STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345242	A. BUILDING _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FOUNTAINS AT THE ALBEMARLE	200 TRADE STREET TARBORO, NC 27886

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced recertification survey and complaint investigation was conducted on 1/21/2020 through 1/23/2020. The facility was found in compliance with requirement CFR 483.73. Emergency Preparedness. Event NEQ711.	E 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550		2/12/20

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

Electronically Signed | 02/05/2020

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F 550	Continued From page 1 §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to treat residents with dignity and respect by referring to residents who required assistance with meals as "feeders." This was evidenced for two of two residents observed for dining. (Resident #2, Resident #18) Findings included: 1. Resident #2 was admitted to the facility on 10/6/16. Her active diagnoses included dementia, and anxiety disorder. Resident #2 ' s minimum data set assessment (MDS) dated 10/30/19 revealed she was assessed as severely cognitively impaired. She required extensive assistance with eating. Resident #2 ' s care plan dated 12/16/19 revealed she was care planned to require assistance with meals. During observation on 1/21/2020 at 12:34 PM at lunch Resident #2 was observed in the dining room. MDS Nurse #1 was observed to ask Nurse Aide #1 who else was a "feeder." Nurse Aide #1	F 550	Inservice with 100% of skilled nursing clinical and dietary associates began on 01/21/20 and will be completed by 02/12/20 covering treating residents with dignity by using the term residents requiring assistance with dining for residents that need assistance with meals. Meals in the dining room will be audited by the DON or her designee weekly x 4 weeks and monthly x 2 months to ensure associates are treating residents with dignity and respect by referring to the residents needing assistance with meals as residents requiring assistance with dining and not using the term feeders. Findings of Dining Room audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed.	

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F 550	Continued From page 2	F 550		

replied Resident #2. This was audible from where the surveyor was standing two tables away. There were multiple other alert and oriented residents within an audible distance from MDS Nurse #1.

During an interview on 1/21/2020 at 12:47 PM MDS Nurse #1 stated he should not have used the term "feeder." He continued to state he was just not thinking and should have said the residents needed assistance with meals. The nurse concluded "feeders" was a derogatory term and there were alert and oriented people in room who were able to hear him, and he should not have used it.

During an interview on 1/21/2020 at 1:13 PM Nurse Aide #1 stated the staff at the facility used the term "feeders." She further stated the "feeders" MDS Nurse #1 was asking about were Resident #2 and Resident #18. She stated "feeder" meant the residents needed staff help during meals. When asked again, she reiterated "feeders" was a term used by staff to describe those residents.

During an interview on 1/21/2020 3:21 PM the Director of Nursing stated staff should not use the term "feeders" for dignity concerns. She further stated staff were to say residents required assistance with meals. She concluded she would begin in-services immediately.

2. Resident #18 was admitted to the facility on 6/6/14. Her active diagnoses included dementia.

Resident #18 ' s minimum data set assessment (MDS) dated 12/18/19 revealed she was assessed as severely cognitively impaired. She

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F 550	Continued From page 3	F 550		

was totally dependent on staff for meals.

Resident #18 ' s care plan dated 1/6/2020 revealed she was care planned to require assistance with meals.

During observation on 1/21/2020 at 12:33 PM MDS Nurse #1 was observed helping pass out lunch meals in the dining room. He turned to the kitchen staff and audibly stated a nurse aide was getting food off the cart for the "feeders." A meal tray was brought from the cart and given to Resident #18. MDS Nurse #1's statement could be heard from the far corner of the dining room. There were multiple other alert and oriented residents within an audible distance from MDS Nurse #1.

During an interview on 1/21/2020 at 12:47 PM MDS Nurse #1 stated he should not have used the term "feeder." He continued to state he was just not thinking and should have said the residents needed assistance with meals. The nurse concluded "feeders" was a derogatory term and there were alert and oriented people in room who were able to hear him, and he should not have used it.

During an interview on 1/21/2020 at 1:13 PM Nurse Aide #1 stated the staff at the facility used the term "feeders." She further stated the "feeders" MDS Nurse #1 was asking about were Resident #2 and Resident #18. She stated "feeder" meant the residents needed staff help during meals. When asked again, she reiterated "feeders" was a term used by staff to describe those residents.

During an interview on 1/21/2020 3:21 PM the

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F 550	Continued From page 4 Director of Nursing stated staff should not use the term "feeders" for dignity concerns. She further stated staff were to say residents required assistance with meals. She concluded she would begin in-services immediately.	F 550		
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to perform a significant change in status Minimum Data Set (MDS) assessment following hospice enrollment for 1 of 1 residents (Resident #16) reviewed for hospice care. The findings included: Resident #16 was admitted to the facility on 12/5/2019 with diagnoses which included malignant neoplasm of connective and soft tissue (a cancerous tumor that arises in the connective tissue such as muscles, tendons, ligaments, fat, and cartilage) and unspecified dementia without behavioral disturbance.	F 637	Completion of Significant Change MDS assessment for Resident #16 was completed on 01/28/19 to capture hospice enrollment. This assessment was transmitted on 01/30/19. 100% audit of all residents on hospice will be conducted by DON and/or designee by 2/12/20 to ensure that all hospice residents had a significant change assessment completed at the time of hospice enrollment. Inservice with DON, and ADON by 02/12/19 covering the need for completion of significant change assessment following hospice enrollment by a	2/12/20

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F 637	Continued From page 5 An admission Minimum Data Set (MDS) dated 12/11/2019 revealed Resident #16 cognitive status was unable to be assessed. The MDS showed the resident had no moods or behaviors. At the time of the assessment Resident #16 was not receiving hospice services. A physician ' s orders dated 12/17/2019 for Resident #16 showed an order for hospice to evaluate and provide treatment. Resident #16 ' s medical record revealed she was admitted to hospice service on 12/17/2019 . Resident #16 ' s MDS assessments revealed a significant change assessment was not completed after the resident was admitted to hospice on 12/17/19. During an interview with MDS Nurse #1 on 1/22/2020 at 3:45 pm, he stated a significant change MDS was not completed because the admission MDS had just been completed the morning Resident #16 was admitted to hospice services. MDS Nurse #1 also stated hospice was the only thing that had changed with Resident ' s #16. MDS Nurse #1 further stated that he should have completed the significant change MDS for Resident #16. An interview with the Administrator on 1/23/2020 at 1:00 pm revealed the MDS Nurse was responsible for completing the MDS significant change assessment after hospice care had been started, and the assessment should have been completed.	F 637	resident. MDS nurse resigned effective 02/05/20. Upon hire, new MDS nurse will complete inservice. All MDS assessments for residents enrolling in hospice will be audited by DON or designee weekly x 4 weeks and monthly x 2 months to ensure completion of significant change assessment after hospice enrollment. Findings of MDS assessment audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed	
F 758	Free from Unnec Psychotropic Meds/PRN Use	F 758		2/12/20

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F 758 SS=D	Continued From page 6 CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is	F 758		

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F 758	Continued From page 7 appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and physician interview, and record reviews, the facility failed to limit the duration of the use of an as needed (PRN) psychotropic drug to 14 days or have a prescriber document a rationale in the resident ' s medical record for an extension of the drug ' s use beyond 14 days for 1 of 1 residents (Resident # 16) reviewed for unnecessary medications. Findings included: Resident #16 was admitted to the facility on 12/5/2019 with diagnoses which included malignant neoplasm of connective and soft tissue (a cancerous tumor that arises in the connective tissue such as muscles, tendons, ligaments, fat, and cartilage) and unspecified dementia without behavioral disturbance. A physician order for Resident #16 that was dated 12/5/2019 specified Ativan 0.5 milligrams (mg) by mouth every 4 hours as needed for anxiety with no stop date indicated. An admission Minimum Data Set (MDS) dated 12/11/2019 revealed Resident #16 cognitive	F 758	The prescriber (Nurse Practitioner) documented a rationale in resident #16's medical record for an extension of the Ativan 0.5 mg for 45 days on 01/22/20. An audit was completed by the DON and ADON on 01/24/20 of all resident's with orders for PRN psychotropic medications to ensure that each had a stop date to limit the duration of the use to 14 days or had a prescriber documented rational in the resident's medical record for an extension of the drug's use beyond 14 days. Inservice with all nursing staff to be completed by 02/12/20 covering obtaining a stop date for all PRN pychotropic drugs to limit the duration of the use to 14 days or having a prescriber document a rationale in the resident's medical record for an extension of the drug's use beyond 14 days. All PRN psychotropic medication orders will be audited by DON or designee weekly x 4 weeks and monthly x 2 months	

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F 758	Continued From page 8 status was unable to be assessed. The MDS showed the resident had no moods or behaviors. The resident received no anti-anxiety medication during the assessment ' s look back period. Resident #16 ' s medication administration records revealed the resident received no Ativan during the month of December 2019 and received Ativan six times during the month of January 2020. The January 2020 MAR reflected that Resident #16 received PRN Ativan in January on the following dates: 1/17/2020, 1/18/2020, 1/19/2020, 1/20/2020. A pharmacist consultant recommendation dated 1/16/2020 addressed to Resident #16 ' s primary care physician revealed a recommendation which stated Resident #16 had a PRN ativan order without a stop date. To discontinue or provide a rationale for continued use or provide a duration of therapy. An observation on 1/22/2020 at 4:00 pm with Nurse #2 revealed Resident #16 had a package and a bottle of Ativan 0.5 mg tablets in the narcotic box on the west hallway medication cart. During an interview with Physician #1 on 1/22/2020 at 2:10 pm, he stated the pharmacist recommendation of 1/16/20 was reviewed by the Nurse Practitioner. Physician #1 also stated he mistakenly thought Resident #16 was being followed by the psychiatrist and psychotropic medications are normally deferred to the psychiatrist. The physician also stated the resident ' s PRN Ativan order should have had a stop date. The Administrator stated during an interview on	F 758	to ensure there is a stop date for all PRN pychotropic drugs to limit the duration of the use to 14 days or prescriber documentation of a rationale in the resident's medical record for an extension of the drug's use beyond 14 days. Audit of PRN psychotropic medication orders will also be conducted by Pharmacy consultant monthly with recommendations given to DON to complete. Findings of PRN Psychotropic audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed. This Plan of Correction has been submitted to meet the requirements established by state/federal law. This Plan of Correction constitutes this facility's demonstration of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency existed or that one was cited.	

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F 758	Continued From page 9 1/23/2020 at 1:00 pm, upon Resident #16 ' s admission to the facility, the nurses should have caught that the resident ' s PRN Ativan order had no stop date and called the physician to obtain a clarification order.	F 758		