measurable to meet a resident's rand psychosocial necomprehensive assess care plan must describe (i) The services that a commaintain the reside physical, mental, and required under §483. (ii) Any services that under §483. (iii) Any services that under §483.10, include treatment under §483. (iii) Any specialized some recommendations. If findings of the PASAI rationale in the resident's representation. The resident's representation of the property of the passion of	develop and implement a con-centered care plan for tent with the resident rights (2)(2) and §483.10(c)(3), that objectives and timeframes nedical, nursing, and mental eds that are identified in the assment. The comprehensive libe the following - are to be furnished to attain ent's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required (25 or §483.40 but are not esident's exercise of rights ding the right to refuse (3.10(c)(6)). ervices or specialized as the nursing facility will PASARR a facility disagrees with the RR, it must indicate its ent's medical record. the the resident and the tive (s)-	F 2	279		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345421	B. WING		C
	ROVIDER OR SUPPLIER	1 010121		STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	12/14/2016
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 279	future discharge. Fa whether the resident community was assellocal contact agencial entities, for this purp (C) Discharge plans plan, as appropriate requirements set for section. This REQUIREMEN by: Based on observationand staff interview, the care plan for wander residents reviewed for the use of a urinar residents. An Admission Minimal 11/19/16 indicated Rimpaired in cognition were noted. Extension with bed mobility, transcendents received antider medication use stated diagnosis of dement #47 received antider medication. He rem	cilities must document c's desire to return to the essed and any referrals to es and/or other appropriate ose. in the comprehensive care in accordance with the th in paragraph (c) of this T is not met as evidenced on, medical record review the facility failed to develop a ring behavior for one of five or unnecessary medications failed to develop a care plan ary catheter for one of one or urinary catheters (Resident	F 27	F279 *483.21 Comprehensive Care Plans Corrective Action Resident number 47's care plan has be updated to reflect the wandering behave and resident number 113's care plan been updated to reflect the indwelling catheter. Both were updated by the Norman nurse on 12-14-16 Corrective action for those who have potential to be affected All residents that wander or who have indwelling catheters have the potential be affected by this alleged deficient practice and are identified by the MDS care plan process. The DON and unit managers reviewed all residents with wandering behaviors by December 18 and found no other care plan that need to be updated or initiated for wandering behavior. The MDS nurse has reviewed those residents with indwelling cathete by 12-20-16. No other resident was for to not have an appropriate care plan. Systemic changes	avior has MDS the all to S Sth ded ag ed ers,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345421	B. WING		1	C 2/14/2016	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	14	114/2016	
				72 CHATHAM BUSINESS PARK			
THE LAU	RELS OF CHATHAM			PITTSBORO, NC 27312			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 279	nursing note dated 1"#47 was observed or door sitting in his who alert and confused. It room. An investigation report 1/15/16 indicated ar front lobby of the facill #47 trying to go outsif up front by the first frowent to get Resident him back to his room between the inside of the never went outside of the Anursing note dated Resident #47 was extended a container of mouth knife from the breakfasteets. A Wander gubracelet used for war placed on Resident #44 A nursing note dated indicated Resident #45 behavior. A review of Resident #45 behavior. A review of Resident there was not a care getting out of facility. For the use of the Wasian in attended to the second resident #47 was considered the second resident #47 was considered as the second resident #47 was considered the second resident #47 was considered resident #47 was consi	eviewed and revealed a 1/13/16 at 6:35AM. Resident atside the main entrance elechair. Resident #47 was He was returned back to his ort dated 11/14/16 and nother resident was in the lity and observed Resident de. Resident #47 was sitting ont door when nursing staff #47. Nursing staff brought . Resident #47 was oor and the front door and if the building. 11/13/16 at 3:33PM stated tremely confused and drank wash. He also took his ast tray and tried to cut his lard bracelet (medical alert indering residents) was 12/11/16 at 11:32PM 147 displayed wandering #47's care plan revealed plan for wandering/ risk of There was not a care plan inder guard bracelet. PM, an observation of inducted with the Director of	F 27	The MDS/Care Plan Nurse and Administrative nurses will be reby our Clinical Resource Specia 12-28-16, regarding developing for those residents that have wabehavior and those with indwellicatheters. Monitoring The Director of Nurses/Unit Manutilizing a QA auditing tool, will reare plans for those that have webehavior and those that have webehavior and those that have incatheters, to ensure care plans updated accordingly in the morn Clinical Operations meeting, whattended by the DON, MDS nurses Assistant Director of Nurses, bo Managers, Administrator, Activit Social Worker, Medical Records Service Director and Dietary Mathenext 3 months. The DON were any further recommendations. Twill be responsible to follow-up or recommendation from the QA coor any additional training if indications.	list on care plans indering ing inagers, eview all randering dwelling are sing ich is se, th Unit y Director, s, Rehab inager, for ill take the eting for the DON on any ommittee		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILD	NG _		С		
		345421	B. WING				14/2016	
NAME OF F	NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
THE I AII	RELS OF CHATHAM			72 CHATHAM BUSINESS PARK				
THE EAG	KLEO OF OTIATIAM			PITTSBORO, NC 27312				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 279	staff. A Wander gual Resident #47's ankle his bed for easy acce On 12/14/16 at 10:25 conducted with the Name of the unit managers woundate the care plan aware of one episod Resident #47 was accessed was determined that building. She said she Resident had a Wand MDS Coordinator state wandering behave made aware of his boon 12/14/2016 at 10 conducted with NA#' days when Resident other days, he was over the facility. She ambulated without as was unsteady on his throughout the facility stated Resident #47 bracelet on due to hi On 12/14/16 at 2:40f conducted with the Eshe expected a care the wandering behave Wander guard brace was noted/ the brace 2. Resident#113 wa 1/29/16. Cumulative dysfunction urinary recatheter. A review of the physical process.	rd bracelet was located on a. His wheelchair was beside ass. 5AM, an interview was dDS Coordinator who stated are supposed to go in and as. She stated she was a of wandering soon after dmitted to the facility but it he did not go outside of the ne was not aware that der guard bracelet. The ated she wrote a care plan for vior yesterday when she was achaviors. 39AM, an interview was 1. She stated there are some #47 would sleep all day and, wide open" and wandered all as said Resident #47 assistance even though he feet. He also went y in his wheelchair. NA #1 had a Wander guard as wandering behavior. PM, an interview was birector of Nursing who stated plan to have been written for vior and the use of the let at the time the behavior elet was applied. as readmitted to the facility on diagnoses included, in part, etention with a urinary cian's orders revealed an that stated foley catheter	F	279				

	OF DEFICIENCIES CORRECTION	I IDENTIFICATION NUMBER: A. BUILDING (COMPLETED		COMPLETED	
		345421	B. WING		C 12/14/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	1 12/14/2010
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION
F 279	trial of voiding 9/23 no void in 8 hours, A Quarterly Minimu 9/27/16 indicated R intact. She required toileting. Section F indwelling catheter A review of the Trea (TAR) for September catheter care was ordaily the entire more continue to have an A review of the care revealed there was catheter. On 12/14/16 at 2:30 conducted with the reviewed the medicand stated there shall the use of the urinal knew, at some point the use of the urinal Coordinator review could not find any or catheter had been on 12/14/16 at 2:55.	dated 9/22/16 stated to do a /16 (remove foley catheter; if replace it). m Data Set (MDS) dated desident #113 was cognitively dextensive assistance with 10100 was reviewed and was not checked. atment Administration Record der 2016 revealed urinary documented as completed with of September. Ident #113 was observed to an indwelling urinary catheter. De plan for Resident #113 mot a care plan for the urinary only a care plan for the urinary catheter. She stated she wit, they had tried to discontinue ary catheter. The MDS and the medical record and documentation that the urinary discontinued.	F 27	9	
	Resident #113 did I	Director of Nursing who stated nave a trial of urinary catheter the urinary catheter was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345421	B. WING			l	C 14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			•	72	TREET ADDRESS, CITY, STATE, ZIP CODE 2 CHATHAM BUSINESS PARK ITTSBORO, NC 27312		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 279	the evening of the sar #113 being unable to should have been a curinary catheter.	ng and was reinserted by me day due to Resident void. She stated there are plan for the use of the		279			10.500.10
F 520 SS=D	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance.		F	520			12/30/16
	(1) A facility must mai and assurance comm minimum of:	intain a quality assessment ittee consisting at a					
	(i) The director of nurs	-					
		tor or his/her designee; er members of the facility's					
	staff, at least one of w	who must be the a board member or other					
	(g)(2) The quality assessment and assurance committee must :						
	coordinate and evalua	respect to which quality					
	action to correct ident	ement appropriate plans of tified quality deficiencies;					
		mation. A State or the quire disclosure of the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345421	B. WING _			C 12/14/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	'		
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 520	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 5				
	Administrator acknow	/14/16 at 3:20 PM, the vledged understanding of a the recertification survey		remaining indwelling catheters found to be correct. All have be submitted by the 12-22-16 exceremaining hospice end of life the completed on 12-26-16 and sulface.	een ept for 1 nat will be		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
					С			
		345421	B. WING _			12/	14/2016	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
THE LAURELS OF CHATHAM					2 CHATHAM BUSINESS PARK			
				PI	ITTSBORO, NC 27312			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 520	Continued From page of 12/14/16.	29	F	520	that time. Systemic changes The QAPI committee will be in-serviced by the Administrator on the procedure of developing and implementing appropria plans of action to correct identified qual concerns. Education will include determining the root cause of the identified concern, identifying, implementing and monitoring the corrective action plan and recognizing when an action plan may need to be revised. The MDS/Care Plan Nurse and administrative nurses will have been re-educated on 12-28-16, by our Clinical Resource Specialist regarding coding accuracy of the MDS. Monitoring The Director of Nurses/ Unit Managers utilizing a QA auditing tool, will review MDS's for accuracy for guests on hosp or receiving injections, or have indwellicatheters, weekly for the next 2 months and then will randomly review MDS's completed weekly for one month to ensure ongoing compliance with accurace oding. The results will be reported by DON, to the monthly QAPI meeting for any further recommendations or root cause analysis. The DON will be responsible to follow-up on any recommendation from the committee and additional training is indicated.	for ate ate lity d al s, all ice, ng s, ate the		