PRINTED: 07/06/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345415	B. WING_			C 06/02/2017	
	ROVIDER OR SUPPLIER E REHABILITATION AND	D LIVING CTR	•	STREET ADDRESS, CITY, STATE, ZIP CO 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	DDE		
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F 309 SS=G	FOR HIGHEST WELL 483.24 Quality of life Quality of life is a fur applies to all care an residents. Each resifacility must provide services to attain or a practicable physical, well-being, consister comprehensive asses 483.25 Quality of care Quality of care is a fur applies to all treatment facility residents. Basessment of a resithat residents receive accordance with profipractice, the comprecare plan, and the rebut not limited to the (k) Pain Management The facility must ensigned to residents consistent with profest the comprehensive pand the residents who requires services, consistent of practice, the comprehensive pand the residents who requires revices, consistent of practice, the comprehenses. This REQUIREMENT by:	adamental principle that d services provided to facility dent must receive and the the necessary care and maintain the highest mental, and psychosocial at with the resident's assment and plan of care. The continuous care provided to see on the comprehensive dent, the facility must ensure the treatment and care in fessional standards of thensive person-centered asidents' choices, including following: That the facility must ensure that the dialysis receive such with professional standards of practice, the person-centered care plan, the person-centered care plan, the person-centered care plan, the dialysis receive such with professional standards or preferences. The person-centered care plan, the dialysis receive such with professional standards or preferences and preferences are dialysis receive such with professional standards or preferences and the person-centered desidents' goals and	F3			6/19/17	
ADODATOS	Based on observation	ON,	_	Resident #96's tramadol wa	as obtained	(Ye) DATE	

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

(X6) DATE

Electronically Signed

06/19/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 923298

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345415	B. WING _			C 06/02/2017		
NAME OF PI	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/	02/2011	
				101	10 LAKEVIEW DRIVE			
PINEVILLI	E REHABILITATION AND	LIVING CTR		PII	NEVILLE, NC 28134			
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F 309	Continued From page	e 1	F 3	309				
	resident/staff/pharma	cist/nurse practitioner			and resident was medicated per			
		al record review the facility			physician's order as of 5/31/17 with			
		ain medication to 1 of 3 viewed for pain. (Resident			resident stating "The pain is gone".			
	#96)	(An audit of all pain medications was			
	,				completed as of 5/31/17 to ensure that	all		
	The findings included	l:			prescribed pain medications were			
					available.			
		mitted to the facility 07/31/16						
	with diagnoses which	. •			An Audit of 100% of residents was			
	right shoulder repair.	ant side, muscle spasms and			completed by the West Unit Nursing Coordinator, the East Unit Nursing			
	ngni shoulder repair.				Coordinator, the Nurse Manager and the	10		
	The quarterly Minimu	m Data Set dated 05/04/17			Second Shift Supervisor to ensure that			
		96 with mild cognitive			pain management was effective as of			
	impairment and takin medication.				5/31/17.			
	medication.				100% of scheduled nurses were			
	The current care plan	n for Resident #96 included a			re-educated as of 6/19/17 by the			
		d 06/01/17 noting, Resident			Pharmacy Manager related to the			
	I -	cal mobility related to stroke,			importance of the following:			
		nes to this problem area			Pain assessments			
	included physical the	rapy, occupational therapy			Availability of pain medications			
	referrals as ordered.				System for reordering pain medications			
					Steps to take when medications are no			
		titioner progress notes in the			available, such as Pixis machine, back	up		
		sident #96 included the			pharmacy	i.a.		
	following:	an assessed Resident #96			Steps to take when the Pixis machine i not in working order or the medication			
		f right shoulder repair. The			not in the Pixis, utilization of back up	3		
		dent #96 reported pain in his			pharmacy			
		scomfort with palpation of						
		well as decreased range of			Nurses that were unavailable for			
	motion. The physicia				re-education will not allowed to pass			
	1	gement syndrome (rotator			medications or work at facility until the			
		the humerus and the			education is completed.			
		cian noted Resident #96 had						
	_	lower extremity and joint			All newly hired nurses will be educated			
	contracture of the right upper extremity. The				regarding the following at the time of hi	re.		

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345415	B. WING_				02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AND	D LIVING CTR	·	10	TREET ADDRESS, CITY, STATE, ZIP CODE 10 LAKEVIEW DRIVE INEVILLE, NC 28134		
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F 309	physician assessed I voice/express conce evidence of cognitive right shoulder pain o ordered Lidoderm pashoulder. 05/30/17-The nurse Resident #96 for righ practitioner noted Reevaluation of pain to issues with osteoarth generalized discomfostroke. The nurse present and oried Review of current phrecord of Resident #96 as alert and oried Review of Current phrecord of Resident #100 PMBaclofen 5 milligram muscle spasticityLidoderm patch righ hours on, 12 hours on addition, Resident occupational therapy 01/31/17-04/05/17. Review of the X-ray Resident #96 noted addegenerative joint disotherwise, no fractur was seen.	Resident #96 as able to rns though there was a impairment. Due to the n 04/27/17 the physician atch and an X-ray of the right practitioner assessed at shoulder pain. The nurse asident #96 was seen for the right side; noting he had nor to the right side since his ractitioner assessed Resident and or to the right side since his ractitioner assessed Resident anted X 2. Tysician orders in the medical goes noted the following dered: Table 18 and 19	F	309	Pain assessments Availability of pain medications System for reordering pain medications Steps to take when medications are no available, such as Pixis machine, back pharmacy Steps to take when the Pixis machine i not in working order or the medication was not in the Pixis, utilization of back pharmacy The Director of Nursing, West Unit Nursing Coordinator, the East Unit Nursi Coordinator or the Second Shift Supervisor will report on new pain medication orders daily and validate the the medications are available during th facilities morning meeting. The Director of Nursing or the East Unit Nursing Coordinator or the West Unit Nursing Coordinator or the Second Shi Nursing supervisor will audit 5 resident per week to ensure the availability of pa medications including new admissions well as the effectiveness of the pain management regime. These audits will performed weekly x one month with reg to the QA&A committee monthly x 1 ye The QA&A committee will evaluate the findings to determine the effectiveness the plan and make changes as needed	t up sing at e t ft s ain as be port ar. se of	

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F 309	occupational therapis complaints of pain in rated as an 8 on a so severe pain). The Onhe had the pain for an and the OT felt it was and range of motion in OT noted the pain im to perform mobility ta necessary to improve set by the OT include -Resident #96 will repshoulder with a goal of perform transfers. At the end of therapy progress as follows: -At the start of therapy progress as follows: -At the start of therapy reported his right shoend of therapy Resides shoulder pain as a 4 being severe pain.) On 05/31/17 at 9:11 A observed laying in bewas in a lot of pain ar received his morning addition, Resident #9 Tramadol the day pricout of Tramadol. Review of the May 20 Administration Reconnoted the 8:00 AM do been documented as 4:00 PM dose of Trandocumented as "not go"medication not available.	of was screened by the st (OT) and noted with his right shoulder which was ale of 1-10 (with 10 being T noted Resident #96 stated in extended period of time st due to impaired strength related to the stroke. The paired Resident #96's ability sks and skilled therapy was a functional abilities. Goals and: oort decreased pain in right for no pain at rest in order to on 04/05/17 the OT noted by on 01/31/17 Resident #96 audder pain as severe. At the ent #96 reported his right on a scale of 1-10 (with 10 and Resident #96 was add. Resident #96 stated he and stated he had not dose of Tramadol. In 6 stated he missed his or and was told they were	F	309			

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F 309	work with Resident and AM-3:00 PM) stated medications yet to be asked specifically all Tramadol for Reside locked narcotic box Tramadol available and Nurse #3 stated she nurse to obtain a Trathe Pyxis MedStation dispensing system). On 05/31/17 at 10:1 supervisor) stated the operating and, as a readily accessible to Nurse #4 stated beconarcotic it required a re-ordering. Nurse are responsible for checonarcotic medication physician or nurse pand a prescription with medication wasn't a from the Pyxis MedStation did not know how lo not been working. The was present at the trecalled she had just continued need of the prescription. The Niverified she had see and wrote the prescriptions.	AM Nurse #3 (assigned to #96 on 05/31/17 from 7:00 she had not given morning tesident #96. Nurse #3 was yout the availability of the ent #96. Nurse #3 opened the and stated there was no give to Resident #96. would ask another staff amadol for Resident #96 from in (an automated medication	F3	309				

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F 309	Record for the Tran requested from Nur request the NP was #3 about her (the N #96's pain that mor recommended givir spasms until the Transfor administration. Review of the Cont Resident #96 on 05 last dose of Tramac signed as given on On 05/31/17 at 10:4 done with Nurse #6 worked with Reside PM until 05/31/17 as he recalled giving during her shift but regarding Resident gave Tramadol to Frecorded it on the 0 #6 stated she would	40 AM the Controlled Drug madol for Resident #96 was ree #3. At the time of the soverheard talking to Nurse IP's) assessment of Resident ming and the NP mg the Baclofen for muscle amadol arrived at the facility rolled Drug Record for 5/31/17 at 10:43 AM noted the dol was documented and 05/30/17 at 9:00 AM. 45 AM a phone interview was 6. Nurse #6 reported she had ent #96 on 05/30/17 from 11:00 at 7:00 AM. Nurse #6 stated several residents Tramadol couldn't recall any specifics #96. Nurse #6 stated if she Resident #96 she would have Controlled Drug Record. Nurse d not have borrowed the	F 309	,			
	never borrow a name the last dose of Trail #96 was 05/30/17 as he was having a lother shift and stated signed off for the management of the still had not receive his arm was pulling scale of 1-10 (with	ent #96 because they would cotic. Nurse #6 was informed madol signed out for Resident at 9:00 AM. Nurse #6 reported of of computer issues during there was a possibility she redication but did not give it. 59 AM Resident #96 stated he and his pain was a 10 on a 10 being severe pain.) On PM Resident #96 reported he					

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F 309	had not given Reside Tramadol or the Back NP at 10:40 AM). No understanding from the wasn't in pain but har #3 offered to go to the verify this. Nurse #3 Resident #96 and as get out of bed to eat he was hurting too mand was waiting for his stated to Resident #8 him that morning and tightness, not pain. If I am hurting. Nurse his pain level was an Nurse #3 returned to produced a paper whereport from the NP (a which noted no pain, Baclofen. Nurse #3 the Baclofen to Resident, she was planning. On 05/31/17 at 12:15 Nursing was asked if operating and she re AM. The interim Direct the Tramadol had be administration to Resident #96 the Tramadol.	his Tramadol. 3 PM Nurse #3 stated she ent #96 the 8:00 AM dose of ofen (as suggested by the urse #3 stated it was her he NP that Resident #96 d muscle tightness. Nurse e room of Resident #96 to entered the room of ked him if he was going to lunch. Resident #96 stated uch to get out of bed or eat his medication. Nurse #3 26 that the NP had assessed I he was having muscle Resident #96 responded, no, #3 asked Resident #96 what d Resident #96 replied "10". her medication cart and here she documented the at approximately 10:40 AM) muscle tightness and given was asked if she had given was asked if she had given dent #96 and she reported it "went up" at 11:24 ector of Nursing was asked if en taken out of the Pyxis for sident #96 and she	F	309			

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F 309	doses of Tramadol and The administrator start all narcotics for reside was available to be given on 05/31/17 at 12:45 done with the NP. The Resident #96 on 05/3 prescription for the Tramadol was #96. The NP stated start morning (around to describe his pain. reported his right arm she felt the right bicephis right calf and note The NP stated she might calf of Resident reported a little relief is she told Resident #96 give him the Baclofen to see if it would relieve stated she discussed her to give the Bacloff Tramadol. The NP stexpected the Bacloff minutes of their discussed her to give the Bacloff Tramadol. The NP stexpected the Bacloff Tramadol. The NP stexpected the Bacloff Tramadol was not given to Resident #3 stated she later we Resident #96 after her	dent #96 had missed several and agreed it was a concern. Ited they were going to audit ents to ensure medication iven to residents as ordered. PM a phone interview was ne NP stated she assessed 30/17 prior to writing the ramadol. The NP stated she warranted for Resident she did assess Resident #96 10:40 AM) and asked him The NP stated Resident #96 af felt "tight." The NP stated p of Resident #96 as well as and his muscles were tight. assaged the right bicep and #96 and Resident #96 from pain. The NP stated to she would have Nurse #3 and told fen while awaiting the tated she would have n to be given within 30	F	309			

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F 309	Nurse #5 verified she on 05/30/17 from 3:0 stated she recalled the available to be given stated she asked and rights to the Pyxis Moramadol for Residen nurse told her the Pyworking which was we dose of Tramadol was Resident #96 on 05/30. On 06/01/17 at 1:25 Resident #96 from 00 interviewed. The OT screened Resident #50 complained of right so she felt the pain was immobility of his right Resident #96 unders was able to report his OT explained that the always give the exact questions appropriate in pain. The OT state therapy on 01/31/17 pain level as severe, modalities were used #96 which included his state of the state of the severe was able to report his other appropriate in pain. The OT state therapy on 01/31/17 pain level as severe, modalities were used #96 which included his state of the severe was able to report his other appropriate in pain. The OT state therapy on 01/31/17 pain level as severe, modalities were used #96 which included his state of the severe was able to report his other appropriate in pain. The OT state therapy on 01/31/17 pain level as severe, modalities were used #96 which included his state of the severe was able to report his other appropriate in pain. The OT state therapy on 01/31/17 pain level as severe, modalities were used #96 which included his severe.	is AM in a phone interview we worked with Resident #96 0 PM-11:00 PM. Nurse #5 in e Tramadol was not to Resident #96. Nurse #5 other nurse with access edStation to obtain a int #96. Nurse #5 stated this is is MedStation wasn't why she charted the 4:00 isn't available on the MAR of 30/17. PM the OT that treated 1/31/17-04/05/17 was in reported when she		309	DEFICIENCY)		
	of treatment on 04/05 his pain as a 4 out of knew nursing staff we medication and there recommendations for end of his therapy or Resident #96 was dis	5/17 Resident #96 described 10. The OT stated she ere providing pain					

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F 309	report of a 4 out of 10 On 06/02/17 at 1:25 F pharmacist stated his residents to receive in the physician, especimanagement. The content wasn't aware of an ot being available to residents at the facility about Tramadol the content was a narrow obtaining from the Py On 06/02/17 at 1:33 F dispensing pharmacy Resident #96 and not for Tramadol for Resi Fax'd to the pharmac The pharmacist state filled the morning of Cacility on the 12:30 F On 06/02/17 from 3:1 Director of Nursing (Ethe availability of Traninterim DON stated the Narcotic Tuesday document any reside for narcotic refill. The nurses were responsing quantity of medication either informing the propactitioner or docum Tuesday sheet any refills. The interim DO	The tidue to Resident's #96's pain level. PM the consultant expectation was for nedications as ordered by ally medications for pain consultant pharmacist stated by issues with medications be administered to be administere	F	309			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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F 309	Continued From page	e 10	F	309			
	· -	f they were present in the		000			
		DON stated the nurses					
		ds on the Narcotic Tuesday					
		or nurse practitioner were					
		them to address when they					
	_	terim DON stated there					
		ers for staff to go by (like a					
		dications remaining), just					
	when the need was s	een. The interim DON					
	explained the name of	of the sheet (Narcotic					
		g to do when the need for a					
		written. The interim DON					
		esident #96 went from 9:00					
		12:20 PM on 05/31/17					
		ne interim DON stated it					
		96 missed the 4:00 PM dose 0 AM dose on 05/31/17 and					
		05/31/17 was over four					
		m DON could not explain					
		or Tramadol had not been					
		y until it was brought to the					
	•	ne interim DON stated she					
		d'the prescription to the					
		7 at 9:34 AM. The interim					
	DON stated if the me	dication was not available					
	nursing staff should a	ccess the medication from					
	_	. The interim DON stated					
		Pyxis was down the evening					
		't aware it was down the					
	_	until Nurse #4 attempted to					
		nadol for Resident #96. The					
		ney currently did not have a					
	_	supervisor but she was					
		d could have been called on					
		n DON stated the pharmacy					
		r Pyxis support. The interim cation was not available she					
		ess the Pyxis MedStation.					
		ed if the Pyxis MedStation					

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE.	(X5) COMPLETION DATE
F 333 SS=G	be notified. The interpharmacy was also a 9:00 PM. The interimon to borrow narcotics. of the approximate 1 Baclofen to Resident awaiting the Tramado would have expected. On 06/02/17 at 4:15 If she expected medical given as ordered by the administrator stated that resulted in Trama Resident #96 as ordered by the sident for the facility must ensure the facility for the facility for the physician for 1 of reviewed for pain main the findings included.	ted a supervisor or herself to im DON stated the back-up vailable until approximately a DON stated staff should. The interim DON was told 1/2 hour delay in giving #96 on 05/31/17 (while oil) and the DON stated she it to be given sooner. PM the administrator stated tions to be available and the physician. The there was a system failure adol not being given to ered. NTS FREE OF ERRORS Errors. The that its- The there was a system failure adol not being given to ered. NTS FREE OF ERRORS Errors. The that its- The that its	F3		oain est Shift	6/19/17

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345415	B. WING _		0.6	C 5/ 02/2017
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD		10212011
B				1010 LAKEVIEW DRIVE		
PINEVILL	E REHABILITATION A	ND LIVING CTR		PINEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 333	Continued From page	age 12	F 3	33		
	right shoulder reparting The quarterly Minimassessed Residen	inant side, muscle spasms and ir. mum Data Set dated 05/04/17 t #96 with mild cognitive king scheduled pain		All available nurses were re-erelated to the importance of the Pain assessments Availability of pain medication System for reordering pain medication Steps to take when medication	ne following: ns edications nns are not	
	medical record of I following: 04/27/17-The physician noted Registric right shoulder with the right shoulder a motion. The physicial records are the right shoulder a motion.	actitioner progress notes in the Resident #96 included the sician assessed Resident #96 of right shoulder repair. The esident #96 reported pain in his discomfort with palpation of as well as decreased range of cian noted it seemed bingement syndrome (rotator		available, such as Pixis mach pharmacy Steps to take if the Pixis mac working order or the medicati the Pixis, utilization of back u Nurses that were unavailable re-education will not be allow medications or work at facility education is completed.	hine is not in on is not in p pharmacy for ed to pass	
	cuff pinched betwee scapula.) Due to t 04/27/17 the physi and an X-ray of the 05/30/17-The nurs Resident #96 for ri practitioner noted I evaluation of pain issues with osteoa generalized discon	ten the humerus and the the right shoulder pain on cian ordered Lidoderm patch eright shoulder. The practitioner assessed ght shoulder pain. The nurse Resident #96 was seen for to the right side; noting he had rithritis of the right joint and infort to the right side since his practitioner assessed Resident		All newly hired nurses will be regarding the following at the Pain assessments Availability of pain medication System for reordering pain m Steps to take when medication available, such as Pixis mach pharmacy Steps to take if the Pixis mach working order or the medication the Pixis, utilization of back under the second of the pixis will be recorded.	time of hire. Is edications ons are not hine, back up thine is not in on is not in	
	record of Resident medications were a -Tramadol HCL 50 moderate to mode was scheduled to I and 4:00 PM.	#96 noted the following ordered: milligrams every 8 hours for rately severe pain. Tramadol pe given at 12:00 AM, 8:00 AM		The Director of Nursing or the Nursing Coordinator or the W Nursing Coordinator or the Se Nursing supervisor will audit to per week to ensure the availal medications. These audits will performed weekly x one monto the QA&A committee monto	est Unit econd Shift 5 residents bility of pain Il be th with report	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345415	B. WING			C 6/02/2047
NAME OF PI	ROVIDER OR SUPPLIER	0.01.0		STREET ADDRESS, CITY, STATE, ZIP CC		6/02/2017
PINEVILLI	E REHABILITATION AND	LIVING CTR		1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 333	Review of the X-ray in Resident #96 noted a degenerative joint disotherwise, no fracture was seen. On 05/31/17 at 9:11 observed laying in bewas in a lot of pain a received his morning addition, Resident #8 Tramadol the day priout of Tramadol. Review of the May 2 Administration Reconnoted the 8:00 AM dibeen documented as 4:00 PM dose of Tradocumented as "not "medication not avail on 05/31/17 was doc Resident #96 by Nur On 05/31/17 at 9:26 work with Resident #AM-3:00 PM) stated medications yet to Reasked specifically ab Tramadol for Residel locked narcotic box at the sident was a side of the side of	t shoulder every day,12 ff. results from 04/28/17 for a humeral prosthesis, mild sease of the right shoulder; e, separation or dislocation AM Resident #96 was ed. Resident #96 stated he nd stated he had not a dose of Tramadol. In 26 stated he missed his or and was told they were 017 Medication and (MAR) for Resident #96 ose of Tramadol had not a given that morning. The madol on 05/30/17 was given by Nurse #5 due to able." The 12:00 AM dose sumented as administered to se # 6. AM Nurse #3 (assigned to 196 on 05/31/17 from 7:00 she had not given morning esident #96. Nurse #3 was out the availability of the not #96. Nurse #3 opened the and stated there was no	F 33	The QA&A committee will even findings to determine the effect the plan and make changes	ectiveness of	
	Nurse #3 stated she nurse to obtain a Tra	o give to Resident #96. would ask another staff madol for Resident #96 from n (an automated medication				

F 333 Continued From page 14 dispensing system). On 05/31/17 at 10.15 AM Nurse #4 (the unit supervisor) stated the Pyxis MedStation was not operating and, as a result, Tramadol was not readily accessible to administer to Resident #86. Nurse #4 stated because Tramadol was a narcotic it required a written prescription for re-ordering. Nurse #4 stated each nurse was responsible for checking when a residents narcotic medication was "getting low" so the physician or nurse practitioner could be notified and a prescription written. Nurse #4 stated if the medication wasn't available staff should obtain it from the Pyxis MedStation. Nurse #4 stated she did not know how long the Pyxis MedStation had not been working. The Nurse Practitioner (IPP) was present at the time of the interview and recalled she had just assessed Resident #96 for continued need of the Tramadol and written a prescription. The NP looked at her notes and verified she had seen Resident #96 on 05/30/17 and wrote the prescription for the Tramadol. The NP stated she would have expected the Tramadol to be delivered from the pharmacy on 05/30/17 for administration to Resident #96 was requested from Nurse #3. At the time of the request the NP was overheard talking to Nurse #3 about her (the NPs) assessment of Resident #96's pain that morning and the NP recommended giving the Baciden for muscle spasms until the Tramadol arrived at the facility	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
PINEVILLE REHABILITATION AND LIVING CTR PINEVILLE, No. 28134 ID 10 LAKEVIEW, NO. 28134 PRIEFIX TAG F 333 Continued From page 14 dispensing system). On 05/31/17 at 10:15 AM Nurse #4 (the unit supervisor) stated the Pyxis MedStation was not operating and, as a result, Tranadol was not readily accessible to administer to Resident #96. Nurse #4 stated because Tranadol was a narcotic medication was "getting low" so the physician or nurse practitioner could be notified and a prescription written. Nurse #4 stated if the medication wasn't available staff should obtain it from the Pyxis MedStation had not been working. The Nurse Pasted of the Tranadol and written prescription for recordering. The Nurse Pasted was not operated to the continued read of the Tranadol and written prescription for recordering. Nurse #4 stated each nurse was responsible for checking when a residents narcotic medication was "getting low" so the physician or nurse practitioner could be notified and a prescription written. Nurse #4 stated she did not know how long the Pyxis MedStation had not been working. The Nurse Pasteditioner (NP) was present at the time of the interview and recalled she had just assessed Resident #96 for continued need of the Tranadol and written a prescription. The Nurse Pasteditioner (NP) was present at the time of the interview and recalled she had just assessed Resident #96 for continued need of the Tranadol and written a prescription. The Nurse Pastedient #96 for continued need of the Tranadol and written a prescription. The Nurse Pastedient #96 for continued need of the Tranadol and written a prescription. The Nurse Pastedient #96 for continued need of the Tranadol on the pasted the Assessment of the Tranadol on the Pasted State on the Pa			345415	B. WING				
FREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REQULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 14 dispensing system). On 05/31/17 at 10:15 AM Nurse #4 (the unit supervisor) stated the Pyxis MedStation was not operating and, as a result, Tramadol was not readily accessible to administer to Resident #96. Nurse #4 stated because Tramadol was a narcotic it required a written prescription for re-ordering. Nurse #4 stated each nurse was responsible for checking when a residents narcotic medication wasn't available staff should obtain it from the Pyxis MedStation. Nurse #4 stated she did not know how long the Pyxis MedStation had not been working. The Nurse Practitioner (NP) was present at the time of the interview and recalled she had just assessed Resident #96 for continued need of the Tramadol and wriffed she had seen Resident #96 no 05/30/17 and wrote the prescription for the Tramadol. The NP stated she would have expected the Tramadol to be delivered from the pharmacy on 05/30/17 for administration to Resident #96. On 05/31/17 at 10:40 AM the Controlled Drug Record for the Tramadol for Resident #96 was requested from Nurse #3. at the time of the request the NP's assessment of Resident #96's pain that morning and the NP recommended giving the Baciden for muscle spasms until the Tramadol and the Tamadol and the Tramadol spain that morning and the NP recommended giving the Baciden for muscle spasms until the Tramadol and the Recommended giving the Baciden for muscle spasms until the Tramadol and the Recommended giving the Baciden for muscle spasms until the Tramadol and the Recommended giving the Baciden for muscle spasms until the Tramadol and the Recommended giving the Baciden for muscle spasms until the Tramadol and the Recommended giving the Baciden for muscle spasms until the Tramadol and the Recommended giving the Baciden for muscle spasms until the Tramadol and the Recommended the Procommended giving the Baciden for muscle spasms until the Tramadol and the Procommended giv			D LIVING CTR		1010 LAKEVIEW DRIVE		1 00/02/2017	
dispensing system). On 05/31/17 at 10:15 AM Nurse #4 (the unit supervisor) stated the Pyxis MedStation was not operating and, as a result, Tramadol was not readily accessible to administer to Resident #96. Nurse #4 stated because Tramadol was an arcotic it required a written prescription for re-ordering. Nurse #4 stated each nurse was responsible for checking when a residents narcotic medication was "getting low" so the physician or nurse practitioner could be notified and a prescription written. Nurse #4 stated if the medication wasn't available staff should obtain it from the Pyxis MedStation. Nurse #4 stated she did not know how long the Pyxis MedStation had not been working. The Nurse Practitioner (NP) was present at the time of the interview and recalled she had just assessed Resident #96 for continued need of the Tramadol and written a prescription. The NP looked at her notes and verified she had seen Resident #96 on 05/30/17 and wrote the prescription for the Tramadol. The NP stated she would have expected the Tramadol to be delivered from the pharmacy on 05/30/17 for administration to Resident #96. On 05/31/17 at 10.40 AM the Controlled Drug Record for the Tramadol for Resident #96 was requested from Nurse #3. At the time of the request the NP was overheard talking to Nurse #3 about her (the NP's) assessment of Resident #96's pain that morning and the NP recommended giving the Baclofen for muscle spasms until the Tramadol arrived at the facility	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETION	
Review of the Controlled Drug Record for Resident #96 on 05/31/17 at 10:43 AM noted the	F 333	On 05/31/17 at 10:1 supervisor) stated the operating and, as a readily accessible to Nurse #4 stated been arcotic it required a re-ordering. Nurse responsible for checonarcotic medication physician or nurse pand a prescription wasn't a from the Pyxis Medication wasn't afrom the Pyxis Medication. The Noverified she had just continued need of the Prescription. The Noverified she had see and wrote the prescription. The Noverified she had see and wrote the prescription to On 05/31/17 at 10:4 Record for the Tramerequested from Nurs request the NP was #3 about her (the NI #96's pain that morr recommended giving spasms until the Traffor administration.	5 AM Nurse #4 (the unit ne Pyxis MedStation was not result, Tramadol was not administer to Resident #96. cause Tramadol was a written prescription for #4 stated each nurse was sking when a residents was "getting low" so the tractitioner could be notified written. Nurse #4 stated if the vailable staff should obtain it Station. Nurse #4 stated she ng the Pyxis MedStation had The Nurse Practitioner (NP) time of the interview and the assessed Resident #96 for the Tramadol and written a P looked at her notes and the Resident #96 on 05/30/17 ription for the Tramadol. The did have expected the Tramadol the pharmacy on 05/30/17 Resident #96. O AM the Controlled Drug addol for Resident #96 was see #3. At the time of the overheard talking to Nurse P's) assessment of Resident hing and the NP g the Baclofen for muscle amadol arrived at the facility colled Drug Record for	F 33	3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345415	B. WING _			C / 02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AN	D LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	1 00	02/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 333	on 05/31/17 at 10:4 done with Nurse #6. worked with Resider PM until 05/31/17 at she recalled giving so during her shift but or regarding Resident: gave Tramadol to Rerecorded it on the Cords stated she would Tramadol for Resident never borrow a narrothe last dose of Tramadol for Resident signed off for the median was having a looker shift and stated signed off for the median was pulling scale of 1-10 (with 105/31/17 at 12:00 Plastill had not received his arm was pulling scale of 1-10 (with 105/31/17 at 12:00 Plastill had not received On 05/31/17 at 12:10 had not given Resid Tramadol or the Back NP at 10:40 AM). No understanding from wasn't in pain but had #3 offered to go to the verify this. Nurse #3	ol was documented and 05/30/17 at 9:00 AM. 5 AM a phone interview was Nurse #6 reported she had at #96 on 05/30/17 from 11:00 7:00 AM. Nurse #6 stated several residents Tramadol couldn't recall any specifics #96. Nurse #6 stated if she esident #96 she would have ontrolled Drug Record. Nurse not have borrowed the ent #96 because they would otic. Nurse #6 was informed andol signed out for Resident to 9:00 AM. Nurse #6 reported to for computer issues during there was a possibility she edication but did not give it. 9 AM Resident #96 stated he to the Tramadol and he felt like and his pain was a 10 on a 0 being severe pain.) On M Resident #96 reported he is Tramadol. 3 PM Nurse #3 stated she ent #96 the 8:00 AM dose of clofen (as suggested by the urse #3 stated it was her the NP that Resident #96 to 8 entered the room of	F3	33		
	get out of bed to eat	sked him if he was going to lunch. Resident #96 stated nuch to get out of bed or eat				

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345415 B. WING C 06/02/	2/2017
NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	32017
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333 Continued From page 16 and was waiting for his medication. Nurse #3 stated to Resident #96 that the NP had assessed him that morning and he was having muscle tightness, not pain. Resident #96 responded, no, I am hurting. Nurse #3 asked Resident #96 repided 10". Nurse #3 returned to her medication cart and produced a paper where she documented the report from the NP (at approximately 10-40 AM) which noted no pain, muscle tightness and given Baclofen. Nurse #3 was asked if she had given the Baclofen to Resident #96 and she reported no, she was planning on doing that. On 05/31/17 at 12:15 PM the interim Director of Nursing was asked if the Pyxis MedStation was operating and she reported if when tup' at 11:24 AM. The interim Director of Nursing was asked if the Tramadol had been taken out of the Pyxis for administration to Resident #96 and she responded, not yet. On 05/31/17 at approximately 12:20 PM Nurse #3 reported she gave Resident #96 the (8:00 AM scheduled) Tramadol. On 05/31/17 at 12:30 PM the administrator stated she was aware Resident #96 the was a concern. The administrator stated they were going to audit all narcotics for residents to ensure medication was available to be given to residents as ordered. On 05/31/17 at 12:45 PM a phone interview was done with the NP. The NP stated she assessed Resident #96 on 05/30/17 prior to writing the prescription for the Tramadol and felt the Tramadol was warranted for Resident #96. The NP stated she fid assess Resident #96 that	

AND BLAN OF CORRECTION LINEAR TO THE CORRECTION NUMBERS		PLE CONSTRUCTION G	· '	TE SURVEY MPLETED		
		345415	B. WING _		0	C 6/02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CO 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	•	0/02/2311
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 333	reported his right arm right bicep of Resider calf and noted his mu of the tightness, the I the right bicep and right bicep a right bicep and	ne NP stated Resident #96 In felt "tight" and she felt the Int #96 as well as his right Iscles were tight. Because INP reported she massaged Ight calf of Resident #96 and Id a little relief from pain. Id Resident #96 she would It would relieve his In stated she discussed this Id her to give the Baclofen Is amadol and she would have In to be given within 30 Is sision. In a follow-up interview It would relieve his In the Baclofen It would relieve his In stated she discussed this In the Baclofen It would relieve his In stated she discussed this In the Baclofen It would relieve his In stated she discussed this In the Baclofen It would relieve his In stated she discussed this In the Baclofen It would relieve his In stated she discussed this It would relieve his In stated she discussed this It would relieve his In stated she would have In to be given within 30 In stated she would have In the Baclofen It would relieve his In stated she would have In the Baclofen It would relieve his In stated she would have In the Baclofen It would relieve his It wo	F3	33		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED		
		345415	B. WING		C 06/02/2017	
	ROVIDER OR SUPPLIER E REHABILITATION AN	ID LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		1 00/02/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 333	pharmacist stated residents to receive the physician, espemanagement. The he wasn't aware of not being available residents at the facabout Tramadol the because it was a nainvolved in the order obtaining from the FO On 06/02/17 at 1:33 dispensing pharmar Resident #96 and refor Tramadol for Refax'd to the pharmacist stafilled the morning of facility on the 12:30 On 06/02/17 from 3 Director of Nursing the availability of Trinterim DON stated the Narcotic Tuesda document any reside for narcotic refill. Thurses were resport quantity of medicatie either informing the practitioner or document any refills. The interim would physically reformurse practitione building. The interior of the interior or document any refills. The interior of nurse practitione building. The interior of the practitione of the interior of the interior of the practitione.	is expectation was for medications as ordered by cially medications for pain consultant pharmacist stated any issues with medications to be administered to lity. When asked specifically consultant pharmacist stated arcotic it was a little more ring process as well as Pyxis MedStation. B PM a pharmacist at the cy pulled up the records of oted the 05/30/17 prescription sident #96 had not been acy until 05/31/17 at 9:34 AM. ted the prescription had been fro5/31/17 and sent to the PM delivery. 15 PM-4:00 PM the interim (DON) was interviewed about amadol for Resident #96. The the facility had a form called ay form which staff utilized to lents in need of a prescription he interim DON stated all isible for looking at the ons left for residents and	F 33			

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING				SURVEY PLETED		
		345415	B. WING				C / 02/2017
	ROVIDER OR SUPPLIER E REHABILITATION ANI	D LIVING CTR	•	1010	ET ADDRESS, CITY, STATE, ZIP CODE LAKEVIEW DRIVE VILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	not in the building fo were present. The in were no set parametrocertain number of mounts when the need was explained the name Tuesday) had nothin prescription would be verified it appeared IAM on 05/30/17 untiwithout Tramadol. Tappeared Resident fron 05/30/17, the 12: the 8:00 AM dose or hours late. The interwhy the prescription Fax'd to the pharmatria facility's attention. The did not know who Fapharmacy on 05/31/DON stated if the moursing staff should the Pyxis MedStationshe did not know the of 05/30/17 and was morning of 05/31/17 access it for the Transinterim DON noted the second shift nursing available 24 hours a 05/30/17. The interiwas available 24/7 for DON stated if a med expected staff to accomply the prescription of the interim DON stated if a med expected staff to accomply the prescription of the interim DON stated if a med expected staff to accomply the prescription of the interim DON stated if a med expected staff to accomply the prescription of the interim DON stated if a med expected staff to accomply the prescription of the prescript	nor nurse practitioner were rethem to address when they need there are for staff to go by (like a sedications remaining), just seen. The interim DON of the sheet (Narcotic get odo when the need for a sewritten. The interim DON are written. The interim DON are written. The interim DON are written. The interim DON are sident #96 went from 9:00 at 12:20 PM on 05/31/17 and are written. The interim DON stated it \$96 missed the 4:00 PM dose and 05/31/17 and are written. The interim DON stated it are written by the interim DON could not explain for Tramadol had not been be until it was brought to the he interim DON stated she with the prescription to the are sident was not available access the medication from and the interim DON reported are Pyxis was down the until Nurse #4 attempted to madol for Resident #96. The ney currently did not have a supervisor but she was and could have been called on mo DON stated the pharmacy or Pyxis support. The interim ication was not available she sees the Pyxis MedStation atted if the Pyxis MedStation are defined as a parailable until but was also available until but was al	F	333			

AND DUAN OF CODDECTION IDENTIFICATION NUMBERS		1 ` ′	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345415	B. WING _			C 06/02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR	1	STREET ADDRESS, CITY, STATE, ZIP CO 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD BE HE APPROPRIAT	
F 333	approximately 9:00 P staff should not borro DON was told of the delay in giving Baclof 05/31/17 (while await DON stated she would given sooner. On 06/02/17 at 4:15 I she expected medicate given as ordered by the administrator stated the staff she will be should be	M. The interim DON stated w narcotics. The interim approximate 1 1/2 hour fen to Resident #96 on ting the Tramadol) and the ld have expected it to be PM the administrator stated attions to be available and the physician. The here was a system failure adol not being given to	F3	333		

PRINTED: 07/06/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		345415	B. WING		06/02/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
PINEVILLI	E REHABILITATION AND	LIVING CTR		1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 242 SS=D	schedules (including health care and province consistent with his or and plan of care and of this part. (f)(2) The resident has about aspects of his care significant to the resident to the resident has members of the common community activities by facility. This REQUIREMENT by: Based on observation interviews, and record honor food choices for (Resident #67). The findings included Review of Resident #Data Set dated 03/27 of intact cognition.	s a right to choose activities, sleeping and waking times), ders of health care services her interests, assessments, other applicable provisions a right to make choices or her life in the facility that resident. It is a right to interact with munity and participate in both inside and outside the ris not met as evidenced ons, resident and staff direview, the facility failed to or 1 of 3 sampled residents	F 24	, , , , , , , , , , , , , , , , , , ,	
	breakfast meal of 05/2 #67 was not to be ser cocktail, green beans strawberries, zucchin	31/17 revealed Resident ved fried foods, fruit , okra, peaches, squash,		All newly hired Dietary staff will be educated at the time of hire on the importance of resident choices with regard to food choices.	
	AM revealed his mea tomatoes which he di	ls frequently contained d not like. Resident #67		The Dietary Manager will audit 5 trays week for accuracy to include food	
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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

Electronically Signed

06/19/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	IENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345415	B. WING _		06/02/2017
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F 242	Resident #67 exp a sandwich serve explained he com 5 months ago" bu served. Resident serving of tomatocare. Observation of Redelivered by Nurs 12:51 PM reveale sandwich. The sastices. Resident sandwiches frequilike the main entre tomato slices and Interview with NA revealed she did in the sandwich. Nawere responsible food choices. Observation of Redelivered strawber did not like strawber did	page 1 nato slices on a napkin. lained the tomatoes came from d on 05/30/17. Resident #67 plained to the kitchen staff "4 or t tomatoes continued to be #67 reported the continued es indicated the facility did not esident #67's lunch meal, e Aide (NA) #1, on 06/01/17 at d Resident #67 received a andwich contained 2 tomato #67 explained he ordered ently since he did not usually e. Resident #67 removed the threw them into the trash can. #1 on 06/01/17 at 12:58 PM not notice the tomato slices on a #1 explained the kitchen staff for honoring Resident #67's resident #67's supper meal on PM revealed Resident #67 reported he perries and pointed to the dietary strawberry dislike. dietary manager (DM) on AM revealed he did not recall if orted the frequent serving of M explained the cook should in on Resident #67's dietary slip natoes and strawberries. interim Director of Nursing 7 at 9:49 AM revealed she	F 2	preferences honored with a findings weekly to the adminishmenth The Dietary Manager will in findings to the QA&A committee will effectiveness of the plan as changes to the plan as needs.	eport these mittee quarterly evaluate the nd make

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 242 F 279 SS=D		ff to read the diet slip and ich contained a dislike. 1) DEVELOP	F 24		6/19/17
	assessments comple months in the resider results of the assess and revise the resider plan.	ust maintain all resident eted within the previous 15 nt's active record and use the ments to develop, review ent's comprehensive care			
	comprehensive persice each resident, consists set forth at §483.10(dincludes measurable to meet a resident's and psychosocial necomprehensive assecare plan must describe (i) The services that or maintain the resident physical, mental, and required under §483.24(§483) provided due to the resident provided to the resident	develop and implement a con-centered care plan for stent with the resident rights c)(2) and §483.10(c)(3), that objectives and timeframes medical, nursing, and mental eds that are identified in the ssment. The comprehensive ribe the following - are to be furnished to attain ent's highest practicable of psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ding the right to refuse			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		E SURVEY PLETED
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F 279	rehabilitative serv provide as a resul recommendations findings of the PA rationale in the recommendation resident's represe (iv)In consultation resident's represe (A) The resident's desired outcomes (B) The resident's future discharge. whether the reside community was a local contact ager entities, for this purities, as appropriar requirements set section. This REQUIREMED by: Based on observing record review the comprehensive cand individualized residents at risk for the findings incluires and osteoarthritis.	deservices or specialized ices the nursing facility will to f PASARR If a facility disagrees with the SARR, it must indicate its sident's medical record. with the resident and the ntative (s)- goals for admission and preference and potential for Facilities must document ent's desire to return to the assessed and any referrals to incies and/or other appropriate arrose. In sin the comprehensive care atte, in accordance with the forth in paragraph (c) of this enter in a service of the interviews, and facility failed to develop a are plan which included specific approaches for 1 of 4 sampled or weight loss (Resident #49). In admitted to the facility on gnoses which included dementia	F 2	The nutritional care plan for was evaluated and updated to reflect current intervention. All care plans for residents risk were reviewed by the F Dietician and interventions and updated by 6/6/17. The Dietary Manager or Re Dietician will initiate a care resident who has been deen nutritional risk including new	d as of 6/5/17 ons at nutritional Registered were evaluated egistered plan for any emed to be at	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		X3) DATE SURVEY COMPLETED
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F 279	Set (MDS) dated 12/assessment of seven MDS indicated Residafter set up, received with no significant we Review of Resident # Area Assessment (C. the registered dieticia Resident #49's weight reflected a weight los months with a BMI (Enormal range at 15.5 fat based on weight a considered underwein National Institute of Edocumented Resider nutritional supplement additional 580 kilocal protein twice daily. The weight gain was designed was designed to the registered at 12/28/16 revealed at 1	ely impaired cognition. The lent #49 ate independently a mechanically altered diet eight loss or gain. #67's Nutritional Status Care AA) dated 12/28/16 revealed an (RD) documented of 682 pounds on 12/13/16 as of 5.7% in the past 6 and (RD) documented of 682 pounds on 12/13/16 as of 5.7% in the past 6 and height; under 18.5 is ght as defined by the dealth.) The RD of the Health.) The RD of the Health and the provided an ories and 18 grams of the CAA indicated a gradual rable. The dated 12/28/16 revealed of the monitored. #49's care plan dated goal of weight maintenance. In the was no	F 27	The Dietary Manager or Reg Dietician will update the care time a goal or intervention has with new goal or updated into The Dietary Manager was reregarding the importance of individualized and up-dated or residents at nutritional risk of the Nurse Manager. The MDS Coordinator will auplans for residents at nutrition week for correct and relevan interventions x one month with the QA&A committee monthly month, then five care plans point with report to the QA&A communities will ever effectiveness of the plan and changes as indicated.	e plan each as changed erventions. -educated an care plan for n 6/14/17 by dit five care nal risk per t tth report to y x one per month mittee aluate the	,

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F 279	#49 consumed 1009 sandwich. Interview with Nurse 1:31 PM revealed R sandwiches frequent assigned monitoring did not notice if Res nutritional supplemental suppl	ritional supplement. Resident % of a grilled cheese 2 Aide (NA) #3 on 06/01/17 at esident #49 ate grilled cheese tly. NA #3 explained she was a of the main dining room and ident #49 received a frozen ent. 1 revealed Resident #49 zen nutritional supplement upper meals. The DM 1 cheese sandwich was added Resident #49's family eported development of the end with the registered eported the interventions of I supplements and grilled sted on the care plan. 1 terim Director of Nursing at 9:50 AM revealed she example at 9:50 AM revealed she	F 27	79		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 309 F 309 SS=G	FOR HIGHEST WELL 483.24 Quality of life is a fur applies to all care ar residents. Each resifacility must provide services to attain or practicable physical, well-being, consister comprehensive asset 483.25 Quality of care Quality of care is a frapplies to all treatmet facility residents. Bas assessment of a resthat residents receiv accordance with propractice, the comprecare plan, and the rebut not limited to the (k) Pain Management The facility must ensidents residents.	PROVIDE CARE/SERVICES L BEING Indamental principle that and services provided to facility dent must receive and the the necessary care and maintain the highest mental, and psychosocial and with the resident's essment and plan of care. The fundamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure the treatment and care in fessional standards of hensive person-centered esidents' choices, including following:	F 30 F 30	9		6/19/17	
	the comprehensive pand the residents' go (I) Dialysis. The faci residents who requir services, consistent of practice, the compcare plan, and the repreferences.	e dialysis receive such with professional standards prehensive person-centered					

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F 309	Continued From p	page 7	F 30	09	
1 000	Based on observer resident/staff/pharinterviews and metailed to administe sampled residents #96) The findings inclusive Resident #96 was with diagnoses what affecting right don right shoulder report The quarterly Minassessed Resider impairment and taggreen interviews and taggreen resident with the control of the contro	ation, rmacist/nurse practitioner edical record review the facility er pain medication to 1 of 3 s reviewed for pain. (Resident ded: e admitted to the facility 07/31/16 nich included hemiplegia ninant side, muscle spasms and	1 31	Resident #96's tramadol w and resident was medicated physician's order as of 5/31 resident stating "The pain is An audit of all pain medicated completed as of 5/31/17 to prescribed pain medication available. An Audit of 100% of resident completed by the West Unit Coordinator, the East Unit I Coordinator, the Nurse Mar Second Shift Supervisor to pain management was effee 5/31/17.	d per /17 with s gone". ions was ensure that all s were nts was t Nursing Nursing nager and the ensure that
	problem area initia #96 has limited ph weakness. Approincluded physical referrals as ordered. Physician/nurse pmedical record of following: 04/27/17-The phy and noted a histor physician noted Right shoulder with the right shoulder motion. The physician consistent with im cuff pinched betwescapula.) The physician in the physician roted in the right shoulder motion.	plan for Resident #96 included a lated 06/01/17 noting, Resident hysical mobility related to stroke, eaches to this problem area therapy, occupational therapy ed. ractitioner progress notes in the Resident #96 included the sician assessed Resident #96 ry of right shoulder repair. The lesident #96 reported pain in his in discomfort with palpation of as well as decreased range of ician noted it seemed pingement syndrome (rotator een the humerus and the sysician noted Resident #96 had light lower extremity and joint		100% of scheduled nurses re-educated as of 6/19/17 to Pharmacy Manager related importance of the following Pain assessments Availability of pain medicatic System for reordering pain Steps to take when medicate available, such as Pixis mat pharmacy Steps to take when the Pixinot in working order or the not in the Pixis, utilization of pharmacy Nurses that were unavailable re-education will not allowed medications or work at facile education is completed. All newly hired nurses will to	ons ons medications tions are not chine, back up s machine is medication is f back up

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					<u> </u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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F 309	physician assessed F voice/express concer evidence of cognitive right shoulder pain or ordered Lidoderm par shoulder. 05/30/17-The nurse participation of pain to dissue with osteoarth generalized discomfostroke. The nurse participation of Resident #96 as alert and orier Review of current phyrecord of Resident #96 medications were ordered to moderate to moderate was scheduled to be and 4:00 PM. Baclofen 5 milligram muscle spasticity. Lidoderm patch right hours on, 12 hours of In addition, Resident occupational therapy 01/31/17-04/05/17. Review of the X-ray race Resident #96 noted addition and fracture was seen.	ant upper extremity. The Resident #96 as able to as though there was impairment. Due to the a 04/27/17 the physician that and an X-ray of the right exactitioner assessed a shoulder pain. The nurse sident #96 was seen for the right side; noting he had ritis of the right joint and ant to the right side since his actitioner assessed Resident at the X 2. Assician orders in the medical reference of the following ered: Illigrams every 8 hours for rely severe pain. Tramadol given at 12:00 AM, 8:00 AM as as needed twice a day for shoulder every day, 12 ft. #96 had physician orders for to evaluate and treat from the esults from 04/28/17 for humeral prosthesis, mild ease of the right shoulder; e, separation or dislocation	F	309	regarding the following at the time Pain assessments Availability of pain medications System for reordering pain med Steps to take when medications available, such as Pixis machine pharmacy Steps to take when the Pixis manot in working order or the medication of the pixis, utilization of pharmacy The Director of Nursing, West Unit Coordinator or the Second Shift Supervisor will report on new pare medication orders daily and valid the medications are available defacilities morning meeting. The Director of Nursing or the Endursing Coordinator or the West Nursing Coordinator or the West Nursing Coordinator or the Second Shift Supervisor will audit 5 reper week to ensure the availabil medications including new admit well as the effectiveness of the programmed weekly x one month to the QA&A committee will evaluate findings to determine the effective the plan and make changes as in the plan and plan and plan and plan	ications are not e, back used in achine is achine is achine is action of back used in a chine is an achine is achine	ing ing it it inin as be ort ar.
		al therapy documentation in Resident #96 noted the					

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F 309	occupational therap complaints of pain in rated as an 8 on a severe pain). The Content had the pain for and the OT felt it was and range of motion OT noted the pain in to perform mobility to necessary to improve set by the OT includencessary	#96 was screened by the ist (OT) and noted with in his right shoulder which was scale of 1-10 (with 10 being DT noted Resident #96 stated an extended period of time as due to impaired strength in related to the stroke. The impaired Resident #96's ability tasks and skilled therapy was ave functional abilities. Goals led: eport decreased pain in right I for no pain at rest in order to be you on 04/05/17 the OT noted	F 309		
	Review of the May 2 Administration Reco noted the 8:00 AM 0 been documented a 4:00 PM dose of Tra documented as "not	2017 Medication ord (MAR) for Resident #96 dose of Tramadol had not is given that morning. The amadol on 05/30/17 was t given" by Nurse #5 due to ilable." The 12:00 AM dose			

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F 309	Resident #96 by No. On 05/31/17 at 9:20 work with Resident AM-3:00 PM) state medications yet to asked specifically a Tramadol for Resid locked narcotic box Tramadol available Nurse #3 stated sh nurse to obtain a Tothe Pyxis MedStatic dispensing system) On 05/31/17 at 10: supervisor) stated to operating and, as a readily accessible to Nurse #4 stated be narcotic it required re-ordering. Nurse responsible for che narcotic medication physician or nurse and a prescription of medication wasn't a from the Pyxis Med did not know how long the prescription. The North Pycician of the pycician of the recalled she had jucontinued need of the prescription. The North Pycician of the prescription.	commented as administered to curse # 6. 6 AM Nurse #3 (assigned to #96 on 05/31/17 from 7:00 d she had not given morning Resident #96. Nurse #3 was about the availability of the ent #96. Nurse #3 opened the end stated there was no to give to Resident #96. e would ask another staff ramadol for Resident #96 from on (an automated medication	F 30	9		
	and wrote the preson	cription for the Tramadol. The Id have expected the Tramadol on the pharmacy on 05/30/17				

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F 309	Record for the Tram requested from Nurs request the NP was #3 about her (the NI #96's pain that morr recommended giving spasms until the Trafor administration. Review of the Contr Resident #96 on 05/last dose of Tramad signed as given on 00 On 05/31/17 at 10:4 done with Nurse #6. worked with Resident PM until 05/31/17 at she recalled giving siduring her shift but or regarding Resident gave Tramadol to Rigare Tramadol for Resident recorded it on the Cillian #6 was 05/30/17 at she was having a lound her shift and stated	Resident #96. 0 AM the Controlled Drug adol for Resident #96 was se #3. At the time of the overheard talking to Nurse P's) assessment of Resident	F 30		
	still had not received his arm was pulling	9 AM Resident #96 stated he d the Tramadol and he felt like and his pain was a 10 on a 0 being severe pain.) On			

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F 309	On 05/31/17 at 12:13 had not given Resided Tramadol or the Back NP at 10:40 AM). Nu understanding from the wasn't in pain but had #3 offered to go to the verify this. Nurse #3 Resident #96 and ask get out of bed to eat he was hurting too mu and was waiting for his stated to Resident #9 him that morning and tightness, not pain. For I am hurting. Nurse #3 his pain level was and Nurse #3 returned to produced a paper whereport from the NP (are which noted no pain, Baclofen. Nurse #3 with the Baclofen to Resident, she was planning. On 05/31/17 at 12:15 Nursing was asked if operating and she repart from the Tramadol had been administration to Resident Paperoximately 12:20 for approximately 12:20 for a first pain for the Tramadol had been administration to Resident Paperoximately 12:20 for approximately 12:20 for a first paper where the Tramadol had been administration to Resident Paperoximately 12:20 for approximately 12:20 for a first paper where the Tramadol had been administration to Resident Paperoximately 12:20 for approximately 12:20 for a first paper where the Tramadol had been administration to Resident Paperoximately 12:20 for approximately 12:20 for a first paper where the Tramadol had been administration to Resident Paperoximately 12:20 for approximately 12:20 for a first paper where the Tramadol had been administration to Resident Paperoximately 12:20 for a first paperoximately 12:20 for a	Resident #96 reported he his Tramadol. PM Nurse #3 stated she nt #96 the 8:00 AM dose of ofen (as suggested by the rse #3 stated it was her he NP that Resident #96 It muscle tightness. Nurse the room of Resident #96 to entered the room of sed him if he was going to be unch. Resident #96 stated such to get out of bed or eat its medication. Nurse #3 that the NP had assessed he was having muscle the sident #96 responded, no, 13 asked Resident #96 replied "10". The redication cart and the ere she documented the trapproximately 10:40 AM) muscle tightness and given was asked if she had given ent #96 and she reported on doing that. PM the interim Director of the Pyxis MedStation was ported it "went up" at 11:24 ctor of Nursing was asked if en taken out of the Pyxis for ident #96 and she	F	309			

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		345415	B. WING _			06/02/2017
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 309	she was aware Residoses of Tramadol at The administrator stall narcotics for residowas available to be as a valiable to the Tramadol was a valiable to the Tramadol was a valiable to describe his pain. The NP stated that morning (around to describe his right and not the NP stated she right calf of Residen reported a little relies the told Resident as the told Resident as a valiable to see if it would relies the told Resident as a valiable to see if it would relies the to give the Backet to give the Backet Tramadol. The NP as a valiable to the told Resident as a valiable to the tol	o PM the administrator stated dent #96 had missed several and agreed it was a concern. atted they were going to audit dents to ensure medication given to residents as ordered. 5 PM a phone interview was the NP stated she assessed 30/17 prior to writing the framadol. The NP stated she is warranted for Resident she did assess Resident #96 dt 10:40 AM) and asked him. The NP stated Resident #96 m felt "tight." The NP stated ep of Resident #96 as well as sed his muscles were tight. In the NP stated the from pain. The NP stated ep of Resident #96 m felt with the Tramadol arrived are well as the would have Nurse #3 and told often while awaiting the stated she would have een to be given within 30	F	309		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED	
		345415	B. WING _			06/02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AN	D LIVING CTR	•	STREET ADDRESS, CITY, STATE, ZIP CO 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	•	
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F 309	Continued From paç	ge 14	F:	309		
	Nurse #5 verified shon 05/30/17 from 3:0 stated she recalled to available to be giver stated she asked an rights to the Pyxis M Tramadol for Residenurse told her the Pyworking which was adose of Tramadol wyw. Resident #96 on 05/20 On 06/01/17 at 1:25 Resident #96 from 00 interviewed. The O'screened Resident accomplained of right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was immobility of his right she felt the pain was able to report hotoreways give the exact questions appropriate in pain. The OT state therapy on 01/31/17 pain level as severe modalities were use #96 which included electrical stimulation of treatment on 04/0 his pain as a 4 out of knew nursing staff with medication and ther recommendations for end of his therapy of	PM the OT that treated 11/31/17-04/05/17 was T reported when she 196 on 01/31/17 he shoulder pain. The OT stated is related to his stroke and it side. The OT stated is pain using this scale. The rough Resident #96 could not could rest date she felt he answered tely, including whether he was ted at the beginning of Resident #96 described his. The OT stated various d to treat the pain of Resident heat packs, exercise and in the OT stated at the end 15/17 Resident #96 described if 10. The OT stated she vere providing pain				

AND DI AN OF CORRECTION IDENTIFICATION NUMBER			IPLE CONSTRUCTION NG	(X3	(X3) DATE SURVEY COMPLETED	
		345415	B. WING _			06/02/2017
	ROVIDER OR SUPPLIER E REHABILITATION ANI	D LIVING CTR	·	STREET ADDRESS, CITY, STATE, ZIP 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 309	shoulder at rest not a report of a 4 out of 1 On 06/02/17 at 1:25 pharmacist stated his residents to receive the physician, especimanagement. The che wasn't aware of a not being available to residents at the facility about Tramadol the because it was a nation of the order obtaining from the P On 06/02/17 at 1:33 dispensing pharmack Resident #96 and not for Tramadol for Research to the pharmacist state filled the morning of facility on the 12:30 On 06/02/17 from 3: Director of Nursing (the availability of Trainterim DON stated to the Narcotic Tuesday document any reside for narcotic refill. The nurses were responsite quantity of medicatic either informing the position of the pharmacist state of the Narcotic Tuesday document any reside for narcotic refill. The nurses were responsite quantity of medicatic either informing the paramaches.	al for no pain in the right met due to Resident's #96's 0 pain level. PM the consultant sexpectation was for medications as ordered by ially medications for pain consultant pharmacist stated my issues with medications to be administered to ty. When asked specifically consultant pharmacist stated rootic it was a little more ing process as well as yxis MedStation. PM a pharmacist at the y pulled up the records of oted the 05/30/17 prescription ident #96 had not been by until 05/31/17 at 9:34 AM. and the prescription had been 05/31/17 and sent to the PM delivery. 15 PM-4:00 PM the interim DON) was interviewed about madol for Resident #96. The he facility had a form called y form which staff utilized to ents in need of a prescription in the interim DON stated all sible for looking at the one left for residents and	F3	309		
	Tuesday sheet any r	esident needs for narcotic ON stated typically nurses				

OLIVILIY	O T OIT MEDIO, TILE &	· · · · · · · · · · · · · · · · · · ·				CIVID ITC	7. 0000 000 I
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345415	B. WING			06/	02/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	010 LAKEVIEW DRIVE		
PINEVILLE	E REHABILITATION AND	LIVING CTR		F	PINEVILLE, NC 28134		
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F 309	Continued From page	e 16	F	309			
	· -	ort the need to the physician		000			
		f they were present in the					
		DON stated the nurses					
		ds on the Narcotic Tuesday					
		or nurse practitioner were					
		them to address when they					
		terim DON stated there					
	-	ers for staff to go by (like a					
		dications remaining), just					
	when the need was s	een. The interim DON					
	explained the name of	of the sheet (Narcotic					
		g to do when the need for a					
		written. The interim DON					
		esident #96 went from 9:00					
		12:20 PM on 05/31/17					
		ne interim DON stated it					
		96 missed the 4:00 PM dose					
		0 AM dose on 05/31/17 and					
		05/31/17 was over four					
		m DON could not explain for Tramadol had not been					
		y until it was brought to the					
	-	ne interim DON stated she					
	_	k'd the prescription to the					
		7 at 9:34 AM. The interim					
		dication was not available					
		ccess the medication from					
	_	. The interim DON stated					
	_	Pyxis was down the evening					
		I't aware it was down the					
	morning of 05/31/17 (until Nurse #4 attempted to					
	_	nadol for Resident #96. The					
		ney currently did not have a					
		supervisor but she was					
	_	d could have been called on					
	05/30/17. The interin	n DON stated the pharmacy					
		r Pyxis support. The interim					
	DON stated if a medi-	cation was not available she					
	expected staff to acce	ess the Pyxis MedStation.					

PRINTED: 07/06/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345415	B. WING			06/	02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		10	TREET ADDRESS, CITY, STATE, ZIP CODE 110 LAKEVIEW DRIVE INEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	was down she expect be notified. The interpharmacy was also a 9:00 PM. The interim not borrow narcotics. of the approximate 1 Baclofen to Resident awaiting the Tramado would have expected. On 06/02/17 at 4:15 Fishe expected medical given as ordered by the administrator stated that resulted in Trama Resident #96 as ordered that resident #96 as ordered #97 as ordered that resident #97 as ordered #98 as ordered #98 as ordered #98 as ordered #99 a	ted if the Pyxis MedStation ted a supervisor or herself to im DON stated the back-up vailable until approximately in DON stated staff should. The interim DON was told 1/2 hour delay in giving #96 on 05/31/17 (while oil) and the DON stated she it to be given sooner. PM the administrator stated tions to be available and the physician. The there was a system failure adol not being given to the end of the physician. The there was a system failure adol not being given to the end. ITAIN NUTRITION STATUS BLE and hydration. It and gastrostomy tubes, and scopic gastrostomy and copic jejunostomy, and on a resident's essment, the facility must the facility must the state of the parameters of nutritional body weight or desirable and electrolyte balance, unless condition demonstrates that resident preferences		325			6/19/17

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		E SURVEY PLETED
		345415	B. WING		06	/02/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
DINEVILL	E REHABILITATION AND	ALIMING CTP		1010 LAKEVIEW DRIVE		
PINEVILLI	E REHABILITATION AND	LIVING CIR		PINEVILLE, NC 28134		
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F 325	Continued From pag	e 18	F 32	5		
	This REQUIREMENT	Γ is not met as evidenced				
	facility failed to provid	s, and record review, the de a nutritional supplement		Resident # 49 was given the order supplement as of 6/2/17.		
	(Resident #49).	sidents at risk for weight loss		An audit of all residents with ordere nutritional supplements was compl the Registered Dietician as of 6/6/	leted by 17 to	
	The findings included			ensure that they are receiving nutri supplements per physician's order.		
		Imitted to the facility on ses which included dementia		The Dietary Manager will review no supplement orders daily to ensure they are reflected on the MAR or tr	that	
	revealed Resident #4	s orders dated 12/12/16 49 should receive a frozen nt twice daily with the lunch		and report on new supplements, in new admissions during the facility morning meeting.		
	Set (MDS) dated 12/ assessment of sever MDS indicated Resid	#49's annual Minimum Data 16/16 revealed an ely impaired cognition. The lent #49 ate independently ived a mechanically altered		All Dietary and Nursing staff were re-educated regarding the importal providing nutritional supplements a ordered as of 6/19/17. Dietary and Nursing staff who were	as	
	diet with no significar	nt weight loss or gain.		unavailable for the re-education wi allowed to work until the education	Il not be	
	Area Assessment (C	#67's Nutritional Status Care AA) dated 12/28/16 revealed		complete.		
	reflected a weight los months with a BMI (E	an (RD) documented at of 82 pounds on 12/13/16 as of 5.7% in the past 6 Body Mass Index) below . (BMI is a measure of body		Newly hired Dietary and Nursing si be educated regarding the importa receiving nutritional supplements a time of hire.	nce of	
	fat based on weight a considered underwei National Institute of H documented Resider nutritional supplemen	and height; under 18.5 is ght as defined by the Health.) The RD nt #49 received a frozen		The DON, The West Unit Nursing Coordinator or the East Unit Nursing Coordinator will audit 5 residents p week on the administration of nutri supplements x one month with rep the administrator weekly.	er tional	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345415	B. WING		0	6/02/2017	
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR	•	STREET ADDRESS, CITY, STATE, ZIP COE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 325	Review of a RD's not Resident #49's weight supplement should be Review of Resident #12/28/16 revealed a glinterventions included and intake monitoring Review of Resident #02/20/17 revealed and impaired cognition. The significant weight loss Review of Resident #102/20/17 revealed and impaired cognition. The significant weight loss Review of Resident #103/07/17, 04/08/17 and Review of Resident #103/07/17, 04/08/17 and Review of Resident #103/07/17, 04/08/17 and Review of Resident #103/07/17. Observation on 05/30 PM revealed Resider contain a frozen nutritional sup with the lunch meal. 75% of the lunch meal. 75% of the lunch meal.	The CAA indicated a gradual rable. The dated 12/28/16 revealed at, intake and acceptance of e monitored. #49's care plan dated goal of weight maintenance. d delivery of diet with weight go. #49's quarterly MDS dated assessment of severely The MDS indicated Resident ly after set-up with no s. #49's weight measurements go 83 pounds (lbs.) on 22/03/17, 81 lbs. on and on 05/05/17. #49's electronic Medication and (eMAR) revealed goen nutritional acceptance at meals from 05/30/17 to 10/17 from 1:05 PM to 1:40 and #49's lunch meal did not attional supplement. Resident the meal tray indicated a plement should be served Resident #49 consumed al. At 1:41 PM, Resident com without receipt of a	F 32	The DON will report monthly results of these audits once pone month, once per quarter. The QA&A committee will evaluating of these audits and eleftectiveness of the plan and changes as indicated.	oer month x x 11 months. aluate the evaluate the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345415	B. WING			06	/02/2017	
	ROVIDER OR SUPPLIER E REHABILITATION AND) LIVING CTR	·	1010 L	T ADDRESS, CITY, STATE, ZIP CODE AKEVIEW DRIVE /ILLE, NC 28134			
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F 325	PM revealed Resider contain a frozen nutritional supwith the lunch meal. % of the lunch meal. left the dining room woutritional supplemental trays. NA #3 exprovided frozen nutritional frozen nutritional supplemental trays. NA #3 exprovided frozen nutritional supplemental frozen nutritional frozen nutritional supplemental frozen nutritional froze	and the supplement it	F	325				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345415	B. WING		06/02	2/2017
	ROVIDER OR SUPPLIER E REHABILITATION AND) LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 325	Resident #49 during staff in the dining roc consumption of meal Interview with the die 06/02/17 at 9:31 AM should receive a froz with the lunch and seexplained staff should dietary slip and check delivery. Interview with the nuat 9:47 AM revealed to receive a frozen nudaily as ordered. Interview with the int (DON) on 06/02/17 at expected Resident #frozen nutritional supreported she expecte frozen nutritional supreported she expected frozen nutritional supreported she	reported she did not observe lunch meal and relied on on the tomonitor receipt and is. Setary manager (DM) on revealed Resident #49 ten nutritional supplement upper meals. The DM did follow the guidance on the kicompliance prior to meal The practitioner on 06/02/17 the expected Resident #49 to receive the ordered upplements. The interim DON the did nursing staff to obtain the upplement if omitted by the with interim DON on 06/02/17 the Resident #49 weighed 82 the with the registered dietician 2:20 PM revealed Resident	F 32	5		
F 333	483.45(f)(2) RESIDE		F 33	3	6	5/19/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345415	B. WING			06/02/2017	
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 333 SS=G	SIGNIFICANT MED II 483.45(f) Medication The facility must ensit (f)(2) Residents are formedication errors. This REQUIREMENT by: Based on observation resident/staff/pharmal interviews and medication for 1 of reviewed for pain material materia	ERRORS Errors. ure that its- ree of any significant is not met as evidenced on, acist/nurse practitioner real record review the facility ain medication as ordered by a sampled residents nagement. (Resident #96) d: amitted to the facility 07/31/16	F 33	Resident #96's tramadol was obtained resident was medicated per physician's order as of An audit of all residents with order medications was completed by the Unit Nursing Coordinator, East Unit Nursing Coordinator and the Sec Supervisor as of 5/31/17 to ensure prescribed pain medications were available. All available nurses were re-edu	ered pain he West Jnit cond Shift ire that all re		
	assessed Resident # impairment and takin medication. Physician/nurse prac medical record of Re following: 04/27/17-The physici and noted a history o physician noted Resi right shoulder with di the right shoulder as motion. The physicia	titioner progress notes in the sident #96 included the an assessed Resident #96 if right shoulder repair. The dent #96 reported pain in his scomfort with palpation of well as decreased range of		related to the importance of the final Pain assessments Availability of pain medications System for reordering pain medications available, such as Pixis machine pharmacy Steps to take if the Pixis machine working order or the medication the Pixis, utilization of back up p Nurses that were unavailable for re-education will not be allowed medications or work at facility uneducation is completed.	cations are not e, back up e is not in is not in harmacy to pass		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345415	B. WING _			06/	02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		10	TREET ADDRESS, CITY, STATE, ZIP CODE 110 LAKEVIEW DRIVE INEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 333	scapula.) Due to the 04/27/17 the physicia and an X-ray of the ri 05/30/17-The nurse properties and an X-ray of the ri 05/30/17-The nurse properties are all at the evaluation of pain to issues with osteoarth generalized discomfostroke. The nurse properties are all and ories are all at the evaluation of Resident #8 medications were or an evaluation of Resident #9 moderate to moderate was scheduled to be and 4:00 PM. Baclofen 5 milligram muscle spasticity. Lidoderm patch righthours on, 12 hours on Review of the X-ray righthours on, 12 hours on Review of the X-ray righthours, no fracture was seen. On 05/31/17 at 9:11 observed laying in bewas in a lot of pain an received his morning addition, Resident #8	a the humerus and the right shoulder pain on an ordered Lidoderm patch ght shoulder. Coractitioner assessed to shoulder pain. The nurse sident #96 was seen for the right side; noting he had writis of the right joint and fort to the right side since his actitioner assessed Resident actitioner a	F3	333	All newly hired nurses will be educated regarding the following at the time of hir Pain assessments Availability of pain medications System for reordering pain medications Steps to take when medications are not available, such as Pixis machine, back pharmacy Steps to take if the Pixis machine is not working order or the medication is not in the Pixis, utilization of back up pharmach. The Director of Nursing or the East Unit Nursing Coordinator or the West Unit Nursing Coordinator or the Second Shit Nursing supervisor will audit 5 resident per week to ensure the availability of particular medications. These audits will be performed weekly x one month with region the QA&A committee monthly x 1 yees. The QA&A committee will evaluate the findings to determine the effectiveness the plan and make changes as needed.	re. t up t in cy t ft s ain cort ar.	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
		345415	B. WING _			06/02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AN	D LIVING CTR	1	STREET ADDRESS, CITY, STATE, ZIP CO 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 333	noted the 8:00 AM of been documented a 4:00 PM dose of Tradocumented as "not "medication not avairon 05/31/17 was don Resident #96 by Nuron 05/31/17 at 9:26 work with Resident AM-3:00 PM) stated medications yet to Rasked specifically at Tramadol for Reside locked narcotic box Tramadol available to Nurse #3 stated she nurse to obtain a Trathe Pyxis MedStation dispensing system). On 05/31/17 at 10:1 supervisor) stated the operating and, as a readily accessible to Nurse #4 stated beconstructed in the Pyxis MedStation operating. Nurse #4 responsible for checonstruction in the Pyxis MedStation physician or nurse pand a prescription with medication wasn't at from the Pyxis MedStation to the Pyxis MedStation of the Pyxis MedStation wasn't at from the Pyxis MedStation wasn't at from the Pyxis MedStation of the Pyxis MedStation of the Pyxis MedStation wasn't at from the Pyxis MedStation of the Pyxis MedStation wasn't at from the Pyxis MedStation of the Pyxis M	2017 Medication and (MAR) for Resident #96 dose of Tramadol had not a given that morning. The simadol on 05/30/17 was given" by Nurse #5 due to diable." The 12:00 AM dose cumented as administered to a see #6. AM Nurse #3 (assigned to a see #96 on 05/31/17 from 7:00 and she had not given morning the seident #96. Nurse #3 was about the availability of the sent #96. Nurse #3 opened the and stated there was no see would ask another staff amadol for Resident #96 from an (an automated medication).	F3	333		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345415	B. WING		06/02/2017
	ROVIDER OR SUPPLIER E REHABILITATION AI	ND LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	1 00/02/2011
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 333	continued need of the prescription. The Noverified she had see and wrote the prescription of the prescript	st assessed Resident #96 for the Tramadol and written a NP looked at her notes and en Resident #96 on 05/30/17 cription for the Tramadol. The Id have expected the Tramadol in the pharmacy on 05/30/17 or Resident #96. 40 AM the Controlled Drug madol for Resident #96 was ree #3. At the time of the so overheard talking to Nurse IP's) assessment of Resident	F 33:		

NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE	2/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE	
PINEVILLE, NC 28134	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333 Continued From page 26 her shift and stated there was a possibility she signed off for the medication but did not give it. On 05/31/17 at 10:59 AM Resident #96 stated he still had not received the Tramadol and he felt like his arm was pulling and his pain was a 10 on a scale of 1-10 (with 10 being severe pain.) On 05/31/17 at 12:00 PM Resident #96 reported he still had not received his Tramadol. On 05/31/17 at 12:13 PM Nurse #3 stated she had not given Resident #96 the 8:00 AM dose of Tramadol or the Baclofen (as suggested by the NP at 10:40 AM). Nurse #3 stated it was her understanding from the NP that Resident #96 wasn't in pain but had muscle tightness. Nurse #3 offered to go to the room of Resident #96 to verify this. Nurse #3 entered the room of Resident #96 and asked him if he was going to get out of bed to eat lunch. Resident #96 stated he was hurting too much to get out of bed or eat and was waiting for his medication. Nurse #3 stated to Resident #96 that the NP had assessed him that morning and he was having muscle tightness, not pain. Resident #96 responded, no, I am hurting. Nurse #3 asked Resident #96 what his pain level was and Resident #96 reponded in 10". Nurse #3 returned to her medication cart and produced a paper where she documented the report from the NP (at approximately 10:40 AM) which noted no pain, muscle tightness and given Baclofen. Nurse #3 was asked if she had given the Baclofen to Resident #96 and she reported no, she was planning on doing that. On 05/31/17 at 12:15 PM the interim Director of Nursing was asked if the Pyxis Med/Station was operating and she reported the vent up "at 11:24	

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		345415	B. WING _		0	6/02/2017	
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CO 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	DDE		
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F 333	Continued From pag	e 27	F3	333			
	the Tramadol had be administration to Res responded, not yet. approximately 12:20 gave Resident #96 th Tramadol. On 05/31/17 at 12:30 she was aware Resid doses of Tramadol a The administrator sta all narcotics for resid was available to be go On 05/31/17 at 12:45 done with the NP. The Resident #96 on 05/3 prescription for the Thramadol was warran NP stated she did as morning (around 10:4 describe his pain. The reported his right armining the right bicep of Reside calf and noted his multiple of the tightness, the the right bicep and right Resident #96 reported.	en taken out of the Pyxis for sident #96 and she On 05/31/17 at PM Nurse #3 reported she ne (8:00 AM scheduled) D PM the administrator stated dent #96 had missed several and agreed it was a concern. Sted they were going to audit ents to ensure medication given to residents as ordered. D PM a phone interview was the NP stated she assessed 30/17 prior to writing the					
	have Nurse #3 give had Tramadol arrived to some muscle pain. The Ni with Nurse #3 and to while awaiting the Transpected the Baclofe minutes of their discussion.	nim the Baclofen until the see if it would relieve his P stated she discussed this Id her to give the Baclofen amadol and she would have en to be given within 30					
		got "caught up in a lot of					

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F 333	was not given to Re until brought to her #3 stated she later Resident #96 after	g which was why the Baclofen esident #96 from 10:40 AM attention at 12:13 PM. Nurse went back and checked on he received the Tramadol and	F 333			
	a "10" to a "1". On 06/01/17 at 11:3 Nurse #5 verified si on 05/30/17 from 3 stated she recalled available to be give stated she asked a rights to the Pyxis Namadol for Resid nurse told her the F working which was dose of Tramadol versident #96 on 05					
	pharmacist stated in residents to receive the physician, espermanagement. The he wasn't aware of not being available residents at the fact about Tramadol the because it was a nainvolved in the order obtaining from the long 06/02/17 at 1:33 dispensing pharma Resident #96 and refor Tramadol for Residents.	5 PM the consultant his expectation was for e medications as ordered by ricially medications for pain consultant pharmacist stated any issues with medications to be administered to fility. When asked specifically consultant pharmacist stated arcotic it was a little more ering process as well as Pyxis MedStation. 3 PM a pharmacist at the cy pulled up the records of moted the 05/30/17 prescription resident #96 had not been acy until 05/31/17 at 9:34 AM.				

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F 333	Continued From pag		F3	333		
		ed the prescription had been 05/31/17 and sent to the PM delivery.				
	Director of Nursing (the availability of Tra interim DON stated to the Narcotic Tuesda document any reside for narcotic refill. Th nurses were respons quantity of medicatic either informing the practitioner or docur Tuesday sheet any r refills. The interim E would physically rep or nurse practitioner building. The interin would document nee sheet if the physicial not in the building fo were present. The i were no set parame certain number of m when the need was	15 PM-4:00 PM the interim DON) was interviewed about amadol for Resident #96. The the facility had a form called by form which staff utilized to ents in need of a prescription we interim DON stated all sible for looking at the cons left for residents and physician or nurse menting on the Narcotic resident needs for narcotic coon indicated typically nurses ort the need to the physician if they were present in the n DON stated the nurses eds on the Narcotic Tuesday or or nurse practitioner were in them to address when they interim DON reported there ters for staff to go by (like a edications remaining), just seen. The interim DON of the sheet (Narcotic				
	Tuesday) had nothing prescription would be verified it appeared AM on 05/30/17 until without Tramadol. The appeared Resident on 05/30/17, the 12: the 8:00 AM dose or hours late. The intel why the prescription	ing to do when the need for a se written. The interim DON Resident #96 went from 9:00 I 12:20 PM on 05/31/17 The interim DON stated it #96 missed the 4:00 PM dose 00 AM dose on 05/31/17 and in 05/31/17 was over four rim DON could not explain for Tramadol had not been by until it was brought to the				

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facility's attention. T did not know who Fa pharmacy on 05/31/1 DON stated if the menursing staff should athe Pyxis MedStation she did not know the of 05/30/17 and was morning of 05/31/17 access it for the Trarinterim DON noted the second shift nursing available 24 hours an 05/30/17. The interim was available 24/7 fo DON stated if a med expected staff to accomply the pharmacy of the interim DON staff was down she expected be notified. In addition the back-up pharmacy approximately 9:00 Fix staff should not borrough DON was told of the delay in giving Baclo 05/31/17 (while awaits)	the interim DON stated she by the prescription to the state of the prescription of the	F	3333			
she expected medica given as ordered by administrator stated that resulted in Tram Resident #96 as ord 483.70(g)(1)(2)(i)(ii)	ations to be available and the physician. The there was a system failure adol not being given to lered. OUTSIDE PROFESSIONAL	F!	500			6/19/17
	ROVIDER OR SUPPLIER E REHABILITATION ANI SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag facility's attention. T did not know who Fat pharmacy on 05/31/7 DON stated if the menursing staff should at the Pyxis MedStation she did not know the of 05/30/17 and was morning of 05/31/17 access it for the Trarinterim DON noted the second shift nursing available 24 hours at 05/30/17. The interim was available 24/7 for DON stated if a med expected staff to accompany the interim DON stated was down she expected be notified. In addition the back-up pharmaca approximately 9:00 F staff should not borrough the delay in giving Baclo 05/31/17 (while await DON stated she woungiven sooner. On 06/02/17 at 4:15 she expected medical given as ordered by administrator stated that resulted in Tram Resident #96 as ordered that \$\frac{1}{2}\$ as o	A SASA15 ROVIDER OR SUPPLIER E REHABILITATION AND LIVING CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 30 facility's attention. The interim DON stated she did not know who Fax'd the prescription to the pharmacy on 05/31/17 at 9:34 AM. The interim DON stated if the medication was not available nursing staff should access the medication from the Pyxis MedStation. The interim DON reported she did not know the Pyxis was down the evening of 05/30/17 and wasn't aware it was down the morning of 05/31/17 until Nurse #4 attempted to access it for the Tramadol for Resident #96. The interim DON noted they currently did not have a second shift nursing supervisor but she was available 24 hours and could have been called on 05/30/17. The interim DON stated the pharmacy was available 24/7 for Pyxis support. The interim DON stated if a medication was not available she expected staff to access the Pyxis MedStation. The interim DON stated if the Pyxis MedStation was down she expected a supervisor or herself to be notified. In addition, the interim DON stated the back-up pharmacy was also available until approximately 9:00 PM. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. The interim DON stated staff should not borrow narcotics. 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The administrator stated there was a system failure that resulted in Tramadol not being given to Resident #96 as ordered. 483.70(g)(1)(2)(i)(i) OUTSIDE PROFESSIONAL	ROVIDER OR SUPPLIER E REHABILITATION AND LIVING CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 30 facility's attention. The interim DON stated she did not know who Fax'd the prescription to the pharmacy on 05/31/17 at 9:34 AM. The interim DON stated if the medication was not available nursing staff should access the medication from the Pyxis MedStation. The interim DON reported she did not know the Pyxis was down the evening of 05/30/17 and wasn't aware it was down the morning of 05/31/17 until Nurse #4 attempted to access it for the Tramadol for Resident #96. The interim DON noted they currently did not have a second shift nursing supervisor but she was available 24/17 for Pyxis support. 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F 500	professional person to be provided by the have that service fur person or agency ou arrangement describ. Act or an agreement (2) of this section. (2) Arrangements as 1861(w) of the Act o services furnished by specify in writing that responsibility for- (i) Obtaining services standards and principrofessionals provided and (ii) The timeliness of This REQUIREMEN by: Based on staff interfacility failed to obtait services provided by of 2 residents (Residence in the profession of the provided by of 2 residents (Residence in the provided by of 2 residents (Residence in the provided by of 3 residents (Residence in the providence	s not employ a qualified to furnish a specific service e facility, the facility must mished to residents by a utside the facility under an oed in section 1861(w) of the described in paragraph (g) a described in section ragreements pertaining to youtside resources must to the facility assumes as that meet professional ples that apply to ing services in such a facility;	F 500	,	ted as nas	
	dialysis and the dialy received their dialysis	t of residents who received ysis centers where they is was provided by the DON) revealed Resident #52 Dialysis Center #1.		6/2/17 regarding the importance of h contracts with all outside vendors The Administrator will audit all new vendors as they are contracted with	aving	

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F 500	(MDS) dated 05/16/2 resident was receiving. An interview on 06/02 Registered Dietician with the dialysis centre diet orders from the cand entered by the new 2. A review of the list dialysis and the dialysis and the dialysis cerved their dialysis Director of Nursing (Director of Nursing (Director of Nursing (Director of Nursing (Director of Nursing (Director) dialysis served. A review of Resident 04/26/2017 document receiving dialysis. On 06/02/2017 at 10: Administrator revealed dialysis contracts for Dialysis Center #2. An interview on 06/02 Registered Dietician with the dialysis centrorders were was recept in the computer. Sidilysis dietician had regarding the resident their dietary needs. On 06/02/2017 at 4:3 Administrator revealed.	#52's Minimum Data Set 017 documented the g dialysis. 2/2017 at 2:16 PM with the revealed she communicated er dietician. She stated any dialysis center were received curses. of residents who received sis centers where they is was provided by the DON) revealed Resident #19 rices at Dialysis Center #19's MDS dated ted the resident was 45 AM an interview with the did the facility did not have either Dialysis Center #1 or 2/2017 at 2:16 PM with the revealed she communicated er dietician. She stated she and the	F 5	500	ensure that there is a signed contract all outside vendors with report to the QA&A committee monthly x 1 year. The QA&A committee will evaluate the effectiveness of the plan and make changes as indicated.		

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F 500	aware that they did no contracts for Dialysis contacted the dialysis dialysis contracts with A review 06/02/2017 Center #1 and #2 with facility had obtained a Dialysis Centers #1 a dialysis facility's responsibilities responsibiliti management of the re	ndor. She was new and not of have copies of current Centers #1 and #2. She is centers and obtained in dialysis Centers #1 and #2. of the contracts for Dialysis in the facility indicated the in written agreement with not #2 which included the consibilities, the nursing less, the medical esidents, transportation and and communication between	F 5				