PRINTED: 01/27/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345143	B. WING _		C 12/19/2019	
	ROVIDER OR SUPPLIER TY CENTER			STREET ADDRESS, CITY, STATE, ZIP COI 900 W DOLPHIN STREET SILER CITY, NC 27344		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
E 000	Initial Comments		E 0	00		
F 000	conducted on 12/15	nt ID #I6ZS11.	F 0	00		
	conducted 12/15/19 16 complaint allegated did not result in a de	substantiated but did not result				
F 641 SS=D	Accuracy of Assess CFR(s): 483.20(g)	ments	F6	41		1/17/20
	resident's status. This REQUIREMEN by: Based on record re	ist accurately reflect the IT is not met as evidenced view and staff interview, the		F641		
	(MDS) assessment (Resident #35), Nut	e the Minimum Data Set in the areas of diagnoses rition (Resident #34) and ent #55) for 3 of 26 sampled		1. Modifications were made to Minimum Data Set (MDS) for where data was miscoded. If #35, the MDS Nurse modified correct it on 12/18/19. For Reference was seen as the modified correct of the modified correct was seen as the modified correct of th	r residents For Resident d the MDS to	
	9/24/19 with multiple The quarterly MDS	s admitted to the facility on e diagnoses including anxiety. assessment dated 10/2/19 ent #35 did not have a		the Registered Dietician mod MDS to correct it on 1/14/20. Modifications were made to t resident #55 by the MDS Nul 12/17/19. The modification for #35 included adding diagnos to Section I, Resident #34 inc changing diet to nothing by n	dified the the MDS of rse on r Resident sis of Anxiety cluded	
ADODATODY		dmitted to the facility on		in section K, and resident #5	5 the	(X6) DATE

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

01/15/2020

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.

Electronically Signed

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		345143	B. WING			C 12/19/2019	
NAME OF P	ROVIDER OR SUPPLIER	0.00			FREET ADDRESS, CITY, STATE, ZIP CODE	12/	19/2019
TVAINE OF T	TO VIDER OR GOL LEEK						
SILER CIT	Y CENTER				00 W DOLPHIN STREET		
				SI	LER CITY, NC 27344		
(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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 641 Continued From page		e 1	F 6	641			
	9/24/19 with orders for	or Buspar (antianxiety			modification included adding resident h	nad	
		ams (mgs) 1 tablet by			been administered anticoagulation 7 da		
	mouth 3 times a day				instead of Hypnotic to section N.	•	
		on) 0.5 mgs by mouth every			Modifications made to the MDS correct	ted	
	8 hours as needed fo	r 14 days for anxiety.			previous information in the MDS for ea	ch	
					of the residents. No apparent impact f	or	
		sment (CAA) dated 9/30/19			the three residents were noted.		
	revealed that Resider						
	medications and had diagnoses of depressive				2. The MDS Nurse completed an audit	of	
	disorder and anxiety state.				the Minimum Data Set (most current	_	
	TI 0 1 1 0010	M P P A A A A A A A A A A A A A A A A A			MDS) for those residents with diagnosi		
	-	Medication Administration			Anxiety to ensure coding was correct of		
	received Buspar and	ealed that Resident #35 had			1/16/20. Nine discrepancies were note the audit and were modified in the MDS		
	assessment period.	Alivan duning the			Registered Dietician completed an aud		
	assessment period.				of residents who are on an NPO diet to		
	On 12/18/19 at 1:25 F	PM, the MDS Nurse was			ensure accurate coding on 1/14/20. N		
		S Nurse had verified that			additional issues were discovered. ME		
	Resident #35 had red	eived Buspar and Ativan			Nurse completed an audit on residents		
		nt period. She also stated			receiving anticoagulation to ensure		
	that she was respons	ible for the completion of the			accurate coding on 1/14/20. No addition	nal	
	CAA dated 9/30/19 fo				issues were discovered. Deviations we		
		ident had a diagnosis of			corrected with a modification assessme	ent.	
	_	urse reported that it was a					
	-	she should have coded			Regional Clinical Reimbursement		
	anxiety under the acti	•			Coordinator provided re-education to N	1DS	
	quarterly MDS assess	sment dated 10/2/19.			Nurse & Registered Dietician (RD) on		
	On 12/10/10 at 10:01	AM the Director of Nursing			MDS accuracy on 1/15/19. Re-education	on	
		AM, the Director of Nursing ed. The DON stated that			focused on eliminating coding errors.		
	, ,	S assessments to be coded			4. Assistant Director of Nurses (ADON)	
	accurately.	C 455C55IIICIIIS IO DE COUEU			MDS Nurse, RD, and Nursing Supervis		
	acountiony.				will audit sections I, K and N prior to		
					transmission of MDS assessment. Aud	lit	
	2. Resident #34 was	admitted to the facility on			will be completed five times a week for		
	12/27/18 with multiple	•			three months. The center's MDS Nurse		
		terly Minimum Data Set			will present the results of the audit for		
		ated 10/2/19 indicated that			accuracy for Sections I, K, and N of the)	
		eived mechanically altered			MDS that was completed prior to		

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	ROVIDER OR SUPPLIER TY CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 900 W DOLPHIN STREET SILER CITY, NC 27344		2/19/2019	
(X4) ID PREFIX TAG	X (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	(X5) COMPLETION DATE	
F 641	that Resident #34 was The care plan dated Resident #34 had a gwas receiving an enter On 12/18/19 at 12:50 Dietician (RD) was in that she was responsisection K on the MDS that she had complet assessment dated 10 RD reported that Resident Hamiltonian that she had complet assessment perioded the quarterly function of the discourant of the discourant of the MDS accurately. 3. Resident #55 was 12/24/18 with diagnon history of pulmonary A physician's order for 12/24/18 indicated El medication) 5 milligram A review of the Octob Administration Recor #55 was administered.	note dated 9/25/19 revealed is nothing by mouth (NPO). 10/2/19 indicated that gastrostomy (G) tube and eral feeding formula. PM, the Registered terviewed. The RD stated sible for completing the sassessment. She verified ed the quarterly MDS 0/2/19 for Resident #34. The sident #34 was NPO during and and she should have not MDS dated 10/2/19 for the diet. AM, the Director of Nursing ed. The DON stated that PS assessments to be coded admitted to the facility on sees that included a personal embolism. Or Resident #55 dated iquis (anticoagulant tims (mg) twice daily. Deer 2019 Medication do (MAR) indicated Resident de Eliquis twice daily each showed Resident #55 was	F 6	submission monthly to the Qu Assurance and Performance Improvement Committee mon QAPI committee is responsible ongoing compliance. 5. Date of compliance 1/17/20	nthly. The le for the		

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F 641	assessment dated 1 #55 's cognition was Medications section, indicated Resident # medication on 7 of 7 medication during th period (10/11/19 thro the 10/17/19 MDS fo the Corporate MDS An interview was con MDS Consultant on stated that this facilit so she came to assis whenever she could Resident #55 that in hypnotic medication anticoagulant medication anticoagulant medication back period was revi MDS Consultant. Th Resident #55 had re medication on 7 of 7 medication during th was reviewed with th Consultant. She rev inaccurate. She stat transposition error at indicated 7 of 7 days and no hypnotic medication During an interview on 12/18/19 at 4:07 assessments were effective to the consultant of the consu	ge Minimum Data Set (MDS) 0/17/19 indicated Resident s severely impaired. The Section N, of this MDS 65 had received hypnotic days and no anticoagulant e 7-day MDS look back ough 10/17/19). Section N of or Resident #55 was coded by Consultant. Inducted with the Corporate 12/17/19 at 10:45 AM. She by had only one 1 MDS Nurse of her with MDS completion In The 10/17/19 MDS for dicated he had received for 7 of 7 days and no ation during the MDS look diewed with the Corporate of MAR that indicated ceived anticoagulant days and no hypnotic e 10/17/19 look back period fine Corporate MDS frealed this MDS was fed that this was a simple find the MDS should have for anticoagulant medication dication. With the Director of Nursing for MDS Nurse and the for MDS Nurse and the	F	541		
F 656 SS=D	•	Comprehensive Care Plan	F 6	556		1/17/20

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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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 656	implement a comprecare plan for each resident rights set for §483.10(c)(3), that in objectives and timefin medical, nursing, an needs that are identificant assessment. The condescribe the following (i) The services that or maintain the reside physical, mental, and required under §483 (ii) Any services that under §483.24, §483 provided due to the funder §483.10, inclustreatment under §48 (iii) Any specialized sere provide as a result or recommendations. If findings of the PASA rationale in the reside (iv)In consultation with resident's representations.	nensive Care Plans cility must develop and hensive person-centered esident, consistent with the rth at §483.10(c)(2) and neludes measurable rames to meet a resident's d mental and psychosocial fied in the comprehensive mprehensive care plan must g - are to be furnished to attain ent's highest practicable d psychosocial well-being as .24, §483.25 or §483.40; and would otherwise be required 8.25 or §483.40 but are not resident's exercise of rights ding the right to refuse 3.10(c)(6). services or specialized s the nursing facility will f PASARR a facility disagrees with the RR, it must indicate its ent's medical record. th the resident and the	F 6	,		
	(B) The resident's pr future discharge. Far whether the resident community was asse local contact agencie entities, for this purp	eference and potential for cilities must document 's desire to return to the essed and any referrals to es and/or other appropriate ose. in the comprehensive care				

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F 656	Continued From pag	e 5	F 65	56		
	plan, as appropriate, requirements set fort section. This REQUIREMEN' by: Based on record revision facility failed to imple interventions related (Resident #103) for a unnecessary medical. The findings included Resident #103 was a 11/4/19 with diagnos with behavioral distured A physician's order a #103 indicated Seron medication) 50 milling and 75 mg with dinner the admission Mining and 75 mg with dinner the admission Mining assessment dated 1: #103's cognition was received antipsychotic medical included, in part, and Movement Scale (Al protocol.	in accordance with the th in paragraph (c) of this T is not met as evidenced view and staff interview, the ement the care plan to antipsychotic medication of 5 residents reviewed for admitted to the facility on es that included dementia rbance and anxiety. In dated 11/4/19 for Resident quel (antipsychotic grams (mg) in the morning er. In um Data Set (MDS) 1/11/19 indicated Resident as severely impaired, and he cic medication on 7 of 7 days. In plan, last reviewed on focus area related to the use dication. The interventions Abnormal Involuntary MS) assessment per facility active physician 's orders ere reviewed on 12/17/19 and		1. Abnormal Involuntary Movement (AIMS) assessment was completed staff nurse for resident # 103 on 12/ 2. The Director of Nursing complete audit of residents receiving medicatir requiring AIMS assessments on 1/8 All Residents requiring AIMS assessments had current assessments receiving medications red AIMS assessments have current assessments as indicated and care planned interventions followed accordingly. 3. Director of Nursing, Assistant Director of Nursing (ADON), and Nursing Supervisors educated license nurse 1/16/20 (including weekend, agency as needed (prn) licensed nurses), regarding requirements for completi AIMS assessment and ensuring that planned interventions are implement accordingly. Staff on leave of absence/vacation will not be permitted work until completing education. 4. Nursing Supervisors will audit restrectiving medications that require A assessments five days a week for the months. New residents/new orders	by 17/19. d an ions //2020. ents. quiring ector s by /, and on of t care ted ed to idents IMS nree	

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F 656	Continued From pag The hard copy and e were reviewed from revealed an AIMS as involuntary movemer completed for Reside Seroquel. An interview was cor Supervisor #1 on 12/ reported that the faci for AIMS assessmen admission for resider medication, on initiat medication, and then revealed that the ele system had an updat that there had been s assessments "trigger explained that asses were supposed to au nurse to complete. S since the EMR updat assessments were n assessment to be mi Supervisor #1 reveal were one of the asse the EMR system upd that the Director of N	le 6 lectronic medical record 11/4/19 through 12/17/19 and sessment or any other int assessment had not been ent #103 related to the use of inducted with Nurse 17/19 at 5:01 PM. She lity 's normal protocol was ts to be completed on ints on antipsychotic ion of an antipsychotic in every 6 months. She ctronic medical record (EMR) ite a month or two ago and	F 65	DEFICIENCY	Director of gs of the y Assurance tent Meeting imittee compliance.	
	PM. She confirmed report of the facility 'assessments to be confirmed Nurse Sur issues with AIMS assembletion since the She stated that they	newed on 12/17/19 at 5:07 Nurse Supervisor #1 's s protocol for AIMS ompleted. She additionally pervisor #1 's report of sessments triggering for EMR system was updated. had been completing any seas they came across them.				

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		345143	B. WING		12/19/2019	
	ROVIDER OR SUPPLIER Y CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		
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F 656 F 658 SS=D	with the DON and she AIMS assessment co Resident #103 's can antipsychotic medical intervention of an AIM protocol was reviewed revealed that this card implemented for Resi that care plan interved implemented and that would be completed to Resident #103.	dical record was reviewed e confirmed there was no impleted for this resident. The plan related to continuous tion that indicated the is assessment per facility did with the DON. She is plan intervention was not dent #103. The DON stated intions were expected to be it an AIMS assessment oday (12/17/19) for the professional Standards	F 65		1/17/20	
	as outlined by the cormust- (i) Meet professional of this REQUIREMENT by: Based on observation record reviews, disperimental of the pharmacist, physician facility failed to follow administer the correct substance pain medication on an "as the findings included Resident #121 was at 4/16/19. A review of diagnoses included Testing The findings included Testing Testin	d or arranged by the facility, imprehensive care plan, standards of quality. It is not met as evidenced ones, facility and hospital insing pharmacy, consulting in, and staff interviews, the a physician 's order to it dose of a controlled cation for 1 of 6 residents 121) who received the needed" basis.		1. Physician was notified of medication dosage error for resident #121 on 12/18/19. Physician in facility to visit resident #121 on 12/18/19. Physician assessment on 12/18/19 revealed pair has been managed with medications resident has been receiving. Physician discontinued the Oxycodone 10mg ever four hours as needed for pain and previous dose of Oxycodone 5mg ever four hours as needed for pain was prescribed on 12/18/19.	n n ery	

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		345143	B. WING		11	2/19/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE		
OII ED OIT	V OENTED			900 W DOLPHIN STREET			
SILER CIT	Y CENTER			SILER CITY, NC 27344			
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F 658 Continued From page		e 8	F 65	8			
F 658	medications included oxycodone to be give 4 hours as needed (F pain (initiated on 9/3/pain medication and a The resident's median unplanned transfe 11/15/19. A review of included a History and This assessment indi 2 - 3 week history of associated pain. The hospital for further evwound evaluation wadiagnosed with dry, shallux (great toe). The this digit to auto ampronversion from dry to Resident #121's hosphysician Discharge	s milligrams (mg) en as 1 tablet by mouth every PRN) for moderate to severe 19). Oxycodone is an opioid a controlled substance. cal record revealed she had er out to a hospital on f her hospital records d Physical dated 11/15/19. cated Resident #121 had a right great toe gangrene with e resident was sent to the raluation. On 11/16/19, a s done and she was stable gangrene to the right ne stated goal was to allow utate and prevent	F 65	2. Director of Nursing, Assist of Nursing (ADON), and Nurs Supervisor completed audit of receiving Narcotic pain medit 1/11/20. One discrepancy was during audit, dose on hand dose ordered. Medication with the pharmacy. Audit include each residents narcotic pain order, each residents current medication stock, and each redelining inventory record for dosing. 3. Director of Nursing, ADON Nursing Supervisors educate nurses by 1/16/20 (including agency, and as needed (prn) nurses) on five rights of med administration to include: Rig Right drug, Right dose, Right Right time. Staff on leave of absence/vacation will not be	sing of residents cations on as found iid not match as returned to d review of medication at narcotic residents r accurate N, and ed license weekend, licensed ication ght patient, t route, and		
	increase in oral pain meds" The Hospital Discharge Orders dated 11/22/19 included 10 mg oxycodone to be given as one tablet by mouth every 4 hours PRN for pain. A notation indicated this 10 mg dose was intended to replace the previously prescribed 5 mg dose of oxycodone. Resident #121 's medical record indicated she was discharged from the hospital and re-entered the facility on 11/22/19. Her physician orders (dated 11/22/19) included 10 mg oxycodone to be given as one tablet by mouth every 4 hours PRN for moderate to severe pain (with a start date of 11/22/19). The previous order for 5 mg oxycodone to be given as one tablet by mouth every 4 hours PRN for moderate to severe pain			4. Nursing Supervisors will a residents receiving narcotic r three times weekly for four w twice weekly for four weeks, for four weeks. Director of Nureport the findings of the aud monthly Quality Assurance a Performance Improvement Nurensure compliance. The QAF is responsible for the ongoing 5. Date of compliance 1/17/2	udit 5 random medications reeks, then and weekly ursing will lits to the and Meeting to PI committee g compliance.		

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F 658	(MDS) assessment we dated 11/27/19. The #121 had moderately daily decision making rejection of care. The dependent on staff for Living (ADLs) with the extensive assistance MDS assessment revenued in the moderate of the MDS revealed opioid pain medication the look back period. A review of the reside following area of focularies of the composition of the moderate o	est recent Minimum Data Set was a quarterly assessment MDS indicated Resident impaired cognitive skills for g. She had no behaviors nor received the resident received exception of requiring for eating. Section J of the wealed the resident received ent pain rated as a 7 on a 0 indicative of no pain and nost severe pain). Section N Resident #121 received and on on 5 out of 7 days during ent 's Care Plan included the las, in part: It is at risk for alterations in ronic pain, osteoarthritis and in her lower extremity exised 11/22/19). It is a risk for pain and less and monitor for side sician as indicated (Created 22/19). It is November 2019 and lication Administration cated 10 mg oxycodone was sident as one tablet by mouth or moderate to severe pain The MARs also Noxycodone was effective	F 6	558			

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F 658	Continued From page 10		F 6	58		
	inventory logs revealed oxycodone tablet was Resident #121 from 1 review with one excelloxycodone tablets (for were provided on only since the prescribed of mg to 10 mg oxycodone. An interview was con AM with the Nurse #1 shift hall nurse assign #121. Nurse #12 was on the controlled suble log and December 20 the correct dose of oxycodone to positive medication card (date mg tablets of oxycodo top of the card indicated directions/dosage for changed. Upon inquit dose of the oxycodone changed so she put the attention to the new of the correct to the medication card. An interview was con AM with the facility is During the interview, not aware an order has Resident #121's dose	s pulled for administration to 11/22/19 to the date of the ption. Two - 5 mg or a total dose of 10 mg) y one occasion (12/16/19) dose was changed from 5 one on 11/22/19. ducted on 12/18/19 at 9:30 12. Nurse #12 was the 1st ned to care for Resident is identified by her signature stance declining inventory one of 10 mg) to the During the interview, the card for the oxycodone was cart for review. The ed 11/7/19) contained 14 - 5 one. A sticker applied to the ted in red that the this medication had been irry, Nurse #12 reported the ne had been recently his sticker on the card to call dose (10 mg oxycodone). Sould not recall when she nge and applied the sticker				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C	
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	ROVIDER OR SUPPLIER	0.01.0		STREET ADDRESS, CITY, STATE, ZIP CO 900 W DOLPHIN STREET SILER CITY, NC 27344		2/19/2019	
(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 HE APPROPRIATE	(X5) COMPLETION DATE	
F 658	who had input the ne oxycodone on 11/22/ order appeared to be correct dosage (10 m resident 's November Medication Administration An interview was correct and with Nurse Supenurse confirmed shere Resident #121 's neinto the computer system of the medication and there was a new scripshould have been factored medication rechecked the next of ensure the the n	es Supervisor #2 as the nurse w order for 10 mg 19. She indicated the new input correctly and the ng) was reflected on the er 2019 and December 2019 ation Records (MARs). Inducted on 12/18/19 at 10:26 rvisor #2. When asked, the had correctly entered w order for 10 mg oxycodone stem when the resident spital. The nurse stated if pt for the increased dose, it ked to the pharmacy. She ertain if a new script was . Nurse Supervisor #2 also orders were typically ay and verification done to	F 6	58			

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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	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	I	12/19/2019
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	mg) to Resident #122 pharmacist reported controlled substance would typically have monthly visit (either la 12/19/19). The pharmacy expected nursir mg tablets of oxycod accordance with the until 10 mg tablets we pharmacy. A telephone interview at 11:27 AM with Nuridentified by her sign declining inventory lo 2019/December 2019 administered 5 mg ox Resident #121 on 6 c During the interview, oxycodone dose on When informed of the responded by saying given her two tablets realized it." Upon fur reported she would to MAR for information to administer to a resmust not have done singone off what was gresident. The nurse to go back in about a effectiveness of the right with the possible excunknown), she thoug effective for the resident.	I were discussed. The a check of the facility 's a declining inventory records been done at the end of his ater on 12/18/19 or macist reported he would be getaff to administer two - 5 one (total dose of 10 mg) in 11/22/19 physician 's order bere obtained from the are obtained from the are was conducted on 12/18/19 se #13. Nurse #13 was ature on the oxycodone getaff and November a	F 6	58		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER Y CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		12/13/2013	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 658	declining inventory 2019/December 20 administered 5 mg Resident #121 on 5 During the interview oxycodone dose on Nurse #8 reported i was told the resider increased. Upon fureported she utilized determine the dosa administered. An unsuccessful att Nurse #14 for a tele was identified by he declining inventory 2019/December 20 administered 5 mg Resident #121 on 1 An observation and with Resident #121 The resident was of lower leg elevated wher right leg with he the resident reporter stated sometimes it	nature on the oxycodone log and November 19 MARs as having oxycodone (versus 10 mg) to occasions since 11/22/19. If, Resident #121's increased 11/22/19 was discussed. It was only recently that she at 's pain medication was rither inquiry, the nurse dia resident's MAR to ge of medication If was made to contact ephone interview. Nurse #14 for signature on the oxycodone log and November 19 MARs as having oxycodone (versus 10 mg) to 2 occasions since 11/22/19. Interview were conducted on 12/18/19 at 10:05 AM. observed to have her right with a pillow and was rubbing or right hand. Upon inquiry, dishe had pain every day, but was worse than other times.	F 6:	58			
	pain medication to I asked if the pain me "some." An interview was co AM with the resider served as the facilit the interview, conce	ed she knew she could ask for help manage the pain. When edication helped, she stated, and ucted on 12/18/19 at 11:39 at 's physician, who also y's Medical Director. During erns regarding the discrepancy of oxycodone prescribed (10					

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER Y CENTER	0.701.40		STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	12/19/2019	
(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 CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	DATE	
F 658	Resident #121 since facility were discusse he assessed Residen (12/18/19) and the rethe pain medication is relieve the pain. He is controlled on the 5 m write a new physician 10 mg) oxycodone to needed for pain. An interview was con PM with the DON. Do reported she expecte resident in accordance orders. Pain Management CFR(s): 483.25(k) §483.25(k) Pain Manathe facility must ensure provided to residents consistent with profess the comprehensive pand the residents' goat This REQUIREMENT by: Based on observation consulting pharmacis interviews, the facility level of pain prior to the controlled substance residents reviewed (Figure 12/18/19/19/19/19/19/19/19/19/19/19/19/19/19/	ically administered (5 mg) to her readmission to the d. The physician reported it #121 earlier on this date sident relayed to him that he was receiving did help to stated since her pain was goxycodone, he intended to 's order for 5 mg (versus given every 4 hours as ducted on 12/18/19 at 3:21 uring the interview, the DON d the nurses to medicate a se with the physician 's agement. It is who require such services, assional standards of practice, erson-centered care plan, als and preferences. It is not met as evidenced ons, record reviews, and the physician, and staff failed to assess residents 'ne administration of a pain medication for 2 of 6 desidents #12 and #38) who on on an "as needed" basis.	Fé		vas ain	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		\ <i>'</i>	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	` '	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SILER CIT	Y CENTER			900 W DOLPHIN STREET		
OILLIN OIT	CENTER			SILER CITY, NC 27344		
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F 697	Continued From page	÷ 15	F 69	7		
F 697	1. Resident #12 was 7/31/19 with a cumula included a recent abo of his left leg. A review of Resident revealed physician or following medications600 milligrams (mg) counter pain medicati tablet by mouth every for mild pain/fever (St5 milligrams (mg) or medication) to be give every 4 hours PRN for (Start Date 7/31/19). pain medication and a100 mg gabapentin indicated to manage is be given as one caps day for pain (Start Date 7/31/19). Resident #12 's most (MDS) assessment with dated 9/12/19. The National making. He had no be care. The resident with Activities of Daily Living wheelchair for locomorassessment revealed.	admitted to the facility on ative diagnoses which we knee amputation (AKA) #12 's medication orders ders were received for the in part: ibuprofen (an over the on) to be given as one if 8 hours as needed (PRN) and Date 7/31/19); excedone (an opioid pain en as one tablet by mouth or moderate to severe pain Oxycodone is an opioid a controlled substance; (a medication which may be neuropathic or nerve pain) to ule by mouth three times a te 8/30/19). It recent Minimum Data Set as a quarterly assessment in MDS indicated Resident #12 kills for daily decision ehaviors nor rejection of as independent for all of his ing (ADLs); he utilized a otion. Section J of the MDS	F 69	assessment on 1/15/20. Pain asse was completed on resident # 38 or 1/13/20. PRN pain medication for r #38 was evaluated by his physiciar 1/13/20. Oxycodone order was rev include numeric pain rating scale to with accurate pain assessment on 1/14/20. 2. Director of Nursing, Assistant Di of Nursing (ADON), and Nursing Supervisor completed an audit of residents receiving PRN pain medi on 1/16/20. Residents audited show inconsistent pain rating scale. Resi receiving PRN pain medications o were reviewed and revised to inclu numeric pain rating scale to assist accurate pain assessment. 3. Director of Nursing, ADON, and Nursing Supervisors educated licen nurses by 1/16/20 (including weeks agency, and as needed (prn) licens nurses) on adequate pain assessmusing the numeric pain rating scale nonverbal pain assessment tool. S leave of absence/vacation will not be permitted to work until completing education. Licensed nurses to admas needed medication based on the physician's order and level of pain	esident n on seed to o assist rector cations wed dents rders de with nse end, seed lent and/or taff on oe ninister	
	scale of 0 to 10 (with 10 indicative of the m of the MDS revealed	0 indicative of no pain and ost severe pain). Section N Resident #12 received an non 6 out of 7 days during		documented. All Residents receivi PRN pain medication have had the numeric scale guidelines added to orders. 4. Nursing Supervisors to audit res	their	
	The resident 's curre	nt Care Plan included an		receiving PRN pain medications. A		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143		A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 900 W DOLPHIN STREET SILER CITY, NC 27344		12/13/2013
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 697	at risk for alterations post-op" (Created 7/3 Interventions for this following interventiorEvaluate pain charalocation, precipitatingUtilize pain scale;Advise resident to refore pain becomesMedicate resident a monitor for effectiver effects, report to phyMonitor for non-ver and medicate as ordComplete pain asser Resident #12 's Nov Administration Recorresident 's gabapent basis as ordered by documentation on the ibuprofen was administration for or a scale of 0 pain and 10 indicative four occasions immed PRN oxycodone on and 11/30/19. Resident #12 's Dec Administration Recorresident 's gabapent basis as ordered by documentation on the ibuprofen was administration recorresident 's gabapent basis as ordered by documentation on the ibuprofen was administration on the ibuprofen was administration on the ibuprofen was administration was administration on the ibuprofen was administration or the ibuprofen was administration was administration was administration was administration on the ibuprofen was administration.	read, "Resident exhibits or is in comfort related to surgical 31/19; Revised 8/22/19). area of focus included the as: acteristics: quality, severity, g/relieving factors; request pain medication as severe; as ordered for pain and aless and monitor for side sician as indicated; bal signs/symptoms of pain	F 6	will be completed weekly on residents to ensure that pain assessed accordingly for three The Director of Nursing will refindings of the audits to the magnetic April 1985. Quality Assurance and Perford Improvement meeting to ensure compliance. The QAPI comma responsible for the ongoing of th	is being se months. seport the nonthly rmance ure nittee is ompliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		345143	345143 B. WING			C 12/19/2019
	ROVIDER OR SUPPLIER Y CENTER	1		STREET ADDRESS, CITY, STATE, ZIP C 900 W DOLPHIN STREET SILER CITY, NC 27344		12/13/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 697	revealed the resider documented as a "0 occasions immediate oxycodone on 12/1/ A telephone intervier at 2:49 PM with Nursidentified as the nurse reported pain medication to a resident medication, shown the medication, shown the resident. If not, when he could get the she assessed the reprior to administering nurse reported she when a medication wasked for it, she was Nurse #8 could not it these instructions to would decide whether	December 2019 MAR It's level of pain was " on a scale of 0 - 10 on three ely prior to administering PRN 19, 12/9/19, and 12/15/19. W was conducted on 12/18/19 se #8. Nurse #8 was se who documented Resident of "0" prior to administering a done to the resident on 11/25/19, 11/30/19, 12/1/19, request, the nurse described radministering PRN pain dent who complained of pain. When a resident requested a re would go and check to see re was last given. She stated elapsed since the last dose of re would give the medication to she would tell the resident re next dose. When asked if sident for his level of pain g a PRN pain medication, the reas told by someone that was ordered and a resident re supposed to give it to him. dentify who had provided her. When asked how she er to give 600 mg ibuprofen	F	697	.74)	
	oxycodone ordered she stated Resident medication he wante conclusion of the int if the administration controlled substance on resident request	for moderate pain or the 5 mg for moderate to severe pain, #12 would ask for the ed by name. At the erview, Nurse #8 was asked of a prescribed PRN e pain medication was based rather than an assessment of of pain. The nurse stated this				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143		I ` ′	PLE CONSTRUCTION G	\ , ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 900 W DOLPHIN STREET SILER CITY, NC 27344		2/19/2019
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F 697	PM with Nurse #2. In the nurse who documpain level of "0" prior dose of oxycodone to During the interview, reviewed with the nurse was, "my mistaresident typically staresident	aducted on 12/17/19 at 2:45 Jurse #2 was identified as mented Resident #12 had a to administering a PRN to the resident on 12/15/19. Resident #12 's MAR was rese. Upon his review, Nurse wel of "0" recorded on the ke." He reported the ted his level of pain was a terview was conducted with 9 at 4:39 PM. At that time, he resident would sometimes thing about his level of pain. 2 stated he would down as the pain rating to 's MAR. Inducted on 12/18/19 at 11:39 's physician, who also 's Medical Director. During ms were discussed in the administration of a PRN pain medication. While the enhad a problem of assessing number, he also felt there out how to document results	F 6	97		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143		` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C	
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F 697	PM with the facility 'During the interview process nursing staft the administration of medication. The DC expected to assess and check the order see what medication appropriate at that the follow-up interview on 12/18/19 at 3:21 interview, the DON sassess a resident 's	nducted on 12/17/19 at 4:54 s Director of Nursing (DON). , the DON described the if was expected to follow for f a controlled substance pain ON stated the nurse was the resident 's level of pain s on the resident 's MAR to	F 6	97		
	2/22/2019 with diagram pain due to abnormal and neck region. The resident's most Data Set (MDS), dar resident was cognition indicated Resident pain medications and medication during the Additionally, the MD reported he experient the assessment perion 10, and received open Review of Resident revealed the resider	the assessment period. S revealed the resident constantly in mod, rated his pain an 8 out of fioids 7 out of 7 days. #38's medication orders at was ordered Oxycodone10 ts orally every 4 hours as				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143		(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER Y CENTER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		12110/2010
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F 697	Continued From pag	ne 20	F 6	697		
	for 10 mg oxycodone needed for moderate revealed the resident documented pain level being no pain and 10 the months of Septe and December. On 12/17/19 at 11:05 conducted with Nursadministration of pain	d (MAR)revealed the order e by mouth every 4 hours as e to severe pain. It also t received oxycodone after vels of 0, 1, and 2, (with 0 0 being the worst pain) during mber, October, November, 5 AM and interview was the # 2 regarding n medications on the				
	morning of 12/17/19 documenting resider stated he did assess stated the resident's medication. Upon re he acknowledged he Similar documentation 7:43 AM where the cand the oxycodone with the resident refused asked. Nurse #2 rep became angry when					
	In an interview with I 12:56 PM she stated the medication cart a resident #38. She fu an order for oxycodo pain she would give -reported pain level oacknowledged she decknowledged she decknowl	Pain to be a 4 or higher. Nurse #16 on 12/18/19 at a she occasionally worked on and passes medications to arther stated if a resident had one for moderate to severe the medication for a self of 5 or higher. Nurse #16 documented a pain scale of 2 and oxycodone anyway, on				

NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER SILER CITY CENTER SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATIONY OR LISC IDENTIFYING INFORMATION) F 697 Continued From page 21 12/14/2019 at 8:00 PM and 12/15/19 at 8:00 AM. Nurse #16 stated they give resident #38 his oxycodone every 4 hours at the resident's oxycodone every 4 hours at the resident's aware the resident's order is written as needed every hours for moderate to severe pain, and the resident requests his oxycodone every four hours. Nurse #8 documented a pain level of 2 on 9/7/2019 at 8:35m, a pain level of 0 on 9/8/2019 at 12:44 AM, and a pain level of 0 on 9/8/2019 at 12:44 AM, and a pain level of 1 on 11/13/2019 at 7:28 AM for a pain level of 1. on 11/10/2019 at 7:37 AM for a pain level of 1. Attempts were made to contact Nurse #1 swho administered oxycodone to Resident #38 on 10/15/2019 at 7:37 AM for a pain level of 1. Attempts to reach this nurse were unsuccessful. Attempts were made to contact Nurse #4 who administered oxycodone to Resident #38 on 12/13/2019 at 12:16 AM for a pain level of 1. Attempts to reach this nurse were unsuccessful. In an interview with the Director of Nursing on 12/18/19 at 12:06 PM she stated she expected the medication to be given as written on the MAR. She further stated she expected the medication to be given as written on the MAR. She further stated she expected the medication to be given as written on the MAR. She further stated she expected the medication to be given as written on the MAR. She further stated she expected the medication to the given as written on the MAR. She further stated she expected the medication to be given as written to the medication to the med	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
SILER CITY CENTER SUMMARY STATEMENT OF DEFICIENCIES (ICA) ID (ICA			345143	B. WING _			C 12/19/2019
PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG REQULATORY OR LSC (DENTIFYING INFORMATION) F 697 Continued From page 21 12/14/2019 at 8:00 PM and 12/15/19 at 8:00 AM. Nurse #16 stated they give resident #38 his oxycodone every 4 hours at the resident's request. On 12/18/19 at 2:49 PM and interview was conducted with Nurse #8. She stated she has administered oxycodone to Resident #38 while working the medication cart. She stated she is aware the resident's order is written as needed every hours for moderate to severe pain, and the resident requests his oxycodone every four hours. Nurse #8 documented a pain level of 2 on 98/2019 at 12:44 AM, and a pain level of 0 on 98/2019 at 12:44 AM, and a pain level of 0 on 98/2019 at 12:44 AM, and a pain level of 1, on 11/10/2019 at 7:28 AM for a pain level of 1, on 11/10/2019 at 7:28 AM for a pain level of 1, and on 11/13/2019 at 7:28 AM for a pain level of 1. Attempts were made to contact Nurse #4 who administered oxycodone to Resident #38 on 12/13/2019 at 12:05 PM for a pain level of 0. Attempts to reach this nurse were unsuccessful. In an interview with the Director of Nursing on 12/18/19 at 12:06 PM she stated she expected the medication to be given as written on the MAR. She further stated she expected the medication to be given as written on the MAR. She further stated she expected the medication according to the order, then reassess					900 W DOLPHIN STREET	_ E	12/13/2013
12/14/2019 at 8:00 PM and 12/15/19 at 8:00 AM. Nurse #16 stated they give resident #38 his oxycodone every 4 hours at the resident's request. On 12/18/19 at 2:49 PM and interview was conducted with Nurse #8. She stated she has administered oxycodone to Resident #38 while working the medication cart. She stated she is aware the resident's order is written as needed every hours for moderate to severe pain, and the resident requests his oxycodone every four hours. Nurse #8 documented a pain level of 2 on 9/7/2019 at 8:339m, a pain level of 0 on 9/8/2019 at 12:44 AM, and a pain level of 0 on 9/8/2019 at 8:37 PM each time the MAR reflects administration of oxycodone by Nurse #8. Attempts were made to contact Nurse #15 who administered oxycodone to Resident #38 on 10/15/2019 at 7:35 PM for a pain level of 1, and on 11/13/2019 at 7:35 AM for a pain level of 1, and on 11/13/2019 at 7:37 AM for a pain level of 1. Attempts to reach this nurse were unsuccessful. Attempts were made to contact Nurse #4 who administered oxycodone to Resident #38 on 12/13/2019 at 12:15 AM for a pain level of 0. Attempts to reach this nurse were unsuccessful. In an interview with the Director of Nursing on 12/18/19 at 12:06 PM she stated she expected the medication to be given as written on the MAR. She further stated she expected the nurses to assess the resident's pain level, administer the medication according to the order, then reassess	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION
In an interview with facility's medical director on	F 697	12/14/2019 at 8:00 Nurse #16 stated the oxycodone every 4 request. On 12/18/19 at 2:43 conducted with Nurse administered oxycoworking the medical aware the resident's every hours for more resident requests in hours. Nurse #8 do 9/7/2019 at 8:33 pm at 12:44 AM, and a 8:37 PM each time administration of oxident and the second of the medication of the medication to be she further stated assess the resident medication according the effectiveness of the second of the medication according the effectiveness of	PM and 12/15/19 at 8:00 AM. ney give resident #38 his hours at the resident's PM and interview was see #8. She stated she has adone to Resident #38 while ation cart. She stated she is sorder is written as needed derate to severe pain, and the is oxycodone every four cumented a pain level of 2 on a, a pain level of 0 on 9/8/2019 pain level of 0 on 9/8/2019 pain level of 0 on 9/30/2019 at the MAR reflects exycodone by Nurse #8. The to contact Nurse #15 who adone to Resident #38 on AM for a pain level of 1, and 37 AM for a pain level of 1, and 37 AM for a pain level of 1. This nurse were unsuccessful. The to contact Nurse #4 who adone to Resident #38 on 5 AM for a pain level of 0. This nurse were unsuccessful. The Director of Nursing on PM she stated she expected e given as written on the MAR. She expected the nurses to its pain level, administer the ang to the order, then reassess if the medication.	F 6	97		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 697 F 755 SS=E	working with the reside a point where he is be functional. He further situation was the residependency. The menot write the oxycodo medication because hwake the resident to gmedication if he did not pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)(s)	I he stated he has been lent for a while to get him to oth comfortable and stated, complicating the dent's prior history of drug dical director stated he did ne as a scheduled ne did not want the nurses to give him his scheduled pain ot need it. Deduced the did need it.		755			1/17/20
	drugs and biologicals them under an agreet §483.70(g). The facil personnel to administ permits, but only under a licensed nurse. §483.45(a) Procedure pharmaceutical service that assure the accuratispensing, and administration biologicals to meet the service of the provided aspects of the provision that the provision of the pro	to its residents, or obtain ment described in ity may permit unlicensed ter drugs if State law er the general supervision of es. A facility must provide tes (including procedures ate acquiring, receiving, nistering of all drugs and the needs of each resident. Onsultation. The facility in the services of a licensed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345143				C 12/19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	12/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL 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 755	order and that an accis maintained and per This REQUIREMENT by: Based on record revand staff interviews, system in place for remedication, oxycodo (Resident #38, #12, reviewed for pain.) Findings included: 1. Resident #38 was 2/22/2019 with diagrapain, due to abnorm head and neck regio The resident's most of Data Set (MDS), data resident was cognitive indicated Resident # pain medications and medication during the Additionally, the MDS reported he experient the assessment period 10, and received opic Review of Resident # September 2019 through the resident was ordered.	nines that drug records are in count of all controlled drugs riodically reconciled. T is not met as evidenced liew, pharmacist, physician, the facility failed to have a econciling controlled ne, administered to residents (#101) in 3 of 6 residents (#101) in 3 of	F 758	F755 1. Residents # 38, #12 and # 102 curr Medication Administration Record (MAW was compared with the current narcot declining inventory sheet to assess for discrepancies. 2. Director of Nursing, Assistant Director Nursing (ADON), and Nursing Supervisors completed an audit of residents with narcotic pain medication orders. Orders were compared by curr MAR against current narcotic declining inventory record for discrepancies on 1/11/20. Discrepancies were noted in some resident records. Residents have demonstrated no adverse effect. 3. Director of Nursing, ADON, and Nursing Supervisors educated license nurses by 1/16/20 (including weekend agency, and as needed (prn) licensed nurses). Education included proper documentation of PRN pain medication the MAR and the narcotic declining inventory sheet. Staff on leave of absence/vacation will not be permitted work until completing education. to we prior to receiving education.	AR) ic r tor n rent g ve

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345143	B. WING _			C 12/19/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		12/10/2010	
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F 755	narcotic log for oxyco 11/1/2019 through 11 tablets were pulled for Medication Administrates resident indicated administrates were fulled for Medication Administrates were fulled for Nurses #4, #5, and #4 On 12/16/2019 record narcotics count sheet milligram oxycodone resident received a ta 12:30 PM, and 7:00 Fresident only received PM dose of oxycodor An interview was con 12/18/19 at 11:15 AM work the medication of initials on the declinin AM and 12:30 PM we acknowledged the merecord for Resident # PM administration of did not know why the documentation was not stated she always do she administers the own ade aware of similar declining narcotic couple. PM, 11/10/2019 at 1:01:30 PM where them the MAR that indicate administered. Nurse and the side of the	ord review of declining count done 10mg tablets from /29/2019 indicated 108 r Resident #38. The ation Record (MAR) for this ministration of oxycodone 10 ng this same period. Ound with documentation by 6. If review of the decline to Resident #38's 10 indicated on 11/19/2019, the ablet at 1:15 AM, 7:30 AM, PM. The MAR revealed the dia 7:35 AM dose and a 7:00 ne. If ducted with Nurse #5 on the where she stated she did cart on 11/19/2019 and the grount narcotics log at 7:30 are her initials. Nurse #5 edication administration 38 did not reflect a 12:30 oxycodone. She stated she	F 7	4. Director of Nursing to audit residents weekly to monitor fo irregularities in the reconciliatinarcotic administration on decinventory sheets and medicati administration records. The Di Nursing will report the findings audits to the monthly Quality A and Performance Improvement to ensure compliance. The QA committee is responsible for the compliance. 5. Date of compliance 1/17/20	on of con of con		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	GCOMPLE		DATE SURVEY COMPLETED
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F 755	conducted with Nurworked in the facility familiar with Reside know why the MAR was given when the indicated she pulled stated she was word 11/17/19 but did not have documented the oxycodone on those Multiple attempts were garding discreparnarcotic count log a 11/19/2019 for Resident return calls. On 12/18/19 in an inconsultant pharmacoperiodic auditing of they primarily check proper packaging, at it is up to the facility controlled drugs. In an interview with on 12/19/19 at 9:55 aware of the discrept count narcotics log she believes the nuthe administration of the medication and count sheet. She funot have a practice drugs periodically a consultant pharmacon the facility. She also	B PM an interview was see #6. She stated she has y for 26 years and is very nt #38. She stated she did not did not reflect the oxycodone declining narcotics log I the medication. She further king the dates of 11/10/19 and a recall a reason she would not ne administration of the	F 7	55		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	12/13/2013
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F 755	administration recoi 2. Resident #12 wa 7/31/19. A review or orders revealed a pon 7/31/19 for 5 mil opioid pain medicate by mouth every 4 has to severe pain. Oxymedication. Resident #12 's consideration oxycodone were pure from 11/13/19 to 11On 11/13/19, 1 do documented as remelyOn 11/15/19, 1 do documented as remelyOn 11/16/19, 1 do documented as remelyOn 11/19/19, 1 do documented as remelyOn 11/19/19, 1 do documented as remelyOn 11/19/19, 1 do documented as remelyOn 11/21/19, 1 do documented as remelyOn 11/21/19, 1 do documented as remelyOn 11/25/19, 1 do documented as remelyOn 11/25/19, 1 do documented as remelyOn 11/26/19, 1 do documented as reme	unt with the medication	F 75		

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		ODATE SURVEY COMPLETED				
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F 755	documented as remOn 11/29/19, 1 do documented as remOn 11/30/19, 1 do documented as rem Resident #12 's No Administration Reco 11 doses of 5 mg or to the resident from on information from oxycodone was not to the resident on the 11/18/19, 11/21/19, documented as adr 11/30/19. Resident #12 's colinventory sheet indioxycodone were pure from 12/1/19 to 12/1-On 12/1/19, 1 dos documented as remOn 12/2/19, 1 dos documented as remOn 12/3/19, 1 dos documented as remOn 12/3/19, 2 dos	ge 27 ses of oxycodone were noved from the med cart; se of oxycodone was noved from the med cart; se of oxycodone was noved from the med cart. se of oxycodone was noved from the med cart. ovember 2019 Medication ord (MAR) documented only exycodone were administered 11/13/19 to 11/30/19. Based the MAR, a dose of documented as administered ne following dates: 11/13/19, 11/28/19 (only one dose was ninistered), 11/29/19, and Introlled substance declining cated 18 doses of 5 mg Illed from the medication cart 13/19 on the following dates: e of oxycodone was noved from the med cart; e of oxycodone was noved from the med cart; es of oxycodone were noved from the med cart;	F	755	DEFICIENCY)	
	On 12/5/19, 1 dos documented as rem On 12/6/19, 1 dos documented as rem On 12/7/19, 1 dos documented as rem On 12/9/19, 1 dos documented as rem On 12/10/19, 1 do	e of oxycodone was noved from the med cart; e of oxycodone was noved from the med cart; e of oxycodone was noved from the med cart; e of oxycodone was noved from the med cart; ese of oxycodone was noved from the med cart; use of oxycodone was noved from the med cart;				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345143	B. WING _			C 12/19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		12/13/2013
(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 COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE . DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 755	documented as renOn 12/12/19, 1 do documented as renOn 12/13/19, 1 do documented as ren Resident #12 ' s De documented only 1 were administered 12/13/19. Based o dose of oxycodone administered to the dates: 12/1/19, 12 was documented a 12/7/19, and 12/12. An interview was complete the administration of medication. The Diassess the resident orders on the resident orders would be expected as the facility the interview was conditionally and the controlled sendication on the resident orders on the resident orders on the resident orders on the resident orders would be expected as the facility the interview was conditionally and the resident orders on the resident orders on the resident orders on the resident orders and when the nurse refused the medication on the resident orders are would be expected as the facility the interview, concerns the resident orders or the resident orders	see of oxycodone was noved from the med cart; ose of oxycodone was noved from the med cart; ose of oxycodone were noved from the med cart. Secember 2019 MAR 3 doses of 5 mg oxycodone to the resident from 12/1/19 to n information from the MAR, a was not documented as resident on the following (2/19, 12/4/19 (only one dose s administered), 12/5/19, 19. onducted on 12/17/19 at 4:54 's Director of Nursing (DON). w, the DON described the aff was expected to follow for of a controlled substance pain ON stated the nurse should t's level of pain and check the ent's MAR to see what dered and appropriate at that in. She expected the nurse to substance medication from the diadminister the medication. Surned to the med cart, the pected to document the use of both the narcotic sheet (a record) and the resident's physician, who also by's Medical Director. During	F 7	755		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	· ,	ATE SURVEY DMPLETED	
		345143	B. WING			C 12/19/2019	
	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	12/13/2013		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 755	controlled substance and MARs were disphysician expresse concern as to whet documentation issuanother concern. An interview was concerned she would substance medicate the declining inventionals of indicated the inshould be consisted. An interview was concerned she would be consisted. An interview was concerned substance pharmacist reporter (%) cart audit each expired medication he did a check of the declining inventory monthly visits. Who discrepancy noted and declining inventory monthly visits.	be declining inventory sheets occussed. Upon inquiry, the defent the discrepancy was a ple or possibly indicative of the properties of a controlled on the december of the discrepancy was a ple or possibly indicative of the properties of a controlled on the december of a controlled on the december of a controlled on the december of the discrepance of the properties of th	F 75				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	JILDING COMPLE		DATE SURVEY COMPLETED
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(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 755	needed controlled seresident who comple reported when a resident who can be medication, she wo the medication from the write this on the decase the resident 's Machine declining MARs, Nurse #8 remissed signing it of the Machine with Nurse #9. The initials on the conventory sheet as the medication admitive the medication admitive the medication admitive the nurse described administering as neighbor medication to a resident when the medication to a resident medication m	sess used for administering as substance medication to a ained of pain. The nurse sident requested a pain uld go and check to see when last given. If she determined have it, she would get the e med cart and immediately clining inventory sheet as well MAR. When asked about the dispersion between the controlled ginventory sheets and the ported she probably just	F7	755		
	and assess the pair substance medicati determined to be ap resident's level of would obtain the pa cart and document the declining invent nurse reported she administration on the same time. When a	n as needed. If a controlled on such as oxycodone was oppropriate (based on the pain and time frame), she in medication from the med its withdrawal from the cart on ory sheet. When asked, the would also document the per resident 's MAR at the asked about the discrepancies declining inventory sheet and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED	
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F 755	on the two records shanother. She also stathink ofif give the mup that needs to be a missed." An unsuccessful atte Nurse #11 for a telep was identified by her controlled substance the nurse who withdraftom the med cart on documenting its adm the MAR. Further review of Resubstance declining inurse 's initials which oxycodone was without 11/28/19 were illegible interviewed. A follow-up interview at 10:33 AM with the interview, the DON renarcotic count at the further inquiry, the DON to have a system in of controlled substands. Resident #102 was facility on 8/2/19 and and 12/11/19. Resident #102 had desired.	eported the documentation hould correspond with one ated, "The only thing I can need and something comes addressed it might get Impt was made to contact hone interview. Nurse #11 initials on Resident #12 's declining inventory sheet as ew a dose of oxycodone 11/13/19 without inistration to the resident on sident #12 's controlled inventory sheet revealed the indicated a dose of drawn from the med cart on e. This nurse was not I was conducted on 12/19/19 facility 's DON. During the eported nursing staff did a change of each shift. Upon DN reported the facility did place for the reconciliation ce medications. Is originally admitted to the was readmitted on 11/7/19 I was conducted on 11/7/19 I was conducted on 11/7/19	F 7	55			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DATE SURVEY COMPLETED	
		345143	B. WING _			C 12/19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	_ E	12/13/2013
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 755	sheets for Novembreviewed. The sheets for Novembre reviewed. The sheets mgs 1 tablet was site and on 12/11/19 The November 201 Records (MARs) windicate that Reside oxycodone on 11/7. The December 201 did not indicate that oxycodone on 12/1 On 12/17/19 at 4:33 interviewed. Nurse declining narcotic in the reported that he oxycodone on 12/1 Resident #102 but Administration Record An interview was conducted as the facility's Medinterview, concerns noted between the substance declining were discussed. U expressed concerns	colining narcotic inventory er and December 2019 were ets revealed that oxycodone 5 gned out on 11/7/19 by Nurse by Nurse #2. 9 Medication Administration ere reviewed and did not ent #102 had received /19. 9 MARs were reviewed and it Resident #102 had received 1/19. 7 PM, Nurse # 2 was #2 verified his initial on the enventory sheet on 12/11/19. It signed out 1 tablet of 1/19 and administered it to forgot to sign the Medication ford (MAR). Inducted on 12/18/19 at 11:39 Int's physician, who also served Itical Director. During the regarding the discrepancies resident's controlled g inventory sheets and MARs pon inquiry, the physician as to whether the discrepancy on issue or possibly indicative	F 7	,		
	PM with the DON. reported she would substance medicati	onducted on 12/18/19 at 12:06 During the interview, the DON expect use of a controlled on to be documented on both ory sheet and the MAR. She				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345143	B. WING				C (19/2019
	ROVIDER OR SUPPLIER			90	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN STREET ILER CITY, NC 27344	<u> 12/</u>	13/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755	An interview was con PM with the facility's of During the interview, what role he assumed controlled substance pharmacist reported he (%) cart audit each mexpired medications. he did a check of the declining inventory remonthly visits. When discrepancy noted be and declining invento stated this was, "not will did not recall identifying on 12/18/19 at 2:30 Finterviewed. She state 1 tablet of oxycodone	ormation on these records with one another. ducted on 12/18/19 at 12:28 consultant pharmacist. the pharmacist was asked d in the reconciliation of medications. The ne typically did a 10 percent onth but mainly looked for The pharmacist also stated controlled substance cords at the end of his asked about the tween the residents' MARs ry sheets, the pharmacist what you would expect." He ng this issue in the past. PM, Nurse #8 was ed that if she had signed out	F	755			
F 756 SS=D	(DON) was interviewed facility had no system controlled medication she had not done a number facility at all. Drug Regimen Review CFR(s): 483.45(c)(1)(1)(1)(1)(1)(2)(1)(2)(1)(1)(2)(1)(2)(1)(2)(1)(2)(2)(1)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)		F	756			1/17/20

PRINTED: 01/27/2020 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345143	B. WING			42/) 19/2019	
	ROVIDER OR SUPPLIER Y CENTER			90	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN STREET ILER CITY, NC 27344	<u> 12/</u>	19/2019	
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 756	Continued From page	e 34	F7	756				
	§483.45(c)(2) This re of the resident's medi	view must include a review cal chart.						
	irregularities to the att facility's medical direct and these reports mu (i) Irregularities included that meets the c (d) of this section for a director and the irregularities reduring this review museparate, written report attending physician a director and director and the irregularity the (iii) The attending phyresident's medical recirregularity has been action has been taken be no change in the reduction of the irregularity has been action has been taken be no change in the reduction of the irregularity has been taken be no change in the reduction of the irregularity has been taken be no change in the reduction has been taken be no change in the reduction in the reduction has been taken be no change in the reduction has been ta	de, but are not limited to, any riteria set forth in paragraph an unnecessary drug. noted by the pharmacist st be documented on a port that is sent to the nd the facility's medical of nursing and lists, at a paragraph and list						
	maintain policies and drug regimen review limited to, time frames the process and steps when he or she identification requires urgent action. This REQUIREMENT	cility must develop and procedures for the monthly that include, but are not so for the different steps in the pharmacist must take fies an irregularity that in to protect the resident.						
	interviews, the consulting incorrect med	iews, staff and pharmacist Itant pharmacist failed to lication administration route of 2 residents sampled for			F756 1. Medication order for resident # 52 workinged by staff nurse (LPN) to be	as		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF A. BUILDING COMPLET						
	345143	B WING				C
ROVIDER OR SLIPPLIER	343143	5: 1110 -		TREET ADDRESS CITY STATE ZIP CODE	12/	19/2019
NOVIDER OR GOLF ELER						
TY CENTER						
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		`		(X5) COMPLETION DATE
Continued From page	e 35	F	756			
gastric feeding tubes						
Findings included:				orders on 12/16/19.		
diagnoses including a cerebral vascular acc The resident's Septel November 2019, and Administration Recorresident had an activ 1 miligram tablet, give day for increased sec start date of 9/5/2019 The resident's quarte (MDS) dated 10/17/2 was severely cognitivindicated Resident #8	aphasia, gastrostomy, and sident (CVA). mber 2019. October 2019, December 2019 Medication d (MAR) revealed the e order for glycopyrrolate, en by mouth three times a cretions. The order had a cretions. The order had a deception of the control of			of Nursing (ADON), and Nursing Supervisor completed audit of resident receiving medications by route of gastr feeding tube for accuracy of medication route on 1/11/20. No additional discrepancies noted. 3. Director of Nursing, ADON, and Nursing Supervisors educated license nurses by 1/16/20 (including weekend, agency, and as needed (prn) licensed nurses). Education included the five rights of medication administration: Rigpatient, Right drug, Right dose, Right route, and Right time. Licensed nurses will ensure physician order for medications.	s ic n ght	
plan, dated 10/17/20 was at risk for malnut by mouth. On 12/15/2019 at 5:1 resident's medication revealed the resident glycopyrrolate, 1mg t times a day for increathad a start date of 9/4 An interview was con PM with Nurse #1 wh	19, revealed the resident trition and received nothing 5 PM a record review of the administration record thad an active order for ablet, given by mouth three ased secretions. The order 5/2019. Inducted on 12/16/19 at 4:29 to was working on the			permitted to work until completing education. 4. Nursing Supervisors will audit 100% residents' receiving medications administration via gastric tube weekly four weeks, 50% of residents medication via gastric tube weekly for four weeks, 25% of residents receiving medication administration via gastric tube weekly four weeks and then 10% of residents receiving medication administration via gastric tube weekly for four weeks. New orders will be reviewed in the clinical	ons ons	
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page gastric feeding tubes Findings included: Resident # 52 was ac diagnoses including a cerebral vascular acc The resident's Septel November 2019, and Administration Recor resident had an activ 1 miligram tablet, give day for increased sec start date of 9/5/2019 The resident's quarte (MDS) dated 10/17/2 was severely cognitiv indicated Resident #8 activities of daily livin feeding tube. Review of Resident #8 activities of daily livin feeding tube. Review of Resident #9 activities of daily livin feeding tube. Review of Resident #9 activities of daily livin feeding tube. An interview was con PM with Nurse #1 wh medication cart for R	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 35 gastric feeding tubes. Findings included: Resident # 52 was admitted on 7/11/2019 with diagnoses including aphasia, gastrostomy, and cerebral vascular accident (CVA). The resident's September 2019. October 2019, November 2019, and December 2019 Medication Administration Record (MAR) revealed the resident had an active order for glycopyrrolate, 1miligram tablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. The resident's quarterly Minimum Data Set (MDS) dated 10/17/2019 indicated the resident was severely cognitively impaired. The MDS also indicated Resident #52 was total care for all activities of daily living and received nutrition via feeding tube. Review of Resident #52's comprehensive care plan, dated 10/17/2019, revealed the resident was at risk for malnutrition and received nothing	ROVIDER OR SUPPLIER TY CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 35 gastric feeding tubes. Findings included: Resident # 52 was admitted on 7/11/2019 with diagnoses including aphasia, gastrostomy, and cerebral vascular accident (CVA). The resident's September 2019. October 2019, November 2019, and December 2019 Medication Administration Record (MAR) revealed the resident had an active order for glycopyrrolate, 1miligram tablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. The resident's quarterly Minimum Data Set (MDS) dated 10/17/2019 indicated the resident was severely cognitively impaired. The MDS also indicated Resident #52 was total care for all activities of daily living and received nutrition via feeding tube. Review of Resident #52's comprehensive care plan, dated 10/17/2019, revealed the resident was at risk for malnutrition and received nothing by mouth. On 12/15/2019 at 5:15 PM a record review of the resident's medication administration record revealed the resident had an active order for glycopyrrolate, 1mg tablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. An interview was conducted on 12/16/19 at 4:29 PM with Nurse #1 who was working on the medication cart for Resident #52's hall. She	ROVIDER OR SUPPLIER TY CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 35 gastric feeding tubes. Findings included: Resident # 52 was admitted on 7/11/2019 with diagnoses including aphasia, gastrostomy, and cerebral vascular accident (CVA). The resident's September 2019. October 2019, November 2019, and December 2019 Medication Administration Record (MAR) revealed the resident had an active order for glycopyrrolate, 1milligram tablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. The resident's quarterly Minimum Data Set (MDS) dated 10/17/2019 indicated the resident was severely cognitively impaired. The MDS also indicated Resident #52 was total care for all activities of daily living and received nutrition via feeding tube. Review of Resident #52's comprehensive care plan, dated 10/17/2019, revealed the resident was at risk for malnutrition and received nothing by mouth. On 12/15/2019 at 5:15 PM a record review of the resident's medication administration record revealed the resident had an active order for glycopyrrolate, 1mg tablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. An interview was conducted on 12/16/19 at 4:29 PM with Nurse #1 who was working on the medication cart for Resident #52's hall. She	ROWIDER OR SUPPLIER TY CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 35 gastric feeding tubes. Findings included: Resident # 52 was admitted on 7/11/2019 with diagnoses including aphasia, gastrostomy, and cerebral vascular accident (CVA). The resident's September 2019. October 2019, November 2019, and December 2019 Medication Administration Record (MAR) revealed the resident had an active order for glycopyrrolate, 1milligram tablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. Revisident Resident #52's comprehensive care plan, dated 10/17/2019, revealed the resident was at risk for malnutrition and received nothing by mouth. Revisident's medication administration received nothing by mouth. Revisident's medication administration record review of the resident's medication administration route as attrict to was at risk for increased secretions. The order for glycopyrrolate, 1mg tablet, given by mouth three times a day for increased secretions and received nothing by mouth. Revisident's recision administration received nothing by mouth. Revisident's recision administration received nothing by mouth. Revelous of Resident #52's comprehensive care plan, dated 10/17/2019, revealed the resident was at risk for malnutrition and received nothing by mouth. Revisident's receiving medications administration: Ricg patient, Right drug, Right dose, Right route, and Right time. Licensed nurses will ensure physician order for medication administration route is accurate. Staff leave of absence/vacation will not be permitted to work until completing education. A nursing Supervisors will audit 100% residents receiving medications administration route is accurate. Staff leave of absence/vacation will not be permitted to work until completing education. A nursing Supervisors will audit 100% residents receiving medications administration route is accurate. Staff leave o	A BUILDING 345143 B. WING STREETADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY IYUL, REGULATORY OR I.Sc IDENTIFYING INFORMATION) Continued From page 35 gastric feeding tubes. Findings included: Resident # 52 was admitted on 7/11/2019 with diagnoses including aphasia, gastrostomy, and cerebral vascular accident (CVA). The resident's September 2019, October 2019, November 2019, and December 2019 Medication Administration Record (MAR) revealed the resident had an active order for glycopytrolate, 1miligram tablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. Review of Resident #52 was total care for all activities of daily living and received nothing by mouth. On 12/15/2019 at 5:15 PM a record review of the resident's maintrition and received nothing by mouth. On 12/15/2019 at 5:15 PM a record review of the resident's medication administration record revealed the resident had an active order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order for glycopyrrolate, firm flablet, given by mouth three times a day for increased secretions. The order had a start date of 9/5/2019. An interview was conducte

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345143	B. WING _			C 12/19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 900 W DOLPHIN STREET SILER CITY, NC 27344	•	12/10/2010
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 756	times. Nurse #1 star receive any medicat reviewed Resident # the order on the MA glycopyrrolate by m further stated the remedications by moumedication, glycopy On 12/17/19 at 10:0 conducted with Nurse medication cart on the stated he worked the was familiar with Reference to the resident had an and confirmed he dis 8:00 AM dose of gly #2 acknowledged the MAR read the mouth. Nurse #2 star was inaccurate due to tolerate any medimouth. Record review indication reviews pharmacist on 9/18/11/15/2019. All reviet for Resident #52. On 12/17/19 at 12:0 conducted with the start where he stated the MAR indicated the resident glube. The please of the power of the please of th	sident's medications many ted the resident did not tions by mouth. The nurse #52's MAR and acknowledged aR for the resident to receive outh, was inaccurate. She sident does not take any the and she had not given the	F 7	Nursing will report the findi audits to the monthly Quali and Performance Improver to ensure compliance. The committee is responsible for compliance. 5. Date of compliance 1/17	ity Assurance ment meeting QAPI or the ongoing	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 55.25.			С	
		345143	B. WING _			12/	19/2019
	NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER			9	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN STREET ILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758 SS=E	oversight. In an interview with the on 12/19/2019 at , she Resident #52's physi glycopyrrolate by mouwhere the pharmacist error during the reside which was done on a monthly. Free from Unnec Psy CFR(s): 483.45(c)(3)(she was 45(c)(3) (she was 45(c)(3)) (she w	the Director of Nursing (DON) the stated on 9/5/2019 the cian orders to receive the was sent to pharmacy the should have caught the tent's medication review dmission, readmission, and the chotropic Meds/PRN Use (e)(1)-(5) the pic Drugs. The pic Drugs. The pic Drugs any drug that the associated with mental tior. These drugs include, drugs in the following The pic Drugs and the pic the pi		756			1/17/20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345143	B. WING _			C 12/19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 900 W DOLPHIN STREET SILER CITY, NC 27344	DE	12/13/2013
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 758	unless that medication diagnosed specific or in the clinical record; §483.45(e)(4) PRN or are limited to 14 day §483.45(e)(5), if the prescribing practition appropriate for the P beyond 14 days, he rationale in the residindicate the duration §483.45(e)(5) PRN or drugs are limited to renewed unless the prescribing practition the appropriateness. This REQUIREMENT by: Based on observation the residinterviews with staff, physician, the facility behavioral symptomic behaviors to support use of antipsychotic (Resident #86), failed antipsychotic medical symptoms (EPS), and disorder (Resident #60 (PRN) psychotic medical (PRN) psy	ents do not receive pursuant to a PRN order on is necessary to treat a condition that is documented and orders for psychotropic drugs s. Except as provided in attending physician or her believes that it is rent's medical record and for the PRN order. orders for anti-psychotic rent's medical record and for the PRN order. orders for anti-psychotic rent's medical record and for the PRN order. orders for anti-psychotic rent's medical record and for the PRN order. orders for anti-psychotic rent's medical record and for the PRN order. orders for anti-psychotic rent's medical record and for the PRN order. orders for anti-psychotic rent's medical record and for the PRN order. orders for anti-psychotic rent's medication. T is not met as evidenced on, record review, and Pharmacy Consultant, and refailed to identify targeted s and monitor those real clinical rationale for the and antianxiety medications d to assess a resident on ation for extrapyramidal drug induced movement rentionale to extend as retropic medication beyond 111) for 3 of 7 residents	F7	F758 1. Resident #86 was assessed appropriate target behavioral by the Director of Nurses to solinical rationale for use of particular particu	I symptoms support sychotropic ucinations, identified and s on 1/15/20. d by Staff dal symptoms 17/19. sician order to	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
		345143	B. WING			C 12/19/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/19/2019	
				900 W DOLPHIN STREET	_		
SILER CIT	Y CENTER			SILER CITY, NC 27344			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RRECTION	(X5)	
PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE	
F 758	Continued From page	e 39	F 75	8			
	The findings included	l:					
				2. Director of Nursing, Assista	nt Director		
				of Nursing (ADON), and Nursi	ng		
		admitted to the facility on		Supervisors completed audit of			
		es that included dementia		receiving psychotropic medica			
		sturbance, anxiety, and		ensure appropriate target beh			
	depression.			identified and documented to	• •		
	A mb. /=:=:=== ! = ==d==	data d 7/20/40 fan Daaidant		clinical rationale for the use of			
		dated 7/30/19 for Resident lel (antipsychotic medication)		medication ordered on 1/15/20 Director of Nursing completed			
25 milligrams (mg) at bedtime for		`		residents receiving medication			
	23 milligrams (mg) at	beduine for psychosis.		AIMS assessment on 1/8/20.T			
	A physician 's order	dated 7/30/19 indicated		of Nursing completed an audit			
	A physician 's order dated 7/30/19 indicated Buspar (antianxiety medication) 30 mg twice daily			receiving PRN psychotropic m			
	for anxiety.	, , , ,		on 1/8/20 to ensure the orders			
	Ţ			the 14 day increments. Audit i	ndicated		
	A physician 's order	dated 7/30/19 indicated		that some target behaviors red	quired		
	,	edication) 0.25 mg every 12		revision or discontinuation of o			
	hours (PRN) as need	led.		medications. Medications that			
				been used, and those not mee	-		
		dated 7/30/19 indicated		time limit requirements were d			
		aviors were to be monitored		by the physician. Orders for be			
	and documented on t	d (MAR). There were no		monitoring to include target be added to the Medication Admi			
	targeted behaviors id	, ,		Record (MAR) for residents re			
	targeted benaviors id	critinoa.		psychotropic medication.	ociving.		
	A physician 's order	dated 7/31/19 indicated		poyencuropio medication.			
		ssant medication) extended		3. Director of Nursing, Assista	nt Director		
	release 150 mg once			of Nursing (ADON), and Nursi			
				Supervisors educated license			
		cation review assessment		1/16/20 (including weekend, a			
		ed Resident #86 had no		as needed (prn) licensed nurs			
	behavioral symptoms			on identifying and documentin			
		interventions. Newly		behavioral symptoms to suppo			
		peutic medications were		psychotropic medications and	-		
		ted behaviors identified as		of AIMS assessments. Directo			
		nxiety, psychosis". The		Nursing, ADON, and Nursing	-	 	
		ted to be Seroquel, Xanax,		educated licensed nurses by 1			
	Buspar, and Wellbutr	in.		(including weekend, agency, a	and prn		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345143	B. WING			C	
NAME OF PE	ROVIDER OR SUPPLIER	0.0.40		STREET ADDRESS, CITY, STATE, ZIP COD		12/19/2019	
TVAINE OF T	COVIDER OR GOLT EIER			, , ,	_		
SILER CIT	Y CENTER			900 W DOLPHIN STREET			
				SILER CITY, NC 27344			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 758	Continued From page	e 40	F 7	58			
F 758	The admission Minimassessment dated 8// 's cognition was sever behaviors and no rejereceived antipsychotismedication, and anticof 7 days. A physician 's order discontinuation of Buan initiation of a routitwice daily for increase On 8/13/19 Resident was discontinued. A Resident #86 showed for Resident #86. A Nurse Practitioner indicated that Reside behavioral disturbance anxiety but no psychoto isolate herself in hereported no acute issembly considered with the reported of the resident was discontinued.	num Data Set (MDS) 6/19 indicated Resident #86 erely impaired. She had no ection of care. Resident #86 c medication, antianxiety depressant medication on 7 dated 8/8/19 indicated a spar 30 mg twice daily and ne order for Xanax 0.25 mg	F 7	licensed nurses), Optum Nurse Practitioner, OnSite Care Nur Practitioner and centers Mediconcerning as needed order (psychotropic medications are days and cannot be renewed attending physician or prescripractitioner evaluates the resiappropriateness of the medicon leave of absence/vacation permitted to work until completeducation. 4. Director of Nursing, ADON Nursing Supervisors will reviereceiving psychotropic medical ensure appropriate target behaven identified and document medical record weekly. New opsychotropic medications will during the clinical morning medications have appropriate monitoring in place. Nursing Swill audit residents receiving rethat require AIMS assessment one month, then every two womonth, and monthly for two morning and concerning and monthly for two month, and monthly for two	cal Director, (PRN) Include that limited to 14 unless the limited for the limi		
	Resident #86. This watergeted behavior for A psychotropic medic	vas the only identified		ensure AIMS assessment cor protocol. PRN or as needed p medications, will be reviewed standup by the Director of Nu ADON, and Nursing supervise	mpleted per osychotropic during rsing,		
	assessment. Reside occasionally wander non-pharmacological			week five times weekly for thr The Director of Nursing will re findings of the audits to the m Quality Assurance and Perfor Improvement Meeting to ensu	eport the nonthly rmance		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED	
		345143	B. WING			C 12/19/2019	
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 12/	13/2013
					00 W DOLPHIN STREET		
SILER CIT	Y CENTER				SILER CITY, NC 27344		
0// 15	CLIMMADY CT	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	Continued From page	e 41	F 7	758			
	were noted to be Sere Wellbutrin.	oquel, Xanax, and			compliance. The QAPI committee is responsible for the ongoing compliance) .	
	orders was conducted continued to receive t medications Seroque	#86 ' s active physician ' s d on 12/16/19. Resident #86 the psychotropic I 25 mg once daily, Xanax and Wellbutrin 150 mg once			5. Date of compliance 1/17/2020.		
	on 12/15/19 at 4:00 P in the hall outside of h of the facility. Reside oriented to self, but sl	he was unable to answer s with logical responses. ct and there were no					
	on 12/17/19 at 2:48 P	conducted of Resident #86 PM on the locked unit of the was self-propelling her of the facility.					
	reported that Resider wandering and occas	12/17/19 at 2:50 PM. NA #1 It #86 's only behavior was ional exit seeking. She #86 often wanted and/or					
	2:51 PM she stated the Resident #86 and that issues other than thin	vith NA #2 on 12/17/19 at nat she was familiar with it she had no behavioral iking that she was going in wandering and exit					
	Nurse #10 was interv	iewed on 12/17/19 at 2:53					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 345143 SULPINE CONSTRUCTION ABULDING 345143 STREET ADDRESS, CITY, STATE, 2IP CODE 900 W DOLPHIN STREET SILER CITY CENTER SILER CITY CENTER SILER CITY CENTER SILER CITY, CE 27344 FROM INFORMATION OF DEFICIENCIES (EACH DEPICIENCY MUST SET PRECEDED BY FULL REQULATORY OR LISE IDENTIFYING INFORMATION) FRANCE OF PROPRIETE SILER CITY, NC 27344 FOR SILER CITY, CE 27344 FOR SILER CITY, SILER CITY, SILER	OLIVILIV	O T OTT MEDIO, TILE &	· · · · · · · · · · · · · · · · · · ·				CIVID IVE	2. 0000 000 1
NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER SILER CITY CENTER SILER CITY CENTER SILER CITY OR 27344 FREGULATORY OR US TO ERFICIENCIES SUPPLIED TO THE APPROPRIATE OF PRECEDED BY FULL RECOULATORY OR US TO ERFICIENCY IN TAG FRESH CONTINUE TO THE APPROPRIATE OF PRECEDED BY FULL RECOULATORY OR US TO ERRITORY MOUST BE PRECEDED BY FULL RECOULATORY OR US TO ERRITORY MOUST BE PRECEDED BY FULL RECOULATORY OR US TO ERRITORY MOUST BE PRECEDED BY FULL RECOULATORY OR US TO ERRITORY MOUST BE PRECEDED BY FULL RECOULATORY OR US TO ERRITORY MOUST BE PRECEDED BY FULL RECOULATORY OR US TO THE APPROPRIATE OF PRECEDED BY FULL RECOULATORY OR US TO THE APPROPRIATE OF PRECEDED BY FULL RECOULATORY OR US TO THE APPROPRIATE OF THE APPROPRIATE O			, ,				` '	
NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER SUMMARY STATEMENT OF DEPICIENCIES 1 PRETTY TAG SUMMARY STATEMENT OF DEPICIENCIES 1 PRETTY TAG SUMMARY STATEMENT OF DEPICIENCIES 1 PRETTY TAG TAG COntinued From page 42 PM. She reported that she has regularly worked with Resident #86 since she moved to the locked unit in October. She stated that the resident was moved to this unit due to exit seeking, and wandering were Resident #86 since she moved to the Resident #86 she explained that due to Resident #86 she she she was reviewed with Nurse #10. Nurse #10 she stated that there were some days when Resident #86 wanted to stay in her room most of the day and she believed this was why "withdrawn" was reviewed with Nurse #10. Nurse #10 she stated that there were some days when Resident #86 she indicated this behavior was not a frequent occurrence for the resident #86 she had that related to the use of Seroquel for psychosis and Xanax for increased anxiety were reviewed with Nurse #10. Nurse #10 was unable to explain what behaviors Resident #86 had that related to the use of Seroquel and Xanax for Resident #86 sonly behavioral issue was exity. Social Worker (SW) #2 was in					-		(С
SILER CITY CENTER DOUBLING STREET SILER CITY, NC 27344			345143	B. WING				
ISLER CITY, NC 27344 (X4) ID (X4) ID (X5) ID (X6) ID	NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
SILER CITY, NC 27344 TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG FREGULATORY OR LSC IDENTIFYING INFORMATION) FRESULATORY OR LSC IDENTIFYING INFORMATION) FRESULATORY OR LSC IDENTIFYING INFORMATION) F758 Continued From page 42 PM. She reported that she has regularly worked with Resident #86 since she moved to the locked unit in October. She stated that the resident was moved to this unit due to exit seeking, and wandering were Resident #86 so only behaviors and that these were baseline behaviors for Resident #86. She explained that due to Resident #86. She explained that due to Resident #86. She explained that due to Resident #86. She explained that fact to Resident #86. She stated that the facility's protocol was for behavior monitoring documentation. She stated that behavior monitoring documentation. She stated that behavior monitoring documentation swere selected by administrative nursing staff. Resident #86's only behavior was reviewed with Nurse #10. She stated that there were some days when Resident #86 wanted to stay in her room most of the day and she believed this was why "withdrawn" was chosen as the targeted behavior for Resident #86. She indicated this behavior was not a frequent occurrence for the resident since she has been on the locked unit. Resident #86 's physician's orders for Seroquel for psychosis and Xanax for increased anxiety were reviewed with Nurse #10. Nurse #10 was unable to explain what behaviors Resident #86 had that related to the use of Seroquel and Xanax for Resident #86. So only behavioral issue was exit seeking/wandering. She reported that this was why the resident was moved to the locked unit.	SII FR CIT	Y CENTER			9	000 W DOLPHIN STREET		
FREEIX TAG RESULATORY OR LSC IDENTIFYING INFORMATION) F 758 Continued From page 42 PM. She reported that she has regularly worked with Resident #86 since she moved to the locked unit in October. She stated that the resident was moved to this unit due to exit seeking, and wandering were Resident #86 son behaviors for Resident #86. She explained that due to Resident #86. She stated that the facility 's protocol was for behavior monitoring documentation. She stated that the facility 's protocol was for behavior monitoring documentation. She stated that the heavior monitoring documentation. She stated that the heavior monitoring documentation was on the MAR and targeted behaviors were selected by administrative nursing staff. Resident #86 's only targeted behavior was reviewed with Nurse #10. She stated that there were some days when Resident #86 wanted to stay in her room most of the day and she believed this was why "withdrawn" was chosen as the targeted behavior for Resident #86. She indicated this behavior was not a frequent occurrence for the resident since she has been on the locked unit. Resident #86 's physician 's orders for Seroquel for psychosis and Xnanx for increased anxiety were reviewed with Nurse #10. Nurse #10 was unable to explain what behaviors Resident #86 had that related to the use of Seroquel and Xnanx for Resident #86 S only behavioral issue was exit seeking wandering. She reported that this was why the resident was moved to the locked unit.	OILLIN OIT	TOLKTEK			5	SILER CITY, NC 27344		
PM. She reported that she has regularly worked with Resident #86 since she moved to the locked unit in October. She stated that the resident was moved to this unit due to exit seeking behaviors. Nurse #10 indicated that exit seeking, and wandering were Resident #86 's only behaviors and that these were baseline behaviors for Resident #86. She explained that due to Resident #86. She explained that due to Resident #86 he valve around going home, such as, looking for her car keys and going to the exit doors. Nurse #10 was asked what the facility 's protocol was for behavior monitoring documentation. She stated that behavior monitoring documentation. She stated that behavior monitoring documentation was on the MAR and targeted behaviors were selected by administrative nursing staff. Resident #86's only targeted behavior, "withdrawn", was reviewed with Nurse #10. She stated that there were some days when Resident #86 wanted to stay in her room most of the day and she believed this was why "withdrawn" was chosen as the targeted behavior for Resident #86. She indicated this behavior was not a frequent occurrence for the resident since she has been on the locked unit. Resident #86. She physician 's orders for Seroquel for psychosis and Xanax for increased anxiety were reviewed with Nurse #10. Nurse #10 was unable to explain what behaviors Resident #86 had that related to the use of Seroquel and Xanax for Resident #86's only behavioral issue was exit seeking/wandering. She reported that this was why the resident was moved to the locked unit.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
seen by a psychiatric provider since her	F 758	PM. She reported the with Resident #86 sin unit in October. She moved to this unit due Nurse #10 indicated to wandering were Resident #86. She eresident #86. She eresident #86 seem behaviors that revolve as, looking for her cardoors. Nurse #10 was protocol was for behaviors was documentation. She monitoring document targeted behaviors wadministrative nursing targeted behavior, "with Nurse #10. She days when Resident room most of the day why "withdrawn" was behavior for Resident since she had Resident #86 sphys for psychosis and Xarwere reviewed with Nunable to explain what had that related to the for Resident #86. Social Worker (SW) #12/17/19 at 3:30 PM. #86 sonly behaviors was She indicated that Resident was She indicated	at she has regularly worked ace she moved to the locked stated that the resident was at to exit seeking behaviors. That exit seeking, and dent #86 's only behaviors paseline behaviors for explained that due to entia, she frequently had ad around going home, such a keys and going to the exit as asked what the facility 's exit and saked what the facility 's exit as asked what the facility 's exit as	F	758			

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admission to the fact all residents were reson admission. SW # normally waited to sissues/changes requiservices. An interview was consupervisor #1 on 12 reported that targeted a group discussion of and the SWs. She is waited a few weeks get to know the residuargeted behaviors targeted behaviors targeted behaviors behaviors related to medication. Reside behavior, "withdrawn Supervisor#1. She son admission of the supervisor#1.	ility. She explained that not a ferred to psychiatric services to stated that the facility ee if behavioral uired a referral to psychiatric anducted with Nurse anducted with Nurse and stated that the facility normally after admission in order to dent before selecting specific she indicated that the selected should encompass each psychotropic ent #86's only targeted on, was reviewed Nurse stated that she needed to to discuss why this targeted					
Supervisor #1 on 12 reported that the tark was selected for Rewanted to stay in he isolation for the resid for Seroquel for psycincreased anxiety we Supervisor #1. Nurse to explain why there for Resident #86 that and Xanax. During a phone interesting provided that the service of the servic	### ### ##############################					
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF REGULATORY O	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 admission to the facility. She explained that not all residents were referred to psychiatric services on admission. SW #2 stated that the facility normally waited to see if behavioral issues/changes required a referral to psychiatric services. An interview was conducted with Nurse Supervisor #1 on 12/17/19 at 3:15 PM. She reported that targeted behaviors were selected by a group discussion of administrative nursing staff and the SWs. She stated that the facility normally waited a few weeks after admission in order to get to know the resident before selecting specific targeted behaviors. She indicated that the targeted behaviors selected should encompass behaviors related to each psychotropic medication. Resident #86 's only targeted behavior, "withdrawn", was reviewed Nurse Supervisor#1. She stated that she needed to look into this further to discuss why this targeted behavior was selected. During a follow up interview with Nurse Supervisor#1 on 12/17/19 at 5:07 PM she reported that the targeted behavior "withdrawn" was selected for Resident #86 as she sometimes wanted to stay in her room all day causing isolation for the resident. Resident #86's orders for Seroquel for psychosis and Xanax for increased anxiety were reviewed with Nurse Supervisor #1. Nurse Supervisor #1 was unable to explain why there were no behaviors identified for Resident #86 that related to the use Seroquel	ROVIDER OR SUPPLIER TY CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 admission to the facility. She explained that not all residents were referred to psychiatric services on admission. 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SW #2 stated that the facility normally walted to see if behavioral issues/changes required a referral to psychiatric services supervisor #1 on 12/17/19 at 3:15 PM. She reported that targeted behaviors were selected by a group discussion of admission in order to get to know the resident before selecting specific targeted behaviors related to each psychotropic medication. Resident #86 's only targeted behaviors related to each psychotropic medication. Resident #86 's only targeted behavior was reviewed Nurse Supervisor#1. She stated that the needed to look into this further to discuss why this targeted behavior was selected. During a follow up interview with Nurse Supervisor#1 and 12/17/19 at 5:07 PM she reported that the targeted behavior" withdrawn" was selected for Resident #86 as she sometimes wanted to stay in her room all day causing isolation for the resident. Resident #86 's orders for Seroquel for psychosis and Xanax for increased anxiety were reviewed with Nurse Supervisor#1. Nurse Supervisor #1. Nurse Supervisor #1. Nurse Supervisor #1 nurse supervisor #1. Nurse Supervisor #1. Nurse Supervisor #1. Nurse Supervisor #1. Nurse Supervisor #1 nurse supervisor #1 nurse supervisor #1. Nurse Supervisor #1 nurse supervisor #1. Nurse Supervisor #1 nurse	ROWDER OR SUPPLIER 345143 B. WIND TREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344 SUBMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 43 admission to the facility. She explained that not all residents were referred to psychiatric services on admission. SW #2 stated that the facility normally waited to see if behavioral issues/changes required a referral to psychiatric services. An interview was conducted with Nurse Supervisor #1 on 12/17/19 at 3:15 PM. She reported that targeted behaviors were selected by a group discussion of administrative nursing staff and the SWs. She stated that the facility normally waited a few weeks after admission in order to get to know the resident before selecting specific targeted behaviors. She indicated that the targeted behaviors were reviewed Nurse Supervisor #1 on 12/17/19 at 5:07 PM she reported that the targeted behaviors were viewed with Nurse Supervisor #1 on 12/17/19 at 5:07 PM she reported that the targeted behavior "withdrawn" was selected. During a follow up interview with Nurse Supervisor #1 on 12/17/19 at 5:07 PM she reported that the targeted behavior "withdrawn" was selected for Resident #86 as she sometimes wanted to stay in her room all day causing isolation for the resident. Resident #86 s or she sometimes wanted to stay in her room all day causing isolation for the resident. Resident #86 is or sorders for Seroquel for psychosis and Xanax for increased anxiety were reviewed with Nurse Supervisor #1. Nurse Supervisor #1 was unable to explain with there were no behaviors identified for Resident #86 that related to the use Seroquel and Xanax. During a phone interview with the Pharmacy Consultant on 12/18/19 at 3:30 PM he stated that	

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for psychotropic menable to track what the for, if behaviors were if the medication wandecreased and/or distributed that identification of a rationale for what used to control. An interview was comphysician on 12/18/19 that identification of a rationale for what used to control. An interview was comphysician was asked for use was for Resi Xanax. He stated the was on these medical admitted to the facility resident had multiple stabilization through that this was his foct admission to the fact that this caused the beal ower priority as in back burner as he of her medications are ported that recent stabilized, and that I list to be seen for psymanagement when came to the facility, staff to identify target use of psychotropic these behaviors in the Director of Nurson 12/18/19 at 4:07 Pharmacy Consultation.	dications, so the facility was e medication was being used e ongoing or were stable, and is needed or was able to be scontinued. He explained targeted behaviors provided the medication was being and use the continued that the clinical indication dent #86 's Seroquel and the believed Resident #86 ations when she was ty. He explained that the emedical issues that required medication adjustments and us for Resident #86 since her dility. He further explained Seroquel and Xanax use to the had not wanted to change all to one time. The physician to the psychiatric provider next he added that he expected ted behaviors to support the medications and to document the medical record. Ing (DON) was interviewed PM. The DON restated the not's report that indicated					
for psychotropic me	dications, so the facility was					
	CONTER OR SUPPLIER SUMMARY S (EACH DEFICIENT REGULATORY OR SUPPLIER OF SUMMARY S (EACH DEFICIENT REGULATORY OR SUPPLIER OF SUMMARY S (EACH DEFICIENT REGULATORY OR SUPPLIER OF SUPPLIER OF SUPPLIER OF SUPPLIER OF SUPPLIER OF SUMMARY S (EACH DEFICIENT REGULATORY OR SUMMARY S (EACH DEFICIENT REGULATORY OR SUMMARY S (FOR psychotropic medication of summary supplier of	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 for psychotropic medications, so the facility was able to track what the medication was being used for, if behaviors were ongoing or were stable, and if the medication was needed or was able to be decreased and/or discontinued. He explained that identification of targeted behaviors provided a rationale for what the medication was being	A BUILDIN 345143 B. WING ROVIDER OR SUPPLIER Y CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 for psychotropic medications, so the facility was able to track what the medication was being used for, if behaviors were ongoing or were stable, and if the medication was needed or was able to be decreased and/or discontinued. He explained that identification of targeted behaviors provided a rationale for what the medication was being used to control. An interview was conducted with Resident #86 's physician on 12/18/19 at 12:10 PM. The physician was asked what the clinical indication for use was for Resident #86 's Seroquel and Xanax. He stated that he believed Resident #86 was on these medications when she was admitted to the facility. He explained that the resident had multiple medical issues that required stabilization through medication adjustments and that this was his focus for Resident #86 since her admission to the facility. He further explained that this caused the Seroquel and Xanax use to be a lower priority and they were placed on the "back burner" as he had not wanted to change all of her medications at one time. The physician reported that recently these medical conditions stabilized, and that Resident #86 was now on the list to be seen for psychotropic medication management when the psychiatric provider next came to the facility. He added that he expected staff to identify targeted behaviors to support the use of psychotropic medications and to document these behaviors in the medical record. The Director of Nursing (DON) was interviewed on 12/18/19 at 4:07 PM. The DON restated the Pharmacy Consultant 's report that indicated targeted behaviors were expected to be identified for psychotropic medications, so the facility was	ROWDER OR SUPPLIER Y CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 for psychotropic medications, so the facility was able to brack what the medication was being used for, if behaviors were ongoing or were stable, and if the medication was needed or was able to be decreased and/or discontinued. He explained that identification of targeted behaviors provided a rationale for what the medication was being used to control. An interview was conducted with Resident #86 's physician on 12/18/19 at 12:10 PM. The physician was asked what the clinical indication for use was for Resident #86' s Seroquel and Xanax. He stated that he believed Resident #86' was on these medications when she was admitted to the facility. 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The DON restated the Pharmacy Consultant 's report that indicated targeted behaviors were expected to be identified for psychotropic medications, so the facility was	A BUILDING 345143 ROUDER OR SUPPLIER Y CENTER SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST ARE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 for psychotropic medications, so the facility was able to track what the medication was being used for, if behaviors were ongoing or were stable, and if the medication was needed or was able to be decreased and/or discontinued. He explained that identification of targeted behaviors provided a rationale for what the medication was being used to control. An interview was conducted with Resident #86 's physician on 12/18/19 at 12:10 PM. The physician was asked what the clinical indication for use was for Resident #86 's Seroquel and Xanax. 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if the medication was decreased and/or disthat targeted behavior selected upon as adwait a few weeks to and to identify the tato their medications. when the targeted bewere placed on the Mocumentation. Resibehavior, "withdrawr The DON revealed the was not sufficient as Resident #86's Serpsychosis and Xana anxiety. She stated facility has been focumedication use in an usage. She indicate ensuring targeted be justify the use of psyensure behavior more completed. She indicated admissions came from residents were on medications. The Doprocess to ensure the monitored closely so	e ongoing or were stable, and is needed or was able to be scontinued. She explained ors were not normally mission as they needed to get to the know the resident regeted behaviors that related She further explained that ehaviors were identified they MAR for behavior monitoring ident #86's only targeted or, was reviewed the DON. that this targeted behavior a rationale for the use of oquel prescribed for exprescribed for exprescribed for increased that over the past year the using on psychotropic and effort to decrease overall decrease overall decrease overall decrease over identified to entoropic medications and to onitoring documentation was cated that a lot of their own the hospital and the	F 75	8		
clinical indication for despite all of their ef improvement. 2. Resident #103 was	te for medications that had no use. She indicated that forts they still had room for as admitted to the facility on the that included dementia				

PRINTED: 01/27/2020 FORM APPROVED OMB NO. 0938-0391

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F 758	Continued From pag		F 7	58		
	with behavioral distu	urbance and anxiety.				
	#103 indicated Sero	grams (mg) in the morning				
	assessment dated 1 #103 's cognition w noted with hallucina assessed with physicare on 1 to 3 days.	mum Data Set (MDS) 1/11/19 indicated Resident as severely impaired. He was tions and delusions. He was ical behaviors and rejection of Resident #103 received ation on 7 of 7 days.				
	indicated Resident # medication and that Movement Scale (A	tation Report dated 11/15/19				
	11/25/19, included a of antipsychotic med	are plan, last reviewed on focus area related to the use dication. The interventions AIMS assessment per facility				
	for Resident #103 w	ere reviewed on 12/17/19 and orders for Seroquel				
	were reviewed from revealed an AIMS a involuntary moveme	electronic medical record 11/4/19 through 12/17/19 and essessment or any other ent assessment had not been ent #103 related to the use of				

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	on 12/17/19 at 12:19 observed with no ab movements.	conducted of Resident #103 5 PM. The resident was pnormal involuntary				
	Consultant on 12/18 that he expected an completed on admis on antipsychotic meantipsychotic medical consultant on the consultant of the co	A/19 at 3:30 PM he reported AIMS assessment to be sision for residents admitted dication, on initiation of ation if the resident was sychotic while at the facility,				
	and then every 6 mc antipsychotic medic explained that routin antipsychotic medic	onths thereafter as long as the ation was in use. He he AIMS assessments for ation were necessary due to fects of antipsychotic				
	reported that the factor AIMS assessment admission for reside medication, on initial medication, and the revealed that the electric reports and the revealed that the electric reports and the second reports and the second reports and the second reports and re	2/17/19 at 5:01 PM. She cility 's normal protocol was not to be completed on ents on antipsychotic tion of an antipsychotic n every 6 months. She extronic medical record (EMR) at a month or two ago and				
	assessments "trigge explained that asses were supposed to a nurse to complete. since the EMR upda assessments were rassessment to be m Supervisor #1 reveal	ering" for completion. She assments, such as the AIMS, automatically come up for the She further explained that ate they had noticed some not triggering causing the aliesed by the nurse. Nurse alled that AIMS assessments essments that they identified				

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	121	13/2013
(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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 758	the EMR system upon that the Director of Northe issue. The DON was interved report of the facility hassessments. She assessments trigger EMR system was upon had been completing as they came across medical record was she confirmed there completed for this reconsultation Report an AIMS assessment #103 was reviewed.	date had affected. She stated dursing (DON) was aware of viewed on 12/17/19 at 5:07 Nurse Supervisor #1 's s protocol for AIMS additionally confirmed Nurse port of issues with AIMS ing for completion since the odated. She stated that they g any missed assessments as them. Resident #103 's reviewed with the DON and was no AIMS assessment esident. The Pharmacy dated 11/15/19 that identified in twas needed for Resident with the DON. She stated that in came to her through email	F 79	58		
	A physician 's order #111 indicated Traze medication) 50 millig needed (PRN) at be was no stop date for This order was enter record (EMR) by Nu The admission Minir assessment dated 1 #111 's cognition was	is admitted to the facility on oses that included dementia. I dated 11/21/19 for Resident odone (antidepressant grams (mg) every 24 hours as dtime for agitation. There is this PRN Trazodone order. Tred into the electronic medical grae Supervisor #1. Inum Data Set (MDS) 1/27/19 indicated Resident as severely impaired, and she sant medication on 1 of 7				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345143	B. WING		C 12/19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	1 12/10/2010
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETION
F 758	Continued From pa	ge 49	F 758	3	
	Administration Rec	per 2019 Medication ord (MAR) for Resident #111 codone was administered one			
	active physician 's the 11/21/19 physic Trazodone remaine The December 201	nt #111 's December 2019 's orders on 12/16/19 indicated cian 's order for PRN ed active and had no stop date. 9 MAR from 12/1/19 through o administrations of PRN dent #111.			
	Supervisor #1 on 1: #111 's active PRN 11/21/19, with no st Nurse Supervisor # this order into the E stated she was awa indicated physician was required to ext medication 's durat revealed she was u medications, such a regulation. She ex				
	physician on 12/18, was aware of the rephysician document required to extend a medication 's durat physician revealed	with Resident #111 ' s /19 at 12:10 PM he stated he egulation that indicated tation of a rationale was a PRN psychotropic tion beyond 14 days. The he was unaware that dications, such as Trazodone,			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	COMF	E SURVEY PLETED
		345143	B. WING _			C / 19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	, 12.	113/2013
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 758	on 12/19/19 at 10:36 Nurse Supervisor #1 physician 's interview unaware the regulatio psychotropic medicat antidepressants. She year the facility was w antianxiety medicatio discontinue the PRN stop dates were in pla they would include an their PRN monitoring During a phone interv Consultant on 12/18/ that he was aware th PRN psychotropic me antidepressant medic previously made recorrelated to the need for the indication for use therapy, and the ratio period if a PRN psycl greater than 14 days QAPI/QAA Improvem CFR(s): 483.75(g)(2) §483.75(g) Quality as	ion. Ing (DON) was interviewed AM. The DON restated 's interview and the withat indicated they were considered to PRN tions included the reported that over the past working hard to monitor PRN on orders in an effort to either orders or to ensure 14 day face. The DON stated that intidepressant medications in moving forward. In with the Pharmacy 19 at 3:30 PM he reported at the regulations related to redications. He indicated he commendations to the facility or the prescriber to document the intended duration of conale for the extended time motropic was ordered for the extended	F7			1/17/20
	assurance committee (ii) Develop and imple action to correct iden	iality assessment and emust: emust: ement appropriate plans of tified quality deficiencies; is not met as evidenced				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345143	B. WING			C
NAME OF D	ROVIDER OR SUPPLIER	040140		STREET ADDRESS, CITY, STATE, ZIP CO		12/19/2019
NAME OF FI	NOVIDER OR SUFFLIER				<i>I</i> DE	
SILER CIT	Y CENTER			900 W DOLPHIN STREET		
				SILER CITY, NC 27344		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 867	Continued From page	e 51	F 8	67		
	Based on record rev	iews, observations, staff		F867		
	interviews and physic	ian interview, the facility's				
	Quality Assessment a	and Assurance (QAA)		1.The center Quality Assura	nce and	
	Committee failed to n	naintain implemented		Performance Improvement (Committee	
	procedures and moni	tor interventions the		has developed revised plans	s to correct	
		to place following the annual		the repeat deficient practices	S.	
	•	dated 11/1/18. This was for				
		es in the areas of Accuracy		Accuracy of Assessments (F	•	
		641- not coding the Minimum		Modifications were made to		
	Data Set (MDS) accu			Data Set (MDS) for resident		
		tropic Medications use at		was miscoded. For Resider		
		e duration on as needed		MDS Nurse modified the MD		
		ions, previously cited on		on 12/18/19. For Resident #		
		ed failure of the facility rveys of record shows a		Registered Dietician modifie correct it on 1/14/20. Modific		
	_	s inability to sustain an		made to the MDS of residen		
	effective QAA prograi			MDS Nurse on 12/17/19. Th	-	
	ellective QAA prograt			for Resident #35 included ac		
	The findings included			diagnosis of Anxiety to Secti	•	
	The initiality included	•		#34 included changing diet t		
	This citation is cross	referenced to:		mouth (NPO) in section K, a		
	3			#55 the modification include		
	F641- Based on reco	rd review and staff interview,		resident had been administe	J	
		ode the Minimum Data Set		anticoagulation 7 days inste		
		the areas of diagnoses		to section N. Modifications n		
	,	tion (Resident #34) and		MDS corrected previous info	ormation in the	
		nt #55) for 3 of 26 sampled		MDS for each of the residen		
	residents reviewed.	,		apparent impact for the three	e residents	
				were noted.		
	During the facility's re	certification survey of				
	11/01/18 the facility w	as cited for failure to code		The MDS Nurse completed	an audit of the	
	the Minimum Data Se	, ,		Minimum Data Set (most cu		
		s of dialysis (Resident #321)		those residents with diagnos	•	
		sidents on dialysis, in the		to ensure coding was correct		
		esident #55) for 1 of 5		No additional issues were di		
		viewed for unnecessary		Registered Dietician comple		
	medications and in th			of residents who are on an N		
		of 3 discharged sample		ensure accurate coding on 1		
	residents.			additional issues were disco	vered. MDS	

		(X3) DATE COMP	SURVEY LETED				
		345143	B. WING _				0 19/2019
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE		10.2010
				9	00 W DOLPHIN STREET		
SILER CIT	Y CENTER			s	SILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 867	Continued From page F758- Based on obse interviews with staff, physician, the facility behavioral symptoms behaviors to support use of antipsychotic a (Resident #86), failed antipsychotic medica symptoms (EPS), a c disorder (Resident #7 documentation of the needed (PRN) psych 14 days (Resident #7 reviewed for psychotic During the facility's re 11/01/18 the facility w as needed psychotro limited in duration (Re #86) for 4 of 5 reside psychotropic medicate An interview was con 10:30am with the Adi of Nursing (DON). The citation in MDS accur human error and she antidepressants fell u	ervation, record review, and Pharmacy Consultant, and failed to identify targeted and monitor those a clinical rationale for the and antianxiety medications to assess a resident on tion for extrapyramidal large induced movement (103), and failed to obtain rationale to extend as otropic medication beyond (11) for 3 of 7 residents ropic medications. Excertification survey of the vas cited for failure to ensure pic medications were time esidents #15, #33, #57, and into reviewed for as needed dion. Impleted on 12/19/19 at ministrator and the Director are DON stated the repeat arecy was felt to be related to was not aware under the same category for which in turn caused the		367		nal ere ent. IDS on sor it	
					wandering, and hitting) were identified added to the medical records on 1/15/2 Resident #103 was assessed by Staff Nurse (LPN) for extrapyramidal sympton	and 20.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING	
345143 B. WING	C 12/19/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, Z	
900 W DOLPHIN STREET	6652
SILER CITY CENTER	
SILER CITY, NC 27344	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED	DATE.
F 867 Continued From page 53 F 867 F 867 Continued From page 53 F 867 by AIMS assessment or Resident #111 received discontinue use of as non 12/16/19. Director of Nursing, Ass Nursing (ADON), and N Supervisors completed receiving psychotropic ensure appropriate targ identified and document clinical rationale for the medication ordered on Director of Nursing completed an receiving PRN psychotron 1/8/20 to ensure the the 14 day increments. that some target behavior existence of discontinual medications. Medication been used, and those n time limit requirements by the physician. Order monitoring to include tall added to the Medication Record (MAR) for reside psychotropic medication. Director of Nursing, Ass Nursing (ADON), and N Supervisors educated ii 1/16/20 (including week as needed (pr.n) [iconserved].	sistant Director of lursing audit of residents medications to et behaviors are ted to support use of the 1/15/20. The inpleted an audit of dications requiring /8/20. The Director in audit of residents ropic medications orders reflected Audit indicated iors required ion of certain insist that had not not meeting the were discontinued is for behavior greet behaviors, are in Administration ents receiving in. sistant Director of lursing icense nurses by send, agency, and ad nurses) menting target o support use of

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) BUILDING		(X3)) DATE SURVEY COMPLETED			
		345143	B. WING _			C 12/19/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, 2 900 W DOLPHIN STREET SILER CITY, NC 27344	ZIP CODE	12/10/2010
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE EIENCY)	(X5) COMPLETION DATE
F 867	Continued From pag	e 54	F8	of AIMS assessments. Nursing, ADON, and N educated licensed nurse (including weekend, ag licensed nurses), Optur Practitioner, OnSite Ca Practitioner and centers concerning as needed psychotropic medication days and cannot be rer attending physician or practitioner evaluates the appropriateness of the on leave of absence/va permitted to work until education. Director of Nursing, AD Supervisors will review psychotropic medication appropriate target behave identified and document record weekly. New ord psychotropic medication during the clinical morn ensure any new orders medications have appromonitoring in place. Nu will audit residents receithat require AIMS assesone month, then every month, and monthly for ensure AIMS assessment protocol. PRN or as needications, will be revistandup by the Director ADON, and Nursing su week five times weekly	ursing Supervisors les by 1/16/20 ency, and prn m Nurse re Nurse s Medical Director, order (PRN) ns to include that les are limited to 14 newed unless the orescribing he resident for the medication. Staff location will not be completing ON, and Nursing residents receiving ns to ensure laviors have been lated in the medical lers for ns will be reviewed ling meeting to for psychotropic opriate behavior resing Supervisors eliving medications sements weekly for two weeks for one two months to ent completed per leded psychotropic riewed during of Nursing, pervisors each	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED
		345143	B. WING			C
	ROVIDER OR SUPPLIER	1 0.01.0		STREET ADDRESS, CITY, STATE, 900 W DOLPHIN STREET SILER CITY, NC 27344	ZIP CODE	12/19/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)	DATE
F 867	Continued From pag	e 55	F8	The Director of Nursin findings of the audits to Quality Assurance and Improvement Meeting compliance. The QAP responsible for the ong. 2. The Regional Nurse Center Quality Assuran Performance Improvemet on 1/14/20 and rethat were implemented previous year sannuate to identified deficient path that the remainder of the sustained effective conformation accomplished by compoutlined in the original interviews. 3. Education was proven Regional Nurse with the Assurance and Performance and Performance and Performation was completed. The QaPI Process. This econgoing review of prior that compliance is maited aducation was completed. The Quality Assurance Performance Improvement Committing and review of the QaPI Meeting of systems will be compotential deficier Administrator is responsible.	o the monthly a Performance to ensure a committee is going compliance a along with the nee and ment Committee viewed the plans as a result of the asymptotic and included a plans and staff and included a plans to ensure the plans that to address the ctice to ensure the plans that to address the ctice to ensure the plans that to address the ctice to ensure the plans to identify and precise to identify a practice. The	e nse as the will t at As ws

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	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345143	B. WING		C 12/19/2019
	ROVIDER OR SUPPLIER Y CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344	12/13/2013
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 867	Continued From pa	ge 56	F 86	Process and sustaining an effective program. The Regional Nurse will the QAPI Minutes monthly x 3 more ensure the process is followed to implement and correct identified deficiencies. 5. Date of compliance 1/17/2020.	review
F 880 SS=D	infection prevention designed to provide comfortable enviror development and tr diseases and infection program. The facility must es and control program a minimum, the following services und communicable staff, volunteers, vis providing services und accepted national signature.	control tablish and maintain an and control program a safe, sanitary and ment and to help prevent the ansmission of communicable ions. In prevention and control tablish an infection prevention in (IPCP) that must include, at owing elements: Stem for preventing, identifying, ting, and controlling infections diseases for all residents, sitors, and other individuals under a contractual upon the facility assessment ig to §483.70(e) and following	F 88	•	1/17/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345143	B. WING			C 12/19/2019
	ROVIDER OR SUPPLIER Y CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 900 W DOLPHIN STREET SILER CITY, NC 27344		271072010
(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 ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 880	communicable disease reported; (iii) Standard and trait to be followed to preve (iv) When and how is cresident; including but (A) The type and durindepending upon the involved, and (B) A requirement that least restrictive possicircumstances. (v) The circumstance must prohibit employ disease or infected secontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease of infected secontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected secontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected secontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected secontact with residents contact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected secontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected secontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected secontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected secontact with residents contact	cole diseases or control can spread to other can spread to other can spread to other can possible incidents of se or infections should be consmission-based precautions went spread of infections; colation should be used for a set not limited to: attended to a set not limited to: attended to a set the isolation, infectious agent or organism that the isolation should be the ble for the resident under the cases with a communicable kin lesions from direct so or their food, if direct the disease; and a procedures to be followed rect resident contact. The for recording incidents accility's IPCP and the seen by the facility. The store, process, and see to prevent the spread of	F 88	F880		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345143	B. WING			l	C / 19/2019
NAME OF PE	ROVIDER OR SUPPLIER		 	STI	REET ADDRESS, CITY, STATE, ZIP CODE	12/	19/2019
TAPAWIE OF TH	TOVIDER OR OUT FILE				0 W DOLPHIN STREET		
SILER CIT	Y CENTER						
				SIL	LER CITY, NC 27344		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 880	Continued From page	e 58	F8	880			
	facility failed to disinf	ect a shared glucometer					
		sure a resident ' s blood			1. Blood Glucometer was properly		
	,	ar level) after the glucometer			disinfected prior to obtaining blood		
		ident and prior to staff			specimen of resident #121. Staff nurse)	
	intending to use it on	another for 1 of 4 residents			cleaned glucometer by policy prior to		
	(Resident #121) obsermonitoring.	erved to have blood glucose			additional resident use on 12/15/19.		
	•				2. Diabetic residents who have a		
	The findings included	! :			physician order to monitor blood sugar	by	
	J				accu-check are at risk. Director of Nurs		
	A review of the facility	y 's policy entitled, "NSG217			(DON), Assistant Director of Nursing		
	Glucose Meter" (Effe	ctive 6/1/96; Revised on			(ADON), and Nursing Supervisors		
	5/15/17) was conduc	ted. The policy read, in part:			completed audit of residents with order	s	
	"To ensure the accura	acy and validity of blood			to check blood sugar on 1/15/19 no		
	glucose monitoring, b	plood glucose meters will be			evidence of infection noted. Director of		
	disinfected before an	d after patient use" The			Nursing, Nurse Supervisor, and Nurse		
	stated purpose of the	policy included, "To			Practice Educator (NPE) conducted		
	maintain infection of	control standards."			observation of staff nurses completing		
					accu-check beginning 12/16/19 through	1	
	On 12/15/19 at 4:18	PM, Nurse #7 was observed			1/16/20 with no issues noted.		
		neter to obtain a blood					
	glucose reading for F	Resident #70. After checking			3. Director of Nursing provided education	on	
		glucose, the nurse set the			to nurse #7 on 12/15/19. Director of		
		Resident #70 on top of the			Nursing, Assistant Director of Nursing		
	medication cart. The	glucometer was not			(ADON) and Nursing Supervisors		
	disinfected.				educated licensed nurses by 1/16/20		
					(including weekend, agency, and as		
		PM, Nurse #7 was observed			needed (prn) licensed nurses,) education	on	
		necessary supplies and a			included policy and procedure for		
	•	om a drawer of the med cart			disinfection of the glucometer between		
	_	e check for Resident #121. A			patients with return demonstration		
	continuous observati				provided. Staff on leave of	4	
	_	Resident #70 remained on			absence/vacation will not be permitted	ιΟ	
		cart. Nurse #7 left the med			work until completing education.		
		returned to the cart, stating			4 NDE will audit E residente non deu St	10	
	_	er she attempted to use for			4. NPE will audit 5 residents per day five	'e	
		ot working properly. The			times a week for four weeks, then 5	\r	
	used for Resident #7	ïrst glucometer (which was 0 but had not been			residents per day three times a week for four weeks, then 5 residents weekly for		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345143	B. WING		4.	C 2/19/2019
	ROVIDER OR SUPPLIER	0.07.10		STREET ADDRESS, CITY, STATE, ZIP CO 900 W DOLPHIN STREET SILER CITY, NC 27344		2/19/2019
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 880	again try to check Reglucose. Nurse #7 tr 121's room. As she #121's room, the nurse was he was holding was Resident #70's blook confirmed it was the she should have don glucometer before us she paused then stat nurse expressed grat before proceeding wifor Resident #121. Nand disinfected the gbleach wipes in accomanufacturer's recommendation of the she was all y disinfected the germicidal bleach cart. The nurse stateme." An interview was conditionally disinfected the germicidal bleach cart. The nurse stateme." An interview was conditionally disinfected the germicidal bleach cart. The nurse stateme." An interview was conditionally disinfected the germicidal bleach cart. The nurse stateme."	g used) and supplies to esident #121 's blood hen proceeded to Resident be began to enter Resident se was asked to stop. At was asked if the glucometer the same one used to check ad glucose. Nurse #7 same meter. When asked if ee anything with the shared sing it for another resident, red, "I need to wash it." The titude for being stopped with the blood glucose check flurse #7 returned to the cart flucometer with germicidal redance with the formendations. Inducted with Nurse #7 on During the interview, the id not know why she had the meter. Nurse #7 stated ed a shared glucometer with a wipes stored on the med ed, "I'm glad you stopped her aware of the observed shared glucometer. The ty had been working quite	F 88	four weeks, to ensure that the disinfecting procedure is followed glucometer use. NPE will refindings of the audits to the Meeting to ensure compliant committee is responsible for compliance. 5. Date of compliance 1/17/	lowed for port the monthly QAPI ce. The QAPI r the ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345143	B. WING			C 12/19/2019
NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE	
F 880			F 88			