STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 A complaint survey was conducted from 8/23/18 through 8/24/18. Immediate Jeopardy was identified at CFR 483.45 for tag F760 at a scope and severity J. The tag F760 consituted Substandard Quality of Care. Immediate Jeopardy began on 5/31/18 and was removed on 8/23/18. A partial extended survey was conducted.	F 000		
F 727 SS=C	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to schedule a registered nurse (RN) for at least 8 consecutive hours a day for 2 of the past 24 days reviewed (8/4/18 and 8/5/18). Findings included: Review of the August 1st through August 24th, 2018 staffing sheets were reviewed on 8/24/18. The Daily Facility Staffing sheets for 8/4/18 and 8/5/18 indicated "0" (zero) RN on duty.	F 727	The Plan of Correction is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not in any manner constitute an admission to the validity of the alleged deficient practice. The facility failed to schedule a registered nurse (RN) for at least 8 consecutive	9/7/18

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

Electronically Signed | 09/13/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 727	Continued From page 1 The assignments sheets for 8/4/18 and 8/5/18 did not indicate an RN had been scheduled. On 8/24/18 at 6:57 PM an interview was conducted with the Quality Improvement (QI) nurse. The QI nurse stated she also did the nursing schedule. She stated 8/4/18 and 8/5/18 were accurate and no RN had worked those days. A registered nurse had been on call but had not been needed. On 8/24/18 at 8:08 PM an interview with the Director of Nursing (DON) was conducted. The DON stated an RN had not been scheduled but had been on call if needed.	F 727	hours a day for 2 of the past 24 days reviewed (8/4/18 and 8/5/18). Reviewed the schedule for September with the Quality Assurance Nurse (QI Nurse) to ensure that a RN has been scheduled for every day including week-ends and holidays. For days that a RN was not scheduled a list was made and efforts were made to get a RN for the days where a RN was not scheduled. All days for the month of September have been covered on the schedule for a RN. The QI Nurse was In-serviced by the Administrator on having a RN in the facility for eight consecutive hours daily on the schedule. The Administrator will review and sign-off on the Nursing schedule that includes the RN schedule weekly to ensure a RN is scheduled for 8 consecutive hours daily. The QI Nurse will maintain the schedules per regulations and present to the Quality Assurance Team monthly to show that a RN is scheduled for eight consecutive hours a day. Any issues identified will be addressed at the meeting for improvement. The Administrator and the QI Nurse will be responsible for implementing the plan of correction	
F 760 SS=J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:	F 760		8/24/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 2 Based on facility staff, Nurse Practitioner (NP), physician, and pharmacy interviews, and facility and hospital record reviews, the facility failed to administer an anticoagulant medication for a period of 30 days after admission to the facility for one of one newly admitted residents reviewed with a diagnosis of atrial fibrillation (Resident #1). Resident #1 developed deep vein thrombosis (DVT) and a pulmonary embolism (PE), requiring hospitalization for his evaluation and treatment. Immediate jeopardy began on 5/31/18 when Resident #1 was discharged from the hospital and initially admitted to the facility. The resident ' s hospital discharge orders indicated Eliquis (an anticoagulant medication) was included in his medication regimen due to a diagnoses of atrial fibrillation (an irregular heart beat that can increase the risk of stroke and other heart-related complications). The order for Eliquis was verified by Nurse #5 but it was not among the admission medications included on the resident ' s physician orders which resulted in the resident missing the Eliquis for a period of 30 days. Immediate jeopardy was removed on 8/23/18 when the facility implemented a credible allegation of compliance. The facility remains out of compliance at a scope and severity level "D" (no actual harm with potential for more than minimal harm that is not immediate jeopardy) for the facility to continue staff education and ensure monitoring systems put into place are effective. The findings included: Resident #1 was admitted to the hospital on 5/28/18 after experiencing a fall at home. His discharge diagnoses from the hospital included a	F 760	The process that lead to the deficiency cited: Resident admitted to the facility on 05/31/2018 with a diagnosis of Atrial Fibrillation Discharge medications included Eliquis 5 mg Tab. Take 1 tablet (5mg total) by mouth Two (2) times a day. The admitting nurse failed to include the medication on the MAR or to order the medication from the pharmacy. As a result, the resident did not receive the Eliquis as ordered from 05/31/2018 through 06/29/2018. The nurse verified the order with the physician, but failed to put it in the computer. The nurse admits it was an oversight. A human error. As a result, the second nurse checking orders and discharge summaries was implemented on 06/29/218. On 06/29/2018, the resident was referred to be seen by the Nurse Practitioner related to increased confusion, poor appetite and a physical decline. Nurse Practitioner ordered an x-ray and venous ultra sound of his left lower extremity. Results were obtained at 11:26am on 06/29/2018 (Positive for Deep Vein Thrombosis and Negative for fracture). The Nurse Practitioner gave orders to the Director of Nursing to increase Eliquis dose to 10mg twice daily. The Director of Nursing discovered the missing order when she tried to discontinue the old order of 5mg. twice daily. The Nurse Practitioner voided the medication change order and gave an order to send the resident to the Emergency Room.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 3 fall, aspiration pneumonia, and atrial fibrillation. The resident was discharged from the hospital and admitted to the facility on 5/31/18. A review of Resident #1 ' s paper chart included a fax from the hospital dated 5/31/18 at 7:59 (AM or PM was not designated). The fax included a list of the resident ' s hospital discharge medications with a handwritten checkmark next to each medication listed under the heading, "Start taking these medications." This medication list included 5 milligrams (mg) Eliquis was to be given by mouth twice daily. The facility ' s Nurse Practitioner signed and dated (5/31/18) each of the two pages listing the resident ' s discharge medications. A review of Resident #1 ' s May 2018 and June 2018 Physician Orders and Medication Administration Records (MAR) revealed Eliquis was not included in the list of medications ordered or administered to the resident on 5/31/18 or from 6/1/18 to 6/29/18. A review of the resident ' s Admission Minimum Data Set (MDS) dated 6/7/18 indicated Resident #1 had intact cognitive skills for daily decision making. The resident required extensive assistance for all of his Activities of Daily Living (ADLs), with the exception of needing limited assistance from staff for walking, locomotion on the unit, and supervision only for locomotion off of the unit and for eating. Section I of the assessment did include atrial fibrillation as an active diagnosis. Section N of the MDS assessment did not indicate the resident received an anticoagulant medication. A review of Resident #1 ' s Provider Progress	F 760	The procedure for implementing the plan of correction for the specific deficiency cited: Two in-services were conducted on 06/29/2018. The Director of Nursing and Quality Assurance Nurse in-serviced nursing staff on: 1). 8 of 11 facility nurses received training on admission orders being checked by a second nurse before faxing to pharmacy and placed under physician order tab in medical record; and 2) 5 of 11 facility nurses were in-serviced on how to include the hospital discharge summary for all admits/readmits with fax to pharmacy. On 08/23/2018, the Director of Nursing trained new nurses and nurses that had not received the training on admission/readmission orders being checked by a second nurse before faxing to pharmacy and placed under physician order tab in medical record. Any nurse that has did not receive the training on will not be allowed to work until they have completed the training. On 08/23/2018, the Director of Nursing trained new nurses and nurses that had not received the training on how to including the hospital discharge summary for all admits/readmits with fax to pharmacy. Any nurse that has did not receive the training on will not be allowed to work until they have completed the training.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 4 Notes included notes written by the NP on 6/8/18, 6/14/18, and 6/22/18. Each of the progress notes indicated the resident was to "continue with Eliquis" for atrial fibrillation. On 6/29/18 at 7:30 AM, a telephone order was written by the NP to obtain an X-ray to the resident ' s left hip, left knee and left ankle secondary to pain and edema. A venous Doppler ultrasound to the left lower extremity was also ordered to rule out a DVT secondary to pain and edema. A review of the results of the 6/29/18 x-ray showed Resident #1 did not have an acute fracture or dislocation. The results noted he did have moderate osteoarthritis, predominantly involving the knee. Results of Resident #1 ' s left lower extremity venous ultrasound (signed 6/29/18 at 8:19 PM) included the following: Findings: Absent compression and absent (blood) flow extending from the common femoral vein through the popliteal vein. Visible thrombus (blood clot). (Blood) Flow is seen in the calf veins. Impression: Extensive obstructive deep venous thrombosis. On 6/29/18, a physician ' s order was obtained to send the resident to the Emergency Department with a notation which indicated the resident had a left DVT with a possibility of a PE. Resident #1 was admitted to the hospital on 6/29/18. A review of his hospital records included the following list of "Hospital Problems": Principal problem: Acute pulmonary embolism;	F 760	The Director of Nursing and Quality Assurance Nurse conducted an audit of new admits/readmits for second signatures and discharge summary faxed to pharmacy as a second check to ensure all discharge meds are included in orders on 06/29/218. These audits conducted daily during morning clinical meetings. A 100% audit of all residents on anti-coagulants was completed by the Quality Assurance Nurse on 06/29/2018 to ensure medications were available. The Nurse Practitioner reviewed all diagnosis on 06/29/2018 that may require an anti-coagulant were on appropriate medications. One resident was found to meet the criteria, however his physician did not want him on medication due to frequent transfusions and the benefits out way the risk. The computer software alerts the DON, and the QA Nurse daily as to medication omissions. Any omissions are communicated to the nurse responsible for correction. The facility chose to review June□s orders admits/readmits from 06/01/2018 □ 06/29/2018 to audit orders by the Director of Nursing/Treatment Nurse and Quality Assurance Nurse to ensure all medications were available and in the med cart/discharge summaries matched the Medication Administration Record on 06/29/2018. Since 06/29/2018, each admit/readmit record is reviewed during the daily morning clinical meeting by the Director of Nursing, RN Supervisor or Quality Assurance nurse to ensure all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 5 Active problems: Acute DVT of his lower extremity; chronic obstructive pulmonary disease; paroxysmal atrial fibrillation; gastroesophageal reflux disease; and, pulmonary embolus. Further review of the records from Resident #1 ' s 6/29/18 hospital admission included his "History of Present Illness" and read, in part: "In brief, this (patient) presented with acute PE/DVT, notably he was off his Eliquis which he was supposed to be on for his atrial fibrillation." The hospital records also provided information on his "Hospital Course" dated 7/2/18: "(Patient) with acute pulmonary embolus/DVT. **Acute PE/DVT - heparin gtt (an intravenous anticoagulant drip) initially as was thought to be Eliquis failure. Contacted facility and found out this medication had been stopped ...so he was not taking any anticoagulant. Restarted Eliquis tonight given he was not on the medication. Family and case management to discuss with facility." A review of the resident ' s hospital discharge medication list dated 7/2/18 included 5 mg Eliquis to be given as two tablets (10 mg) by mouth twice daily. The resident was readmitted to the facility on 7/2/18. His re-admission medications did include 5 mg Eliquis to be given by mouth as two tablets (10 mg) twice daily. A physician ' s clarification order was written on 7/3/18 which read: "Eliquis 10 mg po (by mouth) twice a day x 7 days then Eliquis 5 mg po BID (twice daily)." Documentation on Resident #1 ' s July 2017 and August 2017 MAR revealed the resident received the Eliquis as ordered by the physician from 7/2/18 up until the date of review on 8/23/18. An interview was conducted on 8/23/18 at 2:56 PM with the facility ' s Quality Assurance (QA)	F 760	medications are ordered per the discharge summary and recorded on the MAR. The procedure for ensuring the plan of correction is effective and that the specific cited deficiency cited remains corrected and/or in compliance with the regulatory requirements. Effective 06/29/2018 any newly hired nurses will be trained during orientation by the Director of Nursing or Quality Assurance Nurse on 1) all admission orders are to be checked by a second nurse before faxing to pharmacy and placed under physician order tab in the medical record, 2) discharge summaries/orders are to be included in the fax to the pharmacy for all admits/readmits utilizing a Physician Order Review tool. On 06/29/2018 the QA committee recommended five time per week audits times six months of all new admissions and re-admissions will be completed by the Director of Nursing/Quality Assurance nurse or RN Supervisor to ensure second signatures and that discharge summaries are faxed to the pharmacy utilizing a Physician Order Review tool. On 06/29/2018, the decision was made to complete audits and forward to the QAPI committee monthly for review and recommendations times six months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 6 Nurse. The QA Nurse stated she also assumed responsibilities for staff development and education. During the interview, the QA Nurse reported the facility first became aware of the medication error involving Resident #1 not receiving his Eliquis as ordered when there was a suspicion he had developed a DVT and/or PE on the day the resident was sent out to the hospital (6/29/18). In outlining the steps the facility took to minimize the risk of this happening again, the QA Nurse reported, "We did some in-servicing with the nurses." The records indicated two in-services were conducted to educate nurses on the procedures they would be expected to follow for each resident ' s admission/re-admission: 1) An In-Service Education Report (dated 6/28/18) covered the following topic(s): Admission Orders: Admit Nurse must print orders after entry; have another nurse compare discharge orders versus printed orders; and then sign printed orders and place in the paper chart under Physician ' s Orders tab. A typed notation under the heading of Attendees Name and Title read, "Attendance is accepted by Employee ' s Signature only." Nine (9) nurses ' signatures were on the report. 2) An In-Service Education Report (dated 6/29/18) covered the following topic(s): Discharge Summary. With each admission or re-entry the discharge summary must be faxed to (Name of the contracted pharmacy). A typed notation under the heading of Attendees Name and Title read, "Attendance is accepted by Employee ' s Signature only." Five (5) nurses ' signatures were on the report. Upon review of the in-service information provided, the QA Nurse was questioned why the first in-service (on the Admission Orders) was dated 6/28/18 when the medication error was	F 760	Title of the person responsible for implementing the acceptable plan of correction. Director of Nursing/QA Nurse. The facility alleges compliance 08/23/2018.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 7	F 760		

discovered on 6/29/18. The QA Nurse stated, "may have been my mistake, I dated them." The QA further clarified the day the error was discovered was the day the in-services were done; she stated the facility procedures outlined in the in-services were implemented "immediately" on 6/29/18. When asked why there was a discrepancy as to how many nurses attended each in-service, the QA Nurse responded by saying the in-service information had also been posted for review. During a follow-up interview with the QA Nurse on 8/23/18 at 3:53 PM, the nurse was asked how new nurses and agency nurses (temporary staffing nurses) received education on the facility ' s required procedures for ordering medications when a resident was admitted/re-admitted. The QA Nurse stated that she herself conducted the orientation for new nurses and included this information in the orientation. She also reported that at this time, only two agency nurses were used by the facility and these nurses attended both of the in-services. The QA Nurse reported that other than the new nurses, "Just a couple (of nurses) have not been signed off (on the in-services)." Upon request, a listing of nurses currently on staff was provided. This listing identified 19 Licensed Practical Nurses (LPNs) and 4 Registered Nurses (RNs). Upon review of the staff listing, the QA Nurse reported 7 of the LPNs were "new" nurses and one LPN was currently on leave; one (1) of the RNs was identified as a new nurse.

On 8/23/18 at 4:55 PM, the QA Nurse provided appended copies of the two in-services documented as conducted on 6/28/18 and 6/29/18. The QA Nurse reported the facility ' s Director of Nursing (DON) had her own lists that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 8	F 760		

added signatures to the original In-Service Education Report previously provided.
1) The appended In-Service Education Report (dated 6/28/18) covered the following topic(s): Admission Orders: Admit Nurse must print orders after entry; have another nurse compare discharge orders versus printed orders; and then sign printed orders and place in the paper chart under Physician ' s Orders tab. A typed notation under the heading of Attendees Name and Title read, "Attendance is accepted by Employee ' s Signature only." A total of fourteen (14) nurses ' signatures were on the report, including the 1st 9 nurses ' signatures as listed on the original In-Service Education Report previously provided.
2) An In-Service Education Report (dated 6/29/18) covered the following topic(s): Discharge Summary. With each admission or re-entry the discharge summary must be faxed to (Name of the contracted pharmacy). A typed notation under the heading of Attendees Name and Title read, "Attendance is accepted by Employee ' s Signature only." A total of twelve (12) nurses ' signatures were on the report, including the 1st 5 nurses ' signatures as listed on the original In-Service Education Report previously provided).

A telephone interview was conducted on 8/24/18 at 4:55 PM with Nurse #5. Nurse #5 was identified as the nurse who had admitted Resident #1 to the facility on 5/31/18 and input his admission medication orders into the computer. Upon inquiry, the nurse reported that she must have missed putting the Eliquis into the computer along with his other admission medications. She stated she felt really bad about the error and since that time has "triple checked" any orders she has put into the computer for a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 9	F 760		

When Nurse #5 was asked if she had faxed the hospital discharge orders over to the pharmacy when Resident #1 was admitted to the facility on 5/31/18, the nurse stated she thought more than likely she had called and talked with the pharmacy versus sending a fax. Nurse #5 thought she probably called the pharmacy to be sure they had received the orders and were sending the medications to the facility. When asked what in-service education she received on 8/23/18, the nurse reported it was in regards to the need to fax hospital discharge orders to the pharmacy for admissions and re-admissions. The nurse stated she was in-serviced by the facility ' s Director of Nursing (DON) and signed the in-service report on 8/23/18. A review of the original In-Service Education Report dated 6/28/18 revealed Nurse #5 ' s signature was included as having received this education. However, Nurse #5 ' s signature was not on the original In-Service Education Report dated 6/29/18 and only appeared on the appended In-Service Education Report as signature #12 of 12.

An interview was conducted on 8/23/18 at 2:05 PM with the NP who had helped to care for Resident #1 after his initial admission to the facility on 5/31/18. This NP also wrote the order to do a Doppler ultrasound and to send the resident out to the hospital on 6/29/18. During the interview, The NP stated the day the resident was sent out to the hospital (6/29/18) was the day she found out that the resident had not been receiving Eliquis since his admission to the facility. "It was an error." At that point, she talked with the facility about a plan to reduce errors. She reported the facility planned to fax the hospital discharge list to the pharmacy when a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 10	F 760		

resident was admitted, the nurse would put the orders into the computer and the pharmacy would verify the orders. The NP stated she was unsure whether or not this was a new process for the facility. However, she also reported the admission orders were now going to be verified by the provider as well. Upon inquiry as to when the new verification process was supposed to take effect, the NP stated, "I thought it was right away."

A telephone interview was conducted on 8/23/18 at 5:15 PM with the facility ' s Medical Director. Upon inquiry, the Medical Director reported the NP had contacted her and told her about the concerns of this resident having a DVT and possible PE. She was made aware of the Eliquis not being given and the resident being sent to the hospital. During the discussion, the Medical Director confirmed both she and the NP thought the resident was receiving the Eliquis during the month of June. When asked what her thoughts were in regards to the Eliquis not being given during the month of June prior to the resident ' s development of PE/DVT, the Medical Director reported there were risks of the resident not having the Eliquis and she would have hoped he had been anticoagulated due to his diagnosis of atrial fibrillation. However, the Medical Director stated she could not say for sure if being on Eliquis would have prevented the resident ' s PE/DVT. She reported a PE/DVT could have occurred even for a patient who was not anticoagulated. The Medical Director added, "Of course we expect the patient to be on the Eliquis as ordered."

An interview was conducted on 8/23/18 at 1:55 PM with Nurse #1. Nurse #1 had not been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 11	F 760		

identified as a new nurse by the QA Nurse. During the interview, the nurse was asked to describe the process for obtaining physician orders for admissions/new admissions. The nurse stated the hospital discharge orders were used to verify orders via phone with the on-call provider unless a provider was in-house. Once the orders were verified, the nurse would put the orders into the computer and his/her name would be documented electronically as having input them. The nurse would then print out a Physician ' s Order list, which would be used for a 2nd nurse to verify/check the orders. Both nurses would sign this. Nurse #1 stated she would put this Physician ' s Order list on the resident ' s chart, but reported she was not sure if everyone did. When asked if there had been a change in the process followed for admission/re-admission orders over the past couples of months, the nurse stated, "No." During a follow-up interview conducted with Nurse #1 on 8/23/18 at 2:00 PM, the nurse was asked if she faxed anything to the pharmacy upon a resident ' s admission/re-admission to the facility. Nurse #1 stated she would generally only fax an order for a controlled substance medication and its corresponding script (prescription) to the pharmacy. A review of the original In-Service Education Report dated 6/28/18 revealed Nurse #1 ' s signature was included as having received education. A review of both the original and the appended In-Serviced Education Reports (dated 6/29/18) revealed Nurse #1 ' s signature was not included as having received education on faxing a resident ' s Discharge Summary to the pharmacy upon admission/re-admission to the facility.

An interview was conducted with Nurse #2 on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 12	F 760		

8/23/18 at 2:30 PM. Nurse #2 reported she had only worked at the facility for about 2 and ½ weeks and had been identified by the QA Nurse as a new nurse at the facility. Upon inquiry, the nurse described the process of initiating medication orders for new admissions/re-admissions. She stated that because she was new, she had not yet done the entire admission process herself. Nurse #2 reported the resident ' s hospital discharge orders were used to call, verify, and obtain physician orders upon a resident ' s admission to the facility. The nurse stated once the orders were obtained, she would put them into the computer system and those would be sent electronically to the pharmacy. Nurse #2 stated she thought she was supposed to send a fax to the pharmacy as well. When asked what she would fax to the pharmacy, the nurse reported she was not sure and questioned whether or not this would be necessary because the pharmacy would get the orders directly via the computer system.

An interview was conducted with Nurse #3 on 8/23/18 at 2:45 PM. Nurse #3 reported she had worked at the facility for approximately 4-5 months. Upon inquiry, the nurse described the process of initiating medication orders for new admissions/re-admissions. She stated the hospital discharge orders would be provided by the Admission ' s staff member at the facility, the nurse would call the provider to verify the orders, and put the orders into the computer. Once the orders were in the electronic system, she would print out the resident ' s MAR and a 2nd nurse would verify the MAR compared to the hospital discharge med list. She reported both nurses would then sign the MAR. Also, Nurse #3 stated she would fax the hospital discharge orders to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 13	F 760		

pharmacy. The nurse noted she would follow the same process for a resident being re-admitted to the facility. A follow-up interview was conducted on 8/24/18 at 9:35 AM with Nurse #3. When asked, the nurse stated she signed the in-service reports (dated 6/28 and 6/29) on 8/23/18. Her signature was number (#) 11 of 14 on the appended In-Service Education Report dated 6/28/18 and #8 of 12 on the appended In-Service Education Report (dated 6/29/18).

An interview was conducted on 8/23/18 at 5:55 PM with Nurse #4. Nurse #4 had not been identified as a new nurse by the QA Nurse. Nurse #4 reported she began working at the facility in July. Nurse #4 was observed to be working on a hall cart at the time of the interview. When shown the two In-service Reports dated 6/28/18 and 6/29/18, the nurse was asked when she was in-serviced on these topics. Nurse #4 stated she received and signed the in-service reports on this date (8/23/18). When asked if there was anything new presented to her in the in-service education provided, the nurse stated the printing out of the orders was new to her and something that she did not know was required. Nurse #4 ' s signature was number #13 of 14 on the appended In-Service Education Report dated 6/28/18 and #1 of 12 on the appended In-Service Education Report (dated 6/29/18).

A telephone interview was conducted on 8/24/18 at 9:08 AM with Pharmacist #1. Pharmacist #1 was the facility ' s former consultant pharmacist who assumed responsibility for the facility ' s medication regimen reviews in June of 2018. During the interview, the pharmacist did not recall reviewing Resident #1 ' s chart. Pharmacist #1 reported she was in-house the afternoon he was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 14	F 760		

sent out to the hospital on 6/29/18 and thought he was on her list to review that day. The pharmacist stated she called the dispensing pharmacy the afternoon of 6/29/18 and found out the pharmacy had not received an order to dispense Eliquis for Resident #1 upon his admission to the facility on 5/31/18.

A telephone interview was conducted on 8/24/18 at 4:00 PM with Pharmacist #2. Pharmacist #2 was a staff pharmacist who worked at the dispensing pharmacy. Pharmacist #2 confirmed she had completed an Interim Drug Regimen Review on 6/1/18 for Resident #1. The pharmacist reviewed Resident #1 ' s pharmacy records and reported she would have had access to any electronic orders that came over from the facility (Eliquis was not among the medications ordered). Pharmacist #2 stated she did not have access to the resident ' s medical diagnoses nor his hospital discharge medication list from 5/31/18 at the time she completed the Interim Drug Regimen Review. For this reason, she requested the facility provide a diagnosis for several of the resident ' s admission medications. The pharmacist reported the Interim Drug Regimen Review was completed for every resident admitted on Medicare to a skilled facility.

An interview was conducted on 8/24/18 at 4:45 PM with Nurse #6. Nurse #6 had not been identified as a new nurse by the QA Nurse. During the interview, Nurse #6 was asked if she had been in-serviced on the required procedures to order medications for a newly admitted resident. The nurse stated she was in-serviced on 8/23/18 and she signed the in-service sheet on that date as well. Nurse #6 ' s signature was number #10 of 14 on the In-Service Education

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 15	F 760		

Report dated 6/28/18 and #7 of 12 on the appended In-Service Education Report (dated 6/29/18). When asked if there was anything new or different that she learned when in-serviced on 8/23/18, the nurse stated printing out a copy of the resident ' s orders was new to her. A follow-up interview was conducted with Nurse #6 on 8/24/18 at 7:45 PM. During the interview, the nurse confirmed she first learned the facility required a copy of a newly admitted resident ' s orders to be printed out on 8/23/18. When asked if this in-service information had been shared with her prior to 8/23/18, the nurse reported it had not.

An interview was conducted on 8/24/18 at 10:07 AM with the facility ' s Administrator. During the interview, the error that caused the medication order for Resident #1 ' s Eliquis to be missed upon his admission to the facility was discussed. Upon inquiry, the Administrator indicated she would have expected the nursing staff to use the hospital discharge medication list as a basis for verifying and ordering a newly admitted resident ' s medications.

On 8/24/18 at 10:15 AM, the Administrator was informed of the immediate jeopardy. The facility ' s allegation of Immediate Jeopardy removal indicated:

Louisburg Healthcare and Rehabilitation
Allegation of Compliance F760

The process that lead to the deficiency cited:
Resident admitted to the facility on 05/31/2018 with a diagnosis of Atrial Fibrillation Discharge medications included Eliquis 5 mg Tab. Take 1 tablet (5mg total) by mouth Two (2) times a day. The admitting nurse failed to include the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 16	F 760		

medication on the MAR or to order the medication from the pharmacy. As a result, the resident did not receive the Eliquis as ordered from 05/31/2018 through 06/29/2018. The nurse verified the order with the physician, but failed to put it in the computer. The nurse admits it was an oversight. A human error. As a result, the second nurse checking orders and discharge summaries was implemented on 06/29/218.

On 06/29/2018, the resident was referred to be seen by the Nurse Practitioner related to increased confusion, poor appetite and a physical decline. Nurse Practitioner ordered an x-ray and venous ultra sound of his left lower extremity. Results were obtained at 11:26am on 06/29/2018 (Positive for Deep Vein Thrombosis and Negative for fracture). The Nurse Practitioner gave orders to the Director of Nursing to increase Eliquis dose to 10mg twice daily. The Director of Nursing discovered the missing order when she tried to discontinue the old order of 5mg. twice daily. The Nurse Practitioner voided the medication change order and gave an order to send the resident to the Emergency Room.

The procedure for implementing the plan of correction for the specific deficiency cited:

Two in-services were conducted on 06/29/2018. The Director of Nursing and Quality Assurance Nurse in-serviced nursing staff on:
1). 8 of 11 facility nurses received training on admission orders being checked by a second nurse before faxing to pharmacy and placed under physician order tab in medical record; and
2) 5 of 11 facility nurses were in-serviced on how to include the hospital discharge summary for all admits/readmits with fax to pharmacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 17	F 760		

On 08/23/2018, the Director of Nursing trained new nurses and nurses that had not received the training on admission/readmission orders being checked by a second nurse before faxing to pharmacy and placed under physician order tab in medical record. Any nurse that has did not receive the training on will not be allowed to work until they have completed the training.

On 08/23/2018, the Director of Nursing trained new nurses and nurses that had not received the training on how to including the hospital discharge summary for all admits/readmits with fax to pharmacy. Any nurse that has did not receive the training on will not be allowed to work until they have completed the training.

The Director of Nursing and Quality Assurance Nurse conducted an audit of new admits/readmits for second signatures and discharge summary faxed to pharmacy as a second check to ensure all discharge meds are included in orders on 06/29/218. These audits conducted daily during morning clinical meetings.

A 100% audit of all residents on anti-coagulants was completed by the Quality Assurance Nurse on 06/29/2018 to ensure medications were available. The Nurse Practitioner reviewed all diagnosis on 06/29/2018 that may require an anti-coagulant were on appropriate medications. One resident was found to meet the criteria, however his physician did not want him on medication due to frequent transfusions and the benefits out way the risk. The computer software alerts the DON, and the QA Nurse daily as to medication omissions. Any omissions are communicated to the nurse responsible for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 18	F 760		

correction.

The facility chose to review June ' s orders admits/readmits from 06/01/2018 - 06/29/2018 to audit orders by the Director of Nursing/ Treatment Nurse and Quality Assurance Nurse to ensure all medications were available and in the med cart/discharge summaries matched the Medication Administration Record on 06/29/2018. Since 06/29/2018, each admit/readmit record is reviewed during the daily morning clinical meeting by the Director of Nursing, RN Supervisor or Quality Assurance nurse to ensure all medications are ordered per the discharge summary and recorded on the MAR.

The procedure for ensuring the plan of correction is effective and that the specific cited deficiency cited remains corrected and/or in compliance with the regulatory requirements.

Effective 06/29/2018 any newly hired nurses will be trained during orientation by the Director of Nursing or Quality Assurance Nurse on 1) all admission orders are to be checked by a second nurse before faxing to pharmacy and placed under physician order tab in the medical record, 2) discharge summaries/orders are to be included in the fax to the pharmacy for all admits/readmits utilizing a Physician Order Review tool.

On 06/29/2018 the QA committee recommended five time per week audits times six months of all new admissions and re-admissions will be completed by the Director of Nursing/Quality Assurance nurse or RN Supervisor to ensure second signatures and that discharge summaries are faxed to the pharmacy utilizing a Physician Order Review tool.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISBURG HEALTHCARE & REHABILITATION CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 760	Continued From page 19 On 06/29/2018, the decision was made to complete audits and forward to the QAPI committee monthly for review and recommendations times six months. Title of the person responsible for implementing the acceptable plan of correction. Director of Nursing/QA Nurse. The facility alleges compliance 08/23/2018. The facility ' s credible allegation of Immediate Jeopardy removal was validated on 8/24/18 at 7:45 PM. On 8/23/18 from 5:55 PM through 8/24/18 at 7:45 PM, LPNs and RNs working at the facility were interviewed in regards to the in-service education received. Staff were able to describe the education received on the facility ' s procedures regarding the initiation of medication orders for newly admitted or re-admitted residents. The nurses reported all admission orders needed to be printed out after being input into the computer and signed as checked by a second nurse. Additionally, the nurses reported a resident ' s hospital discharge medication list needed to be faxed over to the pharmacy when a resident was admitted or re-admitted to the facility. Administrative staff, including the Director of Nursing, the QA Nurse, and the Administrator were also interviewed. The DON and QA Nurse were able to describe their respective role in the monitoring process to assure continued compliance. The immediate jeopardy was removed on 8/23/18.	F 760		