STATEMENT OF DEFICIENCIES

PRINTED: 06/02/2011 **FORM APPROVED** OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: JUN 2 9 2011 COMPLETED A. BUILDING С B. WING 345548 05/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ASHTON PLACE HEALTH AND REHAB 5533 BURLINGTON ROAD MC LEANSVILLE, NC 27301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X6) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 483.10(b)(11) NOTIFY OF CHANGES Submission of the response F 157 (INJURY/DECLINE/ROOM, ETC) SS=D 6/15/2011 to the statement of deficiencies by the A facility must immediately inform the resident; consult with the resident's physician; and if undersigned does not known, notify the resident's legal representative constitute an admission that or an interested family member when there is an accident involving the resident which results in the deficiencies existed injury and has the potential for requiring physician and/or correctly cited and/or intervention; a significant change in the resident's require correction. physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an F 157 existing form of treatment due to adverse consequences, or to commence a new form of 1. Resident #2 RP was treatment); or a decision to transfer or discharge the resident from the facility as specified in notified of resident's status §483.12(a). by ADON and NP on The facility must also promptly notify the resident 5/06/2011. and, if known, the resident's legal representative 2. Residents with a change in or interested family member when there is a condition have the potential change in room or roommate assignment as specified in §483.15(e)(2); or a change in to be affected by this resident rights under Federal or State law or practice therefore the RN regulations as specified in paragraph (b)(1) of this section. Supervisor did an audit of resident charts to verify The facility must record and periodically update the address and phone number of the resident's notification of RP/MD. No legal representative or interested family member. issues noted on Audit. Nursing Management will This REQUIREMENT is not met as evidenced monitor responsible party by: notification through review Based on staff and family member interviews and record review the facility failed to notify the of the telephone orders. incident reports, 24 hr. LABORATORY DIRECTOR'S OF PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE 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

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ASH (X4	TON PLACE HEALTH AND F	FATEMENT OF DESICIENCIES	ID	66	EET ADDRESS, CITY, STATE, ZIP CODE 533 BURLINGTON ROAD IC LEANSVILLE, NC 27301		5/18/2011
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F	experienced pain and and swollen. This was in the survey sample Resident#2 had cumincluded Alzheimer ' (abnormal loss of bor porous bones and os bone mineral density Review of the Minimus assessment dated 4/5 had severe cognitive On 5/3/11 at 3:45 p.m revealed "bruise to the touch (referring to the touched." The reside practitioner) who want pedals of the wheelch Review of the incident indicated on 5/3/11 at bed. The description of entry of "resident right and warm to touch. Retouch." There was not whether the RP was not report dated 5/3/11 at indicating "an old ope with a line drawn to a dieg.	RP) when Resident#2 " s If the right leg was bruised as evident in 1 of 3 residents ulative diagnoses which is disease, osteoporosis by tissue resulting in fragile teopenia (a condition where is lower than normal). In data set (MDS) io 11 revealed Resident#2 Impairment. In the nurses ' notes Interese eleft shin. Swollen & warm Interese eleft shin.	F	157	report and acute charts during the morning clin meetings. 3. The Staff Developmed Coordinator and/or Dire of Nursing will in-service staff nurses on notification any changes of care to the responsible party and to MD on or before 6/15/24. The DON will audit for RP/MD notification 5 times per week for 8 weeks during daily clinical morning meeting to ensure RP/M have been notified of changes. The DON will report findings to the Monthly QA&A meeting to months.	ical nt ector e the ion of the 011. nes ring	
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STATEMEN AND PLAN (T OF DEFICIENCIES DF CORRECTION	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
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	ME OF PROVIDER OR SUPPLIER SHTON PLACE HEALTH AND REHAB				REET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MC LEANSVILLE, NC 27301	0	5/18/2011	
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i di	time) revealed the right warm to touch. Review of the nurses '5/5/11 revealed no down was notified of the state. The nurses ' notes on revealed the RP of Reand voiced concerns a lower leg bruising and (also the right leg). The that the RP was notified for the right lower extreed. The NP was notified for the right lower extreed in the distal shift of the tibility of "pain swell radiology interpretation fibula showed a spiral fitth distal shift of the tibility of the tibilit	notes from 5/2/11 until cumentation that the RP us of the right leg. 5/5/11(no time noted) sident#2 was in the facility bout Resident#2's right edema to the right ankle is was the first evidence of the status of the right ed and ordered an x-ray mity. ort dated 5/6/11 revealed ling. "The results of included the right tibia and racture extending across ia. 5:30 p.m. with the RP d her regarding Resident 'e RP indicated it was not cility on 5/5/11 that she is right leg. x-rays were done on the	F	157				

STATEMEN AND PLAN (T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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SS=D	RP) and left a messa the (name of F she conducted an in expectation to always party when changes of 483.20(d), 483.20(k)(COMPREHENSIVE COMPREHENSIVE And any service of the comprehensive plan of the care plan must detect to be furnished to attain highest practicable physychosocial well-being \$483.25; and any service required under \$480 due to the resident's expected under \$480 due to the resident's expected under \$483.10, including the under \$483.10(b)(4). This REQUIREMENT by: Based on record revie facility failed to develop	ge about no staff had called RP). The ADON indicated service with the staff on the contact the responsible occur. 1) DEVELOP CARE PLANS results of the assessment direvise the resident's of care. Iop a comprehensive care that includes measurable ples to meet a resident's mental and psychosocial and in the comprehensive escribe the services that are nor maintain the resident's ysical, mental, and g as required under ices that would otherwise 3.25 but are not provided		157	1. The Care Plan for resident #2 has been corrected. 2. Resident requiring a Care Plan has the potential to affected by this practice therefore the MDS Nursed did a Care Plan audit to with the Care Plan reflect the care and needs of the resident. Any issues not were updated as appropriate. The MDS Nursed will identify through the morning clinical meeting, review of the 24 hour repand telephone orders for past 24 hours to ensure the Care Plans reflect the resident's needs.	are be es erify s ed ort, the	6/15/2011	
	for 1 of 1 resident (Res osteoporosis and a cas to a fractured right leg.	idents #2) with t to the right lower leg due			3. The Staff Development Coordinator and/or Direct of Nursing will in-service t	tor		

i	STATEMENT AND PLAN C	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE	NO. 0938-0391 SURVEY PLETED
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	TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD RF	(X5) COMPLETION DATE
	i i control i co	Findings included: Resident#2 had cumul included Alzheimer's (abnormal loss of bony porous bones and oste bone mineral density is Review of the care plan and last revised on 4/12 care plans to address h Resident #2' condition osteopenia. An inquiry 10:15 a.m. with MDS#1 to produce this written of Record review revealed x-rays were done on the Review of the x-ray repr a history of "pain swell radiology interpretation fibula showed a spiral fr the distal shift of the tibi Review of the nurses 'n p.m. revealed the reside orthopedic appointment the resident returned wit eg. Review of the care plans and last revised on 4/12 esident centered plan o which included measural	ative diagnoses which disease, osteoporosis tissue resulting in fragile copenia (a condition where is lower than normal). Ins dated 1/17/11, 4/5/11 2/11 revealed no written now to handle and care for of osteoporosis and was made on 5/17/11 at revealed she was unable care plan. If on 5/6/11 at 11:45 a.m. is right shin and ankle. Fort dated 5/6/11 revealed ing. " The results of included the right tibia and acture extending across a. Inotes dated 5/9/11 at 3:30 int left the facility for an at 1:15 p.m. At 6 p.m. in a cast to the lower right for a cast to the lower right for a cast to the lower right at 1:17/11, 4/5/11 in revealed no updated for care was developed ble goals and/or at 1:18 p.m. at a cast applied are.	F	279	MDS Nurses on reviewing 24 hour report and new orders to update care plate to meet resident's needs 6/15/2011. 4. The DON will audit 5 Carlans weekly for 8 weeks ensure that Care Plans reflect the resident's curre condition. The DON will report findings to the Monthly QA&A meeting formonths.	ns by are to ent	
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j	F PROVIDER OR SUPPLIER ON PLACE HEALTH AND RE	HAB		STREET ADDRESS, CITY, STATE, ZIP 5533 BURLINGTON ROAD	CODE	05/18/2011	
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F 27	(Minimum Data Set Co last revised care plan and she needed to che	5 pordinator) indicated the for the resident was 4/12/11 eck on whether the care after the fractured with a	F2	279			
F 309 SS=G	Interview on 5/17/11 at and MDS#2 regarding included changes regal with a cast was heldMI morning meeting (refer discussion was held abbetween the resident 's rubbing the skin. MDS with problems, goals at the resident 's impaired to the lower extremity. care plan was developed MDS#1 was "I just did that she was responsible plan and one should ha immediately after the call interview on 5/18/11 at administrator, director of director of nurses (DON coordinator, and corpora held. During the interview she expected document accurate, nursing assessing done as needed and a caddress the resident 's all 483.25 PROVIDE CARE HIGHEST WELL BEING	sout placing a pillow in a legs due to the cast #1 provided a care plan and approaches regarding a mobility related to a cast When asked when this ed the response from it. " MDS#2 indicated e for developing the care we been developed est was applied. 1:40 p.m. with the f nurses, assistant), staff development ate representative was ew the DON indicated that is written by her staff be sments of the resident be are plan be developed to current needs. WSERVICES FOR	F 309	F 309 1. The NP was mad of fracture to RLE o		6/15/2011	
The state of the s	Each resident must rece provide the necessary ca or maintain the highest p mental, and psychosocia	are and services to attain racticable physical.	,		on order for		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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€F 309	Continued From page	. 6			obtained on 5/06/2011 to)	
, 000	, -	comprehensive assessment	r.	309	address resident #2 pain.	i	
	and plan of care.			Treatment to skin tear on			
					RLE was initiated on		
					5/06/2011 to resident #2		
	This REQUIREMENT			2. Any resident with pain	i i		
	by: Based on observation			and/or change in skin			
	interviews with the nu			condition can be affect by	,		
	record review the faci			this practice therefore the			
	pain level of Resident when Resident#2 disp			DON/ADON completed 10			
	movement of the left i	eg from 5/3/11 through			chart audit to make sure	!	
	5/6/11. The facility sta			is being assessed and			
	ongoing assessment right leg. The facility			interventions are in place	. !		
	initial assessment or o			Any issues noted were	•		
	skin tear to the right le			updated as appropriate.	:		
		esident #2 was diagnosed			Residents will be assessed	i	
		nfection). This was evident			for pain utilizing the Won		
		he survey sample reviewed and 1 of 3 residents in the			Baker Faces Pain Rating So	•	
	sampled survey review				every shift and document		
	(Resident#2)				on the MAR and MD/NP v	I I	
İ	Findings include:				be notified for any pain	* III	
		management tool (date			• •		
	unclear). Review of th	e pain too! revealed ng a resident (who was			management needs. The wound nurse is now	İ	
		ress pain) using facial and				:	
	body language, Interview on 5/18/11 at 11:08				attending the morning	-1	
		oment coordinator (SDC) written procedure on using			clinical meeting to review	the	
		tool. If pain is present the			24 hour reports for any		
	nursing assistant (NA)	should notify the nurse			change in skin conditions.		
	and the nurse should assessment. The SD0	use the tool to conduct an			3. The DON and/or ADON		1
	assessment. The SDI	o maicated the nuise			and/or SDC and/or RN		1

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	Feet the public in the second	should check whether necessary) order or co doctor) or NP. The SD documents by exceptic training to staff on nurse than during orientation. The skin care policy was (Director of nurses) who been in effect since 11/2 addressed to cleansing non-adhering protective the wound daily and chancessary. A. Resident#2 had currincluded Alzheimer's dosteopenia. Review of the May 2011 revealed orders for Acerimilligrams (mg) 1 tablet as 8/30/10, Duragesic procurs (renewed on 4/5/1) and severe cognitive impressessment dated 4/5/1 and severe cognitive impresson total dependence between surfaces. The imitation in range of molaterfered with the daily fesident at risk for injury, igns of pain had been of teview of the care plans teview of the care plans	there was a prn (when ever ntact the MD (medical IC also indicated the facility on and has not provided sing assessments other as provided by DON of indicated the policy has 12009. The policy in part of the wound applying the dressings and to check ange the dressings as a nulative diagnoses which disease, osteoporosis and a physician orders taminophen 325 twice a day (as far back patch 12 mcg/hr every 72 left) and Ben Gay patch disease (MDS) of revealed Resident#2 pairment, required the 2 per on staff for transferring massing m	F	309		kin /or dit nt ons en or	
	re	evised 4/5/11 revealed r	no written care plan to					

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA			WI-V	OMB NO. 0938-0391	
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	PLACE HEALTH AND RE				FREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MC LEANSVILLE, NC 27301	10	5/18/2011
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i S F r ii 2 lu h b ir p	inquiry was made on 5 MDS#1 revealed she witten care plan. Review of the care plan dated 4/5/11 revealed perform all activities of needeing (needing) total [activities of daily living staff to perform ADL evwas clean, dry, and corapproaches included "transfers 2 person assistifting device) as necessaresident and to monitor breakdown or redness. Interview on 5/17/11 at worked night shift and a revealed she arrived on started her 1st round. Neesident#2 was asleep not experiencing an epison on the started her 1st round. In a more continence. Then she arm on 5/3/11 when the graph was purple looking. It is assessed her. When hed she was acting like andicated she knew her federate.	e and care for Resident #2' sis and osteopenia. An idition of the produce this and dated for problem onset unable to produce this and dated for problem onset unable to independently daily living secondary to all assistance with ADL's I''. The goal included arry shift to assure resident assist with positioning, at with Hoyer (mechanical sary and/or requested by skin condition for signs of 3 p.m. with NA#5 (who assigned to resident) duty on 5/2/11 and IA#5 stated that and was dry (referring to sode of urine add her second round at the ankle part of her right I told nurse Nurse#1 and ashe moved her in the	F	309			
a ' ;	deview of the medical re t 6 a.m. the nurses ' no s right shin was swollen esident expresses extre	cord revealed on 5/3/11 tes indicated Resident#2 and bruised. The " eme pain when touch ".					

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ı	NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	Ut	0/18/2011
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ŀ	0(1)10	CHILLADVOTA	TELLER AS AS AS AS AS AS AS AS AS AS AS AS AS		<u></u>	MC LEANSVILLE, NC 27301		
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		interview via the phone 5/18/11 at 12:39 p.m., note) who indicated the was bruised. When he right leg she closed he grimace of pain. When management Nurse#1 NA [nursing assistant] changing her. "It was time telling the oncominurse#1indicated he for a note in the NP's box in that morning. Nurse have called the on call emergency." Review of the incident indicated on 5/3/11 at 3 bed. Under the descripted and warm to too pain to touch. "A secondary of "resident of the comment indicating "a notact" with a line draw ower leg. This same incomment indicating "a notact" with a line draw ower leg. This same incompanies of the puched. "The resident of the puched." The resident of the puched. "The resident of the puched. "The resident of the puched." Interview of the puched in the resident. Interview of the contact of the resident of the puched." Interview of the puched. "Interview of the resident. Interview of the puched of the resident. Interview of the puched of the resident. Interview of the puched of the resident. Interview of the puched of the resident. Interview of the resident. Interview of the resident. Interview of the resident. Interview of the resident. Interview of the resident.	(nurse practitioner). An e was conducted on with Nurse#1 (author of the at the resident 's right shin e touched the resident 's or eyes and had a facial in inquiring about pain indicated "I informed the to be careful when is 3 a.m. and I spent much ong nurse about the bruise. Ollowed protocol by placing to because she was coming if I indicated "I would person if it was an indicated "I would person if it was an indicated incident report dated ent right shin swollen and uch. Resident expresses and incident report dated ent of a diagram of the right cident report revealed the into a diagram of the right cident report revealed the into a diagram of the right cident report revealed the into noite on 5/3/11. The nurses ' notes if it was seen by the NP across foot pedals of the in 5/17/11 at 11:40 a.m. the asked the NP to	į-	309			

STATEMENT OF DEFIC	OF DEFINITIONS	I am a series		_		OMB NO. 0938-0391		
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	from that. Nurse#2 inclevate her leg, get a and to monitor the leg. Review of the NP note bruised area right lowe and a skin tear to the ito air without signs of ipresent. Interview with the NP of 10:30 am indicated that resident on 5/3/11 she resident 's right leg sh. The NP indicated that time did not appear to clean break. The NP is and that she had expessatus of the resident 'indicated that if the staresident was in pain sh. Resident#2 's pain me. Review of the nurses 'time) revealed the right warm to touch. There we the resident 's pain.	e thought the bruises came dicated the NP told us to bar across the wheelchair as dated 5/3/11 revealed a grade leg with minimal swelling right lower leg was opened infection or inflammation on 5/18/11 at approximately at when she assessed the actually touched the edid not complaint of pain, she read the film and at the be spiral in nature but a ndicated that her plan was coted the staff to monitor the sright foot. The NP ff had notified her that the ne would have increased dicine. Inotes dated 5/4/11 (no is shin still swollen and was no assessment about 4:48 p.m. with Nurse#2 in 5/5/11 and monitored her to write it down in the	F	309	DEFICIENCY			
	notes on 5/4/11 were o.m. as routine. nterview on 5/17/11 at	2 indicated that the nurses most likely written after 3 11:35 a.m. with NA#3 or almost a year) revealed						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING С

345548

B. WING_

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

	PLACE HEALTH AND REHAB	i	6533 BURLINGTON ROAD MC LEANSVILLE, NC 27301				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIC DATE			
	Continued From page 11 on May 2, 2011 "I got off from work at 12 noon and nothing was wrong" with Resident#2. The next day on 5/3/11, I noticed a bruise during bathing the resident and I contacted Nurse#2. Nurse#2 then reported the bruise to the NP. When I got Resident#2 out of bed or moved her in bed she complained of pain. She (referring to Resident#2) can't tell you verbally that she was in pain but she did act like she was in pain by her "non-verbal" expressions on her face. We always used 2 people or Hoyer lift to transfer her. Interview on 5/17/11 at 2:15 p.m. with the (RA) restorative nursing assistant (for 2 years) revealed she provided restorative care for Resident#2. The RA indicated she usually used 2 people or the lift to transfer. RA indicated she usually provides restorative transferring, range of motion to her arms and legs, performed knee extensions, abduction and adduction her legs. RA indicated she saw a bruise on Resident#2's right shin on 5/2/11. On interview RA indicated that as soon as she touched her right leg she had a facial expression like she was in pain and she does not usually act like this. I stopped during any range of motion or transferring her that day. RA indicated she reported this immediately to Nurse#3. Then on 5/3/11 she tried to do range of motion and noticed the bruise again and she tried to do range of motion on 5/3/11 in the morning (no specific time) but Resident#2 again expressed pain in her face. RA indicated she reported this to Nurse#2 but she already knew about it. Review of the "Restorative Care Flow Record" form provided on 5/18/11 revealed on 5/2/11,	F 309	DEFICIENCY)				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ŀ	MULTIPE ILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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motion, that included kick " was performe pain and diagnoses of Additionally, the documinutes of standing pa.m. RA was not avinterviewed about the on 5/18/11 at 1:20 p.1 she spoke with RA wonly did restorative caright leg as document that these were "document that these were "document that these were "document that these were about the bruised shift tear until 5/5/11 (no til Review of the nurses noted) revealed the reand voiced concerns a lower leg bruising and The NP was notified a right lower extremity. p.m. with Nurse#3 (authe first time she knew bruised ankle and sweethe (family manufacted at that point ordered the resident to get an x-ray in the am, the family member decured the next.	e care for bilateral range of "pull a parts and scissor d despite the presence of of a fracture on 5/6/11. Immentation indicated 15 program on 5/3/11 in the allable on 5/18/11 to be dedocumentation. Interview m. with the DON revealed the indicated to her that she are to her left leg and not the ted. The DON indicated cumentation errors. " notes from 5/4/11 (no time no follow-up assessments in, leg edema, pain or skin me indicated). 'notes on 5/5/11(no time responsible party was visiting about Resident#2's right edema to the right ankle, and ordered an x-ray for the Interview on 5/17/11 at 3:15 there of this note) revealed a about Resident#2's elling was on 5/5/11 when nember) approached her looked bad. Her right ed and swollen. Nurse#3 "I called the NP and she of either go to the hospital or Nurse#3 indicated that cline for Resident#2 to be pital, so the x-ray was	F	309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 С B. WNG 345548 05/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD **ASHTON PLACE HEALTH AND REHAB** MC LEANSVILLE, NC 27301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 13 F 309 were at 6 p.m. Nurse#3 indicated the restorative aide never told her on 5/2/11 about Resident#2 's leg swelling or bruises. The nurses 'notes indicated on 5/6/11 at 11:45 a.m. x-rays were done to the right shin and ankle. Review of the x-ray report dated 5/6/11 revealed a history of "pain swelling." The results of radiology interpretation included the right tibia and fibula showed a spiral fracture extending across the distal shift of the tibia. The nurses ' notes dated 5/6/11 (no time) indicated the NP was notified of the x-ray results and ordered Vicodin 7.5/325 mg every 6 hours for 1 week (and increased the Duragesic patch dose to 25 mg. An ace wrap was applied to the lower right extremity and elevated on a pillow. Review of the nurses 'notes dated 5/9/11 at 3:30 p.m. revealed the resident left the facility for an orthopedic appointment at 1:15 p.m. At 6 p.m. the resident returned with a cast applied to the lower right leg. Interview on 5/17/11 at 5 p.m. with NA#2 (who was assigned to care for the resident) revealed she usually works with the resident during the 3-11 p.m. shift. NA#2 indicated that on 5/5/11 Resident#2 started hollering when she turned her in bed. "I called Nurse#3 down to look at her then the next day [on 5/6/11] Nurse#3 told me to make her comfortable because her leg was broken. NA#2 indicated she used the sit to stand lift to transfer Resident#2 into and out of bed before the leg fracture.

PRINTED: 06/02/2011

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/02/2011 FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPL	E CONSTRUCTION	(X3) DATE SI COMPLE	
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	Resident#2 's familianursing assistants in pain each time that Observation on 5/17. Resident #2 was sitt cast applied to her runterview on 5/18/11 administrator, direct director of nurses (Director of nurses) (Director	If at 5:30 p.m. with the sy member revealed several adicated Resident#2 was in touched her leg. If 11 at 11 a.m. revealed ting in a lounge chair with a light leg. at 1:40 p.m. with the per of nurses, assistant loN), staff development porate representative was erview the DON indicated that ments used by her staff be sessments of the resident be la care plan be developed to	F	309			
	revealed no treatmer initial or ongoing ass skin tear by the nurse 's 5/3/11 note. Review of the addenual 11:51 a.m. revealeresident's right lowe	ent sheet or nurses notes hts had been initiated or an essment of the resident 's es which was noted in the NP dum NP note dated 5/18/11 hd the skin tear on the r leg was approximately 1 re was erythema (redness)					
	5/3/11until 5/6/11 the	al record revealed from re were no follow-up ment of the skin tear to the					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SU COMPLE	
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	report " dated 5/6/11 extremity skin tear me centimeters (cm) that I exudates with a wound "pink/beefy red " in continuous of the physicial revealed new orders for (twice a day) for 2 week cellulitis at the skin tear linterview with the NP is assessed the resident touched the an addendum to not indicate who) state the skin tear was uncleased the skin tear was uncleased to the skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m. with Nurse#resident's ankie was stremember seeing a skin tear was in planterview on 5/17/11 at 12:58 p.m.	ressure skin condition revealed a right lower asuring 0.9 by 1.0 has a scant amount of dibed that was described as plor. In orders dated 5/6/11 or Doxycycline 100 mg bid eks (an antibiotic to treat the risite) Indicated that when she on 5/3/11 she actually singht leg she did not a NP indicated that she a 5/6/11 because they (did did the note on 5/6/11 about ar. Indicated T I to indicate the fact when in fact dressing progress under the cast. 4:48 p.m. and 5/18/11 at 2 indicated that the wollen but did not in tear to the leg and when 11 with the NP; Nurse#2	F3	09	DEFIGIENCY)		
1	nurse revealed on 5/6/1 ight leg. The wound b	10:45 a.m. with Treatment 1 she noted a scab on the ed was pink and red ly 0.2 cm. The treatment					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	JLTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	345548		B. WING			05	5/18/2011	
NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MC LEANSVILLE, NC 27301				
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F 309	nurse indicated she v skin tear or bruising u with the treatment nu obtained to clean the	e 16 vas not aware of the scab, until 5/6/11. Further interview rse revealed orders were wound bed with Normal rdro gel with silver and foam	F	309			6/15/2011	
F 323 SS=G	483:25(h) FREE OF HAZARDS/SUPERV The facility must ensign environment remains as is possible; and eadequate supervision prevent accidents. This REQUIREMENT by: Based on interviews the nurse practitioner facility failed to consigusing a 2 person (state 5/6/11 Resident #2 wand fibula spiral fract distal shift of the tibia	ure that the resident as free of accident hazards ach resident receives and assistance devices to I is not met as evidenced with staff, interviews with (NP) and record review the stently transfer Resident#2 ff) assist or Hoyer lift. On as diagnoses with right tibia ure extending across the . This was evident in 1 of 3 by sample reviewed for		323	1. Facility staff has bee instructed that residen to be transferred with of 2 utilizing the Hoyer 2. Any resident that recassistance for transfers the potential to be affectly this practice therefore CNA assignment sheets where audited and upon by DON/ADON and/or Supervisor. The CNA assignment sheet will be updated by RN Supervision and/or MDS nurse where	t #2 is assist Lift. quires has ected ore s lated RN oe	6/15/2011	
	included Alzheimer ((abnormal loss of bor porous bones and os bone mineral density	ulative diagnoses which s disease, osteoporosis ny tissue resulting in fragile teopenia (a condition where is lower than normal).	A A A A A A A A A A A A A A A A A A A		change in transfer staturequired on Care Plan. 3. The SDC and/or MDS Nurse and/or RN Superwill complete a 100% a by 6/15/2011 on accur	us is Visors udit		

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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	ROVIDER OR SUPPLIER PLACE HEALTH AND RE	НАВ		5	REET ADDRESS, CITY, STATE, ZIP CODE 633 BURLINGTON ROAD IC LEANSVILLE, NC 27301		-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	for Oscal 500 mg (mill by mouth and Vitamin by mouth each month used to treat osteopor Review of the Minimulassessment dated 4/5 had severe cognitive in person total dependent between surfaces. The limitation in range of minterfered with the daily resident at risk for injuring Review of the care play 4/5/11 revealed "una perform all activities of needeing (needing) to [activities of daily living staff to perform ADL ewas clean, dry, and contained a serial person assumments of the resident cognition of the resident cognition of the facility conducted updated as recent as a resident scored 10. A indicated high risk for the linterview on 5/17/11 at restorative nursing assumments.	igrams) three times a day D-2 50,000 Units 1 capsule These medications are osis. In data set (MDS) //11-revealed Resident#2 Impairment, required the 2 Ince on staff for transferring In MDS indicated functional Inotion on both sides that Iny functions or placed the Iny. In for problem onset dated In the problem onse	£.	323	CNA assignment sheet to Care Plan for assistive leve that resident require. MDS nurses will complete an in- service to facility CNA's/Restorative aids on proper documentation of transfer assistance by 6/15/2011. 4. The DON and/or ADON will review CNA assignment sheets 5 times per week for weeks and then weekly for weeks and then monthly fo 2 months. The DON will report findings to the Monthly QA&A meeting for months.	t r 8 4	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548			(X2) MU A. BUIL	ULTIPLE CONSTRUCTION	(X3) DATE S COMPLI	
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	ROVIDER OR SUPPLIER PLACE HEALTH AND RE			STREET ADDRESS, CITY, STATE, Z 5533 BURLINGTON ROAD MC LEANSVILLE, NC 2730	ZIP CODE	/18/2011
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F 323	people or the lift to tra usually provides restormotion to her arms an extensions, abduction RA indicated she saw right shin on 5/2/11. (that as soon as she to a facial expression like does not usually act lit range of motion or tra indicated she reported Nurse#3. Then on 5/3 motion and noticed the to do range of motion (no specific time) but I expressed pain in her	nsfer. RA indicated she rative transferring, range of id legs, performed knee and adduction her legs. a bruise on Resident#2 's On interview RA indicated suched her right leg she had es she was in pain and she ke this. I stopped during any insferring her that day. RA I this immediately to 8/11 she tried to do range of the bruise again and she tried on 5/3/11 in the morning	F3	323		
	form provided on 5/18. 5/3/11, 5/5/11 and 5/6. minutes of restorative motion, that included kick " was performed pain and diagnoses of Additionally, the docur minutes of standing pra.m. RA was not avainterviewed about the on 5/18/11 at 1:20 p.m she spoke with RA whonly did restorative carright leg as documents that these were "documents of the spoke with the spoke with the spoke with the spoke were "documents that these were "documents of the spok	nentation indicated 15 ogram on 5/3/11 in the llable on 5/18/11 to be documentation. Interview a with the DON revealed o indicated to her that she re to her left leg and not the ad. The DON indicated				
	Review of the "Comp	ieted Care Tasks " form				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 323	used by the nursing provided revealed: A statement "Time necessarily reflect tin provided within corre On 5/1/11 at 9:23 p.m NA#1 documented "was used to provide support to Resident# On 5/2/11 at 12:34 a. person physical assis mobility and transfer On 5/2/11 at 12.35 a. person physical assis toilet use support to Favailable to be intervion 5/1/11 at 2:32 p.m documented "one person physical solutions are supported to be intervion 5/1/11 at 2:32 p.m documented "one person physical solutions are supported to be intervion 5/1/11 at 2:32 p.m documented "one person provided to be intervioned to person physical assis to the transfer supported to be intervioned to person physical assis to the transfer supported to be intervioned to person physical assis to the transfer support to person per	recorded does not ne care provided. Care sponding shift. " n., 1:20 a.m. and 1:25 a.m. one person physical assist " ped mobility and/or transfer	F	323	·		
·	to Resident#2. On 5/3 /11 at 9:39 p person physical assis transfer support to Re On 5/4 /11 at 10:01 a. one person physical a bed mobility and trans On 5/5/11 at 9:26 p.m person physical assist mobility and transfer s Interview on 5/17/11 a was assigned to care she usually works with 3-11 p.m. shift. NA#2 Resident#2. with the ubefore the fracture.	m. NA#2 documented " one t" was used to provide sident#2. m. NA#2 documented " ssist" was used to provide fer support to Resident#2. NA#2 documented " one " was used to provide bed upport to Resident#2. t 5 p.m. with NA#2 (who for the resident) revealed Resident#2. during the indicated she transferred					

STATEMENT AND PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ILTIPLE CONSTRUCTION	· · · · · · · · · · · · · · · · · · ·	(X3) DATE S	
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	ROVIDER OR SUPPLIER PLACE HEALTH AND RE			STREET ADDRESS, CITY, ST. 5533 BURLINGTON ROA MC LEANSVILLE, NC	.D	05/	18/2011
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	Tasks form. Interview on 5/17/11 at was assigned to care she usually works with 3-11 p.m. shift. NA#2 Resident#2-started ho in bed. "I called Nurs then the next day [on 8 make her comfortable broken. NA#2 indicate lift to transfer Resident before the leg fracture. On 5/2 /11 at 11:52 a.m. one person physical assist transfer support to Res On 5/3 /11 at 2:50 p.m. person physical assist mobility support to Res On 5/3 /11 at 2:31 p.m. person physical assist mobility and transfer su interview on 5/17/11 at (working the day shift fow always used 2 peoptransfer Resident#2. To provided regarding the documentation. Interview on 5/17/11 at (working the day shift foon May 2, 2011 "I got and nothing was wrong next day on 5/3/11, I no bathing the resident and surse#2 then reported to	at 5 p.m. with NA#2 (who for the resident) revealed the resident during the indicated that on 5/5/11 (lering when she turned her 5/6/11) Nurse#3 told me to because her leg was at she used the sit to stand #2 into and out of bed In. NA# 3 documented " one was used to provide ident#2. NA# 3 documented " one was used to provide bed ident#2. NA#3 documented " one was used to provide bed ident#2. NA#3 documented " one was used to provide bed ident#2. 11:35 a.m. with NA#3 or almost a year) revealed off from work at 12 noon " with Resident#2. The ticed a bruise during it contacted Nurse#2.	F3	23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S COMPLE	
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Resident#2) can 't in pain but she did "non-verbal " expralways used 2 peoperson physical assemblility and two plut to Resident#2. Natinterviewed during On 5/3 /11 at 12:37 one person physical bed mobility support On 5/5/11 at 1:14 aperson physical assemblility support to Interview on 5/17/1 worked the night shift does not bed. There was not documentation on the (DON) director of Completed Care Tast the use of a one per response except we documentation. Review of the medic	ned of pain. She (referring to tell you verbally that she was act like she was in pain by her ressions on her face. We ple or Hoyer lift to transfer her. D.m.: NA# 4 documented " one sist " was used to provide bed us persons for transfer support #4 was not available to be the survey. a.m. NA#5 documented " lassist " was used to provide to Resident#2. t.m. NA#5 documented " one ist " was used to provide bed Resident#2. I at 3 p.m. with Na #5(who ift) revealed the staff on the transfer Resident #2 out of	F 323	,		
's right shin was swo	of the substituted by Nurse#1 at 3 a.m., the resident was in				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/02/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING_ 345548 05/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ASHTON PLACE HEALTH AND REHAB **5533 BURLINGTON ROAD** MC LEANSVILLE, NC 27301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 22 F 323 bed. Under the description of what happened had an entry of "resident right shin swollen and bruised and warm to touch. Resident expresses pain to touch. " A second incident report dated 5/3/11 at 7 a.m. authored by Nurse#2 revealed a comment indicating " an old open area with scab intact" with a line drawn to a diagram of the right lower leg. This same incident report revealed the NP assessed the resident onsite on 5/3/11. On 5/3/11 at 3:45 p.m. the nurses ' notes revealed "bruise to the left shin. Swollen & warm to touch (referring to the right leg). Yells when touched. " The resident was seen by NP who wanted a board across the foot pedals of the wheelchair. Interview on 5/17/11 at 11:40 a.m. with Nurse#2 revealed I asked the NP to check on the resident. We (Nurse#2 and NP) thought that the resident had placed her leg behind the leg rest of the wheelchair and thought the bruises came from the leg rest. The NP told us to elevate her leg, get a bar across the wheelchair and to monitor the leg. Review of the nurses ' notes dated 5/4/11 (no time) revealed the right shin was still swollen and warm to touch. The nurses ' notes on 5/5/11(no time noted) revealed the responsible party of Resident#2 was in the facility and voiced concerns about

Resident#2 's right lower leg bruising and edema to the right ankle. The NP was notified and ordered an x-ray for the right lower extremity.

On 5/6/11 at 11:45 a.m. x-rays were done on the

STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES					RM APPROVE NO. 0938-039
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ASHTON	PLACE HEALTH AND RE	HAB			5533 BURLINGTON ROAD		
(X4) ID	CINHADVOT				MC LEANSVILLE, NC 27301		
PREFIX TAG] (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)	ILD RE	(X5) COMPLETION DATE
F 323	Continued From page	23	F3	323			
	right shin and ankle.						
	Review of the x-ray re	port dated 5/6/11 revealed					
Ī	radiology interpretation	elling. " The results of a included the right tibia and			f .		
	fibula showed a spiral the distal shift of the til	fracture extending across		- <u> </u>			
	The nurses ' notes da	ted 5/6/11 (no time) notified and ordered Vicodin					
ſ	7.5/325 mg every 6 ho	urs for 1 week and					
1	increased the Durages	ic patch to 25 mg for pain					
	lower right extremity ar	wrap was applied to the nd elevated on a pillow.					
	The nurses ' notes dat	ed 5/9/11 at 3:30 p.m.					
	revealed the resident le orthopedic appointmen	ett the facility for an t at 1:15 p.m. At 6 p.m.					
11	ine resident returned w	ith a cast to the lower right					
[]	leg.			-			
]	
]							