PRINTED: 03/11/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING _	B. WING		C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	<u>'</u>		20/2010
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
E 000	Initial Comments		E 0	00			
F 000		3.73, Emergency t ID #4UVW11.	F 0	00			
	survey was conducte	complaint investigation d on 1/22/19 through Jeopardy was identified at:					
	J	600 at a scope and severity 689 at a scope and severity					
	Tags F 600 and F689 Quality of Care	constituted Substandard					
	Immediate Jeopardy removed on 1/25/19.	began on 4/9/18 and was					
	An extended survey	was conducted.					
	The Statement of De 2/25/19 at tag F689 a	ficiencies was amended on and F600.					
F 550	The Statement of De 2/28/19 at tag F550 a Resident Rights/Exer		F 5	50			2/27/19
SS=D	CFR(s): 483.10(a)(1)						2/2//10
	self-determination, ar	Rights. ght to a dignified existence, nd communication with and id services inside and cluding those specified in					
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE	I	TITLE			(X6) DATE

Electronically Signed

02/18/2019

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) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345277	B. WING		C 01/25/2019
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 0112012010
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 550	with respect and dig resident in a manne promotes maintenar her quality of life, reindividuality. The fact promote the rights of \$483.10(a)(2) The faccess to quality caseverity of condition must establish and repractices regarding provision of services residents regardless. \$483.10(b) Exercises The resident has the rights as a resident or resident of the Ur \$483.10(b)(1) The facesident can exercise interference, coercise from the facility.	lity must treat each resident nity and care for each r and in an environment that ace or enhancement of his or cognizing each resident's cility must protect and f the resident. Accility must provide equal re regardless of diagnosis, or payment source. A facility maintain identical policies and transfer, discharge, and the sunder the State plan for all to of payment source. Of Rights. The right to exercise his or her of the facility and as a citizen	F 5	50	
	by: Based on record re interviews, the facilit	T is not met as evidenced views and resident and staff y failed to return a resident to a staff member told the		F550: Resident Rights Element One: " Resident number 51 will be as	sisted

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	0.02	 	STREET ADDRESS, CITY, STATE, ZIP CODE	0	1/25/2019
TVAIVIL OF T	TOVIDER OR OUT FIER					
WOODLA	ND HILL CENTER			400 VISION DRIVE		
				ASHEBORO, NC 27203		
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 550	Continued From page	e 2	F 55	0		
	failed to prevent an ir assist (NA) was rude snack (Resident #69) reviewed for dignity at The findings included 1) Resident #51 was 10/19/18 with diagno Schizoaffective disord history of stroke, anx mellitus, Hypertensio A review of the active revealed a goal that it satisfaction that her copreferences are according to the interventions we resident to take a nagonal transport of the most recent compata Set) coded as a assessment and date	admitted to the facility on ses that included: der, Bipolar depression, iety disorder, diabetes in and Osteoarthritis. e care plan dated 11/16/18 the resident will expressive daily routines and immodated by the staff. One was it was important for the owhenever she wanted. In prehensive MDS (Minimum is significant change and 11/17/18 revealed the		to bed on request by certified nu assistant or nurses. Staff involv longer employed at facility as of Resident number 69 was given requested by another staff mem involved no longer employed at of 12/14/19. Element Two: "Administrator met with reside council on 1/31/19 and reviewed survey findings at patients to notify nurse, nursing supervisor, unit manager, Direct Nursing, Administrator or any De Head of concerns to include mistor abuse. Administrator asked report concerns immediately so can be addressed quickly. An i with 100% of interviewable reside mistreatment or abuse was com the Unit Managers, on 2/8/19 with concerns identified since survey	ed no 12/14/19. milk as ber. Staff facility as dent nd asked or of epartment treatment that they concerns nterview lents on plete by th no	
	able to make needs keep others. She required assistance of one to a Activities of Daily Livi supervision for meals having an unsteady be walking and is incontour A review of the facility dated 12/4/18, invest revealed on 12/1/18 I had wanted to lie dow Nurse Aide #12 (NA)	ely intact, alert and oriented, known and understand limited to extensive two staff members for ing (ADL's) except for is. She was assessed as palance during transfers and inent of bowel and bladder. Initial Allegation Report igation and statements, Resident #51 reported she with before an activity and placed her bed in the he was told she didn't want		Element Three: "Resident council agenda had discussion of mistreatment and/added and will be reviewed mon resident council meeting by the ADI Director or the Activity Assistant. "Education Provided to all st Resident Rights and Abuse/Neg included dignity and respect. The education was provided by the UMANAGERS on 2/20/19. 99% of seen trained, the remaining will	abuse athly in Activity aff on lect , and is Jnit taff have	

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NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODI		0172072010	
				400 VISION DRIVE			
WOODLA	WOODLAND HILL CENTER			ASHEBORO, NC 27203			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 550	not go back to bed, a bed, so she could no were suspended per investigation and late. On 1/22/19 at 9:15ar with Resident #51 with discuss the incider. An interview was con 11:30am with NA #11 resident. She stated Resident #51 to lie buntil activities started assisted the resident transferring back to be added that she had resident's mood occurred. During an interview wat 2:00pm, he stated alleged incident he hin doorway and had high position. He we overheard NA #12 sathat noise, you aint' resident #10 was interview wat 2:30pm. She stated to incident she saw Resident #10 was interview wat 2:30pm. She stated to incident she saw Resident #10 was interview was and overheard NA #12 sathat noise, you aint' resident #10 was interview was and overheard to the resident was and overheard sate of the province of the province was and overheard to the resident was and overheard was and overheard to the resident was and overheard was and overheard to the resident was and overheard was and overheard to the resident was and overheard was	r personal care, so she could and Nurse #8 unplugged her at lower it. The NA and nurse ading the outcome of the er terminated. In an interview was attempted no stated that she didn't want nt. Impleted on 1/24/19 at I who was familiar with the that it was common for ack down after breakfast I. She explained that she to stand and pivot when need after meals. NA #11 not witnessed any changes in nor behavior since the incident with Resident #25 on 1/24/19 that on the day of the ad seen Resident #51 sitting visualized the bed in a very ent on to say that he ay to the resident "shut up all	F 55	,	aff. ssurance: pervisor, elopment a Nurse will sidents per or abuse, for four ths and vill be t head sing treated ults of audits uality ovement rsing. All buse will be y is made or of t Manager ged during the ollow d. Any pleted by Manager, or or. All ent Rights ore the mance thly with the		

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F 550	bed in a very high pher room. During a phone into 1/24/19 at 4:41pm, had told NA #12 the provide her person #12 to get a female stated, "I had anot dying so I went to t see who provided her bed backed in to get me for a to sit down in her wollower the bed back in to get me for an aroom, I unplugged came right back, plit". On 1/24/19 at 4:51 Nurse # 9 who was incident. A message return call was not A phone interview would have a stated working at the same room.	age 4 ncident she had visualized the position when she went past erview with Nurse #8 on she explained Resident #51 at she didn't want him to al care and she advised NA to provide the care and ther resident that was actively that room and didn't check to the personal care after that, aring the resident crying or any the ersonal care after that, aring the resident crying or any the elchair but before I could the down, a staff member came other resident. When I left the the bed, so she wouldn't fall. I ugged in the bed and lowered pm a phone call was placed to sworking on the day of alleged ge was left for a return call. A received from Nurse #9. was completed with NA #13 on She stated that she had the facility on that weekend sed any of the alleged	F 55				
	5:00pm. He stated facility for about 4 t left the bed in the h	ewed by phone on 1/24/19 at that he had worked at the o 5 years and denied that he high position. He added that en the resident up and left the					

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F 550	up like that and the iso she couldn't get is that the resident like until activities started why the resident was when asked as this was a saked as the was a saked as the was a saked it was their extreated with dignity a 2)Resident #69 was cumulative diagnose Malnutrition, Bacter stream), pressure ul Traumatic Stress Dis Resident #69's admit (MDS) dated 1/4/19 intact and exhibited Review of Resident indicated he at nutrit offered snacks and a some ice cream. NA closed." He then ask replied, "the kitchen	ion and stated, "that bed was nurse told me to leave it up, back in bed". He confirmed d to lay down after meals d and was unable to explain is not placed back to bed was her normal behavior. Inducted on 1/25/19 at langer #2. She stated that by adverse changes to the lehavior since the incident in in in man interview occurred with d Director of Nursing, who expectation for all residents be land respect. In admitted 12/28/18 with less of Altered Mental Status, remia (bacteria in the blood cer, Depression and Post indicated he was cognitively no behaviors. #69's care plan dated 1/4/19 it in in it is and was to be encourage fluid intake. The system of the indicated in the kitchen is lated for milk and NA #8 is closed." NA #8 stated she to care for and for Resident	F 55	50			

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F 550	#69 stated he woke asked NA #8 for soo was rude and told he that the kitchen was another aide came. The next morning the talked to him about understood that the happy with the outono emotional distress. In a telephone inter Nurse #6 recalled with She stated she bect Resident #69 there. She stated she rem #69's assignment a him some milk. She no ice cream in the Nurse #6 stated she Resident #69 and he was happy to have was an agency aide her employment regard that NA #8 wand suspended per investigation. The Adterminated. The Adterminated. The Adterminated.	/22/19 at 11:00 AM, Resident up during the night and me milk. He stated the aide tim there wasn't any milk and sclosed. Resident #69 stated in and gave him some milk. The Administrator came in and the incident. He stated he y fired the aide and he was ome. Resident #69 reported	F 550		

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F 550	cream.	ourishment room for ice		550		
F 565 SS=E	Resident/Family Grou CFR(s): 483.10(f)(5)(i	·	F t	565		2/27/19
	and participate in resi (i) The facility must pr group, if one exists, we reasonable steps, wit to make residents and upcoming meetings in (ii) Staff, visitors, or or resident group or fame the respective group's (iii) The facility must pr person who is approve group and the facility providing assistance are quests that result fro (iv) The facility must or resident or family group the grievances and re groups concerning iss in the facility. (A) The facility must be response and rationa (B) This should not be facility must implement request of the resider §483.10(f)(6) The res participate in family group §483.10(f)(7) The res family member(s) or representative(s) meetings.	ther guests may attend ily group meetings only at invitation. brovide a designated staff and who is responsible for and responding to written om group meetings. consider the views of a up and act promptly upon ecommendations of such sues of resident care and life are able to demonstrate their le for such response. The construed to mean that the interpretation of the construction of th				

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NAME OF PI	ROVIDER OR SUPPLIER	I.	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		01/20/2010
WOODLA	ND HILL CENTER			400 VISION DRIVE ASHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 565	Continued From pag	e 8	F 5	65		
F 565	residents in the facility This REQUIREMENT by: Based on record reversidents and staff, the repeat concern recouncil meetings for related to water tempareas being too cold. The findings included Review of the month minutes dated 11/30, expressed a concern temperatures being condicated the facility plumber and ordering issue. Review of the month minutes dated 12/27, the previous month to water temperature water issues were stimulated to fix the Director was present. A Resident Council of 1/23/19 at 2:00 PM were stidents who were a facility's Resident Council of the conditions of th	riew, and interviews with the facility failed to resolve exported during Resident 2 of 2 consecutive months peratures in resident care. It was related to water cold. These minutes was working on getting a grupplies to address the supplies to address the supplies to address the ris follow up of s (11/30/18) concern related s. This follow up stated that the ris waiting to receive parts problem. The Activities at the meeting.	F 5	F565: Response to Resident Element One: Resident council meeting was 1/31/19 facilitated by the Activ and the Assistant Activity Direc Residents asked for or conser Dietary Manager, the Mainten Director and the Administrator The Administrator discussed of from resident council and the how they were addressed. (The will be that the concerns from Council will be written on indiv Response forms, and the apprentment head will provide to documentation of their follow to address the concern, which we at the following Resident Cour Meeting). The Administrator of the concerns were placed in the placed on a concern form and Department Head who overse of concern. The Cold Water has been and corrected by the Maintena Director on 1/31/19, by his ins new Mixing Valve. Prior to 1/3 maintenance director would ac temperatures daily based on he water temp checks per protocol	s held on ity Director ctor. Inted for the ance to attend. It concerns process and he process Resident ridual IDT ropriate written up to ill be shared incil explained he minutes, given to the es that area an addressed ance tallation of a 81/19 the dijust his daily	
	past couple of month temperatures not bei reported that one day water at all on 2 of the			Element Two: All residents have potentiaffected. Resident Council Mi Grievance logs reviewed by A to ensure no other outstanding.	nutes and dministrator	

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WOODLA	ND THEE OENTER			AS	SHEBORO, NC 27203		
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F 565	meeting attendees al the water temperature. An interview was condifference on 1/23/19 and Resident Council mewas aware that the reconcerns with the wad cold. She stated that was aware of the issum working on fixing the an interview was condifference on 1/25/19 and was aware of the Resconcern related to was aware of the Resconcern related to was aware of the Resconcern related to was aware enough. He reproblem with maintain within the desired 100 and 116 degrees (F), this issue had been gone of the stated he had to state 4 units earlier this temperatures (53 degree of the stated that he trie adjusting the mixing valve, explain ultimately regulated to the stated that he trie adjusting the mixing disassembling them. efforts had not resolv had just replaced the zones in the facility of was unsure if the mix of the facility was going the state of the facility was going the facility was going the facility was going the state of the facility was going the facility was going the facility was going the state of the facility was going the facility wa	being addressed. The I stated that the issue with es had not been resolved. ducted with the Activities to 2:25 PM following the eting. She confirmed she esidents had repeated ter temperatures being too the Maintenance Director are and she believed he was problem. ducted with the Maintenance to 9:30 AM. He stated that he sident Council 's repeat after temperatures not being vealed that the facility had a ning water temperatures to degrees Fahrenheit (F). He further revealed that toing on since October 2018. Shut off the hot water on 2 of as week due to extremely low grees F). The Maintenance of the problem was with the ing that this was what the temperature of the water. In the toron that the seed the problem and that he entire mixing valve on 1 of 2 in 1/24/19. He stated he ing valve for the other zone	F5	665	that needed to be addressed. Element Three: Education provided to the Inter Disciplinary Team (IDT = Administrator Director of Nursing, Social Services, Activities Director, Dietary, Maintenanc Admissions Director and Business Offic Manager) by the Administrator related of prompt resolution to Grievance and Concerns, including follow up to Reside Council. Reviewed the Resident Council IDT Response Forms that will be implemented. This education was completed on 2/21/19. Element Four: Administrator will review all Concerns/Grievances and Resident Council Minutes monthly to ensure profesolution to concerns. Results of these reviews will be brought before the Qual Assurance and Performance Improvement Committee monthly, by the Administrator, with the QAPI Committee responsible for on-going compliance.	mpt se lity	
	adjusting the mixing of disassembling the pareassembling them. efforts had not resolv had just replaced the zones in the facility of was unsure if the mixing disaster.	valve, replacing parts, and rts for cleaning and then He revealed that these ed the problem and that he entire mixing valve on 1 of 2 n 1/24/19. He stated he ing valve for the other zone					

(X1) PROVIDER/SUPPLIER/CLIA

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(X3) DATE SURVEY

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F 580 SS=H	that she had been the for less than a month been made aware of of water temperature: was unaware that it verificated to the regulation be addressed as soon Notify of Changes (In CFR(s): 483.10(g)(14) Notification (i) A facility must immore consult with the residual consistent with his or representative(s) where (A) An accident involves results in injury and his physician intervention (B) A significant chand mental, or psychosocideterioration in health status in either life-the clinical complications (C) A need to alter the a need to discontinue treatment due to advict commence a new for (D) A decision to transesident from the facility when making notifications (Ci) When Making (Ci) When Making (Ci) When (Ci) Wh	ducted with the 6/19 at 6:10 PM. She stated at Administrator at the facility. She indicated that she had an issue with the regulation is within the facility, but she was discussed at the retings. She stated that she iscussed at the resident one addressed and resolved. And that she expected issues from of water temperatures to an as possible. In a possible of the resident of the	F 5			2/27/19

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F 580	is available and proving physician. (iii) The facility must a resident and the resident as specified in §483. (B) A change in resident as specified in §483. (B) A change in resident as specified in §483. (B) A change in resident as specified in §483. (B) A change in resident as specified in speci	ded upon request to the also promptly notify the dent representative, if any, or roommate assignment 10(e)(6); or ent rights under Federal or ons as specified in paragraph and resident for entition, including the various see the composite distinct by the policies that apply to en its different locations is not met as evidenced itew and interviews with the inan, Dietitian and Nurse facility failed to provide to the medical provider of a ed exit from the facility in the inandal interviews and interviews and interviews with the inandal interviews with the ina	F 58	F580: Notification of Change: Element One: "The Director of Nursing vernotification of elopement that or April 2018 and May 2018, for R48 with the Physician and RP or Patient # 16 with medication relincreased behaviors, and weigh physician and RP were notified by the Director of Nursing. Resweights and weight loss was re	ccurred in esident # n 2/12/19. fusals, nt loss on 2/12/19 sident #18		

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WOODLA	ND HILL CENTER				SHEBORO, NC 27203			
(V4) ID	SLIMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 580	Continued From page	e 12	F 5	580				
	#69) for 4 of 4 reside notification.	nts reviewed for physician			Director of Nursing. Resident number mood and behavior concerns were	69		
	The findings included	l:			reported to the physician and responsi party on 1/24/19 by the Social Service Director.			
		admitted to the facility on es were traumatic brain			Element Two: " 100% audit was conducted of pati Medication Records for the last 30 day	rs,		
		t18's weight record revealed ne resident weighed 178			for medication refusals and notification the Physician by the Unit Manager on 1/28/19. An audit of resident □s behave for the past 30 days was completed to	viors		
	9/20/18 revealed the	#18 's Dietary note dated resident had experienced a s, and a house supplement s recommended.			ensure that Physician and Responsible Party were notified. 100% audit was complete for all current patients with mental illness/psychiatric diagnosis an behaviors was made by the Social			
	Resident #18 had a p	physician order dated 9/23/18 t three times a day.			Services Director and physician and Responsible Party was notified. An 10 audit was completed of all Elopements the last 4 months to ensure that the RI	in		
	focus initiated on 9/2 resident as being at ralteration related to chemiplegia and significant was adequate intake change or skin break house supplement, 1	#18's care plan revealed a 3/18 that identified the isk for nutrition/hydration ognitive impairment and ficant weight loss. The goal to prevent significant weight down, interventions were 2 ounces of beer each day I liberalized diet with extra			and Physician were notified timely, by Director of Nursing on 1/28/19 . 100% Audit was completed for Weight Loss i the last 30 days to ensure that Physici and RP had been notified. All discrepancies had appropriate notification made to RPs and MDs accordingly. These audits were completely the Administrator on 2/5/19.	the n an		
	chocolate milk, offer monitor intake and w A review of Resident note dated 11/2/18 re the resident was not weight loss.	alternatives and snacks, and eight. #18 's physician progress evealed documentation that evaluated for nor mention of			Element Three: "Education was completed with nursing staff, by the Unit Manager, on 2/20/19, regarding Procedure for Notification of Physician and Responsi Party of Changes in condition to include Elopements, Behaviors, Medication	le:		
	A review of Resident	#18 's annual Minimum			Refusals and Weight Loss. Education			

		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
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				Α	SHEBORO, NC 27203			
(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)		(X5) COMPLETION DATE	
F 580	Continued From page	e 13	F 5	580				
F 580	Data Set dated 11/5/2 clear speech and usu understood. The residence cognition. The reside assistance of 2 staff for all other activities eating. The resident 'hyperlipidemia, stroke schizophrenia, impuls non-Alzheimer's dem a therapeutic diet and weight loss. The resipounds. The nutritior triggered and docume care plan. Care plan time. Review of the resident the resident lost a totapercent body weight of September 2018 to Jaresident's medical reno dietician notes document of the dietician notes document of the dietician service of the weight loss of 16% on new interventions we resident's needs we dietician will update the nutritional intervention.	It's weight record revealed all of 15 pounds (or 8.4 of his body weight) from anuary 2019. Review of the ecord revealed the trecord revealed the record revealed the record revealed the record revealed the record revealed the resident had significant the trecord the record the record revealed the resident had significant the record	F	580	included FT, PT and agency personnel Currently 99% of staff have been educated, those remaining will not wor until they receive the education. Element Four: " Unit Managers will review/audit resident sweights weekly to ensure the any significant changes in weight will be reported to the Physician and Responsible Party timely Unit Managers will review/audit Medication Administration records 5 X week for 4 weeks and then weekly thereafter, to ensure that medication refusals and behaviors are promptly reported to the Physician and Responsible Party. Social Service Director will review all residents with behaviors, psychiatric diagnosis/mental illness weekly for physician and responsible party notification. Director of Nursing and Administrator will review any and all fur Elopement Events to ensure that the physician and responsible party are notified timely. The results of these aud will be reported to the Quality Assurance and Performance Improvement Committee monthly, by the Director of Nursing, with the Administrator and QATeam responsible for ongoing compliance.	at e ible ible w cure		
	On 1/24/19 at 11:30 a	am an interview was						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	_ ` ´	MULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING		,	C 01/25/2019	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203			,	
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F 580	was aware of Resider time and of 16.1% on 1/11/19. The resider consistently done ear house supplement th 9/13/18. The resider loss with a known depast month. The Die was at nutrition deficit the weekly meeting was at nutrition deficit the weekly meeting was at nutrition. The resider loss with a stated that shis house supplement weight there should hintervention. The residence and the should hintervention. The residence weight since a Dietician stated that should have address and to informed. On 1/25/19 at 4:55 p conducted with the Dishe expected the Dieweight loss and to informed weight loss and to informed. On 1/25/19 at 5:20 p conducted with Residual heave and the was not make significant weight loss would not be appropriately be appropriately and have address loss with new, approprinterventions. The play weigh loss interventions interventions weigh loss interventions been avoided.	rietician who stated that she int #18's weight loss over wer the past 6 months at 's weights were not in the month. The resident had ree times a day added on the has had a steady weight crease in intake over the stician stated that the resident at risk and was discussed at with nursing staff and the past 2 months. The since the resident was taking and continued to lose mave been additional sident is currently at his admission to the facility. The other resident 's physician was sirector of Nursing who stated estician to follow and address from the physician of second that adding Loxapine riate to improve appetite and visician felt the dietician ed the resident 's weight	F 58				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 580	stroke, and depress A review of Resider Data Set dated 11/1 that the resident wa sometimes understa The resident require transfers including t assistance for bathi resident 's active d non-Alzheimer's de depression. The re pain management. A review of Resider 11/14/18 revealed ti interventions for sel behaviors, poor imp deficit, pain, and wa medication complic inform the physiciar and functional level need for medication behavior). Nurses' note dated	isses aphasia, hemiplegia, sion. Int #16 's quarterly Minimum 1/18 revealed documentation as sometimes understood and ands. Cognition was intact. The detail dependence for all toileting, and extensive and and dressing. The iagnoses were aphasia, mentia, hemiplegia, and asident received scheduled int #16 's care plan dated the resident had goals and an at risk for psychotropic ation (intervention was to an of changes in mental status and to monitor for continued in related to mood and	F 58	0	
	6/1/18 to 1/24/19 re documentation that practitioner was informedication refusal at A review of the physicommunication boo	dent 's nurses' notes from evealed there was no the physician or nurse ormed of the resident's and/or increased behaviors sician and nurse practitioner ok for timeframe 6/1/18 to stored at the nurses' station,			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(>	(3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	<u> </u>	01/25/2019
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F 580	medical staff that the refused his medication and frequently refused medication administrout of 31 days the remedication: Amitiza twice a day refused a day	resident had frequently on, had increased behaviors ad personal care. ent 's October 2018 ation record (MAR) revealed sident refused the following efused on 15 occasions at the fused on 20 occasions as a day refused on 20 occasions refused on 15 occasions refused on 15 occasions refused on 20 occasions refused on 18 occasions refused on 18 occasions refused refused the resident refused the	F 5	580		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 580	note dated 11/2/18 seen and no new is resident was compli was to continue with A review of the residence and the revealed out of 31 of following medication. Amitiza twice a day Aspirin once a day Aspirin once a day Aspirin once a day Atorvastatin once a Depakote three time occasions. Flomax twice a day Flonase once a day Lisinopril refused or Metoprolol twice a concessions. Plavix once a day reproscar once a day Zoloft once a day reproscar once a day a Zoloft once a day retrained once a concession. A review of the residence and the revealed out of 24 of following medication.	at #16 's physician progress revealed the resident was sues were identified. The ant with medication. The plan in current medication. Ident 's December 2018 MAR lays the resident refused the in: Ident 's December 2018 MAR lays the resident refused the in: Ident 's December 2018 MAR lays the resident refused the in: Ident 's December 2018 MAR lays the resident refused the in: Ident 's December 2018 MAR lays the resident refused the in: Ident 's December 2018 MAR lays the resident refused the in: Ident 's January 2019 MAR lays the resident refused the in: Ident 's January 2019 MAR lays the resident refused the in: Ident 's January 2019 MAR lays the resident refused the in:	F 580				
	Atorvastatin once a Depakote three time occasions Flomax twice a day Flonase once a day Lisinopril refused or	refused on 11 occasions day refused on 21 occasions es a day refused on 42 refused on 31 occasions refused on 15 occasions a 19 occasions lay refused on 27 occasions					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION		LETED
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F 580	Proscar once a day ref Trazadone once day ref Trazadone once la la low voice tone situation. On 1/24/19 at 10:10 conducted with Resi wanted his nails clear concerns. The resid medication this morr On 1/25/19 at 9:30 a conducted with Nurs stated she was famil #16. The resident had and verbal behaviors lately his refusal of commented that he awas noted that the ref and dirty. NA #14 w resident 's nails and informed, and the nuintervene. On 1/25/19 at 10:40 conducted with Nurs was regularly day sh Nurse #11 comment more frequently refusadone once a day ref Trazadone	fused on 19 occasions refused on 19 occasions refused on 19 occasions rused on 19 occasions refused on 19 occasions refused on 19 occasions rused on 19 occasions rused rused on 19 occasions rused rused on 19 occasions rused ruse	F 58			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203	•	11/25/2015	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 580	stated that she wa refused multiple do medication for sev that other shift nur. Nurse #11 stated t physician to inform repeated, long-terr Nurse #11 comme right to refuse. Nurse #11 stated t had verbal outburs which was conside Nurse #11 agreed take his psychotro risk for increased to CO 1/25/19 at 1:10 conducted with Nufamiliar with Resid assigned on evenishe recalled that the resulting month that the resulting months are documented that the resident 's medication frequent and the more frequent and more frequent and more frequent and more frequent and medication for the more frequent and medication for the more frequent and medication for the more frequent and more frequent and more frequent and more frequent and medication for the medication for the more frequent and medication for the medication fo	lecline the care. Nurse #11 s aware that the resident had oses of his psychotropic eral weeks. Nurse #11 stated ses had reported the same. hat she had not called the him of the resident 's merfusal of his medication. Inted that the resident had a gree #11 agreed that the eased behaviors of refusing care asions of refusing medication. That she was aware the resident of foul language recently ered increased behaviors. That the resident 's refusal to pic medication placed him at otherwise and depression. In part an interview was gree #9 who stated she was ent #16 and frequently greed increased behaviors. In part an interview was gree #9 who stated she was ent #16 and frequently greed increased behaviors and depression. In part and interview was gree #9 who stated she was ent #16 and frequently greed increased behaviors and depression. In part and interview was gree #9 who stated she was ent #16 and frequently greed increased behaviors and depression. In part and interview was gree #9 who stated she was ent #16 and frequently greed increased behaviors and depression. In part and interview was gree #10 was greed in the resident had frequently greed increased behaviors. In part and interview was greed was ent #16 and frequently greed increased behaviors. In part and interview was greed increased behaviors. In part and i	F	580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 580	expected staff to info physician of medica and to monitor the re- to psychotropic medical On 1/25/19 at 5:00 p conducted with Res- stated he was not in repeatedly refused hincreased behaviors he expected staff to changes. The phys- see the resident on 3. Resident #48 was 11/28/17 with diagno mental status, anxie	om an interview was DON who stated she orm her and the resident 's tion refusal after 3 occasions esident 's behavior in relation lication refusals. Om an interview was ident #16 's physician who formed that the resident his medication and had is. The physician stated that inform him of any resident ician commented he would his next visit to the facility. Is admitted to the facility on oses that included altered ty, and insomnia.	F 5	30			
	assessment dated 1 #48 's cognition wa assessed with wand Resident #48 's pla area of the risk for e expressed desire to attempts made by th Resident #48 was n own wanderguard. 11/30/17 and revise An incident report da Nurse #2 indicated to unsupervised exit fro outside of the facility	num Data Set (MDS) 2/5/17 indicated Resident s severely impaired. He was dering behaviors daily. In of care included the focus lopement related to his leave the facility and multiple the resident to exit the facility. This area was initiated on d on 12/18/17. Seteed 5/16/18 completed by Resident #48 had an Tom the facility. He was found of without supervision by a roximately 7:15 PM. This					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SU COMPLE	
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F 580	incident report indica (NP) was notified the at 7:55 AM). A phone interview was on 1/24/19 at 1:16 Pl reached. Nurse #2 v related to Resident # exit from the facility. A phone interview was 1/25/19 at 4:45 PM. the NP at the facility unsupervised exit for that as a medical profacility to notify him opossible after an inciunsupervised exit from that the following day timeframe for notifical the facility to notify him possible after an inciunsupervised exit from that the facility to notify him possible after an inciunsupervised exit from the facility to notify himpossible after an inciunsupervised exit from that the following day timeframe for notifical and interview was confused that the expected the notified as soon as president 's unsupervishe indicated that the acceptable timeframe	as attempted with Nurse #2 M. She was unable to be vrote the incident report 448's 5/16/18 unsupervised as conducted with the NP on He stated that he was not at the time of the 5/16/18 resident #48. He indicated ovider, he expected the or the physician as soon as dent of a resident's am the building. He stated was not an acceptable ation. as conducted with Resident flity's Medical Director on He stated that he expected im or his NP as soon as dent of a resident's am the building. He stated was not an acceptable ation. The ducted with the current for the building of the stated with the current for the stated with the stated with	F 5	580			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BI THE APPROPRIA			
F 580	Depression and Pos (PTSD). Review of Resident 12/28/18 indicated h (antidepressant) ever Resident #69's admit (MDS) dated 1/4/19 intact, with no mood behaviors. In an interview on 1/#69 stated he was dand PTSD and had a services with medica #69 started waving his stated his children his admission and the did not understan about him anymore. state he experienced from Vietnam and it that resulted in a div wife died a year ago Review of Resident 12/28/18 to 1/23/19 12/30/18 at 9:04 PM an incident of "jerkin requiring staff to assoccasions, multiple of	#69's admission orders dated e was prescribed Remeron ry day for depression. ssion Minimum Data Set indicated he was cognitively disturbance and exhibited no a history of psychological ation interventions. Resident his arms, became tearful and ad not come to see him since hat made him sad. He stated d why his kids did not care Resident #69 went on to d "shell shock" after returning affected his first marriage orce. He stated his second	F	580				
		on 1/23/19 at 4:45 PM, the rmer Interim Director of						

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	I	01/23/2019
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 580	Practitioner(PNP) we weekly. She stated i experiencing any mo was her expectation a Psychiatric evaluation a Psychiatric evaluation and particular social Worker (SW) cognition, mood and Resident #69's admisshe did not note any The SW stated that cognition, mood or build did not read his nurse. During an interview PNP stated she was #69 earlier this morr during the evaluation unloved. The PNP santidepressant and a insomnia and planner Resident #69. During an interview Nursing Assistant (Nowas very inpatient a but he never cried in did not report how Resident with frequestaff to come and fer She stated Resident stated she did not resident stated she she did not resident stated she did not resid	and the Psychiatric Nurse as at the facility 2-3 times of Resident #69 was bod or behavior concerns, it that he received a referral for tion. In 1/24/19 at 10:35 AM, the stated she completed the behaviors section on assion MDS dated 1/4/19 and concerns in those areas. Staff had not reported any behaviors concerns and she sing notes. In 1/24/19 at 11:50 AM, the asked to evaluate Resident and he stated he felt tated she changed his added a medication for	F 58			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345277	B. WING _				C 25/2019
	ROVIDER OR SUPPLIER			40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203	<u> </u>	20/2010
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F 580	#3 stated she had necrying, but he had expupset that his kids had that nobody cared about report how he was documented the behavior than using his could not feed himsel him. She stated she was Resident #69 could not seemed "unusual" for During a telephone in PM, Physician #2 statemood and behaviors if #69 and he expected Psychiatric evaluation mood or behaviors could not be the property of the p	n 1/25/19 at 8:45 AM, Nurse ver seen Resident #69 bressed feelings of being d not come to see him and out him. She stated she did sefeling to anyone but aviors of Resident #3 yelling call bell and him saying he f insisting that staff feed was not aware of any reason of feed himself. She stated it in him to request to be fed. Iterview on 1/25/19 at 3:45 ted he was not aware of the issues exhibited by Resident Resident #69 receive a if he was experiencing any oncerns. He stated Resident man" and recently was	F	580			
F 600 SS=J	Administrator stated if the staff would have in Physician #2 about his feeling unloved and the possible Psychiatric of Free from Abuse and CFR(s): 483.12(a)(1) §483.12 Freedom from Exploitation The resident has the	s behaviors, expressions of nat nobody cared for a evaluation.	F	600			2/27/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	•	7172072013
				400 VISION DRIVE		
WOODLA	ND HILL CENTER			ASHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 600	Continued From pag	e 25	F 6	00		
	includes but is not lin corporal punishment	involuntary seclusion and ical restraint not required to				
	§483.12(a) The facili	ty must-				
	physical abuse, corpinvoluntary seclusion This REQUIREMENT by: Based on record revinterview, the facility supervision and mon cognitively impaired wandering behaviors unsupervised exits fresidents (Resident #behaviors. Resident unsupervised outside 5/16/18. On both occ self-propelling his whadjacent to the facility was returned inside of following both of these the facility. The facilit Resident #51 from standard residents sampled Immediate Jeopardy neglected to supervision.	iew, observation, and staff neglected to provide the itoring to prevent a resident who displayed from 2 incidents of om the facility for 1 of 1 448) sampled with wandering #48 was found a of the facility on 4/9/18 and asions, Resident #48 was leelchair on the sidewalk y parking lot. The resident of the facility with no injuries se unsupervised exits from ty also failed to protect aff to resident abuse for 1 of		F600: Abuse/Neglect: Element One: "Resident # 48 has had not Elopements. Resident # 51 h further abuse events. Element Two: "100% audit was complete residents who are at risk for Element ensure appropriate intervention monitoring in place. This aud completed by the Unit Manage 1/29/19 and all were noted to wander guard in place per proful Resident Council Meeting Administrator on 1/31/19 revie abuse/neglect and resident rigure 100% of Current Resident alert and oriented were interviunit Manager, on 2/12/19 regards resident Rights/Abuse / Neglifurther concerns.	ed for all Elopement to ons and it was ers on have otocol. g held by ewed ghts. its who are iewed by the arding	
	outside by Nursing A on a side walk appro the facility 's front do	ssistant #1 in his wheel chair ximately 90 feet away from or without supervision at PM. Immediate Jeopardy		Element Three: " All staff were educated or Prevention and Fire Drill proce " All staff were educated or	ess.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		СОМ	(X3) DATE SURVEY COMPLETED	
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		400 VISION DRIVE		
		ASHEBORO, NC 27203		
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		JLD BE	(X5) COMPLETION DATE	
	F 60	00		
ardy removal. The pliance at a lower (no actual harm with that is not Immediate ng of systems are employee in-service to Resident #51 was of a "D" where a d to the facility on included altered asomnia. December 2017 a wanderguard (an larms and locks the tively impaired naviors attempt to d on 11/30/17 due to wanderguard was to placement every at 5:41 AM indicated d was not on his a was searched but the resident was s, and he reported happened to it. ave been hovering at ing behaviors during erguard was unable	F 60	Abuse/Neglect. "Education was completed by Managers on 2/20/19, FT, PT, PF agency staff were included. Curre 99% of staff have received educative remaining staff shall not work until receive the education. Element Four: "Administrator and Maintenand Director will conduct facility Fire Divill include review of securing of the and accounting for the whereabouresidents. These drills will be condived weekly x 4 then monthly thereafter will encompass all three shifts. Fire scheduled for Wednesday January. The doors and wander guard system continue to be checked routinely (of the Maintenance Director, and were managers. The Interdisciplinary Terestand (Administrator, Director of Nursing Maintenance Director) will conduct Elopement Drills, which will include observations of staff response to we guard alarm system, weekly X 4 at monthly thereafter, these drills will encompass all three shifts. Drill we include calling a Code Green and searching for a missing person foll established protocol. The drills will triggering the wander guard alarm determine the appropriate response the staff. Results of these drills will brought before the Quality Assurar Performance Improvement Commireview monthly by the Administrator.	e ills that lee doors is of all lucted and st drill addily) by ekend am lee wander and then lee from lee from lee ince and ttee for	
	OF DEFICIENCIES SE PRECEDED BY FULL	TOF DEFICIENCIES SEPRECEDED BY FULL TIFYING INFORMATION) F 60 In acceptable credible pardy removal. The pliance at a lower of (no actual harm with that is not Immediate ing of systems are employee in-service to Resident #51 was for a "D" where a of a wanderguard (an alarms and locks the stively impaired to aviors attempt to do not 11/30/17 due to wanderguard was to placement every at 5:41 AM indicated to wanderguard was to placement every at 5:41 AM indicated to wanderguard was to placement every at 5:41 AM indicated to wanderguard was to placement every at 5:41 AM indicated to wanderguard was unable no additional The Maintenance	STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203 OF DEFICIENCIES IE PRECEDED BY FULL THEYING INFORMATION) In acceptable credible Pardy removal. The pliance at a lower (no actual harm with that is not Immediate ing of systems are employee in-service to Resident #51 was of a "D" where a In a wanderguard (an larms and locks the tively impaired naviors attempt to do not 11/30/17 due to wanderguard was to placement every B. WING PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) Abuse/Neglect. "Education was completed by U Managers on 2/20/19, FT, PT, PF, agency staff were included. Curre 99% of staff have received educati remaining staff shall not work until receive the education. Element Four: "Administrator and Maintenance Director will conduct facility Fire Dr will include review of securing of the and accounting for the whereabout residents. These drills will be cond weekly x 4 then monthly thereafter will encompass all three shifts. Firs scheduled for Wednesday January The doors and wander guard system continue to be checked routinely (or the Maintenance Director, and weekly x 4 then monthly thereafter will encompass all three shifts. Firs scheduled for Wednesday January The doors and wander guard system will encompass all three shifts. Firs scheduled for Wednesday January The doors and wander guard system continue to be checked routinely (or the Maintenance Director) will conduct facility include calling a Code Green and searching for a missing person followed the resident was so, and he reported happened to it. We would be a three shifts. Firs scheduled for Wednesday January The doors and wander guard slamm determine the appropriate response to we guard alarm system, weekly X 4 armonthly thereafter, these drills will be cond where the proportion of the drills will be cond weekly and the precedent of the will be cond weekly and the precedent of the will be cond weekly the proportion of the drills will be cond weekly the pre	STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203 DEPRECIEDED BY PULL TIFYING INFORMATION) In acceptable credible andy removal. The pilance at a lower (no actual harm with that is not Immediate ing of systems are employee in-service to Resident #51 was of a "D" where a In a wanderguard (an included altered issomnia. December 2017 It a wanderguard (an larms and locks the titively impaired naviors attempt to do not 11/30/17 due to wanderguard was to placement every In a tito 14 Am indicated did was not on his in was searched but he resident was so, and he reported happened to it. ave been hovering at time be about to motoring at was been hovering at time be and time and time and time be and time

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345277	B. WING		01/25/2019
	ROVIDER OR SUPPLIER ND HILL CENTER			,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 600	additional wandergu The physician 's ord wanderguard was of the wanderguard way wheelchair rather the extremity. A nursing note dated #48 was exit seekin hallway by self-prop A nursing note dated #48 "insisted that he somewhere to go residents telling the needed to leave". A Lift-Transfer-Repo 2/28/18 for Residen transfer independer wheelchair.	der related to Resident #48 's hanged on 2/1/18 to indicate as to be placed on his an on his right lower d 2/20/18 indicated Resident g and wandering the facility elling his wheelchair. d 2/21/18 indicated Resident e needed to leave and had . [he] even tried to rally other m he had a truck and they estitioning Evaluation dated t #48 indicated he was able to ttly using a cane and	F 600	,	ding e unds by egative ately. brought ittee by QAPI
	indicated Resident # impaired. He was no wandering. Resisupervision of 1 with walking in corridor. requiring supervision on/off unit. Resider assistance of 1 with functional impairme he utilized a wheelc. Review of Resident reviewed by staff or area of the risk for each was not want to be a supervision of the resident reviewed by staff or area of the risk for each was not want to	assessment dated 3/6/18 48's cognition was severely oted with no behaviors and dent #48 required the n bed mobility, transfers, and He was assessed as n of 2 or more for locomotion tt #48 required the limited walking in room. He had no nt with range of motion and hair. #48's care plan, which was 3/18/18, contained the focus elopement related to Resident esire to leave the facility and			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING			
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/23/2019
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F 600	multiple attempts made facility. The intervent wanderguard was in pand monitored per factors. a. An incident report of Nurse #1 indicated Resoutside the facility with Assistant (NA) #1 broom the facility from	de by the resident to exit the ions indicated a place and was to be utilized cility protocol. dated 4/9/18 completed by esident #48 was found hout supervision. Nursing ught Resident #48 back into cility 's parking lot at 8:00 d was on his wheelchair and	F 6			
	was not completed af also indicated an elop plan update were not of the interview with F nurse, Nurse #1, indic sounding and she stawhen an NA (unname went out the front docinterview with Reside (unnamed) indicated time of incident. The indicated to be Residivish to go home. The indicated that all door functioning and all was	evaluation of Resident #48 ter the incident. The report bement evaluation and care completed. The summary Resident #48 's assigned cated she heard the alarm red to walk up the hall ed) told her Resident #48 or. The summary of the int #48 's assigned NA she was on her break at the er root cause/conclusion was eent #48 's confusion and his designed to the corrective actions				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE ASHEBORO, NC 27203	1 011	20/2013
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F 600	the area where Reside of the building unsuper described by NA #1 of location was a cemer next to the parking lot lot led to a well-travel limit of 45 miles per hamaintenance Director from the facility 's froidentified location and approximately 90 feet. A review of the weath Underground 's webs (www.wunderground.weather history indicated 4/9/18 at 7:55 PM was and there was no present the following information interviews and observed 4/9/18 at approximated - A phone interviews.	conducted with the con 1/24/19 at 3:27 PM of lent #48 was found outside ervised on 4/9/18 (as luring interview). This not sidewalk located directly to of the facility. This parking ed roadway with a speed our (mph). The remeasured the distance ont door to Resident #48's done the distance as to the reconditions per Weather site com) for Asheboro's ated the temperature on so 52 degrees Fahrenheit (F) cipitation. Intion was obtained from staff vations related to Resident exit from the facility on ely 8:00 PM.	F	600			
	the first staff to responsive alarm on 4/9/18 wher unsupervised exit from approximately 8:00 P assigned to Resident which NA was assign 4/9/18 incident. She completing care for o room when she first h	M. She confirmed she was and to the wanderguard door in Resident #48 had an im the building at in the stated she was not in the stated she was not in the stated she was unsure in the stated she was unsure in the stated she was in the stated she stated she was in the stated she was working on the 400 in the stated she was working on the 400 in the stated she was working on the 400 in the stated she was working on the stated she was not was she was not was she was unsure the stated she was					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345277	B. WING			01/	25/2019
	ROVIDER OR SUPPLIER ND HILL CENTER		•	40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	facility. She revealed sounding for about 2 her resident 's room 400-hall corridor to the NA #1 stated she was see why the alarm was visitor had exited the parking lot and Residing his wheelchair on facility 's parking lot. were present with Rebuilding. She stated #48 followed the visit facility. She explained used to unlock the dovisitors were all away that after the visitor of the door that Residen visitor engaging the away when he crossed the NA #1 stated she exist Resident #48 back in wheelchair. She indiffer wheelchair. She indiffer was unable to recall when sounding. She report and was easily heard rooms. She was un the first staff to response the facility all the time. A phone interview	at up to the front door of the digital that the alarm was minutes when she exited and proceeded up the ne front door of the facility. Iked up to the front door to as going off and she saw that he building and was in the dent #48 was self-propelling the sidewalk adjacent to the She confirmed no staff esident #48 outside of the that she thought Resident for out of the front door of the ed that a numerical code was nor and that facility staff and the of the code. She stated entered the code and exited in the followed behind the audible wanderguard alarm of threshold of the front door. It the building and pushed into the building by located he had no injuries. NA hall what Resident #48 was as found outside, and she was in the door alarm ceased the darm was very loud of from inside the resident able to explain why she was and to it. NA #1 stated that hown to be an exit seeker and it his wheelchair throughout e.	F	600			
	#1 on 1/24/19 at 11:5	50 AM and 1:17 PM. She iched. Nurse #1 was					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ELE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			11/29/2019		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	unsupervised exit fr	nt #48 at the time of his 4/9/18	F 60	00		
	on 1/25/18 at 8:20 A working on 4/9/18 at unsupervised exit fr uncertain which NA #48 during the time she had not thoughthat she heard the f that NA #1 was the alarm. She reveale went off the staff we immediately. NA #2 she had not response	AM. She stated that she was at the time of Resident #48 's om the facility. She was was assigned to Resident of this incident, but she stated at it was her. She confirmed ront door alarm go off and first staff to respond to the d that when any door alarms are supposed to respond 2 was unable to explain why ded to the front door alarm				
	alarm prior to NA #' #48 exited the build stated that Residen seeker and that he	aff had responded to the I on 4/9/18 when Resident ing unsupervised. NA #2 t #48 was known to be an exit self-propelled his wheelchair ty all the time since admission				
	facility's former Ad PM. She stated that the time of Residen from the facility on PM. The 4/9/18 incomposed with the treported that the root staffs' failure to residoor alarm which also a visitor out of the facility of the	ew was conducted with the ministrator on 1/24/19 at 3:55 at she was the Administrator at t #48 's unsupervised exit 1/9/18 at approximately 8:00 ident report for Resident #48 he former Administrator. She of cause of the incident was spond immediately to the front lowed Resident #48 to follow acility and self-propel his idewalk adjacent to the cility. She indicated that after ieved an inservice was				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		345277	B. WING		C 01/25/2019		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203			
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION		
F 600	stated that Residen seeker and that he from his ankle on mexplained that one thad kept from one canother time he streto pull it off. She stiplacement was mover prevent him from recorded and the streto pull it off. She stiplacement was mover than the streto pull it off. She stiplacement was mover than the streto pull it off. She stiplacement was prevent him from recorded to she was recorded that streto freeded that the streto pull it of the stated records, re-education was provided to state the stated revealed that the stated prevent was provided to state the stated revealed that the stated revealed that the stated provided to state the stated revealed that the stated revealed that the stated revealed that the stated provided to stated revealed that the stated r	it managers on the re. The former Administrator t #48 was known to be an exit had removed his wanderguard fore than one occasion. She time he used a butter knife he of his meals to remove it and etched it out until he was able ated his wanderguard 's red to his wheelchair to	F 60	0			
	Nurse #2 indicated outside the facility visitor notified Dieta that Resident #48 w 7:15 PM. Dietary A back into the buildir #48 was interviewed home". The incider	t dated 5/16/18 completed by Resident #48 was found without supervision. A facility ry Aide #1 and Dietary Aide #2 was outside unsupervised at ide #1 pushed Resident #48 rg by wheelchair. Resident d, and he stated, "I ' m going treport indicated a physical ducted with no identified					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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F 600	summary of the interest assigned nurse (unifire drill was conductive residents were assisted was observed attention was assisted back to occasions. Dietary Resident #48 was owneelchair on the sparking lot of the facts assigned NA (unnatinformation as his attended and the Resident #48 self-procorrective actions in updated. An observation was Maintenance Direct the area where Resof the building unsured described by Dietar This location was a directly next to the parking lot led to a speed limit of 45 mid Maintenance Direct from the front door in the foot of the foo	are plan was updated. The erview with Resident #48 's named) indicated an active sted that evening and sted to their rooms. Rounds the fire drill and Resident #48 apting to exit his room and to the room on multiple staff alerted nursing staff that observed sitting in his idewalk adjacent to the cility without supervision. The erview with Resident 's med) provided the same ssigned nurse. The root dicated a fire drill was exit doors were unlocked and ropelled out of the facility. The adicated the care plan was a conducted with the or on 1/24/19 at 3:27 PM of ident #48 was found outside pervised on 5/16/18 (as y Aide #1 during interview). cement sidewalk located barking lot of the facility. This well-traveled roadway with a	F6			
	Underground 's we	ther conditions per Weather bsite d.com) for Asheboro ' s				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	040211		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/25/2019
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	5/16/18 at 7:00 PM was no precipitation. The following inform interviews and obset #48 's unsupervise 5/16/18 at approxim. An interview wa #1 on 1/24/19 at 1:3 was working on 5/1 #48 's unsupervise stated that they had evening but she wa time. She stated th Dietary Aide #2 wer visitor knocked on to them that a resident Dietary Aide #1 indi room to look out the Resident #48 self-pthe sidewalk adjace She reported that the Resident #48. She and pushed Reside by wheelchair. She went to get nursing	cated the temperature on was 70 degrees F and there nation was obtained from staff ervations related to Resident d exit from the facility on	F 6	,		
	a facility visitor. Shrecall what Residen of the incident. Die Resident #48 got ou indicated that he mufire drill when the dounlocked. She reve	e stated she was unable to t #48 was wearing at the time tary Aide #1 was asked how ut of the building and she ust have gotten out during the pors to the facility were ealed that she had not known of known now who was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345277	B. WING		C 01/25/2019		
	NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203			
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F 600	responsible for mon fire drill. - A phone intervie Aide #2 on 1/24/19 she was working on Resident #48 's unsfacility. She stated some point that eve visitor came to the k Dietary Aide #1 that without supervision. Aide #1 went to get let nursing staff known unsupervised by a fawas asked how Resbuilding and she indigotten out during that the facility were unless that not known then who was responsible during a fire drill. - A phone intervie #2 on 1/24/19 at 1:1 reached. Nurse #2 related to Resident: exit from the facility. - A phone intervie on 1/25/18 at 8:20 A working on 5/16/18 unsupervised exit from the facility.	ew was conducted with Dietary at 4:04 PM. She confirmed 5/16/18 at the time of supervised exit from the that there was a fire drill at ning and after the fire drill a citchen door and told her and a resident was outside. She reported that Dietary Resident #48 and she went whe was found outside acility visitor. Dietary Aide #2 cident #48 got out of the licated that he must have a fire drill when the doors to bocked. She revealed that she and still had not known now are for monitoring the exit doors ew was attempted with Nurse 6 PM. She was unable to be wrote the incident report #48 's 5/16/18 unsupervised	F 600				

			(X3) DATE SURVEY COMPLETED		
		345277	B. WING		C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	01/25/2019
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE COMPLETION
F 600	when doors were u wanderguard syste had not gone off whas asked who wa doors during a fire thought it was dieta. - An interview w Maintenance Direct He stated he had witwo years. The 5/1 Resident #48's undrill was reviewed will was reviewed will was reviewed was disengaged. Fresponsible for more throughout this time leave the facility will maintenance Direct education on the fir 5/16/18 unsupervisindicated he was unfire drill procedure in a phone interviewed with the was of Resident #48's facility on 5/16/18 incident repreviewed with the forevealed that an investigation in the wand on the wand with the forevealed that an investigation when the wand with the wand with the forevealed that an investigation when the wand with when the wand with the wand with when the wand wand was a skeet with was discovered with the forevealed with the forevealed with the wand wand was a skeet with was discovered with the forevealed with the forevealed with the forevealed with the wand with when the wand wand was a skeet with was discovered with the forevealed	are 36 In #48 must have gotten out inlocked and since the im was disengaged the alarminen he went out the door. She is supposed to monitor the exit drill and she stated that she ary staffs ' responsibility. In as conducted with the tor on 1/24/19 at 12:04 PM. Forked at the facility for over 6/18 incident report related to supervised exit during a fire with the Maintenance Director. In and the wanderguard system the indicated that staff were initioring the exit doors are as a resident was able to thout an alarm sounding. The tor was asked if staff are drill was provided after the enable to recall when the last inservice was conducted. It was conducted with the incident was asked if staff are drill was provided after the enable to recall when the last inservice was conducted. It was conducted with the incident was asked if staff approximately 8:00 PM. The cort for Resident #48 was commer Administrator. She westigation into the incident was determined because she knew defined the building during the fire lenguard system was commer Administrator.	F 60		

	OF DEFICIENCIES F CORRECTION			COMPLETED	
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	ND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	01/23/2013
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F 600	doors during a fire the incident she be conducted on the fi unable to recall which this inservice and vistaff had received the fire drill procedure at 2:45 PM. She in at the facility at the unsupervised exit obased on the inservice evidence staff educe the fire drill procedure unsupervised exit of the fire drill procedure with the fire drill procedure at an elopement evaluated as an elopement, history at significant risk of his expressed desire behaviors of hovering the fire drill procedure the risk for elopement, on 5/17/18 Reside the risk for elopement intervention of monoric cumstances of a adjust care delivery. An observation was on 1/22/19 at 10:05 his wheelchair in the staff or elopement and pust care delivery.	' failure to monitor the exit drill. She indicated that after lieved an inservice was re drill procedures. She was o was responsible for providing was unable to recall if all facility he inservice. as conducted with the remer interim DON on 1/24/19 dicated she was not working time of Resident #48 's on 5/16/18. She stated that vice records, there was no exition was provided related to use after Resident #48 's on 5/16/18. Luation was completed for 17/18. Resident #48 was nent risk related, in part, to his wheelchair, history of actual of wandering that placed him is getting to a dangerous place, re to leave, and exit seeking ng near exits and on. Int #48 's care plan related to ent was updated with the itoring the nature and ttempted elopement and	F 600		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	01/25/2015
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F 600	Continued From pa	ge 38	F 600		
	on 1/23/19 at 2:00 wheelchair in the had his wanderguard wanderguard 's, da and indicated that whe inspected per the recommendations. An interview was concurrent interior of the stated she was wanderguard was producted to verify in was in accordance. A phone interview was in accordance. A phone interview was in accordance. A phone interview was in accordance of the facility 's wanderguard was in accordance. A phone interview was in accordance of the facility 's wanderguard was in accordance of the facility in the indicated the transmitter was not or strapped onto are this would apply to the transmitter was	s conducted of Resident #48 PM. He was self-propelling his allway of his unit of the facility. as located his wheelchair. If yo of the facility 's protocol for ated 5/1/16, was conducted wanderguard bracelets were to be manufacturer 's If you have a conducted wanderguard bracelets were to be manufacturer 's If you have a conducted with the Corporate of the revealed that the sea wanderguard had not been a find placement on a wheelchair with their recommendations. If you have a conducted with the larger for the manufacturer of the derguards on 1/24/19 at 5:07 that their wanderguard recommended to be installed by equipment. He stated that the wheelchairs. He reported that the to be attached directly to the wrist to ensure proper			
	Administrator on 1/2 that she began wor she was not preser	onducted with the current 25/19 at 6:10 PM. She stated king at the facility recently and at for either of Resident #48 's from the facility (4/9/18 and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C	
	ROVIDER OR SUPPLIER	040211		STREET ADDRESS, CITY, STATE, ZIP 400 VISION DRIVE ASHEBORO, NC 27203		1/25/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 600	aware that Residen been placed on his was not aware this manufacturer 's inst the manufacturer shorior to placing the 's wheelchair on 2/wanderguard was nankle on 1/25/19 to 's recommendation indicated she expected staff the wanderguard alarm monitored by a staff and/or actual fire to exiting the building and Administrator acknown provided the nemonitoring to prevet the facility unsupervised to follow the reform wanderguard plaimmediately to a wasto monitor the exit of the Administrator alarmediate Jeopard. On 1/25/19 at 7:23 following credible al Jeopardy removal:	ge 39 inistrator indicated she was t #48 's wanderguard had wheelchair. She revealed she placement was against the tructions. She indicated that hould have been consulted wanderguard on Resident #48 1/18. She reported the hoved to Resident #48 's comply with the manufacturer is. The Administrator cted residents known to be an elemonitored closely to prevent it. She additionally indicated to respond immediately to a and for all exit doors to be if member during a fire drill prevent a resident from without supervision. The owledged that the facility had cessary supervision and int Resident #48 from exiting vised on 4/9/18 and 5/16/18. knowledged that the facility manufacturer 's instructions accement, failed to respond anderguard alarm, and failed floors during a fire drill. and DON were notified of the by on 1/23/18 at 5:20 PM. AM the facility provided the flegation of Immediate	F	600			

	DF DEFICIENCIES CORRECTION			(X3) DATE SURVEY COMPLETED	
		345277	B. WING		C 01/25/2019
	ROVIDER OR SUPPLIER	1 2020		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	01/25/2019
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 600	The resident was ad 11/28/2017. Per the admission and the E 11/30/17, the resident elopement risk. Resident previous with ambulation, how completed shortly afresident did not walk limited assistance of on unit. Resident # 48 wand at approximately 7:3 staff member NA (nuthe front door follows a visitor.NA AC called (LPN) HM to assist. parking lot of facility. LPN HM, and NA AC inside the facility with is no documented as date. Physician wata 4/9/18 at 8:10 pm, a family member, was (as documented on All exit doors were a guards were checked and all doors and bat functioning, according Report (Incident Reference)	mitted to the facility on care plan initiated on clopement Assessment dated in twas identified as sident # 48 had a wander is wheelchair, due to previous muard bracelet from his ankle. The wever as evidenced by MDS that this event on 4/19/18, in corridor, and required from person for locomotion and the facility of pm and was noted by a creek a aide) AC, to be nearing after another resident and the Licensed Practical Nurse Resident was found in the facility of the facility of the facility of pm and was noted by a creek and the front of the facility of pm and was noted by a creek and the front of the facility of pm and was noted by a creek and the front of the facility of pm and was noted by a creek and the front of the facility of pm and was noted by a creek and the front of the facility of pm and was noted by a creek found in the facility of the faci	F 60		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	1 00211		STREET ADDRESS, CITY, STATE, ZIP 400 VISION DRIVE ASHEBORO, NC 27203	CODE	01/25/2019
(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 B THE APPROPRIA	DATE
F 600	Education was comprelated to Elopement -4/15/18. Elopement response to door ala employees at the timagency staff.	low up post this event. bleted for 53 staff members t Protocol on 4/12/18 Protocol Addresses rms. There were a total of 62 ne of this event, including	, F€	600		
	by the local fire depart 7:00 pm. The drill we department personned once the drill was consilenced by the fire of unknown time, (some pm) however the fire to reset the system as when fire drill is concluded by the Market Maintenance Director alerted in advance to conduct and onsitt occasion 5/16/18 it were personnel and he did to the did to monitor the during this time. Profit monitored during a fit time. At 7:01pm the maintenance director conducting a Fire Drocompany called the dinform him of the alar	ty had a fire drill conducted artment, at approximately as conducted by the fire el activating a pull alarm. In the properties of the prop				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 1/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203		1/25/2019	
(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 IE APPROPRIATE	(X5) COMPLETION DATE	
F 600	director and informed know how to reset the director drove into fa at approximately 7:3 the alarms. During the doors were not being were not trained on thad not previously be doors. This was an uby the local Fire Depin Randolph County. During the time that the doors were not sefound by the dietary visitor came and know told her a resident work noted resident # 48 considewalk near the from the from wheel chair. Reside by dietary staff meminjury or incident. Led documented vital sign Event Summary (Inc. Practitioner was notified of event AA. Since the event on 5 had no further incided unaccompanied. Facility is unable to least the formaction of the second of the se	s) called the maintenance of him of drill and they did not e alarms. Maintenance cility to reset alarm, arriving of pm at which time he reset his 30-minute time frame the grown to reset the alarm - Staff on duty now to reset the alarm - Staff on trained on monitoring the inscheduled drill completed artment as they routinely do the system was down, and ecure, Resident # 48 was aide LC, she stated that a cked on the kitchen door and as outside. Kitchen staff LC outside of the facility on the intentrance - approximately the entrance, seated in her int # 48 was safely returned for LC to the center without PN AA assessed resident and ins on the Risk Management ident Report). The Nurse field of event on 5/17 at 7:55 hich is within 24 hours of the curve intended on the sident family member on 5/16 at 8:00 pm by LPN 1/16/18, Resident # 48 has ints of exiting the facility	F 60				

PRINTED: 03/11/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345277	B. WING			l	25/2019
	ROVIDER OR SUPPLIER			4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE 0.SHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	over since 5/16/18. The vidence or document LC was interviewed proceeding to the control of the	ership positions Directors of Nursing) turn Therefore, there is no ntation that the dietary aide post this event. Dr implementing the prection for the specific ed on 1/24/19 at 8:00 a.m. deglect and covered that not care plan can lead to on was conducted by the eam (Supervisors, Director onal Nurse). All staff on the were educated on this, no hey receive this education. ducating night shift staff on e on shift to ensure Supervisor also made tion to multiple staff	F	600			
	on 1/23/19 by the Nu of Nursing, Supervisor Administrator) on the the Fire Alarm System after every Fire Drill. in the event that the simmediately, and/or to the staff on duty at time are to monitor the exicumnt and account for the staff on duty at the staff on duty at time to monitor the exicumnt and account for the staff on duty at time to monitor the exicumnt and account for the staff on duty at time to monitor the exicumnt and account for the staff on	ed at approximately 2:00 pm rsing Leadership, (Director ors, regional nurse and process for ensuring that m is reset, and doors secure Education also included that system cannot be reset he doors cannot be secured, me of drill, as stated in policy, its and complete a head r the whereabouts of all ar the residents at risk for on is at 98% for all					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019	
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(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 600	training will not work the education. Education. Education. Education. Education. Education. Elopement procedure completed on 4/15/18 employed at time of the post event. This education and the second substitution of the post event. This education is a second substitution of the post event. This education is a second substitution of the post event. This education is a second substitution of the post event	that have not received this until they have completed ation was completed on be beginning on 4/12 and beginning on 4/12 and beginning on the staff members this event. 53 were educated acation included agency staff. Total of 62 staff members this event. 53 were educated acation included agency staff. Total of 62 staff members this event. 53 were educated acation included agency staff.	F 60	00			
	included ensuring that place, that the function is checked per protocol Book was up to date. No discrepancies not residents found to hat Assessment on file. 100% head count of 1/23/19 at 2:00 pm to accounted for. This will leadership team (nur. Nursing and Regional Elopement Assessment all current residents it team (supervisors, D.)	Elopement. The audit at they had secure bracelet in on and placement of bracelet col, and that Elopement Risk along with the care plans. Ited in audit. All current at-risk live a current Elopement. The facility staff completed a completed a completed by the nursing sing supervisors, Director of all Nurse). Items completed/updated for coy the nursing leadership irector of Nursing and					
	regional nurse) this w will be completed on residents found to be residents identified a guards on their ankle Wander guard on his has had Wanderguar	vas initiated on 1/23/19 and 1/24/19. No additional e at risk. Four of the 5 trisk have their wander es. Resident # 48 had his wheel chair. Resident # 48 dr removed from wheel chair le, per manufacturer 's					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345277	B. WING		C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/20/2010	
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F 600	Continued From pa	ge 45	F 600			
	plan of correction is deficiency cited ren compliance with the Charge nurse on 10 assign staff member monitoring the door alarm. Licensed nu nursing leadership Nursing and Region responsibility of charmembers each shift sheets that they will doors in the event of	procedure to ensure that the effective, and that specific nains corrected and/or in eregulatory requirements; On hall on all three shifts, will ers to be responsible for is in the event of a fire drill/fire reses will be educated by the (supervisors, Director of nal Nurse) that it is the arge nurse to assign staff to on the staffing assignment I be responsible to monitor of a fire or fire drill. Staffing viewed by all staff on duty at ch shift.				
	conduct facility Fire of securing of the d whereabouts of all conducted weekly will encompass all t scheduled for Wedi doors and wander to be checked routine Director, and weeked. The Interdisciplinar Director of Nursing conduct Elopement monthly thereafter, three shifts. Drill w Green and searchir following established.	Maintenance Director will Drills that will include review oors and accounting for the residents. These drills will be a 4 then monthly thereafter and three shifts. First drill nesday January 30th. The guard systems will continue to by (daily) by the Maintenance end managers. Y Team (Administrator, Maintenance Director) will Drills weekly X 4 and then these drills will encompass all ill include calling a Code ag for a missing person and protocol. The drills will ne wander guard alarm to				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	I' '		3) DATE SURVEY COMPLETED	
		345277	B. WING			C 1/25/2019	
	ROVIDER OR SUPPLIER	1 2.00		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 0	1/23/2019	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 600	staff. First drill to be 30th. All staff require they are heard. Results of these dril Quality Assurance a Improvement Commethe Administrator and An ADHOC QAPI Coon 1/24/19 at 12:00 plan. Attended by An Nursing, Regional Nursing, Regional Nurse. The title of the primplementing the accordance of complicit Allegation of complicit Regional of complicit Allegation of complicit Regional of complicit Allegation of complicit Regional Nurse.	priate response from the held on Wednesday January ed to respond to alarms once as will be brought before the held Performance hittee for review monthly by don Maintenance Director. Committee meeting was held p.m. to review the above diministrator, Director of lurse, Nursing Supervisors, or, nurse 's aide and herson responsible for eceptable plan of correction.	F 60				
	removal was validat Record review indicated a Cobservations of their had a wanderguard wrist as indicated by Monitoring for functi wanderguard was part Administration Record Book was updated, had a care plan related place. Elopement Acompleted/updated	on and placement of the resent on the Treatment ords, the Elopement Risk and each of the 5 residents ted to elopement risk in					

	OF DEFICIENCIES CORRECTION			LETED		
		345277	B. WING _			25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203	ODE	
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F 600	functioning properly. sheets as well as sta education was provid	ors and wanderguards were A review of inservice sign in	F 6	.00		
	10/19/18 with diagno Schizoaffective disornation of stroke, and mellitus, Hypertension A review of the active revealed a goal that it satisfaction that her copreferences were accome of the intervention	der, Bipolar depression, iety disorder, diabetes in and Osteoarthritis. e care plan dated 11/16/18 the resident would express				
	Data Set) coded as a assessment and data resident was cognitive able to make needs to others. She required assistance of one to Activities of Daily Livis supervision for meals	ed 11/17/18 revealed the rely intact, alert and oriented, known and understood limited to extensive two staff members for ing (ADL's) except for s. She was assessed as palance during transfers was				
		Allegation Report, tements revealed on 12/1/18 anted to lie back down in bed				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		345277	B. WING		01/25/2019
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 600	reported Nurse Aide the highest position didn't want a male p stated NA #12 told I further stated that N so she could not low were suspended pe investigation and te On 1/22/19 at 9:15a with Resident #51 v to discuss the incide. The Corporate Nursinterviewed 1/24/19 she was the one that and explained that I to the resident and aide to assist with h that she had not haresident or other resident or other resident or other resident was not as requested that day. An interview was considered that I is the stated that stated the resident transferring back to added that she had	activities started. She e (NA) #12 raised the bed in after she had told him she providing personal care and ther he was all she had. She lurse #8 unplugged her bed, wer it. Both the nurse and NA anding the outcome of the rminated 12/4/18. The man interview was attempted who stated that she didn't want tent. The se/Former Interim DON was at 8:20am. She stated that at investigated the allegation NA #12 was normally assigned would normally get a female ter toileting needs. She added d any complaints from the sidents prior to that day the sidents prior to that day the stated she unplugged the the unsafe for the resident to try the sisted back to bed as	F 600		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		TE SURVEY MPLETED
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F 600	Continued From pag		F 60	00		
	at 2:00pm, he explaifrom being out of the Resident #51 was si in her doorway. He sto her and sent his was resident. Resident # told him she wanted the nurse and stated bed and broke it so I went on to say that he that the bed was in the use the control to low noticed that it was unthat he overheard Now "shut up all that nois went to the nurse to unplugged and she that the unplugged it. She do the time and I want he wanted to and a lowered, and the resident #10 was in 2:30pm. She stated incident she saw Redoorway and overhed disrespectful to the rewhat was said but stems and told more patient, to which what she wants to do day of the alleged in	with Resident #25 on 1/24/19 ned that he had just returned a facility and noticed that ting in her wheelchair, crying stated that he went to speak vife to get a Diet Coke for the te25 stated that Resident #51 to go back to bed, pointed at the in, "she told me No, raised my couldn't get back in it". He ne entered her room and saw the highest position, "I tried to wer it, it didn't work, and I nplugged". He went on to say A #12 say to the resident the, you aint' no baby". He ask why the bed was old him, "I raised the bed and on't need to be lying in bed all ther to sit up in the chair for a the stated he told the nurse the ght to go back to bed when that time the nurse went ed where it was then ident assisted to lie down. terviewed on 1/24/19 at that on the day of the alleged sident #51 sitting in her ard NA #12 being very the sident #51 sitting in her ard NA #12 being very that on the day of the alleged sident #51 sitting in her ard NA #12 being very the sident was then interviewed to be the responded, "she can do to". She stated that on the cident she had visualized the to sition when she went past				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION		TE SURVEY MPLETED
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(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 600	1/24/19 at 4:41pm, shad told NA #12 that provide her personal advised NA #12 to gcare and stated, "I hactively dying so I wicheck to see who proafter that". She denicrying or any disresp#12. She went on towent by her room and by the bed, reaching her to sit down and banother staff members another staff members another resident. Whunplugged the bed, sright back, plugged in helped her get in the On 1/24/19 at 4:51pm Nurse # 9 who was wincident. A message return call was not resident. A phone interview with 1/24/19 at 4:51pm. Started working at the and was not aware at NA #12 was interview 5:00pm. He stated the facility for about 4 to conversation explain resident's brief became and wise of the stated the facility for about 4 to conversation explain resident's brief became and stated in the stated the facility for about 4 to conversation explain resident's brief became and stated in the stated the facility for about 4 to conversation explain resident's brief became and stated in the stated the facility for about 4 to conversation explain resident's brief became and stated in the stated the facility for about 4 to conversation explain resident's brief became and stated in the stated the facility for about 4 to conversation explain resident's brief became and stated in the stated the facility for about 4 to conversation explain resident's brief became and stated in the stated the	view with Nurse #8 on the explained Resident #51 is she didn't want him to a care to which she then et a female to provide the had another resident that was ent to that room and didn't covided her personal care ed overhearing the resident feetful conversation from NA is say that "a little while later I do saw that she was standing for the remote. I assisted before I could lower the bedien came and got me for the nen I left the room, I is on she wouldn't fall. I came in the bed, lowered it and is bed". In a phone call was placed to working on the day of alleged it was left for a return call. A deceived from Nurse #9. It is completed with NA #13 on the stated that she had e facility on that weekend any incidences that occurred. In wed by phone on 1/24/19 at that he had worked at the 5 years and began the ling that he changed the	F 60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		E SURVEY IPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		
(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 CORR ((EACH CORRECTIVE ACTION SHORE) CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 623 SS=B	the bed in the high poshift had gotten the rethe high position and that and the nurse toll couldn't get back in bresident liked to lay dactivities started and resident was not place as this was her normal. An interview was con 9:00am with Unit Marshe had not seen any resident's mood or bed December. On 1/25/19 at 6:10pm the Administrator and stated it was their explored from abuse of Notice Requirements CFR(s): 483.15(c)(3). §483.15(c)(3) Notice Before a facility trans resident, the facility most representative(s) of the reasons for the manguage and mannefacility must send a corepresentative of the Long-Term Care Omto discharge in the resident representative of the Long-Term Care Omto discharge in the resident.	female aide or that he left position. He added that third position. He added that the bed in stated, "that bed was up like do me to leave it up, so she ed". He confirmed that the own after meals until was unable to state why the ed back to bed when asked all behavior. I ducted on 1/25/19 at mager #2. She stated that wadverse changes to the ehavior since the incident in an interview occurred with Director of Nursing, who poectation for all resident's to frany kind. Before Transfer/Discharge e-(6)(8) before transfer. Fers or discharges a mustand the resident's me transfer or discharge and love in writing and in a rethey understand. The popy of the notice to a Office of the State pudsman.	F	523		2/27/19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	. ,	(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	'	0172072013
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F 623	paragraph (c)(5) of the \$483.15(c)(4) Timing (i) Except as specific (c)(8) of this section discharge required to made by the facility resident is transferred (ii) Notice must be in before transfer or dis (A) The safety of incide endangered under this section; (B) The health of incide endangered, under this section; (C) The resident's heallow a more immediated under paragraph (c) (D) An immediate transferred by the residunder paragraph (c) (E) A resident has nearly as a section of the contice specified in pure must include the foll (i) The reason for transferred or discharge) including the name, and telephone number receives such requestions.	tice the items described in his section. g of the notice. ed in paragraphs (c)(4)(ii) and the notice of transfer or under this section must be at least 30 days before the ed or discharged. hade as soon as practicable scharge when-lividuals in the facility would be paragraph (c)(1)(i)(C) of lividuals in the facility would be paragraph (c)(1)(i)(D) of lividuals in the facility would be paragraph (c)(1)(i)(D) of lividuals in the facility would be paragraph (c)(1)(i)(D) of lividuals in the facility would be paragraph (c)(1)(i)(D) of lividuals in the facility would be paragraph (c)(1)(i)(D) of lividuals in the facility would be paragraph (c)(i)(i)(D) of lividuals in the facility for 30 lividuals in the facility would	F 62	23		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203			
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F 623	hearing request; (v) The name, addrest telephone number of Long-Term Care Omlows (vi) For nursing facility and developmental disabilities, the mailing telephone number of the protection and addevelopmental disab C of the Developmental disable on the mail address and teagency responsible fradvocacy of individual established under the for Mentally III Individual established under the for Mentally III Individual established under the formation in the effecting the transfer must update the recipas practicable once to become available. §483.15(c)(8) Notice In the case of facility the administrator of the written notification proton to the State Survey A State Long-Term Carthe facility, and the rewell as the plan for the well as the plan for the well as the plan for the states.	and submitting the appeal as (mailing and email) and the Office of the State budsman; y residents with intellectual isabilities or related ag and email address and the agency responsible for lvocacy of individuals with ilities established under Part atal Disabilities Assistance of 2000 (Pub. L. 106-402, 15001 et seq.); and ty residents with a mental asabilities, the mailing and lephone number of the or the protection and als with a mental disorder e Protection and Advocacy luals Act.	F 62	23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X	X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/23/2019	
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 623	by: Based on staff interfacility failed to notify a hospital transfer for Resident #2) of 2 sa Hospitalization. The 1. Resident #87 was diagnosis of Coronal Resident #87 admiss (MDS) dated 10/31/2 impairment with no be extensive assistance daily living (ADLs). Review of Resident acopy medical record home on 11/16/18. Facility on 12/16/18. Review of a nursing PM, Resident #87 we distress. The nursing was transferred to the expired. In an interview on 1/2 Worker stated it was Administrator to notify of all resident transferred to the transferred to the hospitalization at the transferred to the hospitalization and the properties of t	view and record review, the vithe regional Ombudsman of r 2 (Resident #87 and mpled residents reviewed for finding included: s admitted on 10/24/18 with a ry Artery Disease. sion Minimum Data Set 18 indicated severe cognitive behaviors. He was coded for e with most of his activities of with most of his activities of the was re-admitted to the mote dated 12/20/18 at 8:35 as observed wheezing and in gnote specified Resident #87 are hospital on 12/20/18 and 125/19 at 10:30 AM, the Social the responsibility of the fif the regional Ombudsman ers to the hospital.	F 62	F623: Transfer/Discharge Notice Element One: Notice of transfer for reside and # 2 were sent to the Ombusthe Medical Records, on 2/12/1 Element Two: An audit of all transfers/disc the last 30 days was completed Administrator on 2/8/19 to ensur Ombudsman was notified. Omb had not previously been notified transfer/discharges. Element Three: Education was provided to Service Director, Medical Recorthe Admissions Team by the Adron 2/12/19, regarding the regular process for notification of transfers/discharges to the Omb Element Four: The Administrator will audit notification forms sent to the Omweekly times four weeks, month three months, monthly for three and report findings in the month Assurance Performance Improvimeeting.	onts # 87 dsman by 9. charges in by the re that the cudsman I of the Socia ds and ministrato ation and budsman. discharge nbudsmar ally for months ly Quality	n e ul e n	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345277	B. WING		C 01/25/2019
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
F 623	understanding it was medical record clerk leave in November 2 was not assigned to medical record clerk Administrator stated the regional Ombud resident hospital tra 2. Resident #2 was on 9/8/18 and most	0/18. She stated it was her is the responsibly of the is who went out on medical 2018 and apparently that task is another person during the it's absence. The lit was her expectation that is sman be notified of any	F 62:	3	
	(MDS) assessment Resident #2' s cogn A review of the Resi indicated he was tra discharged from the record revealed no of Ombudsman was no the reason for Resid	dated 9/18/18 indicated ition was intact. Ident #2's medical record insferred to the hospital and facility on 12/19/18. The documentation that the potified in writing the date and ident #2's transfer to the #2 was readmitted to the			
	Worker on 1/25/19 a who was responsibl Ombudsman of any transferred or dischastated that this was Administrator. An interview was co Administrator on 1/2 indicated that it was	anducted with the Social at 10:30 AM. She was asked e for notifying the Regional residents who had been arged from the facility. She the responsibility of the anducted with the 25/19 at 10:40 AM. She the Medical Records Director ponsible for notifying the			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345277	B. WING		01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01120/2010
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 637 SS=D	out of the facility sind. The Administrator rewas not at that facilit #2's transfer to the Ombudsman was not additionally revealed Ombudsman notification any transfers or discomprehensive Ass. CFR(s): 483.20(b)(2)(ii) Widetermines, or should there has been a signesident's physical opurpose of this sectimeans a major decling resident's status that itself without further implementing standarinterventions, that had one area of the residenter plan, or both.) This REQUIREMEN by: Based on observation interview the facility Significant Change if for a resident with si (Resident #28). The findings include	the November 2018 on leave. Invealed that since the MRD Ity during the time of Resident Inospital that the Regional Inot notified of his transfer. She If that the Regional Indications had not been made for Indrages since the Medical Intent on leave. In the Significant Chg Indicate the Medical Intent on leave. In the After Significant Chg Indicate the Medical Intent on leave. In	F 62		etion ding rior

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	COMPLETED
		345277	B. WING		C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/20/2010
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
F 637	pulmonary disease. A review of the reside following: 202 pounds on 11/2 179.5 pounds on 1/3/ 15.84% A review of the Qua (MDS) dated 11/26/ severe cognitive impextensive to total as include meals. She concerns and received extensive MD assessment and daresident had severe received extensive Activities of Daily Li She was coded with in the last month or past 6 months, recediet and had no der Resident #28's activitied the focus a recent decline and smonths. An interview occurre the Corporate Nursing and Unit MicCoordinator was no	dent's weights revealed the 20/18 1/28/18 19 which was a weight loss of arterly Minimum Data Set 1/18 revealed the resident had pairment. She received assistance for all ADL's to did not have any weight loss and a mechanically altered dent's most recent S coded as an annual ted 1/3/19 revealed the cognitive impairment. She to total assistance for all ving (ADL's) to include meals. In a weight loss of 5% or more a loss of 10% or more in the evived a mechanically altered	F 637	Assessment was completed accordinaudit completed by Director of Nursin other significant change MDS for we loss were noted. Element Three: MDS Nurses (2) were educated the Regional MDS Consultant regard the requirements for completing a Significant Change MDS. This educated was completed on 2/22/19. Element Four: Director of Nursing will monitor residents for significant weight loss monthly, by review of weight documentation in Point Click Care, a ensure that MDS Team is aware and schedules a Significant Change MDS accordingly. Results of these audits be brought before the Quality Assura and Performance Improvement Committee by the Director of Nursing monthly with the QAPI Committee responsible for on-going compliance	ng, no ght by ling ition s will ince

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	1	
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F 641 SS=D	after the weight loss During an interview on 1/25/19 at 6:10pn expectation for SCS/Accuracy of Assessing CFR(s): 483.20(g) §483.20(g) Accuracy The assessment muresident's status. This REQUIREMEN' by: Based on record revand resident interview accurately code the late areas of pain (Resident #18), behas to bacco use (Resident #18), behas to bacco use (Resider eviewed for MDS accurately accurately code the late areas of pain (Resident #18), behas to bacco use (Resider eviewed for MDS accurately was accurately was accurately was accurately code the late areas of pain (Resident #18), behas to bacco use (Resider eviewed for MDS accurately was acc	should have been completed had been identified. with the Director of Nursing in, she stated that it was her A's to be completed correctly. In the state of Assessments. If of Assessments is accurately reflect the in the facility failed to it will be wil	F 63		ections 3 and # e and 0/19. he last 30 at all ded. at pain, e audits se on or ns having MDS he MDS nsultant DS to	9

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	` '	TE SURVEY MPLETED
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F 641	Continued From page	e 59	F 64	1		
	The resident had sch	stracture of the left knee. eduled pain medication (as		education was completed on 2	2/22/19.	
	A review of the reside administration record look-back period of the revealed Resident #2 medication in addition. A review of Resident 11/14/18 revealed gorisk for fall, pain (medicative care. On 1/25/19 at 10:40 acconducted with Nurse was regularly assigned Nurse #11 stated that and toe amputation pland as needed medication pland p	(MAR) for the 7-day, ne MDS dated 10/31/18 20 received as needed pain in to scheduled. #20 's care plan dated als and interventions for at dication), and requested am an interview was e #11 who stated that she ed day shift to Resident #20. It the resident had arthritis pain and required scheduled cation for his pain. Nurse if the MAR was documented ture that medication was the medication as ordered. In an interview was IDS Nurse who stated she ed or significant change and the October MAR and is needed pain medication, rect and she would correct in an interview was incompleted to the correct was significant change.		Element Four: • Director of Nursing will at per week to ensure accurate of Diagnosis, Pain, Behaviors ar Use X 4 weeks then monthly Results of these audits will be before the Quality Assurance Performance Improvement Comonthly by the Director of Nut the QAPI Committee responsion-going compliance.	coding of nd Tobacco thereafter. brought and ommittee rsing with	
	MDS.	urse to accurately code the				
	2.					1

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF D		343211	B: Wiite		TTEET ADDRESS SITV STATE ZID SODE	01/	25/2019
	ROVIDER OR SUPPLIER			4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 VISION DRIVE ASHEBORO, NC 27203		
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F 641	A review of Resident and 11/5/18 revealed the resident had a severe resident required extembility, of 1 for all of The resident and morbid hyperlipidemia, stroked dementia, and morbid A review of Resident 1/11/19 revealed the reweight loss over the province over the past 6 month the resident did not have the facility in his power garbled speech and wresident had verbal be visitors. The resident body and cheek bone face.	#18 's annual MDS dated resident had clear speech and understood. The ely impaired cognition. The ensive assist of 2 for bed her activities of daily living. It diagnoses were e., non-Alzheimer's dobesity. #18 's Dietician notes dated resident had significant bast 6 months. Im an interview was detician who stated that she dent's weight loss of 16.1% as. The Dietician stated that have the diagnosis of obesity. In an observation was done was traveling freely around er scooter. The resident had was rarely understood. The enaviors toward staff and was of thin stature in his as were pronounced in his man interview was DS Coordinator who stated DS dated 1/11/19 Section "I" desity was not a current correct the error.	F	641			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		COMPLETED
	345277	B. WING		C 01/25/2019
			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	01/25/2015
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conducted with the expected the MDS IMDS. 3. Resident #48 was 11/28/17 with diagn mental status, anxied. The quarterly Minimassessment dated #48's cognition was assessed with verbarejection of care, and The annual MDS as indicated Resident impaired. Section Eindicated Resident rejection of care, and E1100 asked, "How behavior status, car compare to prior as was answered with no prior MDS assessed with mo prior MDS assessed with rejection Eindicated Resident #48 was kert an ursing note Resident #48 refused A nursing note Resident #48 refused was combative. A nursing note Resident #48 was kert and resident #4	DON who stated she Nurse to accurately code the set admitted to the facility on coses that included altered ety, and insomnia. Inum Data Set (MDS) 10/2/18 indicated Resident is severely impaired. He was all behaviors on 1 to 3 days, no and no wandering behavior. It is sessment dated 12/5/18 If it is a cognition was severely in it is exercised in it is exercised in it is is a cognition was severely in it is is in it in it is in it is in it in it is in it is in it in it in it is in it in it in it is in it in it in it in it in it is in it	F 64	1	
	Continued From parconducted with the expected the MDS IMDS. 3. Resident #48 was 11/28/17 with diagn mental status, anxious The quarterly Minimassessment dated #48's cognition was assessed with verbarejection of care, and The annual MDS as indicated Resident impaired. Section Eindicated Resident rejection of care, and E1100 asked, "How behavior status, car compare to prior as was answered with no prior MDS assessed with rejection of care, and E1100 asked, "How behavior status, car compare to prior as was answered with no prior MDS assessed with mo prior MDS assessed with with mo prior MDS assessed with verbar rejection of care, and E1100 asked, "How behavior status, car compare to prior as was answered with mo prior MDS assessed with mo prior MDS assessed with mo prior MDS assessed with verbar rejection of care, and E1100 asked, "How behavior status, car compare to prior as was answered with mo prior MDS assessed with verbar rejection of care, and E1100 asked, "How behavior status, car compare to prior as was answered with mo prior MDS assessed with verbar rejection of care, and E1100 asked, "How behavior status, car compare to prior as was answered with mo prior MDS assessed with verbar rejection of care, and E1100 asked, "How behavior status, car compared to prior asked, "How behavior status, car compared to	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 61 conducted with the DON who stated she expected the MDS Nurse to accurately code the MDS. 3. Resident #48 was admitted to the facility on 11/28/17 with diagnoses that included altered mental status, anxiety, and insomnia. The quarterly Minimum Data Set (MDS) assessment dated 10/2/18 indicated Resident #48' s cognition was severely impaired. He was assessed with verbal behaviors on 1 to 3 days, no rejection of care, and no wandering behavior. The annual MDS assessment dated 12/5/18 indicated Resident #48 's cognition was severely impaired. Section E, the Behavior Section, indicated Resident #48 had no behaviors, no rejection of care, and no wandering. Question E1100 asked, "How does resident's current behavior status, care rejection, or wandering compare to prior assessment?" This question was answered with N/A indicating that there were no prior MDS assessments for comparison. Section E of this MDS was completed by the Social Worker (SW). A review of the progress notes during the 12/5/18 prevealed the following: A nursing note dated 11/29/18 indicated Resident #48 refused care. A nursing note dated 12/3/18 indicated Resident #48 refused care. A nursing note dated 12/3/18 indicated Resident #48 refused care multiple times and	ROVIDER OR SUPPLIER ND HILL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 61 conducted with the DON who stated she expected the MDS Nurse to accurately code the MDS. 3. Resident #48 was admitted to the facility on 11/28/17 with diagnoses that included altered mental status, anxiety, and insomnia. The quarterly Minimum Data Set (MDS) assessment dated 10/2/18 indicated Resident #48's cognition was severely impaired. He was assessed with verbal behaviors on 1 to 3 days, no rejection of care, and no wandering behavior. The annual MDS assessment dated 12/5/18 indicated Resident #48 's cognition was severely impaired. Section E, the Behavior Section, indicated Resident #48 had no behaviors, no rejection of care, and no wandering. Question E1100 asked, "How does resident 's current behavior status, care rejection, or wandering compare to prior assessment?" This question was answered with N/A indicating that there were no prior MDS assessments for comparison. Section E of this MDS was completed by the Social Worker (SW). A review of the progress notes during the 12/5/18 mDS look back period (11/29/18 through 12/5/18) revealed the following: A nursing note dated 12/3/18 indicated Resident #48 refused care. A nursing note dated 12/5/18 indicated Resident #48 refused care multiple times and was combative. A nursing note dated 12/5/18 indicated Resident #48 was kicking at other residents ' wheelchairs, was verbally aggressive toward staff, and refused care.	ROVIDER OR SUPPLIER ND HILL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL (REACH DEFICIENCY MUST BE PRECEDED BY PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PREFIX (EACH CORRECTIVE ACTION SHOUL) REOULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 61 conducted with the DON who stated she expected the MDS Nurse to accurately code the MDS. 3. Resident #48 was admitted to the facility on 11728/17 with diagnoses that included altered mental status, anxiety, and insomnia. The quarterly Minimum Data Set (MDS) assessment dated 10/2/18 indicated Resident #48 's cognition was severely impaired. He was assessed with verbal behaviors on 1 to 3 days, no rejection of care, and no wandering behavior. The annual MDS assessment dated 12/5/18 indicated Resident #48 had no behaviors, no rejection of care, and no wandering Question E1100 asked, "How does resident 's current behavior status, care rejection, or wandering compare to prior assessment?" This question was answered with N/A indicating that there were no prior MDS assessments for comparison. Section E of this MDS was completed by the Social Worker (SW). A review of the progress notes during the 12/5/18 mount of the progress notes during the 12/5/18 revealed the following: - A nursing note dated 12/3/18 indicated Resident #48 refused care multiple times and was combative. - A nursing note dated 12/3/18 indicated Resident #48 refused care multiple times and was combative. - A nursing note dated 12/5/18 indicated Resident #48 refused care multiple times and was combative. - A nursing note dated 12/5/18 indicated Resident #48 refused care multiple times and was combative. - A nursing note dated 12/5/18 indicated Resident #48 was kicking at other residents 'wheelchairs, was verbally aggressive toward staff, and refused care.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG			LETED
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F 641	back period. He was behaviors directed to and wandering daily. Resident #48 continu hoarding items in his An interview was cor 1/24/19 at 3:49 PM. reviewed the nursing to code Section E of confirmed she comp #48 's 12/5/18 MDS Resident #48 's MD behaviors, no rejection and no prior MDS as comparison was reviprogress notes for R 12/5/18 MDS look bat 12/5/18) were review revealed that Reside rejection of care, and behaviors, so she has additionally revealed E1100 incorrectly as previous MDS assess An interview was cor Administrator on 1/25 her expectation was accurately.	aviors during the MDS look noted to continue with verbal oward staff, refusals of care, The SW also indicated that used with the behavior of room. Inducted with the SW on She stated that she notes and her observations the MDS assessments. She leted Section E of Resident assessment. This section of S that indicated he had no on of care, no wandering, sessments for behavioral ewed with the SW. The esident #48 during the ack period (11/29/18 through red with the SW. She of the wind the second question Resident #48 had multiple sments. Inducted with the 5/19 at 6:10 PM. She stated for the MDS to be coded	F				
	cumulative diagnosis Disease, Nicotine De infection).	admitted 12/18/18 with s of Peripheral Vascular ependence and Sepsis (blood #81's care plan initiated					
		ude a care plan for smoking.					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345277	B. WING		01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	01/23/2019	
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F 641	Continued From pa	ge 63	F 64	.1		
	(MDS) dated 12/25, cognitively intact ar was coded as no to Review of an electr completed 12/26/18 deemed a safe, ind In an interview on 1 #81 stated he was a frequently to smoke	onic Smoking Assessment B indicated Resident #81 was ependent smoker. //22/19 at 11:39 AM, Resident a smoker and he went outside b. There were no observed his room. He stated he kept				
	Resident #81 was of the smoking area. In an interview on 1	n 1/22/19 at 4:03 PM, observed outside smoking in /23/19 at 10:40 AM, Nurse #3				
		1 was identified on admission She stated he frequently went				
	Assistant (NA) #10	/24/19 at 3:20 PM, Nursing stated Resident #81 was an er. She stated he spent a lot of smoking area.				
	the MDS Nurse star Conditions of the ad- auto populated whe comprehensive MD remotely and did no preparation of his M she would not know	view on 1/25/19 at 2:00 PM ted section J-Health dmission MDS dated 12/25/18 en completing a S. She stated she worked of visualize Resident #81 in the dDS. The MDS Nurse stated of Resident #81 was a smoker d him or if she had noted the				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUC		(X3) DATE SURVEY COMPLETED				
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		345277	B. WING			01/	25/2019
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F 641	In an interview on 1/2 Administrator and the stated it was their exp	5/19 at 5:50 PM, the Director of Nursing (DON) Dectation that the MDS dated accurately for Resident #81	F	641			
F 656 SS=E	Develop/Implement C	omprehensive Care Plan	F	556			2/27/19
	implement a compreh care plan for each respectives and timefra medical, nursing, and needs that are identificated assessment. The condescribe the following (i) The services that a or maintain the reside physical, mental, and required under §483.2 (ii) Any services that under §483.210, include the following treatment under §483.10, include the following treatment under §483.10, include the following treatment under §483.10, include the following t	cility must develop and densive person-centered sident, consistent with the chat §483.10(c)(2) and cludes measurable ames to meet a resident's mental and psychosocial ed in the comprehensive aprehensive care plan must personal meet a resident's mental and psychosocial ed in the comprehensive aprehensive care plan must personal meet a resident's highest practicable 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 ling the right to refuse and the nursing facility will PASARR a facility disagrees with the RR, it must indicate its nt's medical record. In the resident and the					

		DATE SURVEY COMPLETED				
		345277	B. WING			C 9 1/25/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	•	71/23/2019
				400 VISION DRIVE		
WOODLA	ND HILL CENTER			ASHEBORO, NC 27203		
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F 656	Continued From page	e 65	F 6	56		
	(A) The resident's go desired outcomes. (B) The resident's prefuture discharge. Fact whether the resident's community was assel local contact agencie entities, for this purpor (C) Discharge plans in plan, as appropriate, requirements set fort section. This REQUIREMENT by: Based on record revinterview, staff intervienterview, staff intervienterview, the facility comprehensive care #28, #34, #36, #69, #implement care plans and #52) for 12 of 25 The findings included 1. Resident #48 was 11/28/17 with diagnomental status, anxiet A review of Resident physician 's orders in electronic alert system facility exit doors whe residents with wander was a standard outcomes.	als for admission and eference and potential for cilities must document s desire to return to the ssed and any referrals to es and/or other appropriate ose. In the comprehensive care in accordance with the th in paragraph (c) of this I is not met as evidenced ew, observation, resident ew, and Product Manager failed to develop plans (Residents #16, #25, e75, and #81) and failed to s (Residents #1, #2, #48, sampled residents. d: admitted to the facility on ses that included altered y, and insomnia. #48's December 2017 Indicated a wanderguard (an m that alarms and locks the en cognitively impaired ering behaviors attempt to s initiated on 11/30/17 due to ess.		F656: Comprehensive Care In Development: Element One: Resident # 16 care plant to reflect medication refusals behaviors. Resident # 25 car updated to reflect edema / we monitoring. Resident # 28 Ca updated to include oxygen us symptoms. Resident # 34 cal updated to reflect diagnosis on Resident # 69 care plan was include use of psychotropic materials. Resident # 75 care plan was include oxygen and respirator Resident # 81 care plan was reflect smoking status. These care plan updates completed by the Unit Manag 2/18/19	was updated and re plan was eight are plan was re/respiratory re plan was of diabetes. updated to nedications. updated to ry symptoms. updated to	
	assessment dated 12	2/5/17 indicated Resident severely impaired. He was		Element One: Resident # 1 had fall mat disc	continued	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV IDENTIFICATION NUMBER: A. BUILDING COMPLETED					
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NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	23/2013
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				A	SHEBORO, NC 27203		
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F 656	Continued From page	e 66	F 6	656			
	assessed with wande	ring behaviors daily.			and resolved from care plan. Resident and # 52 have Behavior Monitoring in	# 2	
	(CAA) for the 12/5/17	toms Care Area Assessment MDS indicated Resident			place per care plan. Resident # 48 has Wander Guard monitoring per care pla		
	#48 was confused at	•			Florent Two		
	determined to leave the	ne facility.			Element Two:		
	Decident #40 Le plen	of complicated the force			An audit was completed for all current and and a standard with medication refusely deliberation.		
	Resident #48 's plan of care included the focus area of the risk for elopement related to his expressed desire to leave the facility and multiple				residents with medication refusals, dail weights, oxygen use, diagnosis of	y	
					Diabetes, psychotropic medication use		
	T	e resident to exit the facility.			and smoking to ensure that these area		
		ted to have removed his			were addressed on their care plans.	,	
	own wanderguard. This focus area was initiated				These audits were completed by the U	nit	
	on 11/30/17 and revis				Managers, Director of Nursing and		
	interventions indicate	d a wanderguard was in			Regional Nurse with appropriate care p	olan	
	place and was to be ι	utilized and monitored per			updates as indicated.		
	facility protocol (initiat	ted 11/30/17).			An Audit was completed for all		
					residents with fall mat interventions to		
		dated 1/23/18 clarified the			ensure that they are in place plan of ca	re.	
	-	nt #48 ' s wanderguard			An audit was completed for all		
		on his right lower extremity.			residents with Wander Guards to ensur	_	
	_	s to be checked for function			that they are in place per the plan of ca	ire.	
	and placement every	shift.			This Audit was completed by the Unit		
	The physician 's orde	er related to Resident #48 's			Managers, all care plans in place.		
		anged on 2/1/18 to indicate			Element Three:		
	the wanderguard was				Education was provided to the Null	rses	
	wheelchair rather than				and IDT on completion of care plans to		
		erguard was to be checked			include: medication refusals, daily		
	for function and place				weights, oxygen use, psychotropic med	t	
		,			use, and smoking. This education was		
	An incident report dat	ed 4/9/18 indicated			completed by The Unit Managers and		
	•	unsupervised exit from the			Regional Nurse 2/22/19. Education		
		d outside of the facility			included FT,PT, PRN and agency staff		
		y staff at approximately 8:00			Currently 99% of staff have been		
		wanderguard was in place			educated, any staff who have not recei		
		he time of this unsupervised			education will not work until they comp	lete	
	exit.				education.		
					Education was also completed with	n	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345277	B. WING			1	25/2019
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				40	00 VISION DRIVE		
WOODLA	ND HILL CENTER			Α	SHEBORO, NC 27203		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 656	Continued From page	e 67	F	656			
	An incident report dat				nursing staff and IDT on the		
		unsupervised exit from the			implementation of care planned		
		d outside of the facility			interventions to include fall mats, behavior	vior	
	without supervision b	-			monitoring and wander guards.		
	approximately 7:15 P				This education was completed by the		
		place on his wheelchair at			Director of Nursing on 2/22/19. Educat	ion	
	the time of this unsup	pervised exit.			included FT, PT, PRN and Agency sta	ff.	
					Currently at 99% of all staff educated,		
	A review of Resident	#48 's medical record on			those staff remaining will not work until		
	1/23/19 indicated the	2/1/18 physician 's order for			they complete the training.		
	_	Resident #48 ' s wheelchair					
		placement to be checked			Element Four:		
	every shift continued	to be an active order.			Care Plans will be reviewed daily i		
	A	1 1 1 1 CD : 1 1 1/140			Clinical Morning Meeting to ensure tha		
		conducted of Resident #48			they meet resident current needs. Thi		
		M. He was self-propelling his			review will be conducted by the Directo	r ot	
		way of his unit of the facility. derguard was located on his			Nursing and Unit Managers.Unit Managers will audit residents	with	
	wheelchair.	derguard was located on his			Fall Mats 5 X week , on varying shifts a		
	Wilcolonali.				weekends, for four weeks, then randon		
	A review of the facility	v's protocol for			thereafter, to ensure in place per care	''y	
		ed 5/1/16, indicated that			plan.		
		ets were to be inspected per			Unit Managers will audit Behavior		
	the manufacturer 's r				Monitoring 5X week for four weeks, the	n	
					randomly thereafter, to ensure that it is		
	A phone interview wa	s conducted with the			place per care plan.		
	Product Sales Manag	ger for the manufacturer of			Social Service Director or Activity		
	the facility 's wander	guards on 1/24/19 at 5:07			Director will monitor residents with		
	PM. He indicated that	at their wanderguard			Wander Guards 5X week for four week		
	transmitter was not re	ecommended to be installed			then randomly thereafter, to ensure the	at	
		equipment. He stated that			they are in place per care plan. Manag	jer	
		heelchairs. He reported that			on Duty will monitor on the weekend.		
		be attached directly to the			Results of the above audits will be		
	resident 's ankle or w	vrist to ensure proper			brought before the Quality Assurance a	ind	
	functioning.				Performance Improvement Committee		
	Λ m imtom de	م جلا جلائیں او جاجی او			monthly by the Director of Nursing, with	ו	
	An interview was con				the QAPI Committee responsible for		
		5/19 at 6:10 PM. She stated			on-going compliance.		
	i mai sne expected cal	re plan interventions to be	1		I .		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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F 656	implemented. She a expected the facility	additionally stated that she 's wanderguard protocol to vanderguards to be utilized	F 6	656		
	9/8/18 and most rece with diagnoses that i The care plan for Re area of the risk for co use of psychotropic i initiated on 9/16/18.	admitted to the facility on ently readmitted on 12/20/18 included bipolar disorder. sident #2 included the focus omplications related to the medications. This area was The interventions included, de effects (initiated 9/16/18).				
	's cognition was inta and rejection of care MDS look back perio antipsychotic medica medication on 7 of 7 A review of Resident	18/18 indicated Resident #2 ct. He had verbal behaviors on 1 to 3 days during the d. Resident #2 received tion and antidepressant days.				
	through 1/25/19 indice monitoring had been An interview was core 1/25/19 at 2:40 PM. Utilized the MAR to commonitoring for all resumedications. She remurse was supposed the resident had any stated that the nurse	cated no side effect documented on his MARs. Inducted with Nurse #3 on She stated that the facility ocument side effect idents on psychotropic ported that each shift the to document on the MAR if side effects. Nurse #3				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	` '	ATE SURVEY DMPLETED
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F 656	side effect monitorir residents who were She indicated that the completed and that were responsible for ensure the side effect. The January 2019 Mark. A phone interview of 1/25/19 at 3:01 PM. Utilized the MAR to monitoring for all remedications. She may not the resident had an that the nurse was suppose the resident was sumonitoring onto the were on psychotropic to ensure side effect all residents on psy revealed that she sidents on psy revealed that she sidents and MAR. She stated the An interview was conditionally and the sidents on 1/2 that she expected side effect for all residents on psy revealed side effect for all residents on 1/2 that she expected side e	on psychotropic medications. his task was not always the Unit Managers (UMs) or reviewing the MAR to ect monitoring was in place. WAR for Resident #2 was as not on Resident #2 's was conducted with UM #1 on She stated that the facility document side effect sidents on psychotropic eported that each shift the d to document on the MAR if y side effects. UM #1 stated completed the admission for pposed to enter side effect MAR for all residents who bic medications. She reported has bet monitoring was in place for chotropic medications. UM #1 mould have identified that a side effect monitoring on his nat this was an oversight.	F 65	6		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	COMPLETED
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F 656	Disease, Nicotine Dinfection). Resident #81's adm (MDS) dated 12/25/cognitively intact an Review of an electrocompleted 12/26/18 deemed a safe, index Review of Resident on 1/3/19 did not incompleted 12/26/18 deemed a safe, index Review of Resident on 1/3/19 did not incompleted 12/26/18 deemed a safe, index Review of Resident on 1/3/19 did not incompleted in 1/3/19 did not incomplete in 1/3/19 did not incomplete in 1/3/19 did not incomplete in 1/4/26/26/26/26/26/26/26/26/26/26/26/26/26/	dependence and Sepsis (blood descriptions) dission Minimum Data Set (18 indicated he was described and behaviors. Donic Smoking Assessment descriptions and the state of the sependent smoker. #81's care plan last revised clude a care plan for smoking. #22/19 at 11:39 AM, Resident a smoker and he went outside to the state of the septions. There were no observed this room. He stated he kept	F 656		

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 656	Continued From pag		F 6	56			
	l ·	as the expectation that all nd Unit Managers could nt a care plan.					
	the MDS Nurse state did not visualize Resof his care plan. The would not know to dunless she observed noted the Smoking A 12/26/18. The MDS understanding that tresponsible to reviewensured that a Care addressed, and Unit care planned Reside In a telephone intervention of the Manager #1 state of the state of the Manager #1 state of the state of the Manager #1 state	view on 1/25/19 at 2:00 PM ed she worked remotely and sident #81 in the preparation e MDS Nurse stated she evelop a smoking care plan d Resident #81 or if she had Assessment completed on Nurse stated it was her he Unit Manager was wing the care plan after she Assessment Areas were Manager #1 should have ent #81 for smoking. view on 1/25/19 at 3:00 PM, atted she should have care 31 for smoking. She stated it					
	Administrator and th	25/19 at 5:50 PM, the e Director of Nursing (DON) epectation that Resident #81 smoking.					
	cumulative diagnose Malnutrition, Bactere	s admitted 12/28/18 with es of Altered Mental Status, emia (bacteria in the blood cer, Depression and Post sorder (PTSD).					
	12/28/18 indicated h	#69's admission orders dated ne was prescribed Remeron ery day for depression.					
	Review of Resident	#69's December 2018					

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345277 B. WING	01/25/2019	
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	·	
(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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
Medication Administration Record (MAR) indicated he received his antidepressant daily. Resident #69's admission Minimum Data Set (MDS) dated 1/4/19 indicated he was cognitively intact, no mood disturbance and exhibited no behaviors. He coded as having received 6 doses of an antidepressant during the look back period. The Care Area Assessment (CAA) was triggered for psychotropic medications. The CAA indicated Resident #69 would be care planned for psychotropic medications. The CAA indicated Resident #69 would be care planned for psychotropic medications related to his Depression. Review of Resident #69's care plan dated 1/7/19 indicated he was at risk for sadness/depression due to his diagnosis of Depression. The care plan did not include the use of psychotropic medications for his depression. Review of Resident #69's January 2019 MAR indicated he received his antidepressant daily from 01/01/19 to 1/22/19. In an interview on 1/22/19 at 11:00 AM, Resident #69 stated he was diagnosed with Depression and PTSD and had a history of psychological services with medication intervenitons. He stated he understood he was prescribed an antidepressant while at the facility. In a telephone interview on 1/25/19 at 2:00 PM the MDS Nurse stated she worked remotely. She confirmed she completed the MDS assessment dated 1/4/19. She stated she should have care planned Resident #69 for the use of antidepressant medications and not just his		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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F 656	stated it was their explave a care plan for the medication for Depres 5. Resident #52 was cumulative diagnoses Accident (CVA), Depres Dementia without Be Review of Resident #11/28/18 indicated shrough Cymbalta (antidepresand Ativan (antianxie) Her admission orders medications are used and monitor/address Review of Resident #Data Set (MDS) date cognitive impairment feeling down with wa MDS indicated she remedication on 2 occa antidepressants on 7 period. Review of Resident #12/12/18 indicated shroughications related medications. Interver	25/19 at 5:50 PM, the Director of Nursing (DON) Dectation that Resident #69 the use of psychotropic Sision. admitted 11/28/18 with Signature of Cerebral Vascular Pression, Anxiety and Chaviors. 252's admission orders dated December of Psychotropic Depression daily Sty) as needed for Anxiety. Signature of Psychotropic Depression Minimum of 12/5/18 indicated severe and she was coded as Indering behaviors. The December of Psychotropic December of Depression Minimum of 12/5/18 indicated severe and she was coded as Indering December of Decembe	F6	656			
	Review of Resident #	52's December 2018 MAR					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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F 656	indicated she receive and her antianxiety n A review of Resident	e 74 ed her antidepressants daily nedication on 12 occasions. #52's December 2018 MAR nted side effect monitoring.	F 6	56			
	indicated she receive and her antianxiety n until 1/3/19 when an her antianxiety medic						
In an observati Resident #52 v across her mad	Resident #52 was clo across her made bed and proceed to ambu	1/23/19 at 10:30 AM, othed and lying asleep I. She was easily aroused ulate out of her room down					
	stated Resident #52 wandered about the side effect monitoring on the MAR if it was verified no evidence December 2018 and effects related to Res medications.	facility. Nurse #10 stated g for Resident #52 should be being done. Nurse #10 of monitoring on the January 2019 MAR for side sident #52's psychotropic					
	I .	on on 1/25/19 at 9:00 AM, ting on the side of her bed					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED			
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F 656	In an interview on 1 stated that the facili document side effect on psychotropic me each shift the nurse on the MAR if the re Nurse #3 stated that the admission for the enter side effect more sidents who were She indicated that the completed and that were responsible for ensure the side effect more side effect more side effect more each shift the nurse on the MAR if the re UM #1 stated that the document side effect monitoring residents who were She reported that the responsible for revisible effect monitoring residents on psychothave been an oversidents who were share possible for revisible effect monitoring residents on psychothave been an oversidents who were share possible for revisible effect monitoring residents on psychothave been an oversidents.	dere were no observed /25/19 at 2:40 PM, Nurse #3 ty utilized the MAR to continuous She reported that ewas supposed to document esident had any side effects. It the nurse who completed e resident was supposed to enitoring onto the MAR for all on psychotropic medications. In this task was not always the Unit Managers (UMs) or reviewing the MAR to ect monitoring was in place. In the facility utilized the MAR to ect monitoring for all residents dications. She reported that ewas supposed to document esident had any side effects. The nurse who completed the esident was supposed to enter the one of the MAR for all on psychotropic medications. The Units Managers were ewing the MARs to ensure the units Managers were ewing the MARs to ensure the units managers were even the managers and must distinct the manager and the manager distinct the manager and the manager distinct the manager	F 656			
	Administrator and D stated it was their e	/25/19 at 5:50 PM, the Director of Nursing (DON) Expectation that the care In of monitoring for side effects				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		•	
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F 656	Continued From pag	ge 76	F 65	6			
	be documented on t prescribed a psycho	he MAR for any resident tropic medication.					
	4/27/16 with diagnos	admitted to the facility on ses that included dementia, s, diabetes mellitus and heart					
	revealed there was a risk for falls due to in cognition and history	lent's active care plan a problem area for being at mpaired mobility, impaired y of falls with an intervention when the resident was in 17).					
	was alert and oriented cognition with period extensive to total de member for Activities except for supervision	n Data Set (MDS) /5/19 indicated Resident #1 ed, had moderately impaired ds of confusion. She required pendence from one staff s of Daily Living (ADL's) on for eating. She was two or more falls since the					
		m an interview was dent #1, who stated that she ne staff for assistance with					
		m an observation revealed her bed with no fall mat ned.					
	#11 (NA) on 1/24/19 to locate a fall mat in	mpleted with Nursing Aide at 2:20pm. She was unable n Resident #1's room and t know the resident was to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
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	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		,	
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F 656	1/24/19 at 2:30. She her legs hurt. She we the call light for assist that she often forgot help. She couldn't renext to her bed. During an interview of 1/25/19 at 9:00am she was present on the cand was unsure why room or resolved on	mpleted with Resident #1 on stated that when she stood as able to show how to use stance from staff but stated and felt like she didn't need ecall a fall mat being placed with Unit Manager #2 on the confirmed that the fall mat care plan as an intervention it was not in the resident's the care plan. She added are and nurses update and	F 65	6			
	Nursing. They stated for the care plan interest	administrator and Director of a that it was their expectation betwentions to be implemented. admitted to the facility on hission date of 11/16/18. Her berebral infarction (a stroke), muscle weakness and assessment dated 11/23/18 and as alert and oriented with the She received extensive to a one to two staff members apairment on one side of her					
		nt's active care plan dated e was care planned for risk of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	, ,	COMPLETED		
		345277	B. WING		0.	C 1/ 25/2019	
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(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 656	falls, vision impairmed with ADL's, however as an intervention for were present on the On 1/25/19 at 11:00 completed with Resiliked to hold onto the assisted with her perwith her right hand to An interview was con 1/25/19 at 11:05am. reached for the bed provided and could uself in the bed. On 1/25/19 at 6:10pc completed with the ANUrsing. They stated the care plan to be occentered. 8) Resident #34 was 11/8/18 with diagnost Mellitus, cerebral information A review of Resident orders revealed the Diabetes Mellitus: A) Accuchecks twice Insulin B) Humalog solutions sliding scale if 0 - 15 glucose is less than 250 = 4 units; 251 - units; 351+ = 10 units	ent and assistance required bed rails were not mentioned renabling positioning and bed. am an interview was dent #36, who stated that she bed rails when the staff resonal care and could reach adjust self in the bed. Inducted with NA #11 on She stated that the resident rails when personal care was use her right hand to adjust	F 65	56			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION NG	(X3	(X3) DATE SURVEY COMPLETED		
		345277	B. WING			01/25/2019	
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F 656	The admission MDS assessed the resider She required extensione to two staff memmeals. She had receinjections during the Review of the active revealed the residenthe risk of hyperglycoto the diagnosis of Dof Sliding Scale Insu Review of the Janua Record (MAR) show received Sliding Scale January 1 through January 1 thr	was dated 11/15/18 and at with cognitive impairment. ve to total assistance from abers for all ADL's to include ived two days of insulin 7 day look back period. care plan dated 11/24/18 at was not care planned for emia or hypoglycemia related iabetes Mellitus and the use lin. ry Medication Administration ed that Resident #34 le Insulin eight times from anuary 25, 2019. d on 1/25/19 at 5:30pm with /Former Interim Director of a Coordinator was not a that the resident should a for diabetes risks and the Insulin. m an interview was administrator and Director of a till that it is expectation for comprehensive and person	F6				
	12/28/16 with diagno	admitted to the facility on uses that included Chronic ary Disease (COPD), anemia, sphagia (difficulty					
	The most recent MD	S coded as an annual					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 656	resident with severe received extensive to two staff members for No special treatment. A physician order dastart oxygen to main 93%. Per the January 201 1/17/19 at 2 liters via Resident #28 was olliters via nasal cannot A review of the residual 1/23/19 revealed shed diagnosis of COPD a palliative/comfort can of oxygen was not publicative. An interview occurrent the Corporate Nurse Nursing, as the MDS available. She stated should have been pladded that the unit rupdated care plans winterventions. On 1/25/19 at 6:10 prompleted with the A Nursing. They stated	ed 1/3/19, assessed the impaired cognition. She to total assistance of one to or all ADL's to include meals. Its were identified. Intel 1/17/19 was present to tain saturations greater than a masal cannula continuously. In the served with oxygen on at 2 to tain a 1/22/19 at 10:35am. In the served with oxygen on the term and a desire for the term and a desire for the term of	F 65	6	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
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F 656	Continued From page	e 81	F 6	556			
	9/19/13 with diagnose stroke, and depression. A review of Resident Data Set dated 11/1/2 that the resident was sometimes understar. The resident required transfers including to assistance for bathing resident 's active dia non-Alzheimer's dem depression. The resipain management. A review of Resident 11/14/18 revealed the interventions for self-behaviors, poor impudeficit, pain, and was medication complicat inform the physician cand functional level aneed for medication rehavior). A review of the resider revealed out of 30 dafollowing medication:	#16 's quarterly Minimum 18 revealed documentation sometimes understood and ids. Cognition was intact. I total dependence for all illeting, and extensive g and dressing. The gnoses were aphasia, entia, hemiplegia, and dent received scheduled #16 's care plan dated e resident had goals and care deficit, verbal lse control, communication at risk for psychotropic ion (intervention was to of changes in mental status nd to monitor for continued elated to mood and					
	Amitiza twice a day re						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203	1 0111	23/2013
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F 656	Depakote three times occasions Flomax twice a day reflonase once a day reflored and plavix on	ay refused on 20 occasions a day refused on 36 efused on 26 occasions efused on 11 occasions y refused on 27 occasions used on 22 occasions efused on 18 occasions y refused on 17 occasions y refused on 17 occasions y refused on 17 occasions efused on 17 occasions ay refused on 18 occasions fused on 18 occasions ay refused on 8 occasions ay refused on 8 occasions a day refused on 20 efused on 21 occasions efused on 19 occasions y refused on 19 occasions day refused on 13 used on 8 occasions efused on 17 occasions efused on 17 occasions y refused on 17 occasions ay refused on 17 occasions y refused on 17 occasions ay refused on 28 occasions efused on 18 occasions ay refused on 28 occasions ay refused on 28 occasions ay refused on 21 occasions ay refused on 21 occasions	F	356			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203			
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 656	Flonase once a day Lisinopril refused on Metoprolol twice a d Norvasc 5 mg once occasions Plavix once a day re Proscar once a day Zoloft once a day re Trazadone once a d On 1/25/19 at 10:40 conducted with Nurse was regularly day-sh Nurse #11 comment more frequently refu increased behaviors shift nurses had repewas not aware if the interventions for meresident. On 1/25/19 at 1:10 pc conducted with Nurse familiar with Resider assigned to him on estated that she recal frequently refused h commented that the on the medication and recall if medication and the medication an	refused on 31 occasions refused on 15 occasions 19 occasions ay refused on 27 occasions a day refused on 13 fused on 19 occasions refused on 19 occasions refused on 19 occasions ay refused on 19 occasions ay refused on 19 occasions ay refused on 19 occasions away refused on 19 occasions am an interview was re #11 who stated that she nift assigned to Resident #16. red that the resident had lately sed his medication and had rorted the same. Nurse #11 re were care plan goal(s) and dication refusal for the fund an interview was re #9 who stated she was re #16 and frequently revening shift. Nurse #9 refusals were documented dis medication. Nurse #9 refusals were documented diministration record but could on refusal was on the n. fund an interview was DON who stated she relop and implement the ns according to their needs	F 65	56		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION G	(X3	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 656	11. Resident #75 was a 7/23/18 with diagnor failure, chronic obsti (COPD), and respiral A review of the physrevealed an order for cannula continuous. A review of Resident Minimum Data Set (the resident had add was understood and had an intact cognitie extensive assistance and all transfers inclifor all personal care diagnoses were conhypertension, COPD resident required cook A review of Resident 11/14/18 revealed a self-care deficit, was risk for infection to with deficit, received psyrisk for skin breakdo oxygen administratic were identified as be on 1/23/19 at 11:20 of the resident who wearing a nasal can receiving oxygen via 1/25/19 at 10:40	dmitted to the facility on ses of congestive heart ructive pulmonary disease atory failure. sician order dated 11/2/18 or oxygen 2 liters nasal y and to check every shift. It #75's Medicare 60-day MDS) dated 1/3/19 revealed equate hearing, clear speech, it understands. The resident fon. The resident required e of 2 staff for bed mobility luding toileting, and of 1 staff and dressing. The active gestive heart failure, 0, and muscle wasting. The ntinuous oxygen. It #75's care plan dated in activities of daily living at a trisk for falls immobility, at younds, at risk for nutritional chotropic meds, and was at lown. No respiratory and on goals and interventions	F 6:	56		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 656	was regularly day-s Nurse #11 commen respiratory deficit a continuous oxygen. there were care pla respiratory and oxy On 1/25/19 at 4:55 conducted with the expected staff to de resident 's care pla and to make any ch 12. Resident #25 was a 2/16/18 with diagno chronic pain, panic A review of Resider Data Set (MDS) dar resident had an inta behaviors. The res activities of daily liv heart failure, COPD received scheduled medication. The re medication for 7 da A review of Resider 2/16/18 and update problem for conges intervention to asse A review of Resider 10/1/18 to present if documentation of the	hift assigned to Resident #75. Ited that the resident had a and was administered Nurse #11 was not aware if In goal(s) and interventions for In gen. In gen. In goal(s) and interventions for In gen. In gen. In goal(s) and interventions for In gen. In gen. In goal(s) and interventions for In gen. In gen. In goal(s) and interventions for In gen. In gen. In goal(s) and interventions for In goal(s)	F 65	6		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUCTION NG	(X3	(X3) DATE SURVEY COMPLETED	
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F 656	diuretic administered weeping of fluid. A review of Resident dated 11/8/18 was for the physician if weigequal to 3-pound we than or equal to 5-pound weight weeping of Resident #25 who lower legs and his lewith dressings that we commented when the his skin opens. On 1/23/19 at 1:30 put the assigned Nurse Resident #25 had and to assess the reside #7 reviewed the resident #7 reviewed the resident weight was not done resident refusing to lagreed that she weigh in the morning as do not aware that the resident refusing to lagreed that she weigh in the morning as do not aware that the resident refusing to lagreed that she weigh in the morning as do not aware that the resident refusion to the resident refusion to a succession of the resident refusion and t	d and lower extremity t #25 's physician order or daily weight and to notify ht increase was greater or ight gain in 1 day or greater ound weight gain in one week. emity edema and weeping. //11/19 increased lower ing. om an observation was done or had bilateral edema to his fit leg had two open areas were moist. The resident e fluid leaks out of his legs om an interview was done of #7 who stated that she knew order for daily weights and ont's edema. When Nurse dent's weight record there or documentation for January ed that the weight record	F	656		
	gain. Nurse #7 adde document the weigh administration record	d to the daily weight order to tamount on the medication				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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F 656	legs with a history of was taking a daily did on 1/25/19 at 2:00 p with Nurse #9 who si facility for 12 years, ushift. Nurse #9 state with Resident #25 's which had caused with Resident #25 's which had caused with Resident was was aware there was for weight gain and educated with Resident was was aware there was for weight gain and educated with Resident was ordered and inform or any changes for p physician stated that the resident 's weight The physician also cowas missed and the gain now, he would ematter how many da on 1/25/19 at 4:55 p conducted with the Expected staff to deveresident 's care plant and to make any characters.	d weeping fluid of his lower the same from edema and uretic. m interview was conducted tated she had worked at the usually on evening or night d that she was very familiar slower extremity edema eeping fluid periodically. It was not ready to get the last weight to weigh the resident that if he was not ready to get the last weighed each day but the last aphysician order to notify edema. In an interview was dent #25's physician who ted staff to weigh the resident of the last weight gain, edema otential treatment. The last weight revealed weight last weight revealed weight last weight revealed weight expect to be notified no last was according to their needs anges. The resident was lic, varying edema and had	F 65	56		
F 657 SS=E	Care Plan Timing an CFR(s): 483.21(b)(2)	d Revision	F 65	57		2/27/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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F 657	Continued From pa	ge 88	F 657	7			
	§483.21(b)(2) A corbe- (i) Developed withir the comprehensive (ii) Prepared by an includes but is not li (A) The attending p (B) A registered nur resident. (C) A nurse aide wit resident. (D) A member of for (E) To the extent prothe resident and the An explanation mus medical record if the and their resident renot practicable for the resident's care plan (F) Other appropria disciplines as deternor as requested by (iii)Reviewed and reteam after each ass comprehensive and assessments. This REQUIREMEN by: Based on record reand resident interview and revise the area of behaviors (F) (Resident #36), and 3 of 25 resident car The facility also failed.	interdisciplinary team, that imited to hysician. se with responsibility for the od and nutrition services staff. acticable, the participation of exesident's representative(s). It be included in a resident's exparticipation of the resident expresentative is determined the development of the extension of the resident expresentative is determined the development of the extension of the resident expresentative is determined the development of the extension of the resident in mined by the resident's needs the resident.		F657: Care Plan Revisions: Element One: Care Plans for Residents # 25, # 3 and # 48 have been updated according by the Unit Managers on or before 2/20/19. Resident's # 2 and #23 have had the Care Plans updated/revised with nurse.	neir		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CO		
				400 VISION DRIVE		
WOODLA	ND HILL CENTER			ASHEBORO, NC 27203		
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F 657	Continued From pa	ge 89	F 65	57		
	participation in care	planning.		2/20/19.		
	Findings included:			Element Two: • An Audit was complete residents with pain, behavio		
		admitted to the facility on		Catheters, and those reside		
		ses of cirrhosis of the liver,		had catheters discontinued		
		disorder, and insomnia.		days, have been reviewed		
	ooo pa, pao	a		care plan is current and acc		
	A review of Resider	nt #25 ' s quarterly Minimum		audits were completed by the		
		ted 11/6/18 revealed the		Managers, on or before 2/2		
		act cognition with no		appropriate care plan updat		
	behaviors. The res	ident was independent with all		indicated.		
	activities of daily livi	ing. Active diagnoses were		All future care plan dev	elopment will	
	anxiety, depression	, and post-traumatic stress		include input from Nurses A	ids.	
	disorder (PTSD). T	he resident received				
		eeded pain medication. The		Element Three:		
	resident also receiv	ed antipsychotic, hypnotic,		 Education was provide 	d to licensed	
	antidepressant, anti	· · · · · · · · · · · · · · · · · · ·		nurses and IDT members re	•	
	medication for 7 day	ys.		appropriate revision of care		
				Education was provide	d for the	
		nt #25 ' s care plan created on		IDT/Care Plan Team		
		d on 8/17/18 revealed a focus		(MDS, Social Serviced, Die		
		Il behaviors related to poor		Unit Managers, and nurses	•	
		a goal to seek out staff when		regarding the regulation on		
		provoked. The interventions		nurse's aids in the developr		
		nedications, evaluate the		resident care plans. This ed		
		e behavior, encourage		provided by Regional Nurse		
		iff support, and remove		All members of the IDT/Car		
		nvironment. The resident also		are full time. All members h	ave received	
		n for depression and potential tidepressant medication.		the training.		
				Element Four:		
		nt #25 's psychiatry progress		Care plans will be upda	ated in daily	
		revealed the resident was		clinical meeting from the tw		
	readmitted on 2/19/	18. The note documented		report, the Physician orders		
	that the "resident ha	ad history and present of holes		reporting, by the Unit Mana	gers	
	in his story and inco	ongruence with incidents and		Audits will be completed by	the Director of	
	events. The reside	nt was not in the facility during		Nursing or Unit Managers, of	on care plan	

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		345277	B. WING		0,	C 1 /25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203	•	120/2010
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F 657	times when his media sometimes there was did not have medicate commented that anot pain medication when had no concerns and being kind. The incide The resident then we pain medication from missed a dose when Nurse #7 redirected to backup pain medicate and the resident wou. The resident also state medication was effect commented that he wattacks or night mare control. On 1/23/19 at 1:30 peconducted of the ass who stated the reside inaccurate information newer diagnosis after The resident was also On 1/25/19 at 9:00 and conducted with Unit I unit managers and new with any changes. So not aware that Residirevision. On 1/25/19 at 2:00 per some state of the second seco	g-seeking behaviors. In an interview was esident who stated that at cation for pain ran out is a delay of 2 days and he ion. The resident ether resident offered him her in his ran out. Resident #25 thought the resident was dent was reported to staff. Int on to say that he received the stock and had not Nurse #7 entered the room. The resident and stated that ion was kept in facility stock lid not be without medication. It is that his current tive. The resident was relaxed without panic is and his pain was under in an interview was igned day shift Nurse #7 ent was known to provide in and that PTSD was a rethe resident 's admission. In the resident that the resident that the resident that the resident that she was well an ager #2 who stated that the urses updated the care plan the indicated that she was ent #25 needed a care plan	F 65	updates and nurse aid involcare plan development, weeks, then monthly for thre quarterly for three quarters. reviewed in the Quality Assu Performance Improvement (monthly, by the Director of N the QAPI Committee responding compliance.	ekly for four ee months, Results will be urance and Committee Nursing , with	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l l	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345277	B. WING _			C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 400 VISION DRIVE ASHEBORO, NC 27203	•	01/25/2019
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F 657	Jennifer was very far resident could be ma of what he (the resid resident had to be renot honest. On 1/25/19 at 4:55 p conducted with the Expected the Unit Ma update the resident changes with the resident changes with the resident. 2) Resident #36 was 11/1/18 with a readmidiagnoses included ovascular dementia, in hypertension. The admission Minimassessment dated 1 resident as alert and confusion. She rece	ne facility for 12 years. miliar with Resident #25. The anipulative and not be truthful ent) had to state. The directed and informed when	F6	557		
	body. She was assest catheter and was incompleted and was incompleted and was incompleted. Review of the reside 12/2/18 revealed she indwelling urinary carretention. A review of the physic order dated 12/12/18 catheter.	nt's active care plan dated e was care planned with an				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG	(X:	(X3) DATE SURVEY COMPLETED	
		345277	B. WING _			C 01/25/2019
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(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 657	revealed the urinary of 1/25/19 at 9:00am sh managers and nurses plans as needed and catheter was not reso discontinued. On 1/25/19 at 6:10pn completed with the Arnursing. They stated the care plan to be at the resident. 3. Resident #48 was 11/28/17 with diagnos mental status, anxiety A review of Resident physician 's orders in electronic alert syster facility exit doors where residents with wande exit the building) was poor safety awarenes. The admission Minimassessment dated 12 #48 's cognition was assessed with wande. Resident #48 's plan area of the risk for electronic services of the risk f	catheter was discontinued. with the Unit Manager #2 on e stated that the unit is update and revise the care was unsure why the urinary blived after it was In an interview was diministrator and Director of it was their expectation for in accurate representation of admitted to the facility on ses that included altered y, and insomnia. #48' s December 2017 indicated a wanderguard (an in that alarms and locks the en cognitively impaired ring behaviors attempt to initiated on 11/30/17 due to iss. sum Data Set (MDS) 2/5/17 indicated Resident severely impaired. He was	F6	957		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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(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 CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 657	Continued From pag	e 93	F 6	557		
	Nurse #1 indicated R unsupervised exit fro outside of the facility	ted 4/9/18 completed by Resident #48 had an Im the facility. He was found without supervision by A) #1 at approximately 8:00				
	Nurse #2 indicated Runsupervised exit fro	m the facility. He was found without supervision by a				
	reviewed. The focus to elopement had no that Resident #48 ha exits from the facility	#48 's active care plan was area of the care plan related to been revised to indicate d 2 actual unsupervised. This care plan read, in part, made multiple attempts to				
	(UM) #2 on 1/25/19 a	nducted with Unit Manager at 9:00 AM. She stated that were all expected to update ns as needed.				
	on 1/24/19 at 11:50 A unable to be reached incident report (dated to Resident #48 at th unsupervised exit fro not updated Residen he had an unsupervis	m the facility. Nurse #1 had t #48 's care plan to indicate sed exit from the facility.				
	on 1/24/19 at 1:16 Pl	as attempted with Nurse #2 M. She was unable to be wrote the incident report				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	<u> </u>	0172072013
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 657	exit from the facility. Resident #48's car unsupervised exit from the facility. An interview was condemnistrator on 1/2 that she expected carevised with any significated that Residute to elopement should indicate that he had facility. 4. Resident #2 was 9/8/18 and most reconsidered with diagnoses that the facility was condemned with diagnoses that the admission cander an enting was condemned was condemned was interview was into the facility of these meetings. Some for these meetings was conferences were here.	Nurse #2 had not updated e plan to indicate he had an om the facility. Inducted with the 15/19 at 6:10 PM. She stated are plans to be reviewed and inficant changes. She ent #48 's care plan related I have been revised to 2 unsupervised exits from the admitted to the facility on ently readmitted on 12/20/18 included bipolar disorder. In conference note indicated ucted on 9/13/18 for Resident Nursing Assistant (NA) in eeting. In the work of the facility on ently readmitted to the facility on ently readmitted on 12/20/18 included bipolar disorder. In conference note indicated ucted on 9/13/18 for Resident Nursing Assistant (NA) in eeting.	F 6:	57		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 657	to be attended by all involved in the reside NA that was familiar explained that it was present at the meetir normally the staff that needs of the resident documentation for Roman NA was not present a care conference or has conference was reviewed there was meeting. The SW was not present at that she was unawar place at the facility for development and reviewealed that Reside needs that would have input in the development physical behaviors, repsychotropic medical Activities of Daily Liv. An interview was con Administrator on 1/28 she began working a month and she was seprocesses of the facility for the planning process. 5. Resident #23 was 10/26/18 with diagnor disorder.	conferences were supposed disciplines that were ent's care plan, including an with the resident. The SW essential for an NA to be ag because the NAs were to were most familiar with the ent. The care plan esident #2 that indicated an eat his 9/13/18 post admission is 9/19/18 care plan ewed with the SW. She no NA present at either eas unable to explain why an eat either meeting. She stated the of any other method in ear an NA to participate in the exiew of care plans. She ent #2 had a variety of care to benefited from an NAs election of care, the use of tions, and the need for ing assistance.	F	657				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345277	B. WING			/ 25/2019	
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F 657	Resident #23. The (NA) in attendance The admission Mini assessment dated #23 's cognition wall Record review on 1 care conferences have resident #23 after to care conference. An interview was conference were hadmission, quarterly indicated that the set to be attended by a involved in the residence to be attended by a involved in the residence was familial explained that it was present at the meet normally the staff the needs of the residence documentation for Final NA was not present admission care con SW. She confirmed the meeting. The San NA was not present at that she was stated that she was	ducted on 10/29/18 for are was no Nursing Assistant at the meeting. mum Data Set (MDS) 11/2/18 indicated Resident is intact. /25/19 indicated no additional ad been conducted for the 10/29/18 post admission anducted with the Social 25/19 at 5:10 PM. She stated ed care plan conferences to the care plans for all cated she was the coordinator She reported that care plan eld shortly after a resident 's y, and as needed. She conferences were supposed all disciplines that were dent 's care plan, including an ar with the resident. The SW is essential for an NA to be ing because the NAs were at were most familiar with the nt. The care plan Resident #23 that indicated an at her 10/29/18 post ference was reviewed with the difference was reviewed with the difference was reviewed with the difference was no NA present at the W was unable to explain why ent at the meeting. She unaware of any other method	F 65	7			
	in place at the facility the development ar	ty for an NA to participate in dreview of care plans. She ent #23 had a variety of care					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE COMP	SURVEY
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(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658 SS=D	input in the development pain, the use of psychanticoagulant medical Activities of Daily Livi. An interview was con Administrator on 1/25 she began working at month and she was subsprocesses of the faciliexpected an NA to be planning process. Services Provided McCFR(s): 483.21(b)(3): §483.21(b)(3): §483.21(b)(3): Graph The services provided as outlined by the commusticity. Based on record reviresident and physicial failed to daily weigh a edema and follow the resident reviewed for Findings included: Resident #25 was re-2/16/18 with diagnose chronic pain, panic di A review of Resident 6/10/16 and updated problem for congestive sident for congestive and to the pain of the	e benefited from an NAs ent of her care plan such as notropic medications and tions, and the need for ng assistance. ducted with the /19 at 6:10 PM. She stated the facility within the past till learning the normal ity. She indicated that she incorporated into the care eet Professional Standards (i) ehensive Care Plans d or arranged by the facility, mprehensive care plan,		657	F658: Professional Standards: Element One: F658: Professional Standards: Element One: Resident # 25 is having weights obtained per order. Element Two: All current residents with orders for daily weights were reviewed to ensure weights have been obtained per order. There was only one resident with order for Daily Weights, and the weights were entered accordingly. This audit was completed by Unit Managers.	that	2/27/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION G	(X:	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE I	01/23/2013	
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				ASHEBORO, NC 27203			
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F 658	notify the physician of problem of daily diur to have bilateral low maintain a stable we weigh the resident p physician to any sign. A review of Resident Data Set (MDS) date resident had an intact behaviors. The resident vities of daily living anxiety, depression, post-traumatic stress resident received somedication. The resident received somedication. The resident received somedication. The resident received somedication of the physician if weight equal to 3-pound we than or equal to 5-pound we than or equal to 5-pound weight equal to 5-pound equal to 5-	aluate for edema and to of increased edema. A focus retic and the resident tended er leg edema, a goal of eight, and an intervention to er policy and alert the nificant loss or gain. It #25 's quarterly Minimum red 11/6/18 revealed the ct cognition with no dent was independent with all ng. Active diagnoses were congestive heart failure, and is disorder (PTSD). The heduled and as needed pain redicted to the property of the pro	F 6		nursing staff or . This y the Unit 10/19. PRN and 19% of current 19% of current 19% and weekly they receive 10% and weekly our weeks, ensure that 10% der. Results 19% of the the QAPI		
	12/1/18 to 1/23/19 d assessment of the re edema nor commun regarding the reside The following was R documented weights						
	11/29/2018 6:30 am	328.7 pounds					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING				25/2019
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F 658	from 6/1/18 to 1/9/19 documented commur regarding the resident Nurses note dated 1/ extremity fluid weepin On 1/23/19 at 1:20 prof Resident #25 who lower legs and his left with dressings that w commented when the his skin opens. On 1/23/19 at 1:30 prof the assigned Nurse #7 revier record there were set for January 2019. Noweight record reviews weight documentation blank the weight was aware of the resident Nurse #7 stated that	32.2 pounds 36.2 pounds 325.4 pounds 330.6 pounds 330.4 pounds 319.2 pounds 7.2 pounds 9.4 pounds 35.0 pounds 35.0 pounds 36.1 pounds 36.2 pounds 37.4 pounds 36.2 pounds 37.5 pounds 36.6 pounds 37.6 pounds 37.6 pounds 37.6 pounds 37.6 pounds 37.6 pounds 37.7 pounds 37.8 pounds 37.8 pounds 37.9	F	658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 658	morning and documnight shift had not in not able to weigh the that she weighed the morning as docume aware that the reside included for the phygain. Nurse #7 addedocument the weigh administration recording to the properties of the phygain. Nurse #7 addedocument the weigh administration recording to the phygain and the phygain and the phygain. Nurse #9 at a the phygain and the phy	ent. Nurse #7 stated that informed her when they were e resident. Nurse #7 agreed e resident on day shift in the inted. Nurse #7 was not ent 's daily weight order sician to be notified for weight ed to the daily weight order to int amount on the medication id (MAR) to trigger if was aware that the ed weeping fluid of his lower if the same from edema and	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>-</u> <u>-</u>	0 1/23/2019	
				400 VISION DRIVE			
WOODLA	ND HILL CENTER			ASHEBORO, NC 27203			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 658	edema could cause fluid weeping. ADL Care Provided for Dependent Residents		F 65				
F 677 SS=D			F 67	77		2/27/19	
	out activities of daily services to maintain of personal and oral hydrings are serviced to maintain of personal and oral hydrings. This REQUIREMENT by: Based on observation record review, the factor of review, the factor of record review, the factor of the record review of dafor 1 (Resident 70) of ADLs. The findings in Resident #70 was additional to the community of the record	is not met as evidenced ons, staff interviews and cility failed to provide nail ntified as dependent on staff faily living (ADLs). This was f 2 residents reviewed the ncluded: mitted 12/21/15 with s of Alzheimer's Disease and fro quarterly Minimum Data fro quarter		F677: ADL Care: Element One: Resident # 70 was provid on 1/30/19, by the Unit Manage Element Two: 100% audit of current resisted by the Unit Manage 2/8/19, to ensure that proper right provided. Any resident with nate required cleaning or trimming completed during the audit. Element Three: Education was provided firstaff (licensed and unlicensed providing nail care routinely, the education also addressed that should be completed during slas needed. Education complemanagers on or before 2/20/11 PRN and agency staff were in education. Currently at 99% of educated, remaining staff mer not work until they receive the	idents was er, on nail care wa ails that was for nursing staff) on his t nail care howers and eted by Ur 9. FT,PT, cluded in f staff mbers shal	as d d	
	During an interview o	n 1/24/19 at 9:20 AM,		Element Four:			

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F 677 Continued From page 102		F 6	77				
	Nursing Assistant (N Resident #70 was d ADLs. During a wound care 2:10 PM with Nurse nails were noted to l debris under her nai aides provided nail of who were not diabet Resident #70 was n	AlA) #7 and NA #9 both stated ependent on staff for all e observation on 1/24/19 at #12, Resident #70's finger be long, jagged with brown ls. Nurse #12 stated the care as needed for residents cic. Nurse #12 confirmed ot diagnosed with Diabetes, se the appearance of Resident		Unit Managers will compaudits of 10 random resident four weeks and then random Results of these audits will before the Quality Assurance Performance Improvement Comonthly by Director of Nursin QAPI Committee responsible compliance.	ts nail care for ally thereafter. be brought e and Committee ng with the		
	#15 stated she was second shift. NA #15 dependent on staff f stated Resident #70 occasion, but re-app successful. NA #15 responsible for nail diagnosis of Diabete provided nail care w dirty nails for her no stated she did not the diagnosis of Diabete for the control of the co	stated the aides were care for residents without a es. She stated she normally henever she noticed long or n-diabetic residents. NA #15 wink Resident #70 had a					
	Resident #70 was ly were observed long under her nails. During an interview #16 stated Resident	on 1/25/19 at 4:30 PM, NA #70 was combative with her					
	receives bed baths	at the request of her family. t #70 was known to scratch					

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		345277	B. WING			1	C 25/2019
	ROVIDER OR SUPPLIER			40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203	<u>, </u>	25/2510
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F 686 SS=D	NA #7 stated the brow blood. She stated she #70 nail care immedia During an interview o Administrator and Dir stated it was their expreceive nail care as n was scratching her wo Treatment/Svcs to Programment in the progra	wound causing it to bleed. on debris was likely old e would provide Resident ately. n 1/25/19 at 5:50 PM, the ector of Nursing (DON) bectation that Resident #70 eeded especially since she bound causing it to bleed. event/Heal Pressure Ulcer		6377			2/27/19
	Treatment/Svcs to Prevent/Heal Pressure Ulcer				F686: Pressure Ulcers: Element One: • Resident # 69 had treatment order clarified on and mattress replaced on 2/8/19. Element Two: • 100% audit of all current residents with wounds was completed by the		

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	
		345277	B. WING				25/2019
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	23/2013
					00 VISION DRIVE		
WOODLAI	ND HILL CENTER				SHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHO			(X5) COMPLETION DATE
F 686	Continued From page	e 104	F	686			
F 686	Resident #69 was ad cumulative diagnoses Malnutrition, Bacterer stream), pressure ulc Traumatic Stress Disc. Review of Resident # orders dated 12/28/18 Mepilex dressing (foa his sacral wound. The to the frequency the sto be changed. Review of a Skin Che 12/28/18 indicated Rewith an open area to pressure with a press place. There was not description of his sacc. Review of a Skin Inte 12/28/18 by Unit Man #69 was admitted wit The wound was desc (healthy tissue) with 1 measuring 3 centimes width and 1.3 cm dep of serosanguineous (small amount of blood absent of odor. The Sindicate what if any triplace. Review of Resident # 12/28/18 did not include.	mitted 12/28/18 with a of Altered Mental Status, mia (bacteria in the blood er, Depression and Post order. 69's hospital discharge aread he was to have a m, absorbent dressing) to ere were no specifications as eacral wound dressing was eack electronic form dated esident #69 was admitted his sacrum identified a cure redistribution surface in other documented ral wound. grity Report completed on ager (UM) #1 read Resident h a stage 3 pressure ulcer. Fibed with 90% granulation 10% slough (dead tissue) ters (cm) length by 1.5 cm th with a moderate amount yellowish drainage with a d) drainage. The wound was skin Integrity Report did not eatment orders were in		686	Director of Nursing and Unit Managers ensure that an appropriate treatment is place. This audit was completed on 1/31/19, all orders in place accordingly 100% audit was completed on all current residents with an air mattress in place to ensure that they were function properly. This audit was completed on 2/15/19 by the unit managers, no discrepancies noted. Element Three: Education was provided to the licensed nurses by the Director of Nurs and Unit Managers regarding obtaining treatment orders for all new admits with wounds and all new wounds timely. Education also included monitoring of a mattresses to ensure they are function properly. This education was complete on or before 2/20/19. FT/PT/PRN and agency staff were included in training. Currently 99% of staff have received education, remaining staff members wi not work until they complete the trainin Element Four: Unit Managers will audit all resider with wound weekly x 4 weeks and then randomly thereafter to ensure that appropriate treatments are in place. Air Mattress checks will be added the Treatment Records, and will be audited by the Unit Managers 5 X weel for four weeks, then weekly thereafter to ensure that air mattresses are manifered.	in in ing ing ing ing ing ing ing ing in	
	for intravenous antibions. Review of Resident #	•			ensure that air mattresses are monitore for proper function. Results of these audits will be brought to the Quality Assurance and Performance	eu	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	1 017	23/2019
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F 686	F 686 Continued From page 105		F 6	86			
	Treatment Administra any documented evid changes to his sacral	, ,			Improvement Committee monthly by th Director of Nursing, with the QAPI Committee responsible for on-going compliance.	e	
	Interventions included	69's care plan dated had actual skin breakdown. d wound care as ordered ribution surface to his bed.			·		
	1/3/19 by UM #1 read with a stage 3 pressure described with 90% grassuring 2.8 cm lendepth with a moderate serosanguineous draabsent of odor. The State with a modern absent of odor.	grity Report completed on It Resident #69 was admitted re ulcer. The wound was granulation with 10% slough 13 cm amount of 14 inage. The wound was 15 in Integrity Report did not 15 eatment orders were in 15 in 16 in					
	(MDS) dated 1/4/19 in intact and exhibited n	•					
	Orders indicated an oread his stage 3 sacrawith Normal Saline, the packed with Calcium wound packing design then covered with a difference of the covered with a diff						
		· •					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED		
		345277	B. WING			C 01/25/2019	
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F 686	1/9/19 by UM #1 rewith a stage 3 press described with 90% measuring 2.5 cm led depth with a modera serosanguineous drabsent of odor. The indicate what if any place. Review of a Skin Interview of a Skin Interview and 1.3 cm depth with a stage wound was described 20% slough measure and 1.3 cm depth with a stage wound was described 20% slough measure and 1.3 cm depth with a stage wound was described 20% slough measure and 1.3 cm depth with a stage wound was described and 1.3 cm depth with serosanguineous drabsent of odor. The indicate what if any place. During an interview Resident #69 stated sacrum while in the He stated the facility care since his administration and the wound Physician Physician.	tegrity Report completed on ad Resident #69 was admitted sure ulcer. The wound was granulation with 10% slough ength by cm width and 1.3 cm ate amount of rainage. The wound was Skin Integrity Report did not treatment orders were in tegrity Report completed on ead Resident #69 was ge 3 pressure ulcer. The ed with 80% granulation with ring 2.5 cm length by cm width rith a moderate amount of rainage. The wound was Skin Integrity Report did not treatment orders were in on 1/22/19 at 11:00 AM, if he developed a wound to his hospital for an extended stay. If ye had been providing wound sesion, but his dressing often seed due to excessive #69's alternating air mattress if to be turned off. He stated then later in the week to see an and the Orthopedic	F 68	36			
		on on 1/23/19 at 10:3 AM, ying in bed with his alternating urned off.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
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		345277	B. WING			01/	25/2019
	ROVIDER OR SUPPLIER ND HILL CENTER		•	40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	2:25 PM with Nurse # observed to have a ta wound had no odor a was not painful. Ther concerns related to th infection control prac #3 if she noticed Res mattress pump was t thought she heard the was in Resident #69! could not be certain. no one person design alternating air mattre: properly. Nurse #3 tu alternating air mattre: Resident #69 stated bed was so hard." During an interview of #1 stated she did the on Resident #69. She Nurse #3 who regula and Nurse #3 stated dressing to his sacrui UM #1 stated Reside the Christmas holiday wound care clarificati UM #1 stated it was h admitting nurse obtai order clarification who with a pressure ulcer During an interview of #3 stated UM #1 com skin assessments an for wound care order	observation on 1/23/19 at #3, the old dressing was annish colored drainage. The and Resident #69 stated it we were no observed the wound care technique or tices. Surveyor asked Nurse wident #69's alternating air turned off. She stated she was purp running when she is room earlier today but she Nurse #3 stated there was nated to ensure the sesse were functioning trined Resident #69's is pump at this time. "I was wondering why this works with Resident #69 she was putting a foam in but did not document it. In the #69 was admitted after and it was difficult getting ion orders from Physician #2. There expectation that the in wound orders of wound was admitted in a resident was admitted in the resident was admitted in a resident was admitted.	F	686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 686	stated it was her retreatments as orde or signs of infection when Resident #69 aware of any woun foam dressing to hi from taking time off She stated she did were no wound car pressure ulcer. Nur aware of admission sacrum, but she ha every day because from his sacral wouresponsibility of UN records and ensure orders and clarificate. During another interest pump confirmed that Nurscare to his sacrum the dressing often which is treatment order saw the Orthopedic not scheduled to senext week. During an interview Corporate Nurse/Foursing stated UM after Christmas and She stated it was hereturned to work or signs and some signs of the stated it was hereturned to work or	ding pressure ulcer care. She sponsibility to provide the red and report any worsening to UM #1. Nurse #3 stated was admitted, she was not d care orders, so she placed a s sacrum until UM #1 returned fover the Christmas holiday. not report to anyone that there is orders for Resident #69's rese #3 stated she was not in orders for Mepilex to his add to change the foam dressing of all the excessive drainage and. She stated it was the M #1 to review the hospital is the facility had all Physician at tion as needed. Enview on 1/25/19 at 8:50 AM, tying in bed with his alternating functioning. Resident #69 se #3 was providing wound since his admission but stated would come off in the at improved with the change in s. Resident #69 stated he only be the Wound Physician until at on 1/25/19 at 9:40 AM, the former Interim Director of #1 was on vacation the week direturned to work on 1/1/19. He expectation that when she in 1/1/19, UM #1 should have in #2 for clarification of	F	586			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/23/2	013
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F 686	3:00 PM, UM #1 stafew days after Christ found the Mepilex of hospital discharge pit was an oversight. Working on 1/1/19 to so she did not think wound care orders it came to her atten #69 needed clarifica pressure ulcer. UM 1/6/19 and obtained prescribed. During a telephone PM, Physician #2 sthat staff contact him with confusing or in clarification immedi expectation that Retreatments as order mattress be in oper. During an interview Administrator and Estated it was their estated.	phone interview on 1/25/19 at ated she was on vacation a stmas. She stated she only order in Resident #69's paperwork yesterday and that UM #1 stated she was put not in the capacity of UM at to contact Physician #2 for for Resident #69. She stated tion on 1/6/19 that Resident ation for the treatment to his #1 contact Physician #2 on at the current treatment interview on 1/25/19 at 3:45 tated it was his expectation on for any resident admitted complete orders to obtain ately. He stated it was his sident #69 always receive red and for his alternating air	F 68			
	she realized there we Resident #69's wou #1 returned from he and DON further stathat Nurse #3 would once she returned to some questions about and that UM # Physician #2 prior to the statement of the statement o	vas some question about and care and not wait until UM er time off. The Administrator ated it was their expectation d have reported to UM #1 to work that there were still but Resident #69's wound 1 would have contacted to 1/6/19 for clarification of and care orders. Both the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CO IDENTIFICATION NUMBER: A. BUILDING		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
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	ROVIDER OR SUPPLIER			40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203		
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F 686 F 689 SS=J	uncertain who was re Resident #69's altern functioning because t their positions at the f was her expectation t ensured proper function prescribed for any resident	DON stated they were sponsible for ensuring ating air mattress was hey both recently started facility. The DON stated it hat the assigned nurse on of a specialty mattress sident. ards/Supervision/Devices		686			2/27/19
33-0	§483.25(d) Accidents The facility must ensu §483.25(d)(1) The res as free of accident ha §483.25(d)(2)Each re supervision and assis accidents. This REQUIREMENT by: Based on record revi interview, the facility for interventions to pre sampled residents (R reviewed for accident supervise a cognitive displayed wandering facility while unsuper Resident #48 was fou the facility on 4/9/18 a occasions, Resident a wheelchair on the sid parking lot. The resic the facility with no inju	ire that - sident environment remains zards as is possible; and sident receives adequate tance devices to prevent is not met as evidenced ew, observation, and staff ailed to provide supervision event accidents for 2 of 5 esidents #48, and #1) s. The facility failed to y impaired resident who behaviors from exiting the vised (Resident #48). and unsupervised outside of and 5/16/18. On both #48 was self-propelling his ewalk adjacent to the facility lent was returned inside of uries following both of these om the facility. The facility planned fall risk			F689: Accidents/ Hazards: Element One: "Resident # 48 currently has wande guard on his ankle, and has had no further Elopements. Resident # 1 had matt discontinued and resolved from caplan on 2/07/19 by the Director of Nurs Element Two: "100% audit of all current residents who are at risk for Elopement was completed by nursing leadership to ensure that interventions were in place ordered and care planned. This audit we completed on 1/29/19 by the Unit Managers. No discrepancies noted. "100% audit of all current residents with Fall Matts as a fall intervention was	fall are ing. as was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 689	Continued From page	e 111	F 6	589				
	Resident #48 was for Assistant #1 in his whapproximately 90 feet front door without sup 8:00 PM. Immediate 1/25/19 when the fact implemented an accellimmediate Jeopardy remain out of compliase everity level of D (not for minimal harm that to ensure monitoring and to complete emp Example #2 related to	eptable credible allegation of removal. The facility will ance at a lower scope and a catual harm with a potential is not Immediate Jeopardy) of systems are put in place loyee in-service training. o Resident #1 was cited at a f a "D" where a plan of			completed to ensure that they were in place as indicated. This why completed the Unit Managers and regional nurse 2/21/19. Discrepancies corrected durin audit. Element Three: "Education was provided to all staff regarding Elopement Prevention, by the Unit Managers and Director of Nursing or before 2/20/19. FT/PT/PRN and Agency staff were included. Currently 99% of staff educated, remaining staff shall not work until they receive the training. "Education was provided for all licensed staff regarding following fall interventions, including Fall Matts. This education was completed by the Unit	on ng f le lon at		
	11/28/17 with diagnos	admitted to the facility on ses that included altered			Managers on or before 2/20/19, and included FT/PT/PRN and agency staff. Currently at 99% of staff educated, remaining staff will not work until they receive training.			
	physician 's orders in electronic alert syster facility exit doors whe residents with wande exit the building) was poor safety awarenes be checked for functionshift. A nursing note dated Resident #48 's wander the system of t	#48's December 2017 indicated a wanderguard (an important that alarms and locks the en cognitively impaired ring behaviors attempt to initiated on 11/30/17 due to ess. The wanderguard was to on and placement every 1/11/18 at 5:41 AM indicated derguard was not on his			Element Four: "Director of Nursing and Nursing Leadership will audit all residents at ris for Elopement 5 X per week (to include shifts and weekends) for four weeks ar randomly thereafter, to ensure that Elopement Risk interventions are in pla as indicated. "Unit Managers will audit all reside with Fall Matts 5X week for four weeks and then weekly thereafter to ensure a indicated. "Results of these audits will be brown.	e off and ace nts		
	residents with wande exit the building) was poor safety awarenes be checked for function shift. A nursing note dated Resident #48 's wanders.	ring behaviors attempt to initiated on 11/30/17 due to ss. The wanderguard was to on and placement every			randomly thereafter, to ensure that Elopement Risk interventions are in pla as indicated. " Unit Managers will audit all resider with Fall Matts 5X week for four weeks and then weekly thereafter to ensure a indicated.	ace nts		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345277	B. WING		C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/20/2013
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F 689	asked where his brache was unable to receive Resident #48 was not exits and exhibiting of the previous shift. The previous shift. The previous shift of the prev	ated. The resident was celet was, and he reported call what happened to it. ofted to have been hovering at exit seeking behaviors during the wanderguard was unable ere were no additional facility. The Maintenance d of the need for an eard. The related to Resident #48 's the sanged on 2/1/18 to indicate to be placed on his earn on his right lower. 2/20/18 indicated Resident and wandering the facility celling his wheelchair. 2/21/18 indicated Resident needed to leave and had [he] even tried to rally other in he had a truck and they estioning Evaluation dated #48 indicated he was able to be ly using a cane and sees sees when the dated 3/6/18 and the sees when the had a see werely often the hed mobility, transfers, and seed mobility, transfers, and	F 689	Performance Improvement Committee monthly by the Director of Nursing wit the QAPI Committee responsible for on-going compliance.	

AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
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F 689	assistance of 1 with functional impairme he utilized a wheeld	nt #48 required the limited walking in room. He had no not with range of motion and shair.	F 68	9		
	reviewed by staff or area of the risk for e #48 's expressed d multiple attempts m facility. The interve	n place and was to be utilized				
	Nurse #1 indicated outside the facility v Assistant (NA) #1 b the facility from the PM. His wandergus was functioning pro elopement. The do at the time of the ele	t dated 4/9/18 completed by Resident #48 was found without supervision. Nursing rought Resident #48 back into facility 's parking lot at 8:00 ard was on his wheelchair and perly at the time of the or alarm was also functioning openment. Resident #48 was				
	his wheelchair in the located near the from Resident #48 was in recall what happened indicated a physical was not completed also indicated an eleplan update were not the interview with nurse, Nurse #1, incounding and she significant to the interview with sounding and she significant to the interview with nurse, Nurse #1, incounding and she significant with the sidnificant interview with nurse, Nurse #1, incounding and she significant with the sidnificant interview with nurse, Nurse #1, incounding and she sidnificant interview with the sidnificant inter	at 7:30 PM self-propelling in the hallway by the dining room and entrance of the facility. Interviewed and was unable to the ed. This incident report all evaluation of Resident #48 after the incident. The report openment evaluation and care to completed. The summary a Resident #48 's assigned dicated she heard the alarm that the towalk up the hall the hall the summary to the towalk up the hall th				
	went out the front d	oor. The summary of the dent #48 ' s assigned NA				

· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345277	B. WING		C 01/25/2019	
ND PLAN OF CORRECTION I DENTIFICATION NUMBER:			4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203	01/20/2013	
PRÉFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 689	(unnamed) indicate time of incident. Tindicated to be Reswish to go home. Tindicated that all dofunctioning and all were checked for fuidentified. An observation was Maintenance Direct the area where Resof the building unsudescribed by NA #1 location was a cemnext to the parking lot led to a well-travlimit of 45 miles per Maintenance Direct from the facility 's fidentified location a approximately 90 fer A review of the weat Underground 's we (www.wunderground weather history individended.)	d she was on her break at the he root cause/conclusion was sident #48's confusion and his The corrective actions pors were checked for wanderguards on residents unctioning with no issues as conducted with the tor on 1/24/19 at 3:27 PM of sident #48 was found outside upervised on 4/9/18 (as I during interview). This ent sidewalk located directly lot of the facility. This parking weled roadway with a speed or hour (mph). The tor measured the distance front door to Resident #48's and noted the distance as eet.	F 689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPL IDENTIFICATION NUMBER: A. BUILDING			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		345277	B. WING				25/2019	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,		
WOODLA	ND UILL CENTED			4	00 VISION DRIVE			
WOODLA	ND HILL CENTER			-	ASHEBORO, NC 27203			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 689	the first staff to responsion alarm on 4/9/18 when unsupervised exit from approximately 8:00 for assigned to Resident which NA was assigned 4/9/18 incident. She completing care for common when she first she indicated that she in this wheelchair on facility is parking lot and Residing his wheelchair on facility. She stated #48 followed the visit facility. She explaint used to unlock the divisitors were all away that after the visitor of the door that Reside visitor engaging the when he crossed the NA #1 stated she explaint was unable to recall when the visuable to recall when the crossel that was unable to recall when the crossel when the way unable to recall when the crossel when the visuable to recall when the crossel when the visuable to recall when the crossel when the visuable to recall when the visuable to recall when the crossel that was unable to recall when the visuable to recall when the visuable to recall when the crossel when the visuable to recall when the vis	M. She confirmed she was and to the wanderguard door on Resident #48 had an om the building at PM. She stated she was not at #48 and she was unsure ned to him at the time of the reported that she was one of her residents in their heard the front door alarm. The was working on the 400 at up to the front door of the did that the alarm was a minutes when she exited and proceeded up the he front door of the facility. The alked up to the front door to was going off and she saw that the building and was in the dent #48 was self-propelling the sidewalk adjacent to the sidewalk adjacent to the sidewalk adjacent to the that she thought Resident tor out of the front door of the ed that a numerical code was oor and that facility staff and are of the code. She stated entered the code and exited and #48 followed behind the audible wanderguard alarm at threshold of the front door. It ited the building and pushed	F	689				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		COMI	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	·	
(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 SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 689	rooms. She was ur the first staff to respo Resident #48 was ki	d from inside the resident table to explain why she was ond to it. NA #1 stated that nown to be an exit seeker and d his wheelchair throughout	F 68	39		
	#1 on 1/24/19 at 11: was unable to be rea	ew was attempted with Nurse 50 AM and 1:17 PM. She ached. Nurse #1 was t #48 at the time of his 4/9/18 om the facility.				
	on 1/25/18 at 8:20 A working on 4/9/18 at unsupervised exit frouncertain which NA #48 during the time she had not thought that she heard the from that NA #1 was the falarm. She revealed went off the staff we immediately. NA #2 she had not respond and why no other stalarm prior to NA #1 #48 exited the buildistated that Resident seeker and that he significant in the staff we in the staff we immediately. NA #2 she had not respond and why no other stalarm prior to NA #1 #48 exited the buildistated that Resident seeker and that he significant in the staff were staff which was a staff which work in the staff were staff which was a staff with the staff was a staff with the staff were staff with the staff was a staff was a staff with the staff was a staff was a staff with the staff was a staff with the staff was a staff was	ew was conducted with NA #2 M. She stated that she was the time of Resident #48 's om the facility. She was was assigned to Resident of this incident, but she stated it was her. She confirmed ont door alarm go off and irst staff to respond to the d that when any door alarms re supposed to respond was unable to explain why led to the front door alarm off had responded to the on 4/9/18 when Resident ng unsupervised. NA #2 #48 was known to be an exit elf-propelled his wheelchair y all the time since admission				
	facility 's former Adr	ew was conducted with the ninistrator on 1/24/19 at 3:55 she was the Administrator at				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345277	B. WING _			C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203		11/23/2019	
(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 IE APPROPRIATE	(X5) COMPLETION DATE	
F 689	from the facility on 4/PM. The 4/9/18 incided was reviewed with the reported that the root staffs' failure to respond or alarm which allow a visitor out of the facility the incident she belied conducted by the univelopement procedure stated that Resident seeker and that he has from his ankle on mo explained that one tirn had kept from one of another time he street to pull it off. She state placement was moved prevent him from reminal composition of Resident #48 4/9/18. She stated the records, re-education was provided to staff She revealed that the 62 staff who were emitime of the 4/9/18 eloinservice. She confiring facility were not inservice.	#48 's unsupervised exit 9/18 at approximately 8:00 ent report for Resident #48 e former Administrator. She cause of the incident was and immediately to the front wed Resident #48 to follow cility and self-propel his ewalk adjacent to the lity. She indicated that after wed an inservice was a managers on the but The former Administrator but as known to be an exit and removed his wanderguard are than one occasion. She are he used a butter knife he his meals to remove it and ched it out until he was able ed his wanderguard 's d to his wheelchair to allowing it. but conducted with the are interim Director of 24/19 at 2:45 PM. She at working at the facility at the 's unsupervised exit on and based on the inservice and elopement procedures on 4/12/18 through 4/15/18. but records showed 53 of the apployed at the facility at the	F 6	89			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI				С
		345277	B. WING			01/	25/2019
	ROVIDER OR SUPPLIER ND HILL CENTER			400	EET ADDRESS, CITY, STATE, ZIP CODE VISION DRIVE HEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From pa	ge 118	F	689			
	Nurse #2 indicated outside the facility wisitor notified Dieta that Resident #48 w 7:15 PM. Dietary A back into the buildin #48 was interviewe home". The incider evaluation was conconcerns and the casummary of the interviewe home of the interviewe home. Die home of the interviewe home of the interviewe home of the interviewe home. Die home of the interviewe home of the interviewe home of the interviewe home of the interviewe home. Die home of the interviewe home of the interviewe home of the interviewe home. Die home of the interviewe home of the interviewe home of the interviewe home. The interviewe home of the interviewe home of the interviewe home. The interviewe home of the interviewe home of the interviewe home of the int	rt dated 5/16/18 completed by Resident #48 was found without supervision. A facility ary Aide #1 and Dietary Aide #2 was outside unsupervised at ide #1 pushed Resident #48 ing by wheelchair. Resident id, and he stated, "I'm going int report indicated a physical ducted with no identified are plan was updated. The erview with Resident #48's named) indicated an active cited that evening and sted to their rooms. Rounds the fire drill and Resident #48 inpling to exit his room and to the room on multiple staff alerted nursing staff that observed sitting in his indewalk adjacent to the cility without supervision. The erview with Resident's med) provided the same assigned nurse. The root indicated a fire drill was exit doors were unlocked and irropelled out of the facility. The indicated the care plan was as conducted with the for on 1/24/19 at 3:27 PM of sident #48 was found outside apervised on 5/16/18 (as					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	I	01/25/2019
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 689	parking lot led to a v speed limit of 45 mi Maintenance Direct from the front door	oarking lot of the facility. This well-traveled roadway with a	F 6	39		
	Underground 's we (www.wundergroun weather history indi	d.com) for Asheboro ' s cated the temperature on was 70 degrees F and there				
	interviews and obse	nation was obtained from staff ervations related to Resident d exit from the facility on nately 7:15 PM.				
	#1 on 1/24/19 at 1:3 was working on 5/1/ #48 's unsupervise stated that they had evening but she wa time. She stated th Dietary Aide #2 wer visitor knocked on ti them that a residen Dietary Aide #1 indi room to look out the Resident #48 self-p the sidewalk adjace She reported that th	as conducted with Dietary Aide 81 PM. She confirmed she 6/18 at the time of Resident d exit from the facility. She I a fire drill at the facility that is unable to recall a specific at after the fire drill she and it is in the kitchen when a facility he kitchen door and informed it was outside of the building. Cated she went into the dining is window and she saw ropelling in his wheelchair on ant to the facility is parking lot. There was no staff outside with stated that she went outside				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	. ,	(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	<u> </u>	1 01/23/2013	
(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 689	by wheelchair. She went to get nursing so a facility visitor. She recall what Resident of the incident. Diet Resident #48 got ou indicated that he mu fire drill when the do unlocked. She reverthen and still had no responsible for monifire drill. - A phone intervie Aide #2 on 1/24/19 as he was working on Resident #48's unsfacility. She stated to some point that ever visitor came to the k Dietary Aide #1 that without supervision. Aide #1 went to get let nursing staff known unsupervised by a fawas asked how Resbuilding and she indigotten out during the the facility were unlounded in t	at #48 back into the building reported that Dietary Aide #2 staff to let them know bund outside unsupervised by a stated she was unable to a #48 was wearing at the time ary Aide #1 was asked how to of the building and she st have gotten out during the ors to the facility were aled that she had not known to known now who was storing the exit doors during a was conducted with Dietary at 4:04 PM. She confirmed 5/16/18 at the time of supervised exit from the hat there was a fire drill at hing and after the fire drill a sitchen door and told her and a resident was outside She reported that Dietary Resident #48 and she went whe was found outside acility visitor. Dietary Aide #2 ident #48 got out of the icated that he must have a fire drill when the doors to be be wrote the incident report #48's 5/16/18 unsupervised	F 6	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	· ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		1 01123/2013	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	on 1/25/18 at 8:20 Al working on 5/16/18 a unsupervised exit fro uncertain which NA v #48 during the time of she had not thought it that there was a fire of during fire drills the ethe wanderguard systated that Resident when doors were unl wanderguard system had not gone off whe was asked who was doors during a fire drithought it was dietary. An interview was Maintenance Directo He stated he had wo two years. The 5/16/Resident #48 's unsudrill was reviewed will He stated that during total, were unlocked was disengaged. He responsible for monit throughout this time a leave the facility with Maintenance Directo education on the fire 5/16/18 unsupervised indicated he was unafire drill procedure instructions.	w was conducted with NA #2 M. She stated that she was t the time of Resident #48 's m the facility. She was was assigned to Resident of this incident, but she stated t was her. She confirmed drill that evening and that xit doors were unlocked and tem was disengaged. She #48 must have gotten out ocked and since the was disengaged the alarm in he went out the door. She supposed to monitor the exit fill and she stated that she of staffs ' responsibility. Is conducted with the on 1/24/19 at 12:04 PM. orked at the facility for over ora fire drill all exit doors, 5 in and the wanderguard system oring the exit doors as a resident was able to out an alarm sounding. The	F 68	39			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORI ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	stated that she was of Resident #48 's if facility on 5/16/18 ard 5/16/18 incident repreviewed with the forevealed that an invibation had not been conducted that an invibation had not been conducted incident was staffs 'doors during a fire of the incident was staffs 'doors during a fire of the incident she bel conducted on the fire unable to recall who this inservice and we staff had received the 'An interview was Corporate Nurse/for at 2:45 PM. She indust the facility at the unsupervised exit of based on the inserve vidence staff eduction the fire drill procedure unsupervised exit of An elopement evaluated Resident #48 on 5/2 noted as an elopemability to self-propel elopement, history of at significant risk of	to on 1/24/19 at 3:55 PM. She the Administrator at the time unsupervised exit from the approximately 8:00 PM. The ort for Resident #48 was rmer Administrator. She estigation into the incident cted because she knew the building during the fire erguard system was rmer Administrator d that the root cause of the failure to monitor the exit rill. She indicated that after eved an inservice was e drill procedures. She was was responsible for providing as unable to recall if all facility he inservice. as conducted with the mer interim DON on 1/24/19 dicated she was not working time of Resident #48 's in 5/16/18. She stated that fice records, there was no ation was provided related to the after Resident #48 's in 5/16/18. ation was completed for 7/18. Resident #48 was ent risk related, in part, to his wheelchair, history of actual of wandering that placed him getting to a dangerous place, et to leave, and exit seeking	Fe	889			

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '			(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019	
	ND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/25/2015	
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 689	the risk for elopemeintervention of more circumstances of a adjust care delivery. An observation was on 1/22/19 at 10:05 his wheelchair in the facility. His wander wheelchair. An observation was on 1/23/19 at 2:00 wheelchair in the his wanderguard was a phone interview a Sales Manager for 's wanderguards of indicated that their not recommended onto any equipment apply to wheelchair transmitter was to be resident's ankle of functioning. An interview was conducted that their not recommended onto any equipment apply to wheelchair transmitter was to be functioning. An interview was conducted that their not recommended onto any equipment apply to wheelchair transmitter was to be functioning.	nt #48 's care plan related to ent was updated with the litoring the nature and ttempted elopement and appropriately. Is conducted of Resident #48 A.M. He was self-propelling the hallway of his unit of the guard was located on his Is conducted of Resident #48 A.M. He was self-propelling his allway of his unit of the facility. It was located his wheelchair. It was located with the Product the manufacturer of the facility in 1/24/19 at 5:07 PM. He wanderguard transmitter was to be installed or strapped to be installed or strapped to be attached directly to the reported with NA #7 on and the stated that she had	F 68	<u> </u>			
	worked at the facili with Resident #48. #48 was known to from his admission that he self-propellouilding. NA #7 rel	ty for 8 years and was familiar She reported that Resident have exit seeking behaviors through present. She stated ed his wheelchair all over the ported that Resident #48 made ing to get out of the facility and					

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 400 VISION DRIVE ASHEBORO, NC 27203		01/25/2019	
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F 689	that one day he was going to leave this place. She indicated that Resident #48 had a wanderguard on his wheelchair. NA #7 revealed she was unaware that Resident #48 had two unsupervised exits from the facility. She was asked who was responsible for responding to an exit door alarm and she stated that all staff were to respond to the alarm immediately whether or not they were assigned to the resident. She was then asked who was responsible for monitoring the exit doors during a fire drill and she stated that she was unsure who was assigned this responsibility but indicated her awareness that the exit doors needed to be monitored to prevent a resident from leaving the building.		F 6	89			
	1/24/19 at 3:34 PM. worked at the facility regularly worked with reported that Resider exit seeking behavior through present. She self-propelled his who she reported that Rewanderguard on his removing the wander his ankle. Nurse #3 of the 5/16/18 unsup She stated she had runsupervised exits. responsible for responsible for responsible for responsible for responsible that a the alarm immediated assigned to the residuasked who was responsible for responsible f	at #48 was known to have are from his admission are stated that he are lechair all over the building. Is sident #48 had a wheelchair because he kept arguard when it was placed on arevealed she was only aware arvised exit for Resident #48. Into known he had two She was asked who was anding to an exit door alarm all staff were to respond to by whether or not they were are consible for monitoring the are drill and she stated that					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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F 689	An interview was co Administrator on 1/2 that she began work she was not present unsupervised exits f	dicated her awareness that ed to be monitored to prevent ing the building. Inducted with the current es/19 at 6:10 PM. She stated king at the facility recently and it for either of Resident #48 's from the facility (4/9/18 and	F 6	89			
	aware that Resident been placed on his was not aware this pmanufacturer's insi wanderguard was mankle on 1/25/19 to's recommendations indicated she expecielopement risk to be an unsupervised exishe expected staff to wanderguard alarm monitored by a staff	nistrator indicated she was #48 's wanderguard had wheelchair. She revealed she blacement was against the tructions. She reported the noved to Resident #48 's comply with the manufacturer s. The Administrator ted residents known to be an amonitored closely to prevent t. She additionally indicated to respond immediately to a and for all exit doors to be member during a fire drill prevent a resident from without supervision.					
	Immediate Jeopardy On 1/25/19 at 7:23 A following credible all Jeopardy removal: The plan of corr The plan should add to the deficiency cite	and DON were notified of the y on 1/23/18 at 5:20 PM. AM the facility provided the legation of Immediate recting the specific deficiency. dress the processes that lead ed;					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ND HILL CENTER	340211		STREET ADDRESS, CITY, STATE, ZIP COI 400 VISION DRIVE ASHEBORO, NC 27203	DE	01/25/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 689	11/28/2017. Per the admission and the E 11/30/17, the resider elopement risk. Res guard bracelet on his removal of wander g Resident had previous with ambulation, how completed shortly af resident did not walk limited assistance of on unit. On 4/9/18, Resident the facility at approximate by a staff mento be near the front or resident and a visitor Practical Nurse (LPN found in parking lot of LPN HM, and NA AC inside the facility with is no documented as date. Physician was 4/9/18 at 8:10 pm, at family member, was (as documented on lamily member, was (as documented on lamily member). All exit doors were a guards were checked and all doors and bat functioning, according Report (Incident Report documentation of followers).	care plan initiated on lopement Assessment dated at was identified as ident # 48 had a wander wheelchair, due to previous uard bracelet from his ankle. The susty been more independent wever as evidenced by MDS ter this event on 4/19/18, and in corridor, and required one person for locomotion # 48 wandered to the front of imately 7:30 pm and was aber NA (nurses ' aide) AC, door following after another r. NA AC called Licensed N) HM to assist. Resident was of facility. C assisted resident # 48 back mout incident or injury. There is essessment of resident for this is notified by LPN HM on and POA, Resident #48 's notified on 4/9/18 at 8:30 pm Risk Event Summary Report) checked and all wander did at the time of the incident ands were found to be up to the Event Summary report to completed this audit or acility cannot locate low up post this event. Detected for 53 staff members at Protocol on 4/12/18	F	589		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	0.02.		STREET ADDRESS, CITY, STATE, ZIP COD 400 VISION DRIVE ASHEBORO, NC 27203	•	1/25/2019	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	Continued From pag response to door ala employees at the timagency staff. On 5/16/18 the facility by the local fire department personned once the drill was consilenced by the fire dounknown time, (some pm) however the fire to reset the system as when fire drill is concluded by the Mamaintenance Directoral alerted in advance to conduct an onsite occasion 5/16/18 it where the personnel and he did the above mentione system, left the center of the during this time. Profit	·	F 68	DEFICIENCY)		DATE	
	7:01pm the Fire Dep maintenance director conducting a Fire Dri company called the rinform him of the ala charge nurse on duty this staff member was director and informed know how to reset the director drove into fa						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		1 0112012010	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 689	doors were not being were not trained on had not previously be doors. This was an up the local Fire Dep in Randolph County. During the time that the doors were not see found by the dietary visitor came and know told her a resident who noted resident # 48 cosidewalk near the from t	is 30 minute time frame the monitored. Staff on duty now to reset the alarm -Staff en trained on monitoring the inscheduled drill completed artment as they routinely do the system was down and ecure, Resident # 48 was aide LC, she stated that a cked on the kitchen door and as outside. Kitchen staff LC outside of the facility on the intentrance - approximately the entrance, seated in her intentrance, seated in her intentran	F 68				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345277 B. WING			C		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		1/25/2019	
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F 689	acceptable plan of codeficiency cited; Education was initiat on 1/23/19 by the Nu of Nursing, Supervis Administrator) on the the Fire Alarm Syste after every Fire Drill. in the event that the immediately and/or the staff on duty at tiare to monitor the excount and account for residents, in particula Elopement. Educat employees, any staff training will not work the education. Educatemployed at time of post event. This education and regionare sidents at risk for Eresidents for Ere	ed at approximately 2:00 pm ursing Leadership, (Director ors, regional nurse and a process for ensuring that m is reset and doors secure Education also included that system cannot be reset the doors cannot be secured, me of drill, as stated in policy, its and complete a head or the whereabouts of all ar the residents at risk for ion is at 98% for all at that have not received this until they have completed ation was completed on the beginning on 4/12/18 and as. Total of 62 staff members this event. 53 were educated incation included agency staff.	F 68	39			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019
	ROVIDER OR SUPPLIER	1 0.021.		STREET ADDRESS, CITY, STATE, ZIF 400 VISION DRIVE ASHEBORO, NC 27203	CODE	01/25/2019
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F 689	leadership team (nur Nursing and Regional Elopement Assessmall current residents team (supervisors, Diregional nurse) this will be completed on residents found to be residents identified a guards on their ankled Wander guard on his has had Wanderguar and place on his ank recommendations (or a significancy cited remains a compliance with the Charge nurse on 100 assign staff members monitoring the doors alarm. Licensed nursing leadership (so Nursing and Regional responsibility of charmembers each shift sheets that they will doors in the event of	vas completed by the nursing sing supervisors, Director of al Nurse). ents completed/updated for by the nursing leadership irector of Nursing and vas initiated on 1/23/19 and 1/24/19. No additional at risk. Four of the 5 trisk have their wander es. Resident # 48 had his wheel chair. Resident # 48 dr emoved from wheel chair le, per manufacturer 's in 1/25/19) procedure to ensure that the effective and that specific ains corrected and/or in regulatory requirements; hall on all three shifts, will so to be responsible for in the event of a fire drill/fire les will be educated by the supervisors, Director of	F	589		
	the beginning of each Administrator and Maconduct facility Fire I					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	1	•	STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	,	
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 689	conducted weekly x will encompass all the scheduled for Wedner The doors and wand continue to be check Maintenance Director. The Interdisciplinary Director of Nursing, conduct Elopement I monthly thereafter, the shifts. Drill will Green and searching following established include triggering the determine the approstaff. The first drill we January 30, 2019. A respond to alarms so Results of these drill Quality Assurance at Improvement Comment Administrator and An ADHOC QAPI Coon 1/24/19 at 12:00 plan. Attended by Ac Nursing, Regional N Maintenance Director Regional Nurse. The title of the primplementing the accordinate of the primpl	esidents. These drills will be 4 then monthly thereafter and aree shifts. First drill esday, January 30, 2019. Her guard systems will sed routinely (daily) by the or, and weekend managers. Team (Administrator, Maintenance Director) will Drills weekly X 4 and then these drills will encompass all I include calling a Code of for a missing person of protocol. The drills will envander guard alarm to priate response from the will be held on Wednesday, all staff are responsible to boon as they are heard. Is will be brought before the ond Performance ittee for review monthly by dor Maintenance Director. Dommittee meeting was held p.m. to review the above diministrator, Director of curse, Nursing Supervisors, or, nurse 's aide and overson responsible for ceptable plan of correction.	F 68	9		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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(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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 689	removal was validate Record review indicate residents identified a Observations of thes had a wanderguard i wrist as indicated by Monitoring for function wanderguard was proposed was updated, a had a care plan relate place. Elopement Astompleted/updated for residents on 1/23/19 confirmed the exit do functioning properly, sheets as well as stateducation was provided in the elopement proposed on the elopement proposed with diagnostal at a state of the elopement was a state of the elopement proposed with periods interviewable. A record review revenear her bed: A) On 9/10/18 at found on the floor be wheelchair (WC). Sh standing from the Wollocked but the reside	on of Immediate Jeopardy and on 1/25/19 at 5:30 PM. Ited there were 5 current is at risk for elopement. Ite 5 residents showed each in place on their ankle or the manufacturer. Item and placement of the essent on the Treatment in and placement Risk and each of the 5 residents and to elopement risk in items and in 1/24/19. Observations for and wanderguards were for 100% of the current facility and 1/24/19. Observations for and wanderguards were in A review of inservice sign in infiniterviews verified and 1/23/19 and 1/24/19 for and the fire drill included dementia, and diabetes mellitus and heart was moderately cognitively is of confusion, but was alled the following falls from the 4:24pm Resident #1 was side her bed facing the estated that she was C. The WC brakes were int was bare footed.	F 6	89		
	found sitting upright I the WC on the floor.	at 6:00pm Resident #1 was beside her bed and in front of She stated that she was up a tissue by her feet and				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	· /	ATE SURVEY DMPLETED
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NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/25/2013
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F 689	slipped out of the W does not ask for ass C) On 12/17/18 found sitting on the was transferring to t reminded her to use assistance was nee D) On 12/28/18 found on the floor ne did not want to sit of my nails, so I slid do A review of the activ problem for risk for r mobility, impaired of Interventions include socks when not wer when resident in be resident's belonging while resident is in the and ask for assistant needs of resident ar place call light within environment in the r furniture arrangeme 6/20/18 included as resident's preference to prevent resident to 7/11/18 check the re shift when in bed as self-transfer. The annual Minimur assessment dated 1 cognition was alert a confusion. She req dependence from or of Daily Living (ADL	C. It was noted the resident sistance. at 2:00pm, Resident #1 was floor. She stated that she he bed from the WC. Staff the call light when ded. at 11am Resident #1 was ext to her bed. She stated, "I he the bed and I wanted to do own the WC into the floor". The care plan revealed a falls related to impaired originition and history of falls. The ded encourage non slipper aring shoes, fall mat in place do (initiated on 12/13/17), place is and clothing within reach originities and the commatter of the commatter	F 6	39		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTIO AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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F 689	Continued From pag		F 6	89		
		m an interview was ident #1, who stated that she ne staff for assistance with				
	11:40am who stated frequently unassisted bed or assisting her She explained the sher to call for assista	ed with Nurse #6 on 1/23/19 at I that Resident #1 got up I deither trying to get in the roommate to the bathroom. I taff constantly encouraged ance and performed frequent that the resident preferred to expet for meals.				
	stated that Resident frequently and often to the bathroom. Sh as needed and prov preferred to stay in I On 1/23/19 at 2:25p	am Nurse Aide #11 (NA) #1 attempted to transfer self tried to assist her roommate e stated that staff redirected ided frequent checks as she her room except for meals. m an observation revealed her bed with no fall mat				
	The Corporate Nurs Nursing was intervie She explained that a interdisciplinary tear added that Resident awareness and cont transfers despite int appropriate that had was unable to state	e/Former Interim Director of ewed on 1/24/19 at 8:30am. all falls were reviewed in the m morning meeting. She to the total the total total total total total erventions felt to be a been put into place. She why the fall mat was not in or if it should have been				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		723/2013
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F 689	An interview was com 1/24/19 at 2:20pm. S	pleted with NA #11 on he was unable to locate a	F 6	39		
	An interview was com 1/24/19 at 2:30. She sher legs hurt. She wa the call light for assist	1's room and stated that she ent was to have one. apleted with Resident #1 on stated that when she stood is able to show how to use sance from staff but stated and felt like she didn't need				
	1/25/19 at 9:00am sh was noncompliant wit despite redirection and to assist her roommat fall mat was present of that it was initiated or	ith the Unit Manager #2 on e stated that the resident h unassisted transfers d cues and would often try te. She confirmed that the on the care plan and stated 12/13/17. She was unable nat was not in the resident's he care plan.				
F 692 SS=G	Nursing. They stated for safety intervention the care plan. Nutrition/Hydration St	dministrator and Director of that it was their expectation s to be in place according to atus Maintenance	F 69	92		2/27/19
	§483.25(g) Assisted r (Includes naso-gastric both percutaneous er percutaneous endosc enteral fluids). Based	ssment, the facility must				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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F 692	of nutritional status, significant desirable body weight balance, unless their demonstrates that this preferences indicate \$483.25(g)(2) Is offer maintain proper hydrological states and the provider orders at the This REQUIREMENT by: Based on record reviand Physician interviational form weight loss, ploss and evaluate exiloss for 1 of 5 resider (Resident #18). Resident #18). Resident monitor weight loss, ploss and evaluate exiloss for 1 of 5 resider (Resident #18). Resident monitor weight loss, ploss and evaluate exiloss for 1 of 5 resider (Resident #18). Resident monitor weight loss, ploss and evaluate exiloss for 1 of 5 resider (Resident #18). Resident month proventions being in prevent him from losi Findings included: Resident #18 was add 1/31/02 and diagnose injury and stroke. Review of Resident month proventions being in prevent him from losi prevent him from	ins acceptable parameters such as usual body weight or trange and electrolyte esident's clinical condition is is not possible or resident otherwise; and sufficient fluid intake to ation and health; and the health care rapeutic diet. It is not met as evidenced siew, observations, and staff ews, the facility failed to prevent continued weight sting interventions for weight atts reviewed for nutrition dent #18 experienced and (8.4 percent) weight loss period as a result of no implemented by the facility to ing weight. The series of the facility on the series were traumatic brain at 18 's weight record gray weights: dis unds	F	592	F692: Nutrition/Hydration: Element One: Resident # 18 was seen and assessed by Registered Dietician on 2/with new interventions recommended a implemented. Recommendations that were implemented were weekly weight and house cup icecream with lunch and dinner. Nurse Practioner also had Advanced Care Planning discussion wiresident and his family. No further interventions desired. Element Two: All current residents who have had weight loss in the last 30 days have be reviewed and assessed by the Registe Dietician for appropriate interventions, 2/25/19 with implementation of new recommendations for all residents with weight loss. Element Three: Education was provided to the Registered Dietician by the Regional	and s, d ith len red on	

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F 692	Continued From pag	e 137	F 6	92			
F 092	9/20/18 revealed the significant weight lost three times a day was Resident #18 had a for house supplement A review of Resident focus initiated on 9/2 resident as being at alteration related to chemiplegia and signi was adequate intake change or skin break house supplement, 1 as requested, regula chocolate milk, offer monitor intake and was review of Resident note dated 11/2/18 rethe resident was not weight loss. A review of Resident Data Set dated 11/5/clear speech and usunderstood. The residents of 2 staff for all other activities eating. The resident hyperlipidemia, strok schizophrenia, impul non-Alzheimer's dem a therapeutic diet an weight loss. The resident loss. The resident of the resident at the resident and weight loss. The resident and weight loss. The resident hyperlipidemia, strok schizophrenia, impul non-Alzheimer's dem a therapeutic diet an weight loss. The resident hyperlipidemia, strok schizophrenia, impul non-Alzheimer's dem a therapeutic diet an weight loss. The resident hyperlipidemia, strok schizophrenia, impul non-Alzheimer's dem a therapeutic diet an weight loss. The resident hyperlipidemia, strok schizophrenia, impul non-Alzheimer's dem a therapeutic diet an weight loss. The resident hyperlipidemia, strok schizophrenia, impul non-Alzheimer's dem a therapeutic diet an weight loss.	resident had experienced a is, and a house supplement is recommended. physician order dated 9/23/18 in three times a day. ##18 's care plan revealed a is/18 that identified the risk for nutrition/hydration cognitive impairment and ficant weight loss. The goal to prevent significant weight adown, interventions were 12 ounces of beer each day r liberalized diet with extra alternatives and snacks, and reight. ##18 's physician progress evealed documentation that evaluated for nor mention of it ##18 's annual Minimum in the revealed the resident had ually understands and isident had severely impaired ent required extensive for bed mobility and of 1 staff of daily living including 's active diagnoses were ite, anxiety, depression,	F 6	Nurse and the Regional Die on ensuring that all significa is addressed with new interventions. This was completed on 2/20/19. • Education was provided Regional Nurse regarding e loss is addressed timely. The was completed on 2/21/19. Element Four: • Resident's weights will per order. Reweights will be a weight variance of 5 pound Residents with weight loss of 5% will be reviewed in the risk meeting weekly by the interdisciplinary team, with a registered dietician referrals made by the Unit Managers Nursing or charge nurses. • Audits of weights will be the Unit Managers, weekly weeks, monthly for three months of three quarters Results of reviewed in monthly Quality meeting by the unit manage nursing.	ant weight loss education d by the ensuring weight seducation be obtained for the ensuring weight gase customer appropriate as indicate solutions of the completed for four onths, month of audits will a Assurance	ght n d or y. nin at d d by hly be	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	' '	DATE SURVEY COMPLETED
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	AME OF PROVIDER OR SUPPLIER //OODLAND HILL CENTER //OODLAND HILL CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 692 Continued From page 138 care plan. Care plan was not changed at this time. Review of Resident #18's November and December 2018 and January 2019 medication administration record (MAR) revealed documentation that the resident received and consumed his house supplement three times a day and rarely refused. Review of Resident #18's weight record revealed the following weights: November 2018: 172 pounds December 2018: weight not obtained January 2019: 163 pounds Review of the resident's weight record revealed the resident lost a total of 15 pounds (or 8.4 percent body weight of his body weight) from September 2018 to January 2019. Review of the resident's medical record revealed there were no dietician notes documented in the record between 09/20/18 to 1/11/19. A review of Resident #18's dietician notes dated 1/11/19 revealed the resident had significant		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	l	1 01/23/2013	
PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 692	care plan. Care platime. Review of Resident December 2018 an administration recodocumentation that consumed his house day and rarely refuse. Review of Resident revealed the following November 2018: 17 December 2018: w. January 2019: 163 Review of the resident lost at the resident lost at the percent body weigh September 2018 to resident's medical no dietician notes of between 09/20/18 to A review of Resident 1/11/19 revealed the weight loss of 16% new interventions we resident's needs we dietician will updated. The resident's dietician will updated. The resident #18 had at 10 mg at bedtime dischizoaffective discontinuation.	#18's November and d January 2019 medication rd (MAR) revealed the resident received and e supplement three times a sed. #18's weight record ng weights: '2 pounds eight not obtained pounds ent's weight record revealed otal of 15 pounds (or 8.4 t of his body weight) from January 2019. Review of the record revealed there were ocumented in the record o 1/11/19. Int #18's dietician notes dated e resident had significant over the past 6 months. No vere recommended. The vere probably being met. The the resident's care plan. It was liberal with ice cream.	F 6	92		
		ons were implemented from to stabilize the resident 's				

AND DI AN OF CORDECTION IDENTIFICATION NUMBER.		1 1	LE CONSTRUCTION	COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/23/2013	
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F 692	weight or to prevent On 1/23/19 at 9:30 of Resident #18 wh the facility in his porgarbled speech and resident was of thin cheek bones were p An observation was of Resident #18's lu which revealed the his beer and 25% of then wanted to smodencourage the resident resident resident was of preferences on 1/23/19 at 1:30 the assigned Nurse Resident #18 had at When Nurse #7 rev record there was not July, and October of the weight record re weight documentati blank the weight wa aware of the reside Nurse #7 stated that responsible to weigh morning and docum night shift had not in not able to weigh the On 1/24/19 at 11:30 conducted with the was aware of Reside	am an observation was done o was traveling freely around wer scooter. The resident had a was rarely understood. The stature in his body and his pronounced. Is done on 1/24/19 at 12:00 pm anch in the main dining room resident had consumed 1/4 of a finis meal with assistance and oke. Staff was observed to dent to eat. No other food or ent options were offered or ent offered or ent options were options were options were	F 69	2		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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F 692	house supplement 9/13/18. The resid loss with a known or past month. The rehis food intake and house supplement. Was restarted 1/16/15 the resident's appe because the weigh (anti-psychotic) warecent intervention changed from dinnestated that the facil desert supplement these were not conhas been approximable had been taking his per nursing. The Dietician stated that the wastaff and managem. The Dietician stated taking his house sulose weight there so intervention. The relowest weight since Dietician stated than to informed. The was not an appetite anti-psychotic. The that she should have weight loss with a sand that the care por on 1/25/19 at 1:50.	ach month. The resident had three times a day added on ent has had a steady weight decrease in intake over the esident was known to decline asked for his "chocolate" The medication Loxapine 19 in hope that would improve tite and compliance with intake toss began after the Loxapine is discontinued last summer. A of his 1 daily beer was er to lunch. The Dietitian ity has magic cup frozen and protein supplement, but sidered. The resident's intake ately 25-75%. The resident is supplement three times a day dietician stated that the rition deficit risk and was eachly meeting with nursing tent over the past 2 months. If that since the resident was applement and continued to should have been additional esident is currently at his admission to the facility. The it the resident 's physician was Dietician stated that Loxapine estimulator, it was an expletician also commented the addressed the continued to the addressed the continued the ad	F	692			
	was familiar with R	esident #18 and stated that the 0% of food ordered in; he does					

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F 692	in was occasional. cream and chocolat a supplement from not like the meal-su Facility staff were a appetite had decline The NA stated the rof his meal and requirement of his mean and requirement of	cals very well. Food ordered The resident was offered ice the milk. The resident received the nurse. The resident does bistitution sandwiches. ware that the resident's ed over the past three months. the didn't be sident usually ate about 25% uired minimal assistance. The resident about 25% the didn't be sident usually ate about 25% uired minimal assistance. The resident's the didn't be sident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident's The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25% uired minimal assistance. The resident usually ate about 25	F6	92		
F 695 SS=D	Respiratory/Trached CFR(s): 483.25(i) § 483.25(i) Respirat tracheostomy care a The facility must en needs respiratory care	cory care, including and tracheal suctioning. sure that a resident who are, including tracheostomy uctioning, is provided such	F 6	95		2/27/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) A. BUILDING			X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/2	.0.2010
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF) BE	(X5) COMPLETION DATE
F 695	practice, the compreh care plan, the resider and 483.65 of this su This REQUIREMENT by: Based on record rev interviews, the facility nebulizer mask in acc standards of practice follow the physician of	professional standards of nensive person-centered nts' goals and preferences, bpart. is not met as evidenced news, observations, and staff failed store a reusable cordance with professional (Resident #28) and failed to	F 69	F695: Respiratory: F695: Respiratory: F695: Respiratory: Element One: Resident # 28's nebulizer mask placed in a bag on 2/4/19 by the Dire of Nursing. And is currently stored		
	The findings included 1) Resident #28 was 12/28/16 with diagnor Obstructive Pulmona Mellitus and dysphag A review of the physic order dated 11/2/18 f Nebulization Solution	admitted to the facility on ses that included: Chronic ry Disease, Diabetes ia (difficulty swallowing).		appropriately. Resident # 75 oxygen set for two liters as ordered by Phys and is currently maintained at the or flow rate. Element Two: 100% Audit was completed for a current residents with Nebulizer and Oxygen orders to ensure proper stor of supplies/equipment. This audit was completed on 1/29/19 by the unit managers all discrepancies were corrected upon finding. An audit of Oxygen flow rate set per order was completed on 2/21/19 by the Director Nursing. No discrepancies noted.	cian, dered all age s	
	Data Set) coded as a dated 1/3/19 revealed cognitive impairments needing extensive to two staff members fo (ADL's). An observation on 1/3	prehensive MDS (Minimum n annual assessment and d the resident with severe s. She was coded as total assistance from one to r all Activities of Daily Living 22/19 at 10:35AM revealed a windowsill, undated and not		Element Three: • Education provided to all Nursin Staff regarding Respiratory Care and Treatment to include proper storage Respiratory Equipment/Supplies and following physician's ordered Oxyge Flow Rates. Education completed or before 2/20/19 by the Unit Managers Education included FT/PT/PRN and agency staff. Currently at 99% of stateducated, those remaining will not wuntil they are trained.	of l n n or s.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203		0172072010	
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F 695	observed lying in w room with no date at An observation on the nebulizer mask undated and unbag. On 1/24/19 at 11:45 conducted with Nur nebulizer mask sho each use. On 1/24/19 at 12:00 conducted with the Interim Director of Nursing, who were mask was sitting in no date and unbage corrected at that tin An observation was revealing the nebul resident's windowsi In an interview on 1 of Nursing stated it nebulizer mask to buse. 2. Resident #75 wa 7/23/18 with diagnofailure, chronic obsi (COPD), and respir A review of Resider Minimum Data Set the resident had ad was understood and	AM the nebulizer mask was indow sill of resident #28's and unbagged. 1/24/19 at 11:25AM revealed lying in resident's windowsill, ged. 5AM an interview was se #7 who stated that the uld be stored in a bag after DPM an interview was Corporate Nurse/Former Nursing and current Director of made aware that the nebulizer Resident #28's windowsill with ged. They stated it would be ne. 5 made on 1/25/19 at 8:40AM izer mask sitting in the ll, undated and unbagged. 1/25/19 at 6:10pm, the Director was her expectation for the ne kept in the bag when not in the ses of congestive heart tructive pulmonary disease	F 6	Element Four: • Unit Managers and Dep Heads will monitor Nebulize Equipment/Supplies storage varying shifts and weekends weeks, then randomly there • Unit Managers will mon Flow Rate 5 X per week (on and weekends) for four week appropriately set on ordered • Results of these audits reviewed at the Quality Assu Performance Improvement of monthly by the Director of N the QAPI Committee responding compliance.	e daily (on e daily (on e) for four after. after oxygen varying shifts eks to ensure d flow rate. will be urance and Committee lursing, with		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X	3) DATE SURVEY COMPLETED			
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example for dispersion of the case of the	and all transfers includer all personal care as iagnoses were congregations, COPD, esident required congreview of the physical evealed an order for annula continuously review of the physical evealed an order to every shift and taper reaintain oxygen saturation administrates and the edication administrates and the edi	of 2 staff for bed mobility ding toileting, and of 1 staff and dressing. The active estive heart failure, and muscle wasting. The tinuous oxygen. cian order dated 11/2/18 oxygen 2 liters nasal and to check every shift. cian order dated 11/5/18 check the oxygen saturation (change liter flow) to ration >90%. #75 's January 2019 ation record revealed the ted oxygen saturation was not recorded as >95%. The not documented. #75's record for the month aled there was no oxygen flow rate. am an observation was done has reclining in his bed ulla. The resident was an oxygen concentrator and liters/hour. The oxygen flow ulire observation from a over) and not from standing ect flow rate. Oxygen	F 69			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345277	B. WING _			1	25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CI 400 VISION DRIVE ASHEBORO, NC 2		<u>, </u>	20/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	IDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 695	the flow rate was 3 list saturation was 95% to saturation was 95% to on 1/24/19 at 2:40 profession of the resident who was a list of the resident was 3 list of the resident who was a massal can receiving oxygen via the flow rate was 3 list of the resident who was a massal can receiving oxygen via the flow rate was 3 list of the resident who was 3 list of the resident was 4 list of the resident wa	an oxygen concentrator and ters/hour. Oxygen this morning. In an observation was done was reclining in his bed hula. The resident was an oxygen concentrator and ters/hour. In an observation was done was reclining in his bed hula. The resident was an oxygen concentrator and ters/hour. Nurse #11 If low rate meter from a commented that it was at 3 sed to be at 2 liters. The aturation was 96% this In an interview was dent #75 who stated that he oxygen and the liter flow rate he resident also commented ignificant, and he required	F	995	DEFICIENCY)		
	On 1/25/19 at 10:45 conducted with Nurse was regularly assignday shift. Nurse #11 had a respiratory def continuous oxygen. resident had a physic continuous oxygen. did not check the oxyduring medication ad	-					

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
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F 695	and required an incre Nurse #11 stated that resident this week an rate (she assumed it ordered). Nurse #11 an order to increase the pulse oximetry went be would not need addition or above. The resides attraction this morning and cannot have increnecessary according. On 1/25/19 at 4:00 proportion attempted with the nigurous according. On 1/25/19 at 4:55 proportion and if there is notify the management Bedrails. Or 1/25/19 at 4:55 proportion and if there is notify the management Bedrails. Or 1/25/19 at 3:55 proportion in a bed or side rail is used	had a low pulse oximetry ase in the oxygen flow rate. It she was assigned to the did had not checked the flow was set at 2 liters as stated that the resident had the oxygen flow rate if his below 90%. The resident onal oxygen if he was 90% ont was at 96% oxygen ag. The resident had COPD eased oxygen unless to the physician order. In an interview was goft shift nurse but was ON who stated she with the resident 's physician a deviation from the order to ont and/or physician.		700			2/27/19

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345277	B. WING _			C 01/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		01/23/2013	
WOOD! A	ND HILL CENTER			400 VISION DRIVE			
WOODLA	ND HILL CENTER			ASHEBORO, NC 27203			
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F 700	Continued From page	e 147	F 7	00			
	bed rails with the rest representative and of to installation.	ident or resident btain informed consent prior					
		e that the bed's dimensions e resident's size and weight.					
	§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.						
	This REQUIREMENT by:	Γ is not met as evidenced					
		iews, observations and staff		F700: Bed Rails			
		failed to complete the		Element One:			
	bedrail assessment p			Bed Rail Assessments wer	_		
	residents (Residents	•		completed for residents # 36, # 18. These were completed on 2			
	The findings included			the Unit Manager. Element Two:			
		admitted to the facility on		100% of current residents			
		ission date of 11/16/18. Her		audited to ensure that their Bed			
	vascular dementia, m	erebral infarction (a stroke),		Assessments were accurate ar complete. This audit was comp			
	hypertension.	iuscie weakiiess aiiu		between 2/6 and 2/8/19 by the			
	riyperterision.			Manager. Corrections made as			
	The admission Minim	num Data Set (MDS)		Element Three:	a.oatoa.		
		1/23/18, assessed the		Education was provided to	the		
		oriented with periods of		Licensed Nursing Staff by the D			
	confusion. She recei	ived extensive to total		Nursing and Unit Managers on	how to		
	assistance from one	to two staff members for		complete the Bed Rail Assessn	nent		
	Activities of Daily Livi	ing (ADL's) and had		accurately and completely. This	s education		
		de of her body. No falls were		was completed on or before 2/2	•		
		k back period and the bed		the Unit Managers. FT/PT/PRN		 	
	rails were not coded	as a restraint.		agency staff were included. Cu 99% of staff educated. Remain	-		
		nt's active care plan dated		will not work until they receive t	training.		
		re was a problem area for					
		impairment and requiring		Element Four:	_		
	assistance with ADL's	s, however bed rails were		 Unit Managers and Director 	or of		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 1/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203		1/23/2019	
(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 E APPROPRIATE	(X5) COMPLETION DATE	
F 700	Review of the bed ra revealed the staff me evaluation in its entire gaps between the he mattress, other alterruse of bed rails, the lobservation of the reand other risk factors. On 1/25/19 at 11:00 completed with Residliked to hold onto the assisted her with per reach with her right her with the reached for the bed reprovided and used he when in the bed. During an interview was considered for the per reached for the per	intervention for enabling il evaluation dated 11/21/18 imber did not complete the ety to include; checking for ad or foot board and natives attempted prior to the benefit for the bed rails, sident using the bed rails is. am an interview was dent #36, who stated that she bed rails when the staff sonal care and was able to hand to adjust self in the bed. Iducted with NA #11 on She stated that the resident ails when personal care was er right hand to adjust self with the Corporate in Director of Nursing on she stated that the nurses or	F 70		mission and ts to ensure omplete. be brought e and Committee ursing, with		
	reviewed the bed rail and confirmed that the incomplete. An interview was atted Manager on 1/25/19 unsuccessful. On 1/25/19 at 6:10pm	empted with the Unit at 5:00pm but was					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345277	B. WING			C 01/25/2019	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 700	the bed rail assessn	ge 149 d it was their expectation for nents to be completed pletely prior to the use of bed	F 70	00			
	10/19/18 with diagnous chizoaffective disonous history of stroke, and mellitus, Hypertensia. The most recent corn Data Set) coded as assessment and darresident was alert at needs known and us required limited to et two staff members of (ADL's) except for some assessed as having transfers and was in bladder. No falls we period and the bed of restraint.	rder, Bipolar depression, xiety disorder, diabetes on and Osteoarthritis. Imprehensive MDS (Minimum a significant change ted 11/17/18, revealed the nd oriented, able to make nderstood others. She extensive assistance of one to for Activities of Daily Living supervision of meals. She was an unsteady balance during accontinent of bowel and re coded during the look back rails were not coded as a					
	revealed a problem with ADL's and an ir as an enabler.	re care plan dated 11/26/18 area of assistance required ntervention of bed rails used ed and unsigned bed rail					
	evaluation revealed quarter bed rails to a staff did not complet to include; checking	the resident was to have aide in safe transfers. The te the evaluation in its entirety for gaps between the head or ress and other alternatives					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203		20/2010
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F 700	of Resident #51, who using the bed rail with self in the bed. An interview was con 1/25/19 at 11:05am. could use the bed rail bed and holds onto the being rendered. During an interview w. Nurse/Former Interim 1/25/19 at 12:00pm, s. unit managers complet assessments on adm. On 1/25/19 at 3:47pm. Nurse/Former Interim reviewed the bed rail and not signed by a sthe evaluation was inc. An interview was atteed Manager on 1/25/19 at 6:10pm completed with the Ac Nursing. They stated the bed rail assessments accurately and completed with diagnose stroke, and hemiplegical A review of Resident dated 10/3/17 revealed.	an observation was made was alert and oriented, her right hand to reposition ducted with NA #11 on She stated that the resident is to reposition self when in them when personal care is with the Corporate Director of Nursing on the stated that the nurses or the etat the bed rail ission and quarterly. In the Corporate Director of Nursing evaluation that was undated that member, and confirmed complete. In the Corporate Director of Nursing evaluation that was undated that member, and confirmed complete. In the Corporate Director of it was their expectation for the etat 5:00pm but was their expectation for the etat of the facility on the etat of total brain injury,	F	700			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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		4	100 VISION DRIVE	, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLETION		
w of Resident at (MDS) date at (MDS) date at (MDS) date at (MDS) date at the dognition. It is assistance for all other a int was answer. W of Resident at the dognition included and revised will be anticipation included at (initiated on the work of Resident at the dognition of the resident at the	t #18 's annual minimum d 11/5/18 revealed the beech, usually understands e resident had a severely. The resident required e of 2 staff for bed mobility, of ctivities of daily living. ered "no." t #18 's care plan dated d on 1/19/19 revealed a focus re assistance to total mobility. The goal was that ated and met, and d the use of bed rails as an 12/24/17). t #18 's Bed Rail Evaluation revealed the form was. Risk factor evaluation and intrapment were blank on the impleted the form. t #18 's Consent for Side Rail revealed the resident signed of was traveling freely around wer scooter. The resident had was rarely understood. An esident 's bed revealed 1/3	F 700				
	ued From page woof Resident had clear spaces assistance for all other arint was answered extensive for all other arint was answered extensive exte	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The service of Resident #18 's annual minimum and the state of the service of the	CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) We of Resident #18's annual minimum et (MDS) dated 11/5/18 revealed the nt had clear speech, usually understands iderstood. The resident had a severely ed cognition. The resident required ive assistance of 2 staff for bed mobility, of for all other activities of daily living. int was answered "no." We of Resident #18's care plan dated 16 and revised on 1/19/19 revealed a focus uired extensive assistance to total ince with bed mobility. The goal was that will be anticipated and met, and into included the use of bed rails as an or (initiated on 12/24/17). We of Resident #18's Bed Rail Evaluation and for zones of entrapment were blank on the Nurse #16 completed the form. We of Resident #18's Consent for Side Rail and 12/5/18 revealed the resident signed isent. 3/19 at 9:30 am an observation was done ident #18 who was traveling freely around iility in his power scooter. The resident had dispeech and was rarely understood. An ation of the resident's bed revealed 1/3	STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) BY OR RESIDENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION) TO THE PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHORE CROSS-REFERENCED TO THE API DEFICIENCY) FOOD WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION) FOOD WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION) TO THE PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHORE CROSS-REFERENCED TO THE API DEFICIENCY) FOOD WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION OR CROSS-REFERENCED TO THE API DEFICIENCY) WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION OR CROSS-REFERENCED TO THE API DEFICIENCY) WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION OR CROSS-REFERENCED TO THE API DEFICIENCY) WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION OR CROSS-REFERENCED TO THE API DEFICIENCY WE OF RESIDENCY OR LSC IDENTIFYING INFORMATION OR CROSS-REFERENCED TO THE API DEFICIENCY TO THE PROVIDENCY OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE API DEFICIENCY TO THE PROVIDENCY OR CROSS-REFERENCED TO THE API DEFICIENCY TO THE PROVIDENCY OF THE API DEFICIENCY TO THE API DEFICENCY TO		

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F 700	bilateral side rails in the bed rail as an er bruising was noted to hemiplegia the rearm/hand. On 1/25/19 at 1:50 pconducted with Nurs was familiar with Reresident occasionally turning for personal to hold on with his ousable side (the resiside of his body due) On 1/25/18 at 3:50 pconducted with Nurs completed Resident form dated 12/5/18. areas were completed she thought was regall the other nurse signal was not aware to was not complete if	er. There were 1/3 size use. The resident 's use of pabler was not observed. No on the resident 's arms. Due sident had use of one om an interview was sing Assistant #19 (NA) who sident #18 and stated that the y used the side rail when care. The resident was able ne hand on his body 's dent was not able to use one to stroke). om an interview was see #16 who stated she #18's Bed Rail Evaluation Nurse #16 stated that not all ed because that was what uired by the facility and what staff were completing. Nurse that a bed rail assessment the Bed Rail Evaluation form t assessed). Alternatives to	F 70			
F 742 SS=G	she expected the sta Rail Evaluation form decision making. Treatment/Srvcs Me CFR(s): 483.40(b)(1	Director of Nursing who stated aff to complete the entire Bed as required for safe use and ntal/Psychoscial Concerns	F 74	12		2/27/19
	. ,	ident, the facility must ensure				

AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER			STREET AI	DDRESS, CITY, STATE, ZIP CODE	1 01/20/	20.0
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WOODLAND HILL CENTER			ASHEBO	PRO, NC 27203		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	(X5) OMPLETION DATE
F 742 Continued From page 15 that- §483.40(b)(1) A resident who displays of mental disorder or psych difficulty, or who has a hi post-traumatic stress disc appropriate treatment an assessed problem or to a practicable mental and practicable mental and practitioners, and physicifailed to provide timely, neservices (Residents #16 provide a psychiatric eva for 3 of 5 residents review medication. Findings included: 1. Resident #69 was admountative diagnoses of Depression and Post Trans (PTSD). Review of Resident #69's 12/28/18 indicated he was (antidepressant) every day (antidepress	or is diagnosed with osocial adjustment story of trauma and/or order, receives d services to correct the attain the highest sychosocial well-being; not met as evidenced observation, and staff, facility nurse an interviews, the facility ecessary psychiatric and #2) and failed to luation (Resident #69) wed for unnecessary whitted 12/28/18 with Altered Mental Status, umatic Stress Disorder a admission orders dated as prescribed Remeron ay for depression. Minimum Data Set atted he was cognitively ince and exhibited no lifer supervision with any received 6 doses of the look back period. Ent (CAA) was triggered	F 7	F742 Elem " I been Healt 2/25/ Elem " with I beha approvith I comp comp befor made Elem " I Servi by th regul psyci Psyci	2: Mental/Psychological Concernment One: Resident # 16, #2 and # 69 have a seen and evaluated by Mental th Professionals. Be residents were seen by Mental th Professionals between 2/18 are 1/19. Bent Two: 100% audit of all current resident Mental Illness/Psych Diagnosis, a viors was completed to ensure opriate referrals and consultation Mental Health Professionals was obleted as indicated. This audit was obleted by the Unit Managers on or the 2/20/19 with appropriate referrals as indicated. Bent Three: Education was provided to the Socice Director and Nursing Leaders as indicated. Bent Three: Education for ensuring timely, necess that it is services for residents with this interior Diagnosis, Mental Illness and viors. Completed on 2/22/19.	all all s and s as r als ocial ship ary	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 742	Resident #69 would psychotropic medical Depression. Review of Resident # indicated he was at ridue to his diagnosis. In an interview on 1/2 #69 stated he was diand PTSD and had a services with medical #69 started waving his admission and the he did not understan about him anymore. state he experienced from Vietnam and it at that resulted in a diversity wife died a year ago. Review of Resident #12/28/18 to 1/23/19 rid 12/30/18 at 9:04 PM an incident of "jerking requiring staff to assi occasions, multiple of yelling out for staff at snacks. During an interview of Corporate Nurse/For Nursing (DON) state Practitioner(PNP) was weekly. She stated if experiencing any model.	tions related to his #69's care plan dated 1/7/19 isk for sadness/depression of Depression. 22/19 at 11:00 AM, Resident agnosed with Depression a history of psychological ation interventions. Resident ais arms, became tearful and ad not come to see his since at made him sad. He stated d why his kids did not care Resident #69 went on the I "shell shock" after returning affected his first marriage broce. He stated his second #69's nursing notes from read a nursing note dated g motions with arms" ist him with eating on several brocasions of Resident #69 and multiple request for 1/23/19 at 4:45 PM, the rmer Interim Director of d the Psychiatric Nurse as at the facility 2-3 times	F 742	Element Four: "Director of Nursing and Social Director will review all residents with psychiatric diagnosis/mental it weekly to ensure that appropriate, psychiatric referrals and consults a obtained. Results of these audits reviewed with the Quality Assuran Performance Improvement Committee responsible for on-going compliance.	ith dents Ilness timely are will be ce and ittee ector ae QAPI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 742	Social Worker (SW) cognition, mood and	on 1/24/19 at 10:35 AM, the stated she completed the behaviors section on	F 7	42		
	she did not note and The SW stated that	ission MDS dated 1/4/19 and d concerns in those areas. staff had not reported any behaviors concerns and she sing notes.				
	PNP stated she was #69 earlier this more during the evaluatio unloved. The PNP s antidepressant and	on 1/24/19 at 11:50 AM, the sasked to evaluate Resident ning and that he was tearful n and he stated he felt stated she changed his added a medication for ed to continue to see				
	Nursing Assistant (N was very inpatient a but he never cried in	on 1/24/19 at 3:30 PM, NA) #10 stated Resident #69 nd had stated he felt unloved n front of her. She stated she Resident #69 felt to anyone.				
	#14 stated Residen inpatient" with frequestaff to come and fe She stated Resident stated she did not re	on 1/24/19 at 3:35 PM, Nurse at #69 was "very needy and ent episodes of yelling out for d him or bring him a snack. at #69 can feed himself. She eport how he was feeling to nted any behaviors in his				
	#3 stated she had n crying, but he had e upset that his kids h	on 1/25/19 at 8:45 AM, Nurse ever seen Resident #69 xpressed feelings of being ad not come to see him and bout him. She stated she did				

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	ROVIDER OR SUPPLIER		4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 VISION DRIVE ASHEBORO, NC 27203	1 01/20/2013
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F 742	documented the be rather than using hi could not feed hims him. She stated she Resident #69 could seemed "unusual" f During a telephone PM, Physician #2 s' mood and behavior #69 and he expecte Psychiatric evaluati mood or behaviors #69 was a "very sic	ge 156 yas feeling to anyone but haviors of Resident #3 yelling s call bell and him saying he elf insisting that staff feed was not aware of any reason not feed himself. She stated it or him to request to be fed. interview on 1/25/19 at 3:45 tated he was not aware of the s issues exhibited by Resident and Resident #69 receive a on if he was experiencing any concerns. He stated Resident k man" and recently was e hospital after a very	F 742		
	Administrator stated the staff would have Physician #2 about feeling unloved and possible Psychiatric 2. Resident #2 was 9/8/18 and most rec with diagnoses that dementia. The comprehensive was initiated on 9/1 (SW) and included, Preadmission Scree (PASARR) level 2 rebipolar disorder. The referral to the PASA	admitted to the facility on cently readmitted on 12/20/18 included bipolar disorder and e care plan for Resident #2 2/18 by the Social Worker in part, the focus area of a ening and Resident Review elated to his diagnosis of ne intervention was for a			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 742	A psychotherapy not initial visit was made indicated that psych with Resident #2 as Resident #2's care with the initiation of a complications relate medications. The imonitor for side effect of the admission Minimassessment dated 9 had a PASARR lever illness. His cognition he had no reported in Resident #2 had ver care on 1 to 3 days a period. He received antidepressant medication of a for physical behavior coping. The interversion in the saddition of a for physical behavior coping. The interversion with the addition of a for physical behavior coping. The interversion with the addition of a for physical behavior coping. The interversion with the addition of a for physical behavior coping. The interversion with the addition of a for physical behavior coping.	te dated 9/14/18 indicated an e with Resident #2. This note otherapy was to be continued needed. plan was updated on 9/16/18 a focus area for risk of d to the use of psychotropic nterventions included, in part,	F 7				
	Resident #2 's care by the SW with the i exhibiting/or at risk f mood symptoms relainterventions include signs/symptoms of with monitor for signs and anger/agitation.	plan was updated on 9/27/18 nitiation of the focus area for or distressed/fluctuating ated to anxiety/fear. The ed, in part, monitor for vorsening anxiety/fear and d symptoms of worsening					
	A Nurse Practitioner	note dated 10/3/18 indicated					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G	, ,	OATE SURVEY COMPLETED
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F 742	Resident #2 reporte A physician 's order 10/12/18 indicated a related to anxiety. The physician on a hard form. An NP note dated 11 reported feeling anx Resident #2 was ref An NP note dated 12 again reported feeling indicated she was gan evaluation with the Practitioner (PNP). A physician 's order 11/21/18 indicated a anxiety. This order w (1) hard copy physician andwritten by the porder entered by Nu A review of the med #2 was not seen by psychiatric evaluation sorder until 12/17/ not seen for psychology physician 's order until 12/17/ not seen for psychology physician 's order until 12/19/ at 3:42 PM. familiar with Resider level 2 PASRR, was	of feeling anxious. If for Resident #2 dated a referral for psychotherapy This order was handwritten by ard copy physician 's order O/26/18 indicated Resident #2 ious. The NP indicated erred for psychotherapy. I/21/18 indicated Resident #2 ious. The NP note or psychotherapy. I/21/18 indicated Resident #2 ious in the property of the Psychiatric Nurse If or Resident #2 dated in the PNP related to exallocated in two locations: ioian 's order form that was only sician and (2) an electronic rise #13. Ical record revealed Resident the PNP for an initial on after the 11/21/18 physician 18 (26 days later) and he was therapy after the 10/12/18 intil 1/9/19 (79 days later). Inducted with the SW on The SW indicated she was int #2 and was aware he had a on psychotropic medications, distressed mood, anxiety,	F 74			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 742	responsibilities were the previously mentibehavioral issues reservices. The SW sinvolved with the refiservices. She explanurses on the halls preferrals in a hard colors station. She was knowledge of what placed the previous station and she that a psychotherapy admission and she that as well. She was unlarge that was a well. She was unlarge that was well additionally unable to initial psychiatric eva (12/17/18) was conditial visit (9/14/18). An interview was conditial was confused in the psychiatric evaluation (9/8/18). An interview was confused in the properties of the psychiatric evaluation of the psychiatric evaluation of the psychiatric evaluation (9/8/18). An interview was confused electronic order date the PNP for Residen #13. She confirmed electronic order. She recall if she placed the psychiatric evaluation of the psychiatric e	e for ensuring a resident with oned mental health and ceived appropriate psychiatric tated that she was not erral process for psychiatric ined that she thought the placed any psychiatric ppy book located at the nurse asked if she had any psychiatric services Resident he reported that Resident #2 by visit shortly after his hought he had seen the PNP hable to explain why Resident for psychotherapy after the until 1/9/19. She was to explain why Resident #2 is alluation with the PNP lucted over 3 months after his should be stated that the hall als for psychiatric services in the indicated this was the chiatric provider to know what supposed to see. The ed 11/21/18 for a referral to at #2 was reviewed with Nurse that she had entered this e revealed she was unable to his referral into the hard copy	F 742				

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F 742	11/21/18 physician evaluation that had 12/17/18 were review Nurse/former interiexplain why there was always of both psychothers evaluation for Residuation for	1/9/19 as well the was 's order for a psychiatric not been obtained until ewed with the Corporate m DON. She was unable to was a delay in the obtainment apy and a psychiatric dent #2. was conducted with the NP on . He stated he just began ity in mid-December 2018 on the other NP was out on I that as a medical provider, he for psychotherapy and on by the PNP to be obtained week. was conducted with Resident ility 's Medical Director on . He stated that he expected otherapy to be obtained within ls for psychiatric evaluation by ined within 2 weeks. Resident sician 's order for thad not been obtained until lee 11/21/18 physician 's order aluation by the PNP that had until 12/17/18 were reviewed He indicated he was unaware elay with the obtainment of Resident #2 and revealed this	F 74		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 742	9/19/13 with diagnor depression. A review of Resider Data Set dated 11/1 that the resident was sometimes understated the resident require transfers including the assistance for bathing resident in sactive donon-Alzheimer's dedepression. The repain management. A review of Resider 11/14/18 revealed the interventions for sell behaviors, poor implication complication complication the physician and functional level need for medication behavior). A review of the reside 6/1/18 to 1/24/19 redocumentation that practitioner was informedication refusal and the resident and the resident resident interventions for sellong the resident	ge 161 s admitted to the facility on ses aphasia, stroke, and at #16 's quarterly Minimum 1/18 revealed documentation is sometimes understood and ands. Cognition was intact. ed total dependence for all coileting, and extensive ing and dressing. The fiagnoses were aphasia, mentia, hemiplegia, and sident received scheduled at #16 's care plan dated the resident had goals and if-care deficit, verbal coulse control, communication is at risk for psychotropic action (intervention was to in of changes in mental status and to monitor for continued in related to mood and dent 's nurses' notes from evealed there was no the physician or nurse formed of the resident 's and/or increased behaviors sician and nurse practitioner	F 742		
	communication boo 1/24/19, which was revealed there was	k for timeframe 6/1/18 to stored at the nurses ' station, no communication to the e resident had frequently			

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F 742	refused his medical behaviors. On 1/24/19 at 10:10 conducted with Resnot seen the doctor voiced no concerns On 1/25/19 at 9:30 conducted with Nurstated she was fam #16. The resident hand verbal behavioral lately his refusal of increased. On 1/25/19 at 10:40 conducted with Nurwas regularly day-s Nurse #11 commen more frequently refuincreased verbal be Nurse #11 agreed to take his psychotroprisk for increased be Nurse #11 was not service had not see 2018. On 01/25/19 at 3:10 conducted with the practitioner (PNP) with months ago an returning to the faci planned on continuing but her psychiatric services.	iion and had increased am an interview was ident #16 who stated he "had in a long time." The resident	F 742		

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F 742	services were not sust that since return she residents first and the communication book PNP stated she had #16 since she return months ago. The PN not informed her vert Resident #16 had refincluding psychotropi increased behaviors. the dates of psychiat requested the time fr. Administration. On 1/25/19 at 4:30 pr. conducted with the A the psychiatric nurse suspended for severa provide the exact dat there was a suspens new to the facility and suspension. On 1/25/19 at 5:00 pr. conducted with Residual stated he was not infrepeatedly refused hi increased behaviors nurse practitioner had since July 2018. The expected to be inform needed and had not	spended. The PNP stated had seen the urgent ose placed in her at the nurses' station. The not had time to see Resident ed to the facility a couple of IP also stated that staff had oally or in writing that fused his medication, and had The PNP could not recall ric services suspension and ame be obtained from In an interview was dministrator who stated that practitioner services were all months but could not es and did not know why sion. The Administrator was did was not present during the man interview was dent #16's physician who formed that the resident is medication and had and that the psychiatric did not evaluated the resident.	F7	42			
F 756 SS=E		w, Report Irregular, Act On	F 7	56		2/27/19	

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F 756	must be reviewed at I licensed pharmacist. §483.45(c)(2) This reformed the resident's medial season of the resident's medial direct and these reports mu (i) Irregularities to the attraction of the resident and these reports mu (i) Irregularities including that meets the c (d) of this section for (ii) Any irregularities in during this review mu separate, written report attending physician a director and director and director and the irregularity th (iii) The attending phyresident's medical rection has been taken be no change in the inphysician should document the process and steps when he or she identification in the requires urgent action in the requires urgent action in the requires urgent action in the resident's medical season of the resident's medical season of the resident in the process and steps when he or she identification.	wimen Review. Ing regimen of each resident east once a month by a view must include a review cal chart. In armacist must report any tending physician and the ctor and director of nursing, st be acted upon. In action the control of the control	F	756			

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NAME OF D	ROVIDER OR SUPPLIER	345277	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	01/25/20	19
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F 756	Continued From page 165 Based on record review, observation, and interviews with staff, Pharmacy Consultant, Nurse Practitioner, and Physician, the Pharmacy Consultant failed to act on irregularities in a resident's medication orders which included and possible drug interactions and side effects, the use of 3 antidepressants and antidepressant prescribed for Dementia without behaviors This was for 1 (Resident #52) of 6 residents reviewed for unnecessary medications. The Pharmacy Consultant also failed to identify and address the lack of behavior monitoring and side effect monitoring for residents on psychotropic medications for 3 of 6 residents reviewed for unnecessary medications (Residents #52 and #69 and #2). The findings included:			F756: Drug Regimen Review: Element One: Resident # 52 medication ultram, Elavil, and Cymbalta us associated drug interactions we discussed with physician on 2/ Physician titrated medications. diagnosis for the use of Remer added on 2/9/19 by Unit Manag stated by the Psychiatric Nurse practitioner to use for sleep. Redication administration recoupdated with monitoring for sid for psychological medications is Manager by 2/12/19. Behavior and Side Effect rein place for residents # 52, # 69	orders for se and ere (11/19 The The ron was ger as e a Residents ord was de effects by the Unimonitoring	it g is	
	cumulative diagnoses Accident (CVA), Depi Dementia without Bei evidence of a diagnose Review of Resident # 11/28/18 indicated sh (antidepressant) and for Depression daily a needed for Anxiety. F prescribed Ultram (no every 8 hours for pair read if psychotropic r include a clinical ratio adverse consequence Review of an automa Administration Recor	haviors. There was no sis of pain. 52's admission orders dated e was prescribed Elavil Cymbalta (antidepressant) and Ativan (antianxiety) as Resident #52 was also on-narcotic pain medication) n. Her admission orders nedications are used, onale and monitor/address es. ted electronic Medication d (MAR) progress note as follows: Ultram has		Element Two: • 100% Review of all curren Pharmacy Alerts for potential Drug interactions was completed Director of Nursing to ensure the addressed with Pharmacy and timely and appropriately with or clarification as indicated. This accompleted on or before 2/20/19 orders clarified accordingly. • An audit was completed by Managers on all residents on permedications to ensure that Behavior Side Effect Monitoring was in permedications or before 2/20/19 behavior/side effect sheets con accordingly. Element Three: • Education was provided to	Orug to ed by the hat all wer Physician rder audit was 9, with y the Unit osychotrop navior and olace. This it O with mpleted	re n pic	

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F 756	Continued From pag	ge 166	F 7	756				
F 756	Cymbalta with a several effects included agit ataxia (loss of musor (twitching, jerking or reflexes and shivering the drug to drug interacts score of severe. Side Syndrome (High borincreased reflexes, pupils and diarrhea) Review of Resident Data Set (MDS) data cognitive impairment feeling down with word MDS indicated she medication on 2 occurred and on a schedule president #52 was conformed. She was conformed as the medications related to the medications related to the medications. Interveside effects. The calpotential side effects monitored. Review of a Consultations of a Consultation of a Consultations of a Consultation of a Consultat	rerity score of severe. Side ration, altered consciousness, ale control), myoclonus resizures), overactive rig. Ultram also triggered for tion with Elavil with a severity reflects included Serotonin right temperature, agitation, tremor, sweating, dilated remor, sweating, dilated remore received and she was coded as andering behaviors. The received antianxiety rasions and received reduced removed removed removed regime. The received as taking Opioids retain medication regime. The received regime regime replan did not indicate any so or behaviors to be removed regimen reduced. See report for	F 7	Nursing Leadership Team be Nurse on reviewing the Phate daily in the Clinical Morning ensure they are addressed Pharmacy and Physician. Completed on 2/21/19. • Education was provide licensed nurses on address alerts timely. This education completed on or before 2/2. Unit Managers and Regions. • Administrator met with Pharmacist to review expect following up on Behavior ar Monitoring, and identifying during routine visits. This expect completed on or before 2/2. Element Four: • Director of Nursing and Managers will review the Pondarmacy Alerts related to to Drug Interactions and en Physician is notified and addressed in the Physician in the Phys	armacy Alerts g Meeting to timely with This was ed to the sing pharmacy on was 5/19 by the al Nurse. Consultant ctations on ad Side Effect irregularities, ducation 6/19. d Unit oint Click Care the Clinical e review of potential Drug sure that ldresses timel lit psychoactiv and new Morning avior and Side place. ws will be Assurance an Committee Nursing, with	e 9 y. ve e		
	review was perform comments/recomme	ed. See report for		Performance Improvement Monthly by the Director of N	Committee Nursing, with	d		

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F 756	Review of a Psychi 12/17/18 read as for daily which was like neuropathic pain ar the Beers List (Crite inappropriate medic assist healthcare proposed for potentially harmf potential side effect Arrhythmias (irreguland confusion. The Responsible Party discontinued because Review of Resident indicated she was proposed for drug to dated 12/18/18 triggered for drug to Cymbalta with a seeffects Serotonin Syndrom drug to drug interact (antihypertensive) moderate with Elav Clonidine.	der for Ativan needing a stop r was greater than 14 days. atric Progress note dated follows: Continue Cymbalta ely chosen to target and discontinue Elavil as it is on the lateral derivation of the lateral derivation use in in older adults to refessional's improve the g medications for older adults) and drugs in the elderly due to the sof urinary retention, lar heart rhythm), constipation note also read the does not want Elavil lise it helps with pain. If #52's Physician Orders brescribed Remeron ally for Dementia without for D	F 75	56		
	indicated she receive	t #52's December 2018 MAR wed her antidepressants daily medication on 12 occasions.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION B	` ′	(X3) DATE SURVEY COMPLETED		
		345277	B. WING		0,	C I/ 25/2019	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	<u> </u>	112312013	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 756	A review of Resident indicated no listed s Review of Resident indicated she receiv and her antianxiety until 1/3/19 when ar her antianxiety med daily and hold for se #52's January 2019 effects to be monito Review of Resident 11/28/18 to 1/23/19 regarding monitoring psychotropic medica Resident #52 was e confusion and "anxilln an observation or Resident #52 was c across her made be and proceed to amb the hall. Review of a Drug Recompleted by the Confusion and "arxilln an observation or Resident #52 was c across her made be and proceed to amb the hall. Review of a Drug Recompleted by the Confusion and interview was performed by the Confusion and interview Psychiatric Nurse Pnoted that the Elavil possible adverse side recalled speaking we (RP) for Resident #8 Elavil, but the RP recused to treat Resident	t #52's December 2018 MAR ide effects to be monitored. #52's January 2019 MAR ed her antidepressants daily medication on 2 occasions up order was written to change dation. A review of Resident MAR indicated no listed side red. #52's nursing notes from included no documentation of side effects of her ations but did reveal that experiencing wandering,	F 75	56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	` '	E CONSTRUCTION	COMPLETED		
		345277	B. WING		C 01/25/2019		
	ROVIDER OR SUPPLIER		4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE ASHEBORO, NC 27203	1 0 1120/2010		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION		
F 756	medications prescri The PNP stated that used to treat neurol both the medication prescribed for depre psychotropic medic other than a psychia medical team to add the additional medic antidepressant for so why the orders react Behaviors which wa Remeron. The PNI that the facility mon Resident #52' medi During an interview #10 stated Resident wandered about the side effect monitori on the MAR if it was verified no evidence the December 2018 related to Resident medications. She s note for any behavi In another observat Resident #52 was s eating breakfast. The concerns. During an interview #3 stated that the fad document side effect on psychotropic me each shift the nurse on the MAR if the re- on the MAR if the re-	bed but the RP still refused. It Cymbalta and Elavil can be beathic pain but confirmed that is were documented as ession. The PNP stated if a ation was ordered for anything atric illness, it falls to the dress. She stated she ordered cation, Remeron which was an isleep and she was uncertained for Dementia without as not a clinical indication for estated it was her expectation itored for side effects of cation. on 1/24/19 at 3:20 PM, Nurse the facility. Nurse #10 stated ing for Resident #52 should be sheing done. Nurse #10 er of side effect monitoring on and January 2019 MAR #52's psychotropic stated she wrote a nursing	F 756				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	COMPLETED		
		345277	B. WING		C 01/25/2019		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/23/2019		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION		
F 756	monitoring onto the were on psychotrop that this task was n the Unit Managers	e supposed to enter side effect MAR for all residents who bic medications. She indicated not always completed and that (UMs) were responsible for to ensure the side effect	F 75	6			
	PM, UM #1 stated at MAR to document a residents on psychoreported that each to document on the side effects. UM # completed the admide effect monitorin residents who were She reported that the responsible for reviside effect monitorioring.	tinterview on 1/25/19 at 3:00 that the facility utilized the side effect monitoring for all otropic medications. She shift the nurse was supposed a MAR if the resident had any 1 stated that the nurse who aission, was supposed to enter g onto the MAR for all to on psychotropic medications. The Units Managers were ewing the MARs to ensure ng was in place for all otropic medications and it it oversight.					
	on 1/25/19 at 4:01 completed the mon stated it was abnor prescribed 3 differences possible some of the prescribed to treat prescribed indication diagnosis of pain. It stated the progress 12/18/18 were auto-Resident #52's mediagnosis mediagnosis mediagnosis of pain.	with the Pharmacy Consultant PM, he stated that he of the proof of the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345277	B. WING		C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/20/2010
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION
F 756	effects of drug inter- provide any evidence contacted the facility. Pharmacy Consultate without Behaviors we the use of Remeronate the medical records identified potential sereceiving psychotromonthly DRRs, he see Consultant was unatable to ascertain if the	ge 171 acility of possible adverse side actions. He was unable to be that the pharmacy by for clarification. The stated the Dementia was not a clinical indication for at the masked if he reviewed to ensure the facility had side effects for residents pic medications during his said he did not. The Pharmacy able to explain how he was the prescribed psychotropic in any side effects for	F 756		
	PM, the Medical Dir not an antidepressa residents due to pot and other drug inter Resident #52 was to home and when she hospital, her home in The MD stated it was pharmacy and Phar duplication of medic indications for use of facility of residents of risk of adverse side other medications. If facility on 1/26/19 to some of those medications. The Medications. The Medications. The Medication that side	interview on 1/25/18 at 5:10 rector (MD) stated Elavil was ant normally used the elderly tential adverse side effects ractions. He stated apparently aking these medications at e was discharged from the medications were resumed. It is expectation that the remacy Consultant identified rations, incorrect clinical of a medication and notify the raking medications with high effects in combination with the stated he would be at the o "wean" Resident #52 off rections, especially the Elavil h interactions with other MD stated it was his effect monitoring was ents prescribed psychotropic			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345277	B. WING			C 01/25/2019	
	ROVIDER OR SUPPLIER	2.050		STREET ADDRESS, CITY, STATE, ZI 400 VISION DRIVE ASHEBORO, NC 27203	P CODE	01/23/2019	
(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 ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 756	Continued From pag medications.	e 172	F 7	756			
	Administrator stated the Pharmacy Consuidentify and address immediately for clarif and note medication DRR. She stated it wo Consultant Pharmace	on 1/25/19 at 5:50 PM, the it was her expectation that altant and pharmacy to potential drug interactions ication with the prescriber concerns during his monthly was her expectation that the ist address the lack of side any resident on psychotropic is monthly DRR.					
	2. Resident #69 was admitted 12/28/18 with cumulative diagnoses of Altered Mental Status, Malnutrition, Bacteremia (bacteria in the blood stream), pressure ulcer, Depression and Post Traumatic Stress Disorder (PTSD).						
	12/28/18 indicated he (antidepressant) eve admission orders rea medications are used	#69's admission orders dated e was prescribed Remeron ry day for depression. His ad if psychotropic d, include a clinical rationale adverse consequences.					
	Medication Administr indicated he received review of Resident #	#69's December 2018 ration Record (MAR) d his antidepressant daily. A 69's December 2018 MAR rgeted behaviors to be					
	(MDS) dated 1/4/19 i	ssion Minimum Data Set ndicated he was cognitively rbance and exhibited no					

C 01/25/2019
01/25/2015
CTION (X5) ULD BE COMPLETION ROPRIATE DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG	(>	(X3) DATE SURVEY COMPLETED		
		345277	B. WING			C	
	ROVIDER OR SUPPLIER	343211	B. Wille	STREET ADDRESS, CITY, STATE, ZIP COD 400 VISION DRIVE ASHEBORO, NC 27203	DE	01/25/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 756	wife died a year ago Review of Resident 12/28/18 to 1/23/19 exhibited an inciden arms", several insta eating, multiple occa out for staff and mul During an interview #14 stated Resident inpatient" with frequ staff to come and fe She stated Resident During an interview #3 stated that the fa document targeted I psychotropic medica each shift the nurse on the MAR if the re Nurse #3 stated that the admission, was targeted behavior m residents who were She indicated that th completed and that were responsible for ensure the behavior Nurse #3 stated Res of yelling for staff, as upset that his kids d nobody cared. During a telephone	#69's nursing notes from indicated Resident #69 to of "jerking motions with nees staff assisted him with asions of Resident #69 yelling tiple request for snacks. on 1/24/19 at 3:35 PM, Nurse #69 was "very needy and ent episodes of yelling out for dhim or bring him a snack. to #69 can feed himself. on 1/25/19 at 2:40 PM, Nurse cility utilized the MAR to behavior for all residents on ations. She reported that was supposed to document sident had any behaviors. It the nurse who completed supposed to enter the onitoring onto the MAR for all on psychotropic medications. This task was not always the Unit Managers (UMs) reviewing the MAR to monitoring was in place. Sident #69 exhibited episodes sking staff to feed him, being id not come to see and that	F	756			
	MAR to document to	nat the facility utilized the argeted behavior monitoring asychotropic medications.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019	
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		1 01/23/2013	
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 756	She reported that easupposed to docume had any behaviors. It who completed the a enter targeted behavior for all residents who medications. She remaining the Market of the ensure targing in place for all reside medications and it must be a supposed to the month of the ensure the facility targeted behaviors for the targeted behaviors. The Phart of explain how he was prescribed psychotrofor the targeted behavior for the targeted behavior for the targeted behaviors. The Phart of explain how he was prescribed psychotrofor the targeted behavior for the targeted behavior medication effectiver stated Resident #69 recently was dischard very prolonged stay.	ch shift the nurse was ant on the MAR if the resident JM #1 stated that the nurse dmission, was supposed to ior monitoring onto the MAR were on psychotropic ported that the Units onsible for reviewing the et behaviors monitoring was nts on psychotropic ust have been an oversight. With the Pharmacy Consultant M, he stated that he aly DRRs at the facility. Viewed the medical records had identified monitoring from the facility documented that the facility documented that was unable as able to ascertain if the pic medication was effective viors.	F 75	56			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345277	B. WING		C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	011/25/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 756	facility identified an behaviors for reside medications. She for Pharmacy Consultate behavior monitoring psychotropic medications. She follows a session of the service of	d it was her expectation the d monitored targeted ents prescribed psychotropic further stated she expected the ent to address the lack of g for any resident on eations during his monthly admitted to the facility on cently readmitted on 12/20/18 t included bipolar disorder. Lesident #2, initiated on the focus area of the risk for ed to the use of psychotropic interventions included, in part, ects (initiated 9/16/18). Limum Data Set (MDS) 19/18/18 indicated Resident #2 tact. He had verbal behaviors the on 1 to 3 days during the period. Resident #2 received cation and antidepressant 7 days during the assessment totropic drug use Care Area for the 9/18/18 MDS indicated the risk for side effects and/or entropic medications.	F 756			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		345277	B. WING		01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 20/2010
(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 CORREC' (EACH CORRECTIVE ACTION SHOUNDS CROSS-REFERENCED TO THE APPRIDEFICIENCY)	ULD BE COMPLETION
F 756	documented on this medications in use of the physician is orders received the following Seroquel, Lexapro, (antianxiety medical behaviors identified no side effect monition MAR for the psychological is orders received the following Seroquel, Lexapro, Amitriptyline (antide Cymbalta (antideprewere no target behamonitoring, and no documented on this medications in use of the physician is orders received the following Seroquel, Buspar, And Remeron (antideprewere no target behamonitoring, and no documented on this medications in use of the physician is orders received the following Seroquel, Buspar, And Remeron (antideprewere no target behamonitoring, and no documented on this medications in use of the physician is of the physician in use of the physician is of the physician in use of the phy	and MAR indicated he has psychotropic medications: Trazodone, and Buspar tion). There were no target, no behavior medications in use for the has psychotropic medications in use for the has psychotropic medications. Trazodone, and Buspar tion). There were no target, no behavior monitoring, and oring documented on this stropic medications in use for the has psychotropic medications: Trazodone, Buspar, pressant medication) and psychotropic medication and psychotropic medication. There haviors identified, no behavior side effect monitoring and MAR for the psychotropic for Resident #2. The has been been supported by the has been psychotropic medications: Amitriptyline, Cymbalta, and psychotropic medication). There haviors identified, no behavior side effect monitoring and MAR for the psychotropic medications is made effect monitoring and MAR for the psychotropic	F 75		
		ng psychotropic medications: Amitriptyline, Cymbalta and			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345277	B. WING		C 01/25/2019		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01125/2013		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION		
F 756	Continued From pa	ge 178 ere no target behaviors	F 750	5			
	identified, no behave effect monitoring do	rior monitoring, and no side ocumented on this MAR for the ations in use for Resident #2.					
	completed by the P 9/18/18 through 1/2 of the lack of behav	Regimen Reviews (DRRs) harmacy Consultant from 4/19 revealed no identification ior monitoring and side effect					
	1/22/19 at 9:30 AM	dent #2. conducted of Resident #2 on Resident #2 was alert and eelchair. There were no signs					
	Consultant on 1/25/he completed the m He was asked if he to ensure the facility behaviors, monitored monitored for poten receiving psychotromonthly DRRs. The revealed he had no monitoring or side emonthly DRR. He f sure where the facil monitoring and side Pharmacy Consultate was able to ascepsychotropic medic	onducted with the Pharmacy '19 at 4:01 PM. He stated that nonthly DRRs at the facility. reviewed the medical records of had identified target and these behaviors, and tial side effects for residents pic medications during his are Pharmacy Consultant at reviewed behavior effect monitoring during his further revealed he was not ity documented their behavior are effect monitoring. The ant was unable to explain how ertain if the prescribed ations were effective for haviors and if the resident					
	#2 ' s physician/faci 1/25/19 at 5:15 PM	vas conducted with Resident lity 's Medical Director on expectation that target					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING _		01/	25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 0 11.	20/2010
(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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 756	monitoring, and side of completed for the use medications. The phy Resident #2 was on medications and it was behaviors identified a conducted on those to determine if the medications, particular medications, required presence of side effect had to potential to cate adverse consequence. An interview was consequenced. An interview was conseq	fied and that behavior effect monitoring were e of psychotropic ysician explained that nultiple psychotropic is essential to have target and behavior monitoring arget behaviors in order to cations were effective. He the use of psychotropic arly antipsychotic close monitoring for the cts as these medications use serious and harmful es. ducted with the current /19 at 6:10 PM. She stated in that target behaviors were navior monitoring, and side e completed for the use of ions. She further stated she cy Consultant to identify and ehavior monitoring and side any resident on psychotropic is monthly DRR. Inchotropic Meds/PRN Use e)(1)-(5) pic Drugs. notropic drug is any drug that associated with mental ior. These drugs include,		758		2/27/19
	(ii) Anti-depressant; (iii) Anti-anxiety; and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345277	B. WING		01	C 1 /25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		1 0.120.10	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 758	Continued From pa	ge 180	F 75	58			
	sunless the medication and the clinical record \$483.45(e)(1) Residuals specific condition and in the clinical record \$483.45(e)(2) Residuals receive graduals behavioral interven	chensive assessment of a must ensure that— dents who have not used are not given these drugs on is necessary to treat a sidiagnosed and documented d; dents who use psychotropic and dose reductions, and tions, unless clinically an effort to discontinue these					
	psychotropic drugs unless that medicat diagnosed specific in the clinical record §483.45(e)(4) PRN are limited to 14 da §483.45(e)(5), if the prescribing practitic appropriate for the beyond 14 days, he rationale in the resi indicate the duratio §483.45(e)(5) PRN drugs are limited to renewed unless the prescribing practitic the appropriateness	dents do not receive pursuant to a PRN order ion is necessary to treat a condition that is documented d; and orders for psychotropic drugs ys. Except as provided in e attending physician or oner believes that it is PRN order to be extended e or she should document their dent's medical record and in for the PRN order. orders for anti-psychotic 14 days and cannot be e attending physician or oner evaluates the resident for s of that medication. NT is not met as evidenced					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
						С	
		345277	B. WING _		01	/25/2019	
NAME OF P	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CC			
				400 VISION DRIVE			
WOODLA	ND HILL CENTER			ASHEBORO, NC 27203			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)	
PRÉFIX TAG			PREFIX TAG	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	IE APPROPRIATE	COMPLETION DATE	
F 758	Continued From pag	ge 181	F 7	758			
		eview, observation, and		F758: Unnecessary Meds:			
		, Pharmacy Consultant, Nurse		Element One:			
		ysician, the facility failed to		Resident # 52 medication	on orders for		
		in a resident's medication		Ultram, Elavil, and Cymbalta	a use and		
		ssible drug interactions and		associated drug interactions	were		
	side effects, the use	e of 3 antidepressants and an		reviewed and addressed by	the physician		
	antidepressant pres	cribed for Dementia without		on 2/11/19 .			
	behaviors This was for 1 (Resident #52) of 6 residents reviewed for unnecessary medications. The facility also failed to identify and address the			Behavior and Side Effect			
				was put into place for reside	ents # 52, # 69		
				and # 2, on 2/01/19.			
		nitoring and side effect					
	monitoring for residents on psychotropic			Element Two:			
		6 residents reviewed for		100% Review of all curr Pharmague Alarta for a starting			
	#69 and #2). The fir	ations (Residents #52 and		Pharmacy Alerts for potential Drug interactions was comp	-		
	#09 and #2). The iii	laings included		Director of Nursing to ensure			
				addressed with Pharmacy a			
	1. Resident #52 wa	is admitted 11/28/18 with		timely and appropriately with			
		es of Cerebral Vascular		clarification as indicated. W			
		pression, Anxiety and		by Unit Managers on or befo	•		
	1	ehaviors. There was no		with appropriate intervention			
	evidence of a diagn	osis of pain.		Physician as indicated.	•		
				100% audit of all curren	nt residents on		
	Review of Resident	#52's admission orders dated		Psychotropic medications w	as completed		
		she was prescribed Elavil		to ensure that they all have			
		d Cymbalta (antidepressant)		Side Effect Monitoring in pla			
		and Ativan (antianxiety) as		completed on or before 2/20	-		
		Resident #52 was also		Unit Managers. Any discrep			
		non-narcotic pain medication)		Behavior and Side Effect Mo	onitoring put in		
		nin. Her admission orders		place immediately.			
		medications are used, ionale and monitor/address		Element Three:			
	adverse consequen			Element Three: Education was provided	1 to the		
	auverse consequen	CC3.		licensed nurses on addressi			
	Review of an autom	nated electronic Medication		alerts timely.	ing phannacy		
		ord (MAR) progress note		Education was provided	d to Licensed		
		l as follows: Ultram has		Nurses on ensuring that all r			
		drug interaction with		Psychotropic Drugs are mor			
		verity score of severe. Side		specific behaviors to warran			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345277 B. WING		WING			C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 400 VISION DRIVE	, ZIP CODE			
WOODLA	ND HILL CENTER			ASHEBORO, NC 27203				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION 'E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE	
F 758	ataxia (loss of muscle (twitching, jerking or seflexes and shivering drug to drug interactions score of severe. Side Syndrome (High body increased reflexes, trapupils and diarrhea). Review of Resident #Data Set (MDS) dated cognitive impairment feeling down with wark MDS indicated she remedication on 2 occas antidepressants on 7 period. She was cound on a schedule particular particu	tion, altered consciousness, e control), myoclonus seizures), overactive g. Ultram also triggered for on with Elavil with a severity effects included Serotonin v temperature, agitation, emor, sweating, dilated 52's admission Minimum d 12/5/18 indicated severe and she was coded as ndering behaviors. The received antianxiety sions and received days during the look back ded as experiencing pain ain medication regime. ded as taking Opioids ation) 7 days during the look 52's care plan dated be was at risk for to the use of psychotropic ations included monitoring for e plan did not indicate any	F 7		ons. This education Unit Managers of ucation included by staff. Currently neducated, to work until they and Unit the Point Click Cater of the Clinical or potential Drand ensure that and addresses timed and the point Edward of the Clinical necessary of the Clinical or potential Drand ensure that and addresses timed and the potential of the poten	on y at are ug lely. and 3 kly		
	12/13/18 at 2:41 PM, review was performed comments/recommen							
	12/13/18 only addres	sed the use of Resident er for Ativan needing a stop						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		OATE SURVEY OMPLETED
		345277	B. WING _			C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	<u> </u>	0 1729/20 10
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 758	Review of a Psychia 12/17/18 read as for daily which was like neuropathic pain and the Beers List (Crite inappropriate medicassist healthcare proposately of prescribing of potentially harmful potential side effect Arrhythmias (irregul and confusion. The Responsible Party of discontinued because Review of Resident indicated she was proposately and confusion on 12/18. Review of an automore dated 12/18/18 triggered for drug to Cymbalta with a severificate Serotonin Syfor a drug to drug in severity score of se Serotonin Syndromidrug to drug interaction (antihypertensive) were series as for a drug to drug interaction of the series of the serie	atric Progress note dated flows: Continue Cymbalta ly chosen to target discontinue Elavil as it is on the formal prize for potentially fation use in in older adults to offessional's improve the gradications for older adults) all drugs in the elderly due to soft urinary retention, ar heart rhythm), constipation note also read the floes not want Elavil se it helps with pain. #52's Physician Orders prescribed Remeron fly for Dementia without fla. atted electronic MAR progress a read as follows: Elavil has a drug interaction with verity score of moderate. Side prodrome. Elavil has triggered teraction with Ultram with a lavere. Side effects included e. Elavil has triggered for a	F 7	58		
	indicated she receive and her antianxiety	#52's December 2018 MAR red her antidepressants daily medication on 12 occasions. at #52's December 2018 MAR				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	· ,	(X3) DATE SURVEY COMPLETED C		
		345277	B. WING			01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/23/2019	
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 758	Continued From pa indicated no listed s	ge 184 side effects to be monitored.	F 75	8			
	indicated she receive and her antianxiety until 1/3/19 when and her antianxiety medically and hold for set #52's January 2019 effects to be monited. Review of Resident 11/28/18 to 1/23/19 regarding monitoring.	#52's January 2019 MAR yed her antidepressants daily medication on 2 occasions up norder was written to change lication to scheduled 3 times edation. A review of Resident MAR indicated no listed side yed. #52's nursing notes from included no documentation g of side effects of her ations but did reveal that					
	In an observation o Resident #52 was of across her made be	experiencing wandering, lety". n 1/23/19 at 10:30 AM, lety and lying asleep led. She was easily aroused bulate out of her room down					
	completed by the C 1/23/19 at 2:49 PM	egime Review (DRR) onsultant Pharmacist dated read a medication regime ed with no irregularities found.					
	Psychiatric Nurse F noted that the Elavi possible adverse si recalled speaking w (RP) for Resident # Elavil, but the RP re used to treat Reside	on 1/24/19 at 11:50 AM, the cractitioner (PNP) stated she I was on the Beer's List for de effects. She stated she with the Responsible Party 52 and tried to discontinue the effused since the Elavil was ent #52' pain. She stated she risk associated with taking the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING		,	C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203		20.20.10	
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F 758	She was unable to reconcerns related to the decidity or Medical Director ordered the additional which was an antide was uncertain why the without Behaviors which indication for Remember expectation that effects of Resident # During an interview of #10 stated Resident wandered about the side effect monitoring on the MAR if it was verified no evidence the December 2018 related to Resident # medications. She stander for any behavior to buring an interview of #14 stated when she admission medication computer must have progress note. She swrong with Resident thought the Pharmac clarify the orders. She recall if she notified to possible drug interaction of the medicated when she order for Remeron of must have generated when she order for Remeron of must have generated.	seed but the RP still refused. Secall if she discussed her he use of Elavil with the rector. She stated she all medication, Remeron pressant for sleep and she he orders read for Dementia hich was not a clinical on. The PNP stated it was the facility monitored for side \$52' medication. On 1/24/19 at 3:20 PM, Nurse \$52' medication. On 1/24/19 at 3:20 PM, Nurse \$52' medication. On 1/24/19 at 3:20 PM, Nurse \$52' medication was very active and facility. Nurse \$10 stated g for Resident \$52 should be being done. Nurse \$10 of side effect monitoring on and January 2019 MAR \$52's psychotropic ated she wrote a nursing rs she observed. On 1/24/19 at 3:35 PM, Nurse entered Resident \$52' n orders on 11/28/18, the generated the medication stated if there was something \$52's medications, she cist would have called to the Medical Director of the	F 75	58			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345277	B. WING _			C 01/25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/23/2019	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 758	with Resident #52's Pharmacist would had orders. She stated is notified the Medical interactions. In another observation Resident #52 was site eating breakfast. The concerns. During another internative had been supported that each is to document side effects. Nurse is completed the admissible effect monitoring residents who were some side effect monitoring residents who were some side effect monitoring residents who were some sidents	medications, she thought the ave called to clarify the he was unable to recall if she Director of the possible drug on on 1/25/19 at 9:00 AM, tting on the side of her bed ere were no observed view on 1/25/19 at 2:40 PM, the facility utilized the MAR	F7	758			
	were on psychotropi that the Units Manag	c medications. She reported gers were responsible for to ensure side effect					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345277	B. WING		01/25/2019		
	NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE 10 VISION DRIVE SHEBORO, NC 27203	1 01/20/2010		
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F 758	Continued From page 187 monitoring was in place for all residents on psychotropic medications and it must have been an oversight.		F 758				
	on 1/25/19 at 4:01 of a resident to be antidepressants, but antidepressants were confirmed the press depression and no Consultant Pharma dated 11/28/18 and generated when Resorders were entered. He stated it alerts the side effects of drug to provide any evident the pharmacy for click Consultant further stated.	with the Pharmacy Consultant PM, he stated it was abnormal prescribed 3 different at it was possible some of the prescribed to treat pain. He cribed indication was diagnosis of pain. The process stated the progress notes 12/18/18 were automatically esident #52's medication at into the computer system. The facility of possible adverse interactions. He was unable ence that the facility contacted arification. The Pharmacy stated the Dementia without a clinical indication for the use					
	PM, the Medical Dinot an antidepressaresidents due to po and other drug inte Resident #52 was thome and when shhospital, her home The MD stated it was facility identified du incorrect clinical incomedication and not	interview on 1/25/18 at 5:10 rector (MD) stated Elavil was ant normally used the elderly tential adverse side effects ractions. He stated apparently aking these medications at e was discharged from the medications were resumed. as his expectation that the plication of medications, dications for use of a ify him of residents taking gh risk of adverse side effects					

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203	•	7172572019	
(X4) ID PREFIX TAG			ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 758	he would be at the far Resident #52 off som especially the Elavil of interactions with othe stated it was his exper monitoring was comp prescribed psychotrop	ther medications. He stated cility on 1/26/19 to "wean" e of those medications, lue to concerns with r medications. The MD ectation that side effect leted for residents pic medications.	F7	758			
	Administrator stated i facility identified and interactions immediat prescriber. She stated the facility addressed	n 1/25/19 at 5:50 PM, the t was her expectation the addressed potential drug ely for clarification with the d it was her expectation that the lack of side effect sident on psychotropic					
	cumulative diagnoses Malnutrition, Bacterer	admitted 12/28/18 with s of Altered Mental Status, mia (bacteria in the blood er, Depression and Post order (PTSD).					
	12/28/18 indicated he (antidepressant) ever admission orders rea medications are used	69's admission orders dated was prescribed Remeron y day for depression. His d if psychotropic , include a clinical rationale adverse consequences.					
	review of Resident #6						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019		
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>			TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	25/2019	
WOODLA	ND HILL CENTER				00 VISION DRIVE ASHEBORO, NC 27203			
(X4) ID PREFIX TAG			ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 758	(MDS) dated 1/4/19 in intact, no mood distur	sion Minimum Data Set ndicated he was cognitively bance and exhibited no	F	758				
	of an antidepressant of The Care Area Asses	•						
	indicated he was at ri							
	indicated he received from 01/01/19 to 1/22	69's January 2019 MAR his antidepressant daily /19. A review of Resident MAR indicated no listed be monitored.						
	1/21/19 at 2:41 PM re	gime Review (DRR) nsultant Pharmacist dated ead a medication regime d with no irregularities found.						
	#69 stated he was dia and PTSD and had a services with medicat he understood he was antidepressant while started waving his arr stated his children ha	2/19 at 11:00 AM, Resident agnosed with Depression history of psychological ion interventions. He stated is prescribed an at the facility. Resident #69 ms, became tearful and d not come to see his since at made him sad. He stated						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NITIMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C 01/25/2019	
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(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 758	about him anymore. state he experienced from Vietnam and it a that resulted in a divo wife died a year ago. Review of Resident # 12/28/18 to 1/23/19 i exhibited an incident arms", several instanceating, multiple occarout for staff and multiple occarout for staff to come and fed She stated Resident for the stated Resident for the MAR if the resonance who were on the MAR if the resonance who were of the indicated that the admission, was stargeted behavior more sidents who were of She indicated that the completed and that the ompleted and that the ompleted and that the ompleted and that the office of the occarout for ensure the behavior Nurse #3 stated Resonance of yelling for staff, as	d why his kids did not care Resident #69 went on the "shell shock" after returning affected his first marriage orce. He stated his second #69's nursing notes from indicated Resident #69 of "jerking motions with ices staff assisted him with sions of Resident #69 yelling iple request for snacks. In 1/24/19 at 3:35 PM, Nurse #69 was "very needy and int episodes of yelling out for I him or bring him a snack. #69 can feed himself. In 1/25/19 at 2:40 PM, Nurse cility utilized the MAR to ehavior for all residents on tions. She reported that was supposed to document sident had any behaviors. the nurse who completed	F 75	58			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345277	B. WING		C 01/25/2019		
	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	01/25/2019		
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F 758	Continued From pa	ge 191	F 758	3			
	PM, UM #1 stated to MAR to document to for all residents on She reported that esupposed to document and any behaviors, who completed the enter targeted behavior all residents who medications. She romanagers were resident and place for all residents and place for all residents.	interview on 1/25/19 at 3:00 that the facility utilized the targeted behavior monitoring psychotropic medications. Each shift the nurse was ment on the MAR if the resident UM #1 stated that the nurse admission, was supposed to avior monitoring onto the MAR to were on psychotropic reported that the Units ponsible for reviewing the reget behaviors monitoring was lents on psychotropic must have been an oversight.					
	PM, Physician #2 s the facility reviewed behavior monitoring effectiveness for Re Resident #69 was a	interview on 1/25/19 at 3:45 tated it was expectation that d the medical record for g and the medication esident #69. He stated a "very sick man" and recently m the hospital after a very					
	Administrator stated facility identified an	on 1/25/19 at 5:50 PM, the dit was her expectation the dimonitored targeted ents prescribed psychotropic					
	9/8/18 and most re	admitted to the facility on cently readmitted on 12/20/18 included bipolar disorder.					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345277	B. WING		C 01/25/2019
	ND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	1 01/23/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 758	9/16/18, included the complications related medications. The monitor for side effects. The admission Minicassessment dated to see the complete of care MDS look back per antipsychotic medication on 7 of drug use Care Area 9/18/18 MDS indications.	esident #2, initiated on the focus area of the risk for ed to the use of psychotropic interventions included, in part, ects (initiated 9/16/18). The mum Data Set (MDS) 19/18/18 indicated Resident #2 the had verbal behaviors are on 1 to 3 days during the fod. Resident #2 received the total and antidepressant and days. The psychotropic and Assessment (CAA) for the atted Resident #2 was at risk and reactions to psychotropic	F 75	8	
	physician's orders Administration Recoreceived the following Seroquel (antipsych (antidepressant metarget behaviors idemonitoring, and not documented on this medications in use A review of Resider physician's orders received the following Seroquel, Lexapro, (antianxiety medications identified no side effect monitoring and physician's orders received the following Seroquel, Lexapro, (antianxiety medications identified no side effect monitoric antipsychological physician's orders received the following seroquel, Lexapro, (antianxiety medications identified no side effect monitoric physician's orders and physician's	ord (MAR) indicated he ng psychotropic medications: notic medication), Trazodone dication), and Lexapro dication). There were no entified, no behavior side effect monitoring MAR for the psychotropic			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) BUILDING (X5) A. BUILDING		COMP	X3) DATE SURVEY COMPLETED					
		345277	B. WING _				25/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203			1 01/25/2019	
(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 CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
F 758	physician 's orders a received the following Seroquel, Lexapro, The Amitriptyline (antidepressive and the Cymbalta (antidepressive and the Cymbalta) and the Cymbalta (antidepressive antidepressive antidepressive and the Cymbalta) and the Cymbalta (antidepressive antidepressive antidepres	#2 's November 2018 and MAR indicated he g psychotropic medications: frazodone, Buspar, pressant medication). There priors identified, no behavior de effect monitoring MAR for the psychotropic for Resident #2. #2 's December 2018 and MAR indicated he g psychotropic medications: mitriptyline, Cymbalta, and fiesant medication). There priors identified, no behavior de effect monitoring MAR for the psychotropic for Resident #2. #2 's physician 's orders hrough 1/24/19 indicated he g psychotropic medications: mitriptyline, Cymbalta and fire no target behaviors for monitoring, and no side furnmented on this MAR for the fittions in use for Resident #2. #2 conducted of Resident #2 on Resident #2 was alert and felchair. There were no signs	F 7	58				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				TE SURVEY MPLETED
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F 758	residents on psychol reported that each is to document on the of the target behavior. #3 stated that the madmission for the rethis behavior monitoring onto the were on psychotrop that this task was not sometimes the admitted the behavior monitoring onto the Managers (UMs) we the MAR to ensure side effect monitoring September 2018 M/MAR for Resident #3. She confirmed been identified and side effect monitoring MARs. Nurse #3 in Resident #2 only a moticed that he had document behavior monitoring. A phone interview with 1/25/19 at 3:01 PM. utilized the MAR to monitoring and side residents on psychological reported that each is to document on the of the target behavior #1 stated that the nitrogen and side that the nitrogen and side that the nitrogen and side residents on psychological reported that each is to document on the of the target behavior #1 stated that the nitrogen and side that the nitrogen and side residents on psychological reported that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated that the nitrogen and side residents on the of the target behavior #1 stated the sidents of t	document behavior reffect monitoring for all btropic medications. She shift the nurse was supposed MAR if the resident had any ors and/or side effects. Nurse urse who completed the esident was supposed to enter oring and side effect MAR for all residents who ic medications. She indicated ot always completed as ission nurse forgot to enter oring and side effect MAR. She reported Unit ere responsible for reviewing the behavior monitoring and ang were in place. The AR through January 2019 12 were reviewed with Nurse that target behaviors had not that behavior monitoring, and ang were not on Resident #2's dicated she worked with few times and she had not no place on the MAR to monitoring or side effect vas conducted with UM #1 on She stated that the facility	F	758		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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	ROVIDER OR SUPPLIER		4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE .SHEBORO, NC 27203	1 01/20/2013	
(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 SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
F 758	monitoring onto the were on psychotrop that she was respond to ensure that target and that behavior in monitoring were in psychotropic medic she should have remo target behaviors monitoring or side escaped behavior monitoring or side escaped behavior monitoring for more through 1/25/19) for the prescribed medical formulation of the potential formulat	oring and side effect MAR for all residents who bic medications. She reported hasible for reviewing the MARs at behaviors were identified honitoring, and side effect place for all residents on ations. UM #1 revealed that cognized that Resident #2 had identified and no behavior effect monitoring on his MAR. was an oversight. She was bow she had not identified the initoring and side effect than 4 months (9/8/18	F 758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		1	400	REET ADDRESS, CITY, STATE, ZIP CODE D VISION DRIVE SHEBORO, NC 27203		
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F 761 SS=D	monitoring conducted in order to determine effective. He further psychotropic medicat antipsychotic medicat monitoring for the prethese medications has serious and harmful at An interview was con Administrator on 1/25 it was her expectation identified and that beleffect monitoring were psychotropic medicate been the Administrator a month and she was it was to ensure this to Label/Store Drugs and CFR(s): 483.45(g)(h) (Syenorical Syenorical Propriate accessor instructions, and the capplicable. Syenorical Syenoric	sidentified and behavior on those target behaviors if the medications were explained that the use of ions, particularly tions, required close sence of side effects as d to potential to cause adverse consequences. ducted with the current /19 at 6:10 PM. She stated in that target behaviors were havior monitoring, and side the completed for the use of ions. She indicated she had or at the facility for less than tunsure whose responsibility ask was complete. d Biologicals (1)(2) of Drugs and Biologicals to used in the facility must be the with currently accepted s, and include the y and cautionary expiration date when of Drugs and Biologicals ordance with State and lity must store all drugs and compartments under proper and permit only authorized		758			2/27/19

i ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 1/25/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		1/23/2019	
WOODLA	ND HILL CENTER			400 VISION DRIVE ASHEBORO, NC 27203			
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F 761	Continued From pag		F 76	61			
	locked, permanently storage of controlled the Comprehensive I Control Act of 1976 a abuse, except when package drug distributed quantity stored is mir be readily detected. This REQUIREMENT by: Based on observation record reviews, the factor opened expired insulfailed to store unoper until opened for Resi	ewed for medication storage.		F761: Labeling /Storage of M F761: Labeling /Storage of M Element One: • Resident # 34 expired in discarded by the Unit Manage Resident # 29 unrefrigerated discarded on 1/30/19 by the U Manager.	edications: sulin was er 1/30/19 . insulin was		
	Expiration Dating of I Syringes and Needle read in part that once the facility should foll guidelines with respe opened medications all medications and becontainers for stability manufacturer/supplied. 1. On 1/25/19 at 2:3 medication cart for the with Nurse #6. The followed the stable of the with Nurse #6.	or specifications. Opm, an observation of the see 300 Hall was conducted collowing was observed: In for Resident #34 was		Element Two: • 100% audit of all medical medication rooms was compled 2/8/09 by the Unit Managers appropriate labeling, dating a medications. No discrepancinated on this audit. Element Three: • Education provided to all staff on policy and regulation dating and storage of medical education was completed by Managers on or before 2/20/FT/PT/PRN/agency staff were the training. Currently 99% of been educated, remaining stawork until they receive training Element Four: • The unit manager, nursir	eted on to ensure nd storage of es were I licensed for labeling, tions. This the Unit 19. e included in of staff have aff will not g.		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE C 01/25/2	5/2019
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WOODLAND HILL CENTER 400 VISION DRIVE ASHEBORO, NC 27203	
(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 CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE DEFICIENCY)	(X5) COMPLETION DATE
confirmed the date on the insulin was 11/11/18 and stated that it was expired. She stated that she doesn't administer insulin to Resident #34 on her shift, but the nurses are responsible for discarding expired medications and reordering when found. Nurse #6 stated that she would reorder the medication at that time. During an interview on 1/25/19 at 4:20pm, the Pharmacist stated that Humalog Insulin expired 28 days after opening, agreed that the bottle had expired, and the staff should have discarded and reordered a new bottle. On 1/25/19 at 6:10pm, an interview with the Director of Nursing stated that it was her expectation for expired insulin so be discarded by any nurse that finds them. 2. During an observation on 1/25/19 at 2:30 PM, the medication cart for 100 Hall, contained an unopened Lantus Insulin Pen for Resident #29. The pen was dated as filled on 10/21/18. During an interview on 1/25/19 at 2:30 pm, Nurse #7 confirmed the date filled on the insulin pen was to be stored in the medication refrigerator until time of use in order maintain the insulin's effectiveness. Nurse #7 stated she did not know how long the unopened lnsulin Pen had been stored in the medication cart and the Lantus Insulin Pen would need to be discarded. Nurse #7 stated all nurses were responsible for checking the medication carts for proper medication storage and to her knowledge, no shift was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245277	B. WING	_		I	C
NAME OF P	ROVIDER OR SUPPLIER	345277	B. WING	S	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	25/2019
	ND HILL CENTER			40	00 VISION DRIVE SHEBORO, NC 27203		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 761	facility's Consultant P Lantus Insulin Pen ma unopened insulin pen refrigerator until ready to ensure the effective insulin. During an interview o Director of Nursing st last week and she wa responsible to checkin medication rooms for She stated it was her insulin pens be stored refrigerator until the ti by the manufacturer. Resident Records - Io CFR(s): 483.20(f)(5), §483.20(f)(5) Resider (i) A facility may not re resident-identifiable to (ii) The facility may re resident-identifiable to accordance with a co agrees not to use or o except to the extent th to do so. §483.70(i) Medical re §483.70(i)(1) In accord professional standard	n 1/25/19 at 4:20pm, the harmacist stated that the anufacture stated that s should be stored in the y to use. He stated this was eness and stability of the n 1/25/19 at 5:50pm, the ated she started her position is uncertain of who was ng the medication cart and proper medication storage. expectation that unopened in the medication room me of use as recommended dentifiable Information 483.70(i)(1)-(5) Int-identifiable information. elease information that is the public. Ilease information that is the public of the public information that is the public of the public information that is the public information that information that information that information that information that information that informati		761			2/27/19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′		· /	(X3) DATE SURVEY COMPLETED		
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ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/23/2019		
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(iii) Accurately docur (iiii) Readily accessi (iv) Systematically of \$483.70(i)(2) The feall information contaregardless of the for records, except where (i) To the individual, representative where (ii) Required by Law (iii) For treatment, poperations, as permoved with 45 CFR 164.50 (iv) For public health the purposes, research medical examiners, a serious threat to help and in compliance \$483.70(i)(3) The fear record information are unauthorized use. §483.70(i)(4) Medical for- (i) The period of tim (iii) Five years from the is no requirem (iii) For a minor, 3 y legal age under State \$483.70(i)(5) The moderate is the fear of the fear	mented; ble; and organized acility must keep confidential ained in the resident's records, rm or storage method of the en release is- or their resident re permitted by applicable law; (r); ayment, or health care bitted by and in compliance (r); a ctivities, reporting of abuse, c violence, health oversight and administrative proceedings, rposes, organ donation purposes, or to coroners, funeral directors, and to avert bealth or safety as permitted be with 45 CFR 164.512. Acility must safeguard medical against loss, destruction, or all records must be retained be required by State law; or the date of discharge when bent in State law; or ears after a resident reaches te law. bedical record must contain-	F 84	42				
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page (ii) Accurately documing (iii) Readily accessificity Systematically of search and information contains regardless of the form records, except when (i) To the individual, representative when (ii) Required by Law (iii) For treatment, poperations, as permined with 45 CFR 164.50 (iv) For public health neglect, or domestic activities, judicial and law enforcement pupurposes, research medical examiners, a serious threat to he by and in compliance \$483.70(i)(3) The farecord information and unauthorized use. §483.70(i)(4) Mediction for a minor, 3 yielegal age under State \$483.70(i)(5) The minor (ii) Five years from the serious threat information and the serious from the s	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 200 (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.	ROVIDER OR SUPPLIER ND HILL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 200 (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (iii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (ii) Sufficient information to identify the resident;	ROVIDER OR SUPPLIER ND HILL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 200 (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized \$483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (iii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, organ donation purposes, research purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. \$483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. \$483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (iii) Five years from the date of discharge when there is no requirement in State law; or (iii) Five years from the date of discharge when there is no requirement in State law; or (iii) Five years from the date of discharge when there is no requirement in State law; or (iii) Five years from the date of discharge when there is no requirement to identify the resident; \$483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident;	A BUILDING 345277 BUILDING 345277 BUILDING STREETADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEDORO, NC 27203 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 200 (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized \$483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by an endical record information against loss, destruction, or unauthorized use. \$483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. \$483.70(i)(4) Medical records must be retained for- (ii) The period of time required by State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. (iii) For a minor, 3 years after a resident reaches legal age under State law.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 1/25/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		1723/2013
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F 842	Continued From page	e 201	F 84	.2		
	provided; (iv) The results of any and resident review of determinations conduted (v) Physician's, nurse professional's progret (vi) Laboratory, radio services reports as real This REQUIREMENT by: Based on record revision facility failed to maint medical records relatively and regular (an elegalarms and locks the cognitively impaired residuely behaviors attempt to	acted by the State; e's, and other licensed ss notes; and logy and other diagnostic equired under §483.50. T is not met as evidenced iew and staff interview, the ain complete and accurate ed to behaviors and ctronic alert system that facility exit doors when residents with wandering exit the building) monitoring Resident #48) sampled for		F842: Resident Records: Element One: Resident # 48 has Wander checks documented as ordered Element Two: All current resident with o Wander Guards were audited that the ordered checks of pla function were documented act This audit was completed by the of Nursing on 1/25/19, no discontent.	ed. orders for to ensure cement and cordingly. he Director	
		s admitted to the facility on ses that included altered y, and insomnia.		noted. Element Three:		
	#48' s cognition was assessed with wanded A physician 's order behavior monitoring as restless and/or exit order was placed on Administration Recorstaff were required to	2/5/17 indicated Resident severely impaired. He was ering behaviors daily. dated 1/15/18 indicated every shift for Resident #48 ' seeking behavior. This		Licensed Nurses were ed the importance of monitoring a documenting the placement at of Wander Guard bracelets per This education was completed Managers on or before 2/20/1 included FT/PT/PRN/agency services Currently 99% of staff have be educated, remaining staff will until they receiving training. Element Four: Unit Managers or Directors	and nd function er order. d by the Unit 9. Education staff. een not work	

NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASKEDOR, NO. 27203	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER SIREET ADDRESS, CITY, STATE, 2IP CODE 400 VISION DRIVE ASHEBORO, NC 27203 PROVIDERS PLAN OF CORRECTION SAMEBORO, NC 27203 PROVIDERS PLAN OF CORRECTION (ACL OLOGOSECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPCISED BY FULL REGULATORY OR LSC IDEMTIFYING INFORMATION) F 842 Continued From page 202 (restless, exit seeking behavior) every shift [7]". An incident report dated 4/9/18 indicated Resident #48 had an unsupervision by Nursing Assistant (NA) #1 at approximately 8:00 PM. A review of the April 2018 MAR for 4/9/18 for the time of Resident #48 "s unsupervised exit (8:00 PM) revealed Nurse #4 documented a "y" on the MAR for the 3:00 PM butse #4 that indicated Resident #48 was free of exit seeking behaviors. A phone interview was conducted with Nurse #4 on 124/19 at 231 PM. The April 2018 MAR for 54/9/18 at 48 to present at the time of Resident #48 "s unsupervised exit on 4/9/18 at 8:00 PM was reviewed. Nurse #4 denote that the time of Resident #48 "s unsupervised exit on 4/9/18 at 8 to present at the time of Resident #48 "s unsupervised exit on 4/9/18 at 8 to present at the time of Resident #48 had an unsupervised exit for the facility, the was found outside of the facility, without supervision by a facility wistor at approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 had an unsupervised exit from the facility. He was found outside of the facility, without supervision by a facility visitor at approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 "s unsupervised exit from the facility, the was found outside of the facility without supervision by a facility visitor at approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 "s unsupervised exit from the facility. He was found outside of the facility, without approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 "s unsupervised exi							,	С
### A review of the April 2018 MAR for 4/9/18 for the time of Resident #48 hat showed documentation completed by Nurse #4 denied documenting this information. An incident report dated \$/16/18 completed by Nurse #4 denied documenting this information. An incident report dated \$/16/18 completed by Nurse #2 denied documenting this information. An incident Resident #48 hat an unsupervised exit for the time of Resident #48 hat an insupervised exit for the time of Resident #48 hat an insupervised exit for the time of Resident #48 hat an insupervised exit for the time of Resident #48 hat an insupervised exit for the time of Resident #48 hat an insupervised exit for the time of Resident #48 hat an insupervised exit for the time of Resident #48 hat an insupervised exit on 4/9/18 and that showed documentation completed by Nurse #4 denied documenting this information. She stated that she was not present at the time of Resident #48 hat an unsupervised exit on 4/9/18 and that she thought someone else may have signed in with her password and completed the facility. He was found outside of the facility without supervision by a facility visitor at approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of his unsupervised exit on 4/9/18 and that she thought someone else may have signed in with her password and completed the Machagility without supervision by a facility visitor at approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 b's unsupervised exit of 4/9/18 acroptation. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 had an unsupervised exit of 4/9/18 completed by Nurse #2 indicated Resident #48 had an unsupervised exit of 4/9/18 to provise the facility. He was found outside of the facility without supervision by a facility visitor at approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 b's unsupervised at y' on the machagility without supervision by a facility visitor at approximately 6/16/18 fo			345277	B. WING _			01/	25/2019
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facility visitor at approximately 7:15 PM. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 's unsupervised exit (7:15 PM) revealed Nurse #2 documented a "y" on the System/regulation and tools. This education was completed on 2/22/19. Element Four: • Administrator will audit clinical meeting, customer at risk meeting and								
education was completed on 2/22/19. A review of the May 2018 MAR for 5/16/18 for the time of Resident #48 's unsupervised exit (7:15 PM) revealed Nurse #2 documented a "y" on the education was completed on 2/22/19. Element Four: • Administrator will audit clinical meeting, customer at risk meeting and			•					
A review of the May 2018 MAR for 5/16/18 for the time of Resident #48's unsupervised exit (7:15 PM) revealed Nurse #2 documented a "y" on the Element Four: • Administrator will audit clinical meeting, customer at risk meeting and		facility visitor at app	proximately 7:15 PM.			, ,		
time of Resident #48's unsupervised exit (7:15 PM) revealed Nurse #2 documented a "y" on the • Administrator will audit clinical meeting, customer at risk meeting and			0040 144 D. (·		
PM) revealed Nurse #2 documented a "y" on the meeting, customer at risk meeting and								

L' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345277	B. WING _			1	25/2019
NAME OF PI	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 01/	20/2013
				400 V	ISION DRIVE		
WOODLA	ND HILL CENTER			ASH	EBORO, NC 27203		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 842	Continued From page	e 203	F 8	342			
	the question, "Is reside exit seeking behavior #48 was free of exit seeking behavior #48 was free of exit seeking at 1:16 PN reached. An interview was con Nurse/former interim 1/24/19 at 2:45 PM. 5/16/18 documentation related to exit seeking accurate. She reveal exit seeking behavior exits from the facility. An interview was con Administrator on 1/25 that she expected the documentation to be 1b. Resident #48 was	dent behavior free (restless, p)" indicating that Resident beeking behaviors. It is attempted with Nurse #2 M. She was unable to be ducted with the Corporate Director of Nursing on She stated the 4/9/18 and on on Resident #48 's MARs in given behaviors were not led that Resident #48 had its exhibited by unsupervised on 4/9/18 and 5/16/18. Inducted with the solution of the stated with the solution and seemedical record complete and accurate.		c for q C • C In	correction weekly for four weeks, montor three months, quarterly for three quarters and report compliance in more quality Assurance meeting. The Regional Nurse will review Quality Assurance and Performance mprovement Committee Minutes Monto include the action plans for all putstanding citations to ensure compliance.	ithly	
	mental status, anxiety A review of Resident physician 's orders in electronic alert syster facility exit doors who residents with wande exit the building) was poor safety awarenes be checked for function shift. This order was Administration Recor	#48's December 2017 indicated a wanderguard (an in that alarms and locks the en cognitively impaired ring behaviors attempt to initiated on 11/30/17 due to es. The wanderguard was to on and placement every a placed on the Treatment d (TAR).					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345277	B. WING		C 01/25/2019	
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 VISION DRIVE ASHEBORO, NC 27203	01/23/2013	
(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 842	A review of the Decinstances that Residence for function a initialed as complete were as follows: 12/2 (2nd shift), 12/15/17 (2nd shifts), 12/25/17 (3rd shift), (1st and 2nd shift), shift). A review of the Januinstances that Residence for function a initialed as complete were as follows: 1/7 shift), 1/15/18 (2nd and 3rd shift), 1/20/ (1st and 2nd shift), 3/20/ (1st shift)	ge 204 Is severely impaired. He was dering behaviors daily. ember 2017 TAR indicated 13 dent #48's wanderguard and placement was not it. These dates and shifts (8/17 (2nd shift), 12/14/17 (1st shift) 12/23/17 (1st and 7 (1st and 2nd shifts), 12/27/17 (2nd shift), 12/30/17 and 12/31/17 (1st and 2nd and 12/31/17 (1st and 2nd and 12/31/17 (1st and 2nd and 3rd shift), 1/16/18 (2nd 18 (1st shift), 1/16/18 (2nd 18 (1st and 2nd shift)). Fuary 2018 TAR indicated 11 dent #48's wanderguard and placement was not it. These dates and shifts and 3rd shift), 1/16/18 (2nd 18 (1st and 2nd shift)). Fuary 2018 TAR indicated 9 dent #48's wanderguard and placement was not it. These dates were as shift), 2/9/18 (2nd shift), 2/11/18 (2nd shift), 2/11/18 (2nd shift), 2/19/18 (2nd shift), and 2/28/18 (2nd shift). Ch 2018 TAR indicated 15 dent #48's wanderguard and placement was not it. These dates and shifts 3/18 (2nd shift), 3/15/18 (2nd shift), 3/15/18 (2nd shift), 3/15/18 (2nd shift), 3/19/18 (2nd s	F 842			

NAME OF PROVIDER OR SUPPLIER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 842 Continued From page 205 3/22/18 (2nd shift), 3/25/18 (1st and 2nd shift), 3/27/18 (2nd shift), 3/30/18 (2nd and 3rd shift). A review of the April 2018 TAR indicated 21 instances that Resident #48's wanderguard check for function and placement was not initialed as complete. These dates and shifts were as follows: 4/1/18 (2nd shift), 4/21/18 (2nd shift), 4/11/18 (2nd shift), 4/11/18 (2nd shift), 4/12/18 (2nd shift), 4/13/18 (2nd shift), 4/25/18 (2nd shift), 4/26/18 (2nd shift), 4/27/18 (2nd shift), 4/25/18 (2nd shift), 4/26/18 (2nd shift), 4/27/18 (2nd shift),			345277	B. WING			
FREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 842 Continued From page 205 3/22/18 (2nd shift), 3/25/18 (1st and 2nd shift), 3/29/18 (2nd shift), 3/28/18 (2nd shift), 3/29/18 (2nd shift), 3/28/18 (2nd and 3rd shift). A review of the April 2018 TAR indicated 21 instances that Resident #48's wanderguard check for function and placement was not initialed as complete. These dates and shifts were as follows: 4/1/18 (2nd shift), 4/2/18 (2nd and 3rd shift), 4/10/18 (2nd shift), 4/11/18 (2nd shift), 4/20/18 (2nd shift), 4/25/18 (2nd shift), 4/24/18 (2nd shift), 4/25/18 (2nd shift), 4/26/18 (2nd shift), 4/26/18 (2nd shift), 4/27/18 (2nd shift), 4/					400 VISION DRIVE	•	0 1/23/2019
3/22/18 (2nd shift), 3/25/18 (1st and 2nd shift), 3/27/18 (2nd shift), 3/28/18 (2nd shift), 3/29/18 (2nd shift), and 3/30/18 (2nd and 3rd shift). A review of the April 2018 TAR indicated 21 instances that Resident #48 's wanderguard check for function and placement was not initialed as complete. These dates and shifts were as follows: 4/1/18 (2nd shift), 4/2/18 (2nd and 3rd shift), 4/4/18 (2nd shift), 4/8/18 (1st and 2nd shift), 4/10/18 (2nd shift), 4/11/18 (2nd shift), 4/11/18 (2nd shift), 4/18/18 (2nd shift), 4/19/18 (2nd shift), 4/20/18 (2nd shift), 4/25/18 (2nd shift), 4/26/18 (2nd shift), 4/27/18 (2nd shi	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION
shift). A review of the May 2018 TAR indicated 13 instances that Resident #48's wanderguard check for function and placement was not initialed as complete. These dates and shifts were as follows: 5/4/18 (2nd shift), 5/5/18 (1st shift), 5/7/18 (2nd shift), 5/14/18 (2nd and 3rd shift), 5/15/18 (3rd shift), 5/14/18 (2nd and 3rd shift), 5/18/18 (3rd shift), 5/11/18 (2nd shift), 5/22/18 (2nd shift), and 5/21/18 (2nd and 3rd shift). A review of the June 2018 TAR indicated 8 instances that Resident #48's wanderguard check for function and placement was not initialed as complete. These dates and shifts were as follows: 6/12/18 (1st shift), 6/17/18 (2nd shift), 6/25/18 (3rd shift), and 6/30/18 (1st and 2nd shift), 6/25/18 (3rd shift), and 6/30/18 (1st and 2nd shift), 6/25/18 (3rd shift), and 6/30/18 (1st and 2nd shift), shift),	F 842	3/22/18 (2nd shift), 3 3/27/18 (2nd shift), 3 (2nd shift), and 3/30, A review of the April instances that Resid check for function ar initialed as complete were as follows: 4/1/ and 3rd shift), 4/40/18 (2nd shift), 4/10/18 (2 4/12/18 (2nd shift), 4 (2nd shift), a shift). A review of the May instances that Resid check for function ar initialed as complete were as follows: 5/4/ shift), 5/15/18 (3rd shift), 5/15/18 (3rd shift), 5/15/18 (3rd shift), 5/22/18 (2nd shift), a shift). A review of the June instances that Resid check for function ar initialed as complete were as follows: 6/12 shift), 6/23/18 (1st an 6/25/18 (3rd shift), a	s/25/18 (1st and 2nd shift), s/28/18 (2nd shift), 3/29/18 (18 (2nd shift), 3/29/18 (18 (2nd and 3rd shift)). 2018 TAR indicated 21 ent #48 's wanderguard and placement was not and shifts, 4/2/18 (2nd shift), 4/8/18 (2nd shift), 4/8/18 (1st and shift), 4/11/18 (2nd shift), 4/11/18 (2nd shift), 4/11/18 (2nd shift), 4/20/18 (2nd shift), 4/25/18 (2nd shift), 4/27/18 (2nd shift), 4/27/18 (2nd shift), 4/27/18 (2nd shift), 4/30/18 (2nd and 3rd shift), 5/14/18 (2nd and 3rd shift), 5/14/18 (2nd and 3rd shift), 5/14/18 (2nd and 3rd shift), 5/17/18 (2nd and 3rd shift), 5/17/18 (2nd and 3rd shift), 5/21/18 (2nd shift), 5/21/18 (1st shift), 6/17/18 (1st shift), 6/17/18 (1st shift), 6/24/18 (2nd shift),	F 84	42		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED
		345277	B. WING			C 01/25/2019
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY 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 842	check for function an initialed as complete. were as follows: 7/1/shift), 7/14/18 (1st sh 7/22/18 (1st and 2nd 7/28/18 (2nd shift), a shift). A review of the Augus instances that Reside check for function an initialed as complete. were as follows: 8/3/shift), 8/12/18 (1st and (1st shift). A review of the Septe instance that Resides check for function an initialed as complete. the 2nd shift. A review of the Octob instances that Resides check for function an initialed as complete. were as follows: 10/5 (2nd shift), and 10/14 A review of the Nove instances that Resides check for function an initialed as complete. were as follows: 11/3 shift), 11/8/18 (3rd shift), 11/8/18 (3rd shift), 11/8/18 (3rd shift), 11/8/18 (3rd shift)	ent #48 's wanderguard d placement was not a These dates and shifts 18 (2nd shift), 7/13/18 (2nd iift), 7/21/18 (1st shift), shift), 7/23/18 (3rd shift), and 7/29/18 (1st and 2nd ist 2018 TAR indicated 5 ent #48 's wanderguard d placement was not a These dates and shifts 18 (2nd shift), and 8/28/18 ember 2018 TAR indicated 1 ent #48 's wanderguard d placement was not a This was on 9/11/18 during in the was not a These dates and shifts 18 (2nd shift), and 8/28/18 ember 2018 TAR indicated 1 ent #48 's wanderguard d placement was not a These dates and shifts 1/18 (2nd shift), 10/10/18 ember 2018 TAR indicated 3 ent #48 's wanderguard d placement was not a These dates and shifts 1/18 (2nd shift), 10/10/18 ember 2018 TAR indicated 7 ent #48 's wanderguard	F 8-	42		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING_			C 01/25/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/25/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 842	A review of the Dece instances that Resic check for function an initialed as complete were as follows: 12/shift), 12/20/18 (3rd 12/30/18 (1st shift), A review of the Januthrough 1/23/19 indi Resident #48 's wal and placement was These dates and sh (first shift) and 1/17/ An interview was co 1/25/19 at 2:40 PM. monitoring for functi documented on the Unit Managers were the TARs to ensure A phone interview w Manager (UM) #1 or stated that she had September/October wanderguard monitor placement was documented she was in TARs for completen missed documentation oversight. An interview was con Nurse/former interimon 1/24/19 at 2:45 Fithrough January 20 were reviewed with	ember 2018 TAR indicated 6 lent #48 's wanderguard and placement was not e. These dates and shifts 6/18 (2nd shift), 12/11/18 (3rd shift), 12/26/18 (3rd shift), and 12/31/18 (2nd shift). uary 2019 TAR from 1/1/19 cated 2 instances that anderguard check for function not initialed as complete. ifts were as follows: 1/1/19	F8	42		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345277	B. WING		C 01/25/2019	
	ROVIDER OR SUPPLIER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		1 0112512013	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 842 F 867 SS=E	An interview was con Administrator on 1/2 that she expected the documentation to be QAPI/QAA Improver CFR(s): 483.75(g)(2) \$483.75(g) Quality at \$483.75(g)(2) The quassurance committee (ii) Develop and impaction to correct ider This REQUIREMEN by: Based on record recreased and staff into Assessment and A	on and placement was not as complete. Inducted with the 5/19 at 6:10 PM. She stated e medical record complete and accurate. Inent Activities (iii) Inducted with the 5/19 at 6:10 PM. She stated e medical record complete and accurate. Inent Activities (iii) Inducted with the 5/19 at 6:10 PM. She stated e medical record accurate. Inent Activities (iii) Inducted with the 5/19 at 6:10 PM. She stated e medical record accurate. Inent Activities (iii) Inducted with the stated e medical record e medica	F 86	F867: QAPI F867: QAPI F867: QAPI Element One: Plan of correction developed an brought before the Quality Assurance Performance Improvement Committe 2/20/19 to address non-compliance F656/Care Plan Development and Implementation and F758/Unnecess Medications related to behavior Monitoring. Element Two: Administrator will review the cur	e and ee on with ary	
	an effective QAA Pro The findings include The tag is cross refe	d:		action plans for outstanding areas of compliance weekly to ensure that the plans are being followed. Element Three: The Regional Nurse provided education to the Administrator, Direct Nursing and Interdisciplinary Team	Э	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C 01/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>	<u>'</u>	STREET ADDRESS, CITY, STATE, ZIP CODE	•	0172072013	
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WOODLA	ND HILL CENTER			ASHEBORO, NC 27203			
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F 867	Continued From page		F 86	57			
	Care Plans: Based or resident interview, st. Manager interview, tt comprehensive care #28, #34, #36, #69, # implement care plans and #52) for 12 of 25 During the prior surve failed to have a compcare plan in the areas (Resident #44), dialy Preadmission Screer (PASRR) (Resident # eighteen sampled resident # eighteen sampled residents review, observatiff, Pharmacy Consand Physician, the fairregularities in a resident regularities in a resident prescident prescidents reviewed for the facility also failed lack of behavior mon monitoring for resident medications for 3 of 6 unnecessary medicat #69 and #2). During the facility 's facility failed to ensur	n record review, observation, aff interview, and Product ne facility failed to develop plans (Residents #16, #25, #75, and #81) and failed to a (Residents #1, #2, #48, sampled residents. Bey of 12/1/17 the facility prehensive and individualized as of respiratory care sis (Resident #176) and hing and Resident Review #67 and #54) for four of sidents. Dic Drug use: Based on wation, and interviews with sultant, Nurse Practitioner, cility failed to act on dent's medication orders and interactions and side antidepressants and an wibed for Dementia without for 1 (Resident #52) of 6 for unnecessary medications. It to identify and address the itoring and side effect ints on psychotropic are residents reviewed for tions (Residents #52 and prior survey of 12/1/17 the rephysician's orders for as		regarding the Quality Assurance Performance Improvement System/regulation and tools. Teducation was completed on 2 Element Four: • Administrator will audit climeeting, customer at risk meereview audits stated in this placorrection weekly for four weefor three months, quarterly for quarters and report compliance Quality Assurance meeting. • The Regional Nurse will requality Assurance and Perford Improvement Committee Minute to include the action plans for outstanding citations to ensure compliance.	This 2/22/19. nical sting and n of ks, monthly three e in monthly eview mance tes Monthly all		
	time limited in duration	otropic medications were on for 3 of 5 residents and #66) reviewed for tions.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345277	B. WING			C
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		01/25/2019
(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 CORI ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 867	root cause for repeat management and nur Administrators in the Director of Nurses in currently an open Mir position with a persor	n an interview was dministrator who stated the tags was turnover in sing. There have been 4	F8	667		