PRINTED: 06/28/2019 FORM APPROVED OMB NO. 0938-0391

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|-----------------------------|--|-------------------------------|
| | | 345260 | B. WING | | C 06/06/2019 |
| | ROVIDER OR SUPPLIER OUNT REHABILITATION | N CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804 | 00/00/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | |
| E 000 | Initial Comments | | E 000 | | |
| F 000 | conducted on 06/03/ | nt ID #HC6611. | F 000 | | |
| F 641 SS=D | No deficiencies were complaint investigati #HC6611. Accuracy of Assessn CFR(s): 483.20(g) | • | F 64 | 1 | 6/28/19 |
| | §483.20(g) Accuracy The assessment muresident's status. This REQUIREMEN' by: Based on record rev facility failed to accur Data Set (MDS) Ass and Pre-Admission S Review (PASRR) for MDS was reviewed (The findings included 1. Resident #206 wa 6/22/18 and had a di Review of the Medic | It is not met as evidenced view and staff interviews the rately code the Minimum essment for insulin injections or sometimes of 26 residents whose Resident #206 and #61). It is admitted to the facility on agnosis of diabetes mellitus. | | Resident # 206 no longer resides in the facility and resident # 61 MDS was modified on 6/5/2019 to reflect Pre-Admission Screening and Resident Review level correction. Root cause: MDS Nurse #1 and MDS Nurse # 2 failed to accurately code the MDS assessment during the look back period. A 100% audit of the residents most current MDS Assessments was | |
| ADODATOS | entry on the MAR for pen-injector 100 unit subcutaneously in th mellitus. Basaglar is the treatment of elev with diabetes mellitu | rough 12/31/18 revealed an Basaglar KwikPen Solution s per milliliter. Inject 20 units e evening for diabetes a long acting insulin given for ated blood sugar for people s. The start date was | | current MDS Assessments was conducted by the facility MDS Nurse Manager to ensure there were no similar findings on 6/14/2019. The DON conducted education to MDS staff regarding coding accuracy on the MDS assessment to include accurate coding | |

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

Electronically Signed

06/14/2019

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 | | |
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| | | | A. BOILDING | <u> </u> | | С | | |
| | | 345260 | B. WING | | | 06/06/2019 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | <u> </u> | STREET ADDRESS, CITY, STATE, ZIP CO | | 00,00,2010 | | |
| | | | | 160 S WINSTEAD AVENUE | | | | |
| ROCKY MOUNT REHABILITATION CENTER | | | ROCKY MOUNT, NC 27804 | | | | | |
| (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 641 | Continued From pag | e 1 | F 64 | 41 | | | | |
| | 12/12/18 at 6:00 PM | The MAR revealed a check | | injections and PASRR's on t | he MDS. | | | |
| | every evening at the 12/12/18 through the | | | 10% of current residents cor assessments will be reviewe Staff Development Coordina | ed by the RN, | | | |
| | Review of the MDS v | vith the assessment) of 12/19/18 revealed | | Director of Nursing to ensure coding of the MDS assessm | | | | |
| | | ions read: "Number of days | | include injections and prope | | | | |
| | | type were received during | | coding. This audit will be co | | | | |
| | the last 7 days." The | number 0 was entered as | | utilizing a Resident MDS Acc | curacy QI Tool | | | |
| | the answer. Section N0350 A. Insulin injections | | | weekly for 8 weeks, then mo | | | | |
| | | mber of days that insulin | | weeks. Any identified areas | | | | |
| | injections were received during the last 7 days." | | | will be immediately addresse | | | | |
| | The question was no | t answered on the MDS. | | DON to include additional tra modifications to the MDS as | - | | | |
| | | A an interview was conducted | | indicated. The DON will re | | | | |
| | | who was observed to review | | initial the MDS Accuracy QI | - | | | |
| | | R for Resident #206. The | | for eight weeks and then mo | | | | |
| | | e MDS should be coded as | | weeks for accuracy and to e | | | | |
| | injections and insulin | given / days. | | areas of concerns have bee | n addressed. | | | |
| | On 6/6/19 at 11:58 A | M an interview was birector of Nursing, the | | The DON will forward the re- | | | | |
| | | DS Nurse #2 who completed | | facility's monthly QAPI comr | | | | |
| | the MDS for Residen | · | | for 3 months. The QAPI Co | • | | | |
| | | e #2 was unable to explain | | meet monthly for 3 months t | | | | |
| | | ot coded accurately for | | results of the MDS Accuracy | | | | |
| | _ | The Administrator stated she | | Any issues, concerns, and/o | | | | |
| | expected the MDS to | | | identified will be addressed | | | | |
| | | s admitted to the facility on | | implementing changes as ne | • | | | |
| | 1/16/2016 with diagn | | | include frequency of monitor | | | | |
| | schizoaffective disord | | | | · · | | | |
| | | Admission Screening and | | | | | | |
| | · · | ASARR) dated 4/26/2016 | | | | | | |
| | revealed a Level II Pa | ASARR. | | | | | | |
| | | #61's annual Minimum Data | | | | | | |
| | I (MDS) assessment of | lated 10/1/2018 revealed in | | | | | | |

| | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | 345260 | B. WING | | | l | C /06/2019 |
| | CENTER | • | 160 S | WINSTEAD AVENUE | | |
| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | 1 | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | (X5) COMPLETION DATE |
| Section A1500 a "No' which read: has the relevel II PASRR and of mental illness and /or related condition. Sec assessment included diagnosis. On 6/5/2019 at 11:39 conducted with the M knew Resident #61 h determination. The M #61's annual assessment have been coded as a conducted with the D who stated she expectaccurately. Tube Feeding Mgmt/I CFR(s): 483.25(g)(4)-(5) Ent (Includes naso-gastric both percutaneous endoscenteral fluids). Based comprehensive assessment includes a residen \$483.25(g)(4) A reside eat enough alone or venteral methods unle condition demonstrate | 'answer to the question esident been evaluated by determined to have a serious mental retardation or a ction 16000 of the MDS schizophrenia as a AM, an interview was DS nurse who stated she ad a Level II PASARR MDS nurse stated Resident ment was wrong and should a Level II. PM, an interview was irector of Nursing (DON) cted the MDS to be coded Restore Eating Skills (5) eral Nutrition c and gastrostomy tubes, and scopic gastrostomy and copic jejunostomy, and on a resident's esment, the facility must telent who has been able to with assistance is not fed by ss the resident's clinical es that enteral feeding was | | | | | 6/28/19 |
| §483.25(g)(5) A resid | ent who is fed by enteral | | | | | |
| | SUMMARY ST (EACH DEFICIENC REGULATORY OR I Continued From page Section A1500 a "No' which read: has the re Level II PASRR and of mental illness and /or related condition. Sec assessment included diagnosis. On 6/5/2019 at 11:39 conducted with the M knew Resident #61 h determination. The M #61's annual assess have been coded as a On 6/5/2019 at 3:30 f conducted with the D who stated she expert accurately. Tube Feeding Mgmt/I CFR(s): 483.25(g)(4)-(5) Ent (Includes naso-gastri both percutaneous er percutaneous endosc enteral fluids). Based comprehensive asses ensure that a residen §483.25(g)(4) A resid eat enough alone or v enteral methods unle condition demonstrat clinically indicated an resident; and | A 345260 ROVIDER OR SUPPLIER OUNT REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Section A1500 a "No" answer to the question which read: has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and /or mental retardation or a related condition. Section 16000 of the MDS assessment included schizophrenia as a diagnosis. On 6/5/2019 at 11:39 AM, an interview was conducted with the MDS nurse who stated she knew Resident #61 had a Level II PASARR determination. The MDS nurse stated Resident #61's annual assessment was wrong and should have been coded as a Level II. On 6/5/2019 at 3:30 PM, an interview was conducted with the Director of Nursing (DON) who stated she expected the MDS to be coded accurately. Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) \$483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- \$483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the | ROVIDER OR SUPPLIER OUNT REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Section A1500 a "No" answer to the question which read: has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and /or mental retardation or a related condition. Section 16000 of the MDS assessment included schizophrenia as a diagnosis. On 6/5/2019 at 11:39 AM, an interview was conducted with the MDS nurse who stated she knew Resident #61 had a Level II PASARR determination. The MDS nurse stated Resident #61's annual assessment was wrong and should have been coded as a Level II. On 6/5/2019 at 3:30 PM, an interview was conducted with the Director of Nursing (DON) who stated she expected the MDS to be coded accurately. Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and | A BUILDING 345260 B. WING SOVIDER OR SUPPLIER OUNT REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Section A1500 a "No" answer to the question which read: has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and /or mental retardation or a related condition. Section 16000 of the MDS assessment included schizophrenia as a diagnosis. On 6/5/2019 at 11:39 AM, an interview was conducted with the MDS nurse who stated she knew Resident #61 had a Level II PASARR determination. The MDS nurse stated Resident #61's annual assessment was wrong and should have been coded as a Level II. On 6/5/2019 at 3:30 PM, an interview was conducted with the Director of Nursing (DON) who stated she expected the MDS to be coded accurately. 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Section 16000 of the MDS assessment included schizophrenia as a diagnosis. On 6/5/2019 at 11:39 AM, an interview was conducted with the MDS nurse who stated she knew Resident #611 had a Level III PASSARR determination. The MDS nurse stated Resident #613 annual assessment was wrong and should have been coded as a Level II. On 6/5/2019 at 3:30 PM, an interview was conducted with the Director of Nursing (DON) who stated she expected the MDS to be coded accurately. Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident sensure that a resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral fleiding was clinically indicated and consented to by the resident; and | COMPETENT NUMBER: 345260 345260 345260 345260 345260 345260 345260 345260 345260 345260 345260 345260 345260 345260 35TREET ADDRESS, CITY, STATE, 2IP CODE 150 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MSI BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Section A1500 a "No" answer to the question which read: has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and for mental retardation or a related condition. Section 16000 of the MDS assessment included schizophrenia as a diagnosis. 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| | | 345260 | B. WING _ | | | C 06/06/2019 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COD | E | 00:00:2010 | |
| ROCKY MOUNT REHABILITATION CENTER | | | | 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804 | | | |
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| F 693 | Continued From pag | e 3 | F6 | 593 | | | |
| F 093 | means receives the a services to restore, if and to prevent compincluding but not limit diarrhea, vomiting, dabnormalities, and na This REQUIREMENT by: Based on observation interviews the facility a gastrostomy tube pfor 1 of 3 residents (Figastrostomy tubes). The findings included to A review of the facility Gastrostomy Tube P8/23/2016, included to Auscultation: position abdomen, inject 20 cointo the tube, listen for "whooshing" to verify Resident #30 was ac 6/23/2018 with diagn percutaneous endost tube and hemiplegia. Resident #30's quart (MDS) assessment of cognition was moder making with short an He received more that | appropriate treatment and possible, oral eating skills lications of enteral feeding ted to aspiration pneumonia, ehydration, metabolic asal-pharyngeal ulcers. It is not met as evidenced ons, record review and staff failed to check placement of wrior to administering nutrition Resident #30) reviewed for the category of a stethoscope against ubic centimeters (CC) of air or sounds such as tube placement. Imitted to the facility on oses to include stoke, copic gastrostomy (feeding) | F6 | Nurse #2 was immediately in 6/5/2019 re: appropriately che placement prior to administeriand/or medications via gastros Resident #30's gastrostomy to checked for placement by the Nursing on 6/5/2019 with no concept to gastrostomy tube placement administering nutrition. 100 % of residents with gastrostomy tubes were assessed and the checked for placement by the Nursing on 6/5/2019 with no concept to gastrostomy tubes were assessed and the checked for placement by the Nursing on 6/5/2019 with no concept to gastrostomy tubes to incept to gastrostomy tube placement gastrostomy tube gastrostom | ecking for ing nutrition stomy tube. ube was a Director of concerns. properly as checking ant prior to concerns oostomy tubes were a Director of concerns oordinator II inservice lude Nurse # for prior to medications | | |
| | June 2019 included: | #30's Physician orders for 1. Osmolite (a balanced alorie bolus of 240 milliliters | | and Treatment Nurse with obs 10% of Licensed Nurses incl 2, to ensure proper placemen | servation of ude Nurse # | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ` ' | LE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| | | 345260 | B. WING | B. WING | | C 06/06/2019 | | |
| NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP COD 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804 | DE | 00/00/2010 | | | |
| (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) | N SHOULD BE | (X5) COMPLETION DATE | | |
| F 693 | (ML) per feeding tube water flush 150 ML efeeding tube with 10 and ending of feeding before and after med. An observation was 2:24 PM with Nurse anutrition administration Resident #30. The ninto Resident #30's fiplunger on the bedsicher stethoscope on the feeding tube site the syringe in the tube air while listening. The syringe, inserted the residual, flushed the nutrition and water fluexited the room. Immediately following 6/5/2019 at 2:41 PM, with Nurse #2. The replacement of the feed administering nutrition on the resident's abd whoosh of air going in not inject air into the free flowing in thru the | e every 4 hours; 2. Free every 4 hours; 3. Flush ML of water at the beginning gs after residual check and lications every shift. conducted on 6/5/2019 at #2 as she conducted a bolus on via the feeding tube for burse inserted a large syringe eeding tube and left the de table. The nurse placed the resident's abdomen near and listened while holding the nurse then removed the plunger, checked the tube, administered the tube, administered the ush, and cleaned up and g the observation on an interview was conducted thurse stated she checked | F 69 | | aclude 3 en monthly aining will be Nurse for the I review and I Audit Tool te It checks for ubes to the sure areas or 3 shifts monthly for ults of the Tool audit to mmittee thAPI for 3 months astrostomy the sattrostomy the | | | |
| | conducted with the D who stated she expe placement of the fee administering nutritio on the resident's abd | PM, an interview was Director of Nursing (DON) Cted nurses to check for ding tube prior to In by placing the stethoscope Illomen and pushing air in and In y could hear the air being | | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPI A. BUILDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 345260 | | B. WING | | C 06/06/2019 |
| NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804 | 1 00/00/2013 |
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| F 693 | Continued From page | | F 69 | 3 | |
| F 761 SS=D | pushed into the stomated Label/Store Drugs an CFR(s): 483.45(g)(h) | d Biologicals | F 76 | 1 | 6/28/19 |
| | Drugs and biologicals | y and cautionary | | | |
| | §483.45(h)(1) In according from the facility of the facility o | f Drugs and Biologicals ordance with State and lity must store all drugs and compartments under proper and permit only authorized cess to the keys. | | | |
| | locked, permanently a storage of controlled the Comprehensive E Control Act of 1976 a abuse, except when the package drug distribution quantity stored is minus to readily detected. This REQUIREMENT by: Based on observation facility failed to lock in cart before leaving the for 1 of 2 medication shall. | cility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and other drugs subject to the facility uses single unit ution systems in which the imal and a missing dose can is not met as evidenced on and staff interview the nedications in the medicine e medicine cart unattended carts observed on the 400 | | Nurse #1 was immediately inserviced the Director of Nursing on 6/5/2019 re ensuring that medications are appropriately secured in the cart befor leaving any medicine unattended. | е |
| | The findings included | : | | Root Cause: Nurse failed to follow pro | pper |

| NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER ROCKY MOUNT, No. 27804 FROUCES BAN OF CORRECTION RECHIDENCY WIST OF PRECEDENCES RECHIDENCES BAN OF CORRECTION RECHIDENCY WIST CENTERCED BY PILL REGULATORY OR ISC (DENTEYING INFORMATION) F761 Continued From page 6 F761 F761 ROCKY MOUNT, No. 27804 F7601 CRACK CORRECTION RECHIDENCY F761 Continued From page 6 F761 F761 F761 Continued From page 6 F761 F761 ROCKY MOUNT, No. 27804 F7601 F761 Continued From page 6 F761 F | 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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| ROCKY MOUNT REHABILITATION CENTER SITMETADORESS, CITY, STATE, 2P CODE 196 S WINSTEAD AVENUE ROCKY MOUNT REHABILITATION CENTER SUMMARY STATEMENT OF DESPOSACIES 196 S WINSTEAD AVENUE RECOLOR STATEMENT OF DESPOSACIES 196 S WINSTEAD AVENUE ROCKY MOUNT, No. 27804 197 STATE | | | | | | | | С | | |
| ROCKY MOUNT REHABILITATION CENTER ROCKY MOUNT, NC 27804 FRETRY TAG FRETRY TAG FOR CONTINUED FRETRY TAG FRETRY | | | 345260 | B. WING _ | | | 06 | 6/06/2019 | | |
| ROCKY MOUNT, REHABILITATION CENTER ROCKY MOUNT, NC 27804 | NAME OF P | ROVIDER OR SUPPLIER | - | | ST | FREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| CALL CONTINUED | | | | | 16 | 00 S WINSTEAD AVENUE | | | | |
| FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 761 Continued From page 6 On 6/5/2019 at 7:46 AM, an observation of the 4 upper west medication cart was conducted while the cart remained parked and unattended in the 400 half. A medication cut possible pills was on top of the unattended medication cart, as well as a medication outper with blue liquid, and a medication bottle containing multiple pills was on top of the unattended medication cart, as well as a medication outper with blue liquid, and a medication bottle containing or ps. Nurse #3 walked to the medication cart and stated the cart was not hers, but she would look for the nurse. Shortly after the Director of Nursing (DON) walked to the cart and stated she would stay with the cart until the nurse was found. At 7:48 AM on 6/5/2019, nurse #1 came out of a room next to the cart. Nurse #1 was interviewed immediately upon her return to the medications or a resident when a red call bell rang, and she left her cart to answer it. Nurse #1 stated she eight not realize she left medications for a resident when a red call bell rang, and she left her cart to answer it. Nurse #1 stated she eight not realize she left medications on the cart unattended. The nurse counted and stated there were 11 medications in the cup, the blue liquid was a mouthwash, and the drops were eye drops. On 6/5/2019 at 9:19 AM, an interview was conducted with the Director of Nursing (DON) who stated she expected the nurse to lock her medications in her cart if she had to leave the cart. On 6/6/2019 at 8:24 AM, an interview was conducted with the Director of Nursing (DON) who stated with the Administrator who stated she expected staff to lock medications in the cart | ROCKY MOUNT REHABILITATION CENTER | | | R | OCKY MOUNT, NC 27804 | | | | | |
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| | | before leaving the | can unallended. | | | Medication Storage Audit Tool audit to | | | | |
| facility's monthly QAPI committee meeting for 3 months. The QAPI Committee will | | | | | | | | | | |

| | | IDENTIFICATION NUMBER: | | 2) MULTIPLE CONSTRUCTION BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 345260 | B. WING _ | | | C 06/06/2019 | | | |
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| ROCKY MOUNT REHABILITATION CENTER | | | | ROCKY MOUNT, NC 27804 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (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 | | | | |
| F 761 | Continued From page | ÷ 7 | F 7 | meet monthly for 3 months to results of the Medication Storaudit. Any issues, concerns, trends identified will be addre implementing changes as ne include frequency of monitori | rage QI To and/or essed by cessary, to | ool | | | |