PRINTED: 05/11/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION				(X3) DATE SURVEY COMPLETED	
		345258	B. WING		C 04/07/2017	
	ROVIDER OR SUPPLIER  ONAL HEALTH SERVIC	ES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE COMPLETION	
F 000	INITIAL COMMENTS	8	F 00	0		
F 157 SS=G	survey and exited or information was obta 04/07/2017. Therefor changed to 04/07/20 483.10(g)(14) NOTIF	ct a revisit and complaint 0 04/04/2017. Additional hined on 04/06/2017 and hore, the exit date was 17. FY OF CHANGES	F 15	7	5/2/17	
33-0	(g)(14) Notification o  (i) A facility must imn consult with the resid	f Changes.  nediately inform the resident; dent's physician; and notify, r her authority, the resident				
	1	lving the resident which nas the potential for requiring n;				
	mental, or psychosodeterioration in healt	h, mental, or psychosocial reatening conditions or				
	a need to discontinue	erse consequences, or to				
	(D) A decision to trar resident from the fact §483.15(c)(1)(ii).	nsfer or discharge the illity as specified in				
		ification under paragraph (g) , the facility must ensure that				
ADODATODY	DIDECTOR'S OR DROVINED	SUPPLIER REPRESENTATIVE'S SIGNATUI	DE	TITI F	(X6) DATE	

Electronically Signed 04/27/2017

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.

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345258	B. WING _		C <b>04/07/2017</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083	04/07/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION
F 157	is available and prophysician.  (iii) The facility must resident and the reswhen there is-  (A) A change in root as specified in §483  (B) A change in resistate law or regulative (e) (10) of this section (iv) The facility must update the address phone number of the This REQUIREMENT by:  Based on record rephysician interviews physician of the resistance are resulting in a delay infection, acute on chospitalization for 1 Findings included:  Resident #1 was addrehabilitation after a resident had the diachronic kidney disease.  The admission minimizevealed the resident mission minimizevealed mission mission minimizevealed mission minimizevealed mission minimizeveale	tion specified in §483.15(c)(2) vided upon request to the vided upon request to the also promptly notify the sident representative, if any, and or roommate assignment as 10(e)(6); or dent rights under Federal or ions as specified in paragraph in.  It record and periodically (mailing and email) and eresident representative(s). It is not met as evidenced view, staff interviews and so, the facility failed to notify the ident's change in condition perienced daily diarrhea, of treatment of a bacterial chronic renal failure and a of 3 residents (Resident #1.)  mitted on 1/25/17 for hip fracture surgery. The gnoses of femur fracture and as stage III.  mum data set dated 1/30/17 in twas cognitively intact and assistance of one staff	F1	F 157 SS=G Notify of Change 1. Resident #1 was transferred to hospital and discharged from the fa on 3/10/17.  2. On 4/28/17, the Director of Cli Services (DCS) and or registered resignee completed a quality improvement monitoring of 93 curr residents to identify residents with change in condition including any episodes of diarrhea/loose stools, vomiting, decreased urinary output decreased fluid intake to validate the residents' physician and/or nurse practitioner (NP) and responsible practitioner (NP) and responsible practitioner (NP) and RP received the residents of the sechange physician and/or NP and RP received the residents of the sechange physician and/or NP and RP received the residents identified the residents identified the process of the residents identified the process of the residents identified the process of the process	o the acility  nical nurse ent a  t or hat the earty es. The ved ed.

AND PLAN OF CORREC	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DRRECTION IDENTIFICATION NUMBER:  A. BUILDING			SURVEY PLETED				
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	00 01 1001 10		343236	B. WING			04/	07/2017
NAME OF PROVIDER	OR SUPPLIE	=R				TREET ADDRESS, CITY, STATE, ZIP CODE		
TRANSITIONAL H	EALTH SE	RVICES C	F KANNAPOLIS			810 CONCORD LAKE ROAD		
			K	(ANNAPOLIS, NC 28083				
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F 157 Contin	ued From	n page 2		F	157			
A revie Reside and haday ur receive The bodescrip   02/24/ 02/25/ 02/25/ 02/25/ 02/25/ 02/25/ 02/27/ 02/27/ 02/27/ 02/28/ 03/01/ 03/01/ 03/02/ 03/02/ 03/02/ 03/02/ 03/03/ 03/03/ 03/03/ 03/03/ 03/05/ 03/06/ 03/06/ 03/07/ 03/08/	ew of the ent #1 stand one or til 3/9/17, ed Imodium owel move otion was 2017 8: 2017 1: 2017 6: 2017 1: 2017	bowel moirted having more lood, with the im and the ements with provided 28 PM 1:22 AM 24 PM 1:37 PM 25 PM 32 PM 45 AM 1:43 AM 2:52 PM 41 PM 14 PM 14 PM 14 PM 14 PM 15 PM 15 PM 15 PM 15 PM 16 PM 16 PM 17 PM 16 PM 16 PM 17 PM 16 PM 16 PM 16 PM 17 PM 16 PM 16 PM 17 PM 16 PM 16 PM 17 PM 16 PM 17 PM 16 PM 17 PM 16 PM 17 PM 17 PM 16 PM 17	BM large Loose BM medium Formed BM small Loose BM large Loose BM extra large Loose BM small Loose BM small Loose BM large Loose BM extra large Loose BM small Loose BM large Loose BM small Loose BM large Loose BM medium Loose BM large Loose BM large Loose BM medium Loose BM small Loose	F	157	nurse designee completed reeducation licensed nurses and nursing assistants regulation 483.10(g)(14) regarding tim notification of changes in residents' condition to prevent a delay of a new diagnosis and treatment and Consulat policy N-105 "Change in Resident Condition". Education included the expectation of the licensed nurse to not the residents' physician and/or NP and when a resident exhibits a change in condition including any episodes of diarrhea/loose stool, vomiting, decreas urinary output or fluid intake and to document this notification on an SBAR (Situation Back ground Assessment ar Review and notification) tool in the residents' medical record. Newly hired licensed nurses and nursing assistants be educated upon hire.  The licensed nurse to notify the residents' physician and/or NP and RF when a resident exhibits a change in condition including any episodes of diarrhea/loose stool, vomiting, decreas urinary output or fluid intake and to document this notification on an SBAR (Situation Back ground Assessment ar Review and notification) tool in the residents' medical record. The licensed nurse supervisor to review SBARs, Sto and Watch Tools, 24 hour reports, Bow and Bladder Care Tracker reports and	e on ely  e otify I RP  ed  do  do  do  pyel	
03/08/ 03/09/ A prog		l:42 PM l:58 PM e dated 2/	BM small Loose BM large Loose BM extra large Loose  27/17 revealed the saw the resident for loose			nursing shift reports daily and the DCS and IDT (Interdisciplinary Team) to monitor for compliance during the morning clinical meeting Mondays-Fric to ensure compliance with physician and/or NP and RP notification of reside	lays	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345258	B. WING		C 04/07/2017		
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 04/01/2017		
				1810 CONCORD LAKE ROAD			
TRANSITI	ONAL HEALTH SERVIO	CES OF KANNAPOLIS		KANNAPOLIS, NC 28083			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOUL			
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI			
F 157	Continued From page	-	F 15	7			
		ressively become more		who exhibit changes in condition to			
	frequent. The note	indicated the staff was		maintain hydration and health.			
		ficile infection. The NP noted		4. The DCS/registered nurse designation	gnee		
		Citrucel and Metamucil for		to conduct quality improvement			
		dered C-Difficile stool culture		monitoring of 5 residents' medical re			
		grams (mg) every 6 hours as		to ensure that the residents' physicia			
	needed for loose sto	ools.		and/or NP and RP was promptly not			
				of changes in condition including an	-		
		se practitioner 's order dated stool culture for C-Difficile and		episodes of diarrhea/loose stool, vo	_		
				decreased urinary output or decreas			
	diarrhea.	y 6 hours as needed for		fluid intake at a frequency of daily for weeks, then 3 times a week for 8 weeks.			
	ulaittiea.			then 1 time a month . Frequency of	cens,		
	Δ review of the nurs	ses ' notes from 2/27/17 to		monitoring to be modified based on			
		e resident had no changes in		findings.			
		ed, and there was no notation		90			
		I movements or diarrhea.		The results of quality improvement			
	Nurses ' notes indic	cated the blood pressure and		monitoring to be reported to the Qua	ality		
		nd within normal limits.		Assurance Performance Improveme Committee monthly by the Administr	ent		
	A review of the med	lication administration record		and/or DCS. The Quality Assurance			
	(MAR) for 2/27/17 to	o 3/10/17 revealed the 2/27/17		Performance Improvement Committ	ee will		
	order for C-Difficile	stool sample was added to		evaluate the effectiveness of the			
	the MAR, but had n	o initials for being completed.		monitoring/observation tools for mal	king		
				changes to the corrective action if			
		ed 3/8/17 revealed the NP		necessary to maintain substantial			
		diarrhea. The NP re-ordered		compliance and ensure timely physi	cian		
		ure and the resident was		and/or NP notification of changes in			
		m 4 mg every 6 hours as		residents' condition to prevent a dela	-		
		ools. The resident had a		new diagnosis and treatment. The C	-		
		22/80, a pulse of 86,		Assurance Improvement Committee			
	-	and was in no distress. The		members consist of, but not limited	io, ine		
		and the creatinine was at		Administrator, Director of Clinical	, at a		
		ent complained of dizziness I orthostatic blood pressures.		Services, Medical Director (quarterly minimum) and at least three other	al a		
	and the NF planified	i orthostatic blood pressures.		members to include but not limited t	o one		
	Δ review of the pure	se practitioner 's order dated		direct care giver.	U UIIG		
		tool culture for C-Difficile, to		direct care giver.			
				AOC date: 5/2/17			
		blood pressure for three days,		AOC date: 5/2/17			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  (X2) MULTIPLE CONSTI		IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED			
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F 157	each day and the Me A review of the phys revealed normal sali (cubic centimeters) p A progress note date saw the resident for creatinine 5.85 (norr resident 's blood pre 80. The same progr assessment was act kidney disease from was started on intrav centimeters (cc) per ordered a stat (urger and repeat the basic tomorrow. A review of the phys revealed an addition intravenous fluid at 1 and to repeat the BN A review of Resident stool culture of C-dif revealed the stool w 3/13/17.  A review of the phys stated to send Resid room for an evaluation The NP indicated in 3/10/17 she saw the blood cell count (WE pressure was 106/60 assessment was wo	the Citrucel 500 milligrams etamucil 6 grams each day.  Ician 's order dated 3/8/17 ne intravenous fluid at 125 cc per hour for one liter.  Ician 's order dated the NP an abnormal lab result of nal range 0.6 - 1.3). The ressure was 140/70 and pulse ess note further revealed the lite kidney injury on chronic dehydration. The resident renous fluids at 125 cubic hour. The nephrologist not) renal ultrasound for today metabolic panel (BMP)  Ician 's order dated 3/9/17 all order for normal saline 125 cc per hour for one liter MP lab.  It #1's laboratory results for a ficile collected on 3/9/17 as positive for C-difficile on ician 's order dated 3/10/17 lent #1 to the emergency on of the dehydration.  In progress note dated resident for elevated white icc). The resident 's blood	F 1	57			

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		TIPLE CONSTRUCTION  NG	(>	COMPLETED			
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F 157	injury due to diarrhe to the emergency ro  Resident #1 was add 3/10/17 and the hos reviewed. The hosp Resident #1 had C-I failure in the setting state and moderate was seen by her neg with Flagyl (antibiotic had a two-week hist weakness. The disc diagnoses were non stop urinating when injury on chronic kid leukocytosis (elevate hypocalcemia (low cacidosis (body was to treated or can be fat aggressive IV fluid redehydration. At the	a. The NP sent the resident om for evaluation.  mitted to the hospital on pital history and physical was ital course documented Difficile colitis and acute renal of a generalized debilitated malnutrition. The resident phrologist and was treated c) and IV fluids. The resident	F	157			
	with the NP. The NI was informed by sta loose stools, but not that she asked the rand was informed the The NP ordered the 2/27/17 for the resid NP asked the staff for test on 3/6/17, the N were pending. The any new orders to cout was waiting for t	n an interview was conducted of stated that on 2/27/17 she ff Resident #1 was having every day. The NP stated esident about her diarrhea e diarrhea was every day. C-Difficile stool culture on ent's diarrhea. When the or the results of the C-difficile P was informed the results NP stated she did not write omplete a stool for C-Difficile, the C-Difficile results from ated she was not aware until					

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F 157	The NP stated that he to follow orders as we changes. The reside emergency room on her nephrologist whill.  On 4/4/17 at 8:40 am with the Director of Nestated that she expensions orders. The DON a staff was educated resto contact the physical a change in condition.  On 4/4/17 at 9:00 am with Nursing Assistant the resident had 4 to on day shift for over thospitalization. NA finurse that Resident for movements.  An additional interviet at 2:02 pm via teleph stated that the diarrh day and frequency we she did not have time resident care. NA #1 liquid with mucous an informed the nurse of over 10 days the resistated that the resident that the resident that everything she expenses the property of the resident also has #1 stated that she dididiarrhea with the NP	culture had not been done. er expectation was for staff ritten and to notify her of any ent was sent to the 3/10/17 and was referred to e she was hospitalized.  In an interview was conducted dursing (DON). The DON coted staff to follow physician ' calso stated that the nursing egarding the lab process and dian or NP if the resident had in.  In an interview was conducted at (NA) #1. NA #1 stated that 6 loose bowel movements a week leading up to the ef1 stated she reported to the ef1 stated she reported to the ef1 had multiple bowel  The was conducted on 4/6/17 frone with NA #1. NA #1 ea was more than once a as not documented because to to document and provide a stated that the diarrhea was and foul smelling. She in duty at least once a shift dent had diarrhea. NA #1 ent was tired and commented that goes right through her. dia decrease in appetite. NA escussed the resident 's	F1	57			

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F 157 F 281 SS=G	physician stated he in had reviewed the recowas missed as part of physician explained in facility that the order on 2/27/27 was missed was informed by his loose stool a day. The with a C-Difficile infects of the staff informed the NF bowel movement a disconducted via telephing 44 stated that she recombinated was on duty 3/3/17 for two loose stools on disconducted in the was on duty 3/3/17 for two loose stools on disconducted in the was on duty 3/3/17 for two loose stools on disconducted in the was on disconducted via telephing the was on disconducted via teleph	e resident 's physician. The emembered Resident #1 and ords when the stool culture of quality review. The ne was informed by the for C-Difficile stool sample ed. The physician stated he NP that the resident had one ne resident did not present ction because the facility of that Resident #1 had one ay.  In an interview was one with Nurse #4. Nurse membered Resident #1 and for day shift. Resident #1 had lay shift and that she on once at 10:00 AM per the Nurse #4 stated she did not ehydration because the publication because the gliuds and there was no the resident received the stated she would inform the thad repeated need for an or concerns regarding ICES PROVIDED MEET ANDARDS	F 1			4/27/17	
	must- (i) Meet professional	mprehensive care plan, standards of quality. Γ is not met as evidenced					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	` '	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	•	4/07/2017	
THAITOTT	IONAL HEALIN GERVIC	JES SI NAMINAI SEIS		KANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 281	physician interviews a lab order for a storinfection (Clostridiur of diagnosis and tre resident to become acute renal failure for #1.)  Findings included: Resident #1 was ad rehabilitation after a resident had the diachronic kidney disease.  The admission minimated 1/30/17 reveat cognitively intact an assistance of one storing living. The result and occasionally incompared to the bown Resident #1 started and had one or mor day until 3/9/17, with when she received formed stool. The band no other description of the concerned for C-Diff Resident #1 was on constipation and orcasional or constipation and orcasional or constipation and orcasional or a storing progress note data.	view, staff interviews and state that the facility failed to complete of culture for a bacterial in difficile) resulting in a delay atment which caused the dehydrated and to develop or 1 of 3 residents (Resident in the facture surgery. The gnoses of femur fracture and ase stage III.  In the facture surgery is the gnoses of femur fracture and ase stage III.  In the facture surgery is the gnoses of femur fracture and ase stage III.  In the facture surgery is the gnoses of femur fracture and ase stage III.  In the facture surgery is the gnoses of femur fracture and ase stage III.  In the facility failed to develop or 1 of 3 resident #1 and the facture and the resident was developed in the facture and the facture	F 2	Past noncompliance: no pla correction required.	n of		

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F 281	2/27/17 revealed a s Imodium 4 mg every diarrhea.  A review of the medi (MAR) for 2/27/17 to order for C-Difficile s the MAR, but had not a review of Resident 2/27/17 through 3/8/ laboratory result precable. C-Difficile, which was a review of the labor s creatinine dated 3/(kidney function) res 0.6 - 1.3) and the blog [shows hydration] res 3-25). The resident 1.6.  A progress note date saw the resident for C-Difficile stool cultureated with Imodium needed for loose sto blood pressure of 12 temperature of 98 F	e practitioner 's order dated tool culture for C-Difficile and 6 hours as needed for cation administration record 3/10/17 revealed the 2/27/17 tool sample was added to initials for being completed.  #1's laboratory results from 17 revealed there was no sent for a stool culture for sordered on 2/27/17.  atory results of the resident '7/17 revealed the creatinine ult was 5.85 (normal range tood urea nitrogen (BUN) sult was 33 (normal range 's baseline creatinine was 's baseline creatinine was 's baseline creatinine was 'd 3/8/17 revealed the NP diarrhea. The NP re-ordered re and the resident was 'd 4 mg every 6 hours as ols. The resident had a	F 2	281	DEFICIENCY)			
	baseline. The reside and the NP planned A review of the nurse 3/8/17 revealed a sto	ent complained of dizziness orthostatic blood pressures.  e practitioner 's order dated bol culture for C-Difficile, to ood pressure for three days,						

	OF DEFICIENCIES F CORRECTION				COMPLETED		
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F 281	each day and the Me A progress note date saw the resident for creatinine 5.85 (norn resident 's blood pre 80. The same prograssessment showed chronic kidney disea resident was started cubic centimeters (coordered a stat (urger and repeat the basic tomorrow.  A review of the physic revealed an addition intravenous fluid at 1 and to repeat the BM A review of Resident stool culture of C-diff revealed the stool was 3/13/17. Laboratory creatinine (kidney fur 9.61 (normal range 0 nitrogen (BUN) [show on 3/10/17	the Citrucel 500 milligrams betamucil 6 grams each day.  Ad 3/9/17 indicated the NP an abnormal lab result of anal range 0.6 - 1.3). The ressure was 140/70 and pulse results at 125 responsible for the pulse results at 125 responsible for the pulse results for a results of the resident 's results of the resident 's results of the resident 's results of 1.3). The blood urea results of the resident 's r	F	281			
	3/10/17 she saw the	a progress note dated resident for elevated white C). The resident 's blood					

A. BUILDING	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS  STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		
F 281 Continued From page 11 pressure was 106/60 and pulse 62. The assessment was worsening kidney function and elevated WBC. The lab result showed a creatinine of 96 at and a BUN 55. The resident had acute kidney injury due to diarrhea (kidney became injured due to a lack of blood flow). The NP sent the resident to the emergency room for evaluation.  Resident #1 was admitted to the hospital on 3/10/17 and the hospital history and physical was reviewed. The hospital course documented Resident #1 had C-Difficile colitis and acute renal failure in the setting of a generalized debilitated state and moderate malnutrition. The resident was seen by her nephrologist and was treated with Flagyl (antibiotics) and IV fluids. The resident had a two-week history of diarrhea with weakness. The resident's creatinine increased to 9.7. The discharge summary revealed diagnoses were nonoliguric (body was unable to stop urinating when dehydrated), acute kidney injury on chronic kidney disease, C-Difficile colitis, leukocytosis (elevated white blood cells), anemia, hypocalcemia (low calcium), and metabolic acidosis (body was too acidic to function, must be treated or can be fatal). The resident received aggressive IV fluid resuscitation for acute dehydration and sodium bicarbonate for acidosis. At the time of the hospital discharge on 3/22/17, the resident 's creatinine returned to baseline at 1.6.  Resident #1 was not interviewed because she had been discharged at the time of the site visit.  On 4/3/17 at 4:50 pm an interview was conducted with the NP. The NP stated that on 2/22/17 she was informed by staff Resident #1 was having		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345258	B. WING _				07/ <b>2017</b>
	ROVIDER OR SUPPLIER  ONAL HEALTH SERVIO	ES OF KANNAPOLIS	1	STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083			
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F 281	that she asked the mand was informed the and was informed the 1/27/17 for the reside NP asked the staff for C-difficile test on 3/6 results were pending write any new orders. C-Difficile, but was were sults from 2/27/17 aware until 3/8/17 the been done. The NP resident 's nephrologist ordered sound of the kidneys physician ordered on to the ER. The NP to go for an evaluation of 5.85, but instead have an IV placed. expectation was for written. The NP staff NPs now have direct on-line to improve for the NP further state result was related to from dehydration se stated that another of completed on 3/10/1 and it had not improve received intravenous sent to the emergen referred to her neph hospitalized.	every day. The NP stated esident about her diarrhea are diarrhea was every day. C-Difficile stool culture on ent's diarrhea. When the or the results of the ordered 6/17, the NP was informed the g. The NP stated she did not as to complete a stool for waiting for the C-Difficile. The NP stated she was not eat the stool culture had not estated that she contacted the egist on 3/9/17 regarding the creatinine, and the dia stat (immediate) ultra is. The NP stated that the in 3/8/17 for the resident to go chought that the resident was on of the elevated creatinine the resident went to the ER to The NP stated that her staff to follow orders as ted that the physicians and the access to the lab results	F	281			

STATEMENT ( AND PLAN OF	CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING		STRUCTION	(X3) DATE SURVEY COMPLETED				
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F 281	Continued From pag	e 13	F 2	281				
		lursing (DON). The DON cted staff to follow physician '						
	was conducted with the root cause analysis was C-difficile lab order distance that the error was provided for all sillab process, a quality assurance summary a QAPI (quality assurance medical director, and orders and the procestour-point plan of condudit revealed no other.	m an additional interview the DON. The DON stated a was conducted for the missed ated 2/27/17. The DON was investigated, education staff that was responsible for improvement/quality was documented, there was rance performance ng, which included the la prospective review of lab ss was performed. The rection was completed. An her missed labs at the time of other missed labs since the						
		f correction was reviewed were present on 3/31/17.						
	at 2:02 pm via teleph stated that she discu	w was conducted on 4/6/17 none with NA #1. NA #1 ssed the resident 's diarrhea lture was ordered, and NA cimen.						
	via telephone with the physician stated he has when the stool cultur quality review. The prinformed by the facility C-Difficile stool samples.	ole on 2/27/27 was missed.						
	The facility provided	its plan of action on 4/4/17 at						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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	ROVIDER OR SUPPLIER  ONAL HEALTH SERVI	CES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083		
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F 281	3/9/17 for the incide a missed physician dated 2/27/17. On created an error repretrospective labora to 2/27/17 was perf Assurance/Perform meeting was held a performed. The error C-Difficile stool cult laboratory vendor '3/8/17 the manager audit of all laborato three times a week thereafter. The Collaboratory error reprodocumentation, edurecord, and prospellaboratory errors were with in-servicing of all not process and follow The documentation performed on 3/9/13/17/17, 3/20/17, 3/29/17, and 3/31/11 laboratory processin-services were restaff revealed they timely completion of An interview was covia telephone with I	of the plan of action dated ent revealed Resident #1 had order for C-Difficile laboratory 3/8/17 the management team port and on 3/9/17 a atory process audit going back formed. On 3/10/17 a Quality ance Improvement committee and a root cause analysis was for was determined that the ture was not placed into the selectronic system. On ment team put in place an ary orders and the process for for 30 days and each week insultant Nurse reviewed the fort, plan of action function in-service attendance active/ongoing audits. No other ere identified.  The plan of action showed cursing staff of the laboratory up was completed on 3/9/17. In showed audits were 7, 3/10/17, 3/13/17, 3/15/17, 3/22/17, 3/24/17, 3/27/17, 7, and there were no further ang errors. Sign-in sheets for viewed and interviews with the were aware of the process for	F 28	1		
	laboratory vendor v	would draw or retrieve a  ifter it was ordered and placed ess the request was for urgent				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  ONAL HEALTH SERVICE	ES OF KANNAPOLIS		STREET ADDRESS, CITY, S 1810 CONCORD LAKE RO KANNAPOLIS, NC 280	OAD		-
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F 309 SS=G	order received; order access to laboratory placed in the nurses laboratory staff come blood or receive the splaced in E-lab; and a result is placed in the record. Nurse #2 stathree piece carbon ar reconciled each day twas followed. Nurse vendor provided lab sweekend, and the stathe vendor 's website 483.24, 483.25(k)(l) FOR HIGHEST WELL 483.24 Quality of life Quality of life is a funapplies to all care and residents. Each reside facility must provide the services to attain or in practicable physical, well-being, consistent comprehensive assessment of a residents. Bas assessment of a residents received accordance with profession practice, the comprehensive comprehensive accordance with professions.	ed the process as follows: placed in E-lab (electronic vendor); lab to be drawn is station lab log book; to the facility to draw the specimen; the lab result is a reminder to check for lab medication administration ted that all orders have a not the gold piece is to ascertain that the order #2 also stated that the services and results on the eff retrieved the results from ea.  PROVIDE CARE/SERVICES L BEING  damental principle that discriving services provided to facility then must receive and the he necessary care and maintain the highest mental, and psychosocial to with the resident's essment and plan of care.  endamental principle that the necessary care and maintain the highest mental, and psychosocial to with the resident's essment and plan of care.  endamental principle that the necessary care and maintain the highest mental, and psychosocial to with the resident's essment and plan of care.  endamental principle that the necessary care in easional standards of mensive person-centered sidents' choices, including		281			5/2/17

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The facility must ens provided to residents consistent with profe the comprehensive pand the residents' go (I) Dialysis. The facil residents who require services, consistent of practice, the compcare plan, and the repreferences. This REQUIREMENT by:  Based on record recording recognize and to asswhen a resident experesulting in a delay of a bacterial infection of 3 residents (Resident #1 was addrehabilitation after a resident had the diagent chronic kidney diseased the resident required extensive as	ure that pain management is who require such services, ssional standards of practice, person-centered care plan, hals and preferences.  It with must ensure that the dialysis receive such with professional standards prehensive person-centered sidents' goals and  It is not met as evidenced with facility failed to hess for a change in condition perienced daily diarrhea, for a diagnosis and treatment in (Clostridium difficile), for 1 hent #1.)  In titted on 1/25/17 for hip fracture surgery. The prosess of femur fracture and se stage III.  In are plan dated 1/25/17 for of nutrition and hydration. The professional standards is sistance of one staff		assessing changes in condition r/t diarrhea  1. Resident #1 was transferred to hospital and discharged from the from 3/10/17.  2. On 4/28/17, the Director of Claservices (DCS) and or Registered designee completed a quality improvement monitoring of 93 cur residents to identify residents with change in condition including any episodes of diarrhea/loose stools, vomiting, decreased urinary output decreased fluid intake to validate a licensed nurse recognized and as the change in condition and docur finding in the residents' medical reading in the residents to be asset	to the facility linical I Nurse rent I a It or I that the sessed mented ecord. essed by	
			to maintain hydration and health.		
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR  Continued From pag  (k) Pain Management The facility must ensigned to residents consistent with profest the comprehensive pand the residents' go  (l) Dialysis. The facility residents who require services, consistent of practice, the comprehensive pand the residents who require services, consistent of practice, the comprehensive pand the residents who require services, consistent of practice, the comprehensive pand the residents who require services, and the repreferences.  This REQUIREMENT by:  Based on record reversident experies and to assign when a resident experies and to assign when a resident experies and to assign when a resident experies and the service of a bacterial infection of 3 residents (Resident #1 was additionally a resident had the diagonal controlly diseased the resident resident had a controlly diseased the resident made and the resident required extensive as member with activities.  A review of the bower	CORRECTION  345258  ROVIDER OR SUPPLIER  DNAL HEALTH SERVICES OF KANNAPOLIS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 16  (k) Pain Management.  The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  This REQUIREMENT is not met as evidenced by:  Based on record review, staff interviews and physician interviews, the facility failed to recognize and to assess for a change in condition when a resident experienced daily diarrhea, resulting in a delay of a diagnosis and treatment of a bacterial infection (Clostridium difficile), for 1 of 3 residents (Resident #1.)	A BUILDIN  345258  B. WING _  SOVIDER OR SUPPLIER  DNAL HEALTH SERVICES OF KANNAPOLIS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 16  (k) Pain Management.  The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  (l) Dialysis. 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The admission minimum data set dated 1/30/17 revealed the resident was cognitively intact and required extensive assistance of one staff member with activities of daily living.  A review of the bowel movement log revealed	A BUILDING  345258  345258  STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 16  F 309  (k) Pain Management.  The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  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WIND  STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCY  PREFIX  TAG  PROVIDERS NAM OF CORRECTION  PROVIDERS PLAN OF CORRECTION  SEACH OF SUMMARY STATEMENT OF THE APPROPRIATE  STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083  SAN ANNAPOLIS, NC 28083  STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083  STATEMENT OF OTHER PROPRIATE  PROVIDERS RAD OF CORRECTION  PREFIX  TAG  PROVIDERS PLAN OF CORRECTION  PREFIX  TAG  PROVIDERS PLAN OF CORRECTION  PROVIDERS CANNAPOLIS, NC 28083  TAG  PROVIDERS CANNAPOLIS  F 309  SS=G QOC r/t recognizing and assessing changes in condition r/t diarrhea  1. Resident #1 was transferred to the hospital and discharged from the facility on 3/10/17.  2. On 4/28/17, the Director of Clinical Services (DCS) and or Registered Nurse designee completed a quality improvement monitoring of 93 current residents to identify residents with a change in condition including any episodes of diarrhea/loose stools, vom

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TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS    CAND   Continued From page 17 and had one or more loose bowel movements per day until 3/9/17, with the exception of 3/3/17 she received Imodium and there was a formed stool. The bowel movements were loose and no other description was provided.    Face   Continued From page 17   Face
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS    CAUTURE   Continued From page 17 and had one or more loose bowel movements per device description was provided.   Precise of the provided description of the provided description of the provided description was provided.   Precise of the precise of the provided description was provided.   Precise of the precise of the precise of the provided description was provided.   Precise of the precise o
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and had one or more loose bowel movements per day until 3/9/17, with the exception of 3/3/17 she received Imodium and there was a formed stool. The bowel movements were loose and no other description was provided.    O2/24/2017 8:28 PM BM large Loose description was provided.
day until 3/9/17, with the exception of 3/3/17 she received Imodium and there was a formed stool. The bowel movements were loose and no other description was provided.    O2/24/2017   8:28 PM   BM large   Loose   D2/25/2017   11:22 AM   BM medium Formed   D2/25/2017   11:37 PM   BM large   Loose   D2/27/2017   1:25 PM   BM large   Loose   D2/27/2017   1:25 PM   BM large   Loose   D2/27/2017   1:25 PM   BM small   Loose   D2/28/2017   1:43 AM   BM large   Loose   D2/28/2017   12:52 PM   BM large   Loose   D2/28/2017   12:52 PM   BM large   Loose   D3/01/2017   12:52 PM   BM small   Loose   D4/2017   12:54 PM   BM small   Loose   D4/2017   12:54 PM   BM small   Loose   D4/2017   12:54 PM   BM large   Loose   D3/01/2017   12:54 PM   BM small   Loose   D4/2017   12:54 PM   D4/201
received Imodium and there was a formed stool. The bowel movements were loose and no other description was provided.  02/24/2017 8:28 PM BM large Loose 02/25/2017 11:22 AM BM medium Formed 02/25/2017 9:24 PM BM small Loose 02/25/2017 11:37 PM BM large Loose 02/27/2017 1:25 PM BM large Loose 02/27/2017 1:25 PM BM small Loose 02/27/2017 1:25 PM BM small Loose 02/28/2017 11:34 AM BM large Loose 02/28/2017 11:34 AM BM large Loose 02/28/2017 11:35 PM BM large Loose 03/01/2017 12:52 PM BM large Loose 03/01/2017 12:54 PM BM small Loose 03/01/2017 12:04 AM BM small Loose 03/02/2017 11:41 PM BM small Loose 03/02/2017 11:41 PM BM large Loose 03/03/2017 11:41 PM BM large Loose 03/03/2017 11:41 PM BM large Loose 03/03/2017 11:42 PM BM small Loose 03/03/2017 11:43 PM BM large Loose 03/03/2017 11:43 PM BM large Loose 03/03/2017 11:23 PM BM large Loose 03/03/2017 11:23 PM BM large Loose 03/04/2017 11:23 PM BM small Loose 03/04/2017 11:23 PM BM large Loose 03/04/2017 11:24 PM BM large Loose 03/04/2017 11:25 PM BM large Loose 03/04/2017 11:25 PM BM large Loose 03/04/
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practicable physical, mental and psychosocial well-being, consistent with the residents' comprehensive assessment and plan of care. Education also included consulate policy N-105 "Change in Consulate policy N-105 "Change in Consulate policy N-105 "Change in Consulate policy N-105 "Change of Shift Consulate Delicy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Best Practices (Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition" and N-107 "Change of Shift Report", Consulate Policy N-105 "Change in Condition in Change in
02/24/2017 8:28 PM BM large Loose psychosocial well-being, consistent with 02/25/2017 11:22 AM BM medium Formed the residents' comprehensive assessment and plan of care. Education also included Cose 2/25/2017 11:37 PM BM large Loose Consulate policy N-105 "Change in 02/26/2017 1:25 PM BM small Loose Report", Consulate Best Practices 02/27/2017 6:32 PM BM small Loose Report", Consulate Best Practices 02/28/2017 8:45 AM BM large Loose Meeting" and Interact tools "Stop and 02/28/2017 11:43 AM BM extra large Loose Watch", "SBAR" and "Care Path for 03/01/2017 12:52 PM BM large Loose Watch", "SBAR" and "Care Path for 03/01/2017 12:04 AM BM small Loose besone of 03/02/2017 12:04 AM BM small Loose assess a resident when he/she exhibits a 03/02/2017 13:41 PM BM small Loose decreased 03/03/2017 11:41 PM BM large Loose (03/03/2017 11:41 PM BM large Loose (03/03/2017 11:41 PM BM small Loose (03/03/2017 11:42 PM BM small Loose (03/03/2017 11:42 PM BM small Loose (03/03/2017 11:42 PM BM small Loose (03/03/2017 11:41 PM BM medium Formed (10/4) intake to prevent dehydration. Newly (03/03/2017 11:23 PM BM small Loose (10/4) assistants to be educated upon hire. (10/4) The licensed nurse and nursing (10/4) assistants to be educated upon hire. (10/4) The licensed nurse and nursing (10/
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03/04/2017 9:01 PM BM small Loose The licensed nurse and nursing
03/05/2017 0:35 PM PM large Loose assistant will monitor residents for a
03/06/2017 12:39 PM BM extra large Loose change in condition including any
03/06/2017 6:03 PM BM large Loose episodes of diarrhea/loose stool, vomiting,
03/07/2017 11:16 AM BM medium Loose decreased urinary output or decreased
03/07/2017 4:46 PM BM small Loose fluid intake. The nursing assistant will
03/08/2017 1:46 PM BM extra large Loose document observed changes in resident
03/08/2017 6:24 PM BM small Loose condition utilizing the "Stop and Watch"
03/08/2017 11:42 PM BM large Loose tool and will document diarrhea episodes
03/09/2017 11:58 PM BM extra large Loose in Care Tracker as indicated and
communicate to the licensed nurse for
A progress note dated 2/27/17 revealed the further assessment and intervention. The
Nurse Practitioner (NP) saw the resident for loose licensed nurse to assess residents for stools that had progressively become more changes in condition and dehydration risk
frequent. The note indicated the staff was as appropriate, notify physician and/or NP

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		ATE SURVEY DMPLETED	
		245250	B. WING			С	
		345258	B. WING _			/07/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
TRANSITI	ONAL HEALTH SERV	ICES OF KANNAPOLIS		1810 CONCORD LAKE ROAD			
	010,12112,12111,0211	1020 01 14 44 44 02.0		KANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 309	Continued From p	age 18	F3	309			
F 309	concerned for C-D Resident #1 was of constipation and of and Imodium 4 mile needed for loose s  A review of the nur 2/27/17 revealed a Imodium 4 mg ever diarrhea.  A review of the nur 3/10/17 revealed t condition document of increase in bow Nurses ' notes include pulse were stable  A review of the me (MAR) for 2/27/17 order for C-Difficile the MAR, but had Resident #1 receiv 2/28/17 at 6:00 am 3/5/17. No document results/response with A review of the base laboratory result re baseline creatinine was 1.6 (normal re had a weekly BMF function, hydration A review of the lab	ifficile infection. The NP noted on Citrucel and Metamucil for redered C-Difficile stool culture ligrams (mg) every 6 hours as stools.  The practitioner 's order dated a stool culture for C-Difficile and try 6 hours as needed for the resident had no changes in noted, and there was no notation el movements or diarrhea. Ilicated the blood pressure and and within normal limits.  The dication administration record to 3/10/17 revealed the 2/27/17 es stool sample was added to no initials for being completed. The process of the complete of the	F3	and RP, obtain and complete as indicated and continue to residents' response to treatmere resolved. The licensed nurse their initial clinical assessment residents change in condition SBAR (Situation Back ground Assessment and Review and tool in the residents' medical nurses notes within the medic until condition resolved. Combe noted on the 24 hour report verbalized during change of sensure continued monitoring assessment of residents' charcondition. The licensed nurse to review SBARs, Stop and W24 hour reports, Bowel and BTracker reports and nursing staily and the DCS and IDT (Interdisciplinary Team) to mocompliance during the mornin meeting Mondays-Fridays to residents who exhibit changes are recognized, assessed and effectively to prevent dehydra 4. The DCS/registered nurse to ensure that residents with a condition including episodes of diarrhea/loose stool, vomiting urinary output or decreased flare recognized, assessed and effectively to prevent dehydra frequency of daily for 4 weeks	monitor ent until to document t of on the  notification) record and in real record municate to rt and hift report to and nge in supervisor /atch Tools, ladder Care hift reports  mitor for g clinical rensure s in condition d treated tion. e designee nt dical record a change in of , decreased uid intake d treated tion at a		
		nd the blood urea nitrogen ration] result was 33 (normal		times a week for 8 weeks, the month Frequency of quality be modified based on findings	monitoring to		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345258	B. WING				0
		345256	B. WING _			04/	07/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE		
TRANSITI	ONAL HEALTH SERVI	CES OF KANNAPOLIS		1810 CONCORD LAKE ROAD			
				KANNAPOLIS, NC 28083			
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F 309	Continued From pa	age 19	F 3	809			
	saw the resident for C-Difficile stool cultivated with Imodius needed for loose stoleood pressure of 10 temperature of 98 labs were reviewed baseline. The resident the NP planner. A review of the nurrous 3/8/17 revealed a state and to discontinue each day and the NP revealed normal state (cubic centimeters). A review of the phy revealed normal state (cubic centimeters). A review of the phy stated to send the proof to have an interest of the phy stated to send the proof to have an interest of the same proof assessment was askidney disease from was started on intracentimeters (cc) perordered a stat (urgentless).	ted 3/8/17 revealed the NP rediarrhea. The NP re-ordered ture and the resident was im 4 mg every 6 hours as tools. The resident had a 122/80, a pulse of 86, and was in no distress. The diand the creatinine was at dent complained of dizziness diorthostatic blood pressures.  See practitioner 's order dated stool culture for C-Difficile, to blood pressure for three days, the Citrucel 500 milligrams Metamucil 6 grams each day.  Prisician 's order dated 3/8/17 thine intravenous fluid at 125 cc oper hour for one liter.  President to the emergency travenous catheter placed.  Ited 3/9/17 indicated the NP resident to the emergency travenous catheter placed.  Ited 3/9/17 indicated the NP ressure was 140/70 and pulse gress note further revealed the cute kidney injury on chronic methydration. The resident avenous fluids at 125 cubic er hour. The nephrologist ent) renal ultrasound for today ic metabolic panel (BMP)		The results of quality impromonitoring to be reported to Assurance Performance Im Committee monthly by the and/or DCS. The Quality A Performance Improvement evaluate the effectiveness monitoring/observation tool changes to the corrective a necessary to maintain subscompliance and provide the care and services to attain highest practicable physical psychosocial well-being, conthe residents' comprehensi and plan of care. The Qual Improvement Committee maconsist of, but not limited to Administrator, Director of Continuum and at least three members to include but not direct care giver	the Quality approvement Administrator Administrator Assurance Committee of the Is for making action if Stantial Encessary or maintain all, mental and anistent with ve assessmity Assurance Elinical (quarterly at e other	to  the d h ent ce	

	ETATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345258	B. WING			C <b>04/07/2017</b>	
	ROVIDER OR SUPPLIER	ES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)		
F 309	intravenous fluid at 1 and to repeat the BM A review of Resident stool culture of C-diff revealed the stool wa 3/13/17. Laboratory creatinine (kidney fur 9.61 (normal range 0 nitrogen (BUN) [show on 3/10/17 show saw the blood cell count (WB pressure was 106/60 assessment was wor elevated WBC. The creatinine of 9.61 and was had acute kidner NP sent the resident evaluation.  Resident #1 was adm 3/10/17 and the hospin reviewed. The hospin Resident #1 had C-Difailure in the setting of state and moderate range.	al order for normal saline 25 cc per hour for one liter IP lab.  #1's laboratory results for a icile collected on 3/9/17 as positive for C-difficile on results of the resident's nction) dated 3/10/17 was 1.6 - 1.3). The blood urea vs hydration] result was 55 ange 3-25).  cian's order dated 3/10/17 ent #1 to the emergency on of the elevated creatinine a progress note dated resident for elevated white C). The resident's blood and pulse 62. The resening kidney function and	F	309			
	resident had a two-w	es) and IV fluids. The eek history of diarrhea with dent's creatinine increased					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMP	(X3) DATE SURVEY COMPLETED	
		345258	B. WING			1	07/2017	
	ROVIDER OR SUPPLIER  ONAL HEALTH SERVICE	ES OF KANNAPOLIS		1810 COI	ADDRESS, CITY, STATE, ZIP CODE NCORD LAKE ROAD POLIS, NC 28083			
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F 309	acute kidney injury of C-Difficile colitis, leuk blood cells), anemia, and metabolic acidos aggressive IV fluid redehydration. At the ton 3/22/17, the reside baseline at 1.6.  On 4/3/17 at 4:50 pm with the NP. The NP was informed by staff loose stools, but not that she asked the reand was informed the The NP ordered the C2/27/17 for the reside NP asked the staff fotest on 3/6/17, the NF were pending. The Nany new orders to cobut was waiting for the 2/27/17. The NP staff 3/8/17 that the stool of The NP stated that sl nephrologist on 3/9/1 elevated creatinine, a a stat (immediate) ult The NP stated that the 3/8/17 for the resider thought that the resider thought that the resider thought to follow order to follow order.	e summary revealed sliguric (non-urine sparing), in chronic kidney disease, cocytosis (elevated white hypocalcemia (low calcium), is. The resident received suscitation for acute ime of the hospital discharge ent's creatinine returned to an interview was conducted stated that on 2/27/17 she resident #1 was having every day. The NP stated sident about her diarrhea ediarrhea was every day. C-Difficile stool culture on ent's diarrhea. When the results of the C-difficile P was informed the results IP stated she did not write implete a stool for C-Difficile, e C-Difficile results from end she was not aware until culture had not been done. The contacted the resident's regarding the resident's regarding the resident's regarding the resident's ephysician ordered on to to go to the ER. The NP ent was to go for an ented creatinine of 5.85, but event to the ER to have an IV ented that her expectation was	F	809				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345258	B. WING		C <b>04/07/2017</b>
	ROVIDER OR SUPPLIER  ONAL HEALTH SERVI	CES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083	1 0.10.12011
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F 309	from dehydration se stated that another completed on 3/10/ and it had not improreceived intravenous sent to the emerger referred to her nephospitalized.  On 4/4/17 at 8:40 a with the Director of stated that she exp s orders.  On 4/4/17 at 9:00 a with Nursing Assist the resident had 4 to on day shift for ove hospitalization. NA aware of a stool culobtained the stool s NA #1 stated she re Resident #1 had middle of the stool of the s	acute injury to the kidney econdary to diarrhea. The NP creatinine lab level was 17 and it had increased to 9.6, oved after Resident #1 is fluids. The resident was need room on 3/10/17 and was prologist while she was a man interview was conducted Nursing (DON). The DON ected staff to follow physician ' man interview was conducted ant (NA) #1. NA #1 stated that to 6 loose bowel movements of a week leading up to the man interview was not ture order for 2/27/17, but sample on 3/8/17 for the nurse. Exported to the nurse that cultiple bowel movements.  In an interview was conducted see #1 stated she was out on the order for stool culture on the conder for stool culture on 3/8/17. The was aware of the diarrhea ursing shift report, but there	F 30	9	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345258	B. WING		C <b>04/07/2017</b>
	ROVIDER OR SUPPLIER	CES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083	1 04/01/2011
(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 OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 309	nurse's last day. was distracted and An additional interv at 2:02 pm via telep stated that the diarr day and frequency she did not have tin resident care. NA # liquid with mucous informed the nurse over 10 days the re stated that the resid that everything she The resident also h #1 stated that she of diarrhea with the NI and NA #1 collecter remember the date  An additional interv at 2:10 pm via telep #1 stated that she of shift and the reside she never gave Imo stool culture was or aware that it had no  An interview was co via telephone with I that she had limited she was aware that	17 was three days before the The DON felt that the nurse the incident was isolated.  iew was conducted on 4/6/17 phone with NA #1. NA #1 thea was more than once a was not documented because the to document and provide #1 stated that the diarrhea was and foul smelling. She on duty at least once a shift sident had diarrhea. NA #1 then was tired and commented eats goes right through her. and a decrease in appetite. NA discussed the resident 's P and a culture was ordered, that specimen. She cannot be it was conducted on 4/6/17 the phone with Nurse #1. Nurse only had Resident #1 for one and the int did not have lose stools and ordium. She was aware that a redered 2/27/17, but was not	F 30		
	via telephone with I that she had limited she was aware that receive intravenous creatinine. Nurse # vendor would draw after it was ordered	Nurse #2. Nurse #2 stated I contact with Resident #1, but the resident had an order to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345258	B. WING			C <b>04/07/2017</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083	•	04/07/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 309	orders was that the vand results on the weretrieved the results of the varietrieved the results of the via telephone with Nuthat the resident did ranght shift on 3/8/17, Imodium. Nurse #3 so by telephone of the raincrease to 5.85. She inquire about the results a stated giving Imodicontraindicated. She staff was moved arous could not remember it because of the diarrh. An interview was convia telephone with the physician stated he recombined in the physician stated he recombined in the physician explained in facility that the order on 2/27/27 was missed was informed by his I loose stool a day. The with a C-Difficile infect staff informed the NP bowel movement a divillation increase physician stated his unresident needed IV and retrieved the recording increase physician stated his unresident needed IV and retrieved the recording increase physician stated his unresident needed IV and retrieved the resident needed IV and retrieved the recording increase physician stated his unresident needed IV and retrieved the results of the resident needed IV and retrieved the resident needed IV and retrieved the results of the resident needed IV and retrieved the resident needed IV and retrieved the resident needed IV and retrieved the results of the resident needed IV and retrieved the resident needed	endor provided lab services sekend, and the staff from the vendor's website.  ducted on 4/6/17 at 3:40 pm arse #3. Nurse #3 stated not have diarrhea on her and she did not administer stated she informed the NP esident's creatinine explained the NP did not alts of the C-Difficile. Nurse lium with C-Difficile was also stated that the nursing and the facility, and she if Resident #1 had a decline ea.  ducted on 4/6/17 at 3:40 pm are resident 's physician. The emembered Resident #1 and ords when the stool culture if quality review. The ne was informed by the for C-Difficile stool sample ed. The physician stated he NP that the resident had one he resident did not present cition because the facility at that Resident #1 had one ay. The physician stated he to evaluate when the law that the coess and received IV at the fluids were started on	F	309		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		345258	B. WING			C 04/07/2017	
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		1 04/07/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309	again with the reside physician stated that metabolic panel lab BMP result was reppm. The physician resident 's status: voverall condition. Tresident remained a Intravenous fluids was nephrologist was the was paged at 7:5 were unable to place 7:55 pm the physician resident to the emethad an intravenous emergency room at returned to the facilistanted at 10:29 pm. The resident received The physician stated 3/9/17 in the mornin of fluid. The physician was in the lab vendor and to 5 days to complete. Imodium could be gwas no confirmation standard practice. The physician was in the lab vendor and to 5 days to complete. Imodium could be gwas no confirmation standard practice. The physician was in the lab vendor and to 5 days to complete. Imodium could be gwas no confirmation standard practice. The physician was in the lab vendor and to 5 days to complete. Imodium could be gwas no confirmation standard practice. The physician was in the lab vendor and to 5 days to complete. Imodium could be gwas no confirmation standard practice. The physician state of the physician stat	m an interview was conducted ent's physician. The it on 3/7/19 the weekly basic (BMP) was ordered. The orted to him on 3/8/17 at 6:41 stated he asked staff for the ital signs, mentation, and he physician stated the it baseline according to staff. Here ordered and the resident' motified. The physician stated 53 pm on 3/8/17 because staff e an intravenous catheter. At an responded to send the regency room. The resident catheter placed at the 9:06 pm. The resident ty and intravenous fluids were at 125 milliliters per hour. And a liter of fluid overnight. The NP saw the resident on any and ordered a second liter ian stated he discussed the esults with the facility DON. Informed that the DON called the C-Difficile could take 3 to the physician stated that iven by nursing when there is of C-Difficile, which was The NP was informed that the	F 3	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED	
		345258	B. WING _			C 4/07/2017	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	+/0//201/	
TRANSITIO	ONAL HEALTH SERVICE	S OF KANNAPOLIS		1810 CONCORD LAKE ROAD			
				KANNAPOLIS, NC 28083			
(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 CORRE ( (EACH CORRECTIVE ACTION SH' CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	loose consistency, wi of moderate amount. Imodium at 10:00 am the resident. The res on her shift. Nurse #4 provided an as needed how often previous docannot remember the reviewing the chart. It resident was drinking on her shift. Nurse #4 report at start of shift diarrhea. Nurse #4 st concern for dehydrati was drinking fluids and diarrhea. Nurse #4 st physician if a resident as needed medication diarrhea.  483.25(g)(2) SUFFIC HYDRATION  (g) Assisted nutrition (Includes naso-gastric both percutaneous endoscenteral fluids). Based	the stool was brown, of th no odor or mucous, and Nurse #4 administered , which was requested by ident had no further stools 4 stated that when she ed medication, she reviewed bees were given. Nurse #4 previous doses without Nurse #4 remembered the well and requested a snack 4 received a 24-hour nursing and there were no reports of tated she did not have a on because the resident of there was no further tated she would inform the thad repeated need for an or concerns regarding  IENT FLUID TO MAINTAIN  and hydration. c and gastrostomy tubes, indoscopic gastrostomy and copic jejunostomy, and		327		5/2/17	
	ensure that a residen  (2) Is offered sufficient proper hydration and This REQUIREMENT by:  Based on record reviphysician interviews,	t- it fluid intake to maintain		F327 SS=G Sufficient fluid hydration	to maintain		
	•						

` IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
345258	B. WING	3		C <b>04/07/2017</b>	
1 0.0200	<u> </u>	STREET ADDRESS CITY STATE ZIP COL		J4/07/2017	
ICES OF KANNAPOLIS					
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ENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
age 27	F 3	27			
which resulted in the resident 's cute on chronic renal failure zation for 1 of 3 residents  admitted on 1/25/17 for a hip fracture surgery. The liagnoses of femur fracture and ease stage III.  a care plan dated 1/25/17 for the of nutrition and hydration.  Inimum data set dated 1/30/17 the sassistance of one staff wities of daily living. The sinent of bowel and occasionally the sassistance of one staff wities of daily living. The sinent of bowel and occasionally the set of the same	F 3	1. Resident #1 was transfer hospital and discharged from on 3/10/17. 2. On 4/28/17, the Director Services (DCS) and or Regist designee completed a quality improvement monitoring of 9 residents to identify residents change in condition including episodes of diarrhea/loose stromiting, decreased urinary decreased fluid intake to valid licensed nurse recognized, a provided treatments as order maintain hydration and healt documented finding in the remedical record. Any identifies were assessed by the license treatments provided per physical with continued nursing assess condition resolved to maintai and health. 3. By 5/2/17, the DCS and nurse designee completed relicensed nurses and nursing regulation 483.25(g)(2) related maintaining hydration and he consistent with the residents comprehensive assessment care. Education also included policy N-105 "Change in Corn N-107" Change of Shift Report Consulate Best Practices "24 Report" and "Daily Clinical Minteract tools "Stop and Watcand" Care Path for Dehydrat	in the facility  of Clinical stered Nurse by 13 current so with a grany stools, output or date that the assessed and red to the hand sidents' do residents' do residents and sicians' order assment until in hydration  for registered deeducation to assistants on ed to ealth and plan of do Consulate and toort", 14-Hour leeting" and ch", "SBAR" ion" regarding		
THE DIVINE THE STATE OF THE CONTROL OF THE	, ,	A. BUILDIN  345258  B. WING_  Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  Tage 27  Which resulted in the resident 's incute on chronic renal failure ization for 1 of 3 residents  Endmitted on 1/25/17 for it is a hip fracture surgery. The liagnoses of femur fracture and ease stage III.  In a care plan dated 1/25/17 for it is of on utrition and hydration.  In immum data set dated 1/30/17  If #1 was cognitively intact and it is easistance of one staff intent of bowel and occasionally it is of daily living. The inent of bowel and occasionally it.  Well movement log revealed it is easistance of one staff intent of bowel and occasionally it.  Well movement log revealed it is easistance of one staff in inent of bowel and occasionally it.  Well movement log revealed it is easistance of one staff in inent of bowel and occasionally it.  Well movement log revealed it is easistance of one of 3/3/17 she and there was a formed stool. In inents were loose and no other rovided.  Bated 2/27/17 revealed the indicated the staff was polificile infection (infection of the act). The NP noted the resident ind Metamucil for constipation ifficile stool culture and Imodium	A BUILDING  345258  STREET ADDRESS, CITY, STATE, 2IP CO 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083  PROVIDERS PLAN OF CI (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY  AND A 128/17, the Director Services (DCS) and or Regis designee completed a qualit improvement monitoring of 9 residents to identify residents  a care plan dated 1/25/17 for a of nutrition and hydration. Inimum data set dated 1/30/17  #11 was cognitively intact and a assistance of one staff dittes of daily living. The inent of bowel and occasionally we well movement log revealed and having diarrhea on 2/24/17 ore loose bowel movements per dith the exception of 3/3/17 she and there was a formed stool. Inents were loose and no other rovided.  The NP noted the resident and Metamucil for constipation ficile stool culture and Imodium of 6 hours as needed for loose  To street ADDRESS, CITY, STATE, ZIP CO 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083  PROVIDER'S PLAN OF C.  (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY  1. Resident #1 was transfe hospital and discharged from on 3/10/17. 2. On 4/28/17, the Director Services (DCS) and or Regis designee completed a qualit improvement monitoring of 9 residents to identify residents change in condition including episodes of diarrhea/loose s vomiting, decreased fluid intake to vali licensed nurse recognized, a provided treatments as order maintain hydration and healt documented finding in the re medical record. Any identifie were assessed by the licens treatments provided per phy with continued nursing asses condition resolved to maintai and health.  3. By 5/2/17, the DCS and nurse designee completed re licensed nurses and nursing regulation 483.25(g)(2) relate maintaining hydration and he consistent with the residents comprehensive assessment care. Education also include policy N-105 "Change in Cor N-107 "Change of Shift Repo Consulate Best Practices "2- Report" and "Daily Clinical M Interact tools "Stop and Wate and "Care Path for Dehydrat the expectation of the license recognize, asses	A BUILDING  345258  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083  Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)  Agg 27  Thich resulted in the resident 's cute on chronic renal failure zation for 1 of 3 residents  Since on the continued and additionable assistance of one staff wites of daily living. The inent of bowel and occasionally e.  Be acare plan dated 1/25/17 for the plan of the continued and halm of the continued and halm occasionally e.  Be acare plan dated 1/25/17 for the plan of the continued finding in the residents were assessed by the licensed nurse and treatments as ordered to maintain hydration and health and documented finding in the residents were assessed by the licensed nurse and treatments provided per physicians' order with continued nursing assessment until condition resolved to maintain hydration and health consistent with the exception of 3/3/17 she and there was a formed stool. Items were loose and no other rovided.  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1810 CONCORD LAKE ROAD  KANNAPOLIS  F 327  1. Resident #1 was transferred to the hospital and discharged from the facility on 3/10/17.  2. On 4/28/17, the Director of Clinical Services (DCS) and or Registered Nurse designee completed a quality improvement monitoring of 93 current residents to identify residents with a change in condition including any episodes of diarrhea/loose stools, vomiting, decreased urinary output or decreased fluid intake to validate that the licensed nurse recognized, assessed and provided treatments as ordered to maintain hydration and health and documented finding in the residents' medical record. Any identified residents were assessed by the licensed nurse and treatments provided per physicians' order with continued nursing assistants on regulation 432.25(g)(2) related to maintain hydration and health consistent with the residents' comprehensive assessment and plan of care. Education also included Consulate	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
		345258	B. WING _			04/	07/2017
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>-</u> <u>'</u>	04/	3772017
				1810 CONCORD LAKE ROAD			
TRANSITI	ONAL HEALTH SERVIC	ES OF KANNAPOLIS		KANNAPOLIS, NC 28083			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 327	Continued From pag	e 28	F 3	27			
	2/27/17 revealed a s Imodium 4 mg every diarrhea.	e practitioner 's order dated tool culture for C-Difficile and 6 hours as needed for cation administration record		when a resident exhibits a cha condition including any episod diarrhea/loose stool, vomiting, urinary output or decreased flu maintain hydration and health. hired licensed nurses and nurs	les of , decrease uid intake . Newly sing		
	(MAR) for 2/27/17 to 3/10/17 revealed the 2/27/17 assistants will order for C-Difficile stool sample was added to the MAR, but had no initials for being completed. assistant to m		assistants will be educated up The licensed nurse and no assistant to monitor residents change in condition including a	ursing for a any			
	s creatinine dated 3/ (kidney function) res 0.6 - 1.3) and the blo [shows hydration] res	atory results of the resident ' 7/17 revealed the creatinine ult was 5.85 (normal range ood urea nitrogen (BUN) sult was 33 (normal range 's baseline creatinine was 7.		episodes of diarrhea/loose sto vomiting, decreased urinary of decreased fluid intake. The not assistant to document observe in resident condition utilizing the Watch" tool and to document diarrhea/loose stool episodes Tracker as indicated and commendation	utput or ursing ed change he "Stop a in Care	and	
	saw the resident for C-Difficile stool cultu treated with Imodium needed for loose sto	ess and the NP planned		the licensed nurse for further a and intervention. The licensed assess residents for changes i and dehydration risk as approphysician and/or NP and RP, complete new orders as indica continue to monitor residents' treatment until resolved. The li	assessme I nurse to in condition priate, not obtain and ated and response	on tify	
	3/8/17 revealed a sto assess orthostatic bl and to discontinue th	e practitioner 's order dated bol culture for C-Difficile, to ood pressure for three days, he Citrucel 500 milligrams etamucil 6 grams each day.		nurse to document their initial assessment of residents change condition on the SBAR (Situating ground Assessment and Review notification) tool in the resident record and in nurses notes with	clinical ge in ion Back ew and its' medica	al	
	saw the resident for creatinine 5.85 (norm resident 's blood pre 80. The same prograssessment showed	ed 3/9/17 indicated the NP an abnormal lab result of mal range 0.6 - 1.3). The essure was 140/70 and pulse ess note further revealed the an acute kidney injury on se from dehydration. The		medical record until condition of Communicate will be noted on report and verbalized during clashift report to ensure continued and assessment of residents of condition. The licensed nurses will review SBARs, Stop and V	the 24 ho hange of d monitori change in superviso	ing or	

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		345258	B. WING			C 4/07/2017	
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	•	4/07/2017	
TO UNIC OF T	TO VIDER OR OUT FEEL			1810 CONCORD LAKE ROAD	-		
TRANSITI	ONAL HEALTH SERVIC	ES OF KANNAPOLIS		KANNAPOLIS, NC 28083			
(VA) ID	QUIMMADV Q	TATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF COR	PRECTION	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 327	Continued From pag	e 29	F 32	27			
	cubic centimeters (co ordered a stat (urgen and repeat the basic tomorrow.  A review of the physi revealed an additional	on intravenous fluids at 125 c) per hour. The nephrologist at) renal ultrasound for today metabolic panel (BMP)  cian 's order dated 3/9/17 al order for normal saline		24 hour reports, Bowel and Blate Tracker reports and nursing shadily and the DCS and IDT (Interdisciplinary Team) to more compliance during the morning meeting Mondays-Fridays to earliest who exhibit changes are recognized, assessed and offectively to maintain hydratic.	nift reports  nitor for g clinical ensure in condition treated		
	intravenous fluid at 125 cc per hour for one liter and to repeat the BMP lab.			effectively to maintain hydratio health. 4. The DCS/registered nurse			
	stool culture of C-diff the stool was positive Laboratory results of (kidney function) date range 0.6 - 1.3). The [shows hydration] res (normal range 3-25). creatinine was 1.6. A review of the physi stated to send Resid- room for an evaluation	#1's laboratory results for icile dated 3/9/17 revealed e for C-difficile on 3/13/17. the resident's creatinine ed 3/10/17 was 9.61 (normal e blood urea nitrogen (BUN) sult was 55 on 3/10/17  The resident's baseline  cian's order dated 3/10/17 ent #1 to the emergency on dehydration (as a result panel blood urea nitrogen laborated and the conditions of		to conduct quality improvement monitoring of 5 residents' med to ensure that residents with a condition including episodes of diarrhea/loose stool, vomiting, urinary output or decreased fluare recognized, assessed and effectively to maintain hydration health at a frequency of daily fully then 3 times a week for 8 week time a month. Frequency of quantitoring to be modified basefindings.	ical record change in f decreased uid intake treated in and or 4 weeks, ks, then 1 uality		
	tests).  Resident #1 was adm 3/10/17 and the hosp reviewed. The hospi Resident #1 had C-D failure in the setting of state and moderate r was seen by her nep with Flagyl (antibiotic had a two-week histor weakness. The discidingnoses were none	e and blood urea nitrogen lab  nitted to the hospital on bital history and physical was tal course documented bifficile colitis and acute renal of a generalized debilitated malnutrition. The resident hrologist and was treated b) and IV fluids. The resident bry of diarrhea with harge summary revealed bliguric (body was unable to dehydrated), acute kidney		The results of quality improver monitoring to be reported to the Assurance Performance Improcement Committee monthly by the Adrand/or DCS. The Quality Assurance Improvement Compliance Improvement Compliance the effectiveness of the monitoring/observation tools for changes to the corrective action necessary to maintain substant compliance and ensure that remaintain hydration and health, with the residents' comprehensiassessment and plan of care.	e Quality ovement ministrator urance mmittee to he or making on if stital esidents consistent sive		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345258	B. WING _				07/ <b>2017</b>	
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP C	CODE	1 0-17	0172011	
				1810 CONCORD LAKE ROAD				
TRANSITI	ONAL HEALTH SERVICE	S OF KANNAPOLIS		KANNAPOLIS, NC 28083				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE	
F 327	Continued From page injury on chronic kidn leukocytosis (elevated hypocalcemia (low catacidosis (body was to treated or can be fatataggressive IV fluid redehydration. At the tition 3/22/17, the reside baseline.  Resident #1 was not had been discharged  On 4/3/17 at 4:50 pm with the NP. The NP was informed by staff loose stools, but not ethat she asked the reand was informed the The NP ordered the C2/27/17 for the reside NP asked the staff for test on 3/6/17, the NF were pending. The Nany orders, but was versults from 2/27/17. aware until 3/8/17 that been done. The NP was for staff to follow	ey disease, C-Difficile colitis, d white blood cells), anemia, alcium), and metabolic to acidic to function, must be al). The resident received suscitation for acute me of the hospital discharge ent's creatinine returned to interviewed because she at the time of the site visit.  an interview was conducted stated that on 2/27/17 she Resident #1 was having every day. The NP stated sident about her diarrhea e diarrhea was every day. C-Difficile stool culture on int's diarrhea. When the results of the C-difficile was informed the results IP stated she did not write vaiting for the C-Difficile. The NP stated she was not at the stool culture had not stated that her expectation orders as written.	F 3	DEFICIENC	committee of limited to, Clinical (quarterly at	the t a		
	from dehydration sec stated the delay in tre the continuing diarrhe The NP stated that ar was completed on 3/2 9.6, and it had not im	acute injury to the kidney ondary to diarrhea. NP satment of C-Difficile caused and resulting dehydration. nother creatinine lab level 10/17 and it had increased to proved after Resident #1 fluids. The resident was						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	CES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP COL 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	•	<u></u>	
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F 327	Continued From pa	ge 31	F 3	327			
		ncy room on 3/10/17 and was prologist while she was					
	with Nursing Assistathe resident had 4 ton day shift for over hospitalization. NA nurse that Resident movements. The rebathroom to urinate remember if the am NA #1 stated that a choice at the bedsic On 4/4/17 at 9:10 a with Nurse #1. Nur leave when the first 2/27/17 was written aware of the diarrher	m an interview was conducted ant (NA) #1. NA #1 stated that to 6 loose bowel movements a week leading up to the #1 stated she reported to the #1 had multiple bowel esident was assisted to the . NA #1 stated she could not ount of urine had decreased. I residents have fluids of their de.  m an interview was conducted se #1 stated she was out on order for stool culture on . Nurse #1 stated she was ea from the 24-hour nursing nt #1 had fluids at the					
	at 2:02 pm via telep stated that the diarr day and frequency she did not have tin resident care. NA # liquid with mucous a informed the nurse over 10 days the re stated that the resid that everything she The resident also he #1 stated that she of diarrhea with the NI	ew was conducted on 4/6/17 hone with NA #1. NA #1 hea was more than once a was not documented because he to document and provide f1 stated that the diarrhea was and foul smelling. She on duty at least once a shift sident had diarrhea. NA #1 hent was tired and commented heats goes right through her. and a decrease in appetite. NA hiscussed the resident 's had a culture was ordered, had that specimen. She could					

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	ROVIDER OR SUPPLIER  ONAL HEALTH SERVI	CES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	,		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION		
F 327	at 2:10 pm via telep #1 stated that she conshift and never gave shift. She was award ordered 2/27/17, but been collected.  An interview was convia telephone with the physician stated he had reviewed the rewas missed as part physician explained facility that the order on 2/27/27 was missed as part physician explained facility that the order on 2/27/27 was missed as part physician explained facility that the order on 2/27/27 was missed as part physician explained facility that the order on 2/27/27 was missed as informed by his loose stool a day. The review the record to intravenous fluids (diarrhea caused de of 5.85 on 3/8/19. Understanding was access and received fluids were started 3/9/17.  On 4/7/17 at 8:30 at again with the reside physician stated the metabolic panel lab BMP result was rep	-	F 32	7			
	overall condition. Tresident remained a	vital signs, mentation, and The physician stated the at baseline according to staff. were ordered and the resident '					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		345258	B. WING			C <b>04/07/2017</b>	
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS				STREET ADDRESS, CITY, STATE, ZIP  1810 CONCORD LAKE ROAD  KANNAPOLIS, NC 28083		04/07/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 327	he was paged at 7:53 were unable to place 7:55 pm the physician resident to the emerghad an intravenous cemergency room at 9 returned to the facility started at 10:29 pm at 1	otified. The physician stated is pm on 3/8/17 because staff an intravenous catheter. At in responded to send the lency room. The resident atheter placed at the 1:06 pm. The resident of and intravenous fluids were at 125 milliliters per hour. It is a liter of fluid overnight. The NP saw the resident on and ordered a second liter in stated he discussed the sults with the facility DON sydration was from the man interview was one with Nurse #4. Nurse membered Resident #1 and or day shift. Resident #1 had	F	327			