DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/18/2011
FORM APPROVED
OMB NO. 0938-0391

CENTER	S FUR MEDICARE &	MEDICAID SERVICES			1211	ONID NO	1. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	ULTIP LDING	LE CONSTRUCTION 2 8 2011	(X3) DATE SUF COMPLETE	
							.
		345260	B. WIN	IG		03/0	3/2011
NAME OF PR	ROVIDER OR SUPPLIER	1	•	STR	EET ADDRESS, CITY, STATE, ZIP CODE	•	
				I .	60 WINSTEAD AVE		
GUARDIA	N CARE OF ROCKY MO	UNT		R	OCKY MOUNT, NC 27804		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	J	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
1 000	INTERIOR COMMISSION	•	1 '	000	This Plan of Correction is the center's	credible	
	The survey dates we	ro from Eobruani 18 17			allegation of compliance.	Cr Curbic	
		re from February 16-17, 7 through March 3, 2011.					
		vas identified on March 1,			Preparation and/or execution of this pl does not constitute admission or agree		1
	2011 and was remove				provider of the truth of the facts alleged		s
F 157	483.10(b)(11) NOTIF		F	157	set forth in the statement of deficiencies	s. The plan of	
SS=J					correction is prepared and/or executed		
55 5	,	. ,			it is required by the provisions of feder	ai ana siaie iav	·
		iately inform the resident;		- 1	Resident Specific		4/4/20
		ent's physician; and if		į	resident Speeding		., , , , , , ,
		dent's legal representative			Resident #1 was admitted to	the facility	
	i ·	y member when there is an			on 1/3/2011. Her diagnoses in	*1	
		resident which results in			Comminuted Intertrochanteric		
		ential for requiring physician			fracture, Rhobdomylosis, HTN		
		cant change in the resident's			Cognitive Impairment, and Alz		
		sychosocial status (i.e., a , mental, or psychosocial			dementia. Her medications inc		
		eatening conditions or			Metoprolol Tartrate, Mirtazepi	1	
		; a need to alter treatment			Prednisone, Lisinopril, Colace,		
	significantly (i.e., a ne			ŀ	Sulfate, and Lortab. She receive		or
	existing form of treatn				right hip pain once on 1/3, twice		
		commence a new form of		ļ	1/6, 1/7, 1/8, 1/9, 1/10, 1/11, at		
		ion to transfer or discharge		1	She received Lortab three time		
	the resident from the	facility as specified in			1/12/2011. She also experienc	ed	
ĺ	§483.12(a).				hemorrhoid pain on 1/9/2011 a		
					was received for Annusol supp	ositories the	
		promptly notify the resident			times per day as needed. Resid		
		ident's legal representative			Colace 100mg two times per de	ay since	
		ember when there is a	-		admission. On 1/9/2011, Lactu	ılose 30cc	
	specified in §483.15(ommate assignment as			daily was added to her medicat	ion regimen	
		e)(2), or a change in Federal or State law or]	İ	for constipation. On 1/10/2011	, Senokot	
		ed in paragraph (b)(1) of			was added one tablet daily for		
	this section.	a in paragraph (b)(i) of			Resident received Fleets enema	1	
1					1/10/2011 (one) and 1/12/2011		
	The facility must recor	d and periodically update		1	1/13/2011, both the resident an		
[e number of the resident's		- 1	requested she be sent to the em		m
		r interested family member.			for evaluation. She stated, "I d	on't feel	
		// //			good."		
ABORATORY (DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>		ĮITLE /		X6) DATE /

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: LVIW11

Facility ID: 953217

3/25/11

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345260	B. WING		C 03/03/2011
	ROVIDER OR SUPPLIER	UNT	16	EET ADDRESS, CITY, STATE, ZIP CODE 10 WINSTEAD AVE DCKY MOUNT, NC 27804	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 157	by: Based on staff intervier facility guideline revier facility failed to notify onset abdominal/rectar constipation for 1 of 6 (Resident #1). The facility failed to notify onset abdominal/rectar constipation for 1 of 6 (Resident #1). The facility facilit	ews, physician interviews, w and record review the the physician of noted new all pain with associated sampled residents cility failed to notify the prapeutic (low) International NR) level for 1 of 3 sampled 11) (IJ) began on 1/8/11 for ediate jeopardy was not was removed on 3/3/11 in the facility demonstrated it in credible allegation of the ty was left out of th	F 157	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this pl does not constitute admission or agreed provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal Attending physician was notificated for resident to be transemergency room. Vital signs of temperature 97.3, pulse 69, resulted bowel movements 1/5/2011-two soft, medium both 1/5/2011-two soft, medium both 1/8/2011-one soft, medium both 1/8/2011-one soft, small bowel 1/10/2011-Senokot one tablet of added for constipation; one Fleth 1/11/2011-one soft, small bowel 1/12/2011-one soft,	lan of correction ment by the d or conclusions s. The plan of it solely because al and state law. ied and order asported to the were: spirations 12, sident had s as follows: wel wel movement l movement daily was set's enema bowel el movement given with no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		С	
	345260	B. YVING		03/03/201	1
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOU	JNT	16	EET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE OCKY MOUNT, NC 27804		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COM	(X5) PLETION DATE
next regular visit or phone day to 72 hours. 1.Resident #1 was ad 1/3/11 with diagnoses fracture, rhabdomyoly skeletal muscle due to hypertension, and mile. The undated, unsigne the following handwrit "No c/o (complaint) part (right) hip." The "serecompleted. Further restype/intensity", "other life/activities of daily life of pain" and "conclusive completed. Nurse #2 was intervied Nurse #2 admitted the 1/3/11. She indicated whole lot of pain in the second or third day she you touched her. The the resident did not was was the reason for her come to work with the scream. The nurse state for the initial pain asset provide a reason for the assessment. Resident #1's physicial 2011 to January 13, 20 was ordered to received (milligrams) twice daily	an could be notified at the none conversation within mitted to the facility on including a right hip sis (rapid breakdown of damage to muscle tissue), dognitive dysfunction. d "Pain Assessment" had ten in the "location" section, ain - on admission soreness verity" section was not view revealed the "pain non-verbal", "quality of ving", "cause of pain", "relief on" sections were not wed on 2/17/11 at 3:30PM. The resident to the facility on the resident wasn't having a first day. Then around the ewould just scream when staff was not sure if maybe ant to go to therapy and that behavior. Therapy would resident and she would just sted she was responsible assment and could not the incomplete pain orders for January 3, 211 revealed the resident are Ferrous Sulfate 325 mg	F 157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plat does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed it is required by the provisions of federal All Other Residents 1. (A) On 3-01-11, Nur Management team, con Interim Director of Nu Services (I-DNS), Staf Development Coordina and Minimum Data Se Coordinators (MDSC) pain assessments on all house to identify reside pain. (B) On 3-01-11, Nur Management team, con Interim Director of Nu Services (I-DNS), Staf Development Coordina and Minimum Data Se Coordinators (MDSC) bowel record review for of the facility to also in look back period to the documented bowel mo identify residents with movement in three day 2. (A) The resident's price and the state of the resident of the facility to also in the state of the s	rent by the corconclusions. The plan of solely because al and state law. The plan of solely because al and state law. The plan of solely because al and state law. The plan of solely because al and state law. The performed all residents in the solely because and state law. The performed all residents in the solely because all solely because a control of the performed for residents include the collection of the performed because all state wement to no bowel is.	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		E CONSTRUCTION	(X3) DATE SUI COMPLET	
		345260	B. WIN				3/2 011
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		00/0	0/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 157	Review of the nurse's 1/7/11 revealed the reright hip pain and "pain needed pain medicati Review of the resident shift revealed she had movements on 1/3/11 had 2 medium soft both of 1/5/11. Review of the resident shift revealed she had movements on 1/6/11. Review of the resident shift revealed she had movement on 1/6/11. The resident had one movement on 1/7/11 at Resident #1 received 1/8/11 for complaint "pup to evaluate the effermedication. The MAR reflected the for rectal pain at 9PM effectiveness of the medication. The MAR noted the resident should be a seril pain at 9PM effectiveness of the medication. The MAR noted the resident should be a seril pain at 9PM effectiveness of the medication. The MAR noted the resident should be a seril pain at 9PM effectiveness of the medication.	ninophen) 5mg/325mg 1 tab ded. notes, dated 1/3/11 through esident had complaints of in." She was receiving as on (Lortab). It's "Bowel Record" for 7-3 in no noted bowel and 1/4/11. The resident wel movements on dayshift It's "Bowel Record" for 7-3 in no noted bowel and 1/4/11. The resident wel movements on dayshift It's "Bowel Record" for 7-3 in no noted bowel and 1/8/11 during dayshift. a Lortab at 4:55AM on pain." There was no follow ectiveness of the	F	157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed sit is required by the provisions of federal score of 3 or higher on 1(mild)-10 (continuous the pain assessment for orders implemented an planned by MDSC and licensed nurse, at the tionset. The IDT (Interd Team) will validate this least 5 times weekly in Morning Review. Resp. Party(s) will be notified medications or change current medication as to the Nurse Managem consisting of the Interin Nursing Services (I-DM Development Coordination and Minimum Data Sec. Coordinators (MDSC) noted with no bowel mother three days. Bowel Proceed to the order of the coordination	a scale of s/severe) or conclusion the plan of solely because I and state law a scale of s/severe) or m, with new dicare I or primary ime of pain isciplinary is process a Clinical consible dof new in dosage of the movement in the cool states ocumented Lactulose is a tube	s w of tts :

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SUI COMPLET	
		345260	B. WING				3/2011
	(EACH DEFICIENC)	JNT ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI) TAG	160 V ROC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIETION)	D BE	(X6) COMPLETION DATE
F 157	physician assistant fo (Hydrocortisone Crea rectum) TID (three timpain prn (as needed). Lortab and Anusol HC There was no evaluate either medication. Resident #1 had a sm 1/9/11. The MAR reflected reand Anusol HC for "rewas no evaluation on medication. The nurse's note date the resident had receisuppository per rectum hemorroidal pain. The whether or not there vectum when the Anusinserted. No assessm the abdomen was not The MAR noted reside 8PM on 1/9/11 for "pa A verbal order dated "Lactulose 30cc (cubic daily, Senokot 1 po dated On 1/10/11 at 6:15AM the resident had been per rectum (at 5:30AM hemorroidal pain (at 3	r was received from the r "Annusal HC m) suppository 1 to 2 pr (per les daily) for hemorrhoidal l' The resident received a c for "rectal" pain at 12PM. ion on the effectiveness of all soft bowel movement on sident #1 received a Lortab ctal" pain at 4PM. There the effectiveness of either d ,1/9/11 at 6:50PM noted wed an Anusol HC m and Lortab for re was no mention of was stool present in the sol suppositories were ent of the hemorrhoids or ed. ent #1 received Lortab at in across top buttock." //9/11 at 11PM read in part, c centimeter) po (by mouth) inly." the nurse's note reflected medicated with Anusol HC l) and Lortab for complaint	F1	157	This Plan of Correction is the center's coallegation of compliance. Preparation and/or execution of this plat does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed sit is required by the provisions of federation in the faction is required by the provisions of federation in the faction is required by the provisions of federation in the faction in the fac	on of correction that the plan of solely because I and state law documented no results ulcolax supectum) procumented no results colax give ectum) procumented no results colax give ectum procumented no results colax give ectum) procumented no results colax give ectum procumented no resul	s , d p

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
			B. WIN			(
		345260	D. TVIIV			03/0:	3/2011
NAME OF PE	OVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
GUARDIA	N CARE OF ROCKY MO	UNT		l	60 WINSTEAD AVE		
		W4.5.		R	OCKY MOUNT, NC 27804		
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F 157	Continued From page	e 5	F	157			
F 157	the resident stated shall therapy. The therapis "decreased motivation resident had pain in had pain medications were aware. Review of the MAR for resident received a Formula was not documented Notes" or in the nurse "Bowel Record" for 10 amount of bowel move 11-7 shifts. Review of the nurse's revealed no indication regarding the in-effect The PT notes for 1/10 said "I can't do it." (in Resident #1 had pain and rectum pain. Pain and the nurse was award the nurse was award the nurse's note (dor 1/11/11 at 8:30PM renot attempt to walk and moderate amount of significant was given by mouth. "fair" amount of liquid	the could not participate in the tot noted the resident had not." The PT noted the her abdomen and right hip. The given and the nurse was not 1/10/11 reflected the leets enema x 1. The enema on the "Nurse's Medication be's notes. Review of the 1/10/11 noted "0" for the rements on 7-3, 3-11, and the notes, dated 1/10/11 in of physician notification titive enema. 1/// If revealed the resident regards to therapy) If in her right lower extremity in medications were received ware.	F	157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plad does not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal needed basis on-going plan is inclusive of: • Pain type, chronic, acubreakthrough, phanton • Pain symptoms: crying facial grimace, guardin complaints of pain, defunctional level, inabil limiting activities, not a) Licensed Nursing Staff moresidents for pain each shift physicians when signs and pain, worsening pain, repoin in pain location / type / frecintensity of pain to physiciae • Providing non-pharmatic comfort measures inclured as appropriate • Monitoring for side efficiently including Licensed Nursing Assimonitoring and documents	an of correction tent by the for conclusion. The plan of solely because all and state law. Pain care ate, and g/moaning ag, acrease in ity to sleep eating and cological and cological and adding deep g, activities feets arses to symptoms of Nurses and stants	s of es
	1/11/11 reflected at 9 assisted to the toilet.						el

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUII	LDING			;
		345260	B. WIN	G			3/2011
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO			STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 157	During an interview o #2 indicated she believes ident's rectum oncoming any stool. Of course to narcotic pain medicate constipating. Review of the MAR reason indication of physication Notes" as no indication of physicate lack of effectivened. A nurse's note on 1/12 resident received Anuand 2PM with minima resident. The nurse nesuppositories she felt matter" and she remoof stool." On 1/12/11 at 10PM remained in bed and herself." Her appetite given Lortab for "discoveridence of physician The "C.N.A. Flow Reco" Behaviors observed." shift on 1/12/11 the reyelling/screaming." No noted on the flow recoming and the recommendation of the recommendation of the recommendation of the flow recommendation of the recommendation of the flow recommendation of the recommendation of the flow recommendation o	was no indication of in regards to the resident's an 2/17/11 at 3:30PM nurse eved she checked the emanually and did not feel the resident was on a ion and that could be evealed resident #1 received 12/11 at 8AM and 1:30PM. Even enter on the "Nurse's "not effective." There was clain notification in regards to ess of the enemas. 2/11 at 4PM revealed the est of the enemas. 2/11 at 4PM revealed the est of the enemas. 2/11 at 4PM revealed the est of the enemas. 2/11 at 4PM revealed the est of the enemas. 2/11 at 4PM revealed the est of the enemas. 2/11 at 4PM revealed the est of the enemas. 2/11 at 4PM revealed the est of the est of the enemas. 2/11 at 4PM revealed the est of the est of the enemas. 2/11 at 4PM revealed the est of the est of the enemas. 2/11 at 4PM revealed the est of the	F	157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal. • Administering and more effectiveness and for prefects from pain med. • Pain Assessment to be on admission, quarterly significant change in section with resident members as needed at measures, analgesic magnificant change in section with resident members as needed at measures, analgesic magnificant change in section with resident members as needed at measures, analgesic magnificant change in section of the section of	an of correction and by the lor conclusion. The plan of solely because al and state law onitoring for cossible side ication are completed by and with status and familications, arding pain istants will an urse if movement istants will on bowel arses will red flow boo shift. nistering atives per	y t

From page 1/12/11 (n having problement) the eat much." www.was.come 2. The NA s d about not	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	A. BUII B. WIN ID PREFI	STRE 16- RC	EET ADDRESS, CITY, STATE, ZIP CODE O WINSTEAD AVE DCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY) This Plan of Correction is the center's callegation of compliance.	03/03 ON LD BE PRIATE	
SUMMARY STATE DEFICIENCY ULATORY OR LET IN 1/12/11 (In having protovement) the eat much." EW WAS COME 2. The NA s d about not	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TO time) that read in part, blems with having BM e nurse gave her something.	B. WMN ID PREFI TAG	STRE 16 RC	EET ADDRESS, CITY, STATE, ZIP CODE 0 WINSTEAD AVE DCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY) This Plan of Correction is the center's c	03/03 ON LD BE PRIATE	(X5) COMPLETION
SUMMARY STATE DEFICIENCY ULATORY OR LET IN 1/12/11 (In having protovement) the eat much." EW WAS COME 2. The NA s d about not	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TO time) that read in part, blems with having BM e nurse gave her something.	ID PREF TAG	STRE 16 RC	O WINSTEAD AVE DCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY) This Plan of Correction is the center's c	ON LD 8E PRIATE	(X5) COMPLETION
SUMMARY STATE DEFICIENCY ULATORY OR LET IN 1/12/11 (In having protovement) the eat much." EW WAS COME 2. The NA s d about not	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 7 o time) that read in part, olems with having BM e nurse gave her something.	PREF TAG	160 RC	O WINSTEAD AVE DCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY) This Plan of Correction is the center's c	LD BE PRIATE	COMPLETION
From page 1/12/11 (n having problement) the eat much." www.was.come 2. The NA s d about not	or MUST BE PRECEDED BY FULL (SCIDENTIFYING INFORMATION) 7 or time) that read in part, oblems with having BM and not a nurse gave her something.	PREF TAG	х	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY) This Plan of Correction is the center's c	LD BE PRIATE	COMPLETION
From page 1/12/11 (n having problement) the eat much." www.was.come 2. The NA s d about not	or MUST BE PRECEDED BY FULL (SCIDENTIFYING INFORMATION) 7 or time) that read in part, oblems with having BM and not a nurse gave her something.	PREF TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY) This Plan of Correction is the center's c	LD BE PRIATE	COMPLETION
I 1/12/11 (n having protovement) the eat much." bw was cond 2. The NA s d about not	o time) that read in part, plems with having BM e nurse gave her something.	F	157		credible	
not go to the esident and tool came of the dated 1/nt had been do had put it complained controlled the nurse interview, of the NA statives" and find the rectum re aware of something tes for 1/12	12/11 (11pm-7am) noted removing stool from her all over her bedding. The of pain in her rectum. The e. In 2/17/11 at 3:06PM, NA #4 was a very anxious about ed the resident was "always at trying to manually remove in with her fingers. The of the resident's behavior she did throughout her stay.			consisting of Interim Director of Services (I-DNS), Staff Develor Coordinator (SDC) and Minimu Coordinators (MDSC) impleme evaluated and / or updated residuated to constipation as Constipation care plan is inclused to Certified Nursing Assistant monitoring and docum movements every shift of Certified Nursing Assistant verbally notify licensed resident has no boweld	nent by the I or conclusion The plan of solely because al and state lav istant o follow ement team, of Nursing pment um Data Se ented, dent care needed. ive of: istants ienting bow t istants will d nurse if	s el
d of pain in pain medic	her rectum. The nurse was ations were received.			 Certified Nursing Assidocument notification record and licensed nur 	on bowel rses will	¢.
Resident #1 had only 1 noted bowel movement on the 11-7 shift, a small soft one on 1/12/11. Review of the resident's "Bowel Record" for 7-3 shift revealed she had no noted bowel				the beginning of each shift. Licensed Nurses administering stool softeners and laxatives per MD orders		
other inhrafins tebd in 17 the	e dated 1/s had been had put it inplained of the nurse atterview, of e resident he NA state attives" and her recturre aware of omething es for 1/12 ad (reside of pain in beain medic had only shift, a small e resident dishe had	e dated 1/12/11 (11pm-7am) noted thad been removing stool from her had put it all over her bedding. The implained of pain in her rectum. The dithe nurse. Atterview, on 2/17/11 at 3:06PM, NA #4 to resident was a very anxious about no NA stated the resident was "always actives" and trying to manually remove their rectum with her fingers. The enaware of the resident's behavior comething she did throughout her stay. The set for 1/12/11 read in part, "I am ad (resident)." The resident of pain in her rectum. The nurse was pain medications were received. That only 1 noted bowel movement shift, a small soft one on 1/12/11.	e dated 1/12/11 (11pm-7am) noted thad been removing stool from her had put it all over her bedding. The implained of pain in her rectum. The difference of the nurse. Interview, on 2/17/11 at 3:06PM, NA #4 to resident was a very anxious about the NA stated the resident was "always actives" and trying to manually remove their rectum with her fingers. The end aware of the resident's behavior comething she did throughout her stay. The pain in her rectum. The nurse was the pain in her rectum. The nurse was the pain in her rectum. The nurse was the pain medications were received. The resident's "Bowel Record" for 7-3 dishe had no noted bowel	e dated 1/12/11 (11pm-7am) noted thad been removing stool from her had put it all over her bedding. The implained of pain in her rectum. The distribution of pain in her rectum. The distribution of pain in her rectum. The distribution of pain in her rectum with her fingers. The eaware of the resident's behavior omething she did throughout her stay. The pain in her rectum. The nurse was pain medications were received. The resident's "Bowel Record" for 7-3 dishe had no noted bowel	the dated 1/12/11 (11pm-7am) noted had been removing stool from her had put it all over her bedding. The mplained of pain in her rectum. The dithe nurse. Interview, on 2/17/11 at 3:06PM, NA #4 eresident was a very anxious about he NA stated the resident was "always atives" and trying to manually remove her rectum with her fingers. The ere aware of the resident's behavior omething she did throughout her stay. The paid (resident)." The resident of pain in her rectum. The nurse was pain medications were received. The double of pain in her rectum. The nurse was pain medications were received. The paid the nurse was document notification record and licensed nurse with the beginning of each stool softeners and lax MD orders. The date of 1/12/11 (11pm-7am) noted consisting of Interim Director of Services (I-DNS), Staff Develor Coordinators (MDSC) and Minimit Coordinators (MDSC) impleme evaluated and / or updated residentians a Constipation care plan is incluse. Certified Nursing Assistant verbally notify license resident has no bowel three days. Certified Nursing Assistant has no bowel and three days. Certified Nursing Assistant has no bowel and the beginning of each stool softeners and lax MD orders.	the dated 1/12/11 (11pm-7am) noted thad been removing stool from her had put it all over her bedding. The implained of pain in her rectum. The date resident was a very anxious about her rectum with her fingers. The ea aware of the resident's behavior omething she did throughout her stay. The formal in her rectum. The nurse was pain medications were received. The date only 1 noted bowel movement shift, a small soft one on 1/12/11. The resident's "Bowel Record" for 7-3 dishe had no noted bowel (B) On 3-01-11, Nurse Management team, consisting of Interim Director of Nursing Services (I-DNS), Staff Development Coordinators (SDC) and Minimum Data Services (I-DNS), Staff Development Coordinators (MDSC) implemented, evaluated and / or updated resident care plans related to constipation as needed. Constipation care plan is inclusive of: Certified Nursing Assistants monitoring and documenting bow movements every shift. Certified Nursing Assistants will verbally notify licensed nurse if resident has no bowel movement three days. Certified Nursing Assistants will document notification on bowel record and licensed nurses will review the bowel record flow boot the beginning of each shift. Licensed Nurses administering stool softeners and laxatives per MD orders.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , , , , , ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A BUILDING		С
		345260	B. WNG		03/03/2011
	ROVIDER OR SUPPLIER	JNT	1	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 157	the resident had beer most of the night. She and continued to inset to try to remove stool. Resident #1 told PT stodaily PT note dated 1. had abdominal pain smovement. A nurse's note for 1/1 resident was being set for "altered mental stated on the feel good." Her temperature 97.3 deg respirations 12 and bloom the MAR revealed redoses of the as needed 1/13/11. She received 1/4/11 to 1/8/11 the redaily of the Lortab. Or of Lortab (4AM, 12PM resident had two dose 1/10/11 and 1/11/11. It he Lortab on 1/12/11 and 2 doses on 1/13/1 receiving the Ferrous Colace twice daily. Record review of the Infa/11, noted the resemergency department abdominal pain, fatiguthypotension. The residenemas and manual of 1/12/11. The facility and 1/12/11.	d 1/13/11 at 6:45AM noted requesting the bed pan had a medium brown stool of the fingers into her rectum. The was sick on 1/13/11. The fingers into her rectum the was sick on 1/13/11. The fingers into her resident econdary to no bowel. 3/11 at 12:30PM noted the ent to the emergency room stus." The resident stated "I vital signs were; rees Farenheit, pulse 69, cood pressure was 58/32. sident #1 had received 24 and Lortab from 1/3/11 to 10 one dose on 1/3/11. From resident received 2 doses in 1/9/11 she had four doses in 1/9/11 she had four doses of (times not documented) 11. Resident #1 was Sulfate twice daily and the mospital records dated, ident presented to the	F 157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plad does not constitute admission or agreed provider of the truth of the facts allegates set forth in the statement of deficiencies. correction is prepared and/or executed it is required by the provisions of federal. Licensed Nurses encounand fiber as appropriated. Certified Nursing Assistencouraging resident the prescribed diet. Notification of Register for evaluation of diet as intake / offerings, residuals in the prescribed diet. Staff Development Conserviced current licensed and /or fluids to pregular bowel eliminated. Staff Development Conserviced current licensed nurses during licensed nurses during licensed nurses during licensed nurses returning vacation and leave of a regard to pain policy to a Assessment of pain including duration, frequency of day pain general conserviced current, extending the pain service on the pain including duration, frequency of day pain general pain serviced current, several pain serviced current, several pain serviced pain able to the present ab	an of correction tent by the or conclusions The plan of solely because of and state land. The plan of solely because of and state land. The plan of or follow

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		CONSTRUCTION	(X3) DATE SUI COMPLET	
		345260	B. WING				C 3/2011
	ROVIDER OR SUPPLIER	UNT		160	ET ADDRESS, CITY, STATE, ZIP CODE WINSTEAD AVE CKY MOUNT, NC 27804	 	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 157	(bowel sounds), recta (positive for blood)." The CT (computed to and pelvis, done on 1 rather marked amounthe rectum and rectos with clinical diagnosis filled dilated small box fluid levels are preser Resident #1 expired of with final primary diagarrest, aspiration pnet bleed, hypotension, leacidosis and renal fail. The rehabilitation inteinterviewed on 2/17/1 she had worked with a remembered the residirst time she worked for a few days, a week she came back the reresident was complain stomach. The rehab in remembered assisting with nursing because her move her bowels. just could not do it, shindicated as the reside was significantly differ stay but like 3-4 days.	d the abdomen was ender with hypoactive BS I with gross heme + stool mography) of the abdomen //3/11, read in part, "A t of retained stool is noted in sigmoid (colon) compatible of fecal impaction. Fluid wel loops with scattered air at." on 1/13/11 at the hospital snoses of cardiopulmonary amonia, GI (gastrointestinal) sukocytosis, metabolic ure. rim manager was 1 at 12:05PM. She indicated resident #1. She lent did "pretty good" the with her. Then she was off kend she thinks, and when sident was "different." The hing of trouble with her nterim manager of the resident to the toilet they thought that might help The resident stated she e couldn't push. She ent's stay progressed she ent. It was not the whole towards the end.	F	157	plan as a limplemed pain care. Monitor of use of medicate. Notifying attending requiring needed) for great consecut. Notifying attending unrelieved or higher of 1 (milested).	an of correction nent by the lar conclusion. The plan of solely because at and state law less (facial vocalization / observed ain affecting ality of life laily living, relief of nof pain can needed entation of e plan ling frequent f analgesic ion and generation of the generation of the generation of analgesic ion as the generation of	s, s, gg/

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		С
		345260	B. WNG		03/03/2011
	ROVIDER OR SUPPLIER	ТИЦ	16	EET ADDRESS, CITY, STATE, ZIP CODE 0 WINSTEAD AVE DCKY MOUNT, NC 27804	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 157	her stay. Nurse #1 ind for rehab; she had a recomplain of pain. She and nurse #1 gave the Nurse #1 indicated so narcotic pain medicated lethargy and drowsined did not have any convin regards to the pain connection to the resi abdominal pain. She protocol. The protocol and the nurses would nurse would not contain had gone all the way results (bowel movem happened. Nurse #1 sresident's abdomen of wasn't really hard" an hyperactive. During an interview of indicated she took can stay. The NA stated the meaning the staff had activities of daily living that she could not hav #1 reported the resided (#1). The NA indicated an enema, but she could reside type" of results from the last time the NA was 1/12/11. The resident to the staff had activities any relief.	(8 out of 10 days) during dicated the resident came in ight hip fracture. She did had a PRN pain medication as medication as ordered. The side effects of a fon were constipation, ass. The nurse stated she resations with the physician med and possible/potential dent's constipation and noted the facility had a BM was like a standing order follow the protocol. The fact the physician until they thru the protocol and had no tents), but that hardly ever stated she last assessed the in 1/13/11 and it was "soft, did her bowel sounds were 1. 2/17/11 at 2:37PM, NA #1 are of the resident during her he resident was "total care" to assist her with her is a bowel movement. NA ant's concern to the nurse did nurse #1 gave the resident did from receiving the enema. The resident did from receiving the enema. Vorked with the resident did not move her bowels.	F 157	b) Staff Developmer inserviced current Nursing Assistant and will repeat in going for newly he Nursing Assistant orientation, Certific Assistants returnity vacation and leave with regard to: • Pain point included License when reserve experies experies including Nursing monitors frequer amount movem document according experies experie	an of correction ment by the I or conclusions The plan of solely because al and state law. Intion care plan of Coordinator of Certified as on 3-1-11 -service on- ired Certified as during fied Nursing of from of absence olicy to reporting to ed Nurse esident ences pain mentation of ore plan ong Certified g Assistants ring oney and of bowel ment and enting

STATEMENT OF AND PLAN OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mt A. BUIL		E CONSTRUCTION	(X3) DATE SUF COMPLET	
		345260	B. WIN				C 3/2011
NAME OF PRO	VIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
GUARDIAN	CARE OF ROCKY MOI	JNT			DOWNSTEAD AVE DOKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
fer the property of the proper	acility consultant #1. she assessed the resion apparent distress. he assessment in the Facility consultant #1 expected to phone the protocol was completed to phone the protocol was completed to call the doctor. Howevere abdominal painurse to phone the p	the administrator and The DON indicated when ident on 1/12/11 she was in The DON did not document a resident's medical record. Stated the staff would not be a physician until the bowel ely done. The reason they so the staff would not have ever, if the resident had in then she would expect the eysician. In 2/17/11 at 5:45PM director) stated if the facility intacting an attending build always contact him. He ctor himself. He stated it the ty and he knew most of the ediate area. If the facility incern then he (as the id handle it immediately the attending physician. In 2/17/11 at 5:45PM director) stated if the facility incern then he facility incern then he cannot be ediate area. If the facility incern then he cannot be did handle it immediately the attending physician. In 2/17/11 at 5:45PM director in the facility incern then he cannot be ediate area. If the facility incern then he cannot be did handle it immediately the attending physician. In 2/17/11 at 5:45PM director in the stated it is pain the facility in the facility in the stated it is pain in the facility in the facility in the attending physician in the facility in the f		Fecilii	Assista docume notifica bowel i licensee review record beginni shift • Certific Assista encoura	an of correction and by the lor conclusion. The plan of solely because all and state law ays and state law ays at the bowel flow book to the bowel flow be completed for all newly readmitted for and resident dications of the bowel flow be completed for all newly readmitted for and resident dications of the bowel flow and the bowel flow flow flow flow flow flow flow flo	I he nt d

	COT OIL MEDIOAILE	I	T00.14	in Tio	N CONSTRUCTION	(X3) DATE SURVEY	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	COMPLETE	
			A. BUII	"Dino	j	(o
		345260	B. WIN	G			3/2011
NAME OF PF	ROVIDER OR SUPPLIER			STRI	REET ADDRESS, CITY, STATE, ZIP CODE		
CHARDIA	N CARE OF ROCKY MO	INT		16	60 WINSTEAD AVE		
GUARDIA	N CARE OF ROCK! WO			R	ROCKY MOUNT, NC 27804		12.71
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 157	Continued From page	÷ 12	F	157			
	expected if a resident	t did not have a bowel		1	This Plan of Correction is the center's c	redible	
I	I .	lays the staff would call and		-	allegation of compliance.		
		He does not remember			Preparation and/or execution of this pla	an of correctio	n
I		ax regarding this resident			does not constitute admission or agreen	nent by the	
I		pated or having increased			provider of the truth of the facts alleged	l or conclusion	s
,	pain or a change in tr	ne location of her pain.			set forth in the statement of deficiencies. correction is prepared and/or executed		ļ
	During on intensious o	- 014/44 04 44.42 4 \$4			it is required by the provisions of federa		
-	During an interview o	n 3/1/11 at 11:43AW, (PA) #1 indicated if the staff					
ļ		nim in regards to resident #1			quarterly and with sign	nificant	
		ol/Lactulose) it was probably		}	change resulting in pai		
	via fax. He stated he			1	2. Pain monitoring added		
		hing off hand about the		1	Medication Administra	ation Recor	ds
	resident.	11119 on 114114 and 1111		1	for all residents. Residents.	dents will b	e
				1	assessed for pain each	shift by the	ı
	A follow up interview	was conducted with			licensed nurse and care	e planned	
	physician #2 on 3/3/1	1 at 10AM. Physician #2			interventions impleme	nted as	
		developed a new problem			needed. If pain medic	ation is	
1		ough, or pain "of course"		-	indicated and the resid	lent has no	l
		vant to be notified. He also			order for pain medicat	ion, the	l
		esident was new to the	İ		licensed nurse will not		l
		ian group did not know them		1	physician of the new o		
		them sent to the emergency			and request pain medic		ιe
		onset abdominal pain. If the		1	resident is experiencin		
		ne resident then he would be treat at the facility if able.			level 3 with no relief v	1	
		neat at the facility if able. ne facility staff should keep			plan of care, the assess		ı
	-	ed either him or the PA. He]		will notify the physicia	an for a pail	ı
ļ	, , ,	e of the facility contacting		- 1	medication order or ad		
	him or the PA would h			- 1	current pain medicatio	n dosage as	i
-	l .	ions on it or if they called			indicated.		
		th instructions. Physician #2			Care plans will be initi		
		gest concerns he saw were			residents with pain. T		ı
	pain, constipation and	d dehydration. He indicated		1	will include medication		,
		oblem especially with			interventions as well a	1	ı
	narcotic pain medicat	ion administration.			pharmacological interv	ventions to	oe
			ŀ	ŀ	attempted prior to med		
		s notified of the I.J. on	-	ı	plans will be revised a		d
	3/1/11 at 12:10PM. TI	he facility provided an			quarterly and with cha	nge of	:

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII	.DING		l ,	3
		345260	B. WIN	G			3/2011
NAME OF PR	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
GHARDIA	N CARE OF ROCKY MO	TALL		16	60 WINSTEAD AVE		
GUARDIA	IN CARL OF ROOK! HIO	341		R	OCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 157	Continued From page		F	157			
		llegation of compliance on he following interventions			This Plan of Correction is the center's a allegation of compliance. Preparation and/or execution of this pla does not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies	an of correction went by the lor conclusion The plan of	s
	1/3/2011. Her diagnor Intertrochanteric right Rhobdomylosis, HTN and Alzheimer's demondrate included Metoprolol The Prednisone, Lisinopril and Lortab. She rece once on 1/3, twice on 1/10, 1/11, and 1/13/2 three times on 1/12/2 hemorrhoid pain on 1 received for Annusol per day as needed. Finding two times per 1/9/2011, Lactulose 3 medication regimen for 1/10/2011, Senokot with for constipation. Residents	, Mild Cognitive Impairment, entia. Her medications fartrate, Mirtazepine, Plavix, I, Colace, Ferrous Sulfate, elived Lortab for right hip pain 1/4, 1/5, 1/6, 1/7, 1/8, 1/9, 2011. She received Lortab 0011. She also experienced 1/9/2011 and an order was suppositories three times Resident received Colace day since admission. On 1/9/2014 and 1/9/2016 constipation. On 1/9/20 and 1/9/2016 constipation. On 1/9/20 and 1/9/2016 constipation. On 1/9/20 and 1/9/2016 constipation. On 1/9/20 and 1/9/2016 constipation. On 1/9/20 and 1/9/2016 constipation. On 1/9/20 and 1/9/2016 constipation. On 1/9/2016 constipation. On 1/9/2016 constipation. On 1/9/2016 constipation. On 1/9/2016 constipation. On 1/9/2016 constipation.			bowel movements on monitoring flow sheet of each shift, the nursi will report off to their licensed nurse for vali flow book documentate completed. Licensed working 7a-3p will revolved monitoring flow identify residents with movement in 3 days. residents will be added laxative list for a laxate administered on the 3p. The laxative list will be to the 11p-7a shift for	bowel At the end of a supervising dation the tion has been urses view the v books and no bowel. These do to the tive to be bell p shift. The passed on the passed of the time to be passed on the time to be passed on the time to be passed on the time to be passed on the time to be passed on the time to be passed on the time to be passed on the time to be passed on the time to be passed on the time time time time time time time tim	, s n
	enemas on 1/10/2011 On 1/13/2011, both the requested she be sent evaluation. She state Attending physician we received for resident to emergency room. Vit 97.3, pulse 69, respirate pressure 58/32. Resist movements as follows: 1/5/2011-two soft, me 1/7/2011-one soft, me	(one) and 1/12/2011 (two). The resident and her brother in the to the emergency room for indexed and order in the indexed at signs were: temperature in the indexed at the			results to be document are not achieved within minutes after Fleets en administered per bowe the attending physician on call will be notified orders. Once the bowe implemented, the 24 h will be updated to indibowel protocol has been the resident will remate hour report until the corelieved.	ed. If result thirty tema is all protocol, or physical for further el protocol our report leate the en initiated in on the 24	an s og

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		С	
		345260	B. WING		03/03/2011	
	ROVIDER OR SUPPLIER	JNT	16	EET ADDRESS, CITY, STATE, ZIP CODE 50 WINSTEAD AVE OCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLÉTION	
F 157	constipation; one Flee 1/11/2011-one hard, r 1/12/2011-one soft, st 1/12/2011-two Fleets results documented Resident passed awa 1/13/2011. All Other Residents (A) On 3-01-11, Nur consisting of Interim E (I-DNS), Staff Develop and Minimum Data Seperformed pain asses house to identify resid (B) On 3-01-11, Nur consisting of Interim E (I-DNS), Staff Develop and Minimum Data Seperformed bowel recothe facility to also included the last documented by the facility to also included the staff of the physical telephone when a residents with no bow (A) The resident's pure sponsible for physical telephone when a resident on a scale of 10 (continuous/severe) of form, with new orders planned by MDSC and at the time of pain ons Team) will validate thi	all bowel movement the tablet daily was added for the tablet daily was added for the tablet daily was added for the tablet daily was added for the tablet daily was added for the tablet daily was added for the tablet daily was added for the tablet movement the tablet movement the tablet daily was added for the tablet movement team, the tablet daily was added for the tabl	F 157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal Services (I-DNS), or Services (I-DNS), or Services (I-DNS), or Services (I-DNS), and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) and Services (I-DNS) or Services (I-DN	an of correction ment by the d or conclusions solely because al and state law. BDC will aily ongoing were priate and on the absence of Nursing DC, the North res will aily on s ongoing to e priate and Illegation is of Nursing review tted or or ree days a pain pleted, care as necessary, have pain	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SUF COMPLET	
		245260	B. WIN		Anna		0
NAME OF PE	ROVIDER OR SUPPLIER	345260		еть	REET ADDRESS, CITY, STATE, ZIP CODE	03/0	3/2011
	N CARE OF ROCKY MOI	TAL		1	60 WINSTEAD AVE		
			,	R	ROCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 157	change in dosage of cheeded. (B) Bowel Protocol with Management Team, of Director of Nursing Scottle Development Coordinators noted with no bowel management give Lacture via tube (gastric or periodic of the Movement and no responded with movement	d of new medications or current medication as ras initiated by the Nurse consisting of the Interim ervices (I-DNS), Staff fator (SDC) and Minimum is (MDSC) for residents inovement in three days. no documented bowel lose 30 cc po (by mouth) or g) prn (as needed) in no documented bowel cults from Lactulose give sitory) pr (per rectum) prn in documented bowel cults from Lactulose or Enema pr (per rectum) prn in the properties of Nursing Services of Services of Nursing Services of Coordinators (MDSC) and and a resident in as needed concerning illity. Careplans are made of resident's medical record is and the nursing assistant in updates in shift report the on an as needed basis	F	157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plandoes not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed it is required by the provisions of federal scheduled. These reviews will an ongoing basis. Interim Direct Nursing Services (I-DNS), or Serview 24 hour report book dail identify residents with new onsee These residents' medical record reviewed as well to validate pair assessments are accurately complans for pain are implemented and the physician was notified for medication order as needed. In Director of Nursing Services (I-SDC will audit laxative lists each and validate laxatives were given indicated and results were docuted absence of the Interim Directors of Nursing Services (I-DNS) and Services (I-DNS) an	an of correction that by the or conclusion. The plan of solely because a land state law continue or ctor of DC will be on pleted, care as necessar for pain atterim about the plan of SDC on the North Hall attive lists were results udits and reported to overment for review	<i>s</i> ,. y,

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 157	grimace, guarding, co in functional level, ina activities, not eating Licensed Nursing for pain each shift. At signs and symptoms reporting changes in frequency / intensity or Providing non-ph measures including rebreathing, repositioning for side Nurses to monitor for constipation, Licensed Nursing Assistants methode movements Administering an effectiveness and for pain medication Pain Assessmen admission, quarterly a finite status Education with reas needed about commedications, fear and Certified Nursing licensed nurse if reside movement in three data Certified Nursing notification on bowel in will review the bowel in beginning of each shift Licensed Nurses softeners and laxatives Licensed Nurses	crying / moaning, facial amplaints of pain, decrease ability to sleep, limiting g Staff monitoring residents tending physicians when of pain, worsening pain, pain location / type / of pain to physician termacological comfort telaxation techniques, deeping, activities as appropriate the effects including Licensed signs and symptoms of di Nurses and Certified conitoring and documenting di monitoring for possible side effects from to be completed on and with significant change tesident and family members fort measures, analgesic concerns regarding pain assistants will verbally notify tent has no bowel the second and licensed nurses record flow book the fit. administering stool is per MD orders encouraging fluid and fiber Assistant encouraging	F	157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plat does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed it is required by the provisions of federa. 3. DNS and interdisciplinary to will review the 24 hour report be ongoing to identify residents will be reviewed by the DNS are validate clinical assessment has completed and documented by murse, physician notified of the and change in condition, and ne implemented as appropriate. Distribution is resolved and behas ubsided. These identified and continue to follow-up daily in condition is resolved and behas ubsided. These identified residentian on the 24 hour report und. Log of residents with new on behaviors while experiencing a condition will be reviewed by the Performance Improvement Commonthly x 3 months for further recommendation and to validate compliance. 1. Resident #11continues Coumadin and has labed directed by physician. correct areas identified past occurrences.	an of correction that by the or conclusion. The plan of solely because I and state law and (IDT) book daily ith new ons dition. The ied resident and IDT to been the staff behaviors we orders NS will deresidents until changaviors have dents will til stabilizenset of change in the facility's mittee a continued as on a cordered as Unable to	s et s d.

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X6) COMPLETION DATE
F 157	consisting of Interim C (I-DNS), Staff Develor and Minimum Data So implemented, evaluate care plans related to a Constipation care plan Certified Nursing documenting bowel m Certified Nursing licensed nurse if resid movement in three da Certified Nursing notification on bowel a will review the bowel a beginning of each shi Licensed Nurses softeners and laxative Licensed Nurses as appropriate Certified Nursing resident to follow pres Notification of Re evaluation of diet and resident likes and dist for food and for fluids elimination Education was initiated Staff Development Co licensed nursing staff in-service on-going for nurses during oriental returning from vacation regard to pain policy to	se Management team, Director of Nursing Services pment Coordinator (SDC) et Coordinators (MDSC) ed and / or updated resident constipation as needed. In is inclusive of: Assistants monitoring and rovements every shift Assistants will verbally notify lent has no bowel record and licensed nurses record flow book the fit. administering stool as per MD orders encouraging fluid and fiber Assistant encouraging cribed diet gistered Dietician for fluid intake / offerings, ikes, and recommendations to promote regular bowel d by: pordinator inserviced current on 3-1-11 and will repeat or newly hired licensed ion, licensed nurses on and leave of absence with	F	157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreed provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal have the potential to be Licensed nursing staff serviced by the Staff I Coordinator (SDC) on protocol for schedulin obtaining laboratory to hired licensed staff with training upon hire. Reserviced by the receiving Coumadin with through medical records of the residents were also revalidate a current PT/I available and a physic for PT/INR frequency Residents with no curresults or no physician PT/INR frequency we the attending physician and orders implemented received. Lab calendareviewed by the Direct Nursing Services (DN PT/INRs were schedulorders. 3. Residents requiring PT to monitor the use of Chaye the potential to be Licensed nursing staff conviced by the Staff I conviced by the Staff	an of correction nent by the lar conclusion. The plan of solely because al and state land st	t is ed t.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 157	generally occurs, fee external, acute, chror pain scale (if resident non-verbal pain scale non-verbal cues (faci vocalizations, body a pain affecting resider daily living, cause of linitiation of pain hypermentation of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the atternal of the modifying the m	quency, time of day pain ling of pain (internal, nic), severity of pain verbal able to respond) and appain type / intensity, other al expressions, ctions / observed behaviors), at's quality of life / activities of pain, relief of pain care plan as needed of pain care plan ency of use of analgesic ending MD of pain requiring fication for greater than three ending MD of unrelieved pain ale of 1(mild)-10 on the pain assessment form elementation of constipation coordinator inserviced current istants on 3-1-11 and will going for newly hired istants during orientation, istants returning from absence with regard to: elude reporting to Licensed experiences pain of pain care plan including istants monitoring frequency movement and angly Assistants notifying licensed has bowel movement in three	F	157	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plandoes not constitute admission or agreed provider of the truth of the facts allegated set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal protocol for schedulin obtaining laboratory to hired licensed staff with training upon hire. Respectiving Coumadin with through medical records of the residents were also revalidate a current PT/I available and a physic for PT/INR frequency Residents with no curresults or no physician PT/INR frequency were the attending physician and orders implemente received. Lab calendar reviewed by the Direct Nursing Services (DN PT/INRs were schedul orders. 4. Individual Coumadin reviewed by the facility Performance Improver Committee monthly x further recommendation validation of continued.	an of correction and by the lor conclusions. The plan of solely because al and state law g and ests. Newly ll receive the esidents were identified review. ese identified reviewed to lNR was ian's order was present PT/INR order for re identified, ed as ar was tor of S) to validated as per Mogs will be ty's ment 3 months from and	s is ed d t.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER	345260		STREI	ET ADDRESS, CITY, STATE, ZIP CODE	03/0	3/2011	
	N CARE OF ROCKY MO	ТИС		160	WINSTEAD AVE			
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F 157	resident to follow president to follow presidents: 1. Pain assessment licensed nurse for all readmitted residents, rehabilitation therapy, pain medications on a days following admiss experiencing pain are assessments will also of new pain by the lice resident at the time the assessments will be posignificant change residents will be assessments nd the resident and the resimedication, the license physician of the new opain medication. If the pain at a level 3 with reare, the assessing numbers of a pain medication current pain medication current pain medication current pain medication of the resident will remain book until physician has. Care plans will be with pain. The care pi	Assistants encouraging scribed diet. Is will be completed by the newly admitted residents, all residents admitted for and residents admitted with admission and daily for three sion to ensure residents identified. Pain be initiated with the onset ensed nurse caring for the epain is identified. Pain performed quarterly and with autting in pain. Added to the Medication dis for all residents. Dessed for pain each shift by did care planned interventions ed. If pain medication is dent has no order for pain ed nurse will notify the enset of pain and request the resident is experiencing no relief with current plan of curse will notify the physician order or adjustment of on dosage as indicated. The sysician notification will the spain and pending on the 24 hour report log.	F1	57	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this pidoes not constitute admission or agree. provider of the truth of the facts allege set forth in the statement of deficiencie correction is prepared and/or executed it is required by the provisions of feder	lan of correctio ment by the d or conclusion s. The plan of I solely because	s	

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	OVIDER OR SUPPLIER	UNT		10	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 157	Care plans will be revand with change of co. 4. Nursing assistan movements on bowel the end of each shift, report off to their supervalidation the flow bocompleted. Licensed review the bowel moridentify residents with days. These resident laxative list for a laxative 3p-11p shift. The on to the 11p-7a shift documented. If result thirty minutes after Floper bowel protocol, the physician on call will I Once the bowel protocol hour report log will be bowel protocol has be will remain on the 24 constipation is relieved. 5. Interim Director or SDC will review lax validate laxatives were appropriate and result absence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident in the subsence of the Interim Services (DNS) and Sticensed Nurse will resident	tempted prior to medication. rised and evaluated quarterly pondition. Its will document bowel monitoring flow sheet. At the nursing assistants will ervising licensed nurse for ok documentation has been nurses working 7a-3p will nitoring flow books and no bowel movement in 3 is will be added to the tive to be administered on laxative list will be passed for laxative results to be its are not achieved within eets enema is administered at attending physician or one notified for further orders. Col is implemented, the 24 is updated to indicate the een initiated. The resident hour report until the id. If Nursing Services (I-DNS), rative lists daily ongoing to be administered as its documented. In the in Director of Nursing SDC, the 3-11 West Hall eview laxative lists daily exatives were administered sults documented.	F	157			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MUI IDENTIFICATION NUMBER: A BUILD			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	N CARE OF ROCKY MO	UNT	<u> </u>	10	EET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE COCKY MOUNT, NC 27804		
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F 157	or SDC will review me admitted or readmitted days following admiss assessments are acceplans for pain are impand residents experiemedication prescribed. These reviews will conterim Director of Nu SDC will review 24 hours to identify residents with these residents will to identify residents with these residents will reviewed as well to vare accurately complete implemented as necewas notified for pain in Interim Director of Nu SDC will audit laxative validate laxatives were results were documented. SDC on the weekend North Hall Licensed Maily ongoing to validad administered as approdocumented. Results medical record review facility is Performance monthly x 6 months for further recommendation.	of Nursing Services (I-DNS) edical records of newly d residents daily for three sion to validate pain curately completed, care blemented as necessary, encing pain have pain d either PRN or scheduled. Intinue on an ongoing basis. Insing Services (I-DNS), or pour report book daily ongoing with new onset of pain. Indical records will be calidate pain assessments ested, care plans for pain are resisted, care plans for pain resided for pain are resided for pain	F	157			
	relating to training and	dible allegation was ws of direct care staff d in-services received sment, bowel management		:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 157	and physician notifical interviewed on 3/3/11 the facility's bowel progret to be communicated other and the physicial included a skills validate pain management and form to document auditaken when negative facility audits. 2. Resident #11 was a 9/28/10. Her diagnose accident, hypertension dementia. Review of the physicial revealed the following (every) Monday" and Thursday." Resident #1 Coumadin 2mg (millig (every day). On 1/12/11 a PT/INR The results were reponon 1/13/11. The PT was 1/18/11. The P	tion. All direct care staff were knowledgeable about blocol, how resident changes ded and reported (to each an). The monitoring tools ation form which included d the bowel protocol and a lits and corrective measures findings are noted during admitted to the facility on as included cerebrovascular an, atrial fibrillation, and an order for January 2011 orders, "Check PT/INR Q "PT/INR Q Monday and f11 was also receiving rams) PO (by mouth) QD was drawn on resident #11. rted to the facility on 16.4 (range 11.6-15.2) the sutic range was generally signed, initialled and dated . She noted physician #2 There was no notation from orm. sysician orders revealed the ck PT/INR Q Monday." oreceiving Cournadin 2 mg	F 157				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 157	fax or call made on 1 #2) ordered stat PT/li PT to be drawn." During an interview o physician #1 (medica was having trouble or physician then they o would then call the do was a small commun physicians in the imm had an acute issue/or medical director) wou then get in touch with During an interview, o #2 indicated he wante INR closely because level. He stated he wa 2-3 and he would mo a week or twice a we reaching therapeutic every other week. Th weeks and that would was in the therapeutic Physician #2 stated w change in Coumadin close monitoring as w within what the physic therapeutic range. Th facility staff could not they should try again attempt to reach his p Physician #2 stated ti trying until they reach indicated the evidenc him or the PA would I	awn 1-12-11- no response to 1-13-11. (name of physician NR and will regulate times on 2/17/11 at 5:45PM It director) stated if the facility portacting an attending ould always contact him. He poctor himself. He stated it lity and he knew most of the nediate area. If the facility porcern then he (as the held handle it immediately in the attending physician. In 3/3/11 at 10AM, physician and resident #11's PT and it was not at a therapeutic anted the INR to be between nitor the PT/INR either once ek. Once the resident started levels, he would monitor elongest stretch would be 4 dronly be once the resident corange of 2-3 (for the INR), whenever a resident was coian considered a deephysician indicated if the reach him by fax or phone, and The facility staff should keep need either him or the PA. He er of the facility contacting	F 15				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
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F 157	Continued From page		F	157			
	him a verbal order wit	h instructions.					
	interviewed on 3/3/11 she just became resp results about 1 week DON and former DON and she could not ansinterim DON's unders this point was, the lab calendar. The lab con Tuesday, Wednesday verbal orders were wireceive the green carl were back from the la DON would pass ther The nurses were resp physicians. Many of thinstead of phone calls levels the interim DOI keep trying to reach the should then inform the the physician. The ad	of Nursing (DON) was at 11:09AM. She indicated onsible for monitoring lab ago. The former assistant were responsible before swer for their actions. The tanding of lab monitoring at a swere written on a mpany came usually on y, and Thursday. When ditten the interim, DON would be company, the interim out to the floor nurses. The physicians prefer faxes at If the labs were, critical indicated the nurse should be physician. The nurse a DON if they cannot reach ministrator would then get bould not reach the physician.					
F 242	#3 indicated once she PA the first time she c again. She stated she she could not get in to DON in January 2011 comment. Nurse #3 c explanation for why th not re-addressed with She stated when/if sh calls/faxes the physici	ould not provide a clear le PT/INR from 1/12/11 was the physician until 2/4/11. e catches "it", she	1	242			
SS=D	MAKE CHOICES	ENVIRANTON - NOTH TO		474			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 242	The resident has the schedules, and he her interests, asses interact with membinside and outside about aspects of heare significant to the significant to the second residents (#7 as shower days. Find 1. Resident #7 wa 7/26/10 with a diagonal pulmonary Disease Minimum Data Set Interview of Menta Resident #7's cognitive revealed Resident with transfers and activity with one per second revealed Resident with transfers and activity with one per second revealed Resident with transfers and activity with one per second revealed Resident with transfers and activity with one per second Resident with transfers and activity with one per second Resident with the self with the s	ne right to choose activities, alth care consistent with his or ssments, and plans of care; pers of the community both the facility; and make choices is or her life in the facility that he resident. NT is not met as evidenced eview and resident and staff ity failed to offer showers to 2 and #12) on their scheduled lings include: s admitted to the facility on phosis of Chronic Obstructive e (COPD). The quarterly (MDS) dated 12/27/10 Brief I Status (BIMS) revealed nition was intact. The MDS also #7 needed total assistance physical help in part of bathing	F	242	This Plan of Correction is the ceallegation of compliance. Preparation and/or execution of does not constitute admission or provider of the truth of the facts set forth in the statement of deficerection is prepared and/or exit is required by the provisions of the statement of deficerection is prepared and/or exit is required by the provisions of the preferences identified and family interviews, preferences added to the cards and care plans, assistants for Resident were in-serviced on rewith specific focus to preference and on facing schedule. 2. Residents residing in the potential to be affernousing assistants and in-serviced on resident specific focus to resident specific focus to resident serviced on resident contents and in-serviced on resident contents and in-serviced on resident contents and incomplete orientation to resident bathing presented to assure residents are baths/showers as schedule to assure residents are bathing preferences. 3. Certified nursing assist care cards daily for an resident's method of concouraged to collaboration.	fthis plan of correction agreement by the alleged or conclusion ciencies. The plan of executed solely because of federal and state land bathing through resident. Bathing the resident care Primary nursing the state of the facility have exted. Certified licensed nurses to choices with ent bathing ed nursing it nurses will be inhoices in new with specific focute ference upon hire also in-serviced offered duled. Resident reflect residents' stants to review y changes to are and are	F 242 4/04/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	unt		16	EET ADDRESS, CITY, STATE, ZIP CODE 50 WINSTEAD AVE OCKY MOUNT, NC 27804		
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F 242	comments about show A review of the nurse February revealed Reshowers. On 2/27/11 at 7:08 preconducted with Residual staff gives her a bed I she would like to recent walk. Resident #7 her a shower. On 3/1/11 at 11:04 and in the door way of her exiting her room. Resident sident was 6/18/2008 with a diagram quarterly Minimum Darevealed resident #12 Status (BIMS) revealed cognitively intact. The Resident #12 was "to"	wers. S's note from January through esident #7 had not refused Iman interview was dent #7. Resident #7 stated bath. Resident #7 revealed eive a shower, but she could revealed staff never offered Image: Resident #7 was observed or room. The resident was sident #7 hair appeared to be stated she had a bed bathe. Is admitted to the facility on gnosis of Hypertension. The ata Set (MDS) dated 2/8/11 2 Brief interview for Mental ed the resident was a MDS also revealed	F	242	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plat does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal care cards will be updated as clinical morning review at leweekly by Nursing Adminis Team (Director of Nursing, Development Coordinator, Umanagers, MDS Coordinato [DNS,UMs, SDC, MDSC]). review of resident care cards monthly at end of month me order re-capitulation. DNS, SDC, and or UMs will audit nursing assistant flow record that baths or showers are beischeduled and residents are desired bathing preference. occur 5x weekly x 2 weeks.	an of correction ment by the I or conclusion. I or plan of solely because al and state lass is needed in east 5x stration Staff Unit or Additional is will occur edication and or a certified dis to assure ing given as offered Audits will 2x weekly	S
	dressed and personal The Care plan dated a Deficit: Hygiene/Bathi Assistance with Groot "Shampoo, Shower/B A review of the nurse' February revealed Reshowers. A review of the Activit	al hygiene. 2/23/11 revealed "Self-Care ing/Showers," "Extensive oming/Hygiene/Bathing" and			3 weeks, once weekly x 3 med. 4. These audits will be reviewe facility's monthly Performar Improvement (PI) meeting a subsequent plans and interve be developed as needed.	ed in nce ind	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WIN	G		03/03) 3/2011
	ROVIDER OR SUPPLIER	UNT	!	16	EET ADDRESS, CITY, STATE, ZIP CODE 80 WINSTEAD AVE OCKY MOUNT, NC 27804		
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F 242	had received a "Bed of Showers (S) documed back section of the Al would be documented comments about show a review of the Show revealed showers was Friday. The resident's scheduled Monday-S showers provided on On 3/1/11 at 8:31 am with NA#11. The NA non-ambulatory resid showers. The NA stain provided with "shower where the water can be the water can be the water can be the water of the NA revealed "shower, she would of On 3/1/11 at 9:00 am with Nurse#3. The nurse of the nurse, another stain resident to take a show refuse shower, and N flow sheet. The nurse continue to offer show change their minds." On 3/3/11 at 8:45 am with Interim Director of revealed her expectal showers according to	Bath" (BB). There was no neted on ADL sheet. The DL sheet (where comments d) revealed there were no wers. er schedule for Resident #7 is giving on Tuesday and is shower days were aturday. There were no Sundays. an interview was conducted discussed how ents were provided with red the residents were rehairs" and "shower beds" run down on the resident. Owers should be offered" on a stated if resident refused fer shower later on that day. an interview was conducted rese discussed refusing evealed NA would inform aff would attempt encourage ower; if resident continued to A would document it on ADL or evealed NA needed to vers "cause residents might an interview was conducted for Nursing (IDON). IDON tions would be to provide facilities policy. IDON sident's shower day, then a	F	242	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plades not constitute admission or agreed provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal.	an of correction nent by the l or conclusion . The plan of solely because	2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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		345260	B, WIN	G		l l	3/2011
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(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X6) COMPLETION DATE
F 252 SS=E	ENVIRONMENT The facility must provocomfortable and home the resident to use his to the extent possible. This REQUIREMENT by: Based on observation family interviews, stareview the facility fall environment free from halls. Findings include: Review of the resident 10/11/10 revealed unsection, the majority meeting request that (deodorize) more after Strong odors of bower behind. Review of the resident 11/5/10 revealed under 11/5/10	nelike environment, allowing is or her personal belongings e. This not met as evidenced encodens, resident interviews, off interviews and record	F	252	This Plan of Correction is the allegation of compliance. Preparation and/or execution does not constitute admission provider of the truth of the fact set forth in the statement of decorrection is prepared and/or it is required by the provisions. 1. Administrator and H Supervisor met with and responsible party discuss interventions minimize odors in fact 2. Housekeeping and metal serviced on proper be to assure disposal of resident soiled briefs placed in proper receimportance of empty receptacles when full Maintenance Director deodorizers through with odor neutralizat Director has also ide odorous tile in reside with reduction of ode Supervisor devised serviced on this sches the facility barrels to elimination. Housekeeping and 3-11 shifts we concentrated. Facility continue twice daily 4. Facility audits to be a facility and a facility audits to be a facility audits to be a facility and a facility audits to be a facility and a facility and a facility audits to be a facility and a facility and a facility and a facility and a facility and a facility audits to be a facility and a facil	of this plan of correction agreement by the sits alleged or conclusion officiencies. The plan of executed solely becauses of federal and state la lousekeeping. Resident Council y of resident #11 to sto prevent and acility. The plan of sits arreliated in the plan of sits and or signature identification. Trash and or signature identification for the plane out facility to assist ion. Maintenance entified and replacement areas to assist ors. Housekeeping schedule to disinfect assist with odor eeping staff intedule. It conducted by acility department st twice per shift for the plane of the products will for 3 months.	rs e w. F 252 4/04/201

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	DATE	
F 252	400 and 300 halls. The served. During the initial tour resident # 12 indicates when she would go use described the "smell" movement." She wish resident air freshener. On 2/27/11 at 6:42PM "trash" and a gray bas present on the 400 has and feces odor prese. The 400 hall has a limited feces at 7:30PM on 2 barrels are present on On 2/27/11 at 10:21P hallway, by the west sof feces. Upon entering the fact faint orange smell was the lobby area. Trave was a lingering strong. On 2/28/11 at 4:34PM odor on the far end of solarium. During an interview on nursing assistant (NA and gray barrels can were closed. After do bags should be broug One would have soile	on 2/27/11 at 6:30PM d she noticed a "smell" p and down the hall. She as being like a "bowel ned the facility would give the s to use in their rooms. If a yellow barrel labeled reel labeled "linen" were all. There was a strong urine nt. gering odor of urine and /27/11. The yellow and gray n the hallway. If the far end of the 400 solarium had a lingering odor sility on 2/28/11 at 2PM a s noted over a foul odor in ling down the 400 hallway g feces odor. If a strong lingering feces If the 400 hall by the west	F 252	This Plan of Correction is the allegation of compliance. Preparation and/or execution does not constitute admission provider of the truth of the factories forth in the statement of decorrection is prepared and/or it is required by the provisions monthly Performance Immonths. Subsequent plan will be developed and imneeded to assure compliant	of this plan of correction agreement by the statelleged or conclusion of executed solely because of federal and state land provement (PI) x 3 and interventions uplemented as	ns e w.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		JETIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		345260	B. WING		03/	C 03/2011	
NAME OF P	ROVIDER OR SUPPLIER		<u>L</u>	STREET ADDRESS, CITY, STATE, ZIP C	•	00/2011	
GUARDIA	N CARE OF ROCKY MO	UNT		160 WINSTEAD AVE ROCKY MOUNT, NC 27804			
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F 252	nursing assistant (NA and gray barrels can were closed. After do bags should be broug One would have soile the gray barrel and the brief and be placed in evening shift the barr 6PM. To her knowled after 6PM on the even she noticed odors if a conditions like moving certain types of foods of the resident counciuse of deodorizers after sident rooms and had foul smell was note station on 2/28/11 at A strong urine odor was 400 hall by the west second and instrator indicate to be free from odors assistants have access can use and the nurskeep the spray in an aresidents for safety process of the resident soon (HK) #1 on 3/1/11 at the should be s	an 2/28/11 at 5:04PM, a) #10 indicated the yellow be on the halls if the lids bing incontinent care tied up ght out of the resident rooms. ad linens and be placed in the other would have a soiled in the yellow barrel. For the tels are emptied at 3PM and lige they were not emptied ning shift. NA #10 indicated a resident had certain health the general than the shift resolution regarding the ter incontinent care in tallways. and at the central nurse's 5:30PM. As noted at the end of the solarium on 2/28/11 at and 3/1/11 at 9:35AM the and she would like the facility and she sistants would usually area not accessible by the	F2	252			

PRINTED: 03/18/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WING	3	03	C /03/2011	
	ROVIDER OR SUPPLIER	тич	•	STREET ADDRESS, CITY, STATE, ZIP O 160 WINSTEAD AVE ROCKY MOUNT, NC 27804	CODE		
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F 252	#1 indicated she also department. The laun responsible for maintalinen barrels on the hadepartment probably about "10 to 15" times indicated the linen bauntil 2AM when the mHK #1 stated the floor for emptying the yello sure how many times were emptied. Each htwo trash barrels. Whe hall, the lids were sup There was a lingering 400 hall on 3/1/11 at 8 During an interview, on housekeeping superview performed the duties at times. He was perform the floor technician's and moping the floors emptying the trash. He pulled multiple times of whenever necessary, manager stated his states well as bleach to control the floor technician's as well as bleach to control the floors of the housekeeping starooms if the nursing a He was not aware of the concerns from 10/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	in the resident rooms. HK worked in the laundry dry department was aining and emptying the gray alls. She stated the laundry emptied the linen barrels of during the day shift. She rrels were not emptied again orning laundry shift arrived. Technician was responsible w trash barrels. She was not per shift the trash barrels hall had two linen barrels and en the barrels were on the posed to be on. urine and stool odor on the 3:35AM. In 3/1/11 at 8:59AM, the fisor stated he also of the floor technician at ning the dual role that day. job duties included, buffing the dual role that day. job duties included, buffing the dual role that day. Job duties included, buffing the dual role that day. Job duties included, buffing the dual role that day. Job duties included, buffing the dual role that day. Job duties included, buffing the dual role that day. Job duties included, buffing the dual role that day. Job duties included, buffing the day and The housekeeping aff used an odor neutralizer ontrol odors in the facility. Joff would come and spray sesistants would call them.	F 2	252			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345260	B. WIN	G			C 3/2011
	OVIDER OR SUPPLIER	TAU	•	1	EET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE COCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X6) COMPLETION DATE
F 252	on 3/2/11 at 8:59AM. the facility had a "term member hit the nurse urine. When the familt hallway, it smelled like When the family mem the attention of the fawill "take care of it" but Upon entrance to the a strong urine odor winurse's station. On 3/3/11 at 5:40AM, observed on the 400 Tied to the handle of clear open trash bag, soiled briefs. There we clear open trash bag briefs in separate smawas a heavy strong line surrounding the gray and extending down to 5:50AM. A gray barrel was obs 3/3/11 at 6:15AM. The handle was a clear opsoiled briefs in the bat trash bags. There was surrounding the gray the hall. During an interview of indicated she had run	resident #11 was interviewed The family member stated ible smell." Once the family 's station, it smelled like y member walked down the e stool and urine (300 hall). ibber brings the concern to cility staff, they indicate they ut the odor continues. facility on 3/3/11 at 5:35AM, as noted at the central a gray linen barrel was hall. The lid was closed, the gray barrel was a large Inside the trash bag were ere soiled briefs loose in the and there were a few soiled faller clear trash bags. There ingering urine odor barrel, open clear trash bag	t.	252			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	UNT		16	EET ADDRESS, CITY, STATE, ZIP CODE 50 WINSTEAD AVE OCKY MOUNT, NC 27804		
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F 252 F 309 SS=J	could obtain the small aundry staff who car provide any further et NA #6 indicated the received have been been been been been been been be	However, she stated she Il clear trash bags from the ne in at 2AM and could not explanation why she did not. night shift always tied the linen barrel and disposed of e clear bag. was conducted with the ger on 3/3/11 at 9:44AM. The ger indicated the staff should earrel to dispose of soiled did be closed. ARE/SERVICES FOR NG ecceive and the facility must by care and services to attain st practicable physical, ocial well-being, in comprehensive assessment I is not met as evidenced ews, family interviews, and record review the facility onset abdominal pain with on and failed to assess the gement program for 1 of 4 desident #1) resulting in ermore, the facility failed to overments and implement as written to prevent if sampled residents facility failed to assess and		309 Face	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreed provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal Resident Specific Resident #1 was admitted to con 1/3/2011. Her diagnoses incl Comminuted Intertrochanteric rificature, Rhobdomylosis, HTN, Cognitive Impairment, and Alzh dementia. Her medications included Metoprolol Tartrate, Mirtazepine Prednisone, Lisinopril, Colace, Foulfate, and Lortab. She received right hip pain once on 1/3, twice 1/6, 1/7, 1/8, 1/9, 1/10, 1/11, and She received Lortab three times 1/12/2011. She also experienced hemorrhoid pain on 1/9/2011 and was received for Annusol supportimes per day as needed. Reside Colace 100mg two times per day admission. On 1/9/2011, Lactual daily was added to her medication for constipation. On 1/10/2011, was added one tablet daily for constipation. On 1/10/2011, was added one tablet daily for constipation. She stated, "I do good." Attending physician was and order received for resident testimals and order received for resident to the emer for evaluation. She stated, "I do good." Attending physician was and order received for resident to the emer for evaluation. She stated, "I do good." Attending physician was and order received for resident to the emer for evaluation. She stated, "I do good." Attending physician was and order received for resident to the emericant of the control of the contro	an of correctionent by the dor conclusions. In plan of solely because at and state law the facility luded ight Hip Mild leimer's luded e, Plavix, Ferrous ed Lortab for on 1/4, 1/5, 11/13/2011 on do an order sitories three ent received y since lose 30cc on regimen Senokot lostipation. The footner on two). On her brother regency room n't feel inotified or be	F 309 4/04/20 1
ORM CMS-256	7(02-99) Previous Versions Ob	solete Event ID: LVIWf1		Fac	transported to the emergency roc	otiouation sheet DIT:	Page 34 of 96

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 309	of behaviors and clini of 1 sampled resident of 1 sampled resident Immediate Jeopardy resident #1. The imm #1 was identified on 3/3/11, when the facilimplemented their crecompliance. The facilicompliance at no acts more than minimal hajeopardy (D) so that clin-services and incorpsystems could be accepted the Quality Assurance. The facility "Bowel Pr part, "1. Lactulose 30 3rd day with no BM (to Dulcolax Suppository with no BM and no red. Fleets enema PR control of the sample of the sampl	nship between a new onset ical change in condition for 1 t (resident #3). (IJ) began on 1/3/11 for lediate jeopardy for resident 3/1/11 and was removed on lity demonstrated it had ledible allegation of lity was left out of lity was left out of lity was left out of lity was left out of lity man with potential for learn that is not immediate completion of staff poration of monitoring complished and included in lee Program. Findings include:	F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal signs were: temperature 97.3, purespirations 12, and blood pressurespirations 14.7/2011-two soft, medium bowed as follows: 1/5/2011-two soft, medium bowed 1/8/2011-one soft, small bowed 1/9/2011-one soft, small bowed 1/10/2011-senokot one tablet day added for constipation; one Fleet 1/11/2011-one hard, medium bowed 1/12/2011-two Fleets enemas giversults documented	an of correction of the the lar conclusion. The plan of solely because all and state law alse 69, are 58/32. The movement of movement of the large movem	s v.
	1/3/11 with diagnoses fracture, rhabdomyoly skeletal muscle due to	dmitted to the facility on some sincluding a right hip ysis (rapid breakdown of o damage to muscle tissue), and cognitive dysfunction.			Resident passed away in the hosp 1/13/2011. All Other Residents	pital on	
	the following handwrit "No c/o (complaint) po R (right) hip." The "se	ed "Pain Assessment" had tten in the "location" section, ain - on admission soreness everity" section was not eview revealed the "pain			1. (A) On 3-01-11, Nurs Management team, cons Interim Director of Nurs Services (I-DNS), Staff Development Coordinate	sisting of sing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		345260	B. WIN	3			3/2011	
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F 309	life/activities of daily I of pain" and "conclusicompleted. Nurse #2 was intervied Nurse #2 admitted the 1/3/11. She indicated whole lot of pain in the second or third day sily you touched her. The the resident did not we was the reason for he come to work with the scream. The nurse steed for the initial pain assessment. Review of the undate of care for pain or pot narcotic pain medicat her hospital records particularly facility found no noted. Resident #1's physicial revealed the resident Ferrous Sulfate 325 mand Colace (a stool so The resident was also (Hydrocodone/Acetan every 4 hours as need Lexi-Comp's Geriatric edition, revealed Lorte for treatment of mode the "Adverse Reaction section the following was supported to the following was supported to the following was supported to the section the following was supported to the following was supported t	r non-verbal", "quality of iving", "cause of pain", "relief fron" sections were not ewed on 2/17/11 at 3:30PM. The resident to the facility on the resident wasn't having a se first day. Then around the ne would just scream when staff was not sure if maybe ant to go to therapy and that the behavior. Therapy would be resident and she would just ated she was responsible essment and could not the incomplete pain and care plans found no plan ential side effects from ion (constipation). Review of the dissues with constipation. The an orders for January 2011 was ordered to receive the major of the first of the dissues with constipation. The constipation of the first of the dissues with constipation.	F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pled does not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal pain assessments on all house to identify reside pain. (B) On 3-01-11, Nurse Management team, constitute Director of Nurservices (I-DNS), Staff Development Coordinate and Minimum Data Set Coordinators (MDSC) proposed by the facility to also include the documented bowel moving identify residents with a movement in three days. 2. (A) The resident's prilicensed nurse will be refor physician notification telephone when a reside score of 3 or higher on a 1 (mild)-10 (continuous) the pain assessment for orders implemented and planned by MDSC and licensed nurse, at the time onset. The IDT (Interdignent Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset. times assessment in the conset Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset Stimes assessment for onset. The IDT (Interdignent Stimes assessment) in the conset Stimes and the conset Interdignent Stimes and Interdignent Stimes and Interdignent	an of correction and by the lar conclusion of solely because all and state law residents in ints with see sisting of sing tor (SDC) performed residents clude the last rement to no bowel see to via ents with a scale of residents with a scale of residents with a concept on the last rement to no bowel see to via ents with a concept on the last rement to no bowel see to via ents with a concept on the last rement to no bowel see to via ents with a concept on the last rement to no bowel see to via ents with a concept on the last rement to no bowel see to via ents with a concept on the last rement to no bowel see to via ents with a concept on the last rement to no bowel see to via ents with a concept on the last rement to no bowel see to via ents with a concept of points with new process at the law residents and the last rement to no bowel see to via ents with a concept of points with a con	S .	

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		345260	B. WING		03/0	3/2011	
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	TNU	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		DDE		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	particularly susceptible nervous system) depice confusion) and the conarcotics. Ferrous Suiron-deficiency anemic Reactions - Gastroint were noted, constipate pain, GI irritation, nauder Review of the nurse's revealed at 3PM the oriented." Her abdom sounds in all four quale 3:30PM the resident rain her right hip. The emedication was not emedication was not emedication was not employed at 10 PM resident rested in bed needs known. She refor right hip discomfor pain medication was not at 10 PM resident rested in bed needs known. She refor right hip discomfor pain medication was not at 10 PM resident rested in bed needs known. She refor right hip discomfor pain medication was not at 10 PM resident rested in bed needs known. She refor right hip discomfor pain medication was not at 10 PM resident #1 received during the dayshift. Tile	es noted the elderly might be e to the CNS (central ressant action (sedation, instipating effects of lifate was used to prevent a. Under the "Adverse estinal" section the following ion, dark stools, epigastric sea and stomach cramping, notes, dated 1/3/11, resident was "alert and en was soft with bowel drants. Later on 1/3/11 at equested a Lortab for pain ffectiveness of the pain valuated. It's "Bowel Record" for 7-3 in on noted bowel and 1/4/11. ras noted the resident was ed no complaints. A note on PM noted the resident had ith "effective" results. The that day revealed the and was able to make her quested a Lortab at bedtime t. The effectiveness of the not evaluated. redium soft bowel ift of 1/5/11. a dose of Lortab on 1/5/11 ne reason for the dose, the the effectiveness of the	F 309	This Plan of Correction is the allegation of compliance. Preparation and/or execution does not constitute admission provider of the truth of the faset forth in the statement of a correction is prepared and/o it is required by the provision Party(s) will be medications or current medica (B) Bowel Proby the Nurse M consisting of the Nursing Service Development C and Minimum Coordinators (I noted with note three days. Bo On third day we bowel movement of the complete of th	m of this plan of correction or agreement by the acts alleged or conclusion deficiencies. The plan of rexecuted solely because ms of federal and state law enotified of new change in dosage of tion as needed. Stocol was initiated fanagement Team, ne Interim Director of the coordinator (SDC) Data Set MDSC) for residents powel movement in the protocol states: ith no documented ent give Lactulose 30	s v.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WIN	IG		ļ.	C 3/2011
	OVIDER OR SUPPLIER	ТИЦ	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		60 WINSTEAD AVE		
(X4) ID PREFIX TAG			PREFIX (EACH CORRECTIVE ACTION SI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	resident remained, ale known, pleasant and a Lortab at bedtime. I medication was not exmedication was not exmedication was not not the nurse's notes, da concerns with pain or However, the medicate (MAR) revealed on 1/4 two doses of her pain dayshift at an unknow reason. The effectiver 8:30PM resident #1 w for right hip pain. The evaluated. Review of the resident shift revealed she had movements on 1/6/11 On 1/7/11 at 12:40AM from a tiny pinpoint at The resident indicated She voiced no complate A nurse's note dated family member informwas "hurting" and cou wheelchair. The medic (MAR) did reflect the ron dayshift. The dose the back of the MAR. evaluated.	at/5/11 at 10PM noted the ert, able to make needs cooperative. She requested the effectiveness of the pain valuated. The reason for the oted. Ited 1/6/11 revealed no discomfort. Item administration record 6/11 the resident received medication. One was on an time for an unknown ness was not evaluated. At as medicated with Lortab effectiveness was not It's "Bowel Record" for 7-3 in o noted bowel	F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed it is required by the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of federal set of the provisions of provis	e sisting of sing to concerning ty. essible hedical hurses and l obtain any to report on an as Pain care monoring ty. essible hedical hurses and l obtain any to report on an as Pain care moaning, esse in ty to sleep, ating itoring	S

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	(X3) DATE SURVEY COMPLETED	
AND I BAR OI	CONTECTION		A. BUILD	ING	_ c		
		345260	B. WING		03/03/20	011	
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	типт	\$	STREET ADDRESS, CITY, STATE, Z 160 WINSTEAD AVE ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) OMPLETION DATE	
F 309	The effectiveness of the evaluated. The resident had one movement on 1/7/11 Resident #1 received 1/8/11 for complaint "up to evaluate the eff medication. On 1/8/11 at 1:30PM responsive, with no donurse's note. The MAR reflected the for rectal pain at 9PM effectiveness of the nevaluated. The "C.N.A. Flow Rec (11pm-7am shift) the bedpan and voided yeassistant (NA) noted and resting well." The MAR noted the red 4AM for complaint of being "effective." On 1/9/11 at 12:50PM the resident was complaint of being "effective." On 1/9/11 at 12:50PM the resident was complaint of being "effective."	medium soft bowel and 1/8/11 during dayshift. a Lortab at 4:55AM on pain." There was no follow ectiveness of the the resident was alert and istress noted, per the eresident received a Lortab on 1/8/11. The nedication was not cord" noted on 1/8/11 resident was on and off the fellow urine. The nursing the resident seemed "happy the resident received Lortab at rectal pain. It was noted as the nurse's notes reflected plaining of hemorrhoids r was received from the	F 34	This Plan of Correction allegation of compliance of the truth of set forth in the statemer correction is prepared it is required by the providing comfort more relaxation breathing, as appropromotion of the constipation of the constitution of the	cetion of this plan of correction assistion or agreement by the the facts alleged or conclusions at of deficiencies. The plan of and/or executed solely because wisions of federal and state law. If type / frequency / in to physician non-pharmacological easures including techniques, deep repositioning, activities iate in the properties of the federal non-pharmacological easures including techniques, deep repositioning, activities iate in the properties of the properties of the properties of the properties of the properties of the properties of the properties of the plant of the properties of the plant of the p		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUP COMPLETI	
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	- Carried Control of C	345260				03/0	3/2011
	NOVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT		16	EET ADDRESS, CITY, STATE, ZIP CODE 50 WINSTEAD AVE OCKY MOUNT, NC 27804		
	OLD KLIDY OT	ATMOST OF PEROPAGEO	T		PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X6) COMPLETION DATE
F 309	Continued From page		F	309			
	There was no evaluate either medication.	ion on the effectiveness of			This Plan of Correction is the center's callegation of compliance.	credible	
	Resident #1 had a sn 1/9/11.	nall soft bowel movement on		Preparation and/or execution of the does not constitute admission or as provider of the truth of the facts all set forth in the statement of deficie		nent by the l or conclusion . The plan of	s
	The MAR reflected resident #1 received and Anusol HC for "rectal" pain at 4PM was no evaluation on the effectiveness			:	correction is prepared and/or executed it is required by the provisions of federa	al and state la	5'. -
	medication.				review the bowel record flow book the beginning of each shift. • Licensed Nurses administering		
	The nurse's note date the resident had rece suppository per rectu				 Licensed Nurses admin stool softeners and laxa MD orders 		
	hemorrhoidal pain. Th	nere was no mention of was stool present in the			 Licensed Nurses encounand fiber 	raging fluid	
		sol suppositories were ent of the hemorrhoids or ed.			 Certified Nursing Assis encouraging resident to prescribed diet 		
		ent #1 received Lortab at ain across top buttock." The nedication was not			(B) On 3-01-11, Nurse Managen consisting of Interim Director of Services (I-DNS), Staff Develop Coordinator (SDC) and Minimu	Nursing ment	
		1/9/11 at 11PM read in part, c centimeter) po (by mouth) aily."			Coordinators (MDSC) implemer evaluated and / or updated reside plans related to constipation as n Constipation care plan is inclusive.	ent care eeded.	
	The five day medicare minimum data set (MDS) dated 1/10/11 revealed the resident was moderately impaired cognitively. She required extensive assistance of one person for bed mobility, transfers, dressing, toilet use, personal hygiene and bathing. She was continent of bowel and bladder. Resident #1 was noted to have frequent pain in the five days prior to the MDS.		***************************************		Certified Nursing Assis monitoring and docume movements every shift	nting bowe	1
					 Certified Nursing Assis verbally notify licensed resident has no bowel n three days 	nurse if	
	The pain was noted to	ve days prior to the MDS. b have limited her day to day c rating the resident gave			Certified Nursing Assist document notification of record and licensed pur-	n bowel	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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CX4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 309	pain you can imagine "moderate." Review of the medica (MAR) revealed the resolvent on 1/10/11. On 1/10/11 at 6:15AM the resident had been per rectum (at 5:30AM hemorrhoidal pain (at of the medication was the resident stated shifter apy. The therapis "decreased motivation resident had pain in Pain medications were aware. The 10PM nurse's not the moderate imaginary in the second motivation resident had pain in Pain medications were aware.	1-10 with 10 being the worst. The pain was noted as ation administration record esident was started on the the nurse's note reflected a medicated with Anusol HC M) and Lortab for complaint (3:35AM). The effectiveness is not evaluated. (PT) notes for 1/10/11 noted the could not participate in the noted the resident had noted the resident had noted the nurse was the from 1/10/11 revealed the diand was medicated with him (at 8PM). The	F 309	This Plan of Correction is the centerallegation of compliance. Preparation and/or execution of the does not constitute admission or as provider of the truth of the facts all set forth in the statement of deficiencorrection is prepared and/or execut is required by the provisions of facts of the facts and stool softeners and I MD orders Licensed Nurses enand fiber as appropriated Aursing A encouraging resider prescribed diet Notification of Registrate of the facts and recommissions of the facts and recommissions and food and for fluids the regular bowel eliminal facts.	is plan of correction reement by the eged or conclusion incies. The plan of th	,	
	resident received a F was not documented Notes" or in the nurse "Bowel Record" for 1/2 amount of bowel movi 11-7 shifts. The PT notes for 1/12 said "I can't do it." (in Resident #1 had pain	or 1/10/11 reflected the leets enema x 1. The enema on the "Nurse's Medication es notes. Review of the 1/10/11 noted "0" for the rements on 7-3, 3-11, and 1/11 revealed the resident regards to therapy) in her right lower extremity in medications were received			Coordinator censed nursing will repeat in- newly hired ng orientation, rning from of absence with		

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	ULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
WAD LIVE OF	CONNECTION	DEMINICATION NUMBER.	A. BUIL	DING	-		
		345260	B. WIN	G		03/0) 3/2011
NAME OF PR	OVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
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GUARDIA	N CARE OF ROCKY MOU	UNI		R	OCKY MOUNT, NC 27804		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID]	PROVIDER'S PLAN OF CORRECTI		(X5)
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F 309	Continued From page	41	F:	309			
	and the nurse was aw				This Plan of Correction is the center's c allegation of compliance.	redible	
	The resident had 1 m	edium hard bowel					
	movement during day				Preparation and/or execution of this pla does not constitute admission or agreen		7
					provider of the truth of the facts alleged		5
		ne by nurse #2), dated			set forth in the statement of deficiencies	. The plan of	
		vealed the resident would			correction is prepared and/or executed it is required by the provisions of federa		,
		nd her appetite was poor. A			n is required by the provisions by Jedera	i ana state tar	•
		soft stool was removed			of day pain ger	nerally	
	manually from the res	uppository. Lactulose 30 cc			occurs, feeling		
		The resident was taking a			(internal, exter		
		s. Another nurse's note from			chronic), sever		
		30PM the resident was			verbal pain sca		
		The note read in part, "will			resident able to		
		out) stool." States, "I can't			and non-verbal	pain scale,	
	get it to move."				pain type / inte	nsity, other	
					non-verbal cue		
	-	n 2/17/11 at 3:30PM nurse			expressions, vo		
	#2 indicated she belie				body actions /		
		e manually and did not feel			behaviors), pai		
	any stool. Of course the narcotic pain medicati				resident's qual		
	constipating.	on and that could be			activities of da		
	oonoupaang.				cause of pain,	relief of	
	Review of the MAR re	vealed resident #1 received			pain		
-	a Fleets enema on 1/1	12/11 at 8AM and 1:30PM.				of pain care	
		cumented on the "Nurse's			plan as ne	1	
}	Medication Notes" as	"not effective."			• Implemer		
1		ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL			pain care	- 1	_
		2/11 at 4PM revealed the				g frequenc	/
		sol HC per rectum at 9AM			of use of		
		pain relief voiced per oted before inserting the			medicatio	- 1	
		"gummy pasty like fecal			Notifying		
		ved a "fistful amt (amount)				MD of pair	1
		continued to refuse to			requiring		
1		e was encouraged to drink				nedication	
	water.				· ·	r than three	
					consecuti		
ORM CMS-2567	7(02-99) Previous Versions Obsc	plete Event ID: LVIW11		Faci	ility ID: 953217 • Notri Ying attending	ine tinuation sheet MD of	Page 42 of 96

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SUI COMPLET	
		345260	B. WIN			l	C 3/2011
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804			1 0370	572011
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F 309	remained in bed and herself." Her appetite given Lortab for "discoup to evaluate the effemedication. The "C.N.A. Flow Red "Behaviors observed. shift on 1/12/11 the reyelling/screaming." Not noted on the flow recount of the "C.N.A. Flow Red note dated 1/12/11 (no "Resident having prote (bowel movement) the She didn't eat much." An interview was conswith NA #2. The NA scomplained about not movement and having not go to the bathroor resident an enema and came out. Another note dated 1/1/2 the resident complained on the nurse of NA informed the nurse of NA informed the resident har care. The NA state wanting laxatives" and	the nurse noted the resident 'continues not helping was poor and she was omfort." There was no follow ectiveness of the pain cord" had a section for "It was noted on the 3-11 esident had "Continuous to other behaviors were ord. cord" contained a narrative to time) that read in part, olems with having BM enurse gave her something. ducted on 2/17/11 2:43PM tated resident #1 being able to have a bowel grain because she could in. The nurse (#1) gave the da little bit of "mushy" stool 12/11 (11pm-7am) noted removing stool from her all over her bedding. The of pain in her rectum. The	F	309	or higher of 1(mild (continuo on the parassessment) Initiation implement constipation inserviced current (Nursing Assistants and will repeat inserviced current on the parassessment inserviced current (Nursing Assistants and will repeat inserviced current (Nursing Assistants and will repeat inserviced current (Nursing Assistants and will repeat inserviced current (Nursing Assistants orientation, Certific Assistants returning vacation and leave with regard to: Pain poli include r Licensed when reserve experience Impleme pain care including	an of correctionent by the I or conclusions. The plan of solely because al and state land d pain of 3 on a scale)-10 ous/severe) in int form and andtion of ion care plan Coordinate Certified on 3-1-11 ervice on- red Certified during ed Nursing g from of absence icy to reporting to I Nurse ident ces pain ntation of plan g Certified Assistants	n or

CLINTLIN	STON WEDICANE &	VILDIOAID GENVIOLO			distribution of the state of th	1 2,,,,,	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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	NOVIDER OR SUPPLIER	JNT	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE		60 WINSTEAD AVE		
				K	OCKY MOUNT, NC 27804		
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F 309	Continued From page	43	F	309			
		f the resident's behavior she did throughout her stay.			This Plan of Correction is the center's a allegation of compliance.	credible	
	hurting so bad (reside complained of pain in	2/11 read in part, "I am ent)." The resident her rectum. The nurse was cations were received.			Preparation and/or execution of this pl does not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federa	nent by the d or conclusion s. The plan of solely because	s
		1 noted bowel movement nall soft one on 1/12/11.			moveme documer		
	Review of the residen	t's "Bowel Record" for 7-3			accordin	gly	
	shift revealed she had	l no noted bowel				l Nursing	
	movements on 1/12/1	1 and 1/13/11.			Assistan licensed	ts notifying nurse if	
		d 1/13/11 at 6:45AM noted			resident		
		requesting the bed pan				ovement in	
		had a medium brown stool rt her fingers into her rectum			three day		
	to try to remove stool.	_			Certified Assistan	l Nursing	
	10 117 10 10111010 010011				Assistan		
	Resident #1 told PT s	he was sick on 1/13/11. The			notificat	I	
		/13/11 revealed the resident				cord and	
	had abdominal pain s	econdary to no bowel	1			nurses will	
	movement.				review tl	he bowel	
	A nurse's note for 1/1	3/11 at 12:30PM noted the				ow book the	•
		nt to the emergency room			·	g of each	
	for "altered mental sta	itus." The resident stated "I			shift		
	don't feel good." Her					Nursing	
		rees Fahrenheit, pulse 69,			Assistan	1	
	respirations 12 and bi	ood pressure was 58/32.				ging residen	l
	The MAR revealed re	sident #1 had received 24	1			to follow prescribed diet.	
		ed Lortab from 1/3/11 to	diet.				
		one dose on 1/3/11. From		-	Systemic Changes:		
	1/4/11 to 1/8/11 the re	sident received 2 doses			~, Jeenne Camageor		
		n 1/9/11 she had four doses M, 4PM, and 8pm). The			1. Pain assessments will b		l

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	1/10/11 and 1/11/11. the Lortab on 1/12/11 and 2 doses on 1/13/receiving the Ferrous Colace twice daily. Resident #1 had no not the 3-11 shift from 1/3 Record review of the 1/13/11, noted the resemergency department abdominal pain, fatigue hypotension. The residenemas and manual of 1/12/11. The facility at "Very poor oral intake abdominal exam note "distended, diffusely to (bowel sounds), rectar (positive for blood)." The CT (computed to and pelvis, done on 1/12/11 and p	es daily of the Lortab on She received three doses of (times not documented) 11. Resident #1 was Sulfate twice daily and the oted bowel movements on W11 to 1/13/11. Inospital records dated, sident presented to the int with complaint of ite, poor oral intake, and ident was given several disimpaction of stool on ind family member reported for past 3-4 days." The id the abdomen was ender with hypoactive BS I with gross heme + stool mography) of the abdomen W13/11, read in part, "A it of retained stool is noted in igmoid (colon) compatible of fecal impaction. Fluid wel loops with scattered air it." in 1/13/11 at the hospital noses of cardiopulmonary umonia, GI (gastrointestinal) ukocytosis, metabolic	F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plat does not constitute admission or agreed provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal rehabilitation therapy, a admitted with pain med admission. Pain assessing also be initiated with the new pain by the licensed caring for the resident at the pain is identified. Phassessments will be perquarterly and with significating change resulting in pain change resulting in pain change resulting in pain assessed for pain each shicensed nurse and care interventions implement needed. If pain medicated indicated and the resident order for pain medication licensed nurse will not fiphysician of the new on and request pain medicated resident is experiencing level 3 with no relief with plan of care, the assessing will notify the physician medication order or adjuctivent pain medication indicated.	an of correctionent by the lar conclusion. The plan of solely because at and state lar and resident lications on ments will e onset of d nurse at the time rain formed ificant late to the planned ted as t	s s

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
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				R	ROCKY MOUNT, NC 27804		
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F 309	Continued From page	45	F	309			
	to the hospital or the c quite sure. She stated was slightly distended did hear bowel sound				This Plan of Correction is the center's a allegation of compliance. Preparation and/or execution of this pl does not constitute admission or agreed provider of the truth of the facts alleged	an of correction ment by the d or conclusions	
	informed the DON the resident was having issues with constipation. The primary care nurse had informed the DON that an enema had been given. The resident expressed to the DON she felt she had to go to the bathroom. The DON stated the pain assessment form should be completed in its entirety on admission. She reviewed the form completed for the resident and indicated once the resident started using pain				set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federa will include medication	solely because al and state law	
					interventions as well as pharmacological intervention attempted prior to medition plans will be revised an	non- entions to be ication. Care	
:	medicine on a routine have completed a nev	basis someone should v pain assessment form.			quarterly and with chan condition.	ige of	
	The DON indicated a pain medication was o	side effect of taking narcotic constipation.			4. Nursing assistants will bowel movements on bound monitoring flow sheet.	owel	
	she had worked with I	rim manager was 1 at 12:05PM. She indicated resident #1. The rehab id the resident had lived			of each shift, the nursin will report off to their s licensed nurse for valid	g assistants upervising ation the	
TO THE PROPERTY OF THE PROPERT	alone prior to her fall a remembered the resid first time she worked	and right hip fracture. She lent did "pretty good" the with her. Then she was off			flow book documentation completed. Licensed makes working 7a-3p will revision bowel monitoring flow	urses lew the	e con alle
	she came back the re	kend she thinks, and when sident was "different." The ning of trouble with her ofering manager		:	identify residents with a movement in 3 days. Tresidents will be added	no bowel These	
	remembered assisting with nursing because her move her bowels.	the resident to the toilet they thought that might help The resident stated she			laxative list for a laxative administered on the 3p- The laxative list will be	11p shift.	
	indicated as the reside was significantly differ	st could not do it, she couldn't push. She dicated as the resident's stay progressed she as significantly different. It was not the whole ay but like 3-4 days towards the end.			to the 11p-7a shift for la results to be documente are not achieved within minutes after Fleets ene	d. If results thirty	
	An interview was cond				administered per bowel the attending physician	protocol,	

OFIAIFI	O I OIL MEDIOVICE OF	WILDICAID GERVIOLO				1 7,2 1,10	·
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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		345260	B. WIN			03/03	3/2011
	OVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT		16	EET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE LOCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	resident #1 frequently her stay. Nurse #1 ind for rehab; she had a recomplain of pain. She and nurse #1 gave the The nurse was not sufform was not completed. She did not do the as indicated she was not go back and complete start a new one once had pain on a daily be residents have a pain and some do not (this not sure what determ and who did not. It just pharmacy. She stated had to complete/initial indicated some of the pain medication were drowsiness. The nurs any conversations with the pain med and post the resident's constipusher noted the facility protocol was like a stawould follow the protocontact the physician way through the protocontact the physician wa	#1. The nurse had cared for (8 out of 10 days) during dicated the resident came in right hip fracture. She did to had a PRN pain medication to emedication as ordered. The why the pain assessment tely filled out on admission, assessment. The nurse to sure if she was allowed to the pain assessment or she determined the resident the pain assessment or she determined the resident the scale chart on their MARs are resident did not). She was sined who got the pain scale at came that way from the did an RN (registered nurse) the the care plan. Nurse #1 to side effects of a narcotic constipation, lethargy and the stated she did not have the the physician in regards to assible/potential connection to ation and abdominal pain. The anding order and the nurses to col. The nurse would not until they had gone all the tocol and had no results	F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal implemented, the 24 ho will be updated to indic bowel protocol has been The resident will remain hour report until the conrelieved. 5. Interim Director of Nur Services (I-DNS), or SI review laxative lists dai to validate laxatives we administered as appropring results documented. In of the Interim Director of Services (DNS) and SD Hall 7-3 Licensed Nurs review laxative lists dai weekends and holidays validate laxatives were administered as appropring results documented. Completion date of credible all 3/3/2011. Quality Assurance:	an of correction the the tor conclusion. The plan of solely because all and state landur report locate the non the 24 astipation is sing DC will ly ongoing rectate and the absence of Nursing C, the Norte will ly on ongoing to riate and legation is	s ·
ŀ	during her shift.			- 1	Services (LDMS) or SDC will re	viou	

OFILE	O I OK WILDIOAKE &	WIEDIO/ ND OFF A LOCAL	1			T		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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GUARDIA	N CARE OF ROCKY MO	UNI		R	OCKY MOUNT, NC 27804			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	•	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION	
PREFIX		Y MUST BE PRECEDED BY FULL	PREF TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETION DATE	
TAG	REGULATORTOR	SC IDENTIFYING INFORMATION)	IAG	'	DEFICIENCY)			
F 309	O9 Continued From page 47		F	309				
. 000	Continuou i rom page	· · · · ·	,	000	This Plan of Correction is the center's c	radibla		
	During on intensiew o	n 2/17/11 at 2:37PM, NA #1			allegation of compliance.	reardie		
		re of the resident during her						
		he resident was "total care"			Preparation and/or execution of this pla		n	
	•	to assist her with her			does not constitute admission or agreen provider of the truth of the facts alleged		e l	
		g. The resident did complain			set forth in the statement of deficiencies		,	
		ve a bowel movement. NA			correction is prepared and/or executed	solely because		
		ent's concern to the nurse	1		it is required by the provisions of federa	ıl and state lav	<i>'</i> .	
	(#1). The NA indicate	d nurse #1 gave the resident						
	an enema, but she co	ould not recall the exact date.	1		following admission to validate			
		nt just had "a little watery			assessments are accurately comp			
		he enema. The resident did			plans for pain are implemented a	•	,	
		from receiving the enema.			and residents experiencing pain l			
		worked with the resident			medication prescribed either PRI			
		dent kept putting on the call	1		scheduled. These reviews will c			
	light because she cou	ıld not move her bowels.			an ongoing basis. Interim Direct			
	An interview was con	dunted on 2/17/11 at	***		Nursing Services (I-DNS), or SE			
		I, the administrator and			review 24 hour report book daily			
		The DON indicated when			identify residents with new onset			
		ident on 1/12/11 she was in			These residents' medical records			
		The DON did not document			reviewed as well to validate pain			
		resident's medical record.			assessments are accurately comp			
		all discussing resident #1's			plans for pain are implemented a and the physician was notified for		,	
	pain or constipation d	uring daily rounds. Facility			medication order as needed. Int			
	consultant #1 stated t	he staff would not be			Director of Nursing Services (I-I			
	expected to phone the	e physician until the bowel			SDC will audit laxative lists each		:	
	•	ely done. The reason they			and validate laxatives were given			
		so the staff would not have			indicated and results were docum			
		vever, if the resident had			the absence of the Interim Direct			
		n then she would expect the			Nursing Services (I-DNS) and Sl			
	nurse to phone the ph	nysician.			weekends and holidays, the 7-3 l			
	During an intention of	n 2/28/11 at 5:40PM, nurse			Licensed Nurse will review laxat			
		the resident the enemas			daily ongoing to validate laxative		:	
		that step" on the bowel		ł	administered as appropriate and			
		ated she did assess the			documented. Results of these au			
		ach time she gave the		ł	medical record reviews will be re			
		ot to chart it. Each time			the facility's Performance Impro			
			1	- 1			1	

FORM APPROVED OMB NO. 0938-0391

PRINTED: 03/18/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345260	B. WIN	.G		03/0	3/2011
	ROVIDER OR SUPPLIER	UNT		16	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804		
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	resident #1's stomach was soft and flat with good bowel sounds. She did check the resident's hemorrhoids and did not notice any bleeding. She stated she did not correlate the hemorrhoids and the constipation. Resident #1's decreased appetite had not been reported to her. The nurse stated the ward clerk was responsible for reviewing the BM books. Nurse #1 indicated she did not look at the BM books. Usually the NAs would come and inform her if a resident had not moved their bowels in a couple of days. During an interview on 3/1/11 at 8:30AM, ward clerk #1 indicated she would review the BM (bowel movement) books. She would give a copy of the BM sheets to the (former) DON and she would write on a sticky note who had not had a bowel movement in 3 days. She would then give the sticky notes to the hall nurses responsible for the residents. Once the (former) DON and nurse's got the list of the resident's needing laxatives they were supposed to document on the BM sheets who received a laxative. Ward clerk #1 was not informed she needed to do any type of follow up. She indicated she did not keep any copies of the sticky notes she gave to the nursing staff. The interim DON was interviewed on 3/1/11 at 9:15AM. She stated the NA were supposed to be keeping tract of the bowel movements a resident had and the nurses should be looking at the BM book. The interim DON's goal would be for the NAs to improve their communication with the nurse's and for the nurse's to follow up on concerns brought forth by the NAs in regards to the residents. Physician #2 was interviewed on 3/1/11 at		F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed it is required by the provisions of federa	nn of correction nent by the l or conclusion . The plan of solely because	3S
					For Resident #8: 1. Laxatives orders for resident # for use of bowel protocol. 2. See credible allegation section residents". 3. See credible allegation section changes". 4. See credible allrgation section assurance".	n "for other n "systemio	
					1. Resident #3: 1. Resident #3 evaluated by psyc 2/22/2011 and medications adjus address exhibited behaviors. 2. Residents exhibiting a new on behaviors while experiencing a condition have the potential to be Licensed staff were in-serviced be on indicators of change in conditioned for assessment of clinical cowhen new onset of behaviors is in	sted to set of change in e affected. by the SDC cion and the condition	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 309	the time of the intervieresident's hospital recitive facility. He indicated the facility. He indicated a been on pain medicated Sometimes a PRN paroutine medication. To expected the staff wo resident was utilizing routine basis and they The physician and/or determine if the medicated relieving the resident's expected if a resident movement after 2-3 dinform him or the PA. receiving a call or a fact and her being constippain or a change in the During an interview or physician's assistant did get in touch with he (and orders for Anusci via fax. He stated he is recall/remember anythresident. A follow up interview or physician #2 on 3/3/1 indicated if a resident such as rash, fever, cothe physician would wemphasized when a refacility and the physici well, they would want room for things new or such as reserved.	ever and referenced the cords prior to her coming to ed she had a hip fracture. Ome residents might have ions all their lives. In medication becomes a ne physician indicated he uld call him or his PA if a their PRN medication on a valuation. The his PA would try to cation was effective at a pain. Physician #2 did not have a bowel ays the staff would call and He does not remember ax regarding this resident ated or having increased e location of her pain. In 3/1/11 at 11:43AM, (PA) #1 indicated if the staff im in regards to resident #1 increased in regards of the staff in in goff hand about the	F 309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plands and constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal. 3. DNS and interdisciplinary tea will review the 24 hour report be ongoing to identify residents with of behaviors and change in condimedical records of these identifies with new onset of behaviors will reviewed by the DNS and IDT to clinical assessment has been conducumented by the staff nurse, protified of the behaviors and charcondition, and new orders imples appropriate. DNS will maintain these identified residents and corfollow-up daily until change in cresolved and behaviors have substituted. 4. Log of residents with new one behaviors while experiencing a condition will be reviewed by the Performance Improvement Commonthly x 3 months for further recommendation and to validate compliance.	an of correction and by the lar conclusion. The plan of solely because all and state law and state law and state law and state law and the S V.	

		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 309	Physician #2 stated to trying until they reach indicated the evidence him or the PA would be signature and instruct him a verbal order with stated three of the big pain, constipation was a proportion of the pain, constipation was a proportion of the administrator was 3/1/11 at 12:10PM. The administrator was 3/1/11 at 12:08PM. The were put in place: Resident Specific Resident #1 was an 1/3/2011. Her diagnoral the trochanteric right Rhobdomylosis, HTN and Alzheimer's demoincluded Metoprolol The Prednisone, Lisinopril and Lortab. She received on 1/10, 1/11, and 1/13/2011. Her diagnoral three times on 1/12/2011. Her diagnoral Lortab. She received on 1/10, 1/11, and 1/13/2011. Her diagnoral three times on 1/12/2011.	treat at the facility if able. The facility staff should keep and either him or the PA. He are of the facility contacting the a fax with a date, are incorporated in instructions. Physician #2 agest concerns he saw were as dehydration. He indicated ablem especially with ion administration. In a notified of the I.J. on the facility provided an allegation of compliance on the following interventions.	F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this places not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal.	an of correction ment by the A or conclusion The plan of Solely because	ns ?	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 309	the resident and her I sent to the emergency stated, "I don't feel g was notified and order transported to the emwere: temperature 9' 12, and blood pressure documented bowel must be stated, and blood pressure documented bowel must be stated by the state of the state of the state of the state of the state of the sent be sent be sent be sent to the sent	(two). On 1/13/2011, both prother requested she be by room for evaluation. She cood." Attending physician or received for resident to be be be be groom. Vital signs 7.3, pulse 69, respirations or 58/32. Resident had covernents as follows: Redium bowel movement be dium bowel movement all bowel movement one tablet daily was added for bet's enema or medium bowel movement enemas given with no be with the hospital on the hospital on the hospital on the hospital on the coordinator (SDC) bet Coordinators (MDSC) is ments on all residents in	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 309	residents with no bow (A) The resident's presponsible for physic telephone when a reshigher on a scale of 1 (continuous/severe) of form, with new orders planned by MDSC an at the time of pain on (Interdisciplinary Tear at least 5 times week Review. Responsible new medications or comedication as needed. (B) Bowel Protocol with Management Team, of Director of Nursing Scipevelopment Coordinator noted with no bowel reprotocol states. On third day with movement give Lactuvia tube (gastric or performed to the composition of	rimary licensed nurse will be clan notification via idents with a score of 3 or (mild)-10 on the pain assessment implemented and care d or primary licensed nurse, set. The IDT on will validate this process y in Clinical Morning Party(s) will be notified of thange in dosage of current d. vas initiated by the Nurse consisting of the Interim ervices (I-DNS), Staff thator (SDC) and Minimum is (MDSC) for residents in ovement in three days. in o documented bowel lose 30 cc po (by mouth) or	F 309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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GUARDIA	N CARE OF ROCKY MO	UNT		1	60 WINSTEAD AVE COCKY MOUNT, NC 27804		
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F 309	(I-DNS), Staff Develo and Minimum Data Simplemented, evaluate care plans to reflect pall residents in the face accessible through the for the licensed nurse will obtain any careplate from the licensed nurse on-going. Pain care portion and paints of the p	Director of Nursing Services pment Coordinator (SDC) et Coordinators (MDSC) et and / or updated resident eain as needed concerning cility. Careplans are made e resident's medical record es and the nursing assistant ean updates in shift report se on an as needed basis clan is inclusive of: c, acute, breakthrough, crying / moaning, facial emplaints of pain, decrease ebility to sleep, limiting g Staff monitoring residents tending physicians when of pain, worsening pain, pain location / type / of pain to physician earmacological comfort elaxation techniques, deeping, activities as appropriate de effects including Licensed signs and symptoms of d Nurses and Certified onitoring and documenting	F	309			

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>. 0938-0391</u>
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` ′		PLE CONSTRUCTION	(X3) DATE SUF	
			A. BUI	LUINU	<u> </u>	1	2
		345260	B. WIN	IG		1	3/2011
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	STE	REET ADDRESS, CITY, STATE, ZIP CODE		
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GUARDIA	N CARE OF ROCKY MOI	JNT		F	ROCKY MOUNT, NC 27804		
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F 309	Continued From page	54	F	309			
	· Certified Nursing	Assistants will verbally notify					
	licensed nurse if resid						
	movement in three da	ys					
		Assistants will document					
		record and licensed nurses			<u> </u>		
	will review the bowel		and the second s				
	beginning of each shi		Į				
	l .	administering stool	and the				
	softeners and laxative	encouraging fluid and fiber					
		Assistant encouraging					
	resident to follow pres						
	Toolach to tollon prot	onsod dist					
	(B) On 3-01-11, Nurs	se Management team,			<u> </u>		
		Director of Nursing Services					
		oment Coordinator (SDC)					
		et Coordinators (MDSC)					
		ed and / or updated resident	İ				
		constipation as needed.					
	Constipation care plan						
		Assistants monitoring and					
	documenting bowel m						
	· Ceπitted Nursing licensed nurse if resid	Assistants will verbally notify					
	movement in three da						
		Assistants will document					
	•	record and licensed nurses					
	will review the bowel						
	beginning of each shi						
	· Licensed Nurses	administering stool					
	softeners and laxative						
		encouraging fluid and fiber					
	as appropriate				**************************************		
		Assistant encouraging					
	resident to follow pres						
		gistered Dietician for					
		fluid intake / offerings,	1				:
		ikes, and recommendations to promote regular bowel	1				
	TOT TOOG AFTG /OF HUIGS	to promote regular bower	1				

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING С B. WNG 345260 03/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE **GUARDIAN CARE OF ROCKY MOUNT** ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 Continued From page 55 F 309 elimination Education was initiated by: Staff Development Coordinator inserviced current licensed nursing staff on 3-1-11 and will repeat in-service on-going for newly hired licensed nurses during orientation, licensed nurses returning from vacation and leave of absence with regard to pain policy to include: Assessment of resident pain including location, duration, frequency, time of day pain generally occurs, feeling of pain (internal, external, acute, chronic), severity of pain verbal pain scale (if resident able to respond) and non-verbal pain scale, pain type / intensity, other non-verbal cues (facial expressions, vocalizations, body actions / observed behaviors). pain affecting resident's quality of life / activities of daily living, cause of pain, relief of pain Initiation of pain care plan as needed Implementation of pain care plan Monitoring frequency of use of analgesic medication Notifying the attending MD of pain requiring prn (as needed) medication for greater than three consecutive days Notifying the attending MD of unrelieved pain of 3 or higher on a scale of 1(mild)-10

care plan

(continuous/severe) on the pain assessment form Initiation and implementation of constipation

Staff Development Coordinator inserviced current Certified Nursing Assistants on 3-1-11 and will repeat in-service on-going for newly hired Certified Nursing Assistants during orientation, Certified Nursing Assistants returning from

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MI A. BUII		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER	JNT	1		REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 309	Pain policy to inc Nurse when resident Implementation of Certified Nursing Assi and amount of bowel documenting according. Certified Nursing nurse if resident has redays. Certified Nursing notification on bowel rewill review the bowel beginning of each shit. Certified Nursing resident to follow president to follow president to follow president to follow president to follow presidents of nurse for all readmitted residents, rehabilitation therapy, pain medications on a days following admiss experiencing pain are assessments will also of new pain by the lice resident at the time the assessments will be proposed in the proposed form of	absence with regard to: lude reporting to Licensed experiences pain of pain care plan including stants monitoring frequency movement and ngly Assistants notifying licensed no bowel movement in three Assistants will document record and licensed nurses record flow book the ft Assistants encouraging cribed diet. s will be completed by the newly admitted residents, all residents admitted for and residents admitted with admission and daily for three cion to ensure residents identified. Pain be initiated with the onset ensed nurse caring for the e pain is identified. Pain erformed quarterly and with ulting in pain. added to the Medication	F	309				

PRINTED: 03/18/2011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WNG 345260 03/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE **GUARDIAN CARE OF ROCKY MOUNT ROCKY MOUNT, NC 27804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 Continued From page 57 F 309 pain medication. If the resident is experiencing pain at a level 3 with no relief with current plan of care, the assessing nurse will notify the physician for a pain medication order or adjustment of current pain medication dosage as indicated. The nurse initiating the physician notification will document the resident's pain and pending physician notification on the 24 hour report log. The resident will remain on the 24 hour report book until physician has responded. Care plans will be initiated for all residents with pain. The care plan will include medication interventions as well as non-pharmacological interventions to be attempted prior to medication. Care plans will be revised and evaluated quarterly and with change of condition. 4. Nursing assistants will document bowel movements on bowel monitoring flow sheet. At the end of each shift, the nursing assistants will report off to their supervising licensed nurse for validation the flow book documentation has been completed. Licensed nurses working 7a-3p will review the bowel monitoring flow books and identify residents with no bowel movement in 3 days. These residents will be added to the laxative list for a laxative to be administered on the 3p-11p shift. The laxative list will be passed on to the 11p-7a shift for laxative results to be documented. If results are not achieved within thirty minutes after Fleets enema is administered per bowel protocol, the attending physician or physician on call will be notified for further orders. Once the bowel protocol is implemented, the 24 hour report log will be updated to indicate the bowel protocol has been initiated. The resident will remain on the 24 hour report until the constipation is relieved. Interim Director of Nursing Services (I-DNS),

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		5,2011
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F 309	validate laxatives wer appropriate and result absence of the Interin Services (DNS) and Sticensed Nurse will re ongoing to validate late as appropriate and re Completion date of cr 3/3/2011. Quality Assurance: The Interim Director of SDC will review meadmitted or readmitted days following admiss assessments are acceptant for pain are impand residents experied medication prescribed. These reviews will confine Director of Nu SDC will review 24 hoto identify residents will review 24 hoto identify residents will review 24 hoto identify residents will accurately completed implemented as necewas notified for pain in Interim Director of Nu SDC will audit laxative validate laxatives were results were document interim Director of Nu SDC on the weekends.	cative lists daily ongoing to e administered as ts documented. In the in Director of Nursing SDC, the 3-11 West Hall eview laxative lists daily exatives were administered sults documented. edible allegation is of Nursing Services (I-DNS) edical records of newly d residents daily for three sion to validate pain urately completed, care elemented as necessary, incing pain have pain d either PRN or scheduled. intinue on an ongoing basis. rsing Services (I-DNS), or our report book daily ongoing ith new onset of pain. ical records will be reviewed	F 30	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804	1 03/0	3/2011
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F 309	facility's Performance	ate laxatives were opriate and results s of these audits and ys will be reported to the Improvement Committee or review, evaluation and	F 309			
	regarding pain assess and physician notifica interviewed on 3/3/11 the facility's bowel proare to be communicat other and the physicia included a skills validate pain management and form to document audional pain management and the pain managemen					
	11/2/10. Her diagnose accident, hypertension irritable bowel syndron. The facility "Bowel Propart, "1. Lactulose 30d 3rd day with no BM (b Dulcolax Suppository with no BM and no rest. 3. Fleets enema PR o	otocol" dated 8/09 read in cc (cubic centimeters) on				
	Review of the residen	t's care plans, last reviewed				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		345260	B. WNG		C 03/03/2011	
	OVIDER OR SUPPLIER	All Maries	s	TREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	2/7/11, revealed their independence for cogrequired extensive as transfers, dressings, and bathing. She was bladder. The resident needed (PRN) pain must be pain and constipation order's the resident was rece (milligrams) by mouth (TID). She could also (Hydrocodone-Acetar tablets by mouth ever pain. Resident #8 couby mouth twice daily a receiving Colace (sto once daily at bedtime Lexi-Comp's Geriatric edition, revealed Nore (Hydrocodone-Acetar narcotic for treatment Under the "Adverse F (GI)" section the following pain and constipation Geriatric Consideration might be particularly section, confusion) of narcotics. Percoce acetaminophen) was treat moderate to sev "Adverse Reactions"	mum data set (MDS), dated esident had modified gnitive skills. The resident sistance for bed mobility, toileting, personal hygiene incontinent of bowel and awas noted as receiving as nedication. If or February 2011 revealed iving Tylenol 650mg (PO) three times a day have Norco minophen) 5/325mg 1 to 2 my 6 hours as needed for all have Mobic 7.5mg tablet as needed for pain. She was not softener) 100mg by mouth the cominophen) was an Opioid of moderate to severe pain. Reactions - Gastrointestinal wing were noted, abdominal and the constipating effects to (oxycodone and an Opioid narcotic used to	F 30	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	UNT		STREET ADDRESS, CITY, STATE, ZIP COD 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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	might be particularly secontral nervous syste (sedation, confusion) of narcotics. Review of the "Bowel reflected the resident movements from 2/8/ to this time, she had I of 2/6/11 when none a large soft BM and a The nurse's note date revealed the resident resident indicated she According to the "Bov 2011, the resident ha movements from 2/13 February 2011 MAR receiving her Colace MOM (Milk of Magner no noted bowel move Dulcolax Suppository days given on 2/17/11 with no bowel movem moved her bowels tw (small/soft). A family member of the resident had yom staff had given her as (Phenergan). The nur family member the re and had not had a bo days. The family member as (Phenergan).	susceptible to the CNS em) depressant action and the constipating effects Record" for February 2011 had no noted bowel 11 to 2/11/11 (4 days). Prior BMs daily with the exception was noted. The resident had large loose BM on 2/12/11. ed 2/15/11 at 3:30PM had vomited one time. The e felt better afterwards. vel Record" for February d no noted bowel B/11 to 2/16/11 (4 days). The revealed the resident was daily. She had received sia) on 2/16/11 (4th day with ment). Resident #8 had a per rectum for no BM in 4 1 (which was the 5th day hent). The resident then to times on 2/17/11 The resident was interviewed The family member indicated lited that day. The nursing	F 3	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL'	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 309	Continued From page	62	F 30	99			
:	The resident moved hand 2/19/11, per the h	ner bowels again on 2/18/11 powel record.					
	from the physician on noted as being "sick to bouts of emesis, (increassessment noted the urinary tract infection, (vomiting). She was consusea) and Pepcid (A verbal order was noted to 2 tablet pain. Per the bowel, record any noted BM on 2/20. The resident received centimeters) by mout 2/21/11 (she had a Bi had a large loose BM record. A fax was resent to the date listed on the The nursing staff com	e resident had a recent fever and emesis in an antiemetic (relief of relieves heartburn). oted on 2/19/11 for Percocet is by mouth as needed for resident #8 did not have					
	having difficulty (with) takes Colace - May welse also daily such a The physician respon the facility could give daily - hold for diarrhet twice daily as needed	BM's- Resident current he have order for something s lactulose or prune juice?" ded on 2/23/11 and noted the resident prune juice ha and Lactulose 15cc's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	0	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT		1	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804				
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F 309	According to the MAF on 2/27/11 (she had a 2/26/11 and two on 2/16/11 and two on indicated she regular. The resident was able through non verbal m resident did not have the 3-11 shift. If the N not had a BM in 2-3 did the nurse responsible. An interview was considered and the should be saistants (N/16/11/11/11/11/11/11/11/11/11/11/11/11/	R the resident received MOM a bowel movement on /27/11, per the bowel on 2/28/11 at 4:56PM, NA #3 y took care of the resident. The to communicate her needs eans. NA #3 stated the many bowel movements on the As noticed a resident had anys then they should notify the for the resident.	F 309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT				10	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804	1 03/0	5/2011
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F 309	an ADON. If the nurse not had a BM in 3-4 d NAs to verify. She wo MAR and follow the b stated she should be every shift but honest was not able to provide protocol implemented written. During a follow up into 6:03PM, physician #1 facility staff to follow the evaluate each resider resident had abdomin would expect them to resident was still having movements even with expected the nurse's nurse's must assess a contain an individual basis. During an interview of clerk #1 indicated she (bowel movement) both of the BM sheets to the would write on a stick bowel movement in 3 the sticky notes to the the residents. Once the nurse's got the list of laxatives they were still bus not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up. She indicate the still was not informed stollow up.	hey did not currently have a noticed the resident had ays then she would ask the suld then proceed to the owel protocol. Nurse #5 checking the bowel books by she did not. The nurse de a reason why the bowel of differently than it was derview on 2/28/11 at indicated he expected the he bowel protocol but also at on an individual basis. If a hall pain or distension then he call the physician. If a ng difficulty with bowel of the bowel protocol then he for notify the physician. The and evaluate each resident of a 3/1/11 at 8:30AM, ward owould review the BM ooks. She would give a copy he (former) DON and she y note who had not had a days. She would then give hall nurses responsible for	L.	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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9:15AM. She stated to keeping tract of the bound and the nurses shook. The interim DO NAs to improve their nurse's and for the nurse's and for the nurse's and for the nurse's and for the nurse's and for the nurse if a bowel movement in 3 be implementing the large in a short and not just to 3. Resident #3 was a 5/22/08. Diagnoses in accident, (CVA) hype bladder, dyslipidemia prostatic hyperplasia. Review of the quarter dated 10/13/10 revea no short- or long-term his cognition was inta also coded Resident: bladder and bowel. To indicated that the Resident and sassistance with 1-per in-room walking, dresing hygiene. He fed hims assessment noted the moderately depresses.	interviewed on 3/1/11 at the NA were supposed to be owel movements a resident hould be looking at the BM N's goal would be for the communication with the urse's to follow up on the by the NAs in regards to sinterviewed on 3/1/11 at trator expected the NAs to a resident did not have a days. The nurse's should bowel protocol for any have a specific order for a utilizing it for every resident. Idmitted to the facility on included cerebrovascular urtension, neurogenic, hemiplegia, and benign with urinary obstruction. In Minimum Data Set (MDS) alled that the Resident #3 had a memory problems and that lot. The MDS dated 10/13/10 #3 as always continent of the assessments further sident needed limited son assist with transfers, using, toileting, and personal elf after tray set-up. The	F 309				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI AND PLAN OF CORRECTION IDENTIFICATION N	UMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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3452	60 B. WI	/e		03/03/2011	
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT		STREET ADDRESS, CITY, ST 160 WINSTEAD AVE ROCKY MOUNT, NC			
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F 309 Continued From page 66 his roommate, and the roommate's visito [Resident #3] continued to get out of bed difficulty to go to the bathroom. The Resi- continually entered the bathroom, pulled pants [Depends] without asking for assist The Resident did not close the bathroom These behaviors occurred during the roo family visit. " Review of the nurse's notes dated 10/29/ revealed that Resident #3 was having dif urinating. The attending physician's office called. An order was given for a urologist consult. Review of the nurse's notes dated 10/29/ revealed that "the Resident was in his ro in bed, alert and verbal. His roommate ha company. The Resident went in and out o with difficulty. He went to the bathroom in room many times from 4:55 to 5:20 p.m., roommate's family member was present. Resident did not close the door to the bat or ask for assistance to close the door, w roommate's family member was present. Review of the urology consult dated 11/1 read in part, "He [Resident #3] is in a wh although can ambulate a small distance. August of this year, he had lower urinary symptoms (LUTS). He has difficulty starti stream. He has frequency and double voi Denies retention. Denies incontinence, gi hematuria, or dysuria. No documented in He is on Flomax [Flomax is a medication improve urination in men with enlarged pi Review of his record revealed he has bee for over 2 years. He was on the medication his admission to (name of the hospital) in	r. He with dent down his tance. door. mmate's 110 fficulty e was 110 foom, lying ad of bed in his while his The throom then his 11 8/10 ficelchair Since tract fing his iding, ross fection. used to rostate]. en on it on upon	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT			160	ET ADDRESS, CITY, STATE, ZIP CODE) WINSTEAD AVE ICKY MOUNT, NC 27804			
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F 309	perform a GU (genito Add Avodart [Avodart enlarged prostate] da If fails, will consider of anti-cholinergic for postate] anti-cholinergic for postate anti-cholin	e urological care. Unable to urinary) examination today. It medication used to treat iily. Follow up in eight weeks. Systoscopy and adding an otential neurogenic bladder." #3 mental health notes dated "Psychiatric Diagnostic plaint: refusing therapy; not ing bathroom on self. History ealed: depressed mood, ommendations, Zoloft [by mouth] daily for van 0.5 mg po [by mouth] tid prn [as needed] for anxiety tes dated 12/11/10 revealed emoved his underwear, got if his underwear in the dent then got back into his id and asked for an entire the Resident a complete is bed linen." Is notes dated 12/15/10, read id bowel movement in bed on at he needed someone to int also stated he cannot tell mate." Is telephone orders dated tal Health consult. "	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	N CARE OF ROCKY MO	UNT	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 309	on self. Urology const normal. Findings: dep symptoms of insomni- Recommendations: Z tid. " Review of nurse's not part, "Resident stated	avior urinates and defecates ults and test has been bression, moderate a and decreased appetite. cloft 25mg po, Ativan 0.5mg es dated 12/30/10 read in d, 'I need to see the nurse ne police to take me to the	F	309			
	assessed by the nurs cannot pee. "The last 4 hours ago. The Res hurting in his lower ab family member was p	e; he told the nurse, "I t time he had urinated was " ident stated that he was odomen. The Resident's resent. The Resident was r evaluation per Resident's					
	that the resident retur hospital with an indwe	es dated 12/30/10 revealed ned to the facility from the elling catheter intact and a act infection. Bactrim was 2 times per day.					
	12/30/10 read in part, pain w/o (without) n/v ASSESSMENT: Triag "Pt [patient] presents medical service) from complaint of abdominand inability to urinate PT complained of pair rates pain as 6, abdor	[name of facility] with al pain for the past 3 days since this morning. PAIN: n. On scale of 0-10 patient nen. Resident chief					
	catheter) placed and curinalysis) to assess f	not pee. ' TEXT: (Name of draining urine. Will get UA (or UTI (urinary tract (discharged) back to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	TNU	11	EET ADDRESS, CITY, STATE, ZIP COD 60 WINSTEAD AVE COCKY MOUNT, NC 27804	E	
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F 309	urology. PATIENT PL discharged; the patiel care physician. Labor (white blood ce1ls) 30 The 2 lab results mer normal range which in Review of the nurse's part "Resident went to times. The Resident so to have a bowel move meds [medication]. Revere offered. Resider was hurting. 'Reside stating, 'I want to go was aware of the Reside the resident was aware of the Reside Physician's Assistant; evaluation orders. Re emergency room. " Review of emergency revealed that Resider constipation. Review of nurse's not that "the resident was taken his indwelling cat shift. " Review of the nurse's p.m. revealed that the on 12 times, disconne bag, and wet the who	and will f/u (follow up) with AN: The patient will be not will follow up with primary atory (lab) results WBC 0-50/hpf, and bacteria 1+. "Intioned were above the noticated infection." In notes dated 1/3/11 read in so the bathroom several stated that he was not able ement. The nurse offered esident refused. Pain meds not stated that 'his stomach not refused medication to the hospital. 'The DON sident's behaviors. The office was called ent's status. Spoke with the re-fax mental health sident was sent to	F 309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	444-444-4411		1	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804	03/0	0/2011
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F 309	Each time he was give could not void [there was directly to bladder renthe catheter.] The Remove my bowels'; Lack Review of nurse's not revealed that "[the Pithe Resident continue and off, stating that he the bathroom because have bowel movemer (DON) was instructed Office and give a vertice behaviors. Review of nurse's not revealed that the "the pants off and he was presence of his room. Review of nurse's not revealed that "the Retotal of 22 times this sput his indwelling cath the bed to the other side out in the hallway, and bed and started to ring Then the bag from the disconnected and was Review of the social windicated: "spoke with party about Resident's Resident to respect reresidents and staff. Re	les, so that he could void. en water, he stated that he was an indwelling catheter in noving 500cc of urine in to sident stated, 'I cannot actulose 30cc was given." les dated 1/6/11 at 1:30 p.m. hysician's Office] was called, and to turn the call light on a needs help with going to be he couldn't urinate or his. "The Director of Nursing to call the Physician's hal report of the Resident's light was on a shift. " les dated 1/6/11 at 5:55 p.m. he Resident had taken his lighing nude in the bed in the mate, 2 times this shift. " les dated 1/7/11 at 6:00 p.m. his dent's call light was on a shift. The Resident asked to neter bag from one side of ide. The Resident was seen did then he got back in the got the call light several times. It is catheter was	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WING			C 03/03/2011	
	OVIDER OR SUPPLIER	UNT	•	10	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	1/8/11 read in part, "adaily and Ativan 0.5m per day] prn [as need anxiety and agitation. Review of nurse's not that "the Resident too was sitting in the chaistated that nothing was a complete bath, and bowel movement and bed 38 minutes later. the indwelling cathetes several times. The Relights on stating he for Review of the aide's rethe Resident continuals of made several trip. Review of the aide's rethat the "Resident continuals of made several trip. Review of the aide's rethat the "Resident continuals of the bathroom. The light for someone does not know what is the latest quarterly Medated 1/11/11 reveals short- or long-term mecognition was intact. Resident #3 as having stated Resident is alwassessment further in needs limited assistant.	telephone order dated Zoloft 25mg po [by mouth] g po [by mouth] tid [3 times led] were prescribed for " les dated 1/8/11 revealed lok his clothes off, and he r naked. When asked, he as wrong. The aide gave him then the Resident had a smeared the feces on his The Resident disconnected lor bag from the catheter lesident continued to the turn lesident continued to the turn lesident disconnected lor bag from the light, he los to the bathroom. " Inotes dated 1/8/11 revealed lously ringing the light, he los to the bathroom. " Inotes dated 1/10/11 revealed lously ringing the light, he los to the bathroom. " Inotes dated 1/10/11 revealed lininued to make several les wrong with him. " Inimum Data Set (MDS) led that Resident #3 had no lemory problems and that his linimum Data Set ocded log an indwelling catheter and log	F	309			
	transfers, in-room wal personal hygiene. He	king, dressing, toileting and can feed himself after tray ent noted that the Resident					

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WIN		-	C 03/03/2011		
	OVIDER OR SUPPLIER			16	EET ADDRESS, CITY, STATE, ZIP CODE 50 WINSTEAD AVE OCKY MOUNT, NC 27804	03/0	3/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	3	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.O BE	(X5) COMPLETION DATE	
F 309	Review of the urologic read in part, "patient lower urinary tract syr on 11/18/10. At that the irritative symptoms. It is remarkable for 2 tri lower urinary tract syr placed in 12/30/10 for void. Catheterized pool He is obviously not in reevaluated 1/3/11 for constipation in the erroreviewed from that dagiven bactrim prophyl was performed without noted. I am recomme combination therapy. 10-mg daily. I recomm Assessment & Plan: Problem Story: H/O [I persistent irritative S : failure to store. PVR (consistently on dual a Oxybutynin ER [Extermedication prescribed bladder,) 10 mg (millignext week. Plan: Hyproviolate (Indwellin [emergency department of the consistent of	essed, and he resisted care. st consult dated 1/13/11 know to my practice with inptoms (LUTS). I saw him me, he had obstructive and le also has a history of paresis. His internal history ps to emergency room for inptoms. His catheter was a presumed inability to st void residual was 80cc. retention. He was repenile irritation and inergency room. Labs were ste and are benign. He was actically. CT scan 1/3/11 st contrast. No pathology inding continuing his I have added oxybutynin mend a cytoscopy. Neurogenic Bladder; inistory of] CVA with ix S (signs and symptoms) post void residual) <100 igent therapy. Start inded Release] (Oxybutynin it to treat overactive grams) & (and) reassessed ertrophy Prostate Benign y) OBST (obstruction) FORY; persistent LUTS on ble to stand for examine g catheter) placed in Ed ent] 12/30/10 pvr 80cc. continue) Foley 1/13/11.	II.	309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WING			03/03	3/2011	
	ROVIDER OR SUPPLIER	UNT		1	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804			
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F 309	a combination of neuroutlet obstruction seed Benign Prostatic Hyp Tramsulosin (flomaxias of 1/13/11. Overall modestly improved in confirmed mild to moradditional pathology, agent pharmacothera Current plan the patireview; his urological irritative systems (not remain his primary complete PVR was < 150cc and history of urinary rete the addition of an and Dosing possible side were reviewed in deta and agrees to proceed. Review of aide's noted that Resident continues that "the Resident was minutes. The matter with the Resident was puseveral incontinent ep Nursing [DON] was noted "the Resident had and episode. The Reside in the Resident had and episode. The Reside in the Resident had and episode. The Reside	"I believe his symptoms are rogenic bladder and bladder ondary to mild to moderate erplasia. He is currently on), Avodart and Oxybutynin I I think his symptoms have a week. His cystospy today derate BPH and no Continue present triple py. Follow-up in ninety days. ent diagnosis of LUTS was medications were reviewed. cturia, urgency & frequency) oncerns. A recent scanned ad patient denies a previous intion. I have recommended ticholinergic medication. effect, and expect outcomes ail. The patient understands d. " s dated 1/23/11 revealed ed to ring the call light every a aware of his behaviors. notes dated 1/31/11 revealed ent to the bathroom every 15 was reported to the nurse at to do. " s dated 2/4/11 revealed that tin a diaper because he had bisodes. The Director of	F	309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B, WIN	ıG		İ	C 3/2011
	OVIDER OR SUPPLIER	тис		1	REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 309	"He was lying in his b		L.	309			
	that the "Resident ret the bathroom numero exit the room the Res again. I went to DON and I did not get a dire	s dated 2/17/11 revealed fused care. He was taken to us times and before I could ident had the call light on for advice for some solution ect answer or solution. "					
	since October 2010. A Assistant] wrote Ment worker further stated to another room for hi the other residents in was seen on 12/29/10 doctor recommended Resident. On 1/8/11, 1 the order for Zoloft an	splaying several behaviors A visiting PA[Physician's al Health consult The social "I have moved the Resident s dignity and the dignity of the facility. The Resident b, and the mental health Zoloft and Ativan for the the Medical Director signed d Ativan. "The social of 2/15/11 the Resident will					
	NA #3, who was assig 2/16/11, she indicated well. She stated that the displaying the same b	n 2/17/11 at 3:10 p.m. with ined to the resident on I that she knew the resident the Resident has been ehaviors since last year. But it to the bathroom and using eased.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION	(X3) DATE SUF COMPLETE	
			A BUILI	DING	(.
		345260	B. WING			3/2011
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 309 F 312 SS=D	NA #11, she stated, to 3 p.m.). Some days hostile; he will hit the tell us he cannot uring asked what can be do cannot get any direct the problem. " During an interview of the administrator, she aware that the Reside room because of his likely and the problem where the problem where the problem where the problem where the problem where the problem where the past few seeing psychiatry con adjustments in his region and is doing bett problematic. Followed Medication not helpfur During an interview of 483.25(a)(3) ADL CADEPENDENT RESID A resident who is una daily living receives the maintain good nutrition and oral hygiene. This REQUIREMENT by: Based on observations	n 2/17/11 at 3:19 p.m. with "I normally work 7-3 [7 a.m. s [name of Resident] is very call light every 15 minutes to ate. I went to the DON and one about his behavior. I just solutions on how to handle n 2/17 /11 at 4:30 p.m. with e stated that she was not ent was moved to another ochaviors. ng physician's assessment 2/19/11 read in part: "staff regarding some behavioral e months. He has been isultants with some gimen [Resident] denies er. Bladder issues still I by the Urologist. I. " n 2/28/11 at 2:30 p.m. w RE PROVIDED FOR	F3	This Plan of Correction allegation of complians Preparation and/or exect does not constitute administration of the truth of set forth in the stateme correction is prepared it is required by the present the set forth in the stateme correction is prepared it is required by the present the set of the present the set of the set of the set of the statement of the set of the s	ecution of this plan of correction insiston or agreement by the fine facts alleged or conclusion and of deficiencies. The plan of and/or executed solely because ovisions of federal and state lawing assistants caring for are in-serviced on perietency validated with	f 312 4/04/201

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION S		(X5) COMPLETION DATE	
F 312	provide thorough incoresidents dependent a living. (Resident #9) Findings include: Review of the facility for the Female Reside part; "Gently cleanses the a. Uses one gloved in the labia and use the front to back. b. Cleanses from from c. Uses only one side Resident #9 was re-ar 11/17/10. The resider included, hypertension and dementia. The minimum data serevealed the resident impairment. Resident impairment. Resident impairment. Resident living including toileting the resident to be clean and free fronterventions included and PM as well as after per policy and proced.	entinent care for 1 of 3 on staff for activities of daily coolicy titled "Perineal Care ent" dated 04/28/07, read in public area: and to stabilize and separate other hand to wash from to back. of cloth for each swipe." I dmitted to the facility on the sumulative diagnoses in, cerebrovascular accident et (MDS) dated 12/10/10, had severe cognitive the was always incontinent. The resident was totally for all activities of daily grand personal hygiene. I an, last reviewed on entinence of bowel and disease process and short ere goal was for the resident com odor daily. The entinence of the AM ere each incontinent episode, ure.	F 31	This Plan of Correction is the allegation of compliance. Preparation and/or execution does not constitute admission provider of the truth of the factories of the statement of decorrection is prepared and/or it is required by the provision.	of this plan of correctio or agreement by the its alleged or conclusion ficiencies. The plan of executed solely because	ss s	

PRINTED: 03/18/2011 FORM APPROVED OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C B. WING 345260 03/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **160 WINSTEAD AVE GUARDIAN CARE OF ROCKY MOUNT ROCKY MOUNT, NC 27804** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 312 Continued From page 76 F 312 This Plan of Correction is the center's credible provide thorough incontinent care for 1 of 3 allegation of compliance. residents dependent on staff for activities of daily living. (Resident #9) Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Findings include: provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because Review of the facility policy titled "Perineal Care it is required by the provisions of federal and state law. for the Female Resident" dated 04/28/07, read in part; "Gently cleanses the pubic area: a. Uses one gloved hand to stabilize and separate the labia and use the other hand to wash from front to back. b. Cleanses from front to back. c. Uses only one side of cloth for each swipe." Resident #9 was re-admitted to the facility on 11/17/10. The resident's cumulative diagnoses included, hypertension, cerebrovascular accident and dementia. The minimum data set (MDS) dated 12/10/10, revealed the resident had severe cognitive impairment. Resident #9 was always incontinent of bowel and bladder. The resident was totally dependent upon staff for all activities of daily living including toileting and personal hygiene. The resident's care plan, last reviewed on 1/26/11, included incontinence of bowel and bladder related to the disease process and short term memory loss. The goal was for the resident to be clean and free from odor daily. The interventions included, perineal care in the AM and PM as well as after each incontinent episode, per policy and procedure. On 2/27/11 at 6:58PM an observation of incontinent care being done for resident #9 was

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		345260	B. WING		03/03	3/2011
	OVIDER OR SUPPLIER	UNT		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 315 SS=G	present. NA #8 turned side. NA #9 proceeds from front to back, sta The NA then wiped the which had a small amplies the vaginal area again NAs then placed a nearesident. During an interview, of stated she should have clean area or obtained cleansing the stool from indicated she should cleansed the vaginal was soiled with stool reason why she did. The interim Director of interviewed on 3/1/11 DON indicated the number/members. The would not want stool could lead to a urinary daministrator indicated the staff to follow the they were taught in reason who can be staff to follow the taught in reason who can be staff to follow the taught in reason who can be staff to follow the taught in reason who can be staff to follow the taught in reason who can be staff to follow the taught in reason who can be staff to follow the taught in the staff to follow the taught in the staff to follow the taught in the staff to follow the taught in the sta	ants (NA) #8 and #9 were d the resident on her left ed to cleanse the resident arting in the vaginal area. The resident's rectal area mount of soft stool. NA #9 ag, same spot on the rag, on it, went back and wiped in from front to back. The ew incontinence brief on the ew incontinence brief on the ew folded the towel to a d a new towel after om the resident. She not have went back and area with the towel once it and could not provide a end of Nursing (DON) was at 9:15AM. The interim ursing assistants had been peri-care. If their skills were ministrative team needed to he the staff the interim DON stated she in the vaginal area as it y tract infection. On 3/1/11 at 9:35AM, the ed her expectations were for policies and procedures agards to peri-care.	F 3			
	Based on the residen	t's comprehensive			***************************************	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 315	assessment, the facil resident who enters to indwelling catheter is resident's clinical concatheterization was nowho is incontinent of treatment and service infections and to restefunction as possible. This REQUIREMENT by: Based on staff intervict facility failed to provide by the physician, failed drainage system and the urinary drainage sersidents. (Resident # Findings include: 1. Resident # 2 was last on 8/10/10 with diagn disease, end stage deanemia, cerebrovasculand anxiety. The Resident Assessing dated 7/21/10, revealed incontinence. The resident was includer. An undated care plan urinary output related indwelling catheter durincontinence with symptomic process.	ity must ensure that a me facility without an not catheterized unless the dition demonstrates that eccessary; and a resident pladder receives appropriate is to prevent urinary tract ore as much normal bladder is not met as evidenced exist and record review the ecatheter care as ordered doto assess the urinary failed to detect blockage of eystem for 1 of 4 sampled exist re-admitted to the facility oses including, Parkinson's ementia, hypertension, ular accident, quadriplegia ment Protocol (RAPS), ed a concern with urinary ident was not able to voice continent of bowel and	F	315	This Plan of Correction is the center allegation of compliance. Preparation and/or execution of this does not constitute admission or agree provider of the truth of the facts allegest forth in the statement of deficient correction is prepared and/or executit is required by the provisions of feat 1. Unable to correct for residence Resident discharges from 1/30/2011. 2. Residents with indwelling have the potential to be affected Licensed nursing staff we by the Staff Development (SDC) on the facility's porposedure for catheter care and symptoms of indwell blockage. Nursing assistates serviced by the SDC on the policy and procedure for and use of leg strap to see catheter. Skills competen with return demonstration licensed nursing staff and assistants. Newly hired litualicensed nursing staff wabove stated training and competency validation up 3. Director of Nursing Services SDC to observe staff perfect the care 5 x week x 2 weekly x 1 month to valid competency. DNS or SDC documentation of catheter urine output on the Treatment of the control of the competency. The catheter care to the competency of the competency of the competency of the competency. DNS or SDC documentation Records desired the control of the competency. DNS or SDC documentation Records desired the control of	plan of correction rement by the geed or conclusion ites. The plan of ed solely because feral and state law lent #2. facility on a catheters fected. The plan of catheters fected ites and signs in gratheter care into were into the facility's eatheter care ure the cy validated for both nursing censed and fill receive skills on hire. The ces (DNS) or commance of months, then ate continued items will validate care and nent	F 315 4/04/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUF	
MIDFLMIO	CORRECTION	IDENTIFICATION NORDER.	A. BUILDI	NG	.	D
		345260	B. WING			3/2011
	ROVIDER OR SUPPLIER	דאע	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804			
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F 315	symptomatic urinary to catheter related compincluded, provide cath protocol to prevent infiritation. Observe and symptoms of UTI (inc sediment in urine, disbag, complaints of but tenderness, dark confever, cognitive change Observe and report a catheter related compicatheter). Resident #2's monthly January 2011 include every shift. The indwer changed every month or occlusion. Resident #2 had labs BUN (blood urea nitro important information and liver were working and her creatinine (at impaired kidney function damage) was 1.36 (resident's urine ouput. Flow Record "revealed 400cc of yellow urine shift. No other shifts he included in the shifts he included in th	ract infections (UTI) and/or oblications. The interventions neter care per facility fection and/or reduce d report signs and luding cloudy urine, colored tubing or drainage rning and/or suprapubic centrated urine, hematuria, ges and foul smelling urine.). In signs/symptoms of dications (including blocked or physician orders for d an order for catheter care selling catheter was to be and as needed for leakage collected on 1/3/11. Her gen- a test that revealed about how well her kidneys g) was 40 (range was 6-23) fest used to diagnose on and to determine kidney ange was 0.40-1.20). A. Flow Record " revealed had 200 cc (cubic urine documented on the oifts had documented the Review of the "C.N.A. ed on 1/12/11 she had documented on the 11-7 ad documented the re were no other urinary	F 31	This Plan of Correction is the allegation of compliance. Preparation and/or execution does not constitute admission provider of the truth of the jet forth in the statement of correction is prepared and/oit is required by the provision output amount will potential catheter hattending physician decrease in urine of assessment finding log of these identification document validation assessment, physician new order implementation appropriate. 4. Results of catheter and the log for residecreased urine output the facility's Period of the security of the sec	on of this plan of correction or agreement by the facts alleged or conclusion of deficiencies. The plan of for executed solely because ons of federal and state law I be assessed for plockage and the notified of the output and the gs. DNS will maintained residents and on of nursing cian notification, and entation as a care observations idents identified with atput will be reviewed or formance unittee monthly x 3	s n

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING C B. WNG 345260 03/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **160 WINSTEAD AVE GUARDIAN CARE OF ROCKY MOUNT ROCKY MOUNT, NC 27804** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY F 315 Continued From page 80 F 315 This Plan of Correction is the center's credible Resident #2 was seen by the physician on allegation of compliance. 1/13/11. The physician noted her respirations were between 16-24 and irregular. She had a Preparation and/or execution of this plan of correction neurogenic bladder and end stage Alzheimer's does not constitute admission or agreement by the disease. provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because A nurse's note dated 1/15/11 revealed the urine in it is required by the provisions of federal and state law the resident's drainage bag was "turbid & amber colored." The on call physician was contacted and gave no orders because the resident was not running a fever and was "probably colonized" due to having the indwelling catheter. The nurse's note for 1/16/11 revealed the catheter was found lying between the resident's legs with the balloon fully inflated. A moderate amount of bleeding was noted. A new indwelling catheter was inserted and was draining blood tinged urine. A basic metabolic panel (BMP/lab) was drawn on 1/19/11. Resident #2's BUN was 56 (range was 6-23) and her creatinine was 1.49 (range was 0.40-1.20). The potassium level was 4.1 (range A note from a nurse was left for the physician on 1/19/11. The resident was noted to have blood in indwelling catheter. The physician responded the same day to obtain a UA (urinalysis) and a PT (Prothrombin Time) with INR (International Normalized Ratio). The resident was taking Coumadin 4mg (milligrams) everyday. A verbal order was written to obtain the UA and PT/INR on 1/20/11. The results of the PT/INR on 1/20/11 were as follows, PT= 26.4 seconds (range 11.6 - 15.2) and INR= 3.47 (therapeutic range normally between 2-3).

PRINTED: 03/18/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 315	Continued From page	e 81	F 315			
	an output of 400cc or	A. Flow Record " reflected n 1/21/11 with no description etails to indicate if it was for a day.				
	noted questionable he versus amber colored drainage bag was cle	signs of blood. The physician				
	On 1/25/11 the reside 100 mg twice daily for	ent was started on Macrobid or 7 days.				
	an output of 450cc for	A. Flow Record " reflected or 2nd shift and 300cc for 3rd escription of the urine.				
į		A. Flow Record " reflected r 2nd shift on 1/26/11 with urine.				
		ed , 1/27/11 at 11:30AM was draining yellow urine.				
	1	A. Flow Record " reflected regard and shift on 1/27/11 with urine.				
	her indwelling cathete	1/29/11 at 7:30AM, noted er was intact with clear ount of output was noted.				
ļ	1	M nurse #6 was called to y the NA (nursing assistant).				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	UNT		1	REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 315	facial grimacing. The no results, her lungs vibilaterally.		F	315			
	2:35PM revealed the labored breathing. He 98.2 Fahrenheit, pulse blood pressure was 8 nasal cannula oxygen was 95%. A "scant urine was noted as ou	resident continued to have or vitals were, temperature e 68, respirations 20, and 5/62. She was on 1.5 liter of a and her oxygen saturation " amount of amber colored					
	(MAR) for the month of an order for " Cathete Handwritten on the M. other shifts were note care was documented shift seventeen times. catheter care as being	tion administration record of January 2011 revealed or Care Q (every) Shift. " AR was "7-3" (shift). No d on the MAR. Catheter d as being done on the 7-3 No other shifts were noted g done. Catheter care was ne on 1/29/11,1/30/11 or					
	The resident was sent department (ED) for e 1/30/11 per the nurse	valuation and treatment on					
	#2 was sent to the hos chief complaint was " Review of the ED note also sent to the ED for pressure. The residen	I records revealed, resident spital on 1/30/2011. The abnormal breathing. " es revealed the resident was revaluation of low blood thad been grimacing more The resident was currently					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	JNT ,		REET ADDRESS, CITY, STATE, ZIP CODE 160 Winstead Ave Rocky Mount, NC 27804		
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F 315	being treated for a UT resident's abdomen noted. The must resident arrived with a place. The "tubing note than 100 ml (milililiters. The indwelling cathetim mediate return of 6 noted." The history as she was found to have up Foley catheter. He acute renal failure from 1 to about 5 and (elevated potassium (computed tomograph and pelvis, which sho (swelling of a kidney obilateral dilated ureter even though the Folet is a Foley catheter that #2's admitting diagnor failure, hyperkalemia, starts in the urethra of the kidney), and hydroung an interview of #3 indicated indwelling done every shift. The like bloody urine to the should then inform the An interview was contacted indwelling the should then inform the resident's with indwelling catheter care every shift.	rI. Examination of the oted, "abdomen is tender ver quadrant/left lower se's note reflected the an indwelling catheter in oted to be dry, no urine in d along entire tubing, less e) dark urine noted in bag. "er was replaced and an "00ml bloody urine with clots and physical read in part, "ee a very dirty and clogged or basic lab work showed of serum creatinine jumping she was also hyperkalemic of 6.9). She had a CT hay) scan of the abdomen wed hydronephrosis due to back up of urine), as and distended bladder by is in place. Obviously, this at was clogged. "Resident ses were, acute renal pyelonephritis (A UTI that or bladder and travels up to be physician. The nurse stated ing catheters should have and the nurse and the nurse and the nurse and oring intake and output and	F 315			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 315	The NA indicated catieveryday" and some once a day. NA #2 we #2. The resident was in regards to her persidently dependent on and toileting. The NA having any problems output) with her individual of the facility staff for he (personal hygiene, to catheter care should not recall the resident (hematuria) when she An interview was cone 2/17/11 at 4:33PM. The recently switched does the treatment record administration record be a reason the staff times they did cathete the facility staff to do should be documente expected staff to report as blood or decreased. The resident's physicic 2/17/11 at 5:45PM. The resident did have perionsistent hematuria. change in the color of bloody. The physician	ed on 2/17/11 at 2:43PM. heter care should be done " etimes it was done more than orked regularly with resident usually "neat and clean" conal hygiene. She was staff for personal hygiene did not recall the resident (bloody urine, decreased elling catheter. n 2/17/11 at 3:06PM, NA #3 was totally dependent on r activities of daily living illeting). NA #3 stated be done everyday. She did t having bloody urine e took care of her. ducted with the DON on the DON indicated the facility sumenting catheter care from to the medication . The DON stated this could was not keeping track of the er care. The DON expected catheter care every shift. It d as being done. The DON out changes in the urine such d output. an was interviewed on ne physician indicated the ods of hematuria, but not	F 31			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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Each resident's drunnecessary drug drug when used ir duplicate therapy) without adequate indications for its underest conseques should be reduced combinations of the Based on a compresident, the facility who have not used given these drugs therapy is necessary as diagnosed and record; and resided drugs receive grade behavioral interves contraindicated, in drugs. This REQUIREME by: Based on staff interactions and the use of anticonductions of 2 sampled residents.	ure. REGIMEN IS FREE FROM	F 315	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this p does not constitute admission or agree provider of the truth of the facts allegaset forth in the statement of deficiencic correction is prepared and/or execute it is required by the provisions of fede. 1. Unable to correct missed P for resident #11. PT/INR of 2/22/2011. The PT was 20 INR was 1.79. The attending was notified and a verbal of to continue Coumadin dose PO daily. 2. Residents requiring PT/INI monitor the use of Coumac potential to be affected. Linursing staff were in-service Staff Development Coording on revised protocol for schobtaining laboratory tests. licensed staff will receive the upon hire. Residents received to validate a currency was available and a physic for PT/INR frequency was Residents with no current Fresults or no physician order frequency were identified, physician notified, and ordinal implemented as received. Was reviewed by the Direct Nursing Services (DNS) to	alan of correction and the plan of solely because ral and state law. T/INR testing bottained on the first of the plan of the grant of the grant of the censed are at 2.5 mg. R testing to the hator (SDC) eduling and Newly hired his training wing through edical records were also ent PT/INR ian's order present. PT/INR er for PT/INR the attending ers Lab calendar for of	F 329 4/04/201

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 329	Continued From page	86	F 329				
1 020	Findings include:		1 020	This Plan of Correction is the center's allegation of compliance.	credible		
	Resident #11 was admitted to the facility on 9/28/10. Her diagnoses included cerebrovascular accident, hypertension, atrial fibrillation, and dementia. The most recent minimum data set (MDS), dated 2/14/11, revealed the resident had severely impaired cognitive skills. The resident was totally dependent on staff for bed mobility, transfers, dressings, toileting, personal hygiene and bathing. The care plan was last reviewed on 12/22/10 and included a concern for the risk for adverse bleeding related to administration of Coumadin. The goal was no adverse bleeding through the next review. Interventions included, monitor resident for abnormal bleeding and bruising, monitor PT/INR per physician orders, administer Coumadin per physician orders and limit consumption of foods high in Vit K.			Preparation and/or execution of this p does not constitute admission or agree provider of the truth of the facts allege set forth in the statement of deficiencie correction is prepared and/or executed it is required by the provisions of feder	ment by the d or conclusions s. The plan of l solely because		
				3. Nursing Supervisor to main individual Coumadin logs for receiving Coumadin. Thes include the date and result of PT/INR, current Coumadin Coumadin dosage changes,	For residents e logs will of the latest order,		
				of the next scheduled PT/II supervisor will review thes on Mondays ongoing to valupcoming PT/INRs for the scheduled on the lab calend PT/INR results are received supervisor will notify the a physician of the results and individual Coumadin logs of the results and individual Coumadin logs of the results and individual Coumadin logs of the results and individual Coumadin logs of the results and individual Coumadin logs of the results and individual Coumadin logs of the results and individual Coumadin logs of the results and individual Coumadin logs of the results are received.	NR. Nursing e logs weekly lidate week are lar. Once t, the nursing ttending		
	revealed the following (every) Monday" and Q Monday and Thurso receiving Coumadin 2 mouth) QD (every day On 1/12/11 a PT/INR The results were repo	was drawn on resident #11. rted to the facility on		results, any Coumadin dosa and the date of the next sch PT/INR. If no response is from the attending physicia PT/INR results that are sub or elevated, the nursing sup attempt a second notification response by the close of but day the PT/INR result is response	age changes, eduled received in regarding therapeutic pervisor will on. If still no siness on the ceived, the		
ORM CMS-256	INR was 1.33 (therap 2.0 to 3.0). Nurse #3 the results on 1/13/11	16.4 (range 11.6-15.2) the eutic range was generally signed, initialed and dated . She noted physician #2 There was no notation from	i Fac	nursing supervisor will con facility's medical director fintervention. 4. Individual Coumadin logs reviewed by the facility's Formula in the improvement Committee in the improvement Committ	vill be verformance		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLI IDENTIFICATION NUMBER: A BUILDING		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329	Continued From page the physician on the f were drawn in the mode of the physician on the f were drawn in the mode of the physician of the policy orders, "Che Resident #11 was als PO QD. A nurse's note (writte read in part, " (name regarding PT/INR drafax or call made on 1-#2) ordered stat PT/II PT to be drawn." During an interview, of #3 indicated once she PA the first time she using again. She stated she she could not get in to DON in January 2011 comment. Nurse #3 of explanation for why the stated when/if she calls/faxes the physic A verbal order, dated now- call results."	orm. No other PT/INR labs onth of January 2011. hysician orders revealed the eck PT/INR Q Monday." o receiving Coumadin 2 mg h by nurse #3) dated 2/4/11 of physician #2) called wn 1-12-11- no response to 13-11. (name of physician NR and will regulate times on 3/3/11 at 11:12AM, nurse e calls the physician or the usually waits a day then tries e usually waits a day then tries e usually notified the DON if buch with a physician. The was not available for ould not provide a clear ne PT/INR from 1/12/11 was a the physician until 2/4/11. e catches "it", she	F 329	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreed provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal validation of continued com	an of correction nent by the I or conclusions . The plan of solely because al and state law	5
	from 2/4/11.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 329	explanation given where from 2/5/11. PT/INR results dated respectfully. A verbal order was repart, "Increase Coum PT/INR in 2 weeks." On 2/22/11 a PT/INR were reported to the fives a 20.6 and the INF. A verbal order was rein part, "No change ordaily." During an interview, of #2 indicated he wants INR monitored closely therapeutic level. He be between 2-3 and heither once a week or resident started reach would monitor every of stretch would be 4 we once the resident was 2-3 (for the INR). Phy resident had a chang would require close in	on 2/7/11. There was no y the labs needed redrawn 2/7/11 were 19.0/1.64 ceived on 2/8/11 and read in adin 2.5mg po qd recheck was collected. The result facility on 2/23/11. The PT	F 32	· ·			
	a therapeutic range. facility staff could not they should try again, attempt to reach his physician #2 stated to	The physician indicated if the reach him by fax or phone, The facility staff could also only sician assistant (PA). The facility staff should keep are deducted in the PA. He					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			VEY D
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F 387 SS=D	him or the PA would signature and instruct him a verbal order will him a verbal order will him a verbal order will him a verbal order will him a verbal order will he push became respresults about 1 week DON and former DOI and she could not an interim DON's unders this point was, the lal calendar. The lab contuesday, Wednesday verbal orders were will receive the green can were back from the lab DON would pass the The nurses were resphysicians. Many of the labound then inform the should then inform the the physician. The actinvolved if the DON of 483.40(c)(1)-(2) FRE OF PHYSICIAN VISION The resident must be once every 30 days from admission, and at least thereafter.	e of the facility contacting the a fax with a date, tions on it or if they called th instructions. If Nursing (DON) was at 11:09AM. She indicated tonsible for monitoring lab ago. The former assistant In were responsible before swer for their actions. The standing of lab monitoring at the swere written on a mpany came usually on y, and Thursday. When ritten the interim, DON would then copy. Once the labs ab company, the interim m out to the floor nurses. The physicians prefer faxes so. If the labs were critical In indicated the nurse should the physician. The nurse the DON if they cannot reach deministrator would then get tould not reach the physician. QUENCY & TIMELINESS		329	This Plan of Correction is the center's a allegation of compliance. Preparation and/or execution of this plat does not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal regulations. Federal regulations of non-compliance with federegulations. Federal regulations administrator on 2/16/2011. Residents residing in the fact the potential to be affected. residents' medical records we reviewed to determine completeral regulations regarding of physician visits. Resident physician visits were identificattending physicians notificattending physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physician visits, of Physician visits, of Physician visits, of Physician visits, of Physician visits, of Physician visits, of Physician's Assistants an Practitioners as medical promonging master physician visits, of Physicia	an of correction ment by the d or conclusions. The plan of solely because at and state law ident #3 an visit and eraltion was reviewed to by the Current were pliance with g frequency at sneeding a ded and the d as ds clerk interpretation regarding s, and the use at Nurse widers. In maintain an isit list for visits and ents are met. In the property the ingoing basis aintain will review	F 387 4/04/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 387	by: Based on staff interviand record review, the physician visits for 1 of (Resident #3) Findings include: 1. Resident # 3 was a 5/22/08. The resident were not limited to, or hypertension, dyslipid Record review reveal seen by Physician #3 more documented pherecord for Resident # During an interview w 2/17/11, at 12:15 p.m. #3) had been displaying October 2010. "A visit Assistant) wrote an oconsult but the reside health until 12/7/10, be waiting for the Attendorder and although the Mental Health on 12/2 signed. The social we "the facility called the and faxed a new considing for the Resident was then seem dications were recomental health consult	ews, physician interview, e facility failed to ensure of 3 sampled residents. Idmitted to the facility on 's diagnoses included, but erebrovascular accident, demia, and hemiplegia. ed that Resident #3 was last on 5/15/10. There were no ysician visits in the medical 3. Fifth the social worker on, she stated "that (Resident ng several behaviors since siting PA (Physician reder for a Mental Health nt was not seen by mental recause the facility was ing Physician to sign the e resident was seen by 7/10, the order was still not rorker further stated that attending physician's office sult order but the physician 1/15/2010, the Medical e Mental Health consult. The en on 12/29/2010. New ommended during the	F	387	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this pidoes not constitute admission or agree. provider of the truth of the facts allege set forth in the statement of deficiencie correction is prepared and/or executed it is required by the provisions of feder regulatory requirements for visit frequency. 4. Results of the Administrate review of the physician visi will be reported to the facili Performance Improvement monthly x 3 months for fur recommendation and validate continued compliance.	lan of correction ment by the dor conclusion s. The plan of it solely because al and state law physician or's monthly it master listity's Committee ther	s v.

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F 387	Medical Director signimedications on 1/8/20 medications on 1/8/20 During an interview, or administrator indicate physician to visit the regulatory requirement first 3 months for new days thereafter." She physicians visits are of Care System (RCS is electronically PAs and have to revisit the systematical between (PAs) visits and the puring an interview, or Physician #3 stated the part that the residents manner. He further state the November visit are off." He also added the visits, because my off system that was being office is behind in put the computer." 483.75(I)(1) RES RECORDS-COMPLE LE The facility must main resident in accordance standards and practic accurately documents systematically organization.	off for the medications. The ed the orders for the new on 1. on 2/17/11, at 3:05 p.m., the d that "I expected the residents according to the not once every 30 days for the admissions, then every 60 further added that "the documented in the Resident as system that tracks d physicians visits.) and I will stem so that I can the physician assistants hysicians visits." on 2/17/11, at 5:35 p.m., nat it was an oversight on his were not seen in a timely ated that "my (PA) switched and that threw the schedule hat "I did not make frequent fice has a new computerized g implemented, and my ting the patients' notes in TE/ACCURATE/ACCESSIB Intain clinical records on each e with accepted professional tes that are complete; ed; readily accessible; and zed.		514		•	
	information to identify	the resident; a record of the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURY COMPLETE	
AND TEMOT CONTESTION		1021111101111011111	A. BUII	.DING		C	,
		345260	B. WN	•		- 1	
	ROVIDER OR SUPPLIER	DUNT	-	160	EET ADDRESS, CITY, STATE, ZIP CODE O WINSTEAD AVE DCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 514	resident's assessme services provided; the preadmission screer and progress notes. This REQUIREMEN by: Based on medical resident interviews, the facility medication provided with medication order. Furthermore, the factories of the same resampled residents produced in the findings include 1. Resident #3 was 5/22/08. Diagnoses accident, hypertensing hemiplegia. Review of the resident freed in part "Zoloft depression: Recommilligrams (mg) po [mood." Review of resident freed (MAR) from revealed that Zoloft to the resident as or	nts; the plan of care and the results of any hing conducted by the State; T is not met as evidenced ecord reviews and staff y failed to document to 1 of 3 sampled residents ers. (Resident #3) willity had duplicate medication medication (Plavix) on 1 of 3 hysician orders and ration records. (Resident #1) d: admitted to the facility on included cerebrovascular on, dyslipidemia, and ent's Psychiatric Diagnostic oread in part "Findings; mendation; Zoloft 25 by mouth] daily; depressed telephone order dated 1/8/11 25 mg po [by mouth] daily; #3 medication administration 1/9/11 through 2/16/11 was not documented as given	F	514	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this p does not constitute admission or agree provider of the truth of the facts alleg set forth in the statement of deficiencic correction is prepared and/or execute it is required by the provisions of federal. 1. Unable to correct deficient medication occurrence is it Resident #3. Primary nurse Resident #3 were in-service that resident is medicated medication time. Medicati Report was completed for 1/15/11 and 1/16/11. Residuischarged from the facilities and unable to correct area deficient practice. 2. Residents residing in the fitthe potential to be affected nursing staff in-serviced of Medication with specific reviewing the MAR explicit that each medication is given as in the service training complete audit tool entitled Licenses to-Shift Sign Off Report in assist licensed nurses in receidents' MAR to assure are prevented for each shift will be utilized on-going a included in new employee for licensed nurses. Medicobserved will be handled facility's policy. Physicia reviewed each month at medication recentification.	plan of correction ement by the end or conclusions. The plan of a solely because that and state lands the past for each to assure at scheduled on Error omissions for dent #1 was by on 1/13/11 identified as facility have a cility to assure that on the 5 Rights in focus to be end on the dent the dent the dent that on the dent tha	F 514 4/04/201

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	` '	A BUILDING			COMPLETED	
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		345260	B. WIN	G		03/03	3/2011	
	OVIDER OR SUPPLIER	UNT	•	16	EET ADDRESS, CITY, STATE, ZIP CODE 50 WINSTEAD AVE OCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	4	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 514	marked as given on the month of January (1/2) instances of Zoloft not month of February (2/2). During a staff intervienurse #3 indicated the Zoloft this morning armonth of February whorks Monday throug Zoloft was not highlig mark Zoloft on the M/by the surveyor if the 1/15 and 1/16/11 she those days are weeken weekends and the weekends and the weekends and the weekends are interview where the control of the chart on 2/16/11 indication in the Record review of the chart on 2/16/11 indications are selected.	the resident MAR for the 15/11 and 1/16/11) and 15 to marked as given for the 1/1/11 through 2/15/11). If won 2/16/11 at 10:30 a.m., at "I gave Resident #3 and every morning for the menever I worked [nurse #3 the Friday, 7-3] but because the had on the MAR, I did not AR as given." When asked resident was given Zoloft on stated "I do not know, and I do not work on eakend nurse is not here." If the director of nursing 11:00 a.m., she stated that that "If the medications are on the MAR by the nurse, as	LL.	514	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this pladoes not constitute admission or agreen provider of the truth of the facts alleged set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federal MDS) to assure no duplicati medication and or treatment Errors to be corrected at the observation. Data entry pers serviced on data system to fi prevent errors printing on m Physician Order Sheets. 4. The audit tool entitled Licent Shift-to-Shift Sign Off Repormonthly physician orders an subsequent medication error reviewed monthly in facility Performance Improvement (x 3 months to assure that om medication administration and Physician Orders are acc Subsequent plan of action we devised as needed for areas on non-compliance.	an of correction that by the for conclusion. The plan of solely because all and state law on of orders, time of connel interpretains and dany swill be pl) meeting aissions in the resolved curate. ill be	s	
	2. Resident #1 was a 1/3/11.	dmitted to the facility on						
	10/31/09, read in part orders section, "Verify	d "Physician Orders", dated under the medication dosages and/or orders that illegible, or presents any to administering the						

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WNG 345260 03/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **160 WINSTEAD AVE GUARDIAN CARE OF ROCKY MOUNT ROCKY MOUNT, NC 27804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 514 Continued From page 94 F 514 medication. Clarify any orders observed to be This Plan of Correction is the center's credible allegation of compliance. incomplete, illegible or presents any other concerns, prior to administering the medication." Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Review of the admission orders dated 1/3/11 provider of the truth of the facts alleged or conclusions revealed an order for Plavix 75 mg (milligrams) by set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because mouth daily at 9AM. Three boxes down on the it is required by the provisions of federal and state law. admission orders was a duplication of the Plavix order that read the same. The medication administration record (MAR) for January 2011 reflected two separate entries for Plavix. Both entries were for Plavix 75mg by mouth daily at 9AM. Nurses starting on 1/4/11 signed off both entries. The second entry continued to be signed off as given up until 1/11/11, when it was then noted as a "duplicate." During an interview, on 2/16/11 at 10:26AM, the Director of Nursing (DON) indicated the nurse's should have caught on to the fact the Plavix was written twice. A transcription error form should have been completed. An interview with nurse #1 was conducted on 2/17/11 at 12:15PM. Nurse #1 cared for the resident for 8 of the 10 days she was present in the facility. The nurse verified her signature was present on all but 2 of the days the duplicate order was signed as given. Nurse #1 stated she was the nurse who caught on to the duplicate order on 1/11/11. She indicated she wrote the word "duplicate" on the MAR. The nurse stated she did not give the medication twice. She indicated it was just hard when passing medications and sometimes you just get caught up and just sign it. Nurse #1 stated she should have clarified and checked the order once she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SI COMPLE	(X3) DATE SURVEY COMPLETED	
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F 514	duplicate). The nurse	e 95 and "obviously" it was (a e could not provide any or why a transcription error	F 514				