PRINTED: 04/18/2019 FORM APPROVED OMB NO. 0938-0391

		E SURVEY PLETED				
		345483	B. WING		03	3/28/2019
	ROVIDER OR SUPPLIER  URSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1450 SHAIRE CENTER DRIVE  LENOIR, NC 28645		
	CLIMANA DV. CT	TATEMENT OF DEFICIENCIES		·	ECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 00	0		
F 641	conducted 03/25/19 t was found in complia	certification survey was hrough 03/28/19. The facility nce with the requirement ncy Preparedness. Event ID	F 64	1		4/1/19
SS=D	CFR(s): 483.20(g)	ionio				17 17 10
	resident's status. This REQUIREMENT by:	of Assessments.  It accurately reflect the  is not met as evidenced  iew and staff interviews, the		This Plan of Correction is submi	itted to	
	Data Set (MDS) in the less than six months	ately code the Minimum e area of life expectancy for 1 of 1 sampled resident curacy (Resident #46).		address deficiencies cited under #F641  This is to state that we do not co this recommendation as stated for the state of	oncur with	
	Findings included:			deficient practice. Upon finding s		
	09/13/18 with diagno failure, respiratory fai pulmonary disease (CA) A review of the Hospic signed by the hospic revealed Resident #4 expectancy of six (6) remained hospice ap A review of Resident Minimum Data Set (NO2/06/19, indicated Runder Section J-1400	ice Recertification, dated and e physician on 01/31/19, 6 had a limited life months or less and		As of March 28, 2019, Resident no longer a resident of the facility correction to the MDS therefore be completed. On April 3-5, 201 MDS Coordinator and Director of audited and reviewed current resided MDSs to ensure accuracy of coordination of the MDS. Find revealed our facility is currently collaborating with contracted Hopprovide care for 5 residents. All were found to have Section J-14 accurately.  The MDS Coordinator was re-education of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the facility of the MDS coordinator was re-educating to the MDS coordinator was r	y. A could not 19 the if Nurses sident ding in dings spice to MDSs 100 coded	
ABORATORY	 	SUPPLIER REPRESENTATIVE'S SIGNATUR		TITLE		(X6) DATE

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

**Electronically Signed** 

04/18/2019

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) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345483	B. WING		03/28/2019
	ROVIDER OR SUPPLIER  URSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1450 SHAIRE CENTER DRIVE  LENOIR, NC 28645	
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F 641	MDS Coordinator stat		F 64	to the importance of accurately coding complete MDS including but not limite Section J-1400. On March 29, 2019, meeting was held with facility ☐s contracted Hospice liaison and nurse facility Director of Nurses and MDS	ed to a
	#46 and should have resident had a conditi may have resulted in than 6 months. She ful know why it was not contact.	been coded to reflect the on or chronic disease that a life expectancy of less urther indicated she did not coded correctly.		Coordinator. Facility sexpectations have complete signed orders filed on resident chart within 7 days of the init order were discussed and confirmed both parties.	ial by
	Director of Nursing (Dwas Section J-1400: I coded correctly on the			All MDS Assessments will be complet accurately, timely and according to th RAI Manual. The Director of Nurses conduct reviews for all Hospice reside to ensure Section J-1400 is coded correctly on a weekly basis for a period 4 weeks, then every other week for a period of 4 weeks. All findings will be	e will ents od of
F 756 SS=E	Administrator indicate Section J-1400: Progr coded correctly on the Drug Regimen Review	n 03/28/19 at 11:30 AM, the ad his expectation was mosis should have been a MDS for Resident #46.  w, Report Irregular, Act On 2)(4)(5)	F 75	reported to the Q.A. Committee month for a period of two months.	4/19/19
	§483.45(c) Drug Regi §483.45(c)(1) The dru				
	of the resident's medi §483.45(c)(4) The phairregularities to the att	view must include a review cal chart.  armacist must report any tending physician and the ctor and director of nursing,			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	1, ,	(X3) DATE SURVEY COMPLETED	
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F 756	drug that meets the (d) of this section for (ii) Any irregularities during this review m separate, written repattending physician director and director minimum, the reside and the irregularity the (iii) The attending phresident's medical reirregularity has been action has been take be no change in the physician should do the resident's medic.  §483.45(c)(5) The famintain policies and drug regimen review limited to, time frame the process and step when he or she iden requires urgent action. This REQUIREMEN by:  Based on record repharmacist, physicial interviews the facility as needed (PRN) psymental state) for 4 or unnecessary medical and #17).  Findings included:	ust be acted upon.  ude, but are not limited to, any criteria set forth in paragraph an unnecessary drug.  noted by the pharmacist ust be documented on a cort that is sent to the and the facility's medical of nursing and lists, at a unt's name, the relevant drug, the pharmacist identified.  In the pharmacist identified and the identified areviewed and what, if any, can to address it. If there is to medication, the attending cument his or her rationale in	F 7	This Plan of Correction is subaddress deficiencies cited und #F756  This is to state that we do not this recommendation as state deficient practice. Upon findin deficiencies.  On April 8, 2019, a drug regim was completed for Resident #	concur with d for g stated		

AND BLAN OF CORRECTION LIDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		E SURVEY IPLETED		
		345483	B. WING		0:	3/28/2019
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				1450 SHAIRE CENTER DRIVE		
SHAIRE N	URSING CENTER			LENOIR, NC 28645		
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PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETION DATE
F 756	Continued From page	e 3	F 75	56		
	07/07/18 with diagnor	ses that included		Consultant Pharmacist. Rev	view	
	non-Alzheimer's dem	entia and depression.		identified an order for Ambie	n 5 milligrams	
				(mg) by mouth at bedtime as	s needed	
	The quarterly Minimu	, ,		(PRN) for sleep. Recommen		
		/10/19 indicated Resident		made for physician re-evalua		
	,	tact. Resident #6 received		medication use and current		
	hypnotic (sleep) med	ication on 7 of 7 days.		April 15, 2019, Physician As		
				evaluated Resident #6 use of		
		nt order dated 07/09/18		Ambien 5mg. Resident #6 h		
	1	ychotropic medication for		change scheduling Ambien		
		g) by mouth at bedtime PRN d for Resident #6. There was		at bedtime Monday □ Saturo drug holiday on every Sunda		
	-	or the PRN Ambien order.		drug floliday off every Surida	ay.	
	110 14 day stop date i	of the Fixty Ambien order.		On April 8, 2019, a drug regi	imen review	
	A review of the medic	cation administration record		was completed for Resident		
		staff documentation on the		Consultant Pharmacist. Rev	-	
	, , , , , , , , , , , , , , , , , , ,	6 had received PRN Ambien		an order for Ativan 0.5 millig	rams (mg) by	
	7 times in July, 30 do	ses in August, 28 doses in		mouth every 12 hours as ne		
		in October, 28 doses in		for anxiety. Recommendation		
	November, 27 doses	in December of 2018, 24		for physician re-evaluation o	of medication	
	doses in January, 23	doses in February, and 10		use and current order. On A	April 10, 2019,	
	doses in March of 20	19.		Physician Assistant evaluate		
				use of PRN Ativan 0.5mg. F		
		nacist (CP) monthly drug		had order change to discont	inue Ativan	
	•	esident #6 indicated the CP		0.5mg due to non-use.		
		ed on 08/07/18, 09/07/18,		0 4 110 0040	•	
		2/06/18, 01/07/19, 02/07/19,		On April 8, 2019, a drug regi		
		hysician that a 14 day stop		was completed for Resident	•	
		was required unless a as provided for continuing		Consultant Pharmacist. Revalue an order for Klonopin 0.5 mi		
	PRN Ambien greater			one half tablet by mouth twice		
	i i i i vi vilipieli greater	man 14 days.		needed (PRN) for anxiety.	ce a day as	
	On 03/26/19 at 12:46	PM a telephone interview		Recommendation was made	e for physician	
		he physician who stated he		re-evaluation of medication		
		ulation that indicated PRN		current order. On April 15, 2		
		ion required a 14 day		Physician Assistant evaluate		
		evaluated Resident #6 and		#23 use of PRN Klonopin 0.		
		ion for continued need		orders were recommended.	-	
		stated he had not provided a		0.5mg will continue as order	•	

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				1450 SHAIRE CENTER DRIVE		
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F 756	Continued From page	e 4	F 75	56		
	use of PRN Ambien. not received commun	justification for continued The physician stated he had ication from the consultant		re-evaluation as clinically indica days.		
		er reevaluation of Resident of continued needs of PRN ays.		On April 8, 2019, a drug regime was completed for Resident #1 Consultant Pharmacist. Revievan order for Ativan 0.5 milligran	7 by w identified	
	was conducted with the psychotropic medicat	PM a telephone interview ne CP who stated PRN ion was limited to 14 days		mouth every 4 hours as needed anxiety. Recommendation was physician re-evaluation of medi	d (PRN) for s made for ication use	
	extend the order past must have missed no	provided a justification to 14 days. The CP stated he tifying the practitioner of the		and current order. On April 10, Physician Assistant evaluated I #17 use of PRN Ativan 0.5mg.	Resident Resident	
	order unless the practo extend the order pa	Resident #6's PRN Ambien titioner provided justification ast 14 days. The CP stated it nat the practitioner would		#17 had order change to discort Ativan 0.5mg due to non-use.  On April 8-10, 2019 the Director		
		sident #6 after 14 days and ion of justification of		audited and reviewed all currer medical chart to ensure necess medication use of as needed (F	nt residents sary PRN)	
	conducted with the ph	AM an interview was hysician assistant (PA) who		psychotropic drugs and require documentation thereof. Consu Pharmacist reviewed all curren	ltant t	
		Services (CMS) ion regulation regarding		residents ☐ medical chart. Irreg were identified to the Medical E Director of Nursing. All recom	Director and mendations	
	day stop date or justif beyond 14 days for th PA stated he had not	edication that required a 14 fication of continued need ne use of PRN Ambien. The provided a stop date for		were evaluated by Physician As April 12-15, 2019 with proper documentation and necessary each individual resident s drug	orders for	
	had not reevaluated F need for PRN Ambier	mbien. The PA indicated he Resident #6's continued n after 14 days and had not		on April 3, 2019 facility Adminis		
	PRN Ambien. The PA receiving a recommen	n for the continued use of stated he did not remember ndation from the CP for him		Director of Nurses conducted n with Consultant Pharmacists to the importance of timely and th	discuss orough	
	PRN Ambien beyond	view the continued need for 14 days or provide ued need beyond 14 days		drug regimen reviews. Topics i regulation, company policies, for timeliness of findings with empl	ormat, and	

Facility ID: 956261

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		DATE SURVEY COMPLETED
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F 756	for Resident #6.  On 03/27/19 at 11:20 conducted with the D who stated she had recommendation from review the continued beyond 14 days for F  On 03/27/19 at 11:47 conducted with the A was his expectation to Resident #6's medical have recommended to the continued need for days for Resident #6 continued need per Continued need non-Alzheimer's  The quarterly Minimulassessment dated 10 was severely cognitive did not receive anti-al assessment period.  Review of the physic indicated Ativan (antimilligrams (mg) by mineeded (prn) for anximitation order.  A review of the Medic (MAR) revealed per Signal Arivan order.  A review of the Medic (MAR) revealed per Signal Resident #	AM an interview was pirector of Nursing (DON) not received a in the CP for the physician to need for PRN Ambien Resident #6.  AM an interview was diministrator who stated it that the CP who reviewed ation regimen monthly to that the physician evaluate or PRN Ambien beyond 14 or provide justification for CMS regulation.  Idmitted to the facility on es that included heart failure dementia.	F 75	PRN psychotropic drug use. 2019 facility Administrator ar Nurses conducted meeting was Director and Physician Assist discuss the importance of a sthorough drug regimen reviet Topics included regulation, of policies, format, and timeline evaluation of Consultant Pharecommendations emphasis psychotropic drug use.  Administrative Nurse and/or monitor weekly the accurate documentation and re-evaluate PRN psychotropic medication period of 4 weeks, then ever for a period of 4 weeks and reperiod of 1 month. The DON documentation and report fir during facility srehab disch meeting/incident prevention Results of the audits will be a discussed in the monthly Quance Assurance and Performance Improvement Committee med QAPI Committee will assess the action plan as needed to continued compliance.	and Director of with Medical stant to s	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 756	Resident #5 receiv October, 8 doses in December of 2018 doses in January, 1 in March of 2019.  Review of the Consmonthly drug regim the CP had not rec 7/7/18, 8/7/18, 9/7/ and 1/7/19, 2/7/19, 14 day stop date for unless a clinical just continuing prn Ativat  On 03/26/19 at 12: was conducted with was aware of the re medication require longer than a 14 da not reevaluated Re of prn Ativan beyon a stop date or provuse of prn Ativan beyon a stop date or provuse of prn Ativan. knowledge he had from the CP to con #5 for the justificati Ativan beyond 14 of On 03/26/19 at 3:5 was conducted with psychotropic medic unless the prescrib extend the order pa must have missed 14 day limitation fo order unless the pr	e MAR further revealed ed one dose of prn Ativan in n November, 13 doses in Resident #5 received 13 none in February, and 1 dose sultant Pharmacist (CP) nen for Resident #5 revealed commended on 5/7/18, 6/7/18, 18, 10/5/18, 11/5/18, 12/6/18 3/7/19 to the physician that a program of the physician was required estification was provided for an greater than 14 days.  46 PM a telephone interview of the physician who stated he regulation that prn psychotropic da reason to be prescribed any duration. He stated he had resident #5 for continued need and 14 days nor had he provided ided justification for continued of the physician stated to his not received communication sider reevaluation of Resident on of continued needs of prn	F 756		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 756	have reevaluated R provided documents continued needs to On 03/27/19 at 2:45 conducted with the who stated she had recommendation from the continued need for Resident #5.  On 03/27/19 at 4:30 conducted with the was his expectation Resident #5's medic have recommended the continued need for Resident #5 or procontinued need per 3. Resident #23 was 7/24/18 with diagnodementia, anxiety at The quarterly Minimassessment dated 2 #23 was severely of #23 did not receive during the assessmant A physician's order Clonazepam (anti-atablet by mouth two anxiety was ordered no 14 day stop date Clonazepam order.	that the practitioner would resident #5 after 14 days and received a resident #5 after 18 days for the CP to review the prince Ativan beyond 14 days for that the CP who reviewed resident regimen monthly to that the physician evaluate for prince Ativan beyond 14 days provide justification for CMS regulation.  The sadmitted to the facility on reses that included Alzheimer's resident regimental the anti-anxiety medication rent period.  The sadmitted to the facility on reses that included Alzheimer's resident regimental resident regimental resident regimental resident resident resident resident resident resident resident #23. There was rewritten for the prince in the resident resident resident resident #23. There was rewritten for the prince in the resident residen	F 756		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION  G	, ,	ATE SURVEY DMPLETED
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F 756	MAR that Resident and Clonazepam in Auguseptember, October of 2018. Review of the resident received 1 of 2019. The Consultant Pharegimen review for Flad not recommend 8/7/18, 9/7/18, 10/5/1/7/19, 2/7/19, 3/7/1 day stop date for produces a clinical just continuing prn Clonas and Clonazepam I provided a stop date continued use of prn Stated to his knowled communication from reevaluation of Resion Con 03/26/19 at 3:55 was conducted with psychotropic medication redication required communication from reevaluation of Resion Continued needs of 14 days.	staff documentation on the #23 had received 2 doses product and no prn Ativan in row November, and December the MAR further revealed the dose of prn Clonazepam in February, and 2 doses in resident #23 indicated the CP ed on 5/7/18, 6/7/18, 7/7/18, 18, 11/5/18, 12/6/18 and 9 to the physician that a 14 in Clonazepam was required diffication was provided for exepam greater than 14 days.  6 PM a telephone interview the physician who stated he gulation that prn psychotropic a reason to be prescribed or duration. He stated he had ident #23 for continued need to evond 14 days nor had he for provided justification for a Clonazepam. The physician dige he had not received the CP to consider dent #23 for the justification of prn Clonazepam beyond  PM a telephone interview the CP who stated prn the CP who stated prn the CP who stated prn the physician was limited to 14 days	F 7	56		
	extend the order pas	r provided a justification to st 14 days. The CP stated he otifying the practitioner of the				

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F 756	provided justification days. The CP stated the practitioner woul #23 after 14 days ar justification of contin Clonazepam.  On 03/27/19 at 2:45 conducted with the I who stated she had recommendation fro Clonazepam for confor Resident #23.  On 03/27/19 at 4:30 conducted with the A was his expectation Resident #23's medihave recommended the continued need 14 days for Resident for continued need procession.  The quarterly Minim assessment dated 2 #17 was cognitively receive the anti-anxilook back period.  A physician's order of (anti-anxiety medical 4 hours as needed (	Resident #23's prn Inless the practitioner It to extend the order past 14 It was his expectation that It dhave reevaluated Resident Indeprovided documentation of It used needs to continue prn  PM an interview was Director of Nursing (DON) Inot received a In the CP to review the prn It tinued need beyond 14 days  PM an interview was Administrator who stated it It that the CP who reviewed It that the CP who reviewed It that the physician evaluate It for prn Clonazepam beyond It #23 or provide justification It was admitted to the facility on It is admitted to the facility on It is admitted to the facility on It is a set that included heart failure	F 75	6	

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F 756	(MAR) revealed per MAR that Resident of proper Ativan in Febru 2019.  The Consultant Pharegimen review for February for Fe	ication Administration Record staff documentation on the #17 had received 2 doses uary 2019 and none in March rmacist (CP) monthly drug Resident #17 indicated the CP ed on 3/7/19 to the physician ate for prn Ativan was nical justification was ing prn Ativan greater than 14 for Physician who stated he gulation that prn psychotropic a reason to be prescribed of duration. He stated he had ident #17 for continued need at 14 days nor had he provided the physician stated to his not received communication ider reevaluation of Resident on of continued needs of prn	F 75			

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	ROVIDER OR SUPPLIER URSING CENTER		•	STREET ADDRESS, CITY, STATE, ZIP CO 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645	DDE	
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F 758 SS=E	have reevaluated Re provided documentat continued needs to continued needs to conducted with the Direceived a recommer review the prn Ativan 14 days.  On 03/27/19 at 4:30 liconducted with the Awas his expectation viewed Resident #monthly to have recolevaluate the continue beyond 14 days for Figustification for continued beyond 14 days for Figustification for for figustification for for figustification for for figustification	hat the practitioner would sident #17 after 14 days and ion of justification of ontinue prn Ativan.  PM an interview was ON who stated she had not not indation from the CP to for continued need beyond  PM an interview was diministrator who stated it was that the CP who 17's medication regimen mmended that the physician and need for prn Ativan desident #17 or provide ued need per CMS  Achotropic Meds/PRN Use (e)(1)-(5)  Popic Drugs.  Hotropic drug is any drug that is associated with mental vior. These drugs include, drugs in the following		758		4/19/19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345483	B. WING		03/28/2019	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE  1450 SHAIRE CENTER DRIVE  LENOIR, NC 28645	1 00/20/2013	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 758	unless the medication specific condition as in the clinical record:  §483.45(e)(2) Residually receive gradually behavioral interventic contraindicated, in a drugs;  §483.45(e)(3) Residually residually receive gradually receive gradually received in the clinical record:  §483.45(e)(3) Residually received gradually received in the clinical record:  §483.45(e)(4) PRN (are limited to 14 days) (483.45(e)(5), if the prescribing practition appropriate for the Prescribing practition appropriate in the residual indicate the duration  §483.45(e)(5) PRN (drugs are limited to renewed unless the prescribing practition the appropriateness This REQUIREMEN by:  Based on record received and received interviews the facility physician's order for	ents who use psychotropic al dose reductions, and ons, unless clinically n effort to discontinue these ents do not receive pursuant to a PRN order on is necessary to treat a condition that is documented; and orders for psychotropic drugs are seleves that it is PRN order to be extended or she should document their ent's medical record and for the PRN order.  Orders for anti-psychotic attending physician or ner evaluates the resident for of that medication.  T is not met as evidenced or saistant, and physician or failed to ensure a	F 758	This Plan of Correction is submitted address deficiencies cited under Tag #F758  This is to state that we do not concur		
	physician's order for psychotropic (drug the	as needed (PRN)			with	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345483	B. WING		03/28/2019	
	ROVIDER OR SUPPLIER URSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645		
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F 758	Continued From page 13 justification for continued use for 4 of 7 sampled residents reviewed for unnecessary medications			deficient practice. Upon finding state deficiencies.	d	
	(Resident #6, #5, #23, and #17). Findings included:			On April 8, 2019, a drug regimen rev was completed for Resident #6 by Consultant Pharmacist. Review ider		
	07/07/18 with diagn	admitted to the facility on oses that included nentia and depression.	ed to the facility on an order for Ambien 5 milligrams (mg) by mouth at bedtime as needed (PRN) for		for	
	#6 was cognitively in	1/10/19 indicated Resident ntact. Resident #6 received		and current order. On April 15, 2019 Physician Assistant evaluated Residuse of PRN Ambien 5mg. Resident	ent #6 #6	
	A physician's assista	dication on 7 of 7 days.  ant order dated 07/09/18  sychotropic medication for		had order change scheduling Ambier by mouth at bedtime Monday □ Satu with a drug holiday on every Sunday	rday	
	for sleep was ordere	ng) by mouth at bedtime PRN ed for Resident #6. There was for the PRN Ambien order.		On April 8, 2019, a drug regimen rev was completed for Resident #5 by Consultant Pharmacist. Review ider an order for Ativan 0.5 milligrams (m	itified	
	(MAR) revealed per MAR that Resident : 7 times in July, 30 d September, 27 dose November, 27 dose	review of the medication administration record (AR) revealed per staff documentation on the AR that Resident #6 had received PRN Ambien times in July, 30 doses in August, 28 doses in eptember, 27 doses in October, 28 doses in ovember, 27 doses in December of 2018, 24 uses in January, 23 doses in February, and 10 uses in March of 2019.		mouth every 12 hours as needed (Pf for anxiety. Recommendation was n for physician re-evaluation of medica use and current order. On April 10, 2 Physician Assistant evaluated Residuse of PRN Ativan 0.5mg. Resident	nade tion 2019, ent #5	
	doses in March of 2			had order change to discontinue Ativ 0.5mg due to non-use.  On April 8, 2019, a drug regimen rev		
	regimen review for I had not recommend 11/05, and 12/06 of 03/07 of 2019 to the date for PRN Ambie	Resident #6 indicated the CP ed on 08/07, 09/07, 10/05, 2018 and 01/07, 02/07, and physician that a 14 day stop n was required unless a was provided for continuing		was completed for Resident #23 by Consultant Pharmacist. Review ider an order for Klonopin 0.5 milligrams one half tablet by mouth twice a day needed (PRN) for anxiety. Recommendation was made for physic-evaluation of medication use and current order. On April 15, 2019,	ntified (mg) as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345483	B. WING			03/	28/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	20/2019
				14	450 SHAIRE CENTER DRIVE		
SHAIRE N	IURSING CENTER			L	ENOIR, NC 28645		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL 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 758	was conducted with was aware of the reg psychotropic medical duration unless he redocumented justifical beyond 14 days and stop date or provided use of PRN Ambien. knowledge he had not for the continued need days of the order wriphysician stated he communication from consider reevaluation justification of continued he wanted Resid Ambien and did not a scheduled basis.  On 03/26/19 at 3:55 was conducted with psychotropic medical unless the prescribe extend the order passmust have missed not a day limitation for order unless the practic extend the order passmust have missed not a scheduled basis.  On 03/27/19 at 10:53 conducted with the provided documental continued needs to conducted with the provided with	the physician who stated he gulation that indicated PRN atton required a 14 day evaluated Resident #6 and and into for continued need stated he had not provided a digustification for continued. The physician stated to his ot reevaluated Resident #6 ed of PRN Ambien beyond 14 atten on 07/09/18. The had not received the consultant pharmacist to nof Resident #6 for the ued needs of PRN Ambien e physician further indicated dent #6 to receive PRN want to prescribe Ambien on PM a telephone interview the CP who stated PRN atton was limited to 14 days reprovided a justification to set 14 days. The CP stated he otifying the practitioner of the Resident #6's PRN Ambien cititioner provided justification to set 14 days. The CP stated it that the practitioner would esident #6 after 14 days and tion of justification of continue PRN Ambien.  3 AM an interview was obysician assistant (PA) who ware of the Centers of	F	758	Physician Assistant evaluated Residen #23 use of PRN Klonopin 0.5mg. No norders were recommended. Klonopin 0.5mg will continue as ordered with re-evaluation as clinically indicated in 1 days.  On April 8, 2019, a drug regimen review was completed for Resident #17 by Consultant Pharmacist. Review identified an order for Ativan 0.5 milligrams (mg) by mouth every 4 hours as needed (PRN) for anxiety. Recommendation was made for physic re-evaluation of medication use and current order. On April 10, 2019, Physician Assistant evaluated Residen #17 use of PRN Ativan 0.5mg. Reside #17 had order change to discontinue Ativan 0.5mg due to non-use.  On April 8-10, 2019 the Director of Nuraudited and reviewed all current reside medical chart to ensure necessary medication use of as needed (PRN) psychotropic drugs and require documentation thereof. Consultant Pharmacist reviewed all current residents medical chart. Irregularities were identified to the Medical Director a Director of Nursing. All recommendation were evaluated by Physician Assistant April 12-15, 2019 with proper documentation and necessary orders for each individual resident strug regime review.  On April 3, 2019 facility Administrator and Director of Nurses conducted meeting	ew  4  w s ian t nt ses and ons on or en	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR M	<i>J.</i> 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	` ′	E SURVEY PLETED
		345483	B. WING			03/	/28/2019
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				14	450 SHAIRE CENTER DRIVE		
SHAIRE N	URSING CENTER			L	ENOIR, NC 28645		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 758	Continued From page	. 15	_	750			
F 730	Continued From page			758			
		ion regulation regarding			with Consultant Pharmacists to discuss	3	
		edication that required a 14			the importance of timely and thorough		
	, , ,	fication of continued need			drug regimen reviews. Topics included		
		ne use of PRN Ambien. The			regulation, company policies, format, a		
		provided a stop date for			timeliness of findings with emphasis or		
		mbien. The PA indicated he Resident #6's continued			PRN psychotropic drug use limitation of	DΤ	
		n after 14 days and had not			14 days. Except as provided if the attending physician believes it is		
	provided a justificatio			appropriate for the PRN order to be			
	·	stated he did not remember			extended beyond 14 days, he or she		
	receiving a consultan				should document their rationale in the		
	recommendation which				resident □s medical record and indicate	7	
		date on Resident #6's PRN			the duration for the PRN order. On Ap		
		stification for continued need			4, 2019 facility Administrator and Direct		
		nd 14 days. The PA stated			of Nurses conducted meeting with		
	_	t PRN Ambien a hypnotic			Medical Director and Physician Assista	nt	
		chotropic medication.			to discuss the importance of a timely a		
	. ,	·			thorough drug regimen review process		
	On 03/27/19 at 11:20	AM an interview was			Topics included regulation, company		
	conducted with the D	irector of Nursing (DON)			policies, format, and timeliness of		
	who stated she was a	aware of the CMS			evaluation of Consultant Pharmacists		
	psychotropic medicat	ion regulation regarding			recommendations emphasis on PRN		
	PRN psychotropic me	edication that required a 14			psychotropic drug use. PRN psychotro	pic	
	day stop date or justif	fication of continued need			drug use limitation of 14 days. Except	as	
	,	DON stated she was aware			provided if the attending physician		
		RN Ambien was a hypnotic			believes it is appropriate for the PRN		
		considered a psychotropic			order to be extended beyond 14 days,		
		ne CMS regulations should			or she should document their rationale	in	
		nitation or justification of			the resident □s medical record and		
		nd 14 days. The DON stated			indicate the duration for the PRN order		
		that the practitioner would					
		IS regulation and indicated a			Administrative Nurse and/or DON will		
		Resident #6's PRN Ambien			monitor weekly the accurate		
		tation of justification for			documentation and re-evaluation of all		
		Ambien beyond 14 days.			PRN psychotropic medications for a	ماد	
	The DON stated she				period of 4 weeks, then every other we		
		n the CP for the physician to need for PRN Ambien			for a period of 4 weeks and monthly for		
	beyond 14 days for R				period of 1 month. The DON will comp documentation and report findings wee		
	Doyuna 14 days 101 K	Coluciil #U.	1		accumentation and report infullys wet	ını y	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 758	conducted with the A was aware of the new PRN use of psychotr required a 14 day sto continued use beyon stated his expectation would have provided Resident #6's PRN A justification for continued use beyond 14 days per medication regulation.  2. Resident #5 was a 3/23/18 with diagnos and non-Alzheimer's.  The quarterly Minimulassessment dated 10 was severely cognitive of the quarterly MDS not receive the anti-allook back period.  A physician's order deficient (anti-anxiety medicated mouth every 12 hours was ordered for Resident Administration Record March 26, 2019 reversion the MARs that Reprindoses of Ativan in August and Septembers.	dministrator who stated he w CMS regulations regarding opic medication which op date or justification for d 14 days. The Administrator in was that the physician a 14 day stop date for imbien or have provided nued need of PRN Ambien the CMS psychotropic in.  Idmitted to the facility on es that included heart failure dementia.  Im Data Set (MDS)  0/4/18 indicated Resident #5  vely impaired. Further review revealed Resident #5 did inxiety medication during the  ated 4/23/18 indicated Ativan ion) 0.5 milligrams (mg) by s as needed (prn) for anxiety dent #5. There was no 14  for the prn Ativan order.  #5's Medication did (MARs) April 2018 to aled per staff documentation is ident #5 had received no in April, May, June, July, per of 2018. Review of the ed the resident received 1	F 75	during facility s rehab discharmeeting/incident prevention in Results of the audits will be in discussed in the monthly Qual Assurance and Performance Improvement Committee med QAPI Committee will assess the action plan as needed to continued compliance.	meeting. eviewed and ality eting. The and modify		

Facility ID: 956261

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
		345483	B. WING		03/28/2019	
	ROVIDER OR SUPPLIER	-	STREET ADDRESS, CITY, STATE, ZIP CODE  1450 SHAIRE CENTER DRIVE  LENOIR, NC 28645		1 00/20/20 10	
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F 758	doses in January, rin March of 2019.  The Consultant Phregimen review for had not recommen 8/7/18, 9/7/18, 10/5 1/7/19, 2/7/19, 3/7/ day stop date for paclinical justification prince Ativan greater to On 03/26/19 at 12: was conducted with was aware of the repsychotropic medic prescribed longer that stated he had not recontinued need of the provided a stop for continued used stated to his knowled Resident #5 for the beyond 14 days of The physician state communication from consider reevaluating justification of continued 14 days.  On 03/26/19 at 3:5 was conducted with	es in December of 2018, 13 none in February, and 1 dose armacist (CP) monthly drug Resident #5 indicated the CP ded on 5/7/18, 6/7/18, 7/7/18, 5/18, 11/5/18, 12/6/18 and 19 to the physician that a 14 rn Ativan was required unless on was provided for continuing than 14 days.  46 PM a telephone interview in the physician who stated he egulation that indicated princation required a reason to be han a 14 day duration. He evaluated Resident #5 for Ativan beyond 14 days nor had date or provided justification of princation. The physician edge he had not reevaluated econtinued need of princation the order written on 4/23/18. The did he had not received in the consultant pharmacist to on of Resident #5 for the inued needs of princation.	F 75	·		
	stated to his knowled Resident #5 for the beyond 14 days of The physician state communication from the communication of consider reevaluating justification of continuous consider 14 days.  On 03/26/19 at 3:5 was conducted with psychotropic medicules the prescribe extend the order page 15 for the prescribe of the control	edge he had not reevaluated continued need of prn Ativan the order written on 4/23/18. The had not received the the consultant pharmacist to son of Resident #5 for the sinued needs of prn Ativan				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345483	B. WING			03/	28/2019
	ROVIDER OR SUPPLIER  URSING CENTER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 450 SHAIRE CENTER DRIVE ENOIR, NC 28645		
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F 758	was his expectation to have reevaluated Reprovided documentate continued needs to complete the provided documentate continued needs to complete the provided with the D who stated she was a psychotropic medicate stop date or justificate beyond 14 days. The expectation that the provided documentate continued use beyond received a copy of the recommendations for to the physician or provided with the A was aware of the new prn use of psychotropic required a 14 day stop continued use beyond stated his expectation would have provided Resident #5's prn Atigustification for continued use provided Resident #5's prn Atigustification regulation regulat	ast 14 days. The CP stated it hat the practitioner would sident #5 after 14 days and ion of justification of ontinue prn Ativan.  PM an interview was irector of Nursing (DON) aware of the CMS ion regulation regarding prn ion that required a 14 day ion of continued need DON stated it was her practitioner would have gulation and indicated a 14 sident #5's prn Ativan or ion of justification for d 14 days. The DON e CP monthly review and distributed them has instrator who stated he w CMS regulations regarding bic medication which in p date or justification for d 14 days. The Administrator in was that the physician a 14 day stop date for wan or have provided ued need of prn Ativan the CMS psychotropic	F	758			
		es that included Alzheimer's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345483	B. WING	<del> </del>	,	03/28/2019
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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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 758	Continued From pag	e 19	F 75	58		
	#23 was severely co receive the anti-anxi look back period.  A physician's order of Clonazepam (anti-antablet by mouth twice	/18/19 indicated Resident gnitively impaired and did not ety medication during the lated 8/9/18 indicated exist medication) 0.5 mg ½ ea day as needed (prn) for				
	no 14 day stop date Clonazepam order.	for Resident #23. There was written for the prn				
	Records (MARs) rev documentation on th had received 2 dose August, none in Sep and December of 20 further revealed the	e MARs that Resident #23 s of prn Clonazepam in tember, October, November, 18. Review of the MARs resident received 1 dose of anuary, 3 doses in February,				
	regimen review for F had not recommend 8/7/18, 9/7/18, 10/5/ 1/7/19, 2/7/19, 3/7/19 day stop date for pro- unless a clinical justi	remacist (CP) monthly drug desident #23 indicated the CP ed on 5/7/18, 6/7/18, 7/7/18, 18, 11/5/18, 12/6/18 and 9 to the physician that a 14 of Clonazepam was required fication was provided for design of the control				
	was conducted with was aware of the reg psychotropic medica prescribed longer that stated he had not rea	6 PM a telephone interview the physician who stated he gulation that indicated prn tion required a reason to be an a 14 day duration. He evaluated Resident #23 for lonazepam beyond 14 days				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  URSING CENTER			STREET ADDRESS, CITY, STATE, ZIP COI 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 758	justification for contine The physician stated reevaluated Resident of prn Clonazepam be physician stated he he communication from consider reevaluation justification of contine Clonazepam beyond  On 03/26/19 at 3:55 leads was conducted with the psychotropic medical unless the prescriber extend the order passimust have missed not 14 day limitation for FC Clonazepam order un provided justification days. The CP stated the practitioner would #23 after 14 days and justification of continuc Clonazepam.  On 03/27/19 at 2:45 leads are psychotropic medical psychotropic medical psychotropic medical stop date or justification that the proceeding to the process of the process of the psychotropic medical psychotropic medical psychotropic medical stop date or justification that the process of the process of the psychotropic medical psychotropic medic	a stop date or provided ued use of prn Clonazepam. to his knowledge he had not a #23 for the continued need eyond 14 days. The ad not received the consultant pharmacist to a of Resident #23 for the ued needs of prn 14 days.  PM a telephone interview he CP who stated prn ion was limited to 14 days provided a justification to a 14 days. The CP stated he offying the practitioner of the Resident #23's prn hess the practitioner to extend the order past 14 it was his expectation that a have reevaluated Resident deprovided documentation of ued needs to continue prn ion that required a 14 day on of continued need DON stated it was her oractitioner would have gulation and indicated a 14 sident #23's prn Clonazepam tation of justification for d 14 days. The DON	F 75	58			

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		I ` '	(X3) DATE SURVEY COMPLETED	
		345483	B. WING			03/28/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT 1450 SHAIRE CENTER DRIV LENOIR, NC 28645	TE, ZIP CODE		
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F 758	to the physician or please of the physician or please of the new process of the new proce	review and distributed them hysician's assistant.  PM an interview was dministrator who stated he w CMS regulations regarding pic medication which op date or justification for d 14 days. The Administrator in was that the physician a 14 day stop date for clonazepam or have provided fund need of pring 14 days per the CMS tion regulation.  admitted to the facility on less that included heart failure for many different many di	F	758			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345483	B. WING			03/	28/2019
	ROVIDER OR SUPPLIER  URSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1450 SHAIRE CENTER DRIVE  LENOIR, NC 28645	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE		(X5) COMPLETION DATE
F 758	had not recommende that a 14 day stop da required unless a clin provided for continuin days  On 3/26/19 at 10:39 A was conducted with the she was unaware of the proper psychotropic medicuration.  On 3/26/19 at 10:43 A was conducted with the stated the facility's most on his orders due at the facility and it we director's responsibility.  On 03/26/19 at 12:46 was conducted with the was aware of the regipsychotropic medicated prescribed longer than stated he had not reecontinued need of Atiche provided a stop data for continued use of pstated to his knowled. Resident #17 for the beyond 14 days of the The physician stated communication from the consider reevaluation justification of continued use, The	esident #17 indicated the CP d on 3/7/19 to the physician te for prn Ativan was ical justification was ag prn Ativan greater than 14  AM a telephone interview the hospice nurse who stated the regulation that indicated lication required a 14 day  AM a telephone interview the hospice physician who redical director usually signed to him not being physically bould be the medical try to provide a stop date.  PM a telephone interview the physician who stated he ulation that indicated prn ion required a reason to be in a 14 day duration. He valuated Resident #17 for twan beyond 14 days nor had atte or provided justification forn Ativan. The physician ge he had not reevaluated continued need of prn Ativan the order written on 4/23/18.	F	758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345483	B. WING			3/28/2019	
	ROVIDER OR SUPPLIER  URSING CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645	E CENTER DRIVE C 28645 PROVIDER'S PLAN OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE	
F 758	was conducted with the psychotropic medical unless the prescriber extend the order pass must have missed not at a day limitation for forder unless the pract to extend the order pwas his expectation thave reevaluated Reprovided documental continued needs to conducted with the Dwho stated she was a psychotropic medical psychotropic medical psychotropic medical stop date or justificated beyond 14 days. The expectation that the pfollowed the CMS red day stop date for Resprovided documental continued use beyond received a copy of the physician or phy	PM a telephone interview the CP who stated prn tion was limited to 14 days provided a justification to to 14 days. The CP stated he offiging the practitioner of the Resident #17's prn Ativan citioner provided justification ast 14 days. The CP stated it that the practitioner would sident #17 after 14 days and tion of justification of ontinue prn Ativan.  PM an interview was pirector of Nursing (DON) aware of the CMS tion regulation regarding prn tion that required a 14 day ion of continued need a DON stated it was her practitioner would have gulation and indicated a 14 sident #17's prn Ativan or tion of justification for d 14 days. The DON are CP monthly preview and distributed them the transpirator who stated he we CMS regulations regarding	F 75	58			
	continued use beyon stated his expectatio	op date or justification for d 14 days. The Administrator n was that the physician a 14 day stop date for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED
		345483	B. WING	·	03/28/2019
NAME OF PROVIDER OR SUPPLIER  SHAIRE NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  1450 SHAIRE CENTER DRIVE  LENOIR, NC 28645	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 758	Resident #17's prn /	Ativan or have provided nued need of prn Ativan the CMS psychotropic	F 758		