STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The survey team entered the facility on 10/21/17 to conduct a complaint survey and exited on 10/22/17. Additional information was obtained on 10/23/17. Therefore, the exit date was changed to 10/23/17.	F 000		
F 281 SS=E	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS CFR(s): 483.21(b)(3)(i) (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident interviews, and staff interviews the facility failed to administer and document the administration of medications for four (Resident # 5, # 8, # 9; and 14) of four residents whose medications were reviewed. The findings included: 1.Record review revealed Resident # 14 was admitted to the facility on 12/8/16. The resident had diagnoses of hypertension, coronary heart disease, and heart failure. Review of the resident's last MDS (minimum data set) assessment, dated 7/17/17, revealed the resident was cognitively intact. Record review revealed the resident had a current order for 40 milliequivalents of potassium chloride to be administered every morning with	F 281	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center�s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. 1. Resident #5 is receiving her cholestramine as ordered . Resident #8 is receiving her Percocet as ordered.	11/8/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 10/31/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 1 her food. According to monthly physician order sheets the order originated on 2/9/17. The resident was interviewed on 10/21/17 at 4:30 PM. The resident stated at times she had difficulty getting her medications, and it tended to happen when there "was new help." The resident stated she was supposed to receive potassium every morning and she had not received it that morning (10/21/17). The resident stated the nurse told her it had not been received from the pharmacy. On 10/22/17 at 8:46 AM Resident # 14's October 2017 medication administration record (MAR) was reviewed. This review revealed Nurse # 3 circled her initials on the MAR on 10/21/17 by the 8:00 AM dose of potassium indicating she had not given the medication. On the back of the MAR, Nurse # 3 documented "awaiting pharmacy." There was no indication on the resident's MAR the potassium had been given at a later time on 10/21/17. Resident # 14 was interviewed again on 10/22/17 at 8:55 AM. The resident stated she never received her potassium at all on 10/21/17. Interview with the administrator on 10/22/17 at 2:30 PM revealed that Nurse # 3 was an agency nurse, and the facility had no current way of getting in touch with the nurse for an interview related to the missed medication. A pharmacist was interviewed on 10/23/17 at 11 AM and again at 11:25 AM. The pharmacist stated they supplied medications seven days per week, and the nurse could have called early on 10/21/17 for the potassium to be delivered or	F 281	Resident #9 is receiving his clonazepam as ordered. Resident #14 is receiving her potassium as ordered. 2. Review of residents receiving cholestramine, Percocet, clonazepam, and potassium will be completed by 11-3-2017 to ensure that there are no discrepancies in medication administration. Facility will complete a quality review of medication cart and medication administration records by 11-3-2017 to ensure that medications ordered are in stock and being administered by the DON/designee. 3. By 11/8/17, Licensed Nurses will be re-educated on medication administration by Director of Nursing/designee. 4. DON/designee to perform quality monitoring of medication cart and medication records to ensure that medications are in stock and being administered 5x weekly for 3 weeks then weekly x4 weeks. DON/designee to perform random quality monitoring of medication administration 2x weekly x 4 weeks then weekly x 4 weeks and PRN as indicated. Findings to be reported to QAPI committee monthly and quality monitoring schedule modified based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	**616 WADE AVENUE** **RALEIGH, NC 27605**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 2	F 281		

obtained the 10/21/17 morning dose from their emergency supply. According to the pharmacist, when a nurse withdrew medications from the facility's emergency supply then a record of the withdrawal was submitted to the pharmacy. The pharmacist stated there was no record the facility had used any of their emergency potassium for Resident # 14 on 10/21/17. The pharmacist also validated they had not received a call to deliver the potassium early. The pharmacist stated therefore they sent the new supply of potassium on 10/21/17 at 7:47 PM.

The administrator was interviewed again on 10/23/17 at 1:40 PM. The administrator stated the facility had not been able to obtain contact information for Nurse # 3 from the agency in order for an interview. The administrator validated that Resident # 14 was a credible source of information in regards to her missed medication. According to the administrator it was her expectation that residents receive their medications as ordered.

2. Record review revealed Resident # 9 was admitted to the facility on 3/23/16. The resident had diagnoses of dementia, bipolar disorder, and anxiety.

Review of the resident's quarterly minimum data set assessment, dated 8/9/17, revealed the resident was cognitively impaired.

Review of the resident's care plan, dated 8/23/17, revealed the facility had identified the resident had a bipolar disorder and had the potential to have changes in his mood. Staff were directed to administer medications as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 3 Review of physician orders revealed Resident # 9 was ordered on 5/3/17 to receive an antianxiety medication on a scheduled basis. The order was for clomazepam 0.5 mg (milligrams) twice per day at 8 AM and 8 PM, and 0.25 mg at 2 PM. Clomazepam affects chemicals in the brain that may be unbalanced. Review of the resident's October 2017 MAR (medication administration record) revealed the MAR was blank beside the following dates and administration times for the clomazepam. There was also no documentation on the resident's controlled medication utilization record that the clomazepam had been removed from the resident's supply of medication on the following dates and times. 10/15/17 at 2 PM 10/17/17 at 8 AM 10/17/17 at 2 PM The administrator was interviewed on 10/22/17 at 8:40 AM regarding the resident's medications and provided a list of nurses who had been responsible for the resident's medications. According to the administrator, Nurse # 2 was an agency nurse who had been responsible for Resident # 9's dayshift medications on 10/15/17. Nurse # 1 was an agency nurse who had been responsible for Resident # 9's dayshift medications on 10/17/17. Nurse # 1 was interviewed on 10/22/17 at 4:20 PM. Nurse # 1 stated he was new to giving medications on Resident # 9's floor, and was not familiar with all of the residents. According to the nurse if he had not signed as removing the medication on the controlled medication utilization record, then this would indicate he had not given	F 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 4	F 281		

it. The nurse could not recall the specifics of why he had not given the medication.

Interview with the administrator on 10/23/17 at 1:40 PM revealed the facility had not been able to find contact information for Nurse # 2 for an interview. According to the administrator the facility staff had located all of the resident's recent controlled medication utilization records and there was no documentation validating either Nurse # 1 or Nurse # 2 had given the clomazepam on 10/15/17 and 10/17/17 when the MAR was blank. According to the administrator it was her expectation that the controlled medication utilization records should validate the medication was given as ordered.

3. Record review revealed Resident # 8 was admitted to the facility on 11/17/15. The resident had diagnoses of significant dementia and severe arthritis.

Review of the resident's last quarterly minimum data set assessment, dated 8/18/17, revealed the resident was severely cognitively impaired and was rarely understood. The MDS assessment also noted the resident was receiving hospice care.

Record review revealed the resident had a current order for oxycodone- acetaminophen 5 milligrams-325 milligrams three times per day.

Review of the resident's October 2017 medication administration record (MAR) revealed the oxycodone-acetaminophen was scheduled to be given at 6 AM; 2 PM; and 8 PM. The following information was noted by the dates and times on the MAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 5	F 281		

10-1-17 at 8 PM -Nurse # 4 initialed as administered
10-3-17 at 8 PM- Nurse # 5 initialed as administered
10-5-17 at 8 PM -Nurse # 6 initialed as administered
10-6-17 at 2 PM- blank
10-13-17 at 6 AM -Nurse # 8 initialed as administered
10-18-17 at 6 AM -Nurse #8 initialed as administered

Review of the resident's controlled medication utilization records revealed on the six times noted above, there was no documentation the nurses had removed the resident's oxycodone-acetaminophen from locked storage.

On 10/22/17 at 8:40 AM the administrator was interviewed in regards to the nurse who was responsible for medications on 10/6/17. According to the administrator Nurse # 7 was responsible for the resident's dayshift medications on 10/6/17.

Interview with Nurse # 4 on 10/22/17 at 2:50 PM confirmed she had signed as administering the Oxycodone-Acetaminophen on 10/1/17 at 8 PM and had not administered the medication. The nurse stated she was dealing with a very sick resident, and Resident # 8 was already asleep when she started to administer the medication. According to the nurse she should have documented it was not given on the MAR.

Nurse #7 was interviewed on 10/22/17 at 3:50 PM. The nurse confirmed her lack of signature on the controlled medication utilization record for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 6	F 281		

10/6/17 at 2 PM meant that she had not administered the medication. The nurse could not recall why she had not administered the medication.

Nurse # 5 was interviewed on 10/22/17 at 5:15PM. The nurse confirmed her lack of signature on the controlled medication utilization record for 10/3/17 at 8 PM meant she had not administered the medication as the MAR reflected. The nurse could not recall why she had not given it, and stated the resident might have already been asleep when she started to administer the medication. According to the nurse she should have circled her initials on the MAR indicating it had not been administered.

Nurse # 8 was interviewed on 10/23/17 at 8 AM. The nurse confirmed her lack of signature on the controlled medication utilization record would indicate the medication had not been given. The nurse could not recall the reason why she had not administered the medication.

Attempts were made to interview Nurse # 6 in regards to the dose due on 10/5/17 at 8 PM. The attempts were made on 10/22/17 at 3:55 PM, 10/23/17 at 9:50 AM, and 10/23/17 at 1:28 PM. The nurse could not be reached for interview.

Interview with the administrator on 10/23/17 at 1:40 PM revealed it was her expectation that the controlled medication utilization records should validate the medication was given as ordered.

4. Resident #5 had an October 2017 physician's order for Cholestramine, a 4 gram packet mixed in fluid and taken by mouth twice daily at 9:00 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 7	F 281		

and 4:00 PM. Cholestramine was a medication Resident #5 was taking to treat irritable bowel syndrome.

The Medication Administration Record for October 2017 for Resident #5 revealed Cholestramine was not documented as given on the 6th at 4:00 PM and on the 17th at 9:00 AM.

Resident #5 was interviewed on 10/21/17 at 4:00 PM. She stated she was supposed to receive a medication for her irritable bowel syndrome in the morning and in the evening. She stated on two recent occasions the medication was not given to her and missed doses could result in diarrhea.

Nurse # 7, assigned to Resident #5 on 10/6/17, was interviewed on 10/22/17 at 3:50 PM. She stated she did not give any medications to Resident #5 on 10/6/17 and was sharing the medication administration responsibility with Nurse # 9 on that day.

Nurse # 9 was interviewed on 10/22/17 at 5:10 PM and stated, "If I didn't sign. I didn't give it (medication Cholestramine). I usually sign after I give it (medication)."

Nurse # 1, assigned to Resident #5 on 10/17/17, was interviewed on 10/22/17 at 4:20 PM. Nurse # 1 stated he did not recall giving the medication Cholestramine to Resident #5 on 10/17/17.

An interview was conducted with the Administrator on 10/23/17 at 1:40 PM. She stated her expectation for the nursing staff was to follow physician orders and give medications as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514	Continued From page 8	F 514		
F 514 SS=D	RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE CFR(s): 483.70(i)(1)(5) (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:	F 514		11/8/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	616 WADE AVENUE RALEIGH, NC 27605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514	Continued From page 9 Based on record review and staff interviews the facility failed to maintain accurate documentation of medication administration for one (Resident # 8) of four residents whose medications were reviewed. The findings included: Record review revealed Resident # 8 was admitted to the facility on 11/17/15. The resident had diagnoses of significant dementia and severe arthritis. Review of the resident's October 2017 medication administration record (MAR) revealed the resident was scheduled to receive oxycodone-acetaminophen 5 milligrams-325 milligrams at 6 AM; 2 PM; and 8 PM. The following information was noted by the dates and times on the MAR. 10-1-17 at 8 PM -Nurse # 4 initialed as administered 10-3-17 at 8 PM- Nurse # 5 initialed as administered 10-5-17 at 8 PM -Nurse # 6 initialed as administered 10-13-17 at 6 AM -Nurse # 8 initialed as administered 10-18-17 at 6 AM -Nurse #8 initialed as administered Review of the resident's controlled medication utilization records revealed on the five times noted above, there was no documentation the nurses had removed the resident's oxycodone-acetaminophen from locked storage. Nurse # 4 was interviewed on 10/22/17 at 2:50 PM. Nurse # 5 was interviewed on 10/22/17 at 5:15PM. Nurse # 8 was interviewed on 10/23/17 at 8 AM. All three nurses confirmed if there was	F 514	This plan of correction is the center□s credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law. 1. Resident #8 is being administered medication as ordered and is accurately documented on the medication administration record. 2. Review of residents receiving controlled substance will be reviewed and compared to the medication administration record to ensure accurate documentation by 11-3-2017 by the DON/designee. 3. By 11/8/17, Licensed nurses will be re-educated on medication administration to include accurate documentation by the Director of Nursing/designee. 4. DON/designee to perform quality monitoring of medication cart and medication records to ensure that medications are available, are being administered and documented on medication administration records and controlled medication record 5x weekly for 3 weeks then weekly x4 weeks. DON/designee to perform random quality monitoring of medication administration 2x weekly x 4 weeks then weekly x 4	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING ______ B. WING ______	C 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	**616 WADE AVENUE RALEIGH, NC 27605**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514	Continued From page 10 no documentation on the medication utilization records that they had signed for the removal of the Oxycodone-acetaminophen, then they would not have administered the medication as the MAR reflected. Attempts were made to interview Nurse # 6 in regards to the dose signed as given on 10/5/17 at 8 PM. The attempts were made on 10/22/17 at 3:55 PM, 10/23/17 at 9:50 AM, and 10/23/17 at 1:28 PM. The nurse could not be reached for interview. Interview with the administrator on 10/23/17 at 1:40 PM revealed it was her expectation that the controlled medication utilization records should validate the medication was given as ordered. According to the administrator if Nurse # 6 had not signed on the controlled medication utilization records then this would indicate the medication had not been given on 10-5-17 at 8 PM as the MAR reflected.	F 514	weeks and PRN as indicated. Findings to be reported to QAPI committee monthly and quality monitoring schedule modified based on findings.	