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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	R: COMPLE		(X3) DATE SUR' COMPLETE		
			A. BUILDING		C		
		345260	B. WNG		03/03	/2011	
NAME OF PR	OVIDER OR SUPPLIER		1	ET ADDRESS, CITY, STATE, ZIP CODE			
GUARDIA	N CARE OF ROCKY MO	UNT		OCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F 000	This Plan of Correction is the center's allegation of compliance.	s credible		
F 157 SS=J	2011 and February 2 Immediate jeopardy v 2011 and was remov 483.10(b)(11) NOTIF	Y OF CHANGES	F 157	Preparation and/or execution of this p does not constitute admission or agre- provider of the truth of the facts alleg- set forth in the statement of deficienci correction is prepared and/or execute it is required by the provisions of fede	ement by the ed or conclusion es. The plan of ed solely because		
	consult with the resid known, notify the resident accident involving the injury and has the pointervention; a signification in health status in either life the clinical complications significantly (i.e., a nexisting form of treatment); or a decist the resident from the §483.12(a). The facility must also and, if known, the resor interested family in change in room or rospecified in §483.15 resident rights under regulations as specifithis section.	diately inform the resident; ent's physician; and if ident's legal representative by member when there is an experience in the resident which results in tential for requiring physician cant change in the resident's psychosocial status (i.e., and mental, or psychosocial reatening conditions or expected to discontinue and ment due to adverse commence a new form of sion to transfer or discharge facility as specified in a promptly notify the resident sident's legal representative member when there is a commate assignment as (e)(2); or a change in Federal or State law or ited in paragraph (b)(1) of ord and periodically update the number of the resident's per interested family member.		Resident #1 was admitted on 1/3/2011. Her diagnoses i Comminuted Intertrochanteric fracture, Rhobdomylosis, HT Cognitive Impairment, and A dementia. Her medications in Metoprolol Tartrate, Mirtazep Prednisone, Lisinopril, Colac Sulfate, and Lortab. She receright hip pain once on 1/3, tw 1/6, 1/7, 1/8, 1/9, 1/10, 1/11, She received Lortab three tim 1/12/2011. She also experien hemorrhoid pain on 1/9/2011 was received for Annusol suptimes per day as needed. Res Colace 100mg two times per admission. On 1/9/2011, Lac daily was added to her medic for constipation. On 1/10/20 was added one tablet daily fo Resident received Fleets ener 1/10/2011 (one) and 1/12/2011/13/2011, both the resident a requested she be sent to the efor evaluation. She stated, "I	ncluded c right Hip N, Mild lzheimer's ncluded bine, Plavix, e, Ferrous bived Lortab frice on 1/4, 1/ and 1/13/201 les on liced and an order opositories the sident receive day since ctulose 30cc ation regimer 11, Senokot r constipation nas on 11 (two). Or and her brothe mergency roc	eee	
		ISUPPLER REPRESENTATIVE'S SIGNATUR	E .	good."		(%6) 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.

Facility ID: 953217

If continuation sheet Page 1 of 96

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MI IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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GUARDIA	OVIDER OR SUPPLIER N CARE OF ROCKY M	OUNT STATEMENT OF DEFICIENCIES	ID.	STREET ADDRESS, CITY, STATE, ZIP COE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804 ID PROVIDER'S PLAN OF G			
(X4) ID PREFIX TAG	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL. R LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE
F 157	by: Based on staff interfacility guideline revealed, for abdomantal/revealed, for abdomantal/rev	views, physician interviews, view and record review the fy the physician of noted new ctal pain with associated f 6 sampled residents facility failed to notify the therapeutic (low) International to (INR) level for 1 of 3 sampled	F	157	This Plan of Correction is the center's a allegation of compliance. Preparation and/or execution of this plant 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 temperature by the provisions of federal temperature 97.3, pulse 69, results and blood pressure 58/32. Results documented bowel movements 1/5/2011-two soft, medium bout 1/8/2011-one soft, medium bout 1/9/2011-one soft, small bowe 1/10/2011-Senokot one tablet of added for constipation; one Fletal 1/12/2011-one soft, small bowe 1/12/2011-one soft small bowe 1/12/201	ian of correction ment by the dor conclusions. The plan of a solely because al and state law ied and order sported to the were: spirations 12 sident had as as follows: wel movement daily was set's enema powel movement daily was set's enema powel movement given with n	ent ent

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ′	E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 157	next regular visit or plone day to 72 hours. 1.Resident #1 was ad 1/3/11 with diagnoses fracture, rhabdomyoly skeletal muscle due to hypertension, and mili. The undated, unsigned the following handwri "No c/o (complaint) programmer of the following handwri "On completed. Further resident dially in the second or third day singular the resident did not work with the scream. The nurse stor the initial pain assing provide a reason for the assessment. Resident #1's physicial 2011 to January 13, 2 was ordered to receive (milligrams) twice dail	ian could be notified at the hone conversation within Imitted to the facility on a including a right hip yes (rapid breakdown of o damage to muscle tissue), indicated cognitive dysfunction. In a constitute dysfunction. In a constitute dysfunction and the "location" section, as of everity" section was not eview revealed the "pain or non-verbal", "quality of eview and to the facility on the resident wasn't having a resident to the facility on the resident wasn't having a refirst day. Then around the newould just scream when staff was not sure if maybe and to go to therapy and that or behavior. Therapy would be resident and she would just atted she was responsible ressment and could not	F 157	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this pudoes 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. All Other Residents 1. (A) On 3-01-11, No Management team, con Interim Director of No Services (I-DNS), State Development Coordinated Minimum Data Society Coordinators (MDSC) pain assessments on a house to identify residence in the provision of Normal Services (I-DNS), State Development Coordinated Minimum Data Society (I-DNS)	lan of correction ment by the d or conclusions. The plan of it solely because ral and state landstate (SDC) let landstate land	r.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		ULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 157	Review of the nurse's 1/7/11 revealed the reright hip pain and "paneeded pain medication. 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 movements on 1/6/11. The resident had one movement on 1/7/11 at 18/11 for complaint "Jup to evaluate the effectiveness of the medication. The MAR reflected the for rectal pain at 9PM effectiveness of the medication. The MAR noted the resident should be shou	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 in a content well movements on dayshift. It's "Bowel Record" for 7-3 in no noted bowel in noted	F	157	This Plan of Correction is the centallegation 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 deficie correction is prepared and/or execution is required by the provisions of factorial set is required by the provisions of the pain assessment orders implemented by MDSC licensed nurse, at somet. The IDT (In Team) will validate least 5 times week Morning Review. Party(s) will be not medications or characteristic set in the pain assessment or c	ais plan of correction greenent by the leged or conclusion mices. The plan of cuted solely because federal and state lander on a scale of nuous/severe) on the form, with need and care. Cand or primary the time of pain interdisciplinary the time of pain the time of pain the time of pain interdisciplinary the time of pain the time of pain interdisciplinary the process as the process of the pain interdisciplinary the plan interdisciplina	of ts

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(X4) ID	ER'S PLAN OF CORRECTION (X5)
	RECTIVE ACTION SHOULD BE COMPLETION ERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE
physician assistant for "Annusal HC (Hydrocortisone Cream) suppository 1 to 2 pr (per rectum) TID (three times daily) for hemorrhoidal pain prn (as needed)." The resident received a Lortab and Anusol HC for "rectal" pain at 12PM. There was no evaluation on the effectiveness of either medication. Resident #1 had a small soft bowel movement on 1/9/11. The MAR reflected resident #1 received a Lortab and Anusol HC for "rectal" pain at 4PM. There was no evaluation on the effectiveness of either medication. The nurse's note dated ,1/9/11 at 6:50PM noted the resident had received an Anusol HC suppository per rectum and Lortab for hemorroidal pain. There was no mention of whether or not there was stool present in the rectum when the Anusol suppositories were inserted. No assessment of the hemorrhoids or the abdomen was noted. The MAR noted resident #1 received Lortab at 8PM on 1/9/11 for "pain across top buttock." A verbal order dated 1/9/11 at 11PM read in part, "Lactulose 30cc (cubic centimeter) po (by mouth) daily, Senokot 1 po daily." On 1/10/11 at 6:15AM the nurse's note reflected the resident had been medicated with Anusol HC per rectum (at 5:30AM) and Lortab for complaint hemorroidal pain (at 3:35AM).	rection is the center's credible inpliance. Wor execution of this plan of correction attended admission or agreement by the ritth of the facts alleged or conclusions tatement of deficiencies. The plan of the provisions of federal and state law. Fourth day with no documented wel movement and no results in Lactulose give Dulcolax supperpository) pr (per rectum) princeded) fifth day with no documented wel movement and no results in Lactulose or Dulcolax give ets Enema pr (per rectum) princeded) tifty attending physician if no alts within 30 minutes of Fleets in administration. On 3-01-11, Nurse inagement team, consisting of the prince of Nursing vices (I-DNS), Staff velopment Coordinator (SDC) Minimum Data Set ordinators (MDSC) Olemented, evaluated and / or lated resident care plans to lect pain as needed concerning residents in the facility. Teplans are made accessible ough the resident's medical ord for the licensed nurses and nursing assistant will obtain any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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F 157	the resident stated shatherapy. The therapis "decreased motivation resident had pain in had pain medications were aware. Review of the MAR for resident received a Famount of bowel moved 11-7 shifts. Review of the nurse shad a mount of bowel moved 11-7 shifts. Review of the nurse shad "I can't do it." (in Resident #1 had pain and rectum pain. Pain and the nurse was award the nurse of t	the could not participate in toted the resident had in." The PT noted the per 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 by's notes. Review of the 1/10/11 noted "0" for the rements on 7-3, 3-11, and the of physician notification tive enema. 1/11 revealed the resident regards to therapy) 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 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 needed basis on-going plan is inclusive of: Pain type, chronic, act breakthrough, phantor Pain symptoms: crying facial grimace, guardin complaints of pain, de functional level, inabil limiting activities, not all Licensed Nursing Staff more residents for pain each shift physicians when signs and pain, worsening pain, repoin pain location / type / freintensity of pain to physici Providing non-pharma comfort measures incl relaxation techniques, breathing, repositioning as appropriate Monitoring for side efincluding Licensed Numonitor for signs and constipation, Licensed Certified Nursing Assimonitoring and documents	an of correctionent by the dor conclusion, the plan of solely because al and state law g. Pain care ute, mg / moaning ng, ecrease in lity to sleep, eating onitoring ft. Attending symptoms or ting change quency / ian acological luding deep ng, activities fects arses to symptoms of Nurses and istants	s of es	

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F 157	buring an interview o #2 indicated she belief resident's rectum one any stool. Of course to narcotic pain medicat constipating. Review of the MAR re a Fleets enema on 1/1 Both enemas were do Medication Notes" as no indication of physic the lack of effectivened A nurse's note on 1/1 resident received Anuand 2PM with minimal resident. The nurse in suppositories she felt matter" and she remo of stool." On 1/12/11 at 10PM remained in bed and therself." Her appetite given Lortab for "disce evidence of physician The "C.N.A. Flow Rec "Behaviors observed. shift on 1/12/11 the re yelling/screaming." No noted on the flow rece	was no indication of in regards to the resident's n 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. Evenumented on the "Nurse's "not effective." There was cian notification in regards to ess of the enemas. 2/11 at 4PM revealed the isol HC per rectum at 9AM is pain relief voiced per oted before inserting the "gummy pasty like fecal eved a "fistful amt (amount) the nurse noted the resident continues not helping was poor and she was omfort." There was no notification. cord" had a section for "It was noted on the 3-11 esident had "Continuous of other behaviors were	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 federa. • Administering and more effectiveness and for prefects from pain medical effects from pai	an of correction and of correction and by the lor conclusion. The plan of solely because all and state law onitoring for cossible side ication accompleted y and with status and familications, arding pain istants will ad nurse if movement istants will on bowel arses will red flow booshift. nistering actives per	y t

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F 157	"Resident having pro (bowel movement) the She didn't eat much." An interview was consisted with NA #2. The NA state could not go to the gave the resident and "mushy" stool came of the resident had bee rectum and had put it resident complained NA informed the nurse NA informed the nurse wanting laxatives are stool out of her rectum nurse's were aware of and it was something. The PT notes for 1/12 hurting so bad (resident complained of pain it aware and pain medical Resident #1 had only on the 11-7 shift, a si	no time) that read in part, blems with having BM e nurse gave her something. Inducted on 2/17/11 2:43PM stated resident #1 to being able to have a bowel g pain (stomach) because the bathroom. The nurse (#1) enema and a little bit of but. Inducted on 2/17/11 (11pm-7am) noted the removing stool from her is all over her bedding. The of pain in her rectum. The section 2/17/11 at 3:06PM, NA #4 to was a very anxious about ted the resident was "always do trying to manually remove mowith her fingers. The of the resident's behavior is she did throughout her stay. Inducted bowel movement mall soft one on 1/12/11. In the state of the section of the resident is the nurse was cations were received. In noted bowel movement mall soft one on 1/12/11.	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 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 encouraging resident to prescribed diet (B) On 3-01-11, Nurse Manage consisting of Interim Director of Services (I-DNS), Staff Develor Coordinator (SDC) and Minim Coordinators (MDSC) implement evaluated and / or updated residuated and / or updated residuated and / or updated residuated and constipation as Constipation care plan is inclused. Certified Nursing Assemonitoring and documents every shifully notify licensed resident has no boweld three days. Certified Nursing Assemonitoring and inclusions of the segment of each the bowel record and licensed nurseign and increased nurseign and segment of each the Licensed Nurses admistation of the segment of each the Licensed Nurses admistation of the segment of each the segment of the segment of each the segment of the segment of each the segment of each the segment of the segment of each the segment of the segment of each the segment of the segment of the segment of the segment of each the segment of the segment of the segment of each the segment of the segment of the segment of each the segment of the segment of the segment of the segmen	an of correctionent by the dor conclusions. The plan of solely because al and state law istant to follow ement team, of Nursing opment um Data Seented, dent care needed. Sive of: istants menting bow the istants will ed nurse if movement istants will on bowel preses will red flow booshift.	s , el

NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT C(A) ID PREEM (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 8 The nurse's note dated 1/13/11 at 6:45AM noted the resident had abdominal pain secondary to no bowel movement. A nurse's note for 1/13/11 at 12:30PM noted the resident was being sent to the emergency room for "altered mental status." The resident stated "I don't feel good." Her vital signs were; temperature 97.3 degrees Farenhelit, pulse 69, respirations 12 and blood pressure was 58/32. The MAR revealed resident #1 had received 24 doses of the as needed Lortab from 1/3/11 to 1/13/11. The resident received 2 doses of 1/4/11 to 1/8/11 the resident received 2 doses of 1/3/11 to 1/8/11 the resident received 2 doses of 1/4/11 to 1/	STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT (X4) ID PRIEFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG IN PROVIDER'S PLA OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 157 Continued From page 8 The nurse's note dated 1/13/11 at 6:45AM noted the resident had been requesting the bed pan most of the night. She had a medium brown stool and continued to insert her fingers into her rectum to try to remove stool. Resident #1 told PT she was sick on 1/13/11. The daily PT note dated 1/13/11 at 12:30PM noted the resident had abdominal pain secondary to no bowel movement. A nurse's note for 1/13/11 at 12:30PM noted the resident was being sent to the emergency room for "altered mental status." The resident stated "I don't feel good." Her vital signs were; temperature 97.3 degrees Farenheit, pulse 69, respirations 12 and blood pressure was 58/32. The MAR revealed resident #1 had received 24 doses of the as needed Lortab from 1/3/11 to 1/13/11. She received one dose on 1/3/11. From 1/4/11 to 1/8/11 the resident received 2 doses of the subment of the received needs to not 1/3/11. From 1/4/11 to 1/8/11 the resident received 2 doses of the subment of the provision of diet and fluid intake / offerings, resident likes and disilikes, and recommendations for food and /or fluids to promote regular bowel elimination STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT. NC 27804 ROCKY MOUNT, NC 27804 PREFEX TAG PREFEX TAG F PROVIDER PLA OF COTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG This Plan of Correction is the center's credible allegation of compliance. F Plan of Correction is the center's credible allegation of compliance. F 157 This Plan of Correction is the center's credible allegation of compliance. F 158 Plan of Correction is the center's credible allegation of compliance. F 159 Plan of Correction is the center's credible allegation of compliance. F 159						ı	С	
160 WINSTEAD AVE ROCKY MOUNT, NC 27804			345260	B. WING		03/0	3/2011	
F 157 Continued From page 8 The nurse's note dated 1/13/11 at 6:45AM noted the resident had been requesting the bed pan most of the night. She had a medium brown stool and continued to insert her fingers into her rectum to try to remove stool. Resident #1 told PT she was sick on 1/13/11. The daily PT note dated 1/13/11 revealed the resident had abdominal pain secondary to no bowel movement. A nurse's note for 1/13/11 at 12:30PM noted the resident was being sent to the emergency room for "altered mental status." The resident stated "I don't feel good." Her vital signs were; temperature 97.3 degrees Farenheit, pulse 69, respirations 12 and blood pressure was 58/32. The MAR revealed resident #1 had received 24 doses of the as needed Lortab from 1/3/11. From 1/4/11 to 1/8/11 the resident received 2 doses of the received one dose on 1/3/11. From 1/4/11 to 1/8/11 the resident received 2 doses.			UNT	16	80 WINSTEAD AVE			
The nurse's note dated 1/13/11 at 6:45AM noted the resident had been requesting the bed pan most of the night. She had a medium brown stool and continued to insert her fingers into her rectum to try to remove stool. Resident #1 told PT she was sick on 1/13/11. The daily PT note dated 1/13/11 revealed the resident had abdominal pain secondary to no bowel movement. A nurse's note for 1/13/11 at 12:30PM noted the resident was being sent to the emergency room for "altered mental status." The resident stated "I don't feel good." Her vital signs were; temperature 97.3 degrees Farenheit, pulse 69, respirations 12 and blood pressure was 58/32. The MAR revealed resident #1 had received 24 doses of the as needed Lortab from 1/3/11 to 1/3/11. She received one dose on 1/3/11. From 1/4/11 to 1/8/11 the resident received 2 doses This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts allegad or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or execution of the facts allegation or agreement by the provider of the truth of the facts allegad or conclusions set forth in the statement of deficiencies. The plan of correction does not constitute admission or agreement by the provider of the truth of the facts allegad or conclusions set forth in the statement of deficiencies. The plan of correction does not constitute admission or agreement by the provider of the truth of the facts allegad or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state lan. Licensed Nurses encouraging fluid and fiber as appropriate • Certified Nursing Assistant encouraging resident to follow prescribed diet • Notification of Registered Dietician for evaluation of diet and fluid intake / offerings, resident likes and dislikes	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETION	
daily of the Lortab. On 1/9/11 she had four doses of Lortab (4AM, 12PM, 4PM, and 8pm). The resident had two doses daily of the Lortab on 1/10/11 and 1/11/11. She received three doses of the Lortab on 1/12/11 (times not documented) and 2 doses on 1/13/11. Resident #1 was receiving the Ferrous Sulfate twice daily and the Colace twice daily. Record review of the hospital records dated, 1/13/11, noted the resident presented to the emergency department with complaint of abdominal pain, fatigue, poor oral intake, and hypotension. The resident was given several enemas and manual disimpaction of stool on 1/12/11. The facility and family member reported "Very poor oral intake for past 3-4 days." The inserviced current licensed nursing staff on 3-1-11 and will repeat inservice on-going for newly hired licensed nurses during orientation, licensed nurses	F 157	The nurse's note date the resident had been most of the night. She and continued to inset to try to remove stool Resident #1 told PT stoil yPT note dated 1 had abdominal pain smovement. A nurse's note for 1/1 resident was being stor "altered mental stoon't feel good." Her temperature 97.3 degrespirations 12 and b The MAR revealed redoses of the as need 1/13/11. She received 1/4/11 to 1/8/11 the redaily of the Lortab. Of Lortab (4AM, 12P) resident had two dos 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. Record review of the 1/13/11, noted the remergency department abdominal pain, fatighypotension. The resenemas and manual 1/12/11. The facility as 1/12/11. The facility as 1/12/11. The facility as 1/12/11. The facility as 1/12/11.	and 1/13/11 at 6:45AM noted in requesting the bed pan in had a medium brown stool out her fingers into her rectum in the was sick on 1/13/11. The finder fi	F 157	allegation of compliance. Preparation and/or execution of does not constitute admission of provider of the truth of the facts set forth in the statement of deficorrection is prepared and/or exit is required by the provisions of the content of the correction is prepared and/or exit is required by the provisions of the content of the c	f this plan of correction agreement by the stalleged or conclusion ciciencies. The plan of executed solely because of federal and state lands are sencouraging fluids as encouraging fluids and fluid as resident likes a commendations for idea to promote limination initiated by: sent Coordinator and will repeat in a for newly hired during orientation returning from the pain and will repeat in an and will repeat in an and will repeat in an and will repeat in a for newly hired during orientation returning from the of absence with olicy to include: ment of resident cluding location, on, frequency, timpain generally, feeling of pain al, external, acute c), severity of pain pain scale (if	d d an nd r	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION	(X3) DATE SUF COMPLETE	
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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 bor fluid levels are presented with final primary diagrest, aspiration pne bleed, hypotension, leacidosis and renal fai	ed the abdomen was tender with hypoactive BS al with gross heme + stool comography) of the abdomen 1/13/11, read in part, "A nt of retained stool is noted in sigmoid (colon) compatible as of fecal impaction. Fluid wel loops with scattered air nt." con 1/13/11 at the hospital gnoses of cardiopulmonary eumonia, GI (gastrointestinal) eukocytosis, metabolic illure.	F1	57	plan as i	an of correction and by the lor conclusion. The plan of solely because al and state law ues (facial vocalization / observed ain affecting ality of life laily living, relief of on of pain caneeded entation of	s,
	interviewed on 2/17/1 she had worked with remembered the resid first time she worked for a few days, a wee she came back the reresident was complain stomach. The rehab i remembered assisting with nursing because her move her bowels, just could not do it, shindicated as the resid was significantly diffestay but like 3-4 days.	In at 12:05PM. She indicated resident #1. She dent did "pretty good" the with her. Then she was off ekend she thinks, and when esident was "different." The ining of trouble with her interim manager g the resident to the toilet they thought that might help. The resident stated she he couldn't push. She lent's stay progressed she irent. It was not the whole towards the end.			Monitor of use o medicat Notifyir attendin requirin needed) for great consecution. Notifyir attendin unreliev or higher of 1 (mill (continution) on the personneed of the million of the million of the personneed of the million of the personneed of the million of	Monitoring frequency of use of analgesic medication Notifying the attending MD of pair requiring prn (as needed) medication for greater than three consecutive days	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		E CONSTRUCTION	(X3) DATE SUF COMPLETI	
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F 157	resident #1 frequently her stay. Nurse #1 indicated so narcotic pain medicat lethargy and drowsine 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 conta had gone all the way results (bowel movern happened. Nurse #1 resident's abdomen o wasn't really hard" an hyperactive. During an interview of indicated she took call stay. The NA stated the meaning the staff had activities of daily living that she could not hav #1 reported the reside (#1). The NA indicated an enema, but she color she stated the reside type" of results from the last time the NA was 1/12/11. The resident was 1/12/11.	dicated the resident came in right hip fracture. She did had a PRN pain medication as medication as ordered. One of the side effects of a tion were constipation, less. The nurse stated she wersations with the physician med and possible/potential ident's constipation and noted the facility had a BM of was like a standing order and the physician until they thru the protocol. The lact the physician until they thru the protocol and had no ments), but that hardly ever stated she last assessed the on 1/13/11 and it was "soft, and her bowel sounds were In 2/17/11 at 2:37PM, NA #1 are of the resident during her he resident was "total care" at to assist her with her g. The resident did complain the resident was "total care" at to assist her with her g. The resident did complain the physician in the physician that "a little watery the enema. The resident did from receiving the enema. Worked with the resident did from receiving the enema. Worked with the resident ident kept putting on the callulal and not move her bowels.	F	157	b) Staff Development inserviced current Nursing Assistant and will repeat ingoing for newly he Nursing Assistant orientation, Certification, Certification and leave with regard to: • Pain poinclude License when reexperie • Implement pain call including Nursing monitor frequent amount movem document according Certification.	an of correctionent by the for conclusion. The plan of solely because at and state land to care plant Coordinate Certified is on 3-1-11 eservice onired Certifies during from the of absence of the concession of the certifies at the certifies at the certifies of the certifies at the certifies of the certifies at	can tor ed

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F 157	facility consultant #1 she assessed the re no apparent distress the assessment in the Facility consultant # expected to phone the protocol was complete had the protocol was to call the doctor. Ho severe abdominal per nurse to phone the protocol was been an interview of physician #1 (medic was having trouble of physician then they would then call the complete was a small community and an acute issue/of medical director) wo then get in touch with the time of the interview of the interview in the facility. He indicated physician #2 was interested the staff we resident was utilizing routine medication. expected the staff we resident was utilizing routine basis and the The physician and/of determine if the medicater in the second was utilizing routine basis and the The physician and/of determine if the medicater he assessment in the re- resident was utilizing routine basis and the The physician and/of determine if the medicater he assessment in the re- resident was utilizing routine basis and the The physician and/of determine if the medicater he assessment in the re- resident was utilizing routine basis and the The physician and/of determine if the medicater he assessment in the re- resident was utilizing routine basis and the The physician and/of	N, the administrator and The DON indicated when sident on 1/12/11 she was in The DON did not document the resident's medical record. It stated the staff would not be the physician until the bowel stelly done. The reason they so the staff would not have lowever, if the resident had ain then she would expect the obysician. In 2/17/11 at 5:45PM and director) stated if the facility contacting an attending could always contact him. He factor himself. He stated it mity and he knew most of the mediate area. If the facility concern then he (as the fact and he will be attending physician. In 2/17/11 at 5:45PM and the facility contact himself. He stated it mity and he knew most of the mediate area. If the facility concern then he (as the fact and he will handle it immediately the the attending physician. In 2/17/11 at 5:45PM and the facility concern then he contact he fact and he had a hip fracture. In 2/17/11 at 5:45PM and fact and he physician indicated he fact of the fact and he physician indicated he fact of the fact and he	F	157	Assistate documentific bowel license review record beginn shift Certific Assistate encour	an of correction ment by the dor conclusion of solely because al and state law lays ed Nursing ants will ent ation on record and ad nurses with the bowel flow book the downward of the bowel flow book the downward of the bowel ed Nursing ants aging reside tow prescribe be complete for all newly I readmitted limitted for and residence dications of seed nurse that the time	ts

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F 157	movement after 2-3 dinform him or the PA. receiving a call or a frand her being constippain or a change in the During an interview ophysician's assistant did get in touch with the (and orders for Anuscivia fax. He stated he recall/remember anytimesident. A follow up interview physician #2 on 3/3/1 indicated if a resident such as rash, fever, of the physician would wemphasized when a facility and the physician had seen the physician had seen the physician #2 stated the trying until they reach indicated the evidence him or the PA would signature and instruct him a verbal order will stated three of the big pain, constipation was a pronarcotic pain medicated. The administrator was	did not have a bowel lays the staff would call and He does not remember ax regarding this resident that or having increased the location of her pain. In 3/1/11 at 11:43AM, (PA) #1 indicated if the staff him in regards to resident #1 bl/Lactulose) it was probably really could not hing off hand about the was conducted with 1 at 10AM. Physician #2 developed a new problem rough, or pain "of course" want to be notified. He also resident was new to the sian group did not know them at them sent to the emergency onset abdominal pain. If the ne resident then he would be treat at the facility if able. The facility staff should keep need either him or the PA. He he of the facility contacting one a fax with a date, tions on it or if they called the instructions. Physician #2 agest concerns he saw were at dehydration. He indicated oblem especially with	F	157	This Plan of Correction is the centerallegation of compliance. Preparation and/or execution of this does not constitute admission or age provider of the truth of the facts alles set forth in the statement of deficient correction is prepared and/or executive is required by the provisions of feed to the provisions of the provision and interventions implemented to the provision of the provisi	s plan of correction reement by the reged or conclusion cites. The plan of the solely because deral and state landstate and state landstate in the care planned emented as edication is esident has no ication, the motify the wonset of painedication. If the cing pain at a ef with current sessing nurse sician for a pair adjustment of action dosage as initiated for all as non-terventions to medication. Content of the care plantion content of the care plantion content of the care plantion content of the care plantion. Content of the care plantion content of the care plantion. Content of the care plantion content of the care plantion content of the care plantion content of the care plantion. Content of the care plantion content of the care plantion content of the care plantion. Content of the care plantion content of the care plantion content of the care plantion. Content of the care plantion content of the care plantion content of the care plantion. Content of the care plantion content of the	ds e e he	

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AID I DAY OF COMICONON			A. BUII	DING			,
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NAME OF PROVIDER OR SUP		ТИ		16	EET ADDRESS, CITY, STATE, ZIP CODE 0 WINSTEAD AVE DCKY MOUNT, NC 27804		
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3/3/11 at 12 were put in p Resident Sp Resident Sp Resident 1/3/2011. H Intertrochan Rhobdomyld and Alzheim included Me Prednisone, and Lortab. once on 1/3 1/10, 1/11, a three times hemorrhoid received for per day as r 100mg two of 1/9/2011, La medication of 1/10/2011, S for constipate enemas on On 1/13/201 requested si evaluation. Attending ph received for emergency 97.3, pulse of pressure 58 movements 1/5/2011-two 1/7/2011-on	ecific #1 was a er diagnoteric right bis, HTN ter's dem toprolol 1 Lisinopri She recent to 1/13/20 pain on 1/12/20 pain on 1/13/20 pain on 1/	Ilegation of compliance on the following interventions admitted to the facility on the following interventions and interventions are supported to the facility on the facility on the facility of the facture, and the facture, and the facture intervention of the facture, and the facture intervention of the facture into the	F	157	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this pidoes not constitute admission or agreein 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 bowel movements on monitoring flow sheet of each shift, the nurse will report off to their licensed nurse for valuation flow book documentate completed. Licensed working 7a-3p will respon to the monitoring flow identify residents will movement in 3 days. The residents will be added laxative list for a laxate administered on the 3. The laxative list will be to the 11p-7a shift for results to be documentate after Fleets endministered per bow the attending physiciate on call will be notified orders. Once the bow implemented, the 24 levil be updated to indicate the content of the content	bowel t. At the ending assistant supervising idation the tion has been urses view the w books and no bowel These d to the tive to be p-11p shift. be passed on laxative ted. If resulin thirty nema is el protocol, an or physicid for further vel protocol in our report laicate the ten initiated.	s ! s n s og

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F 157	1/10/2011-Senokot constipation; one Fit 1/11/2011-one hard 1/12/2011-one soft, 1/12/2011-two Fleet results documented Resident passed aw 1/13/2011. All Other Residents (A) On 3-01-11, N consisting of Interim (I-DNS), Staff Devel and Minimum Data performed pain asse house to identify res (B) On 3-01-11, N consisting of Interim (I-DNS), Staff Devel and Minimum Data performed bowel re the facility to also in the last documented residents with no book (A) The resident's responsible for phystelephone when a rehigher on a scale of (continuous/severe) form, with new orde planned by MDSC at the time of pain of Team) will validate for the soft of the soft of the scale of the time of pain of the soft	mall bowel movement one tablet daily was added for set's enema , medium bowel movement small bowel movement senemas given with no vay in the hospital on values Management (SDC) Set Coordinators (MDSC) essments on all residents in sidents with pain. Aurse Management team, a Director of Nursing Services topment Coordinators (MDSC) ecord review for residents of clude the look back period to all bowel movement to identify the look back period to all bowel movement in three days. Primary licensed nurse will be sician notification via esidents with a score of 3 or	F	157	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 deficiencies correction is prepared and/or executed it is required by the provisions of feder Services (I-DNS), or review laxative lists of to validate laxatives we administered as approximately approximately and the Interim Director Services (DNS) and Services and holidate laxatives were administered as approximately approximately documented. Completion date of credible in 3/3/2011. Quality Assurance: The Interim Director Services (I-DNS) or SDC will medical records of newly admireadmitted residents daily for the following admission to validate assessments are accurately complants for pain are implemented and residents experiencing pair medication prescribed either Provinces and residents experiencing pair medication prescribed either Provinces and services (I-DNS) or SDC will medication prescribed either Provinces and residents experiencing pair med	lan of correctionment by the dor conclusions. The plan of a solely because al and state land. SDC will laily ongoing were opriate and In the absence or of Nursing SDC, the Nourse will laily on a songoing to reopriate and sallegation is of Nursing review itted or three days e pain in pleted, cared as necessar in have pain	ce tth

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F 157	change in dosage of needed. (B) Bowel Protocol we Management Team, or Director of Nursing Scot Development Coordin Data Set Coordinator noted with no bowel or Bowel Protocol states. On third day with movement give Lactural via tube (gastric or personance). On fourth day with movement and no result obtain and no result of the personance of the persona	d of new medications or current medication as vas initiated by the Nurse consisting of the Interim ervices (I-DNS), Staff nator (SDC) and Minimum is (MDSC) for residents inovement in three days. In no documented bowel close 30 cc po (by mouth) or eag) prn (as needed) is the no documented bowel is the no documented bowel is the none of the needed is the none of the needed is the needed in the needed in the needed in the needed is and the needed in the needed	F 15	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this process of 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 scheduled. These reviews will an ongoing basis. Interim Dira Nursing Services (I-DNS), or review 24 hour report book daidentify residents with new on These residents' medical recorreviewed as well to validate passessments are accurately complans for pain are implemented and the physician was notified medication order as needed. Director of Nursing Services (SDC will audit laxative lists eand validate laxatives were givindicated and results were doc the absence of the Interim Dira Nursing Services (I-DNS) and weekends and holidays, the 7-Licensed Nurse will review lated ally ongoing to validate laxative administered as appropriate and documented. Results of these medical record reviews will be the facility's Performance Imp Committee monthly x 6 month evaluation and further recomm	lan of correction ment by the d or conclusions is. The plan of d solely because ral and state law. I continue on ector of SDC will illy ongoing to set of pain. rds will be ain mpleted, care d as necessary, i for pain Interim I-DNS), or ach morning wen as sumented. In ector of I SDC on the 3 North Hall exative lists tives were and results audits and the reported to provement as for review,

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 157	Pain symptom grimace, guarding, in functional level, activities, not eatin Licensed Nurs for pain each shift, signs and symptor reporting changes frequency / intensity Providing non measures includin breathing, repositing Murses to monitor constipation, Licer Nursing Assistants bowel movements Administering effectiveness and pain medication Pain Assessmadmission, quarter in status Education with as needed about comedications, fear a Certified Nurse licensed nurse if removement in three Certified Nurse notification on bow will review the bow beginning of each Licensed Nurse of tensed Nurse softeners and laxa Licensed Nurse	ns: crying / moaning, facial a, complaints of pain, decrease inability to sleep, limiting ag sing Staff monitoring residents Attending physicians when ans of pain, worsening pain, in pain location / type / ty of pain to physician -pharmacological comfort ag relaxation techniques, deep coning, activities as appropriate a side effects including Licensed for signs and symptoms of ased Nurses and Certified a monitoring and documenting and monitoring for for possible side effects from anent to be completed on and with significant change and concerns regarding pain and sasistants will verbally notify asident has no bowel a days and assistants will document are record and licensed nurses are record flow book the shift. ass administering stool tives per MD orders asses encouraging fluid and fiber and Assistant encouraging	F 157	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 defic correction is prepared and/or exit is required by the provisions of 3. DNS and interdisciplin will review the 24 hour recongoing to identify reside of behaviors and change is medical records of these is will be reviewed by the D validate clinical assessme completed and documents nurse, physician notified and change in condition, a implemented as appropria maintain a log of these ideand continue to follow-up in condition is resolved an subsided. These identifies remain on the 24 hour reput. Log of residents with recommendation and to vecompliance. 1. Resident #11con Coumadin and to vecompliance.	allis plan of correction agreement by the alleged or conclusions iteracies. The plan of ecuted solely because of federal and state law. The port book daily the many team (IDT) eport book daily ents with new onset on condition. The dentified residents on the staff of the behaviors and new orders atte. DNS will entified residents of daily until change and behaviors have do residents will nort until stabilized. The mew onset of cing a change in do the facility's att Committee arther alidate continued as labs ordered as ician. Unable to intified as they are

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F 157	(B) On 3-01-11, Nurse consisting of Interim I (I-DNS), Staff Develo and Minimum Data Simplemented, evaluate care plans related to Constipation care plated to Constipation care plated Nursing documenting bowel in Certified Nursing licensed nurse if reside movement in three data Certified Nursing notification on bowel will review the bowel beginning of each shite. Licensed Nurses softeners and laxative Licensed Nurses as appropriate. Certified Nursing resident to follow president to follow president likes and distinger food and for fluids elimination. Education was initiated Staff Development Colicensed nursing staff in-service on-going for nurses during oriental returning from vacation regard to pain policy to the staff policy to the st	Director of Nursing Services pment Coordinator (SDC) et Coordinators (MDSC) et Coordinator serviced et constipation as needed. In is inclusive of: Assistants monitoring and novements every shift Assistants will verbally notify lent has no bowel ays Assistants will document record and licensed nurses record flow book the fit. administering stool es per MD orders encouraging fluid and fiber Assistant encouraging scribed diet egistered Dietician for fluid intake / offerings, likes, and recommendations to promote regular bowel ad by: Dordinator inserviced current on 3-1-11 and will repeat rewly hired licensed tion, licensed nurses on and leave of absence with	F 1	This Plan of Correction allegation of compliance does not constitute admit provider of the truth of the set forth in the statement correction is prepared at it is required by the provider of the truth of the set forth in the statement correction is prepared at it is required by the provider of the truth of the provider of the serviced by the servic		is ied

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	OVIDER OR SUPPLIER			160	ET ADDRESS, CITY, STATE, ZIP CODE D WINSTEAD AVE DCKY MOUNT, NC 27804			
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F 157	generally occurs, fee external, acute, chropain scale (if resider non-verbal pain scal non-verbal pain scal non-verbal cues (fac vocalizations, body a pain affecting reside daily living, cause of Initiation of pain Implementation Monitoring frequenciation Notifying the att prn (as needed) meconsecutive days Notifying the att of 3 or higher on a s (continuous/severe) Initiation and imcare plan Staff Development Cortified Nursing As repeat in-service on Certified Nursing As vacation and leave of Pain policy to in Nurse when residen Implementation Certified Nursing As and amount of bowed documenting accord Certified Nursin As and amount of bowed documenting accord Certified Nursin nurse if resident has days Certified Nursin nurse if resident Nursin notification on bowel	equency, time of day pain sling of pain (internal, nic), severity of pain verbal at able to respond) and e, pain type / intensity, other ial expressions, actions / observed behaviors), nt's quality of life / activities of pain, relief of pain care plan as needed of pain care plan uency of use of analgesic ending MD of pain requiring dication for greater than three ending MD of unrelieved pain cale of 1(mild)-10 on the pain assessment form plementation of constipation coordinator inserviced current estants on 3-1-11 and will going for newly hired sistants during orientation, sistants returning from of absence with regard to: clude reporting to Licensed to experiences pain of pain care plan including estants monitoring frequency I movement and	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 agree provider of the truth of the facts allege set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of feder protocol for schedulin obtaining laboratory thired licensed staff where training upon hire. Reserving Coumadin with through medical records of the residents were also revalidate a current PT/available and a physical for PT/INR frequency Residents with no curresults or no physician PT/INR frequency we the attending physician and orders implement received. Lab calendareviewed by the Direct Nursing Services (DN PT/INRs were schedulor orders. 4. Individual Coumadin reviewed by the facilian Performance Improve Committee monthly xe further recommendatic validation of continues.	lan of correction ment by the dor conclusions. The plan of it solely because all and state landing and lests. Newly ill receive the esidents were identified review. ese identified viewed to INR was cian's order was present PT/INR norder for the identified in notified, and as ar was ctor of IS) to validated as per Market as months for and	is ed t.	

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 157	Systemic Changes: 1. Pain assessmedicensed nurse for a readmitted resident rehabilitation therappain medications or days following admexperiencing pain assessments will all of new pain by the resident at the time assessments will be significant change as 2. Pain monitoring Administration Reconstitution Reconstitution and the residents will be as the licensed nurse implemented as ne indicated and the remedication, the license physician of the new pain medication. If pain at a level 3 with care, the assessing for a pain medication nurse initiating the document the resident will relicense the indication of the new pain medication. If pain at a level 3 with care, the assessing for a pain medication. If pain at a level 3 with care pain medication of the resident will relicense the resident will relicense the physician notification. The resident will relicense the pain medication. The resident will relicense the physician notification. The resident will relicense the pain medication. The resident will relicense the physician notification. The care the physician notification the physician notification.	ents will be completed by the all newly admitted residents, all so, residents admitted for by, and residents admitted with a admission and daily for three ission to ensure residents are identified. Pain so be initiated with the onset dicensed nurse caring for the the pain is identified. Pain so be initiated with the onset dicensed nurse caring for the the pain is identified. Pain so performed quarterly and with resulting in pain. It is gadded to the Medication bords for all residents. It is essessed for pain each shift by and care planned interventions seeded. If pain medication is esident has no order for pain ensed nurse will notify the wonset of pain and request the resident is experiencing the no relief with current plan of nurse will notify the physician or order or adjustment of ation dosage as indicated. The obysician notification will ent's pain and pending on on the 24 hour report log.	F	157	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this pi 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 federal truth of the facts allege set forth in the statement of deficiencies.	lan of correction ment by the d or conclusion s. The plan of l solely because	s

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F 157	Care plans will be reand with change of cand with change of cand with change of cand with change of cand with end of each shift report off to their survalidation the flow be completed. License review the bowel moderatify residents with days. These resider laxative list for a laxative list list for a laxative list list list list list list list list	Itempted prior to medication. Invised and evaluated quarterly condition. Invised and evaluated quarterly condition. It monitoring flow sheet. At a the nursing assistants will be privising licensed nurse for book documentation has been a different and nurses working 7a-3p will writoring flow books and the no bowel movement in 3 and will be added to the attive to be administered on a laxative list will be passed at for laxative results to be altered and the attending physician or a be notified for further orders. Social is implemented, the 24 are updated to indicate the seen initiated. The resident is hour report until the ed. of Nursing Services (I-DNS), exative lists daily ongoing to be administered as alts documented. In the modification of the number of Nursing SDC, the 3-11 West Hall review laxative lists daily axatives were administered essults documented.	F	157			

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DATE SUP COMPLETE	ED
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F 157	or SDC will review m admitted or readmitted days following admiss assessments are acc plans for pain are impand residents experiemedication prescribe. These reviews will conterim Director of No SDC will review 24 hours to identify residents where the series of Northese residents was notified for pain implemented as necessary was notified for pain interim Director of Northese interimedicates as appropriated in the service of the service in the service of the service interimedical record review facility is Performance in the service i	of Nursing Services (I-DNS) edical records of newly ed residents daily for three sion to validate pain curately completed, care plemented as necessary, encing pain have pain d either PRN or scheduled, portinue on an ongoing basis, cursing Services (I-DNS), or our report book daily ongoing with new onset of pain, edical records will be ralidate pain assessments eted, care plans for pain are essary, and the physician medication order as needed. cursing Services (I-DNS), or re lists each morning and re given as indicated and nted. In the absence of the cursing Services (I-DNS) and dis and holidays, the 7-3 Nurse will review laxative lists late laxatives were ropriate and results s of these audits and ws will be reported to the the limprovement Committee for review, evaluation and tion.	F	157			
	evidenced by intervieure relating to training ar	edible allegation was ews of direct care staff ad in-services received esment, bowel management					the same of the sa

) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT			16	EET ADDRESS, CITY, STATE, ZIP CODE 0 WINSTEAD AVE DCKY MOUNT, NC 27804		
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F 157 Continued From page 22 and physician notification interviewed on 3/3/11 were the facility's bowel protoco are to be communicated a other and the physician), included a skills validation pain management and the form to document audits a taken when negative findifacility audits. 2. Resident #11 was adm 9/28/10. Her diagnoses in accident, hypertension, ald dementia. Review of the physician or revealed the following ord (every) Monday" and "PT. Thursday." Resident #11 Coumadin 2mg (milligram (every day). On 1/12/11 a PT/INR was The results were reported 1/13/11. The PT was 16.4 INR was 1.33 (therapeutic 2.0 to 3.0). Nurse #3 sign the results on 1/13/11. Sh was faxed and called. The the physician on the form. The February 2011 physic following orders, "Check is Resident #11 was also re PO QD. A nurse's note (written by read in part, "(name of ph	All direct care staff fore knowledgeable about col, how resident changes and reported (to each The monitoring tools in form which included the bowel protocol and a and corrective measures lings are noted during mitted to the facility on included cerebrovascular atrial fibrillation, and order for January 2011 ders, "Check PT/INR Q T/INR Q Monday and was also receiving ins) PO (by mouth) QD s drawn on resident #11. d to the facility on 4 (range 11.6-15.2) the ic range was generally ined, initialled and dated the noted physician #2 there was no notation from in. ician orders revealed the PT/INR Q Monday." eceiving Coumadin 2 mg	F 1	157			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SUF COMPLETE	
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F 157	fax or call made on 1-#2) ordered stat PT/II PT to be drawn." During an interview ophysician #1 (medical was having trouble or physician then they of would then call the downs a small commun physicians in the immedical director) would then get in touch with the medical director) would then get in touch with During an interview, of #2 indicated he wanted iNR closely because level. He stated he was and he would mode a week or twice a we reaching therapeutic every other week. The weeks and that would was in the therapeutic change in Coumading close monitoring as well within what the physician #2 stated worth weeks and that would was in the therapeutic range. The facility staff could not they should try again attempt to reach his properties and the physician #2 stated to trying until they reach indicated the evidence him or the PA would in the properties in the properties of the properties of the properties of the physician #2 stated to trying until they reach indicated the evidence him or the PA would in the properties of th	wn 1-12-11- no response to -13-11. (name of physician NR and will regulate times In 2/17/11 at 5:45PM I director) stated if the facility ontacting an attending ould always contact him. He octor himself. He stated it ity and he knew most of the lediate area. If the facility oncern then he (as the led handle it immediately 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 lek. Once the resident started levels, he would monitor le longest stretch would be 4 I only be once the resident or range of 2-3 (for the INR). Whenever a resident had a dosing they would require well until the resident was cian considered a lee physician indicated if the reach him by fax or phone, The facility staff could also obysician assistant (PA). The facility staff should keep led either him or the PA. He le of the facility contacting	F 157			

STATEMENT	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 157	interviewed on 3/3/11 she just became respresults about 1 week DON and former DOI and she could not an interim DON's understhis point was, the lab calendar. The lab cor Tuesday, Wednesday verbal orders were wireceive the green car were back from the lab DON would pass their The nurses were resphysicians. Many of tinstead of phone calls levels the interim DOI keep trying to reach tishould then inform the physician. The ad involved if the DON comment to the physician once she pagain. She stated she she could not get in to DON in January 2011 comment. Nurse #3 cexplanation for why the stated when/if she calls/faxes the physic	th instructions. of Nursing (DON) was at 11:09AM. She indicated consible for monitoring lab ago. The former assistant N were responsible before swer for their actions. The chanding of lab monitoring at os were written on a mpany came usually on y, and Thursday. When ritten the interim, DON would bon copy. Once the labs ab company, the interim m out to the floor nurses. consible for contacting the the physicians prefer faxes s. If the labs were, critical N indicated the nurse should the physician. The nurse the DON if they cannot reach ministrator would then get tould not reach the physician. on 3/3/11 at 11:12AM, nurse the calls the physician or the usually waits a day then tries the usually notified the DON if touch with a physician. The was not available for ould not provide a clear me PT/INR from 1/12/11 was the physician until 2/4/11. the catches "it", she		157				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
F 242	The resident has the schedules, and health her interests, assessinteract with members inside and outside the about aspects of his care significant to the interest of his care interest of his care of his car	right to choose activities, in care consistent with his or ments, and plans of care; is of the community both a facility; and make choices or her life in the facility that resident. The is not met as evidenced as and resident and staff failed to offer showers to 2 at #12) on their scheduled as include: Indicate to the facility on asis of Chronic Obstructive COPD). The quarterly IDS) dated 12/27/10 Brief fatus (BIMS) revealed on was intact. The MDS also needed total assistance assistance. 12/29/10 revealed ching/showers," "will continue ensive assistance," ath daily " and "set up ourage to complete task and a extensive assist." Ty Daily Living (ADL) sheet my revealed Resident#7 had	F	242	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 fede. 1. Residents #7 and #12 bath preferences identified thro and family interviews. Bath preferences added to the receards and care plans. Primassistants for Resident's # were in-serviced on reside with specific focus to reside preference and on facility schedule. 2. Residents residing in the fact the potential to be affected nursing assistants and lice in-serviced on resident chospecific focus to resident the preference. Newly hired massistants and licensed nurserviced on resident choice employee orientation with to resident bathing preference. Shower/bath schedule also to assure residents are offer baths/showers as schedule care cards updated to refle bathing preferences. 3. Certified nursing assistants care cards daily for any chresident's method of care a encouraged to collaborate nurse of resident when chestigents.	plan of correction ement by the sed or conclusion. The plan of d solely because the plan of the plan o	F 242 4/04/2011

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` '	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
F 242	February revealed Reshowers. On 2/27/11 at 7:08 pr conducted with Resid staff gives her a bed I she would like to recent walk. Resident #7 her a shower. On 3/1/11 at 11:04 ar in the door way of he exiting her room. Resident #12 was 6/18/2008 with a diag quarterly Minimum Darevealed resident #1 Status (BIMS) revealed cognitively intact. The Resident #12 was "to transfers, needed ext dressed and personal. The Care plan dated Deficit: Hygiene/Bath Assistance with Groot "Shampoo, Shower/Bath Areview of the nurse February revealed Reshowers. A review of the Activity	s note from January through esident #7 had not refused m an interview was lent #7. Resident #7 stated bath. Resident #7 revealed sive a shower, but she could revealed staff never offered m Resident #7 was observed recom. The resident was sident #7 hair appeared to be tated she had a bed bathe. admitted to the facility on sensis of Hypertension. The least Set (MDS) dated 2/8/11 2 Brief interview for Mental lead the resident was a MDS also revealed tally dependent" for lensive assistance for getting it hygiene. 2/23/11 revealed "Self-Care ling/Showers," "Extensive ming/Hygiene/Bathing" and	F 242	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 allege set forth in the statement of deficiencie correction is prepared and/or executed it is required by the provisions of feder care cards will be updated a clinical morning review at weekly by Nursing Admini Team (Director of Nursing, Development Coordinator, Managers, MDS Coordinate [DNS,UMs, SDC, MDSC]; review of resident care care monthly at end of month morder re-capitulation. DNS SDC, and or UMs will aud nursing assistant flow reconthat baths or showers are be scheduled and residents are desired bathing preference. occur 5x weekly x 2 weeks 3 weeks, once weekly x 3 r 4. These audits will be review facility's monthly Performal Improvement (PI) meeting subsequent plans and interview be developed as needed.	lan of correction ment by the d or conclusion. S. The plan of it solely because all and state law as needed in least 5x stration. Staff Unit or had a will occur edication, and or it certified a to assure eing given as a offered Audits will a 2x weekly anonths. The contract of the contr	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M ⁱ A. BUII		E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 242	Showers (S) docume back section of the Al would be documented comments about shown as the section of the Shown 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 starprovided with "showe where the water can the NA revealed "shower, she would of On 3/1/11 at 9:00 am with Nurse#3. The nurse resident to take a showers. The nurse resident to take a shorefuse 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 s giving on Tuesday and s shower days were aturday. There were no Sundays. an interview was conducted discussed how ents were provided with ted the residents were r chairs" 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 urse discussed refusing evealed NA would inform aff would attempt encourage ower; if resident continued to NA would document it on ADL a revealed NA needed to vers "cause residents might an interview was conducted of 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 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.	an of correction nent by the I or conclusions The plan of solely because	s

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F 252 SS=E	ENVIRONMENT The facility must prov comfortable and hom the resident to use his to the extent possible This REQUIREMENT by: Based on observatior family interviews, staff review the facility faile environment free from halls. Findings include: Review of the resider 10/11/10 revealed unsection, the majority of meeting request that (deodorize) more after Strong odors of bowe behind. Review of the resider 11/5/10 revealed und listed as "resolved", withe 10/11/10 meeting housekeeping manage extra supply of deodo used. The deodorizer resident rooms and the care was done. Upon entering the face	elike environment, allowing sor her personal belongings or her personal belongings is not met as evidenced as, resident interviews, if interviews and recorded to maintain an allingering odors on 3 of 4 of the new business of residents attending hallways be sprayed ar a resident was changed. I movements were left of the old business section, was the odor concern from the note reflected the er met with staff and an rizers were purchased and	F	1	serviced on proper barre to assure disposal of tra- resident soiled briefs/ma placed in proper recepta importance of emptying receptacles when full an Maintenance Director in deodorizers through out with odor neutralization Director has also identif odorous tile in resident a with reduction of odors. Supervisor devised sche the facility barrels to asselimination. Housekeep serviced on this schedul Facility rounds to be con Administrator and facili head members at least to 7-3 and 3-11 shifts when concentrated. Facility ac continue twice daily for	ais plan of correction greement by the leged or conclusion notes. The plan of puted solely because federal and state lands state lands are lands a	F 252 4/04/2011	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	N CARE OF ROCKY MO	UNT		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804				
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F 252	400 and 300 halls. The served. During the initial tour resident # 12 indicates when she would go usersibed the "smell" movement." She wish resident air freshener. On 2/27/11 at 6:42PM "trash" and a gray basers on the 400 hall has a limited feces at 7:30PM on 2 barrels are present on the 400 hall has a limited 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 of nursing assistant (NA and gray barrels can were closed. After debags should be broug One would have soile.	on 2/27/11 at 6:30PM and she noticed a "smell" p and down the hall. She as being like a "bowel ned the facility would give the as to use in their rooms. If a yellow barrel labeled arrel labeled "linen" were all. There was a strong urine ant. Ingering odor of urine and all (27/11. The yellow and gray in the hallway. If the far end of the 400 asolarium had a lingering odor cility on 2/28/11 at 2PM a as noted over a foul odor in alling down the 400 hallway	F	252	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 allege set forth in the statement of deficiencic correction is prepared and/or execute it is required by the provisions of federonthly Performance Improves months. Subsequent plans and will be developed and implementeded to assure compliance.	olan of correctic ement by the ed or conclusio es. The plan of d solely becaus ral and state la ment (PI) x 3 interventions	es e v.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SUF COMPLET	ED
		345260	B. WIN	G	AAA	03/03/201	
	OVIDER OR SUPPLIER	UNT	.	160	ET ADDRESS, CITY, STATE, ZIP CODE) WINSTEAD AVE ICKY MOUNT, NC 27804		
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F 252	and gray barrels can were closed. After do bags should be broug One would have soiled the gray barrel and the brief and be placed in evening shift the barre 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 aftersident rooms and had a foul smell was note station on 2/28/11 at a A strong urine odor was 400 hall by the west second the free from odors assistants have access can use and the nursi keep the spray in an a residents for safety produced to the free from odors assistants have access can use and the nursi keep the spray in an aresidents for safety produced to the free from odors assistants have access can use and the nursi keep the spray in an aresidents for safety produced to the free from odors assistants have access can use and the nursi keep the spray in an aresidents for safety produced to the free from odors assistants have access can use and the nursi keep the spray in an aresidents for safety produced to the free from odors. An interview was conditionally the day spoing into the residents for safety produced to the free from odors.	n 2/28/11 at 5:04PM,) #10 indicated the yellow be on the halls if the lids ing incontinent care tied up the out of the resident rooms. In a continent care tied up the out of the resident rooms. In a continent care tied up the yellow barrel. For the the yellow barrel. For the the sare emptied at 3PM and the yellow barrel at 3PM and the resident had certain health the yellow barrel at 3PM and the resident had certain health the yellow barrel at 3PM and the resident had certain health the yellow barrel at 3PM and the yellow barrel at 3PM the yellow barrel	F	252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345260	B. WING		03	C /03/2011	
	ROVIDER OR SUPPLIER	MOUNT	160	T ADDRESS, CITY, STATE, ZIP CODE WINSTEAD AVE CKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 252	#1 indicated she a department. The la responsible for ma linen barrels on the department probal about "10 to 15" til indicated the linen until 2AM when the HK #1 stated the for emptying the years how many tin were emptied. Each two trash barrels. There was a linger 400 hall on 3/1/11 During an interview housekeeping sup performed the dutitimes. He was per The floor technicia and moping the floemptying the trash pulled multiple time whenever necessar manager stated him as well as bleach to The housekeeping rooms if the nursin He was not aware concerns from 10/1 council concerns of facility did have time	lash in the resident rooms. HK lso worked in the laundry lso worked in the laundry aundry department was intaining and emptying the gray e halls. She stated the laundry oly emptied the linen barrels mes during the day shift. She barrels were not emptied again a morning laundry shift arrived. It is considered to the trash barrels was responsible to the hall had two linen barrels and when the barrels were on the supposed to be on. In gurine and stool odor on the at 8:35AM. In y, on 3/1/11 at 8:59AM, the ervisor stated he also es of the floor technician at forming the dual role that day. In the indicated the trash was the suring the day and the indicated the trash was the staff used an odor neutralizer to control odors in the facility. It is staff would come and spray grassistants would call them. Of the resident council 11/10 or the resolution to the me released air fresheners in the were taken down before he	F 252				

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WIN	G		C 03/03/2011	
	ROVIDER 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)	PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TO		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X6) COMPLETION DATE
F 252	A family member for on 3/2/11 at 8:59AM. the facility had a "terr member hit the nurse urine. When the famil hallway, it smelled lik When the family mem the attention of the fa will "take care of it" but Upon entrance to the a strong urine odor with nurse'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 will clear open trash bag briefs in separate sm was a heavy strong life 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 of soiled briefs in the bat trash bags. There was surrounding the gray the hall. During an interview of indicated she had rur	The family member stated lible smell." Once the family 's station, it smelled like y member walked down the e stool and urine (300 hall). The rings 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 were soiled briefs loose in the and there were a few soiled aller clear trash bags. There ingering urine odor barrel, open clear trash bag	F	252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	JNT		160	EET ADDRESS, CITY, STATE, ZIP CODE O WINSTEAD AVE OCKY 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPL DA DA		
F 252 F 309 SS=J	bag the soiled briefs. could obtain the smal laundry staff who cam provide any further ex NA #6 indicated the n clear bag to the gray the soiled briefs in the A follow up interview housekeeping manage be using the yellow boriefs and the gray ballinens. The lids should 483.25 PROVIDE CA HIGHEST WELL BEIL Each resident must be provide the necessary or maintain the higher mental, and psychosocaccordance with the control of the necessary of the provide the necessary or maintain the higher mental, and psychosocaccordance with the control of the necessary of the necessary or maintain the higher mental, and psychosocaccordance with the control of the necessary of the necessary or maintain the higher mental, and psychosocaccordance with the control of the necessary of the necessary of the necessary or maintain the higher mental, and psychosocaccordance with the control of the necessary	However, she stated she I clear trash bags from the ne in at 2AM and could not optanation why she did not, ight shift always tied the linen barrel and disposed of oclear bag. was conducted with the ner on 3/3/11 at 9:44AM. The ner indicated the staff should arrel to dispose of soiled direls to dispose of soi		309	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this planes 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 on 1/3/2011. Her diagnoses included Intertrochanteric rificacture, Rhobdomylosis, HTN, Cognitive Impairment, and Alzh dementia. Her medications included Metoprolol Tartrate, Mirtazepin Prednisone, Lisinopril, Colace, Sulfate, 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 experience themorrhoid pain on 1/9/2011 and was received for Annusol suppotimes 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 to an order received for resident to a support to a	the facility luded ight Hip Mild neimer's uded Lortab for con 1/4, 1/5, if 1/13/2011 on d an order sitories three ose 30cc on regimen Senokot onstipation. It is on the brother regency room in't feel is notified	F 309 4/04/20
FORM CMS-256	7(02-99) Previous Versions Obs	olete Event ID: LVIW1	11	Faci	inty io: 953217 roof to the emergency roo	ntiquation sheet	Page 34 of 96

STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION					PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345260	B. WIN	G	-	03/03	3/2011
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT		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 PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 309	recognize the relation of behaviors and clini of 1 sampled resident of 1 sampled resident limmediate 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 of in-services and incorpsystems could be accepted the Quality Assurance. The facility "Bowel Propart, "1. Lactulose 30 and day with no BM (Dulcolax Suppository with no BM and no reasults from Milk of Suppository." 1. Resident #1 was accepted the following handwrice the following handwrice in the following	ship between a new onset cal change in condition for 1 it (resident #3). (IJ) began on 1/3/11 for ediate jeopardy for resident 8/1/11 and was removed on ity demonstrated it had edible allegation of ity was left out of ual harm with potential for arm that is not immediate completion of staff coration of monitoring complished and included in the Program. Findings include: (otocol'' dated 8/09 read in coc (cubic centimeters) on cowel movement). 2. PR (per rectum) on 4th day stalts from Milk of Magnesia. On 5th day with no BM and of Magnesia or Dulcolax	F	309	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plant 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 signs were: temperature 97.3, purespirations 12, and blood pressures follows: 1/5/2011-two soft, medium bowed as follows: 1/5/2011-one soft, medium bowed 1/8/2011-one soft, medium bowed 1/8/2011-one soft, small bowed 1/10/2011-Senokot one tablet dated added for constipation; one Fleet 1/11/2011-one hard, medium bowed 1/12/2011-one soft, small bowed 1/12/2011-two Fleets enemas given sults documented Resident passed away in the host 1/13/2011. All Other Residents 1. (A) On 3-01-11, Nursing Management team, constitution in the constitution of Nursing Correction of Nursing C	an of correction and by the lar conclusion. The plan of solely because al and state law alse 69, are 58/32. The movement are larger and and state law alse 69 are 58/32. The movement are larger and a	s t t

STREET ADDRESS, CITY, STATE, ZIP CODE		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILI			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
INAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT (C4.PI)D PREFIX TAGS Continued From page 35 type/Intensity", "other non-verbal", "quality of life/activities of daily living", "cause of pain", "relief of pain" and "conclusion" sections were not completed. Nurse #2 was interviewed on 2/17/11 at 3:30PM. Nurse #2 was interviewed on 2/17/11 at 3:30PM. Nurse #2 admitted the resident to the facility on 1/3/11. She indicated the resident wasn't having a whole lot of pain in the first day. Then around the second or third day she would just scream when you touched her. The staff was not sure if maybe the resident did not want to go to therapy and that was the reason for her behavior. Therapy would come to work with the resident and she would just scream. The nurse stated she was responsible for the initial pain assessment and could not provide a reason for the incomplete pain assessment. Review of the undated care plans found no plan of care for pain or potential side effects from narcotic pain medication (constipation), Review of her hespital records prior to her admission to the					NG .			
GUARDIAN CARE OF ROCKY MOUNT (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 35 type/intensity", "other non-verball", "quality of life/activities of daily living", "cause of pain", "relief of pain" and "conclusion" sections were not completed. Nurse #2 was interviewed on 2/17/11 at 3:30PM. Nurse #2 admitted the resident to the facility on 1/3/11. She indicated the resident wasn't having a whole lot of pain in the first day. Then around the second or third day she would just scream when you touched her. The staff was not sure if maybe the resident did not want to go to therapy and that was the reason for her behavior. Therapy would come to work with the resident and she would just scream. The nurse stated she was responsible for the initial pain assessment and could not provide a reason for the incomplete pain assessment. Review of the undated care plans found no plan of care for pain or potential side effects from narcotic pain medication (constipation). Review of her hospital records prior to her admission to the			345260				03/03/2	
F 309 Continued From page 35 type/intensity", "other non-verbal", "quality of life/activities of daily living", "cause of pain", "relief of pain" and "conclusion" sections were not completed. Nurse #2 was interviewed on 2/17/11 at 3:30PM. Nurse #2 admitted the resident to the facility on 1/3/11. She indicated the resident to want to go to therapy and that was the reason for her behavior. Therapy would come to work with the resident and she would just scream. The nurse stated she was responsible for the initial pain assessment. Review of the undated care plans found no plan of care for pain or potential side effects from narcotic pain medication (constipation). Review of her nospital records prior to her admission to the			UNT		160	0 WINSTEAD AVE		
type/intensity", "other non-verbal", "quality of life/activities of daily living", "cause of pain", "relief of pain" and "conclusion" sections were not completed. Nurse #2 was interviewed on 2/17/11 at 3:30PM. Nurse #2 admitted the resident to the facility on 1/3/11. She indicated the resident to wasn't having a whole lot of pain in the first day. Then around the second or third day she would just scream when you touched her. The staff was not sure if maybe the reason for her behavior. Therapy would come to work with the resident and she would just scream. The nurse stated she was responsible for the initial pain assessment. Review of the undated care plans found no plan of care for pain or potential side effects from narcotic pain medication (constipation). Review of her hospital records prior to her admission to the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
Resident #1's physician orders for January 2011 revealed the resident was ordered to receive Ferrous Sulfate 325 mg (milligrams) twice daily and Colace (a stool softener) 100mg twice daily. The resident was also ordered Lortab (Hydrocodone/Acetaminophen) 5mg/325mg 1 tab every 4 hours as needed. Lexi-Comp's Geriatric Dosage Handbook, 15th edition, revealed Lortab was an Opioid narcotic for treatment of moderate to severe pain. Under the "Adverse Reactions - Gastrointestinal (GI)" section the following were noted, abdominal pain and constipation. The section "Special Geriatric movement in three days. 2. (A) The resident's primary licensed nurse will be responsible for physician notification via telephone when a residents with a score of 3 or higher on a scale of 1(mild)-10 (continuous/severe) on the pain assessment form, with new orders implemented and care planned by MDSC and or primary licensed nurse, at the time of pain onset. The IDT (Interdisiplinary Team) will validate this process at	F 309	type/intensity", "othe life/activities of daily to fain" and "conclus completed. Nurse #2 was intervied Nurse #2 admitted the 1/3/11. She indicated whole lot of pain in the second or third days you touched her. The the resident did not we was the reason for he come to work with the scream. The nurse story the initial pain assessment. Review of the undate of care for pain or point narcotic pain medicate her hospital records particles facility found no noted. Resident #1's physici revealed the resident Ferrous Sulfate 325 rand Colace (a stool some The resident was also (Hydrocodone/Acetar every 4 hours as need. Lexi-Comp's Geriatric edition, revealed Lort for treatment of mode the "Adverse Reaction section the following was supported to the following was a section the following was section the following was section.	r non-verbal", "quality of iving", "cause of pain", "relief ion" sections were not seved 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 he would just scream when staff was not sure if maybe rant to go to therapy and that the behavior. Therapy would be resident and she would just ated she was responsible essment and could not he incomplete pain and constipation. Review of orior to her admission to the dissues with constipation. In orders for January 2011 was ordered to receive and (milligrams) twice daily oftener) 100mg twice daily. The ordered Lortab minophen) 5mg/325mg 1 tab ded. Dosage Handbook, 15th ab was an Opioid narcotic wrate to severe pain. Under the research, abdominal pain were noted, abdominal pain	F	809	Preparation and/or execution of this plant does not constitute admission or agreer 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, Nur Management team, con Interim Director of Nur Services (I-DNS), Staff Development Coordina and Minimum Data Set Coordinators (MDSC) bowel record review for of the facility to also in look back period to the documented bowel move identify residents with a movement in three days. 2. (A) The resident's prilicensed nurse will be refor physician notification telephone when a residence of 3 or higher on 1 (mild)-10 (continuous the pain assessment for orders implemented and planned by MDSC and licensed nurse, at the time onset. The IDT (Interdirem) will validate this	an of correction ment by the dor conclusion is. The plan of solely because al and state law residents in this with see sisting of triang futor (SDC) is performed in residents clude the last wement to mo bowel is. Imary responsible on via ents with a a scale of severe) on m, with new do care or primary me of pain is iplinary is process at	s.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE DING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345260	B. Willia	·		03/0	3/2011
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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	(PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	particularly susceptib nervous system) depronfusion) and the conarcotics. Ferrous Suiron-deficiency anemi Reactions - Gastroint were noted, constipal pain, GI irritation, nau Review of the nurse's revealed at 3PM the oriented." Her abdom sounds in all four qual 9:30PM the resident in her right hip. The emedication was not experienced with the resident of the same day at 4:20 requested a Lortab wounds in all four qual side the same day at 4:20 requested a Lortab wounds in the resident rested in becomeds known. She refor right hip discomfor pain medication was The resident #1 received during the dayshift. Teceived during the dayshift.	s noted the elderly might be le 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 isea and stomach cramping, notes, dated 1/3/11, resident was "alert and en was soft with bowel drants. Later on 1/3/11 at requested a Lortab for pain ffectiveness of the pain valuated. at's "Bowel Record" for 7-3 d no noted bowel and 1/4/11. It's anoted 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 rt. The effectiveness of the not evaluated. edium soft bowel ift of 1/5/11. a dose of Lortab on 1/5/11 the reason for the dose, the the effectiveness of the	F3	809	This Plan of Correction is the cer allegation of compliance. Preparation and/or execution of a does not constitute admission or provider of the truth of the facts a set forth in the statement of deficit correction is prepared and/or exeit is required by the provisions of Party(s) will be no medications or chacurrent medication. (B) Bowel Protocoby the Nurse Manaconsisting of the In Nursing Services (Development Coorand Minimum Data Coordinators (MD noted with no bow three days. Bowel On third day with bowel movement a cc po (by mouth) (gastric or peg) pri On fourth day with bowel movement a from Lactulose gives (suppository) prediction (gastric or Fleets Enema predictions) on Fleets Enema predictions of the suppository of	this plan of correction agreement by the alleged or conclusion included solely because federal and state latified of new tage in dosage of as needed. To was initiated agement Team, atterim Director of I-DNS), Staff and a Set SC) for resident rel movement in Protocol states: no documented give Lactulose 3 or via tube and (as needed) and no results are Dulcolax support rectum) prince to documented and no results purcolax give per rectum) prince the protocolax give per rectum) prince thysician if no hard to contain the protocolax give per rectum) prince thysician if no hard the prince the	s w.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345260	B. WING			03/03/2011	
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT	•	16	EET ADDRESS, CITY, STATE, ZIP CODE 0 WINSTEAD AVE DCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPL DEFICIENCY)		OULD BE	(X5) COMPLETION DATE
F 309	resident remained, al known, pleasant and a Lortab at bedtime. I medication was not not medicated. However, the medication of two doses of her pain dayshift at an unknow reason. The effective 8:30PM resident #1 vfor right hip pain. The evaluated. Review of the resider shift revealed she has movements on 1/6/1. On 1/7/11 at 12:40AM from a tiny pinpoint a The resident indicates she voiced no complements on the complements of the was "hurting" and county was "hurting" and county was "hurting" and county in the dose the back of the MAR. evaluated.	1/5/11 at 10PM noted the ert, able to make needs cooperative. She requested The effectiveness of the pain valuated. The reason for the oted. Intel 1/6/11 revealed no discomfort. Ition administration record fo/11 the resident received a medication. One was on what time for an unknown ness was not evaluated. At was medicated with Lortab reffectiveness was not Int's "Bowel Record" for 7-3 dino noted bowel	F	309	This Plan of Correction is the center allegation of compliance. Preparation and/or execution of this does not constitute admission or agre provider of the truth of the facts alleg set forth in the statement of deficience correction is prepared and/or execution is required by the provisions of federal set is required by the provisions of the licensed all residents in the fact that the provision is record for the licensed the nursing assistant we careplan updates in slate from the licensed nurneded basis on-going plan is inclusive of: Pain type, chronic, act breakthrough, phanto Pain symptoms: crying facial grimace, guardic complaints of pain, defunctional level, inabilimiting activities, not all Licensed Nursing Staff meresidents for pain each ship residents for pain each shi	plan of correction rement by the ged or conclusion ites. The plan of ed solely because eral and state lands are consisting of ursing aff mator (SDC) and concerning collity. It concerning collity is medical and nurses and will obtain any nift report see on an as g. Pain care collity. It concerning in collity is collity to sleep, in collity to sleep, it cating onitoring	s ',

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345260 B. WING			C 03/03/2011		
	NOVIDER OR SUPPLIER	JNT	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804				
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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 effi 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 Receiveness of the nevaluated. The "C.N.A. Flow Receiveness of the nevaluated." The MAR noted the rectal many well." The MAR noted the rectal many reflective." 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." On 1/9/11 at 12:50PM the resident was complaint of the resident was complaint o	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 e resident received a Lortab on 1/8/11. The hedication was not cord" noted on 1/8/11 resident was on and off the ellow urine. The nursing the resident seemed "happy esident received Lortab at rectal pain. It was noted as If the nurse's notes reflected plaining of hemorrhoids or was received from the	F 30	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 defice correction is prepared and/or exit is required by the provisions of in pain location / type intensity of pain to phy • Providing non-phase comfort measures relaxation techniq breathing, repositi as appropriate • Monitoring for significant change constipation, Lice Certified Nursing monitoring and do movements • Administering and effectiveness and effects from pain in the pain Assessment to a dmission, quasignificant change effect on with remembers as needed measures, analges fear and concerns • Certified Nursing verbally notify lice resident has no boothree days • Certified Nursing	athis plan of correctical agreement by the agreement by the alleged or conclusion itencies. The plan of ecuted solely because federal and state lad frequency / ysician armacological including ues, deep itening, activities defects	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILE	DING		c	
		345260	B. WING			3/2011	
	NOVIDER OR SUPPLIER	JNT		STREET ADDRESS, CITY, STATE, ZI 160 WINSTEAD AVE ROCKY MOUNT, NC 27804	P CODE		
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F 309	either medication. Resident #1 had a sn 1/9/11. The MAR reflected re and Anusol HC for "re was no evaluation on medication. The nurse's note date the resident had rece suppository per rectu hemorrhoidal pain. The whether or not there are rectum when the Anuinserted. No assessmanthe abdomen was not the abdomen was not the medicated abdomen was not the medicated. A verbal order dated "Lactulose 30cc (cubic daily, Senokot 1 po do the five day medicand dated 1/10/11 revealed moderately impaired extensive assistance mobility, transfers, drivgiene and bathing, and bladder. Residen frequent pain in the filthe pain was noted to the side of the pain was noted to the pain was noted to the side of the pain was noted to the side of the pain was noted to the pain was	nall soft bowel movement on sident #1 received a Lortab actal" pain at 4PM. There the effectiveness of either ad ,1/9/11 at 6:50PM noted lived an Anusol HC m and Lortab for here was no mention of lives stool present in the sol suppositories were hent of the hemorrhoids or hed. ent #1 received Lortab at hin across top buttock." The hedication was not 1/9/11 at 11PM read in part, c centimeter) po (by mouth) aily." e minimum data set (MDS)	F3	This Plan of Correction allegation of compliance Preparation and/or exect does not constitute admit provider of the truth of is set forth in the statement correction is prepared at it is required by the provider of the beginni • Licensed Notes and fiber • Certified Notes and fiber • Coordinator (SDC) and Coordinators (MDS) evaluated and for upplans related to constipation care plotted to constipation care plotted notes and fiber • Certified Notes and fiber and for upplans related to constipation care plotted notes and fiber and f	ention of this plan of corrections on agreement by the sisten or agreement by the she facts alleged or conclusion to feliciencies. The plan of and/or executed solely becaus visions of federal and state lared bowel record flow booking of each shift. Surses administering hers and laxatives performers and laxatives performers and laxatives performers and selection of the felicient	7	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	pain you can imagine "moderate." Review of the medica (MAR) revealed the reserved for 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 physical therapy the resident stated shad therapy. The therapis "decreased motivation resident had pain in Pain medications were aware. The 10PM nurse's no resident rested in bed Lortab for right hip paeffectiveness was no	ation administration record resident was started on the with the nurse's note reflected in medicated with Anusol HC M) and Lortab for complaint to 3:35AM). The effectiveness is not evaluated. (PT) notes for 1/10/11 noted the could not participate in standard the resident had with the per abdomen and right hip. The per and the nurse was note from 1/10/11 revealed the dand was medicated with ain (at 8PM). The per evaluated.	F 31	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 allege set forth in the statement of deficiencie correction is prepared and/or execute it is required by the provisions of fede. Licensed Nurses admission stool softeners and lax MD orders Licensed Nurses encound fiber as appropriated. Certified Nursing Assencouraging resident to prescribed diet. Notification of Register for evaluation of diet a intake / offerings, residuslikes, and recomme food and /or fluids to pregular bowel eliminate.	alan of correction ament by the conclusions ex. The plan of d solely because ral and state law. Inistering atives per uraging fluid te istant o follow ered Dietician and fluid dent likes and endations for promote tion	
	resident received a F was not documented Notes" or in the nurse "Bowel Record" for 1 amount of bowel mov 11-7 shifts.	or 1/10/11 reflected the Fleets enema x 1. The enema ton the "Nurse's Medication e's notes. Review of the /10/11 noted "0" for the vements on 7-3, 3-11, and		4. Education was initiate (a) Staff Development Co- inserviced current lice staff on 3-1-11 and v service on-going for n licensed nurses during licensed nurses return	oordinator nsed nursing vill repeat in- ewly hired corientation,	
The PT notes for 1/11/11 revealed the resident said "I can't do it." (in regards to therapy) Resident #1 had pain in her right lower extremity and rectum pain. Pain medications were received			vacation and leave of regard to pain policy t • Assessment	absence with o include:		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	1/11/11 at 8:30PM renot attempt to walk at moderate amount of a manually from the resinserting a Dulcolax swas given by mouth. "fair" amount of liquid 1/11/11 reflected at 9 assisted to the toilet. not try to expel (push get it to move." During an interview o #2 indicated she believesident's rectum oncany stool. Of course to narcotic pain medicate constipating. Review of the MAR reare Fleets enema on 1/1 Both enemas were do Medication Notes" as A nurse's note on 1/1 resident received Anuand 2PM with minimal resident. The nurse in suppositories she felt matter" and she remoof stool." The resident	edium hard bowel shift on 1/11/11. The by nurse #2), dated wealed the resident would and her appetite was poor. A soft stool was removed sident's rectum before uppository. Lactulose 30 cc The resident was taking a s. Another nurse's note from 30PM the resident was The note read in part, "will out) stool." States, "I can't an 2/17/11 at 3:30PM nurse eved she checked the e manually and did not feel the resident was on a sion and that could be evealed resident #1 received 12/11 at 8AM and 1:30PM. Soumented on the "Nurse's "not effective." 2/11 at 4PM revealed the sol HC per rectum at 9AM it pain relief voiced per oted before inserting the "gummy pasty like fecal ved a "fistful amt (amount) it continued to refuse to	F3	09	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 federal of day pain ger occurs, feeling (internal, exter chronic), sever verbal pain scaresident able to and non-verbal pain type / internon-verbal cue expressions, vo body actions / behaviors), pair resident's qual activities of da cause of pain, pain Initiation plan as not implement pain care Monitorin of use of medication. Notifying attending requiring	m of correction tent by the or conclusion. The plan of solely because all and state law nerally of pain nal, acute, ity of pain scale, ity of pain scale, ity other is (facial ocalizations observed in affecting ity of life / ity living, relief of of pain care ceded intation of plan ing frequence analgesic on it the MD of pain it is the	y Y
		continued to refuse to e was encouraged to drink				r than three	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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F 309	remained in bed and herself." Her appetite given Lortab for "disc up to evaluate the effi medication. The "C.N.A. Flow Red "Behaviors observed. shift on 1/12/11 the reyelling/screaming." Noted on the flow recommended the flow recommended the flow recommended the flow of the dated 1/12/11 (no "Resident having professed the flow of the bathroom with NA #2. The NA scomplained about not movement and having not go to the bathroom resident an enema arcame out. Another note dated 1/12/14 the resident had been rectum and had put it resident complained on NA informed the nurs. During an interview, condicated the resident had state wanting laxatives" and the state wanting laxatives and the resident had been rectum and had put it resident complained to NA informed the nurs.	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 o other behaviors were ord. cord" contained a narrative o time) that read in part, olems with having BM e nurse gave her something. ducted on 2/17/11 2:43PM tated resident #1 being able to have a bowel g pain because she could m. The nurse (#1) gave the ad a little bit of "mushy" stool (#12/11 (11pm-7am) noted a removing stool from her all over her bedding. The of pain in her rectum. The	F	809	or higher of 1 (mild (continuo on the pa assessme Initiation implement constipate b) Staff Development inserviced current of Nursing Assistants and will repeat insegoing for newly him Nursing Assistants orientation, Certific Assistants returning vacation and leave with regard to: Pain politiculate respective experien Implement pain care including	an of correctionent by the dor conclusions. The plan of solely because al and state land and and and and and and and and and	n or	

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F 309 Outlined From page 43 nurse's were aware of the resident's behavior and it was something she did throughout her stay. The PT notes for 1/12/11 read in part, "I am hurting so bad (resident)." The resident complained of pain in her rectum. The nurse was aware and pain medications were received. 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 movements on 1/12/11 and 1/13/11. The nurse's note dated 1/13/11 at 6:45AM noted the resident had been requesting the bed pan most of the night. She had a medium brown stool and continued to insert her fingers into her rectum to try to remove stool. Resident #1 told PT she was sick on 1/13/11. The daily PT note dated 1/13/11 revealed the resident had abdominal pain secondary to no bowel movement. A nurse's note for 1/13/11 at 12:30PM noted the resident was being sent to the emergency room for "altered mental status." The resident stated "I don't feel good." Her vital signs were; temperature 97.3 dagrees Fahrenheit, pulse 69, respirations 12 and blood pressure was 58/32. The MAR revealed resident #1 had received 24 doses of the as needed Lortab from 1/3/11. From 1/4/11 to 1/8/11 the resident received 2 doses daily of the Lortab. On 1/9/11 she had four doses of Lortab (4AM, 12PM, 4PM, and 8pm). The	The PT is hurting somplair aware and Resident on the 1. Review of shift review movement to try to it and contitution to try to it and contitution to try to it and abdomovement to try to it it it is a shift resident for "alter don't fee temperat respiration". The MAR doses of 1/13/11. 1/4/11 to daily of the shift resident for the markets of the movement to try to it is a shift resident for the movement for the movement for the markets of the markets of the movement for the movement	

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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 in the 3-11 shift from 1/3/ Record review of the 1/13/11, noted the recemergency departme abdominal pain, fatighty potension. The resenemas and manual 1/12/11. The facility a "Very poor oral intake abdominal exam note "distended, diffusely to (bowel sounds), recta (positive for blood)." The CT (computed to and pelvis, done on 1 rather marked amount the rectum and rectos with clinical diagnosis filled dilated small both fluid levels are present Resident #1 expired of with final primary diagarrest, aspiration pne bleed, hypotension, is acidosis and renal fail.	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 3/11 to 1/13/11. Thospital records dated, sident presented to the nt with complaint of ue, poor oral intake, and dent was given several disimpaction of stool on and family member reported of for past 3-4 days." The did the abdomen was ender with hypoactive BS I with gross heme + stool I with gross heme + stool in sigmoid (colon) compatible of fecal impaction. Fluid wel loops with scattered air ant." In 1/13/11 at the hospital gross of cardiopulmonary umonia, GI (gastrointestinal) eukocytosis, metabolic	F3	This Plan of Correallegation of compared allegation of compared allegation of compared allegation of compared to the trut set forth in the state correction is prepared by the rehabil admitted admissed also be new pared to the pair assessing quarter change. 2. Pain manded assessed licensed interversion interversion interversion interversion in the pair assessed licensed indicated order for all 1 assessed licensed indicated order for all 1 assessed licensed indicated order for all 1 assessed licensed physician and requestion and requestion in the pair and requestion in the pair and requestion and requestion in the pair and pai	r execution of this plan of correctice admission or agreement by the th of the facts alleged or conclusion tement of deficiencies. The plan of ared and/or executed solely because the provisions of federal and state lateral and s	S	

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F 309	to the hospital or the quite sure. She stated was slightly distended did hear bowel sound informed the DON the with constipation. The informed the DON the given. The resident extended the pain asses completed in its entire reviewed the form cor indicated once the residented once the residented and pain medication was defined as the pain asses completed in its entire reviewed the form cor indicated once the residence on a routine have completed a new The DON indicated a pain medication was defined the pain asses to the rehabilitation interimed and pain medication was defined the resident was complained to the resident was complained the resident was complained to the remembered assisting with nursing because her move her bowels, just could not do it, shindicated as the resident	either the day she went out day before, she was not if the resident's abdomen if but soft. She indicated she is. The primary nurse is resident was having issues in primary care nurse had at an enema had been expressed to the DON she included by the primary care nurse had at an enema had been expressed to the DON she included for the resident and sident started using pain is basis someone should by pain assessment form, side effect of taking narcotic constipation. The manager was if at 12:05PM. She indicated resident #1. The rehability of the with her. Then she was off the with her in the manager is the resident to the toilet they thought that might help. The resident stated she ecouldn't push. She ent's stay progressed she ent. It was not the whole towards the end.	F 309	This Plan of Correction is the centerallegation of compliance. Preparation and/or execution of this does not constitute admission or agrovider of the truth of the facts allest forth in the statement of deficient correction is prepared and/or executive it is required by the provisions of feed will include medicat interventions as well pharmacological into attempted prior to me plans will be revised quarterly and with classical condition. 4. Nursing assistants we bowel movements on monitoring flow should be ach shift, the nur will report off to the licensed nurse for various flow book document completed. Licensed working 7a-3p will report off to the licensed monitoring flow identify residents will be add laxative list for a lax administered on the The laxative list will to the 11p-7a shift for results to be docume are not achieved with minutes after Fleets of administered per bow the attending physicial.	s plan of correction reement by the reged or conclusion cies. The plan of the state land and state land ion as non-cryentions to be edication. Car and evaluated nange of ill document in bowel et. At the end sing assistants in supervising lidation the ation has been in nurses eview the ow books and the no bowel. These ed to the ative to be 3p-11p shift, be passed on or laxative inted. If resultant thirty enema is yel protocol,	e e	

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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F 309	12:15PM with nurse # resident #1 frequently her stay. Nurse #1 inc for rehab; she had a remplain of pain. She and nurse #1 gave the The nurse was not surform was not complete. 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 determine 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 constipations. The protocol was like a start would follow the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician way through the protocol was like a start and the physician was like a start and the physician was like and the physician was like and the physician was like and the	it. The nurse had cared for (8 out of 10 days) during dicated the resident came in light hip fracture. She did had a PRN pain medication as medication as ordered. The why the pain assessment ely filled out on admission. Sessment. The nurse as sure if she was allowed to the pain assessment or she determined the resident asis. The nurse stated some scale chart on their MARs resident did not). She was ned who got the pain scale at came that way from the standard and the nurse with the physician in regards to sible/potential connection to ation and abdominal pain. The nurse would not until they had gone all the local 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 how will be updated to indicate bowel protocol has been The resident will remain hour report until the correlieved. 5. Interim Director of Nurservices (I-DNS), or SE review laxative lists dain to validate laxatives were administered as appropriate results documented. In of the Interim Director of Services (DNS) and SD Hall 7-3 Licensed Nurserview laxative lists dain weekends and holidays validate laxatives were administered as appropriate and holidays validate laxatives were administered as appropriate documented. Completion date of credible allegative Assurance: The Interim Director of Services (I-DNS) or SDC will resulted.	an of correction tent by the or conclusion. The plan of the plan of the plan of the plan of the the notified in the plan of the plan of the absence of Nursing C, the Norte will by on the configuration on the configuration on the plan of the plan of the plan on the plan of the plan on the plan of the plan	

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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804				
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F 309	indicated she took ca stay. The NA stated to meaning the staff had activities of daily living that she could not had #1 reported the reside (#1). The NA indicate an enema, but she could not express any relief that time the NA was 1/12/11. The resilight because she could not recaping the assessed the result of the assessed the result of the assessment in the The DON did not recapain or constipation of consultant #1 stated to expected to phone the protocol was completed that the protocol was to call the doctor. How severe abdominal painurse to phone the phonocol. The nurse stresident's abdomen expression of the protocol. The nurse stresident's abdomen expression of the stated of the protocol. The nurse stresident's abdomen expression of the protocol.	n 2/17/11 at 2:37PM, NA #1 re of the resident during her he resident was "total care" It to assist her with her g. The resident did complain we a bowel movement. NA ent's concern to the nurse d nurse #1 gave the resident build not recall the exact date. In just had "a little watery he enema. The resident did from receiving the enema. worked with the resident dent kept putting on the call ald not move her bowels. ducted on 2/17/11 at I, 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. All discussing resident #1's uring daily rounds. Facility he staff would not be the physician until the bowel ely done. The reason they so the staff would not have evever, if the resident had in then she would expect the	F	309	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 following admission to validate passessments are accurately compalans for pain are implemented a and residents experiencing pain in medication prescribed either PRN scheduled. These reviews will can ongoing basis. Interim Direct Nursing Services (I-DNS), or SD review 24 hour report book daily identify residents with new onset These residents' medical records reviewed as well to validate pain assessments are accurately compalans for pain are implemented and the physician was notified for medication order as needed. Into Director of Nursing Services (I-DSDC will audit laxative lists each and validate laxatives were given indicated and results were docum the absence of the Interim Director Nursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays, the 7-3 Noursing Services (I-DNS) and SI weekends and holidays (I-DNS) and SI weekends and holida	on of correction that the plan of the plan	S.

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345260	B. WING		03/03	3/2011
	ROVIDER OR SUPPLIER	UNT		REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 309	bowel sounds. She di hemorrhoids and did stated she did not cor the constipation. Resi appetite had not been stated the ward clerk reviewing the BM boo did not look at the BM	n was soft and flat with good d check the resident's not notice any bleeding. She relate the hemorrhoids and ident #1's decreased a reported to her. The nurse was responsible for iks. Nurse #1 indicated she books. Usually the NAs m her if a resident had not	F 309	This Plan of Correction is the ce allegation 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 defic correction is prepared and/or ex it is required by the provisions of	this plan of correctio agreement by the alleged or conclusion iencies. The plan of ecuted solely because	s
	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			For Resident #8: 1. Laxatives orders for residents of bowel protocol. 2. See credible allegation stresidents. 3. See credible allegation schanges. 4. See credible allrgation sassurance.	section "for other section "systemic	
	9:15AM. She stated the keeping tract of the both had and the nurses shook. The interim DOI NAs to improve their conurse's and for the nurse's and for the nurse's tated to the stated the s	interviewed on 3/1/11 at the NA were supposed to be owel movements a resident nould be looking at the BM N's goal would be for the communication with the rse's to follow up on the by the NAs in regards to		For Resident #3: 1. Resident #3 evaluated b 2/22/2011 and medications address exhibited behaviors 2. Residents exhibiting a n behaviors while experiencic condition have the potentia Licensed staff were in-serv on indicators of change in coneed for assessment of clin	adjusted to s. ew onset of ng a change in to be affected. iced by the SDC condition and the	
	Physician #2 was inte	rviewed on 3/1/11 at		when new onset of behavio	rs is identified.	
ORM CMS-2567	7(02-99) Previous Versions Obso	olete Event ID: LVIW(1 Fa	cilly in span hire.	If continuation sheet	Page 49 of 96

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SUF COMPLET	
		345260	B. WIN		****	1	3/2011
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		60 WINSTEAD AVE	3370	
(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	11:28AM. Physician # the time of the intervice resident's hospital received the facility. He indicated he facility. He indicated he facility. He indicated he facility and the physician #2 stated shown the physician medication. The expected the staff wo resident was utilizing routine basis and they the physician and/or determine if the medicated in the physician and/or determine if the medicated inform him or the PA. receiving a call or a fact and her being constippain or a change in the physician's assistant and get in touch with he (and orders for Anuscia fax. He stated he recall/remember anytices as a resident. A follow up interview or physician #2 on 3/3/1 indicated if a resident such as rash, fever, of the physician would wemphasized when a reacility and the physic well, they would want room for things new or series.	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 me 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. 13/1/11 at 11:43AM, (PA) #1 indicated if the staff im in regards to resident #1 indicated it about the ling off hand about the	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 federa. 3. DNS and interdisciplinary tea will review the 24 hour report be ongoing to identify residents wit of behaviors and change in cond medical records of these identifies with new onset of behaviors will reviewed by the DNS and IDT to clinical assessment has been condocumented by the staff nurse, p notified of the behaviors and charcondition, and new orders implet appropriate. DNS will maintain these identified residents and confollow-up daily until change in cresolved and behaviors have sub. These identified residents will re 24 hour report until stabilized. 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 lor conclusion. The plan of solely because all and state law and (IDT) ook daily he new onse ition. The ed residents be ovalidate and hysician ange in mented as a log of antinue to condition is sided. The set of hange in the effectility's mittee	s,

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	N CARE OF ROCKY MO	JNT		160	T ADDRESS, CITY, STATE, ZIP CODE WINSTEAD AVE CKY MOUNT, NC 27804		
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F 309	able to give orders to Physician #2 stated the trying until they reach indicated the evidenchim or the PA would be signature and instruct him a verbal order with stated three of the big pain, constipation was a proposition of the pain of the pain, constipation was a proposition of the pain	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, alians on it or if they called the instructions. Physician #2 agest concerns he saw were all dehydration. He indicated ablem especially with a modified of the I.J. on the facility provided an allegation of compliance on the following interventions and admitted to the facility on the ses included Comminuted	F	609	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 sets of the facts and the provisions of federal sets and the facts are considered by the provisions of federal sets and the facts are considered by the provisions of federal sets and the facts are considered by the provisions of federal sets and the facts are considered by the provisions of federal sets and the facts are considered by the provisions of federal sets are considered by the facts and the facts are considered by the facts are considered by the facts are considered by the facts and facts are considered by the	an of correction nent by the I or conclusion The plan of solely because	s ?

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F 309	(one) and 1/12/2011 the resident and her is sent to the emergency stated, "I don't feel gwas notified and order transported to the emwere: temperature 9' 12, and blood pressure documented bowel mindocumented soft, sindocumented soft, sindocumente	(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 pergency room. Vital signs 7.3, pulse 69, respirations or 58/32. Resident had covements as follows: Indiam bowel movement edium bowel movement and bowel movement the tablet daily was added for eat's enema medium bowel movement enemas given with no any in the hospital on the food of the coordinator (SDC) est Coordinators (MDSC) as ments on all residents in	F	809			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	COMPLETE	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	JNT		1	REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804			
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F 309	residents with no bow (A) The resident's p responsible for physic telephone when a res higher on a scale of 1 (continuous/severe) of form, with new orders planned by MDSC an at the time of pain ons (Interdisciplinary Tear at least 5 times week Review. Responsible new medications or of medication as needed (B) Bowel Protocol w Management Team, of Director of Nursing Sc Development Coordin Data Set Coordinator noted with no bowel in Bowel Protocol states On third day with movement give Lactu via tube (gastric or per On fourth day with movement and no res Dulcolax supp (suppor (as needed) On fifth day with movement and no res Dulcolax give Fleets is (as needed) Notify attending in 30 minutes of Fleets is	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 change in dosage of current d. vas initiated by the Nurse consisting of the Interimervices (I-DNS), Staff factor (SDC) and Minimum is (MDSC) for residents in overment in three days.	Ľ.	309				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ILTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		345260	B. WING	3	03/	03/2011	
	NOVIDER OR SUPPLIER	UNT		STREET ADDRESS, CITY, STATE, ZIP C 160 WINSTEAD AVE ROCKY MOUNT, NC 27804	:ODE		
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F 309	(I-DNS), Staff Develo and Minimum Data S implemented, evaluat care plans to reflect pall residents in the facessible through the for the licensed nurse will obtain any carept from the licensed nurse or pain type, chroni phantom Pain symptoms: grimace, guarding, coin functional level, inactivities, not eating Licensed Nursing for pain each shift. At signs and symptoms reporting changes in frequency / intensity or providing non-phemeasures including rebreathing, repositioning. Monitoring for sic Nurses to monitor for constipation, Licensed Nursing Assistants moved movements Administering an effectiveness and for pain medication Pain Assessmen admission, quarterly a in status Education with reas needed about come	Director of Nursing Services pment Coordinator (SDC) et Coordinators (MDSC) et Coordinators (MDSC) et and / or updated resident pain as needed concerning cility. Careplans are made e resident's medical record es and the nursing assistant an updates in shift report se on an as needed basis clan is inclusive of: et, acute, breakthrough, crying / moaning, facial complaints of pain, decrease exhibitity 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	F3	309			

AND PLAN OF CORRECTION IDENTIFICATION	NUMBER:			(X3) DATE SURVEY COMPLETED	
I I	ı	JILDING			
6.2	8. W	ING		02101	
MARINE .	5260	1		03/0	3/2011
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT		1	EET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE		
SOARBAN SARE OF ROOK! MOON!		R	OCKY MOUNT, NC 27804		
(X4) ID SUMMARY STATEMENT OF DEFICIENT PREFIX (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFO	OBY FULL PRE	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309 Continued From page 54 Certified Nursing Assistants will ve licensed nurse if resident has no bowel movement in three days Certified Nursing Assistants will do notification on bowel record and license will review the bowel record flow book to beginning of each shift. Licensed Nurses administering stores softeners and laxatives per MD orders Licensed Nurses encouraging fluid consisting of Interim Director of Nursing (I-DNS), Staff Development Coordinators and Minimum Data Set Coordinators (Numplemented, evaluated and / or update care plans related to constipation as ne Constipation care plan is inclusive of: Certified Nursing Assistants monited documenting bowel movements every see Certified Nursing Assistants will verified Nursing Assistants will verified Nursing Assistants will donotification on bowel record and licensed will review the bowel record flow book to beginning of each shift. Licensed Nurses administering stores softeners and laxatives per MD orders Licensed Nurses encouraging fluid as appropriate Certified Nursing Assistant encouraging fluid as appropriate	coment ed nurses the sol sand fiber aging and shift orbally notify sol sand fiber aging and shift orbally notify sol sand fiber aging sol for rings, nendations	F 309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPL DING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	Continued From page elimination	9 55	F	309			
	Education was initiate	ed by:					
	licensed nursing staff in-service on-going for nurses during oriental returning from vacatic regard to pain policy of the Assessment of respect of the location, duration, free generally occurs, feel external, acute, chror pain scale (if resident non-verbal pain scale non-verbal cues (facial vocalizations, body at pain affecting resident daily living, cause of pain affecting resident daily living, cause of pain affecting frequent in the limit of the limit o	on and leave of absence with to include: esident pain including quency, time of day pain ing of pain (internal, able to respond) and able to respond) and apain type / intensity, other al expressions, ctions / observed behaviors), t's quality of life / activities of pain care plan as needed of pain care plan ency of use of analgesic anding MD of pain requiring cation for greater than three anding MD of unrelieved pain ale of 1(mild)-10 on the pain assessment form alementation of constipation pordinator inserviced current istants on 3-1-11 and will loing for newly hired istants during orientation,					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C	
		345260	B. WIN	G_		· ·	3/2011
	ROVIDER OR SUPPLIER	UNT		,	REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 309	vacation and leave of Pain policy to inc Nurse when resident Implementation of Certified Nursing Ass and amount of bowel documenting accordin Certified Nursing nurse if resident has a days Certified Nursing notification on bowel will review the bowel beginning of each shi Certified Nursing resident to follow president to follow presidents of the 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 resident at the time the assessments will be asset the licensed nurse an implemented as need indicated and the resimedication, the license	absence with regard to: clude reporting to Licensed experiences pain of pain care plan including istants 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 scribed diet. Its 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 te pain is identified. Pain performed quarterly and with sulting in pain. added to the Medication	F	309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	D. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DATE SUI COMPLET	
			7. 00120	/IRCO	•	1	С
		345260	B. WING			03/0	3/2011
NAME OF PR	OVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
OUL BRU	V 04 DE 05 D0010/ N01				0 WINSTEAD AVE		
GUARDIA	N CARE OF ROCKY MOI	nui		RO	OCKY 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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	Continued From page	57	F 3	09			
		e resident is experiencing					
		no relief with current plan of					
		urse will notify the physician					
		order or adjustment of	1				
		on dosage as indicated. The					
		ysician notification will					-
	document the residen						
		on the 24 hour report log.					ĺ
		ain on the 24 hour report					
	book until physician h	as responded.					
		e initiated for all residents					
		lan will include medication					
		as non-pharmacological					
		empted prior to medication.					
		ised and evaluated quarterly		1			
	and with change of co						
		s will document bowel	-				
		monitoring flow sheet. At				İ	
		the nursing assistants will				1	
	•	ervising licensed nurse for					
		ok documentation has been					
		nurses working 7a-3p will		1			•
		itoring flow books and					
		no bowel movement in 3					
	days. These resident	s will be added to the ive to be administered on		ŀ			
		laxative list will be passed					
		for laxative results to be					
]		s are not achieved within					
]		eets enema is administered					
	•	e attending physician or					
		e notified for further orders.		Ì			
		col is implemented, the 24					
		updated to indicate the					
-		en initiated. The resident					
	will remain on the 24 h						
	constipation is relieved						
	5. Interim Director o	f Nursing Services (I-DNS),					

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345260	B. WIN			1	3/2011
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804] 0310.	3/2011
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F 309	validate laxatives were appropriate and result absence of the Interir Services (DNS) and Sticensed Nurse will re ongoing to validate la as appropriate and result as a complete of the service of SDC will review meadmitted or readmitted days following admiss assessments are acceptant for pain are impand residents experied medication prescribed. These reviews will confuse in the service of Nutran Director of Nutran SDC will review 24 hero identify residents will review 24 hero identify residents will accurately completed implemented as neces was notified for pain and interim Director of Nutran SDC will audit laxatives were results were documented in the process of the weekend such as a contract of the service of Nutran Director of Nutran Direc	tative lists daily ongoing to be administered as a sts documented. In the on Director of Nursing SDC, the 3-11 West Hall seview laxative lists daily exatives were administered sults documented. The dible allegation is sults documented as legation is sults documented. The dible allegation is sults documented as legation is sults documented. The dible allegation is sults documented as legation is sults documented as legation is sults documented as necessary, and the dible pain have pain the dible pain have pain the dible pain have pain the dible particular on an ongoing basis. The dible allegation is sults are supported book daily ongoing with new onset of pain. It is a sults are subministered as legations.	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUP COMPLET	ED
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	OVIDER OR SUPPLIER	UNT	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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F 309	facility's Performance monthly x 6 months for further recommendation of the creevidenced by interview relating to training and regarding pain assess and physician notifical interviewed on 3/3/11 the facility's bowel programe to be communicated the and the physicial included a skills validate pain management and form to document auditaken when negative facility audits. 2. Resident #8 was and 11/2/10. Her diagnost accident, hypertensio irritable bowel syndro. The facility "Bowel Propart, "1. Lactulose 30-3rd day with no BM (b. Dulcolax Suppository with no BM and no read. Fleets enema PR c.	ate laxatives were oppriate and results of these audits and vs will be reported to the Improvement Committee or review, evaluation and on. dible allegation was ws of direct care staff d in-services received ement, bowel management tion. All direct care staff were knowledgeable about otocol, how resident changes ted and reported (to each ean). The monitoring tools ation form which included d the bowel protocol and a dits and corrective measures findings are noted during dimitted to the facility on es included cerebrovascular in, diabetes, a history of me and diverticulosis.	F	309			
	Review of the residen	t's care plans, last reviewed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	SETIPLE CONSTRUCTION DING	(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED	
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	N CARE OF ROCKY MO	UNT		160 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 ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	2/7/11, revealed the independence for correquired extensive as transfers, dressings, and bathing. She was bladder. The residen needed (PRN) pain in The physician order's the resident was rece (milligrams) by mouth (TID). She could also (Hydrocodone-Aceta tablets by mouth eve pain. Resident #8 coby mouth twice daily receiving Colace (stoonce daily at bedtime Lexi-Comp's Geriatriedition, revealed Nor (Hydrocodone-Aceta narcotic for treatmen Under the "Adverse I (GI)" section the follopain and constipation Geriatric Consideratimight be particularly (central nervous syst (sedation, confusion) of narcotics. Percoca acetaminophen) was treat moderate to sev "Adverse Reactions"	mum data set (MDS), dated resident had modified gnitive skills. The resident seistance for bed mobility, toileting, personal hygiene incontinent of bowel and twas noted as receiving as nedication. If of February 2011 revealed eiving Tylenol 650mg (PO) three times a day have Norcominophen) 5/325mg 1 to 2 ry 6 hours as needed for ulid have Mobic 7.5mg tablet as needed for pain. She was not softener) 100mg by mouth to cominophen) was an Opioid to f moderate to severe pain. Reactions - Gastrointestinal wing were noted, abdominal in. The section "Special ons" it was noted the elderly susceptible to the CNS em) depressant action and the constipating effects at (oxycodone and an Opioid narcotic used to	FS	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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		345260		·		03/03	3/2011
	COVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT		16	EET ADDRESS, CITY, STATE, ZIP CODE 30 WINSTEAD AVE OCKY MOUNT, NC 27804		
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F 309	might be particularly so (central nervous syste (sedation, confusion) of narcotics. Review of the "Bowel reflected the resident movements from 2/8/to this time, she had of 2/6/11 when none a large soft BM and at the nurse's note data revealed the resident resident indicated she According to the "Bov 2011, the resident had movements from 2/13 February 2011 MAR receiving her Colace MOM (Milk of Magne no noted bowel moved Dulcolax Suppository days given on 2/17/1 with no bowel movem moved her bowels tw (small/soft). A family member of the resident had young staff had given her a (Phenergan). The nurse and had not had a bod days. The family mem resident's stroke she	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 a 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 ement). Resident #8 had a per rectum for no BM in 4 1 (which was the 5th day nent). The resident then to times on 2/17/11 The resident was interviewed The family member indicated ited that day. The nursing	F.	309			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL ⁻ A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345260	B. WNG	-	03/6	C 03/2011	
	OVIDER OR SUPPLIER	UNT	s	TREET ADDRESS, CITY, STATE, ZIP COL 160 WINSTEAD AVE ROCKY MOUNT, NC 27804	DE	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 309	Continued From page	62	F 30	9			
	and 2/19/11, per the The physician's progression or noted as being "sick bouts of emesis, (increassessment noted thurinary tract infection (vomiting). She was a nausea) and Pepcid A verbal order was noted that the progression of the progress	ress notes revealed a visit of 2/18/11. The resident was this week (with) several reased) fever." The e resident had a recent of fever and emesis on an antiemetic (relief of					
	any noted BM on 2/2 The resident received centimeters) by mout 2/21/11 (she had a B had a large loose BM record. A fax was re-sent to (the date listed on the The nursing staff con the physician, "Resident of the physician, "Resident of the physician,"	d Lactulose 30cc (cubic h for no BM in 3 days on M on 2/19/11). The resident on 2/21/11, per the bowel the physician on 2/23/11 of fax was "2/17/11- 2/23/11." Inmunicated the following to ent takes pain med daily-					
	takes Colace - May v else also daily such a The physician respor the facility could give daily - hold for diarrhi twice daily as needed) BM's- Resident current we have order for something as lactulose or prune juice?" aded on 2/23/11 and noted the resident prune juice ea and Lactulose 15cc's d. tel record resident #8 had no					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[]	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	According to the MAF on 2/27/11 (she had a 2/26/11 and two on 2/2 record). During an interview of indicated she regularly the resident was able through non verbal more resident did not have the 3-11 shift. If the N not had a BM in 2-3 do the nurse responsible the nurse responsible the nurse responsible to the nurse responsible to the nurse of bowel must gassistants (Not frequency of bowel must gassistants (Not frequency of bowel must gassistants (Not frequency of bowel must gassistant the nurse's would the next shift. If 24 to has not moved their beshould be called. Nurse received any reports of the resident had vominurse indicated the readdominal pain or fever resident complained of legs and relieved by the physician. The the assistant director	the resident received MOM a bowel movement on /27/11, per the bowel of the resident. The resident of the resident.	F 309			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345260	B. WIN	G			C 3/2011
	ROVIDER OR SUPPLIER	UNT	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
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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 provice 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) bo 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 the laxatives they were sue BM sheets who receive #1 was not informed stellow up. She indicated	they did not currently have enoticed the resident had lays then she would ask the wild then proceed to the owel protocol. Nurse #5 checking the bowel books ly she did not. The nurse de a reason why the bowel differently than it was erview on 2/28/11 at indicated he expected the he bowel protocol but also not on an individual basis. If a hall pain or distension then he call the physician. If a ng difficulty with bowel in the bowel protocol then he to notify the physician. The land evaluate each resident on 3/1/11 at 8:30AM, ward would review the BM looks. She would give a copy ne (former) DON and she y note who had not had a days. She would then give thall nurses responsible for ne (former) DON and	F	309			

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345260	B. WIN	3		1	3/2011
	OVIDER OR SUPPLIER	UNT	•	16	EET ADDRESS, CITY, STATE, ZIP CODE 30 WINSTEAD AVE OCKY MOUNT, NC 27804		
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	9:15AM. She stated the keeping tract of the bhad and the nurses shook. The interim DC NAs to improve their nurse's and for the nurse is shown to the residents. The administrator was 9:35AM. The administrator was 9:35AM. The administrator was 9:35AM. The administrator was eight to the nurse if showel movement in 3 be implementing the resident who doesn't laxative and not just the state of the nurse is accident, (CVA) hyperbladder, dyslipidemia prostatic hyperplasia. Review of the quarter dated 10/13/10 reveano short- or long-term his cognition was into also coded Resident bladder and bowel. The indicated that the Reassistance with 1-per in-room walking, dreshygiene. He fed hims assessment noted the moderately depresses. Review of the nurse's Re	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 or trension, neurogenic in the hould be housed protocol for any have a specific order for a utilizing it for every resident. Idmitted to the facility on included cerebrovascular or trension, neurogenic in the hould be housed in the hould be hould be housed in the hould be housed in the hould be housed in the	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MI IDENTIFICATION NUMBER: A. BUIL		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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F 309	his roommate, and the [Resident #3] continued difficulty to go to the becontinually entered the pants [Depends] without The Resident did not These behaviors occur family visit. " Review of the nurse's revealed that Resider urinating. The attenditicalled. An order was good a urologist consult. Review of the nurse's revealed that "the Resident and verbecompany. The Resident with difficulty. He wen room many times from roommate's family mere Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance froommate's family mere Review of the urology read in part, "He [Resident did not close or ask for assistance f	e roommate's visitor. He ed to get out of bed with pathroom. The Resident he bathroom, pulled down his out asking for assistance. close the bathroom door. he bathroom door. he roommate's a notes dated 10/29/10 ht #3 was having difficulty hig physician's office was given for a notes dated 10/29/10 he sident was in his room, lying hal. His roommate had hent went in and out of bed hat to the bathroom in his he 4:55 to 5:20 p.m. while his he he door to the bathroom to close the door, when his	F 3	09			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 309	perform a GU (ger Add Avodart [Avodenlarged prostate] If fails, will consider anti-cholinergic for Review of Resider 12/7/10 read in particular	tine urological care. Unable to nitourinary) examination today. dart medication used to treat daily. Follow up in eight weeks. or cystoscopy and adding an optential neurogenic bladder." Int #3 mental health notes dated art, "Psychiatric Diagnostic complaint: refusing therapy; not using bathroom on self. History revealed: depressed mood, recommendations, Zoloft po [by mouth] daily for Ativan 0.5 mg po [by mouth] tid ay] prn [as needed] for anxiety notes dated 12/11/10 revealed at removed his underwear, got ced his underwear in the esident then got back into his bed and asked for an entire ve the Resident a complete his bed linen." se's notes dated 12/15/10, read had bowel movement in bed on that he needed someone to ident also stated he cannot tell	F3	09				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	N CARE OF ROCKY MO	UNT		16	EET ADDRESS, CITY, STATE, ZIP CODE 0 WINSTEAD AVE DCKY MOUNT, NC 27804		
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F 309	Continued From page	e 68	F3	309			
	that resident has beh on self. Urology consi normal. Findings: dep symptoms of insomni	avior urinates and defecates ults and test has been					
	part, "Resident stated or I am going to call the hospital [per aide].' assessed by the nurs cannot pee. "The las 4 hours ago. The Res hurting in his lower at family member was p	e; he told the nurse, "I t time he had urinated was " ident stated that he was idomen. 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 complaint was 'I can catheter) placed and curinalysis) to assess f	[name of facility] with al pain for the past 3 days since this morning. PAIN: n. On scale of 0-10 patient men. Resident chief not pee. ' TEXT: (Name of draining urine. Will get UA (

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
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F 309	urology. PATIENT Pidischarged; the patie care physician. Labor (white blood ce1ls) 3. The 2 lab results men normal range which i Review of the nurse's part "Resident went times. The Resident to have a bowel movemeds [medication]. Review of fered. Reside was hurting. 'Reside stating, 'I want to go was aware of the Reside tevaluation orders. Remergency room." Review of emergency revealed that Reside constipation. Review of nurse's not that "the resident wat taken his indwelling capart. The Resident with his indwelling cashift." Review of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest the care of the patients of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest care in the patients of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest care in the patients of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest care in the patients of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest care in the patients of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest care in the patients of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest care in the patients of the nurse's p.m. revealed that the on 12 times, disconnebag, and wet the wholest care in the patients of t	and will f/u (follow up) with LAN: The patient will be not will follow up with primary ratory (lab) results WBC 0-50/hpf, and bacteria 1+. "Intioned were above the noticated infection." Is notes dated 1/3/11 read in to the bathroom several stated that he was not able ement. The nurse offered resident refused. Pain meds not stated that 'his stomach ent refused medication to the hospital. 'The DON sident's behaviors. The coffice was called lent's status. Spoke with the gre-fax mental health esident was sent to	F	309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		UCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI EACH CORRECTIVE ACTION SHOUL COSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	Each time he was give could not void [there was directly to bladder renthe catheter.] The Remove my bowels '; Land Review of nurse's not revealed that "[the Pithe Resident continue and off, stating that he the bathroom becaus 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 Resident of 22 times this sput his indwelling cathethe bed to the other's out in the hallway, and bed and started to rin Then the bag from the disconnected and was review of the social windicated: "spoke with party about Resident's Resident to respect residents and staff. R	nes, 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." tes dated 1/6/11 at 1:30 p.m. hysician's Office] was called, ed to turn the call light on e needs help with going to e he couldn't urinate or nts. "The Director of Nursing I to call the Physician's bal report of the Resident's tes dated 1/6/11 at 5:55 p.m. e Resident had taken his lying nude in the bed in the mate, 2 times this shift. " tes dated 1/7/11 at 6:00 p.m. esident's call light was on a shift. The Resident asked to neter bag from one side of ide. The Resident was seen d then he got back in the g the call light several times.	E 3	09			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345260	B. WIN			03/03	C 3/2011
	OVIDER OR SUPPLIER			16	EET ADDRESS, CITY, STATE, ZIP CODE 0 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 PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	1/8/11 read in part, "daily and Ativan 0.5m per day] prn [as need anxiety and agitation. Review of nurse's not that "the Resident to was sitting in the chart stated that nothing we	s telephone order dated Zoloft 25mg po [by mouth] ng po [by mouth] tid [3 times ded] were prescribed for	F	309			
	bowel movement and bed 38 minutes later. the indwelling cathete several times. The Re lights on stating he for Review of the aide's	I smeared the feces on his The Resident disconnected or bag from the catheter resident continued to the turn orgot what he needed. " Inotes dated 1/8/11 revealed resident resident in the light, he					
	that the "Resident co trips to the bathroom, the light for someone does not know what i The latest quarterly Mated 1/11/11 reveals short- or long-term m cognition was intact. Resident #3 as havin stated Resident is alwassessment further in needs limited assista transfers, in-room wa personal hygiene. He	Minimum Data Set (MDS) ed that Resident #3 had no emory problems and that his					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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	OVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT	11	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 PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLETION DATE
F 309	Review of the urologic read in part, "patient lower urinary tract synon 11/18/10. At that the irritative symptoms. It is remarkable for 2 trice lower urinary tract synological placed in 12/30/10 for void. Catheterized poor He is obviously not in reevaluated 1/3/11 for constipation in the enreviewed from that degiven bactrim prophyl was performed without noted. I am recomme combination therapy. 10-mg daily. I recomme Assessment & Plan: Problem Story: H/O [I persistent irritative Stailure to store. PVR (consistently on dual at Oxybutynin ER [Exter medication prescribed bladder,) 10 mg (millinext week. Plan: Hyp w/Urinary (with urinary LUTS. PROBLEM Stomax PVR 70. Una prostate (Indwellin [emergency department No retention. d/c (discipro500mg followed).	essed, and he resisted care. st consult dated 1/13/11 know to my practice with imptoms (LUTS). I saw him me, he had obstructive and le also has a history of paresis. His internal history ps to emergency room for imptoms. His catheter was r a presumed inability to st void residual was 80cc. retention. He was r penile 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) ipost void residual) <100 igent therapy. Start inded Release] (Oxybutynin did to treat overactive grams) & (and) reassessed ertrophy Prostate Benign y) OBST (obstruction) FORY; persistent LUTS on ible to stand for examine g catheter) placed in Ed ent] 12/30/10 pvr 80cc. continue) Foley 1/13/11.	F 309			
	TOTION OF THE GOODS	or ionoff up from dutod	1			

• , , , ,	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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	Art.	345260				03/03	3/2011
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT		160	ET ADDRESS, CITY, STATE, ZIP CODE D WINSTEAD AVE DCKY MOUNT, NC 27804		
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F 309	a combination of neu outlet obstruction sed Benign Prostatic Hyp Tramsulosin (flomax as of 1/13/11. Overal modestly improved in confirmed mild to mo additional pathology. agent pharmacothera Current plan the patireview; his urological irritative systems (nor remain his primary cop PVR was < 150cc ar history of urinary retethe addition of an an Dosing possible side were reviewed in detand agrees to proceed Review of aide's note that Resident continuous minutes. Nurses ar Review of the aide's that "the Resident was puseveral incontinent en Nursing [DON] was repisode. The Resident had an episode. The Resident had an episode. The Resident was puseveral from the Resident had an episode.	"I believe his symptoms are rogenic bladder and bladder condary to mild to moderate erplasia. He is currently on), Avodart and Oxybutynin II think his symptoms have a week. His cystospy today derate BPH and no Continue present triple apy. Follow-up in ninety days. ent diagnosis of LUTS was medications were reviewed. cturia, urgency & frequency) concerns. A recent scanned and patient denies a previous ention. I have recommended atticholinergic medication. effect, and expect outcomes ail. The patient understands ed. " Des dated 1/23/11 revealed ared to ring the call light every e aware of his behaviors. Inotes dated 1/31/11 revealed ent to the bathroom every 15 was reported to the nurse are to do. " Des dated 2/4/11 revealed that ut in a diaper because he had pisodes. The Director of	F	309			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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F 309	"He was lying in his b		F 30	9		
	that the "Resident ref the bathroom numero exit the room the Res again. I went to DON and I did not get a dire During an interview w 2/17/11, at 12:15 p.m. Resident had been dis since October 2010. A Assistant] wrote Ment worker further stated to another room for his the other residents in was seen on 12/29/10 doctor recommended	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. " ith the social worker on 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 2, and the mental health Zoloft and Ativan for the the Medical Director signed				
	the order for Zoloft and worker stated that as a have new psychiatric solution. During an interview or NA #3, who was assigned 2/16/11, she indicated well. She stated that the displaying the same be	d Ativan. "The social of 2/15/11 the Resident will services. n 2/17/11 at 3:10 p.m. with gned to the resident on I that she knew the resident he Resident has been ehaviors since last year. But I to the bathroom and using				The state of the s

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION	(X3) DATE SUR\ COMPLETE	iD I
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	(EACH DEFICIENC)	JNT ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1: R	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	OF CORRECTION (X5) ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE	
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 to the Review of the attendit of Resident #3 dated had been concerned issues in the past few seeing psychiatry con adjustments in his regpain 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 behaviors. ng physician's assessment 2/19/11 read in part: "staff regarding some behavioral e months. He has been sultants with some spimen [Resident] denies er. Bladder issues still I by the Urologist. I. " n 2/28/11 at 2:30 p.m. w RE PROVIDED FOR		309	This Plan of Correction is the center's a allegation of compliance. Preparation and/or execution of this plant 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 set in service of care and competency validate return demonstration. 2. Staff Development Coording to in-service current nursing (RNs/LPNs/ and certified massistants) on proper pericate through. 3. When identified, pericare the training will be provided as SDC to incorporate pericare education in new employee to include return demonstrated. The SDC and or UMs, and a monitor through direct obseinursing assistants performing The SDC and or UMs, and a audit nursing assistant performance and in the service of the service	an of correction ment by the dor conclusions s. The plan of solely because al and state law training for lon perited with ator (SDC) g staff ursing are echnique reneeded, the technique orientation tion. For DNS will revation of the pericare, for DNS will remaining periwkly x 2 on the and aprovement A subsequent	F 312 4/04/2011

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F 312	residents dependent living. (Resident #9) Findings include: Review of the facility for the Female Reside part; "Gently cleanses the a. Uses one gloved he labia and use the front to back. b. Cleanses from from c. Uses only one side Resident #9 was re-a 11/17/10. The resider included, hypertension and dementia. The minimum data serve aled the resident impairment. Resident dependent upon staff living including tolleting. The resident's care performed to the term memory loss. The tobe clean and free finterventions included and PM as well as after policy and process. On 2/27/11 at 6:58PM.	policy titled "Perineal Care ent" dated 04/28/07, read in pubic area: and to stabilize and separate other hand to wash from to back. of cloth for each swipe." Idmitted to the facility on ont's cumulative diagnoses on, cerebrovascular accident et (MDS) dated 12/10/10, had severe cognitive the was always incontinent. The resident was totally for all activities of daily on and personal hygiene. It is activities of daily on the resident was totally for all activities of daily on and personal hygiene. It is activities of daily on the resident rom odor daily. The segoil was for the resident rom odor daily. The second care in the AM er each incontinent episode, lure.	F	312	This Plan of Correction is the center's a allegation of compliance. Preparation and/or execution of this places 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 set.	an of correction nent by the I or conclusions The plan of solely because	s

NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 312 Continued From page 76 provide thorough incontinent care for 1 of 3 residents dependent on staff for activities of daily living. (Resident #9) Findings include: Review of the facility policy titled "Perineal Care for the Female Resident" dated 04/28/07, read in part; "Gently cleanses the pubic area: STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE 17 PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admitssion or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiences. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Γ΄΄		E CONSTRUCTION	(X3) DATE SUF	
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) F 312 Continued From page 76 provide thorough incontinent care for 1 of 3 residents dependent on staff for activities of daily living. (Resident #9) Findings include: Review of the facility policy titled "Perineal Care for the Female Resident" dated 04/28/07, read in part; STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CACH CORRECTION SHOULD BE (CACH CORRECTION SHOULD BE (CACH CORRECTION SHOULD BE (CACH)
GUARDIAN CARE OF ROCKY MOUNT (X4) ID PREFIX TAG F 312 Continued From page 76 provide thorough incontinent care for 1 of 3 residents dependent on staff for activities of daily living. (Resident #9) Findings include: Review of the facility policy titled "Perineal Care for the Fernale Resident" dated 04/28/07, read in part; 100 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (CACH CORRECTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) F 312 PROVIDER'S PLAN OF CORRECTION (CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 312 This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the 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 it is required by the provisions of federal and state law.			345260	B. WING			03/03	3/2011
F 312 Continued From page 76 provide thorough incontinent care for 1 of 3 residents dependent on staff for activities of daily living. (Resident #9) Findings include: Review of the facility policy titled "Perineal Care for the Female Resident" dated 04/28/07, read in part; PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the 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 it is required by the provisions of federal and state law.			UNT		160	WINSTEAD AVE		
provide thorough incontinent care for 1 of 3 residents dependent on staff for activities of daily living. (Resident #9) Findings include: Review of the facility policy titled "Perineal Care for the Female Resident" dated 04/28/07, read in part; This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the 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 it is required by the provisions of federal and state law.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	ζ .	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
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	F 312	provide thorough incoresidents dependent living. (Resident #9) Findings include: Review of the facility for the Female Resident; "Gently cleanses the a. Uses one gloved had the labia and use the front to back. b. Cleanses from from c. Uses only one side included, hypertenside and dementia. The minimum data is revealed the resident impairment. Resider of bowel and bladder dependent upon stafficing including toileting including toileting includer related to the term memory loss. The be clean and free interventions include and PM as well as af per policy and proced. On 2/27/11 at 6:58Pf	policy titled "Perineal Care lent" dated 04/28/07, read in pubic area: leand to stabilize and separate other hand to wash from the back. It is of cloth for each swipe." admitted to the facility on ont's cumulative diagnoses on, cerebrovascular accident let (MDS) dated 12/10/10, thad severe cognitive on the resident was totally for all activities of daily on and personal hygiene. It is a company to the resident from odor daily. The disease process and short the goal was for the resident from odor daily. The disease process in the AM ter each incontinent episode, dure.	F	312	allegation of compliance. Preparation and/or execution of this pl 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	an of correction ment by the dor conclusion s. The plan of I solely because	s

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	present. NA #8 turner side. NA #9 proceeds from front to back, starthe NA then wiped the which had a small amount then took the same rawhich now had stool the vaginal area again NAs then placed a neresident. During an interview, of stated she should had clean area or obtaine 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 nureceiving training on still weak then the adgo back and work with member/members. To would not want stool could lead to a urinar During an interview, of administrator indicated the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the they were taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in residence in the staff to follow the taught in the staff to follow the taught in taught	ants (NA) #8 and #9 were at the resident on her left and to cleanse the resident arting in the vaginal area. He resident's rectal area arount 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 resident. She not have went back and area with the towel once it and could not provide a extending assistants had been be brief are interim DON) was at 9:15AM. The interim brief are interim DON stated she in the vaginal area as it by tract infection. Example 10 Ag	F 312			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` '		LE CONSTRUCTION	(X3) DATE SUF	
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F 315	assessment, the facili 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 intervifacility failed to provide by the physician, failed drainage system and the urinary drainage is residents. (Resident #Findings include: 1.Resident #2 was last on 8/10/10 with diagn disease, end stage deanemia, cerebrovasce and anxiety. The Resident Assess dated 7/21/10, reveal incontinence. The resher needs and was in bladder. An undated care plan urinary output related indwelling catheter durincontinence with symptomic parts.	ity must ensure that a he facility without an not catheterized unless the dition demonstrates that ecessary; and a resident bladder receives appropriate as to prevent urinary tract one as much normal bladder. Is not met as evidenced ews and record review the le catheter care as ordered at to assess the urinary failed to detect blockage of system for 1 of 4 sampled (2) Ist 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 agr provider of the truth of the facts alle, set forth in the statement of deficienc correction is prepared and/or executive 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 at Licensed nursing staff we by the Staff Development (SDC) on the facility's porocedure for catheter car 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 competent with return demonstration licensed nursing staff and assistants. Newly hired litualicensed nursing staff and assistants. Newly hired litualicensed nursing staff wabove stated training and competency validation up 3. Director of Nursing Service 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 Treatm Administration Records desired the control of the contro	plan of correction rement by the ged or conclusion ites. The plan of eed solely because eral and state law dent #2. facility on a catheters fected. The in-serviced Coordinator licy and ee and signs ing catheter nts were interested for both mursing censed and will receive skills on hire. The cos (DNS) or commance of months, then ate continued C will validate care and nent	F 315 4/04/2011

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F 315	symptomatic urinary to catheter related compincluded, provide cathe protocol to prevent initritation. Observe and symptoms of UTI (incomplete sediment in urine, dispag, complaints of but tenderness, dark confever, cognitive changed observe and report a catheter related compicatheter). Resident #2's monthly January 2011 include every shift. The indiversal changed every monther occlusion. Resident #2 had labs BUN (blood urea nitroimportant information and liver were working and her creatinine (a impaired kidney funct damage) was 1.36 (r. Review of the "C.N./on 1/9/11 the resident centimeters) of yellow 11-7 shift. No other sident's urine ouput Flow Record "reveal 400cc of yellow urine shift. No other shifts he cathered the shifts he cathered the shifts he cathered shifts he cathered shifts he cathered cathered shifts he cathered cathered cathered shifts he cathered cathere	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 oblications (including blocked or physician orders for d an order for catheter care obling catheter was to be and as needed for leakage of collected on 1/3/11. Her orgen- a test that revealed about how well her kidneys g) was 40 (range was 6-23) test used to diagnose ion and to determine kidney ange was 0.40-1.20). A. Flow Record " revealed that 200 cc (cubic or urine documented on the infits had documented the infits had documented the infits had documented the rewere no other urinary	F	315	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this pi 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 executeat it is required by the provisions of feder output amount will be assess potential catheter blockage attending physician notified decrease in urine output and assessment findings. DNS log of these identified resid document validation of nursus assessment, physician notified new order implementation appropriate. 4. Results of catheter care observed and the log for residents ide decreased urine output will by the facility's Performant Improvement Committee memonths for further recommend.	lan of correction ment by the dor conclusion. St. The plan of it solely because a land state lay assed for and the dof the will maintail lents and sing fication, and as servations entified with be reviewed the monthly x 3	s v.

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	NOVIDER OR SUPPLIER	דאע		160	ET ADDRESS, CITY, STATE, ZIP CODE WINSTEAD AVE CKY MOUNT, NC 27804		
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F 315	were between 16-24 an eurogenic bladder and disease. A nurse's note dated the resident's drainag colored." The on call gave no orders becaurunning a fever and worder to having the indwelling the indwelling was sometimed to have a sometimed to have a sound by legs with the balloon amount of bleeding word to have a sinserted tinged urine. A basic metabolic pare 1/19/11. Resident #2's 6-23) and her creating 0.40-1.20). The potas 3.5-5.3). A note from a nurse word 1/19/11. The resident indwelling catheter. To same day to obtain a (Prothrombin Time) word word and the prother was word prother was word prother and prother was and prother and prother was and prother was and prother and prother was word prother and prother was and prother wa	n by the physician on noted her respirations and irregular. She had a nd end stage Alzheimer's 1/15/11 revealed the urine in e bag was "turbid & amber physician was contacted and use the resident was not was "probably colonized" dueing catheter. 1/16/11 revealed the ing between the resident's fully inflated. A moderate as noted. A new indwelling and was draining blood nel (BMP/lab) was drawn on s BUN was 56 (range was ne was 1.49 (range was sium level was 4.1 (range was left for the physician on was noted to have blood in the physician responded the UA (urinalysis) and a PT in ith INR (International the resident was taking trams) everyday. witten to obtain the UA and the results of the PT/INR on ws, PT= 26.4 seconds d INR= 3.47 (therapeutic	F3	115	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	an of correction went by the lor conclusion The plan of solely because	s

		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	//m 14	111 715	PLE CONSTRUCTION	(X3) DATE SUF	RVEY
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '			COMPLET	
			A. BUI			,	C
		345260	B. WIN	IG		03/0	3/2011
	OVIDER OR SUPPLIER	UNT	·	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 LSC 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 315	Continued From page	9 81	F	315			
	an output of 400cc or	A. Flow Record " reflected not 1/21/11 with no description etails to indicate if it was for 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 fo	ent was started on Macrobid r 7 days.					
	an output of 450cc fo	A. Flow Record " reflected regard shift and 300cc for 3rd escription of the urine.					
		A. Flow Record " reflected r 2nd shift on 1/26/11 with urine.					
		ed , 1/27/11 at 11:30AM was draining yellow urine.					
		A. Flow Record " reflected r 2nd shift on 1/27/11 with urine.					
	her indwelling cathete	1/29/11 at 7:30AM, noted er was intact with clear unt of output was noted.					
		M nurse #6 was called to y the NA (nursing assistant).					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
	·	345260	B. WIN		-		C 3/2011
	OVIDER OR SUPPLIER	TNU	J	1	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	.D BE	(X5) COMPLETION DATE
F 315	facial grimacing. The no results, her lungs with bilaterally. Review of the nurse's 2:35PM revealed the labored breathing. He 98.2 Fahrenheit, pulsiblood pressure was 8	athing heavily and nedicated for pain due to the resident was suctioned with were clear to auscultation notes, dated 1/30/11 at resident continued to have by vitals were, temperature e 68, respirations 20, and 5/62. She was on 1.5 liter of	F	315			
	was 95%. A " scant urine was noted as or	and her oxygen saturation " amount of amber colored utput since 7AM. An sident's abdomen was not					
	(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 one on 1/29/11,1/30/11 or					
	The resident was sen department (ED) for e 1/30/11 per the nurse	valuation and treatment on					
	#2 was sent to the ho chief complaint was " Review of the ED note also sent to the ED fo pressure. The resider	I records revealed, resident spital on 1/30/2011. The abnormal breathing. " es revealed the resident was revaluation of low blood at had been grimacing more The resident was currently				<u>;</u>	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345260	B. WING_	B. WING		C 03/03/2011	
	NOVIDER OR SUPPLIER	, דאע	ទា	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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 315	resident's abdomen new RLQ/LLQ (right low quadrant). "The nurs resident arrived with a place. The "tubing new tubing, sediment note than 100 ml (milliliters). The indwelling cathetim mediate return of 6 noted. "The history as she was found to have up Foley catheter. He acute renal failure frof from 1 to about 5 and (elevated potassium (computed tomograph and pelvis, which show (swelling of a kidney of bilateral dilated ureter even though the Fole is a Foley catheter the #2's admitting diagnor failure, hyperkalemia, starts in the urethra of the kidney), and hydrodene every shift. The like bloody urine to the should then inform the An interview was considered indwelling the starts with individual the starts with indwelling the starts with indwelling the starts with individual the starts with ind	oted, "abdomen is tender over quadrant/left lower se's note reflected the an indwelling catheter in oted to be dry, no urine in d along entire tubing, less s) dark urine noted in bag. "er was replaced and an "00ml bloody urine with clots and physical read in part, "e a very dirty and clogged or basic lab work showed m serum creatinine jumping she was also hyperkalemic of 6.9). She had a CT may) 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 onephrosis. In 2/17/11 at 11:47AM nurse g catheter care should be NA's should report things e nurse and the nurse e physician. Inducted on 2/17/11 at 44. The nurse stated ling catheters should have hift. The staff (nurses and toring intake and output and	F 31	5			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		345260	B. WING	B	03/	03/2011	
	OVIDER OR SUPPLIER	UNT		STREET ADDRESS, CITY, STATE, 160 WINSTEAD AVE ROCKY MOUNT, NC 2780			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ID TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE	
F 315	Continued From page	84	F3	315			
	The NA indicated catheveryday " and some once a day. NA #2 wo #2. The resident was in regards to her pers totally dependent on and toileting. The NA having any problems output) with her indwed During an interview of indicated the resident the facility staff for her (personal hygiene, toi catheter care should in not recall the resident (hematuria) when she	n 2/17/11 at 3:06PM, NA #3 was totally dependent on r activities of daily living leting). NA #3 stated be done everyday. She did having bloody urine					
	2/17/11 at 4:33PM. The recently switched doc the treatment record to administration record.	ne DON indicated the facility umenting catheter care from				TO THE PARTY OF TH	
and the state of t	times they did cathete the facility staff to do should be documente	er care. The DON expected catheter care every shift. It d as being done. The DON rt changes in the urine such					
T THE TAXABLE PROPERTY.	2/17/11 at 5:45PM. The resident did have periodenistent hematuria. change in the color of bloody. The physician	an was interviewed on the physician indicated the the ods of hematuria, but not The staff did report a the urine from yellow to expected the facility staff to elling catheter per their	The state of the s				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SUR COMPLETE	
		345260		B. WNG		C 03/03/2011	
	ROVIDER OR SUPPLIER	ТИЦ		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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 315 F 329 SS=D	Each resident's drug unnecessary drugs. A drug when used in ex duplicate therapy); or without adequate more indications for its use; adverse consequence should be reduced or combinations of the resident, the facility method where the series and door ecord; and residents drugs receive gradual behavioral interventio contraindicated, in an drugs.	regimen must be free from An unnecessary drug is any cessive dose (including for excessive duration; or nitoring; or without adequate or in the presence of es which indicate the dose discontinued; or any easons above. ensive assessment of a must ensure that residents intipsychotic drugs are not ess antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic dose reductions, and ms, unless clinically effort to discontinue these		315	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this prodoes 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 1. Unable to correct missed P for resident #11. PT/INR of 2/22/2011. The PT was 20. INR was 1.79. The attendit was notified and a verbal of to continue Coumadin dosa PO daily. 2. Residents requiring PT/INF monitor the use of Coumad potential to be affected. Lie nursing staff were in-service Staff Development Coordin on revised protocol for scheen obtaining laboratory tests. licensed staff will receive the upon hire. Residents receive Coumadin were identified to medical record review. Me of these identified residents reviewed to validate a curre was available and a physici for PT/INR frequency was Residents with no current Presults or no physician order.	lan of correctionment by the d or conclusions. The plan of it solely because al and state law. IT/INR testing batained on6 and the may physician received ge at 2.5mg. It testing to in have the censed ed by the censed ed by the cator (SDC) eduling and Newly hired mis training ring hrough dical records were also ont PT/INR an's order present. T/INR	F 329 4/04/2011
	ordered by the physic (INR) International No	ian for Pro-Time (PT) and ormalization Ratio to monitor ant (Coumadin) therapy for 1 s resulting in a sub			frequency were identified, to physician notified, and order implemented as received. I was reviewed by the Direct Nursing Services (DNS) to PT/INRs were scheduled as	he attending ers Lab calendar or of validate	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			С	
		345260	B. WING		l l	03/03/2011	
NAME OF PR	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
GUARDIAN CARE OF ROCKY MOUNT			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 COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 329	Continued From page Findings include: Resident #11 was add 9/28/10. Her diagnose accident, hypertension dementia. The most recent mining 2/14/11, revealed the impaired cognitive skid dependent on staff for dressings, tolleting, pubathing. The care plan was last included a concern for bleeding related to accommodate the serview. Intervent resident for abnormal monitor PT/INR per puber Coumadin per physic consumption of foods. Review of the physici revealed the following (every) Monday" and	mitted to the facility on es included cerebrovascular in, atrial fibrillation, and mum data set (MDS), dated resident had severely lls. The resident was totally bed mobility, transfers, ersonal hygiene and est reviewed on 12/22/10 and in the risk for adverse liministration of Coumadin. Each bleeding through the ions included, monitor bleeding and bruising, hysician orders and limit	F 32	DEFICIENCY)	this plan of correction agreement by the alleged or conclusion encies. The plan of couted solely because federal and state land maintain ongoing for residents. These logs will sult of the latest adin order, ages, and the date of the veck are allendar. Once be the week are allendar. Once be the week are allendar, and update the ogs with the test dosage changes, a scheduled e is received.	S	
	receiving Coumadin 2 mouth) QD (every day On 1/12/11 a PT/INR The results were reported 1/13/11. The PT was INR was 1.33 (therap 2.0 to 3.0). Nurse #3	tmg (milligrams) PO (by y). was drawn on resident #11. orted to the facility on 16.4 (range 11.6-15.2) the eutic range was generally signed, initialed and dated		PT/INR results that are or elevated, the nursing attempt a second notification response by the close of day the PT/INR result nursing supervisor will facility's medical direction.	s supervisor will cation. If still no f business on the is received, the contact the tor for		
	was faxed and called.	. She noted physician #2 There was no notation from		4. Individual Coumadin leading the facility Improvement Committee	y's Performance ee-monthly x 3	1 Dono 87 of 60	
ORM CMS-258	7(02-99) Previous Versions Obs	olete Event ID:LVIW11	ı 1	Facility ID: 953217 months for further reco	mHiendationshi	1 rage 8/0196	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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		345260				03/03	3/2011
	NOVIDER OR SUPPLIER	JNT		16	EET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE OCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X6) COMPLETION DATE
F 329	were drawn in the modern The February 2011 plants following orders, "Che Resident #11 was als PO QD. A nurse's note (writter read in part, " (name regarding PT/INR drafax or call made on 1-#2) ordered stat PT/INPT to be drawn." During an interview, of #3 indicated once she PA the first time she 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." Further review of the lab stated they did no from 2/4/11.	orm. No other PT/INR labs nth of January 2011. Inysician orders revealed the eck PT/INR Q Monday." In oreceiving Coumadin 2 mg In 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 In 3/3/11 at 11:12AM, nurse e calls the physician or the 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 are PT/INR from 1/12/11 was the physician until 2/4/11. The e catches "it", she ian again. In 2/4/11 read in part, "PT/INR treceive the initial specimen was not available to catches "it", she ian again.	F	329	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 federical validation of continued compared to the provision of the continued compared to the provision of the continued compared to the provision of the continued compared to the continued compared to the continued continued to the continued t	an of correction ment by the dor conclusion of the plan of solely because al and state lay	5

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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w		345260				03/0	3/2011
	ROVIDER OR SUPPLIER N CARE OF ROCKY MO	UNT		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)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 329	Continued From page	88	F	329			
1 020	PT/INR was redrawn explanation given whe from 2/5/11. PT/INR results dated respectfully.	on 2/7/11. There was no y the labs needed redrawn 2/7/11 were 19.0/1.64		J 23			
	l .	ceived on 2/8/11 and read in adin 2.5mg po qd recheck					
		was collected. The result acility on 2/23/11. The PT was 1.79.					
		ceived on 2/25/11 and read ontinue Coumadin 2.5mg po					
	#2 indicated he wanted INR monitored closely therapeutic level. He is 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 change would require close mould require close	on 3/3/11 at 10AM, physician bed resident #11's PT and by because it was not at a stated he wanted the INR to be would monitor the PT/INR twice a week. Once the ning therapeutic levels, he other week. The longest beks and that would only be so in the therapeutic range of sician #2 stated whenever a se in Coumadin dosing they nonitoring as well until the hat the physician indicated if the reach him by fax or phone, The facility staff could also only staff should keep ed either him or the PA. He					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345260	B. WING		-	C 03/03/2011	
GUARDIA (X4) ID		ATEMENT OF DEFICIENCIES	lo	10 R	REET ADDRESS, CITY, STATE, ZIP CODE 60 WINSTEAD AVE ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	ION	(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		CROSS-REFERENCED TO THE APPRODEFICIENCY)		DATE
F 329 F 387 SS=D	him or the PA would signature and instruction him a verbal order will represent the interviewed on 3/3/11 she just became respresults about 1 week DON and former DOI and she could not an interim DON's understhis point was, the lab calendar. The lab cor Tuesday, Wednesday verbal orders were wreceive the green car were back from the lab DON would pass the The nurses were respenyisicians. Many of the instead of phone calls levels the interim DO keep trying to reach 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 fradmission, and at least the reafter.	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 N 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 bon copy. Once the labs ab company, the interim m out to the floor nurses. The physicians prefer faxes so If the labs were critical N indicated the nurse should the physician. The nurse the DON if they cannot reach defininistrator would then get ould not reach the physician. QUENCY & TIMELINESS		329	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this planes 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 feder. 1. Attending physician for resultations. Federal regular regarding physician visits with the attending physician administrator on 2/16/2011. 2. Residents residing in the fact the potential to be affected. residents' medical records are reviewed to determine compliance with the attending physician visits. Resident physician visits were identificated in the potential to be affected. residents' medical records are reviewed to determine compliance of physician visits. Residently physician visits. Residently physician visits are physician visits were identificated in frequency of physician visits, of Physician's Assistants are practitioners as medical process. Medical Records Clerk will ongoing master physician versidents to track physician versidents to track physician ensure regulatory requiremed Medical records clerk will attending physician on an owhen a visit is needed to make compliance. Administrator	lan of correction ment by the dor conclusions. The plan of solely because al and state law ident #3 an visit and leral tion was reviewed in by the cility have Current were pliance with g frequency ints needing a fied and the id as ds clerk infon regarding its, and the use id Nurse oviders. I maintain an isit list for visits and ents are met. Inotify the ingoing basis aintain	F 387 4/04/2011

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF D	DOVIDED OD STIPPLIED	345260	I	OTD	EET ADDRESS, CITY, STATE, ZIP CODE	03/03	5/2011
	N CARE OF ROCKY MO	тип		10	GO 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LÐ BE	(X6) COMPLETION DATE
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, control to the physician was a seen by Physician #3 more documented pherecord for Resident # During an interview was 2/17/11, at 12:15 p.m. #3) had been display October 2010. "A vis Assistant) wrote an oconsult but the reside health until 12/7/10, be waiting for the Attend order and although the Mental Health on 12/2 signed. The social was the facility called the and faxed a new consult did not reply." On 12. Director signed for the Resident was then seem edications were recomental health consult	ews, physician interview, e facility failed to ensure of 3 sampled residents. Admitted to the facility on 's diagnoses included, but erebrovascular accident, lemia, and hemiplegia. Bed that Resident #3 was last on 5/15/10. There were no ysician visits in the medical 3. Bith the social worker on, she stated "that (Resident ing several behaviors since siting PA (Physician in the was not seen by mental ecause the facility was ing Physician to sign the e resident was seen by 7/10, the order was still not worker further stated that attending physician's office sult order but the physician (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 callegation of compliance. Preparation and/or execution of this plan 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 regulatory requirements for visit frequency. 4. Results of the Administrator review of the physician visit will be reported to the facilit Performance Improvement of monthly x 3 months for furt recommendation and validate continued compliance.	an of correctionent by the d or conclusion s. The plan of solely because al and state law physician or's monthly t master listity's Committee ther	<i>S</i>

Facility ID: 953217

R MNG	(X3) DATE SURVEY COMPLETED	
GUARDIAN CARE OF ROCKY MOUNT (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	3/2011	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 387 Continued From page 91 F 387	(X5) COMPLETION DATE	
be contacted to sign off for the medications. The Medical Director signed the orders for the new medications on 1/8/2011. During an interview, on 2/17/11, at 3:05 p.m., the administrator indicated that "I expected the physician to visit the residents according to the regulatory requirement once every 30 days for the first 3 months for new admissions, then every 60 days thereafter." She further added that "the physicians visits are documented in the Resident Care System (RCS is a system that tracks electronically PAs and physicians visits.) and I will have to revisit the system so that I can differentiate between the physician assistants (PAs) visits and the physicians visits." During an interview, on 2/17/11, at 5:35 p.m., Physician #3 stated that it was an oversight on his part that the residents were not seen in a timely manner. He further stated that "my (PA) switched the November visit and that threw the schedule off:" He also added that "I did not make frequent visits, because my office has a new computerized system that was being implemented, and my office is behind in putting the patients' notes in the computer." F 514 SS=D RECORDS-COMPLETE/ACCURATE/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented; readily accessible, and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the		

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE IDENTIFICATION NUMBER: A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345260	B. WN	3 <u></u>		C 03/03/2011	
	ROVIDER OR SUPPLIER	ТИЦ	J	160	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)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 514	resident's assessmer services provided; the preadmission screeni and progress notes. This REQUIREMENT by: Based on medical recinterviews, the facility medication provided with medication order Furthermore, the facility medication administrative of the same medication administrative findings included 1. Resident #3 was a 5/22/08. Diagnoses in accident, hypertension hemiplegia. Review of the resider Interview on 12/7/10 depression: Recomm milligrams (mg) po [b mood." Review of physician tread in part " Zoloft 2 depressed mood." Review of resident #3 record (MAR) from 1/2 revealed that Zoloft with the resident as ord	ats; the plan of care and a results of any and conducted by the State; is not met as evidenced cord reviews and staff failed to document on 1 of 3 sampled residents are. (Resident #3) and ation records. (Resident #1) are dominated to the facility on an action records. (Resident #1) and ation records. (Resident #1) are dominated to the facility on an action records. (Resident #1) are dominated to the facility on an action records. (Resident #1) are dominated at a facility on an action records. (Resident #1) are dominated at a facility on an action part. Findings; and an action action; Zoloft 25 are mouth] daily; depressed are dephone order dated 1/8/11 are mot documented as given are documented as given.	F	514	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plan 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. 1. Unable to correct deficient predication occurrence is in Resident #3. Primary nurses Resident #3 were in-serviced that resident is medicated at medication time. Medication Report was completed for on 1/15/11 and 1/16/11. Resided discharged from the facility and unable to correct area in deficient practice. 2. Residents residing in the fact the potential to be affected. nursing staff in-serviced on of Medication with specific reviewing the MAR explicit that each medication is given a linear tool entitled Licensed to-Shift Sign Off Report impassist licensed nurses in reversidents' MAR to assure the are prevented for each shift will be utilized on-going an included in new employee of or licensed nurses. Medical observed will be handled for facility's policy. Physician reviewed each month at more medication required to the month at more displacement.	an of correction ment by the dor conclusions. The plan of a solely because al and state law practice as the past for so for ed to assure a scheduled in Error emissions for ent #1 was for 1/13/11 dentified as cility have Licensed the 5 Rights focus to the to assure an as ordered ed and the Nurse Shift-plemented to iewing the content of	F 514 4/04/20 11

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345260	B. WN	B. WNG		C 03/03/2011	
	(EACH DEFICIENC	UNT ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	16 R	EET ADDRESS, CITY, STATE, ZIP CODE 10 WINSTEAD AVE OCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 514	month of January (1/instances of Zoloft no month of February (2.) During a staff intervie nurse #3 indicated the Zoloft this morning armonth of February whorks Monday throug Zoloft was not highlig mark Zoloft on the Miby the surveyor if the 1/15 and 1/16/11 she those days are weeke weekends and the we During an interview who (DON) on 2/16/11 at her expectations are not marked as given a rule they are not given a rule that 16 tables.	the resident MAR for the 15/11 and 1/16/11) and 15 at 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 nenever I worked [nurse #3 and every morning for the nenever I worked [nurse #3 and Friday, 7-3] but because the head on the MAR, I did not AR as given. " When asked resident was given Zoloft on stated "I do not know, ends, and I do not work on eakend nurse is not here." In the director of nursing 11:00 a.m., she stated that that "if the medications are on the MAR by the nurse, as ven."	F	514	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this ple 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 MDS) to assure no duplication medication and or treatment Errors to be corrected at the observation. Data entry pers serviced on data system to find prevent errors printing on mean Physician Order Sheets. 4. The audit tool entitled Licent Shift-to-Shift Sign Off Report monthly physician orders and subsequent medication error reviewed monthly in facility Performance Improvement (x 3 months to assure that on medication administration and Physician Orders are acc Subsequent plan of action we devised as needed for areas non-compliance.	an of correction tent by the lor conclusion. The plan of solely because at and state law on of orders, time of onnel insurther onthly used Nurse at and ad any is will be planting insissions in the resolved curate.	s ,
	1/3/11. The facility policy title 10/31/09, read in part orders section, "Verify	d "Physician Orders", dated t under the medication y dosages and/or orders that illegible, or presents any					

345260 A. BUILDING	C 03/03/2011
345260	
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT STREET ADDRESS 160 WINSTEAD ROCKY MOUNT	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EA	ROVIDER'S PLAN OF CORRECTION (X5) H CORRECTIVE ACTION SHOULD BE I-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
incomplete, illegible or presents any other concerns, prior to administering the medication." Review of the admission orders dated 1/3/11 provider revealed an order for Plavix 75 mg (milligrams) by set forth mouth daily at 9AM. Three boxes down on the	of Correction is the center's credible of compliance. In and/or execution of this plan of correction constitute admission or agreement by the file truth of the facts alleged or conclusions to the statement of deficiencies. The plan of is prepared and/or executed solely because red by the provisions of federal and state law.

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. WNG		03/0	C 03/03/2011	
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT				TREET ADDRESS, CITY, STATE, ZIP COI 160 WINSTEAD AVE ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 514	duplicate). The nurse	e 95 and "obviously" it was (a could not provide any r why a transcription error	F 51				
To the state of th							