PRINTED: 04/08/2011 4<u>PR</u> 1 4 2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WNG 345145 03/24/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET **WILLIAMSTON REHABILITATION & HEALTHCARE CENTER** WILLIAMSTON, NC 27892 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY F 279 483.20(d), 483.20(k)(1) DEVELOP F 279 This facility acknowledges receipt of the COMPREHENSIVE CARE PLANS SS=D Statement of Deficiencies and proposes this Plan of Correction to the extent that A facility must use the results of the assessment to develop, review and revise the resident's the summary of findings is factually comprehensive plan of care. correct and in order to maintain compliance with applicable rules and The facility must develop a comprehensive care provisions of quality of care of residents. plan for each resident that includes measurable The Plan of Correction is submitted as a objectives and timetables to meet a resident's written allegation of compliance. medical, nursing, and mental and psychosocial needs that are identified in the comprehensive Our response to this Statement of assessment. Deficiencies does not denote agreement with the Statement of Deficiencies nor The care plan must describe the services that are does it constitute an admission that any to be furnished to attain or maintain the resident's deficiency is accurate. Further, this highest practicable physical, mental, and facility reserves the right to refute any of psychosocial well-being as required under §483.25; and any services that would otherwise the deficiencies on this Statement of **Deficiencies through informal Dispute** be required under §483.25 but are not provided Resolution, formal appeal procedure due to the resident's exercise of rights under §483.10, including the right to refuse treatment and/or any other administrative or legal under §483.10(b)(4). proceeding F 279—483.20 (k) (1) DEVELOP This REQUIREMENT is not met as evidenced COMPREHENSIVE CARE PLANS Based on observations, staff interviews and Compliance Date 4/15/2011 record review the facility failed to care plan behaviors or interventions to care for the resident exhibiting disrobing behaviors for 1 of 16 sampled 1. The care plan for Resident # 161 residents (Resident # 161) whose care plan was was revised to include noted reviewed. Findings include: behaviors. Resident # 161 was admitted on 10/15/10 with cumulative diagnoses of status post motor vehicle 2. 100% audit of Resident Care accident with frontal impact and subarachnoid plans completed to assure hemorrhage. behaviors demonstrated are on The resident's primary care physician completed

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

ADMINISTRATOR

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

C JAMES

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

Event ID: 2K3211

Facility ID: 923075

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE COI IDENTIFICATION NUMBER:  A. BUILDING		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 279	a history and physica PHYSICAL EXAM, the under PSYCHIATRIC apparent disorder of the resident was alert significantly less orient. Under ASSESSMEN dementia; status post The presence of behaviores, was anxious activities. The behaviore attempted to engage activities. The behaviore plan.  The Admission Minim Resident # 161, dated significant cognitive in coded as having sign or behaviors. The resident # 161, dated significant cognitive in coded as having sign or behaviors. The resident # 30 murse's note for 10/1 Resident # 161 would reach and continued in the rewas no documed diversion was attempt interventions to assist disrobing was not add.  Nurse's notes dated 1 indicated Resident # 4 murse's notes dated 1 indicated Resident # 4 m	I on 10/18/10. Under the e physician documented is, that Resident # 161 had no mood or affect. He added and oriented to person and ated to place and time.  If, the physician had written is ubarachnoid hemorrhage: aviors was not mentioned.  PM, the nurse's notes 161 was picking at the and was stripping off his no indication the nurse the resident in diversional iors or interventions to swere not added to the care um Data Set (MDS) for 110/22/10, indicated he had npairment. He was not is and symptoms of delirium is and symptoms of	F 275	the care plan and app interventions are in plants.  3. The MDS Coordinator MDS nurse have been on revision of care plants.  4. The Director of Nursing MDS nurse will perform audits of resident care weekly x4, monthly x 3 quarterly or as determined to the audits.  5. The results of the audits reported to the Quarterl Executive Committee and adjustments made as determined to maintain compliance.	and the retrained as to.  and the random plans and then ned by the pased on swill be y QA	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	The disrobing was no On 11/10/10, the reside physician again for sign physician added the resident added the resident had significant recample to the care plan. The lassist the staff in deal Progress Notes for the team from 11/05/10 the reviewed. There was had behavioral symptometric to the care discussed and there were sident received an all Interventions for the bound added to the care. During the consultant REGIMEN INITIAL REPHARMACIST QUESTIONED THE RESIDENTIAL REPHARMACIST QUESTIONED THE CARE PLANTING PLANTING CARE PLANTING CARE PLANTING PLANTING PLANTING PL	n of attempts of diversion. It addressed in the care plan.  Ident was seen by the gnificant agitation. The esident was frequently seen clothes. Under Thysician documented the not dementia and that oot agitated at the time of the to increase the Seroquel to ice daily. The resident's of disrobing was not added re were no interventions to ing with the disrobing.  Interdisciplinary Care Plan arough 01/07/11 were no indication the resident ons. There were no any behavioral symptoms was no indication the untipsychotic medication. ehavior of disrobing were plan.  Pharmacist DRUG EVIEW,dated 11/18/10, the of the indication for the on.  an with a date of 02/22/11, ehaviors for Resident # 161. address terventions to deal with bing.  arch 2011 included	F 279			
	Seroquel 25 mg per G	T twice daily. The order				

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F 279	AM. Resident # 161 v his eyes open. The re sheets.	10/10. nade on 09/23/11 at 9:07 was lying quietly in bed with esident was "picking" at the	F 2	79		
	O3/23/11 at 4:07 PM. quietly in a geriatric of On 03/24/11 at 8:49 A lying in bed. No beha 10:15 AM, the resident behaviors were observed. An interview was held (DON) on 03/24/11 at behaviors should be compared on 03/24/11 at 4:17 PM stated issues such as ulcers were care plant stated unless the nursi	M, Resident # 161 was viors were observed. At t remained in bed. No ved.  with the Director of Nursing 2:41 PM. She stated are planned.  with the MDS Coordinator M. The MDS Coordinator weight loss and pressure led. The MDS Coordinator e had documented IDS assessment period			ij	
	medication were being 483.20(k)(3)(i) SERVIO PROFESSIONAL STA The services provided must meet professional	given. CES PROVIDED MEET NDARDS or arranged by the facility al standards of quality. is not met as evidenced	F 28	31		

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F 281	after medication admiresidents (Resident # medication pass. Fin The facility policy, title FEEDING – BOLUS, ounder Procedure; Painstallation of formula followed with 30 to 60 water.  Resident # 170 was a cumulative diagnoses cerebrovascular acciding placement of a gastro. The resident's care plindicated water flushed per physician's orders.  The March 2011 order included an entry to find (milliliters) of winded and ministering Resides GT. The nurse check prior to administration 30cc of water into the Vitamin C into the GT crushed pills that had After that, Nurse #1 a potassium and lastly with water. The nurse each medication nor seem to the control of the co	flushing a gastrostomy tube inistration for 1 of 4 sampled 170) who was observed on dings include:  ed GASTROSTOMY TUBE dated 02/2007, indicated ragraph number 8; that or medication should be accs (cubic centimeters) of admitted on 12/03/10 with of anoxic encephalopathy, tent and status post astomy tube (GT).  an, dated 02/14/11, and should be administered as.  ars for Resident #170 ush the resident's GT with ater before and after en.  ed, on 03/23/11 at 9:23 AM, and # 170's medication via his ared for patency of the tube are by instilling approximately GT. Nurse #1 then poured followed by a cup of been mixed with water.	F	281	F-281- 483.20 (k) (3) (i)  SERVICES PROVIDED M PROFESSIONAL STANDA  Compliance Date 4/08/20  1. Nurse #1 has been trace regarding the policies as procedures for proper Gastrostomy tube care flushes and medication administration.  2. A 100% in-service of lienursing staff has been completed regarding the and procedures for Gatube care including flushed medication administrate. Training will continue be to assure compliance.  3. The Director of Nursing Assistant Director of Nother Administrative nursill perform random au weekly for 4 weeks, on for 4 weeks and then months or as determined.	ARDS  111  lined and  to include te policies strostomy shes and ion. ii-annually  g, the ursing and ursing staff idits 2 x ce weekly nonthly x 3	

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F 329 SS=D	at 4:18 PM. She stated GT before and after in Nurse #1 stated she if after completion of he after completion of he Arrinterview was field (DON) on 03/23/11 at she expected nurses flushing with water pri administration and the completion of medical if medications were given expectation would be medication. The DON supplement was the later to beginning the 483.25(I) DRUG REG UNNECESSARY DRUE Each resident's drug if unnecessary drugs. A drug when used in exclupicate therapy for without adequate monindications for its use; adverse consequence should be reduced or combinations of the resident, the facility me who have not used an given these drugs unless the after the state of the prior to beginning the 483.25(I) DRUG REG UNNECESSARY DRUE.	I with Nurse #1 on 03/23/11 Indications were given. Indications were given. Indications were given. Indications were given. Indication administration.  I with the Director of Nursing 5:42 PM. The DON stated to check for GT patency by or to medication I stated if the grafter I stated if the protein I stated if the pro	F 3	4. The results.  4. The results presente committee made to determine compliant	ults of the audit we'd to the Quarter the and adjustment the audits as used to maintain noe.	vill be ly QA	

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F 329	behavioral interventio	dose reductions, and	F	329	F-329—483.25 (I) DRUG RE RESIDENT IS FREE FROM UNNECESSARY DRUGS Compliance Date 4/21/201		
	by: Based on observation record reviews the fact justification for the use 10 sampled residents reviewed for unneces Findings include: Resident # 161 was a cumulative diagnoses accident with frontal in hemorrhage. The Hospital Dischard 10/13/10, indicated Reservated (an antipsyomilligrams (mg) at bedindication for the use summary. The resident's primary a history and physical history did not included use of Seroquet. Cumincluded Seroquel 25 PHYSICAL EXAM, the under PSYCHIATRIC apparent disorder of residents.	de of an antipsychotic for 1 of (Resident # 161) that was sary medication use.  dmitted on 10/15/10 with of status post motor vehicle inpact and subarachnoid ge Summary, dated esident # 161 received into the medication) 25 ditime. There was no of Seroquel in the discharge or 10/18/10. Past medical a diagnosis to validate the rent medications listed			<ol> <li>Resident #161 had the medication discontinued attending physician.</li> <li>100 percent audit of resimedications with diagnoral assure appropriate justification for the use of the medication aides have between the attending assured to document on the Behavior Documentation to specify demonstrated behaviors as well as conthe attending physician for diagnosis for ordered medications. The attending physician for the facility of trained regarding documents of appropriate diagnosis use of medications.</li> </ol>	dent sis list to ication ations. and een he n Sheets stacting for ling was entation	

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F 329	Under ASSESSMEN' dementia, status post There was no indicate antipsychotic medical antipsychotic medical Nurse's notes were rethrough 10/20/10. The foliation of behaviors for Resident The NURSING PROC 10/21/10 indicated the On 10/21/10 at 7:35 findicated Resident # covers, was anxious a clothing. There was a attempted to engage activities.  The Admission Minim Resident # 161, dates significant cognitive in coded as having sign or behaviors. The resemble of the process of the proces	thed to place and time.  If, the physician had written subarachnoid hemorrhage. on for the use of an ion.  Exiewed from 10/15/10.  Exiewed from 10/15/	F 32	9 4.	The Director of Nursing, Assistant Director of Nu other Administrative nur will audit the medication diagnosis lists of resider weekly basis x 4 weeks, x 3 months and then que as determined by the mecommittee based on residue audits.  The results of the audits reported to the quarterly Executive Committee are adjustments to the audit as determined to maintaic compliance.	rsing and sing staff is and ints on a monthly arterfy or onthly Ql sults of a QA and is made	

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F 329	the blood)). The disch 10/31/10, indicated th There was no indicati summary for the use Nurse's notes dated 1	nypoxia (low oxygenation of narge summary, dated e resident had pneumonia, on in the hospital discharge of Seroquel.	F	329			
	pushed the covering I was no documentation. The Physician's Program indicated Resident # face. Under PSYCHI indicated significant dindication on the prograntipsychotic. The diagnostic (otherwise known as skin rash. Pain can carestlessness).  Review of nurse's not 11/11/10, did not indice exhibited any behavior. On 11/10/10, the residual physician again for significant added the residual to be stripping off his	dementia. There was no ress note for the use of an agnosis was herpes zoster shingles- a painful, blistering ause anxiety and described by the gnificant agitation. The esident was frequently seen					
	resident had significal Resident # 161 was n exam. The plan was 25 mg twice daily. Progress Notes for the team from 11/05/10 the	nt dementia and that ot agitated at the time of the to increase the Seroquel to e Interdisciplinary Care Plan brough 01/07/11 were no indication the resident					

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F 329	discussed and the resident received.  During the consult REGIMEN INITIAL pharmacist question antipsychotic med.  The November 20 BEHAVIOR sheet had exhibited any.  On 12/01/10, at the Pharmacy requestindicated the indicated the indicated the indicated the seroquel was.  A NURSING PRO indicated the residual cated the residual to the seroquel was.  The PHARMACIS 12/16/10, indicated hallucinations shanursing progress in or Documentation visual hallucination.  On 01/21/11, the indicated Residen.  The 90 day Assessindicated the residual the residual the residual the residual than the seroquel.	eat any behavioral symptoms re was no indication the an antipsychotic medication.  ant pharmacist DRUG  REVIEW, dated 11/18/10, the oned the indication for the ication:  10 DOCUMENTATION of did not indicate Resident # 161 behaviors.  e request of the pharmacist, via t, the resident's physician ation for use of the ication for Resident # 161 was /10/10 the physician indicated for anxiety).  GRESS NOTE, dated 12/02/10, lent had no behavioral seessment for 12/30/10 also t # 161 exhibited no behaviors.  T CHART REVIEW, dated d Resident # 161 had "visual kes on floor." Nursing notes, notes, physician progress notes of Behavior sheets indicated	F 329			

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F 329	Continued From page	10	F3	29			
		ON of BEHAVIOR SHEET d not indicate Resident #					
		k Progress Notes from 05/11 did not indicate ited behaviors:					
-	,	OF BEHAVIOR nuary and February 2011 s coded for Resident # 161.					
		an with a date of 02/22/11, ehaviors for Resident # 161.					
	Physician orders for M Seroquel 25 mg twice		,				
						APPLICATION OF THE PROPERTY OF	
á		nade of the resident on The resident was sitting nair.				ne reconstruit de la construit	
	lying in bed. No beha	M, Resident#161 was viors were observed. At at remained in bed. No ved.	a de la companya de l	·			
	# 1 on 03/24/11 at 10. worked at the facility f with the resident, cari The NA stated the res	with Nursing Assistant (NA) 22 AM. The NA has or 2 years and is familiar ng for him on the 7 to 3 shift. ident did not have any types stated the resident had not				2504	

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F 329	admission. She state kick, refuse care or di resident was alert and spoken to, but could a daily living.	s far as she knew since ed the resident did not hit, srobe. She stated the	F 329			
	at 2:06 PM. She statt documented on the D Sheet, especially if or Risperdal, Seroquel. Seroquel as an antips would be given for be yelling out, kicking, or Documentation either documentation of behotes. Nurse # 2 stat behaviors. The nurse	ed resident behaviors were cocumentation of Behavior medication such as Ativan, Nurse # 2 identified sychotic medication that haviors including screaming, resisting care. needs to be in the havior sheet or the nurse's ed Resident # 161 did have hadded when the resident wore an abdominal binder to				
	(DON) on 03/24/11 at indications for antipsy schizophrenia, bipolar delusions, and excess harm is possible. The expected to documen notes and in the DOC BEHAVIOR sheet. The experienced a change expectation was for the urinary tract infection removing clothes, the the nurse to take into the room before giving After reviewing the documents.	r. psychosis, hallucinations, sive agitation to a point self a DON stated nurses were t behaviors in the nurse's UMENTATION of e DON stated if a resident			· .	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329 F 371	the use of an antipsyc	shotic medication. the notes describing the as not available for	Annual and the second s	329			
SS≢E	The facility must - (1) Procure food from considered satisfactor authorities; and	sources approved or y by Federal, State or local tribute and serve food		371			
	by: Based on observation facility failed to mainta quaternary sanitizing sthree-compartment sir acceptable to the facility.	solution in the lik system at levels ity. The facility also failed to n and discard sectional					
	sink sanitizing system preparation of cornbre At 9:25 AM on 03/23/1 were drying on the dra three-compartment sin	n the three-compartment so she could use it in the ad.  1 two small baking pans		***************************************		**************************************	

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WILLIAMS		& HEALTHCARE CENTER	ID.	11	EET ADDRESS, CITY, STATE, ZIP CODE  19 GATLING STREET  VILLIAMSTON, NC 27892  PROVIDER'S PLAN OF CORRECT!	ON	75
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F 371	of the three-compartment clear without any tint of check the strength of registered 150 parts prime, the dietary employered the strip shoustated the small baking run through the three-This employee also conthere had been probles solution dispensing sy compartment sink in the At 9:28 AM on 03/23/1 solution in the three-cwas remade. A strip to of the solution register At 9:32 AM on 03/23/1 intervention, the small draining board were run three-compartment sink at 9:50 AM on 03/23/1 small baking pans were sanitizing solution of the A strip used to check to only registered 150 Premployee operating the stated the solution should be solved by so	uaternary sanitizing solution tent sink. The solution was per clouding. A strip used to the sanitizing solution only ter million (PPM). At this toyee operating the sink uld read 200 PPM. She go pans had already been compartment sink system. It is sanitizing to the last month.  If the quaternary sanitizing compartment sink system at the three the last month.  If the quaternary sanitizing compartment sink system used to check the strength the 200 PPM.  If, after surveyor baking pans on the unback through the lask sanitizing system.  If three tray pans and two the inthe quaternary the three-compartment sink, the strength of the solution PM. At this time, the dietary the three-compartment sink build register at least 200.  If the service kitchen sanitizing systems dietary staff was adding y solution in the	F:	371	F-371—483.35 (I) FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY  Compliance Date 4/21/201  1. The Quaternary sanitizing solution was corrected to strength immediately upon recognition.  2. The system that titrates it sanitizing solution into the compartment sink is main by Ecolab, who provides professional provider of sanitation services to commercial kitchens. The system was reviewed an calibrated during survey Ecolab technician.  3. 100 percent of the kitched was trained to test for proconcentration of the sanitisolution in the three compartment sink to include the system is set to release	ng o proper on the ne three ntained by the en staff oper itizing ude that	

F 371 Continued From page 14 being dispensed through the hose into the sink registered 200 - 300 PPM when a strip was placed directly under the hose.  At 3:28 PM on 03/24/11 the facility's dietary manager (DM) stated she held in-services with her dietary staff at least once a month. She commented the dietary staff was trained to fill the sanitizing sink of the three-compartment system only with the quaternary solution running from the hose of the dispenser. According to the DM, the service representative had been out to repair the three-compartment sink system several times in the last couple of months due to problems. She explained one time the sanitizing solution ran continuously after the dispensing knob was  F 371  F 371  F 371  F 371  F 371  F 371  At 3:28 PM on 03/24/11 the facility's dietary manager (DM) stated she held in-services with tested and the test results recorded on the audit tool in the kitchen to include date, time of test, results of test and who tested. The Certified Dietary Manager will monitor the audit tool to assure compliance, and will perform random solution audits daily x 1 month, then		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		ONSTRUCTION	(X3) DATE SU COMPLET	
WILLIAMSTON REHABILITATION & HEALTHCARE CENTER  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 371  Continued From page 14 being dispensed through the hose into the sink registered 200 - 300 PPM when a strip was placed directly under the hose.  At 3:28 PM on 03/24/11 the facility's dietary manager (DM) stated she held in-services with her dietary staff at least once a month. She commented the dietary staff was trained to fill the sanitizing sink of the three-compartment system only with the quaternary solution running from the hose of the dispenser. According to the DM, the service representative had been out to repair the three-compartment sink system several times in the last couple of months due to problems. She explained one time the sanitizing solution ran continuously after the dispensing knob was  D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE (CACH CORRECTIVE			345145	B. WING	·	<del></del>	03/2	4/2011
F 371  Continued From page 14 being dispensed through the hose into the sink registered 200 - 300 PPM when a strip was placed directly under the hose.  At 3:28 PM on 03/24/11 the facility's dietary manager (DM) stated she held in-services with her dietary staff at least once a month. She commented the dietary staff was registered 200 for the dispenser. According to the DM, the service representative had been out to repair the three-compartment siystem only with the quaternary solution running from the hose of the dispenser. According to the DM, the service representative had been out to repair the three-compartment siystem only with the quaternary solution running from the hose of the dispenser. According to the DM, the service representative had been out to repair the three-compartment six system several times in the last couple of months due to problems. She explained one time the sanitizing solution ran continuously after the dispensing knob was			& HEALTHCARE CENTER		119 GA	ATLING STREET		
being dispensed through the hose into the sink registered 200 - 300 PPM when a strip was placed directly under the hose.  At 3:28 PM on 03/24/11 the facility's dietary manager (DM) stated she held in-services with her dietary staff at least once a month. She commented the dietary staff was trained to fill the sanitizing sink of the three-compartment system only with the quaternary solution running from the hose of the dispenser. According to the DM, the service representative had been out to repair the three-compartment sink system several times in the last couple of months due to problems. She explained one time the sanitizing solution ran continuously after the dispensing knob was	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI)		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
activated, and one time no sanitizing solution would come out of the hose when the dispensing knob was activated. The DM reported her staff was trained to check sanitizing solutions every two hours with strips to make sure they were strong enough. She stated the strip readings were recorded on a log.  At 3:33 PM on 03/24/11 a dietary employee commented there had been problems with the three-compartment sink recently, but she was not aware of any abnormal strip readings when the sanitizing solution in the sink system was checked. She stated strips used to check quaternary sanitizing solutions should register 200 - 400 PPM. The employee also reported staff was to check the strength of sanitizing solutions every two hours, and the solutions were to be remade when they became cloudy or dirty.  2. During inspection of kitchenware, beginning at 11:06 AM on 03/23/11, 11 of 32 sectional plates had dried food particles on them, and 10 of 32		being dispensed throuse registered 200 - 300 F placed directly under a placed directly under a through the dietary staff at least commented the dietary sanitizing sink of the trong with the quaternative three-compartment sing the last couple of more explained one time the continuously after the activated, and one time would come out of the knob was activated. The was trained to check a two hours with strips the strong enough. She is were recorded on a low three-compartment sing as a sanitizing solution in the check. She stated is quaternary sanitizing a support of the was to check the streng every two hours, and the remade when they be continued the strength of	righ the hose into the sink of PM when a strip was the hose.  11 the facility's dietary she held in-services with st once a month. She y staff was trained to fill the hree-compartment system by solution running from the condition and been out to repair the had been solution ran dispensing knob was the no sanitizing solution at hose when the dispensing fine DM reported her staff sanitizing solutions every to make sure they were tated the strip readings g.  11 a dietary employee the problems with the had been problems with the had sirry readings when the had sirry used to check solutions should register employee also reported staff gith of sanitizing solutions he solutions were to be came cloudy or dirty.  If kitchenware, beginning at the fact of the solutional plates	F3	<ul><li>4.</li><li>5.</li></ul>	proper concentration of without diluting.  The sanitizing solution witested and the test result recorded on the audit to kitchen to include date, test, results of test and witested. The Certified Did Manager will monitor the tool to assure compliance will perform random solu audits daily x 1 month, then raudits thereafter.  The results of the audits presented to the Quarter committee and adjustment the audits made as determined and the audits made as determined and the audits made as determined in the audits made as determ	vill be lts ol.in.the time of who etary e audit ee, and ution hen random will be rly QA ents to rmined sited tely es in the p assure	

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F 371	In addition, 1 of 32 se along the dividing war along the dividing war along the dividing war at 3:28 PM on 03/24/manager (DM) stated her dietary staff at least commented the dietar the DM when damage The DM explained, if harm to residents and budget to order replackitchenware was disprommented chipped a could cause residents a place for bacteria to DM, it was the responsemployees to check with the She reported the last kitchenware should be cooks placed food into stated the employees were found in the were supposed to che food particles. She exparticles were found in kitchenware was to be machine or three-commented the DM her damaged kitchenware thrown away, the kitch replaced with alternaticaceptable. The employee of the state of the state of the thrown away, the kitch replaced with alternaticaceptable. The employees along the state of t	chips in their dividing walls. ctional plates was cracked I and bottom of the plate.  11 the facility's dietary she held in-services with st once a month. She ry staff was trained to notify and kitchenware was found. The damage could cause I there was money in the cements, then the cosed of. The DM and cracked kitchenware I to get cut or could provide I harbor. According to the sibility of all dietary itchenware for damages. Inspection point for the I the trayline where the I the kitchenware. The DM moving sanitized dish machine and the cooks leck the kitchenware for dried kolained if dried food mon kitchenware, the I a dietary employee and to okay the disposal of I, and even it could not be nenware was not used or le kitchenware which was loyee stated all dietary staff mecking kitchenware for od particles, but the cooks	F 37	4.	100 percent in-service of staff regarding the discretified and cracked plotter assuring plates are clear being stored.  Random audits of the puthe kitchen will be conducted the Certified Dietary Madesignee daily x 1 mont x 1 month, monthly x 3 or as determined by the QI committee.  The results of the audits presented to the quarter committee and adjustmenthe audits made as determined to maintain compliance.	arding of ates. e an before. lates in ucted by anager or th, weekly months e monthly s will be rly QA ents to ermined	

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F 371	dry, after exiting the d likely employees to fir dirty kitchenware. St	enitized kitchenware up to lish machine, were the most and chipped, cracked, and the commented chipped and could cut residents or make wria collected in the	F	371			
F 428 SS=D	483.60(c) DRUG REC IRREGULAR, ACT Of The drug regimen of a	SIMEN REVIEW, REPORT	F	428			
	The pharmacist must the attending physicia	report any irregularities to in, and the director of ports must be acted upon.	Managed by the state of the sta				
· .	by: Based on pharmacist the facility's consultan to or make recommen of 10 sampled resider	is not met as evidenced interview and record review t pharmacist failed to report dations to the facility for 1 its (Resident # 161) who d antipsychotic. Findings				4	
	cumulative diagnoses	dmitted on 10/15/10 with of status post motor vehicle apact and subarachnoid					
	The Hospital Discharg 10/13/10, indicated Re Seroquel (an antipsyc	esident # 161 received					

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	SUMMARY ST. (EACH DEFICIENC	& HEALTHCARE CENTER  ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	11 W	EET ADDRESS, CITY, STATE, ZIP CODE  19 GATLING STREET  ILLIAMSTON, NC 27892  PROVIDER'S PLAN OF CORRECTI  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	LD BE	(XS) COMPLETION DATE
F 428	milligrams (mg) at be indication for the use summary.  The resident's primar a history and physical history did not include use of Seroquel. Curincluded Seroquel 25 PHYSICAL EXAM, thunder PSYCHIATRIC apparent disorder of the resident was alert significantly less ories. Under ASSESMEN' dementia, status post There was no indicate antipsychotic medical nurse's notes were rethrough 10/20/10. The behaviors for Resident # 10/21/10 indicated the On 10/21/10 indicated the covers, was anxious clothing. There was attempted to engage activities.  The Admission Minim Resident # 161, date significant cognitive in the summary of the summary o	dtime. There was no of Seroquel in the discharge of an 10/18/10. Past medical a diagnosis to validate the rent medications listed of my daily. Under the ephysician documented, that Resident # 161 had no mood or affect. He added and oriented to person and need to place and time. The physician had written subarachnoid hemorrhage. On for the use of an aion.  Excise NOTE, dated the resident had no behaviors.  PM, the nurse's notes and was stripping off his no indication the nurse the resident in diversional of the was not and symptoms of delirium sident did not trigger	F.	428	F 428—483.60 (c) DRUG REGIMEN REVIEW  Compliance Date 4/14 /20  1. On 4/6/11 the Seroquel Resident #161 was disc by the attending physicis  2. On 4/4/11, the pharmac Regional Clinical Manage generated a list of all factoresidents with antipsychic orders from the pharmac computer system. The Clinical Pharmacy Manager from the pharmac verified that all residents appropriate documented indication for antipsychic therapy through a focus review.  3. The pharmacy's Region Clinical Manager trained Consultant Pharmacist is compliance with monthly chart reviews.	11 Ifor continued can. y's ger cility cotic cy Regional ager s had an d otic on-site al d the regarding	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	(X3) DATE SUF COMPLET	
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		& HEALTHCARE CENTER	ID	11	EET ADDRESS, CITY, STATE, ZIP CODE  19 GATLING STREET  VILLIAMSTON, NC 27892  PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	,	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG	x	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE
F 428	Assessment Summar A nurse's note for 10/ Resident # 161 would reach and continued if There was no docume diversion was attempt On 10/26/10, Resider hospital for significant (According to Delmar' Plans, Volume 1, Res Exchange, hypotension can be symptoms of if the blood)). The disch 10/31/10, indicated th There was no indicated summary for the use of Nurse's notes dated 1 indicated Resident # 1 pushed the covering if was no documentation The Physician's Progr indicated Resident # 1 face. Under PSYCHI indicated significant d indication on the progr antipsychotic. The dia (otherwise known as a skin rash. Pain can car restlessness). Review of nurse's note	25/10 at 9:45 PM, indicated pick at anything within o take off his clothing. entation intervention or rad	F	428	<ul> <li>4. 100 percent of licensed were trained regarding the documentation of a diagrall medications ordered fresident.</li> <li>5. Beginning with the April medication regimen reviewed the facility with a all residents that receive antipsychotic therapy and the supporting document supporting justification for therapy or specify action obtain that justification, information will be provided and reviewed by the facilities monthly for three mand then as directed by the Executive Committee bathe results of the audits.</li> </ul>	ne nosis for for each 2011 ew, the ill ill ill ill ill ill ill ill ill il	

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F 428	physician added the to be stripping off his PSYCHIATRIC, the resident had signific Resident # 161 was exam. The plan was 25 mg twice daily.  Progress Notes for t team from 11/05/10 reviewed. There was had behavioral sympinterventions to treat discussed and there resident received an During the consultan REGIMEN INITIAL Epharmacist question antipsychotic medical tree in the consultan REGIMEN INITIAL Epharmacist question antipsychotic medical tree in the consultan REGIMEN INITIAL Epharmacist question antipsychotic medical tree in the consultan REGIMEN INITIAL Epharmacist question antipsychotic medical tree in the consultan REGIMEN INITIAL Epharmacist question antipsychotic medical tree in the consultan REGIMEN INITIAL Epharmacist question antipsychotic medical tree in the consultantipsychotic medical tree i	significant agitation. The resident was frequently seen is clothes. Under physician documented the ant dementia and that not agitated at the time of the is to increase the Seroquel to the Interdisciplinary Care Plan through 01/07/11 were is no indication the resident of the indication the antipsychotic medication.  It pharmacist DRUG REVIEW, dated 11/18/10, the end the indication for the ation.  DOCUMENTATION of did not indicate Resident # 161	F 424	3		
Pop de describérations de la constant de la constan	Pharmacy request, the indicated the indicated the indicated antipsychotic medicated depression (on 11/10) the Seroquel was for A NURSING PROGRINGICATED the resident symptoms. The asset indicated Resident #	ation for Resident # 161 was b/10 the physician indicated anxiety). RESS NOTE, dated 12/02/10, t had no behavioral ssment for 12/30/10 also 161 exhibited no behaviors.				
	THE FLIANWAUIOT	CHART REVIEW, dated				

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F 428	hallucinations shakes nursing progress note or Documentation of visual hallucinations. On 01/21/11, the NUI	esident # 161 had "visual on floor." Nursing notes, es, physician progress notes Behavior sheets indicated	F4	128			
	The 90 day Assessmindicated the resident impaired. The assess # 161 as having beha	was severely cognitively sment did not code Resident	*Labelsonia				
	161 had behaviors.  Review of the Pharma 01/21/11, did not indice made or questions as	id not indicate Resident #  acist Chart Review, dated cate recommendations were ked by the pharmacist e in the dose of Seroquel in iors.				••	
	did not have behavior The Pharmacist Char reviewed. There wer recommendations ma 161's Seroquel.  An observation was n AM. Resident # 161 his eyes open. The r "picking" at the sheet	truery and February 2011 s coded for Resident # 161. t Review for 02/16/11 was e no questions or ide regarding Resident # made on 03/23/11 at 9:07 was lying quietly in bed with esident was observed		And the second s	• •		
:	r iii Obdol valloli vrab li	iddo of the resident off					

Facility ID: 923075

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F 428	quietly in a geriatric of On 03/24/11 at 8:49 / lying in bed. No beha 10:15 AM, the resided behaviors were observed at 2:06 PM. She state documented on the Disheet, especially if or Risperdal, Seroquel. Seroquel as an antips would be given for beyelling out, kicking, or Documentation either documentation of behaviors. The nurse was first admitted he keep him from pulling An interview was held pharmacist on 03/24/the indications for the medication were included and the Consultant pharmacist added deplisted in the OBRA guthe monthly chart revishe reviewed behavior any psychiatric consultant pharmacist acked if Seroquel was 161. The pharmacist not question the Seroresident was because	The resident was sitting thair.  AM, Resident # 161 was aviors were observed. At an remained in bed. No rved.  If with Nurse # 2 on 03/23/11 ed resident behaviors were occumentation of Behavior an medication such as Ativan, Nurse # 2 identified sychotic medication that shaviors including screaming, resisting care.  If needs to be in the navior sheet or the nurse's led Resident # 161 did have added when the resident wore an abdominal binder to this feeding tube out.  If with the consultant 11 at 2:22 PM. She stated use of an antipsychotic led in the OBRA (Omnibus a Act) guidelines. The pression alone was not idelines. When completing lews, the pharmacist stated lors documented, diagnoses, lits and nurse's notes. The trefused to answer when a justified for Resident # stated the reason she did	F 428			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		DINSTRUCTION	(X3) DATE SU COMPLE	
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F 428	documented.  An interview was hel (DON) on 03/24/11 a indications for antips schizophrenia, bipola delusions, and excess harm is possible. The expected to docume notes and in the DOI BEHAVIOR sheet. The experienced a change expectation was for the urinary tract infection removing clothes, that the nurse to take into the room before giving after reviewing the discourse indicated and the complete into the c	Id with the Director of Nursing at 2:41 PM. The DON stated sychotic use include ar, psychosis, hallucinations, asive agitation to a point self are DON stated nurses were not behaviors in the nurse's CUMENTATION of the DON stated if a resident see in behavior, the che nurses to assess for a or pain. If a resident was a DON stated she expected account the temperature of ag or increasing medication. occumentation, the DON becumentation did not justify	F	428			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE S COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X6) COMPLETION DATE
K 018 SS=D	Doors protecting corequired enclosures hazardous areas arthose constructed owood, or capable of minutes. Doors in strequired to resist the no impediment to thate provided with a the door closed. Duare permitted. 19  Roller latches are print all health care factors.	ridor openings in other than of vertical openings, exits, or e substantial doors, such as f 1% inch solid-bonded core resisting fire for at least 20 opinklered buildings are only e passage of smoke. There is e closing of the doors. Doors means suitable for keeping atch doors meeting 19.3.6.3.6.3.6.3.6.3.6.3.6.3.6.3.6.3.6.3.	Ko	K 14 21 0 n 3 prott pM 4 th lo C	The Maintenance Director repairs, 42 and 31. They now close and The facility Maintenance Departn 0 % audit of facility resident room osed per standard. Doors identified an accompany of the maintenance, facility admits a present of the maintenance, facility admits of the maintenance of the maintenance for correction and follow the maintenance of the door audits shall be reviewed at the facility of maintenance meetings each month. Fill be addressed for follow up and controls and follow up and controls and follow up and controls.	ed doors 1 latch per s nent condu n doors to s d as d. linistrative dit facility r nd quarterl ovement a shall be re ow up. all be main or designe QI and Saf Problems id	tandard. cted a ee they esident y nd ferred to tained by e. The ety
K 029 SS≃D	Surveyor: 10904 A. Based on observe following rooms falled 111,46 and 59. B. the doors to room and ICF wing were very 42 CFR 483,70 (a) NFPA 101 LIFE SAF One hour fire rated of fire-rated doors) or a extinguishing system and/or 19.3.5.4 prote the approved autom	ation the doors to the ed to latch when closed, as 42 and 31 on the skilled very hard to close.  EETY CODE STANDARD construction (with ¾ hour an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When atic fire extinguishing system		1) Di 1) W 2) 29 29 Si 3)	A. The facility notified its corporate epartment of Life Safety's determined. The trash can was removed at cas re-in serviced regarding such p. A. No other areas in the facility are the this Standard.  B. The service corridor was audited milarly propped open; none were for the facility corrected the dryer response identified in the Life Safety	Maintena hation.  Ince; the eractice.  Inon-conford for other ound, oom and besign corrected.	mployee orming doors rought it

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 er 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: 923075

PRINTED: 04/19/2011 FORM APPROVED OMB NO, 0938-0391

	TO TOTAL MILLOWING	& MEDICAID SERVICES			* * * * * * * * * * * * * * * * * * *	UNID NO	<u>, 0938-039</u>
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING	CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S COMPL	URVEY ETED
	· · · · · · · · · · · · · · · · · · ·	345145	B. WIN			04/1	4/2011
	PROVIDER OR SUPPLIER MSTON REHABILITAT	ION & HEALTHCARE CENTER		119	TADDRESS, CITY, STATE, ZIP COI PATLING STREET LIAMSTON, NC 27892	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLETIO DATE
SS≒D	option is used, the a other spaces by sm doors. Doors are so field-applied protect 48 inches from the inches inche	areas are separated from oke resisting partitions and elf-closing and non-rated or ive plates that do not exceed pottom of the door are 1  not met as evidenced by: ation on 04/14/2011 the ered by a sprinkler system of the gas fired dryers. This ne (1) hour construction and tyer area was being held		3B. 1 service proper 4A. A sprint maint repair will be 4B. F shall quarte proper close of fend be for review 2 K032 1A. Tito ma 1B. Tito ma	00% of the personnell who be corridor have been in-second doors open.  In problems with the fire second end of the second of the facility are reported to the facility maintenance person audit, once per week for tearly, the service corridor for led open. Those found to be done of the subject to disciplify and the employed ders will be subject to disciplify and the Safety and the exit door nearest the booke open and closing easier the exit door nearest room to open and closing easier.	afety control a mediately to fa tractors for rever quarter per ly QI and Safeth. Problems in correction. The mediately of the control of the	In from Ind Ind Ind Icility Ive Ive Icility Ive Icility Icilit
	Surveyor: 10904 A. Based on observa were exit doors that v	not met as evidenced by: tion on 04/14/2011 there vere very hard to open. he skilled boiler room ar room 34		deterrexit de cose.  3 Factores de cose. weekt	e facility conducted 100% a nine ease of ingress and e cors were located that were clity maintenance, facility a nnell and/or designees will y for ten weeks and quarte of door movement and clos	gress. No othe difficult to ob difficult to ob dministrative audit facility e	er facility en or xit doors o ensure

FORM CMS-2587(02-99) Previous Versions Obsolete

: Event ID: 2K3221

Facility ID: 923075

If continuation sheet Page 2 of 2



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AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 02 - BUILDING 02  B. WING			(X3) DATE SURVEY COMPLETED	
		345145			04/14/2011		
	PROVIDER OR SUPPLIER	ION & HEALTHCARE CENTER	111	ET ADDRESS, CITY, STATE, ZIP GATLING STREET ILLIAMSTON, NC 27892	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
K 029 SS=D	One hour fire rated construction (with ¼ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1		K 029 dentified are referred to Maintenance for correction soon as practicable.  4. The results of the audits shall be maintained by the Maintenance Department Head or designee. The log shall be reviewed monthly at the facility QI and Safet Committee meetings. Problems identified will be addressed for follow up and correction.			by the he log Safety	
			'	29 Compliance Date MAY The door to Central Supply		5-26-	
	This STANDARD is Surveyor: 10904	not met as evidenced by:	roor star	he facility Maintenance Domedons in the facility to so adard. Doors identified as n corrected.	ee that they close	d per	
SS≕F	A. Based on observation on 04/14/2011 the door to Central Supply and Transportation did not close and latch as required, 42 CFR 483.70 (a)  NFPA 101 LIFE SAFETY CODE STANDARD		3. Facility Maintenance shall audit the door to Supply and Transportation once per week for weeks and quarterly thereafter. Problems identified to Maintenance for correction as soor K 038 acticable.			en tified are	
		ged so that exits are readily es in accordance with section	of th Mai Dep revi mes	ne results of the ongoing fairs Standard shall be main ntenance Department by artment Head or designer wed at the facility QI and atings each month. Proble wed for appropriate follo	ntained in the the Maintenance e. The log shall b I Safety Committe ms identified will	e ee	
	Surveyor: 10904	not met as evidenced by:		8 Compliance Date MAY		5.26-	
	interviewed did not k master switch at the	tion on 04/14/2011 the staff now about the door release nurses station. I was concealed behind a	афоі 1 <b>В</b> . 1	The nurse in question wa ut the master door release The charts obscuring the e moved- the switch is no	e switch. master release s	•	
] '	COPE OF WINNESS	j	[				

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.

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Event ID; 2K3221

Facility ID: 923075

PRINTED: 04/19/2011 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PAND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG 02 - BUILDING 02	(X3) DATE SURVEY COMPLETED			
			3451 <b>4</b> 5	B. WING	VI - DOILDING VI	04/44/0044			
		PROVIDER OR SUPPLIER	ON & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892					
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION			
	K 038	Continued From pag 42 CFR 483.70 (a)	ge 1	th P a m 2! th M pe cu 3/ pe Fi w 3E w 4A the log a the log Co	A. There are no other master doce facility. The facility Administrative pronnell and/or Administrative pronnell and pro	or, Maintenance ersonnel conducted employees on the release switches in Administrator, ministrative of elease switch.  % of its nursing tion of the master e Personnell and/or the location and the weekly for ten location and ch weeks and libe maintained by or designee. The efacility QI and ms identified will be colon such as g.  Il be maintained by or designee. The QI and Safety roblems identified			
				· will	be reviewed for appropriate follo additional training and/or in-servi	w up action such			
FO	RM CMS-2567	(02-99) Previous Versions Ob	solete Event ID: 2K3221	Facill	ly ID: 923075	inuation sheet Page 2 of 2			

Facility ID; 923075 If continuation sheet Page 2 of 2