

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345513</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/20/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TOWER NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3609 BOND STREET RALEIGH, NC 27604</b>
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F 000	INITIAL COMMENTS	F 000		
F 246 SS=D	<p>483.10(e)(3) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff and resident interview, and record review the facility failed to keep a resident's call bell in reach for 1 of 3 residents reviewed for call bell placement. (Resident #43)</p> <p>Findings included:</p> <p>Resident #43 was admitted to the facility on 2/20/15. Active diagnoses included low vision in both eyes, dysphagia, and unspecified lack of coordination.</p> <p>Review of Resident #43's most recent comprehensive Minimum Data Set assessment dated 1/12/17, coded as an annual assessment, revealed the resident was assessed as moderately cognitively impaired. The resident had no behaviors, no functional impairment of his upper extremities, and functional impairment on both sides of his lower extremities.</p>	F 246	<p>Tower Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of residents. The Plan of Correction is submitted as a written allegation of compliance. Tower Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Tower Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal</p>	5/12/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/08/2017
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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.

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F 246	<p>Continued From page 1</p> <p>Review of Resident #43's care plan revealed an intervention initiated on 3/24/16 was to have Resident #43's call bell in reach and respond timely.</p> <p>During observation and interview on 4/17/17 at 11:19 AM, Resident #43's call bell was placed on the resident's night stand. The night stand was behind and to the right of Resident #43's bed, out of the resident's reach. Resident #43 was in bed at that time and stated he was unable to reach his call bell because it was not in his bed. He further stated he did use the call bell when it was in his reach.</p> <p>During observation and interview on 4/18/17 at 9:37 AM, Resident #43's call bell was again observed on the resident's night stand behind and to the right of the resident's bed. Resident #43 was in bed and stated he was unable to reach his call bell because it was on the table. He shrugged when asked how he called for help and stated he had not needed to call for help yet.</p> <p>During observation and interview on 4/18/17 at 3:00 PM, Resident #43's call bell was observed on the night stand behind and to the right of the bed. The resident stated he had not had his call bell since yesterday. He further stated he would use his call bell if he needed help or wanted water.</p> <p>During an interview on 4/18/17 at 3:15 PM Nurse Aide #1 stated that Resident #43 required total assistance for most activities of daily living care but fed himself. She further stated the resident could use both hands and the call bell should be kept in reach for his use. Nurse Aide #1 stated</p>	F 246	<p>proceeding</p> <p>F246 The call light for resident # 43 was placed within resident reach by the assigned CNA and rechecked by the Director of Nursing on 4/19/17.</p> <p>100% audit was completed for all residents to include resident #43 to ensure call lights are within reach by the DON on 4/26/17. Call lights were immediately placed within reach during the audit for any identified areas of concern.</p> <p>In-servicing on following care guide interventions for call bells to nurses, nursing assistants, activities, payroll, bookkeeping, admissions, receptionist, maintenance, therapy, and administrative staff was initiated on 4/18/17 by Staff Facilitator. In service for placement of call bells was initiated on 4/18/17 by Staff Facilitator to include all nurses, nursing assistants, activities, payroll, bookkeeping, admissions, receptionist, maintenance, therapy, and administrative staff. In service will be completed by 5/8/17, any nurses, nursing assistants, activities, payroll, bookkeeping, admissions, receptionist, maintenance, therapy, and administrative staff not in serviced will not be allowed to report to their next assigned shift until in service completed. All newly hired nurses, nursing assistants, activities, payroll, bookkeeping, admissions, receptionist, maintenance, therapy, and administrative</p>		

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F 246	Continued From page 2 that the call bell was out of Resident #43's reach after she observed his room on 4/18/17 at 3:15 PM.  During an interview on 4/18/17 at 3:23 PM the Interum Director of Nursing stated she was familiar with Resident #43's care. She stated that Resident #43 was able to use the call bell and that it was her expectation that Resident #43 would have the call bell within his reach. She stated the call bell was placed on the night stand behind and to the right of Resident #43's bed and he could not reach the call bell.  During an interview on 4/19/17 at 8:14 AM the Administrator stated that Resident #43 was able to use a call bell. She further stated it was her expectation that the Resident #43's call bell would be kept within his reach.	F 246	staff will be in-serviced during orientation by the Staff Facilitator, ADON, DON or Nurse Supervisor regarding following care plan intervention for call bell placement.  A Call light Audit Tool will be completed by the Facility (DON, ADON, SDC, RN Supervisor, Medical Records, Activity Director, Payroll/AP Director, Social Worker, Admission Coordinator, Maintenance, Dietary, Administrator) to audit 50% of residents to include resident # 43 call light to include nights and weekend to ensure call lights are within reach, 5 times per week for 4 weeks, then weekly for 8 weeks. The CNA's and /or Licensed Nurse will be reeducated by the RN ADON, RN DON, RN Staff Facilitator or Administrator for any identified areas of concern during the audit. The Administrator will review and initial the Call light Audit Tool weekly x 12 weeks for completion and to ensure all areas of concern have been addressed. The Executive QI committee will meet monthly and review the Call light Audit Tool and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring x 3 months.		
F 282 SS=D	483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-	F 282		5/12/17	

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F 282	<p>Continued From page 3</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff and resident interview, and record review the facility failed to follow the resident's care plan related to call bells for 1 of 3 residents reviewed for call bell placement. (Resident #43)</p> <p>Findings included:</p> <p>Resident #43 was admitted to the facility on 2/20/15. Active diagnoses included low vision in both eyes, dysphagia, and unspecified lack of coordination.</p> <p>Review of Resident #43's most recent comprehensive Minimum Data Set assessment dated 1/12/17, coded as an annual assessment, revealed the resident was assessed as moderately cognitively impaired. The resident had no behaviors, no functional impairment of his upper extremities, and functional impairment on both sides of his lower extremities.</p> <p>Review of Resident #43's care plan revealed an intervention initiated on 3/24/16 was to have Resident #43's call bell in reach and respond timely.</p> <p>During observation and interview on 4/17/17 at 11:19 AM, Resident #43's call bell was placed on the resident's night stand. The night stand was behind and to the right of Resident #43's bed, out of the resident's reach. Resident #43 was in bed at that time and stated he was unable to reach his call bell because it was not in his bed. He further</p>	F 282	<p>F 282</p> <p>Resident # 43 care plan was reviewed, resident assessed for use of call bell by DON on 4/20/17. Pancake bell was initiated for resident #43 on 4/20/17. Care guide updated on 4/20/17 by DON.</p> <p>An assessment of all residents to include #43 on call bell usage, type of bell required and placement was conducted on 4/26/17 by the DON. Any areas identified required changes were complete on 4/26/17 by DON.</p> <p>In-servicing on following care guide interventions for call bells to all nursing staff was initiated on 4/18/17 by the Staff Facilitator. In service for placement of call bells was initiated on 4/18/17 by Staff Facilitator to include all nurses, nursing assistants, activities, payroll, bookkeeping, admissions, receptionist, maintenance, therapy, and administrative staff. In service will be completed by 5-8-17. Any nursing staff that has not be in serviced will not be allowed to start their next assigned shift until in service complete. All newly hired nurses, nursing assistants, activities, payroll, bookkeeping, admissions, receptionist, maintenance, therapy, and administrative staff will be in-serviced during orientation by the Staff Facilitator, ADON, DON or</p>		

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F 282	<p>Continued From page 4</p> <p>stated he did use the call bell when it was in his reach.</p> <p>During observation and interview on 4/18/17 at 9:37 AM, Resident #43's call bell was again observed on the resident's night stand behind and to the right of the resident's bed. Resident #43 was in bed and stated he was unable to reach his call bell because it was on the table. He shrugged when asked how he called for help and stated he had not needed to call for help yet.</p> <p>During observation and interview on 4/18/17 at 3:00 PM, Resident #43's call bell was observed on the night stand behind and to the right of the bed. The resident stated he had not had his call bell since yesterday. He further stated he would use his call bell if he needed help or wanted water.</p> <p>During an interview on 4/18/17 at 3:15 PM Nurse Aide #1 stated that Resident #43 required total assistance for most activities of daily living care but fed himself. She further stated the resident could use both hands and the call bell should be kept in reach for his use. Nurse Aide #1 stated that the call bell was out of Resident #43 \s reach after she observed his room on 4/18/17 at 3:15 PM.</p> <p>During an interview on 4/18/17 at 3:23 PM the Interum Director of Nursing stated she was familiar with Resident #43's care. She stated that Resident #43 was able to use the call bell and that it was her expectation that Resident #43 would have the call bell within his reach. She stated the call bell was placed on the night stand behind and to the right of Resident #43's bed and he could not reach the call bell.</p>	F 282	<p>Nurse Supervisor regarding following care plan intervention for call bell placement.</p> <p>10% of residents to include resident #43 will be audited utilizing the QI Care Guide Intervention-Call Bell Placement by the Staff Facilitator, DON, ADON, RN Supervisor weekly times 8 weeks then monthly times 1 month. The Administrator will review and initial the QI Care Guide Intervention Call Bell Placement tool weekly x 8 weeks then monthly x 1 to ensure all areas of concern have been addressed.</p> <p>The Executive QI Committee will meet monthly and review the QI Care Plan Intervention- Call Bell Placement Too and address any issues,</p>		

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F 282	Continued From page 5	F 282			
F 431 SS=D	<p>During an interview on 4/19/17 at 8:14 AM the Administrator stated that Resident #43 was able to use a call bell. She further stated it was her expectation that the Resident #43's call bell would be kept within his reach.</p> <p>483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>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.</p> <p>(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.</p> <p>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--</p> <p>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>(g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted</p>	F 431		5/12/17	

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F 431	<p>Continued From page 6</p> <p>professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>(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.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to: 1) remove expired medications from 1 of 5 medication carts (100 Hall cart) and 2) failed to remove expired medications from 1 of 1 medication storage room.</p> <p>Findings included:</p> <p>1) An observation made of the 100 Hall medication cart on 4/20/17 at 11:05 AM revealed 1 of 1 opened box of Acephen (acetaminophen) 625 mg (milligram) suppositories, 12 count, with an expiration date of 1/2017. Observation of the box also revealed 4/13/17 was written in black permanent marker on the front of the box, and the box contained 8 remaining doses.</p>	F 431	<p>Expired medications were removed from 100 Hall med cart and the medication storage room on 4/20/17 by the Director of Nursing and Nurse Supervisor.</p> <p>100% Medication Cart and Medication Storage Room Audit was initiated and completed on 4/21/17 by the Quality Improvement Nurse and the RN Supervisor and to ensure all expired medications were removed from medication carts and sent back to pharmacy or wasted as appropriate. Any areas of concern during this audit were immediately corrected by the RN Supervisor and Staff Facilitator upon</p>		

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F 431	<p>Continued From page 7</p> <p>An interview was conducted on 4/20/17 at 11:15 AM with the nurse assigned to the 100 Hall medication cart. The nurse stated it was the responsibility of everyone to check expiration dates everyday and before a medication was administered. She also stated the date on an opened package indicated the date the medication was opened. The nurse also agreed the Acephen was expired.</p> <p>An interview was conducted on 4/20/17 at 11:25 AM with the Interim Director of Nursing (DON). She stated, "We shouldn't have expired medications on the medication carts. We've had multiple nurses looking for expired medications this week, but missed this one. It (the opened box of Acephen) looks like it was opened 3 months after the expiration date. Before administering any medication, over the counter or otherwise, the nurse should check the expiration date. It appears that wasn't followed."</p> <p>An interview was conducted on 4/20/17 at 11:45 AM with the facility Administrator. She stated, "I expect staff to do the best they can when it comes to expired medications. A nurse is supposed to look at the expiration date of all medications, including over the counters, before administering them. I cannot speak to what the date written on the Acephen signifies without finding out who the nurse was that dated it, and why she dated it. We don't typically date over the counter medications when they are opened."</p> <p>2) An observation of the medication storage room was conducted on 4/20/17 at 11:30 AM and revealed the following medications were expired: 2 of 16 boxes of Acephen 625 mg suppositories,</p>	F 431	<p>observation.</p> <p>100% in-service to all licensed nurses and medication aides was initiated on 4/20/17 by the RN DON regarding removal of expired medications. In service to be completed by 5-8-17. Any nurse or medication aide not completed in service will not be allowed to start their next assigned shift until in service has been completed. All newly hired nurses and medication aides will be in-serviced during orientation by the Staff Facilitator, ADON, DON or Nurse Supervisor regarding checking expiration dates of medications. The QI Expired Medication Audit Tool will be utilized by the DON, RN Supervisor, Staff Facilitator and ADON 2x a week for 4 weeks then weekly for 4 weeks, then monthly x 1 month to ensure expired medications are being removed from medication carts and medication storage rooms. All identified areas of concern will be addressed immediately by the DON, RN Supervisor, Staff Facilitator and ADON immediately.</p> <p>The QI Expired Medication Audit Tool will be reviewed by the Administrator 2x a week for 4 weeks, then weekly x 4 weeks then monthly x 1 month to ensure compliance in this area. The results of the QI Expired Medication Audit Toom will be shared monthly with the Executive Quality Assurance Committee x 3 months. Additional action will occur if deemed necessary and to determine the need of and/or frequency for continued monitoring.</p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 431	<p>Continued From page 8</p> <p>12 count, had an expiration date of 1/2017; 1 of 16 boxes of Acephen 625 mg suppositories, 12 count, had an expiration date of 5/2016; 1 of 10 boxes of Banophen (diphenhydramine) 25 mg, 100 tablets, had an expiration date of 1/2017; 2 of 3 bottles of Loperamide 1 mg/5 ml (milliliters), 118 ml oral solution, had an expiration date of 11/2016; 1 of 3 bottles of Loperamide 1 mg/5 ml, 118ml oral solution, had an expiration date of 7/2016.</p> <p>An interview was conducted on 4/20/17 at 11:25 AM with the Interim Director of Nursing (DON). She stated, "We shouldn't have expired medications in the medication room."</p> <p>An interview was conducted on 4/20/17 at 11:45 AM with the facility Administrator. She stated her expectation was to have no expired medications in the medication storage room.</p>	F 431			