STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	**306 DEER PARK ROAD NEBO, NC 28761**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation Event ID # KLLX11.	F 000		

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

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333 SS=D	483.45(f)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS 483.45(f) Medication Errors. The facility must ensure that its- (f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on medical record review and interviews with staff, nurse practitioner, physician and Resident #173 the facility failed to maintain a therapeutic dose of Coumadin (a blood thinner) by not timely reporting the PT/INR (prothrombin time/international normalized ratio, a test used to dose Coumadin) to the physician to use for dosing Coumadin for 1 of 3 sampled residents on Coumadin. (Resident #173) The findings included: Resident #173 was admitted to the facility 03/24/17 after hospitalization 03/05/17-03/24/17 with diagnoses which included endocarditis, prosthetic heart valve and rheumatic mitral stenosis. Review of hospital records revealed Resident #173 had the prosthetic heart valve replacement April of 2016. The admission Minimum Data Set dated 03/31/17 for Resident #173 assessed her with no cognitive impairment and administered an anticoagulant medication for 7 of 7 days. The care plan for Resident #173 included a problem area dated 04/13/17, long term anticoagulant use, related to mechanical valve replacement. Approaches to this problem area included give Coumadin (an anticoagulant) per physician order, have labs	F 333	Resident #173□s PT/INR lab was completed on 4-20-2017. Resident and physician were notified of any lab results by the nurse on 4-20-2017 with new orders received and initiated per order. MD identified the next date for PT/INR to be drawn, order given and date written on MAR. This had the potential to affect three other residents on Coumadin in April 2017. Charts and MARs reviewed for those three residents and no errors were found in Coumadin medication administration. Licensed staff was in-serviced by Nurse Administration on updated center policy and procedures for Coumadin administration on 4-24-2017. Licensed staff were re-educated on 4-24-2017 by Nurse Administration regarding proper procedures for Coumadin Labs. The DON or Designee will include lab procedures in the orientation of newly hired licensed staff. The DON or designee will audit Coumadin medication administration to include: lab order, Coumadin order, order	5/15/17

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

Electronically Signed | 05/11/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 1 drawn for PT/INR (prothrombin time/international normalized ratio, a test used to dose Coumadin) per physician order, observe for signs/symptoms of unusual bleeding and teach resident potential complications of anticoagulant therapy. Review of admission orders dated 03/24/17 noted Resident #173 was to take 7.5 milligrams of Coumadin daily due to the mechanical mitral valve as well as Lovenox (an injectable anticoagulant) 100 milligrams every 12 hours. Located on the Medication Administration Record (MAR) for Resident #173 was a Coumadin/PT/INR flowsheet which indicated the INR range listed for mechanical heart valve was 2.5-3.5. Physician/nurse practitioner progress notes, physician orders, review of the MAR and PT/INR lab results in the medical record of Resident #173 included the following: -03/29/17-Resident #173 was seen by the physician for an initial visit, history and physical. Physician progress notes indicated Resident #173 was being admitted to the facility for IV (intravenous) antibiotics due to rheumatic mitral stenosis with endocarditis and noted a mechanical heart valve present and to continue with anticoagulation. -03/31/17-PT/INR results were 17.3/1.4 -04/03/17-A physician's order was written to change Coumadin to 10 milligrams every day. -04/04/17-Resident #173 was seen by the nurse practitioner and progress notes indicated	F 333	transcription, Lab Logs, lab results, Coumadin MAR updated, and timely MD notifications through direct observation and record review for residents with Coumadin orders weekly for six weeks, then monthly x3 months. Results of these audits will be taken to the monthly QAPI Committee for review and to ensure ongoing substantial compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 2	F 333		

Resident #173 had complaints of abdominal bruising from Lovenox shots, had a history of mechanical valve replacement and was on Lovenox subcutaneous until bridged to Coumadin. The nurse practitioner noted the most recent INR was subtherapeutic and Coumadin had been recently increased to 10 milligrams daily with the next INR due 04/05/17.

-04/05/17-PT/INR results were 51.8/4.32

-04/05/17-Resident #173 was seen by the physician due to elevated INR. The physician noted the plan was to hold Coumadin for 2 days and repeat an INR.

-04/05/17-A physician's order was written to hold Coumadin and do a PT/INR on 04/07/17.

-04/07/17-PT/INR results were 19.5/1.63

-04/07/17-A physician's order was written to discontinue Lovenox.

-Review of the April MAR for Resident #173 noted Coumadin was not administered 04/07/17, 04/08/17 and 04/09/17. Review of physician orders noted there were no orders for Coumadin (to administer or to hold) on these dates.

-04/10/17-Resident #173 was seen by the nurse practitioner and progress notes noted the 04/07/17 INR result of 1.63 and edema to bilateral ankles. The nurse practitioner noted Resident #173 had a history of mechanical valve replacement and had been on Coumadin therapy since. The nurse practitioner noted Resident #173 reported her home regimen of Coumadin was 10 milligrams, then 7.5 milligrams, then 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 3	F 333		

milligrams with continuation of the same regimen every 3 days. The nurse practitioner indicated Resident #173 reported the home regimen was how she was able to remain therapeutic and that prior to this regimen she was always subtherapeutic (an INR less than 2.5) or supratherapeutic (an INR greater than 3.5).

-04/10/17-A physician's order was written for Lovenox 100 milligrams every 12 hours until INR was 2.5, check INR on 04/13/17 and to start Coumadin 10 milligrams one day, 7.5 milligrams next day then 5 milligrams then start over.

-04/11/17-A physician's clarification order was written for 10 milligrams of Coumadin 04/10/17, 7.5 milligrams of Coumadin 04/11/17, 5 milligrams of Coumadin on 04/12/17 and recheck PT/INR on 04/13/17.

-04/12/17-Resident #173 was seen by the physician and progress notes indicated Resident #173 had increased lower extremity edema. The physician noted he would start Lasix (a diuretic), 20 milligrams, for 5 days.

-04/13/17-PT/INR results were 14.0/1.16.

-04/13/17-Resident #173 was seen by the nurse practitioner and progress notes indicated Resident #173 was assessed for low hemoglobin and hematocrit and subtherapeutic INR. The nurse practitioner noted in the past when Resident #173's hematocrit and hemoglobin were extremely low the blood sample was diluted from blood drawn from the PICC (peripherally inserted central catheter) line.

-04/13/17-A physician's order was written to take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 4	F 333		

10 milligrams of Coumadin and redraw INR on 04/14/17 and report result to provider. An order was written to not use PICC line for lab, use fresh stick for PT/INR and CBC (complete blood count).

-04/14/17-PT/INR results were 14.4/1.19

-Review of the April 2017 MAR for Resident #173 noted Coumadin was not given 04/14/17, 04/15/17 and 04/16/17. Review of physician orders noted there were no orders for Coumadin (to administer or to hold) on these dates.

-04/17/17-Resident #173 was seen by the nurse practitioner and progress notes noted a subtherapeutic INR from 04/14/17.

-04/17/17-A physician's order was written to start Coumadin 8.5 milligrams every day and draw INR on 04/20/17.

-04/19/17-Resident #173 was seen by the physician and progress notes indicated Resident #173 had concerns about bruising in her abdomen from the Lovenox injections. The physician noted Resident #173 had a mechanical heart valve and was on Coumadin and to continue with anticoagulation and monitor for any bleeding.

Located in the April 2017 Medication Administration Record (MAR) for Resident #173 was a Coumadin/PT/INR flowsheet. Directions on this flowsheet included, "Use one flowsheet per resident. Complete an entry every time a PT/INR is drawn. File completed form in the medical record under the MAR tab. Call physician with all PT/INR results. A physicians

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 5	F 333		

order must be written to continue same dose of Coumadin or change dose." The INR range listed on the flowsheet for mechanical heart valve was 2.5-3.5. The flowsheet included entries for Date/Time, INR Results, PT Results, Current Coumadin Dose, MD (Medical Doctor) Notified, Dose Change, Next PT/INR Date and Nurse's Signature.
Documented entries on the flowsheet for Resident #173 were:
04/05/17, INR=4.32, PT=51.8, Current Coumadin Dose=10 milligrams, MD notified=yes, Dose Change=hold X 2 days, Next PT/INR date 04/07/17
04/13/17, INR=1.16, PT=14, Current Coumadin Dose=10/7.5/5 alternating, MD notified=yes, Dose Change=10 milligrams, Next PT/INR date 04/14/17
Date=blank on entry, INR=blank on entry, PT=blank on entry, Current Coumadin Dose=blank on entry, MD notified=yes, Dose Change=8.5 milligrams, Next PT/INR date 04/20/17
The flowsheet for Resident #173 did not include an entry for the 04/07/17 or 04/14/17 PT/INR results.

On 04/20/17 at 10:55 AM Resident #173 reported she did not receive Coumadin for several days starting 04/14/17. Resident #173 stated phone service was out on 04/14/17 and thought that might have contributed to the issue.

Interviews with staff that worked with Resident #173 on 04/07/17 included the following:

-On 04/21/17 at 2:15 PM Nurse #6 stated she worked from 6:30 AM-2:30 PM on 04/07/17 on the unit Resident #173 resided. Nurse #6 stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 6	F 333		

typically the third shift nurse that reports to her will inform her of any pending PT/INR results. Nurse #6 stated she could not remember anything specific being reported to her about Resident #173 but knew that PT/INR results usually came back during first shift.

-On 04/21/17 at 11:30 AM Nurse #7 reported she worked on 04/07/17 from 3:00 PM-7:00 PM on the unit Resident #173 resided. Nurse #7 stated she did not receive report from Nurse #6 (that worked 04/07/17 from 7:30 AM-2:30 PM) about PT/INR results. Nurse #7 stated all she could recall was thinking the Coumadin for Resident #173 was still on hold. Nurse #7 stated that typically first shift would receive PT/INR results and did not recall seeing PT/INR results come through during her shift. (The Fax stamp on the signed PT/INR results for Resident #173 from 04/07/17 noted results were sent at 3:36 PM). Nurse #7 stated she knew if PT/INR results were available to immediately call the physician for Coumadin orders. Nurse #7 stated Nurse #8 worked the remainder of her shift on 04/07/17 from 7:00 PM-11:00 PM.

Attempts to contact Nurse #8 by phone on 04/21/17 were unsuccessful.

Interviews with staff that worked with Resident #173 on 04/14/17-04/15/17 included the following:

-On 04/20/17 at 2:00 PM Nurse #1 (unit coordinator over the unit Resident #173 resided) stated she worked with Resident #173 on 04/14/17 from 6:30 AM-11:00 AM. Nurse #1 stated the PT/INR was drawn early the morning of 04/14/17 (during third shift) but the results had not come back when she gave report at 11:00

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 7	F 333		

AM. Nurse #1 stated she reported to Nurse #2 (that worked 04/14/17 from 11:00 AM-2:30 PM) that the PT/INR results from 04/14/17 had not come back.

-On 04/21/17 at 5:00 PM Nurse #2 stated she worked on 04/14/17 from 11:00 AM-2:30 PM with Resident #173. Nurse #2 stated she remembered getting report that the PT/INR results for Resident #173 were pending. Nurse #2 stated the PT/INR results for Resident #173 did not come back while she was on duty and this was reported to the oncoming nurse, Nurse #3.

-On 04/20/17 at 3:00 PM Nurse #3 stated she worked with Resident #173 on 04/14/17 from 2:30 PM-10:30 PM. Nurse #3 stated labs were usually drawn between 2:00 AM-4:00 AM and typically came (via Fax) back around noon or at some point during first shift. Nurse #3 stated she did not know the PT/INR results had not come back for Resident #173 and did not recall being told that in report from Nurse #2 at the start of the shift on 04/14/17. Nurse #3 stated she attempted to call the lab for the results around 5:00 PM and, at that time, realized the facility phone lines were not working. Nurse #3 stated she attempted to call the lab through the end of her shift and was not able to contact the lab for results because the phone service was not working. Nurse #3 stated she did not have her personal phone available to use to call the lab. Nurse #3 stated she typically administered Coumadin during her shift but, she did not give Coumadin to Resident #173 on 04/14/17 because the lab results were not back. Nurse #3 stated when the PT/INR results were available the physician would be notified so orders could be obtained. Nurse #3 stated at the end of her shift the phone lines were still not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 8	F 333		

working and she passed that information on to Nurse #4.

-On 04/21/17 at 6:00 AM Nurse #4 stated she worked with Resident #173 on 04/14/17 from 10:30 PM until 04/15/17 at 6:30 AM. Nurse #4 stated she recalled the phones were out part of her shift and thought service was restored around 1:00 AM on 04/15/17. Nurse #4 stated she did not recall hearing anything about the PT/INR or Coumadin during report from Nurse #3 at the beginning of her shift. Nurse #4 stated she typically would not get involved in receiving PT/INR results, notifying the physician of PT/INR results or administering Coumadin during her night shift. Nurse #4 stated her involvement with labs was writing the requisition slips for the lab service.

-On 04/20/17 at 5:45 PM Nurse #5 stated she worked with Resident #173 on 04/15/17 from 6:30 AM-2:30 PM. Nurse #5 stated she had heard there had been problems with phone service but it was not an issue during her shift. Nurse #5 stated when she received report from Nurse #4 (that worked 04/14/17 10:30 PM- 04/15/17 6:30 AM) the only concern reported was the CBC results were back and she/Nurse #5 offered to call the on call provider. Nurse #5 stated she called the on call provider to report the CBC results that were drawn 04/14/17 for Resident #173. Nurse #5 documented on the 04/14/17 lab results the response from the on call provider which was to begin Ferrous Sulfate (an iron supplement) every day and recheck hemoglobin and hematocrit on 04/17/17. Nurse #5 stated she did not see PT/INR results (which were also included on the 04/14/17 lab results along with the CBC) and wasn't aware of any concerns with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 9	F 333		

the PT/INR or Coumadin for Resident #173 during her shift. Nurse #5 stated she also reported to the on call provider that Resident #173 had complaints of a headache. Nurse #5 stated the on call provider ordered Ibuprofen for the headache and Resident #173 refused to take it saying she had always heard not to take Ibuprofen when on a blood thinner. Nurse #5 stated Resident #173 did not report any concerns about her Coumadin during her shift and noted that typically it was administered by second shift nursing staff.

-On 04/21/17 at 10:12 AM in a follow-up interview with Nurse #1 (unit coordinator over the unit Resident #173 resided) she stated the expectation was for the nurse on duty that received the PT/INR results to notify the physician/nurse practitioner/on call practitioner immediately of the results so new orders for dosing of Coumadin could be obtained. Nurse #1 stated it was expected the nurse that received the PT/INR results would log them on the individual Coumadin/PT/INR Flowsheet located on the MAR and include all information. Nurse #1 stated a physician's order would be written to include the new orders for Coumadin as well as when the next PT/INR was due. Nurse #1 stated after a PT/INR was done Coumadin would not be given without a physician's order. Nurse #1 stated that as the unit coordinator she usually tried to look at the Coumadin/PT/INR Flowsheets to ensure nothing was missed. Nurse #1 stated she typically reviewed the flow sheets Monday-Friday and the PT/INR's that were not called in to the physician for Resident #173 were both on Fridays. Nurse #1 stated she knew the results weren't back on 04/14/17 at 11:00 AM when she was working with Resident #173. She stated this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 10	F 333		

had been reported to Nurse #2 that took over the cart from 11:00 AM-2:30 PM. Nurse #1 stated she told Nurse #2 she was still waiting to hear the PT/INR results for Resident #173 and also told Nurse #2 the phone system was not working. Nurse #1 stated she was in the facility until approximately 5:30 PM on 04/14/17 and the phone system was still not operational when she left. Nurse #1 stated nursing staff were using their personal phones for any calls that needed to be made. Nurse #1 stated the PT/INR was usually drawn very early in the morning and the results typically come back on first shift. Nurse #1 stated second shift typically gave the Coumadin. Nurse #1 stated third shift nurses wrote the requisition for the labwork and would inform the oncoming nurse to look for the lab results. Nurse #1 stated lab work drawn by the contract lab was sent via Fax but was also accessible on line. Nurse #1 stated because the phone system was not working the lab results would not have been sent via Fax and staff would not have been able to access on line. Nurse #1 stated staff would have to call the lab to obtain the results. Nurse #1 stated the actual 04/14/17 PT/INR lab results for Resident #173 came via Fax on 04/15/17 at 2:45 AM. Nurse #1 stated Nurse #4 (that worked 04/14/17 from 10:30 PM-04/15/17 at 6:30 AM) should have called for orders since Resident #173 did not receive Coumadin 04/14/17. Nurse #1 stated she saw that Nurse #5 (that worked 04/15/17 from 6:30 AM-2:30 PM) called the on call provider with the CBC results and didn't understand why she didn't also report the PT/INR results. Nurse #1 stated she reported the need of the PT/INR results for Resident #173 to Nurse #2. Nurse #1 stated Nurse #2 should have reported the need for the PT/INR results for Resident #173 to Nurse #3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 11	F 333		

Nurse #1 stated Nurse #3 should have reported the need for the PT/INR results for Resident #173 to Nurse #4. Nurse #1 stated Nurse #4 should have reported the need for the PT/INR results for Resident #173 to Nurse #5 so that when the on call provider was called about the CBC results the PT/INR results could also have been reported. Nurse #1 stated lab results typically came via Fax and are given to the nurse that is on duty and responsible for the care of the resident. Nurse #1 stated the results are addressed (if needed) and then placed in the box of the physician/nurse practitioner. Nurse #1 stated she could not explain exactly what happened which resulted in Resident #173 not receiving Coumadin 04/14/17-04/16/17. Nurse #1 stated she was not aware (until the time of the interview) that Resident #173 had not received Coumadin 04/07/17-04/09/17. Nurse #1 identified Nurse #6 and Nurse #7 as the nurses on duty 04/07/17 when lab results would have come back. Nurse #1 stated she missed seeing the entries were not in the Coumadin/PT/INR Flowsheets for Resident #173 on 04/07/17 and 04/14/17.

On 04/21/17 at 9:13 AM the nurse practitioner involved with care for Resident #173 was interviewed. The nurse practitioner stated she began working at the facility 01/30/17 and was present in the facility four days a week. The nurse practitioner stated she was very involved with Resident #173 and was working on Coumadin dosing to keep INR's within the therapeutic range of 2.5-3.5 due to the mechanical heart valve. The nurse practitioner stated she and the physician were dependent on staff to inform them of the INR results as soon as possible to dose Coumadin based on the results. The nurse practitioner stated if they were not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 12	F 333		

available there was always an on call provider on duty to address any needs of residents. The nurse practitioner stated Resident #173 was on Lovenox while at the facility (in addition to the Coumadin) until INR levels were within therapeutic range. Physician orders, the April 2017 MAR and Coumadin Flowsheet for Resident #173 were reviewed with the nurse practitioner. The nurse practitioner stated she didn't realize, until the time of the interview, that Resident #173 had missed dosing of Coumadin from 04/07/17-04/09/17 because the 04/07/17 PT/INR results had not been reported. The nurse practitioner noted the INR level on 04/05/17 was high so the Coumadin was held 04/05/17 and 04/06/17 and the PT/INR was done 04/07/17. The nurse practitioner stated she came to the facility 04/10/17 and addressed the 04/07/17 PT/INR results for Resident #173 when she found them with other labwork in "her box". The nurse practitioner stated when she saw the INR was subtherapeutic for Resident #173 she ordered the 10 milligrams of Coumadin on 04/10/17 as well as restarted Lovenox. The nurse practitioner noted the Lovenox had been discontinued 04/07/17 because of the high INR and Resident #173 had been refusing injections of Lovenox because of discomfort. The nurse practitioner stated she spoke to Resident #173 on 04/10/17 and Resident #173 did not indicate she had not received Coumadin for 3 days. The nurse practitioner stated Resident #173 shared with her how Coumadin had been dosed prior to hospitalization (an alternating dose) and that with the alternating dose her INR levels were able to be within therapeutic range. The nurse practitioner stated she ordered the next INR 04/13/17. The nurse practitioner stated the results on 04/13/17 were still subtherapeutic in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 13	F 333		

spite of being on Coumadin for 3 days and she was concerned the blood drawn from the PICC line might have been diluted (as happened early in the stay of Resident #173). The nurse practitioner stated as a precautionary measure she asked to have a repeat INR on 04/14/17 and to do a fresh stick, not from the PICC line. The nurse practitioner stated she knew the physician was on call 04/14/17-04/16/17 and knew he would be addressing the PT/INR results from 04/14/17. The nurse practitioner stated she was curious to see how the new alternating regimen was working for Resident #173. The nurse practitioner stated when she came to the facility on 04/17/17 she found the PT/INR lab results from 04/14/17 in "her box" with other paperwork for her review. The nurse practitioner stated she was surprised to see the results were still subtherapeutic and went to talk to Resident #173. The nurse practitioner stated Resident #173 reported to her she did not receive her Coumadin 04/14/17-04/16/17. The nurse practitioner stated she assured Resident #173 she was "safe" because she had been on Lovenox which was also an anticoagulant. The nurse practitioner stated she was very upset Resident #173 missed the Coumadin doses on 04/14/17-04/16/17 and discussed the concern with several nurses; though she stated she could not recall which nurses. The nurse practitioner stated she was told the phone lines were out which contributed to the problem. The nurse practitioner stated she did not feel the missed Coumadin harmed Resident #173 because she was on the Lovenox which was also an anticoagulant. The nurse practitioner stated the half life of Coumadin would also lessen the problem when doses were missed 04/07/17-04/09/17. The nurse practitioner stated it was not good practice and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 14	F 333		

either she or the physician should have been informed of the PT/INR results and she would ensure it did not occur again.

On 04/21/17 at 12:25 PM and in a follow-up interview on 04/21/17 at 12:53 PM the physician of Resident #173 was interviewed. The physician of Resident #173 stated he was not aware of the missed doses of Coumadin for Resident #173 until 04/21/17. The physician stated he and the nurse practitioner were dependent on staff to call with PT/INR results as soon as they were received so orders could be received for Coumadin dosing. The physician stated it was concerning that Resident #173 did not receive the Coumadin when levels were subtherapeutic. The physician stated since Resident #173 was receiving Lovenox he did not feel Resident #173 had been harmed. The physician stated the few days Resident #173 received neither the Lovenox or Coumadin (04/07/17-04/09/17) would not have caused harm because of the half life of Coumadin and Lovenox and also because it was such a short time frame; indicating there was only a slight possibility of a stroke.

On 04/21/17 at 1:30 PM the Assistant Director of Nursing stated the nurse on duty should know to look for PT/INR results through review of the individual residents' MAR (because it is blocked out on the MAR when the test was done), from review of the individual resident's Coumadin/PT/INR Flowsheet, from report from the nurse that had been on duty, the nurses 24 hour communication sheet and from review of the lab book to see what labs had been drawn. The Assistant Director of Nursing stated she could not explain why the PT/INR results from 04/07/17 and 04/14/17 for Resident #173 were not called to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 15 physician when they were received. On 04/21/17 at 2:24 PM the Director of Nursing stated she could not explain why the PT/INR results from 04/07/17 and 04/14/17 for Resident #173 were not promptly reported to the physician. The Director of Nursing stated she expected the need for the PT/INR to be recorded on the MAR and all entries on the Coumadin/PT/INR Flowsheet for each resident to be completed. The Director of Nursing stated she expected communication between nursing shifts when they were awaiting PT/INR results. The Director of Nursing stated PT/INR results typically came back on first shift but if they were not received she expected second shift staff to call about the results. The Director of Nursing stated when she was told the phone service was out on 04/14/17 she directed staff to use their personal phones until coverage was restored.	F 333		
{F 431} SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must	{F 431}		5/15/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 431}	Continued From page 16 employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove 1 medication which was	{F 431}	Medication rooms and medication carts have been inspected and audited on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 431}	Continued From page 17 not properly labeled on 1 of 3 medication carts. The findings included: On 4/20/17 at 11:50 AM 8 individual foil packed doses of Remeron 30 milligrams were observed stored in a compartment of the Seafoam Hall medication cart's top drawer. The Remeron was not stored in a container from the pharmacy. During an interview with Nurse # 2 on 4/20/17 at 11:55 AM she stated that medications such as Remeron were sent from the pharmacy in small plastic bags with labels which included resident's name, dosing instructions, and expiration date. Nurse #9 was unable to locate the bag for the Remeron. An interview was conducted on 4/20/17 with the Nurse #1 who stated that the medication carts were inspected by the hall nurses as well as the management team members. Nurse # 1 also stated that all medications except the over the counter medications should have pharmacy labels with name of resident, dosing information, and expiration date. On 4/20/17 at 5:27 PM an interview was conducted with the Director of Nursing (DON) who stated that she expected that medications have containers with labels prepared by the pharmacy.	{F 431}	4-21-2017 for medication compliance of expired or improperly labeled OTC and Prescription medications. Any expired or improperly labeled medication was removed. This had the potential to affect all residents who receive medications. Licensed staff was in-serviced by Nursing Administration, which was completed on 4/24/17, related to facility policy and procedures regarding the compliance and safe delivery of all medications whether prescription or over the counter. This included: The removal of expired or improperly labeled medications. Rotating of house stock medication. Checking medication expiration dates prior to dispensing of medications. Checking medication rooms and medication carts for expired OTC stock as well as Prescription medication daily. The DON or Designee will include safe delivery of medications in the orientation of newly hired licensed staff. The DON or Designee will review and audit all medication carts and medication rooms five times for the first week, and weekly for three months for OTC medications & Prescription medication expiration dates. Results of these audits will be taken to the monthly QAPI Committee for review with subsequent action plan developed and implemented as indicated to ensure ongoing substantial compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505 SS=D	483.50(a)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS (a) Laboratory Services (2) The facility must- (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on medical record review and interviews with staff, nurse practitioner, physician and Resident #173 the facility failed to maintain a therapeutic dose of Coumadin (a blood thinner) by not timely reporting the PT/INR (prothrombin time/international normalized ratio, a test used to dose Coumadin) to the physician to use for dosing Coumadin for 1 of 3 sampled residents on Coumadin. (Resident #173) The findings included: Resident #173 was admitted to the facility 03/24/17 after hospitalization 03/05/17-03/24/17 with diagnoses which included endocarditis, prosthetic heart valve and rheumatic mitral stenosis. Review of hospital records revealed Resident #173 had the prosthetic heart valve replacement April of 2016. The admission Minimum Data Set dated 03/31/17 for Resident #173 assessed her with no cognitive impairment and administered an anticoagulant medication for 7 of 7 days. The care plan for	F 505	Resident #173 s PT/INR lab was completed on 4-20-2017. Resident and physician were notified of any lab results by the nurse on 4-20-2017 with new orders received and initiated per order. MD identified the next date for PT/INR to be drawn, order given and date written on MAR. This had the potential to affect three other residents on Coumadin in April 2017. Charts and MARs reviewed for those three residents and no errors were found in Coumadin medication administration. Licensed staff was in-serviced by Nurse Administration on updated center policy and procedures for Coumadin administration on 4-24-2017. Licensed staff were re-educated on 4-24-2017 by Nurse Administration regarding proper procedures for Coumadin Labs. The DON or Designee will include lab procedures in the orientation of newly hired licensed	5/15/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 19 Resident #173 included a problem area dated 04/13/17, long term anticoagulant use, related to mechanical valve replacement. Approaches to this problem area included give Coumadin (an anticoagulant) per physician order, have labs drawn for PT/INR (prothrombin time/international normalized ratio, a test used to dose Coumadin) per physician order, observe for signs/symptoms of unusual bleeding and teach resident potential complications of anticoagulant therapy. Review of admission orders dated 03/24/17 noted Resident #173 was to take 7.5 milligrams of Coumadin daily due to the mechanical mitral valve as well as Lovenox (an injectable anticoagulant) 100 milligrams every 12 hours. Located on the Medication Administration Record (MAR) for Resident #173 was a Coumadin/PT/INR flowsheet which indicated the INR range listed for mechanical heart valve was 2.5-3.5. Physician/nurse practitioner progress notes, physician orders, review of the MAR and PT/INR lab results in the medical record of Resident #173 included the following: -03/29/17-Resident #173 was seen by the physician for an initial visit, history and physical. Physician progress notes indicated Resident #173 was being admitted to the facility for IV (intravenous) antibiotics due to rheumatic mitral stenosis with endocarditis and noted a mechanical heart valve present and to continue with anticoagulation. -03/31/17-PT/INR results were 17.3/1.4	F 505	staff. The DON or designee will audit Coumadin medication administration to include: lab order, Coumadin order, order transcription, Lab Logs, lab results, Coumadin MAR updated, and timely MD notifications through direct observation and record review for residents with Coumadin orders weekly for six weeks, then monthly x3 months. Results of these audits will be taken to the monthly QAPI Committee for review and to ensure ongoing substantial compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 20	F 505		

-04/03/17-A physician's order was written to change Coumadin to 10 milligrams every day.

-04/04/17-Resident #173 was seen by the nurse practitioner and progress notes indicated Resident #173 had complaints of abdominal bruising from Lovenox shots, had a history of mechanical valve replacement and was on Lovenox subcutaneous until bridged to Coumadin. The nurse practitioner noted the most recent INR was subtherapeutic and Coumadin had been recently increased to 10 milligrams daily with the next INR due 04/05/17.

-04/05/17-PT/INR results were 51.8/4.32

-04/05/17-Resident #173 was seen by the physician due to elevated INR. The physician noted the plan was to hold Coumadin for 2 days and repeat an INR.

-04/05/17-A physician's order was written to hold Coumadin and do a PT/INR on 04/07/17.

-04/07/17-PT/INR results were 19.5/1.63

-04/07/17-A physician's order was written to discontinue Lovenox.

-Review of the April MAR for Resident #173 noted Coumadin was not administered 04/07/17, 04/08/17 and 04/09/17. Review of physician orders noted there were no orders for Coumadin (to administer or to hold) on these dates.

-04/10/17-Resident #173 was seen by the nurse practitioner and progress notes noted the 04/07/17 INR result of 1.63 and edema to bilateral ankles. The nurse practitioner noted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 21	F 505		

Resident #173 had a history of mechanical valve replacement and had been on Coumadin therapy since. The nurse practitioner noted Resident #173 reported her home regimen of Coumadin was 10 milligrams, then 7.5 milligrams, then 5 milligrams with continuation of the same regimen every 3 days. The nurse practitioner indicated Resident #173 reported the home regimen was how she was able to remain therapeutic and that prior to this regimen she was always subtherapeutic (an INR less than 2.5) or supratherapeutic (an INR greater than 3.5).

-04/10/17-A physician's order was written for Lovenox 100 milligrams every 12 hours until INR was 2.5, check INR on 04/13/17 and to start Coumadin 10 milligrams one day, 7.5 milligrams next day then 5 milligrams then start over.

-04/11/17-A physician's clarification order was written for 10 milligrams of Coumadin 04/10/17, 7.5 milligrams of Coumadin 04/11/17, 5 milligrams of Coumadin on 04/12/17 and recheck PT/INR on 04/13/17.

-04/12/17-Resident #173 was seen by the physician and progress notes indicated Resident #173 had increased lower extremity edema. The physician noted he would start Lasix (a diuretic), 20 milligrams, for 5 days.

-04/13/17-PT/INR results were 14.0/1.16.

-04/13/17-Resident #173 was seen by the nurse practitioner and progress notes indicated Resident #173 was assessed for low hemoglobin and hematocrit and subtherapeutic INR. The nurse practitioner noted in the past when Resident #173's hematocrit and hemoglobin were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 22	F 505		

extremely low the blood sample was diluted from blood drawn from the PICC (peripherally inserted central catheter) line.

-04/13/17-A physician's order was written to take 10 milligrams of Coumadin and redraw INR on 04/14/17 and report result to provider. An order was written to not use PICC line for lab, use fresh stick for PT/INR and CBC (complete blood count).

-04/14/17-PT/INR results were 14.4/1.19

-Review of the April 2017 MAR for Resident #173 noted Coumadin was not given 04/14/17, 04/15/17 and 04/16/17. Review of physician orders noted there were no orders for Coumadin (to administer or to hold) on these dates.

-04/17/17-Resident #173 was seen by the nurse practitioner and progress notes noted a subtherapeutic INR from 04/14/17.

-04/17/17-A physician's order was written to start Coumadin 8.5 milligrams every day and draw INR on 04/20/17.

-04/19/17-Resident #173 was seen by the physician and progress notes indicated Resident #173 had concerns about bruising in her abdomen from the Lovenox injections. The physician noted Resident #173 had a mechanical heart valve and was on Coumadin and to continue with anticoagulation and monitor for any bleeding.

Located in the April 2017 Medication Administration Record (MAR) for Resident #173 was a Coumadin/PT/INR flowsheet. Directions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 23	F 505		

on this flowsheet included, "Use one flowsheet per resident. Complete an entry every time a PT/INR is drawn. File completed form in the medical record under the MAR tab. Call physician with all PT/INR results. A physicians order must be written to continue same dose of Coumadin or change dose." The INR range listed on the flowsheet for mechanical heart valve was 2.5-3.5. The flowsheet included entries for Date/Time, INR Results, PT Results, Current Coumadin Dose, MD (Medical Doctor) Notified, Dose Change, Next PT/INR Date and Nurse's Signature.
Documented entries on the flowsheet for Resident #173 were:
04/05/17, INR=4.32, PT=51.8, Current Coumadin Dose=10 milligrams, MD notified=yes, Dose Change=hold X 2 days, Next PT/INR date 04/07/17
04/13/17, INR=1.16, PT=14, Current Coumadin Dose=10/7.5/5 alternating, MD notified=yes, Dose Change=10 milligrams, Next PT/INR date 04/14/17
Date=blank on entry, INR=blank on entry, PT=blank on entry, Current Coumadin Dose=blank on entry, MD notified=yes, Dose Change=8.5 milligrams, Next PT/INR date 04/20/17
The flowsheet for Resident #173 did not include an entry for the 04/07/17 or 04/14/17 PT/INR results.

On 04/20/17 at 10:55 AM Resident #173 reported she did not receive Coumadin for several days starting 04/14/17. Resident #173 stated phone service was out on 04/14/17 and thought that might have contributed to the issue.

Interviews with staff that worked with Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 24	F 505		

#173 on 04/07/17 included the following:

-On 04/21/17 at 2:15 PM Nurse #6 stated she worked from 6:30 AM-2:30 PM on 04/07/17 on the unit Resident #173 resided. Nurse #6 stated typically the third shift nurse that reports to her will inform her of any pending PT/INR results. Nurse #6 stated she could not remember anything specific being reported to her about Resident #173 but knew that PT/INR results usually came back during first shift.

-On 04/21/17 at 11:30 AM Nurse #7 reported she worked on 04/07/17 from 3:00 PM-7:00 PM on the unit Resident #173 resided. Nurse #7 stated she did not receive report from Nurse #6 (that worked 04/07/17 from 7:30 AM-2:30 PM) about PT/INR results. Nurse #7 stated all she could recall was thinking the Coumadin for Resident #173 was still on hold. Nurse #7 stated that typically first shift would receive PT/INR results and did not recall seeing PT/INR results come through during her shift. (The Fax stamp on the signed PT/INR results for Resident #173 from 04/07/17 noted results were sent at 3:36 PM). Nurse #7 stated she knew if PT/INR results were available to immediately call the physician for Coumadin orders. Nurse #7 stated Nurse #8 worked the remainder of her shift on 04/07/17 from 7:00 PM-11:00 PM.

Attempts to contact Nurse #8 by phone on 04/21/17 were unsuccessful.

Interviews with staff that worked with Resident #173 on 04/14/17-04/15/17 included the following:

-On 04/20/17 at 2:00 PM Nurse #1 (unit coordinator over the unit Resident #173 resided)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 25	F 505		

stated she worked with Resident #173 on 04/14/17 from 6:30 AM-11:00 AM. Nurse #1 stated the PT/INR was drawn early the morning of 04/14/17 (during third shift) but the results had not come back when she gave report at 11:00 AM. Nurse #1 stated she reported to Nurse #2 (that worked 04/14/17 from 11:00 AM-2:30 PM) that the PT/INR results from 04/14/17 had not come back.

-On 04/21/17 at 5:00 PM Nurse #2 stated she worked on 04/14/17 from 11:00 AM-2:30 PM with Resident #173. Nurse #2 stated she remembered getting report that the PT/INR results for Resident #173 were pending. Nurse #2 stated the PT/INR results for Resident #173 did not come back while she was on duty and this was reported to the oncoming nurse, Nurse #3.

-On 04/20/17 at 3:00 PM Nurse #3 stated she worked with Resident #173 on 04/14/17 from 2:30 PM-10:30 PM. Nurse #3 stated labs were usually drawn between 2:00 AM-4:00 AM and typically came (via Fax) back around noon or at some point during first shift. Nurse #3 stated she did not know the PT/INR results had not come back for Resident #173 and did not recall being told that in report from Nurse #2 at the start of the shift on 04/14/17. Nurse #3 stated she attempted to call the lab for the results around 5:00 PM and, at that time, realized the facility phone lines were not working. Nurse #3 stated she attempted to call the lab through the end of her shift and was not able to contact the lab for results because the phone service was not working. Nurse #3 stated she did not have her personal phone available to use to call the lab. Nurse #3 stated she typically administered Coumadin during her shift but, she did not give Coumadin to Resident #173 on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 26	F 505		

04/14/17 because the lab results were not back. Nurse #3 stated when the PT/INR results were available the physician would be notified so orders could be obtained. Nurse #3 stated at the end of her shift the phone lines were still not working and she passed that information on to Nurse #4.

-On 04/21/17 at 6:00 AM Nurse #4 stated she worked with Resident #173 on 04/14/17 from 10:30 PM until 04/15/17 at 6:30 AM. Nurse #4 stated she recalled the phones were out part of her shift and thought service was restored around 1:00 AM on 04/15/17. Nurse #4 stated she did not recall hearing anything about the PT/INR or Coumadin during report from Nurse #3 at the beginning of her shift. Nurse #4 stated she typically would not get involved in receiving PT/INR results, notifying the physician of PT/INR results or administering Coumadin during her night shift. Nurse #4 stated her involvement with labs was writing the requisition slips for the lab service.

-On 04/20/17 at 5:45 PM Nurse #5 stated she worked with Resident #173 on 04/15/17 from 6:30 AM-2:30 PM. Nurse #5 stated she had heard there had been problems with phone service but it was not an issue during her shift. Nurse #5 stated when she received report from Nurse #4 (that worked 04/14/17 10:30 PM- 04/15/17 6:30 AM) the only concern reported was the CBC results were back and she/Nurse #5 offered to call the on call provider. Nurse #5 stated she called the on call provider to report the CBC results that were drawn 04/14/17 for Resident #173. Nurse #5 documented on the 04/14/17 lab results the response from the on call provider which was to begin Ferrous Sulfate (an iron

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 27	F 505		

supplement) every day and recheck hemoglobin and hematocrit on 04/17/17. Nurse #5 stated she did not see PT/INR results (which were also included on the 04/14/17 lab results along with the CBC) and wasn't aware of any concerns with the PT/INR or Coumadin for Resident #173 during her shift. Nurse #5 stated she also reported to the on call provider that Resident #173 had complaints of a headache. Nurse #5 stated the on call provider ordered Ibuprofen for the headache and Resident #173 refused to take it saying she had always heard not to take Ibuprofen when on a blood thinner. Nurse #5 stated Resident #173 did not report any concerns about her Coumadin during her shift and noted that typically it was administered by second shift nursing staff.

-On 04/21/17 at 10:12 AM in a follow-up interview with Nurse #1 (unit coordinator over the unit Resident #173 resided) she stated the expectation was for the nurse on duty that received the PT/INR results to notify the physician/nurse practitioner/on call practitioner immediately of the results so new orders for dosing of Coumadin could be obtained. Nurse #1 stated it was expected the nurse that received the PT/INR results would log them on the individual Coumadin/PT/INR Flowsheet located on the MAR and include all information. Nurse #1 stated a physician's order would be written to include the new orders for Coumadin as well as when the next PT/INR was due. Nurse #1 stated after a PT/INR was done Coumadin would not be given without a physician's order. Nurse #1 stated that as the unit coordinator she usually tried to look at the Coumadin/PT/INR Flowsheets to ensure nothing was missed. Nurse #1 stated she typically reviewed the flow sheets Monday-Friday

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 28	F 505		

and the PT/INR's that were not called in to the physician for Resident #173 were both on Fridays. Nurse #1 stated she knew the results weren't back on 04/14/17 at 11:00 AM when she was working with Resident #173. She stated this had been reported to Nurse #2 that took over the cart from 11:00 AM-2:30 PM. Nurse #1 stated she told Nurse #2 she was still waiting to hear the PT/INR results for Resident #173 and also told Nurse #2 the phone system was not working. Nurse #1 stated she was in the facility until approximately 5:30 PM on 04/14/17 and the phone system was still not operational when she left. Nurse #1 stated nursing staff were using their personal phones for any calls that needed to be made. Nurse #1 stated the PT/INR was usually drawn very early in the morning and the results typically come back on first shift. Nurse #1 stated second shift typically gave the Coumadin. Nurse #1 stated third shift nurses wrote the requisition for the labwork and would inform the oncoming nurse to look for the lab results. Nurse #1 stated lab work drawn by the contract lab was sent via Fax but was also accessible on line. Nurse #1 stated because the phone system was not working the lab results would not have been sent via Fax and staff would not have been able to access on line. Nurse #1 stated staff would have to call the lab to obtain the results. Nurse #1 stated the actual 04/14/17 PT/INR lab results for Resident #173 came via Fax on 04/15/17 at 2:45 AM. Nurse #1 stated Nurse #4 (that worked 04/14/17 from 10:30 PM-04/15/17 at 6:30 AM) should have called for orders since Resident #173 did not receive Coumadin 04/14/17. Nurse #1 stated she saw that Nurse #5 (that worked 04/15/17 from 6:30 AM-2:30 PM) called the on call provider with the CBC results and didn't understand why she didn't

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 29	F 505		

also report the PT/INR results. Nurse #1 stated she reported the need of the PT/INR results for Resident #173 to Nurse #2. Nurse #1 stated Nurse #2 should have reported the need for the PT/INR results for Resident #173 to Nurse #3. Nurse #1 stated Nurse #3 should have reported the need for the PT/INR results for Resident #173 to Nurse #4. Nurse #1 stated Nurse #4 should have reported the need for the PT/INR results for Resident #173 to Nurse #5 so that when the on call provider was called about the CBC results the PT/INR results could also have been reported. Nurse #1 stated lab results typically came via Fax and are given to the nurse that is on duty and responsible for the care of the resident. Nurse #1 stated the results are addressed (if needed) and then placed in the box of the physician/nurse practitioner. Nurse #1 stated she could not explain exactly what happened which resulted in Resident #173 not receiving Coumadin 04/14/17-04/16/17. Nurse #1 stated she was not aware (until the time of the interview) that Resident #173 had not received Coumadin 04/07/17-04/09/17. Nurse #1 identified Nurse #6 and Nurse #7 as the nurses on duty 04/07/17 when lab results would have come back. Nurse #1 stated she missed seeing the entries were not in the Coumadin/PT/INR Flowsheets for Resident #173 on 04/07/17 and 04/14/17.

On 04/21/17 at 9:13 AM the nurse practitioner involved with care for Resident #173 was interviewed. The nurse practitioner stated she began working at the facility 01/30/17 and was present in the facility four days a week. The nurse practitioner stated she was very involved with Resident #173 and was working on Coumadin dosing to keep INR's within the therapeutic range of 2.5-3.5 due to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 30	F 505		

mechanical heart valve. The nurse practitioner stated she and the physician were dependent on staff to inform them of the INR results as soon as possible to dose Coumadin based on the results. The nurse practitioner stated if they were not available there was always an on call provider on duty to address any needs of residents. The nurse practitioner stated Resident #173 was on Lovenox while at the facility (in addition to the Coumadin) until INR levels were within therapeutic range. Physician orders, the April 2017 MAR and Coumadin Flowsheet for Resident #173 were reviewed with the nurse practitioner. The nurse practitioner stated she didn't realize, until the time of the interview, that Resident #173 had missed dosing of Coumadin from 04/07/17-04/09/17 because the 04/07/17 PT/INR results had not been reported. The nurse practitioner noted the INR level on 04/05/17 was high so the Coumadin was held 04/05/17 and 04/06/17 and the PT/INR was done 04/07/17. The nurse practitioner stated she came to the facility 04/10/17 and addressed the 04/07/17 PT/INR results for Resident #173 when she found them with other labwork in "her box". The nurse practitioner stated when she saw the INR was subtherapeutic for Resident #173 she ordered the 10 milligrams of Coumadin on 04/10/17 as well as restarted Lovenox. The nurse practitioner noted the Lovenox had been discontinued 04/07/17 because of the high INR and Resident #173 had been refusing injections of Lovenox because of discomfort. The nurse practitioner stated she spoke to Resident #173 on 04/10/17 and Resident #173 did not indicate she had not received Coumadin for 3 days. The nurse practitioner stated Resident #173 shared with her how Coumadin had been dosed prior to hospitalization (an alternating dose) and that with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 31	F 505		

the alternating dose her INR levels were able to be within therapeutic range. The nurse practitioner stated she ordered the next INR 04/13/17. The nurse practitioner stated the results on 04/13/17 were still subtherapeutic in spite of being on Coumadin for 3 days and she was concerned the blood drawn from the PICC line might have been diluted (as happened early in the stay of Resident #173). The nurse practitioner stated as a precautionary measure she asked to have a repeat INR on 04/14/17 and to do a fresh stick, not from the PICC line. The nurse practitioner stated she knew the physician was on call 04/14/17-04/16/17 and knew he would be addressing the PT/INR results from 04/14/17. The nurse practitioner stated she was curious to see how the new alternating regimen was working for Resident #173. The nurse practitioner stated when she came to the facility on 04/17/17 she found the PT/INR lab results from 04/14/17 in "her box" with other paperwork for her review. The nurse practitioner stated she was surprised to see the results were still subtherapeutic and went to talk to Resident #173. The nurse practitioner stated Resident #173 reported to her she did not receive her Coumadin 04/14/17-04/16/17. The nurse practitioner stated she assured Resident #173 she was "safe" because she had been on Lovenox which was also an anticoagulant. The nurse practitioner stated she was very upset Resident #173 missed the Coumadin doses on 04/14/17-04/16/17 and discussed the concern with several nurses; though she stated she could not recall which nurses. The nurse practitioner stated she was told the phone lines were out which contributed to the problem. The nurse practitioner stated she did not feel the missed Coumadin harmed Resident #173 because she was on the Lovenox

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 32	F 505		

which was also an anticoagulant. The nurse practitioner stated the half life of Coumadin would also lessen the problem when doses were missed 04/07/17-04/09/17. The nurse practitioner stated it was not good practice and either she or the physician should have been informed of the PT/INR results and she would ensure it did not occur again.

On 04/21/17 at 12:25 PM and in a follow-up interview on 04/21/17 at 12:53 PM the physician of Resident #173 was interviewed. The physician of Resident #173 stated he was not aware of the missed doses of Coumadin for Resident #173 until 04/21/17. The physician stated he and the nurse practitioner were dependent on staff to call with PT/INR results as soon as they were received so orders could be received for Coumadin dosing. The physician stated it was concerning that Resident #173 did not receive the Coumadin when levels were subtherapeutic. The physician stated since Resident #173 was receiving Lovenox he did not feel Resident #173 had been harmed. The physician stated the few days Resident #173 received neither the Lovenox or Coumadin (04/07/17-04/09/17) would not have caused harm because of the half life of Coumadin and Lovenox and also because it was such a short time frame; indicating there was only a slight possibility of a stroke.

On 04/21/17 at 1:30 PM the Assistant Director of Nursing stated the nurse on duty should know to look for PT/INR results through review of the individual residents' MAR (because it is blocked out on the MAR when the test was done), from review of the individual resident's Coumadin/PT/INR Flowsheet, from report from the nurse that had been on duty, the nurses 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 505	Continued From page 33 hour communication sheet and from review of the lab book to see what labs had been drawn. The Assistant Director of Nursing stated she could not explain why the PT/INR results from 04/07/17 and 04/14/17 for Resident #173 were not called to the physician when they were received. On 04/21/17 at 2:24 PM the Director of Nursing stated she could not explain why the PT/INR results from 04/07/17 and 04/14/17 for Resident #173 were not promptly reported to the physician. The Director of Nursing stated she expected the need for the PT/INR to be recorded on the MAR and all entries on the Coumadin/PT/INR Flowsheet for each resident to be completed. The Director of Nursing stated she expected communication between nursing shifts when they were awaiting PT/INR results. The Director of Nursing stated PT/INR results typically came back on first shift but if they were not received she expected second shift staff to call about the results. The Director of Nursing stated when she was told the phone service was out on 04/14/17 she directed staff to use their personal phones until coverage was restored.	F 505		
{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. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee;	{F 520}		5/15/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 520}	Continued From page 34 (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must : (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. (i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor interventions the committee put into place in March of 2017. This was for one recited deficiency which was originally cited in March of 2017 on the recertification survey and subsequently recited in	{F 520}	The facility will ensure the QAPI committee maintains an effective plan to monitor continued compliance of deficiencies identified to include F431. This has the potential to affect all residents.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345233	A. BUILDING _____ B. WING _____	R-C 04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE REHABILITATION & CARE	306 DEER PARK ROAD NEBO, NC 28761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 520}	Continued From page 35 April 2017 on a follow-up investigation. The deficiency was in the area of storage of medication. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program. The findings included: The tags were cross referred to: F 431: Storage of Medication: Based on observations and staff interviews the facility failed to remove 1 medication which was not properly labeled on 1 of 3 medication carts. During the recertification survey of the facility on 03/02/17 the facility was cited for failure to discard expired medications from 2 of 2 medication carts and 1 of 2 medication rooms. An interview was conducted with the Administrator on 04/21/17 at 5:38 PM. The Administrator stated the facility had monthly Quality Assessment and Assurance meetings and he was present for the April 2017 meeting. The Administrator stated he understood the medication rooms and medication carts had all been thoroughly reviewed after the recertification survey and all expired medications removed. The Administrator stated there was a failure of communication and he didn't realize staff was only spot checking the medication rooms and medication carts and it was not what was expected in auditing for expired medications.	{F 520}	Facility Quality Assurance Performance Improvement committee members were re-educated by the Director of Clinical Operations on 5/12/17 regarding the QAPI process. This includes: Facility will identify areas of continuous quality monitoring and the monitoring tools to be used. Monitoring activities should focus on the process that effect resident outcomes most significantly to include survey deficiencies. Ongoing monitoring is used to establish the facility□s baseline and predictability of various outcomes. The QAPI Committee will continue to meet on a monthly basis to continue monitoring identified areas of improvement, to include survey deficiencies for compliance. The QAPI Committee will address the identified areas, examine and improve the identified need through improvement (action) plans and monitoring the effectiveness of such plans. The Director of Clinical Operations or Designee will review the facility QAPI Committee meeting minutes for six months or until substantial compliance is achieved.	