PRINTED: 01/03/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		Bre consulting than TILE		(X3) DATE SUF COMPLET	
		345406	B. WIN	IG_		44	12/1	5/2011
	ROVIDER OR SUPPLIER	B CEN		3	REET ADDRESS, CITY, STATE, ZÎP CO 88 CARTERS ROAD 9ATESVILLE, NC 27938	ĎE		
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F 241 SS=E	manner and in an envenhances each reside full recognition of his This REQUIREMENT by: Based upon observathe facility failed to protect of the same in meals. Findings Include: A lunch meal observation of the residents seldent and began at 12:46 PM. A lunch meal observation of the residents seated toge located next to the end one resident had his eating his food. The have a meal tray server.	note care for residents in a vironment that maintains or ent's dignity and respect in or her individuality. is not met as evidenced tions, and staff interviews, omote residents dignity by ting dependent and esidents during meal dining room, while other dining room were engaged ested at a dining table of the dining room. Each ray placed in front of them. NA) was assisting feeding the NA completed feeding an feeding the other resident estion occurred in main dining table of the dining the other resident estion occurred in main dining table of the dining the other resident estion occurred in main dining table.	F	241	Preparation and/or execut correction does not constit agreement by the provider of deficiencies. The plan oprepared and/or executed by required by provision of Fregulations.	ute adm with the of correct because	ission or statement tion is it is	
LABORATORY	DIRECTOR'S OR PROVIDERA	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	>	Administra	lde) 1	(XB) DATE 112116

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.

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML	ILTIPLE (CONSTRUCTION	(X3) DATE SUR COMPLET	
AND FLAN OF O	OAREOHON	DENTI TOATION NOMBER	A. BUIL	DING	•	00	
		345406	B, WING	3		12/1	5/2011
NAME OF PROV	VIDER OR SUPPLIER .				ADDRESS, CITY, STATE, ZIP CODE		
DOWN EAST	T HEALTH AND REHAE	3 CEN			ARTERS ROAD ESVILLE, NC 27938		
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fe h a A rough fe k the h firm fe A confidence as so A reconstruction for the second feeth for the second feeth fe	als meal tray at 12:39 assisting feeding this is a lunch meal observation on 12/13/11 at 1 assidents seated at a clitchen. Each resident waterself. The other restort of her. A NA had esident at the table at a record review of the cognitive status and e for the residents observed to sit and a positive status and e for the residents observed to sit and a positive status and e for the residents observed the dining ability required assistance at meals. Our pervision at meals are sidents their meal trays should be part in interview with NA# and interview with NA# are pendent residents to a positive status and the pendent residents to a pendent resident a pendent	last Resident was served PM. The NA began Resident at 12:39 PM. tion occurred in main dining 2:24 PM. There were two dining table next to the at had a meal tray in front of as independently feeding sident had a meal tray in it begun to feed the second to 12:45 PM. In minimum data sets for ating ability were reviewed rived having to wait for their ag observations. All por cognitive status. Their extensive to total One resident required 11, on 12/14/11 at 11:18 AM ed to give independent ay last. NA#1 indicated that not control the way some bassed out by other staff. 22, on 12/14/11 at 11:32 AM, om goal was to sit ogether to be fed at the were some residents that laces. There was no sesisting dependent endent residents were	F2		1. Dependent and cognitively residents in the facility dinivere served and assisted wiwhile other residents in the dining room were engaged. Dept Heads are assigned to room duty daily to assure movere served to dependent at cognitively impaired resides same time as others in the dinom 2. Daily Quality Assurance movill be conducted by Dept Hwithin the facility to visually other areas of concern ident related to a dignified dining experience for current dependent cognitively impaired resolution and cognitively impaired resolution and procedured facility policy and procedured dining services as to promot dignified dining experience dependent and cognitively in residents. Dept Head,/Supervisor/Manager will monitor daily each meaning services as to meaning the diniversidents.	ng room th meals facility in meals. dining leals nd hts at the ining leads ze no iffied as hdent sidents. on the e for the a for mpaired on Duty	01/12/12

NAME OF PROVIDER OR SUPPLIER DOWN EAST HEALTH AND REHAB CEN SUMMARY STATEMENT OF DETICIENCES SCANTERS ROAD GATESVILLE, NO 27938		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
Table of Provider on Supplier DOWN EAST HEALTH AND REHAB CEN C(24) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAN INTERIOR OF LIGHTLY TAG PREFIX TAG PROVIDER'S HAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION THE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTI							
DOWN EAST HEALTH AND REHAB CEN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE) PREFIX TAGE F 241 Continued From page 2 An Interview with the Dietary Manager, on 12/14/11 at 11:54 AM, revealed the NAs passed out meal trays. They try to seat the dependent residents together to be fed at same time. If the dependent residents were sitting with independent residents, the goal was to assist feeding the dependent resident stogether but sometimes this did not work out. She would ask a dependent resident their meal first. An interview with the Director of Nursing, on 12/15/11 at 10:45 AM, revealed she had In-serviced her staff on feeding assistance in the dining room. She indicated some residents preferred to sit with a dependent resident preferred to sit with a dependent resident sto be served foot wink out of the preferred to feeding assistance in the dining room. She indicated some residents to serve those lables. The meal first would then assist the dependent residents to be served dood without feeding assistance, while other residents were engaged in eating at a dining table. F 242 483.16(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities,			345406	B. WING_		12/1	5/2011
FREEK TAG FEAT F241 Continued From page 2 An Interview with the Dietary Manager, on 12/14/11 at 11:54 AM, revealed the NAs passed out meal trays. They try to seat the dependent residents together to be fed at same time. If the dependent residents together but sometimes this did not work out. She would ask a dependent resident it was alight to provide the independent resident their meal first. An interview with the Director of Nursing, on 12/15/11 at 11:54 AM, revealed staff try to seat all dependent resident their meal first. An interview with the Director of Nursing, on 12/15/11 at 11:17 AM, revealed staff try to seat all dependent resident their meal first. An interview with the Director of Nursing, on 12/15/11 at 11:17 AM, revealed she had in-serviced her staff on feeding assistance in the dining room. She Indicated some residents preferred to sit in certain places. If an independent resident tresident is to serve those tables. The meal trays were expected to be served at the same time. The NAs would then assist the dependent residents to be served food without feeding assistance, while other residents were engaged in eating at a dining table. F 2422 SS=D MAKE CHOICES The resident has the right to choose activities,			B CEN	S'	38 CARTERS ROAD		
An Interview with the Dietary Manager, on 12/14/11 at 11:54 AM, revealed the NAs passed out meal trays. They try to seat the dependent residents together to be fed at same time. If the dependent residents were sitting with independent residents, the goal was to assist feeding the dependent residents. An interview with NA#3, on 12/15/11 at 10:45 AM, revealed staff try to seat all dependent resident together but sometimes this did not work out. She would ask a dependent resident their meal first. An interview with the Director of Nursing, on 12/15/11 at 11:17 AM, revealed she had in-serviced her staff on feeding assistance in the dining room. She indicated some residents preferred to sit in certain places. If an independent resident, the NA staff would wait last to serve those tables. The meal trays were expected to be served at the same time. The NAs would not expect for dependent residents to be served down without feeding assistance, while other residents were engaged in eating at a dining table. F 242 483-16(b) SELF-DETERMINATION - RIGHT TO The resident has the right to choose activities,	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	OULD BE	COMPLETION
her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that	F 242	An Interview with the 12/14/11 at 11:54 AM out meal trays. They residents together to dependent residents independent residents feeding the depender. An interview with NA AM, revealed staff try residents together but work out. She would it was alight to provide their meal first. An interview with the 12/15/11 at 11:17 AM inserviced her staff of dining room. She independent resident dependent resident, to serve those tables, expected to be served would then assist the would not expect for a served food without for other residents were dining table. 483.15(b) SELF-DET MAKE CHOICES The resident has the schedules, and health her interests, assessinteract with members inside and outside the	Dietary Manager, on i, revealed the NAs passed try to seat the dependent be fed at same time. If the were sitting with is, the goal was to assist in residents. #3, on 12/15/11 at 10:45 to seat all dependent it sometimes this did not ask a dependent resident if the independent resident Director of Nursing, on i, revealed she had in feeding assistance in the icated some residents ain places. If an preferred to sit with a the NA staff would wait last The meal trays were did at the same time. The NAs dependent residents. She dependent residents to be deding assistance, while engaged in eating at a ERMINATION - RIGHT TO right to choose activities, in care consistent with his or ments, and plans of care; is of the community both in facility; and make choices		 ADMIN/DON will condimprovement (QI) monidignified meal experience conducted 5 x weekly for 4 weeks, as a monthly for 9 months. ADMIN/DON will report QI monitoring to the Rise Management/Quality Im (RM/QI) Committee momonths for continued coand/or revision. 	toring of the will be r 4 weeks, then 1 the tresults of the provement of the provement of the tresults of the provement of the tresults of the provement	

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F 242	Continued From page are significant to the		F 242	Resident # 42 was assisted bed prior to the next schedu smoking time. CNA's assisted sheet and care tracker profi	oled gnment
	by: Based on observation interviews, the facility #42) of 1 sampled resident prior to smoking a Findings include: Resident #42 was add 07/27/07 and readmit Cumulative diagnoses spasticity of all extremed Review of the quarter assessment, dated 10 resident was alert and behaviors. The assessment interviews of the assessment in the same prior interviews of the quarter assessment, dated 10 resident was alert and behaviors. The assessment interviews in the interviews interviews interviews interviews interviews inter	failed to honor 1 (Resident sident's choice to be out of scheduled time. mitted to the facility on ted on 08/11/10. s included quadriplegia and nities.		update to resident's prefere 2. Dept Heads will monitor we facility daily to visualize no areas of concern identified to current residents requiring assistance who choose to be bed prior to a scheduled smatime. Current residents who have been interviewed to id their preference to be up prefirst scheduled smoking sess. Those residents profile have updated in care tracker. Curnursing staff was educated facility policy and proceduries residents rights to promote the second service of the second second service of the second	nce. ithin the cother as related as related ge out of oking o smoke lentify ior to the sion. e been rrent on the re for that
	transfers; dressing; eable to be independed facility; and, had limite extremities. Further reveal the resident red. During the survey, the announce over the passmoking at 9:30 AM; PM; and 6:30 PM. On 12/14/11 at 8:55 Amade of the resident wheelchair being fed. The resident confirmed.	ating; tolieting; bathing; was not with locomotion in the ed range of motion in all eview of the MDS did not fused care or services. If facility was observed to aging system the times for 11:00 AM; 1:30 PM; 3:30 AM, an observation was sitting up in his motorized by Nurse Aide (NA) # 5. In the day. AM, an observation was ready for the day.		residents requiring assistant of bed per their choice prior scheduled smoking time. 3. ADMIN/DON will conduct monitoring of residents the get up for the first smoke but the process of t	et QI at want to reak are then 3 x x weekly conthly esults of esults of evement conths for

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	made of Resident #42 smoke. An interview, on 12/14 conducted with NA #1 resident liked to go out times during the day. On 12/15/11 at 9:40 A made of the resident in no one had gotten him the first smoking breath happened a lot because enough staff. Resider did get him up, it will be smoke and he will have He indicated the issue that is really does upset upsets him that he car or go to smoke when he A continuous observat nursing staff was noted #42 's room between \$100 to \$12/15/11 at 10:10 A made of Resident #42 Director of Nursing (DO answer the call light an station to check on NA stated the NA was in a On 12/15/11 at 10:25 A observed to go into the closed the door. An interview, on 12/15/	exiting the building to 1/11 at 2:44 PM, was The NA indicated the at at the scheduled smoking M, an observation was a bed. Resident #42 stated a up yet and he was missing at the relayed that it see he felt they did not have at #42 continued when they see too late to go out to see to wait until the next time. The happened often enoughed him. He reiterated it see wants. It get up when he wants he wants he wants. It get up when he wants he wants he wants. It get up when he wants he wants he wants. It get up when he wants he wants he wants. It get up when he wants he wants he wants. It get up when he wants he	F 242				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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F 242	assigned to Resident confirmed the resident out at the first smokin, he was not able to be stated she had been it unable to get to him to indicated on some day feeling good he would asked if that was the reday, NA #5 said no. On 12/15/11 at 10:47 observed up in his most the hallway and confirment smoking time. An interview, on 12/15 conducted with NA #2 #42 liked to be up in tithe 9:30 AM schedule. Review of the resident reveal any documenta care. The medical recresident went out at difference of the adwhen he put his light of the NA and he was Administrator indicated refused to get up when Administrator continue up later, they would has An interview, on 12/15.	#42 on this date. NA #5 It did like to be able to go g time. When asked why up earlier this date, she busy with and had been to get him up. NA#5 It is if the resident was not I not get up early. When reason he was not up to AM, Resident #42 was storized wheelchair, sitting in med he was waiting for the 6/11 at 10:55 AM, was I. She confirmed Resident I me to go out to smoke at d time. It's medical record did not ation Resident #42 refused bord did not indicate the fferent times to smoke. If 11:10 AM, was rector of Nursing (DON) in liministrator. She relayed on she gave the information taken care of. The d sometimes the resident in staff was available. The did that if the resident did get ave staff take him to smoke.	F	242			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
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F 242 F 279	staff knew to get him he wanted to go out a Resident #42 relayed 6:30 PM scheduled s bed at that time beca chair. 483.20(d), 483.20(k)(up after breakfast because it 9:30 AM to smoke. he did not go out at the moking time as he was in use he gets tired up in his	F 242 F 279		eare plan was updated	
SS=D	COMPREHENSIVE Of A facility must use the to develop, review and comprehensive plan of the facility must develop and for each resident objectives and timeta medical, nursing, and needs that are identificant assessment. The care plan must do be furnished to attain highest practicable playschosocial well-bei §483.25; and any serbe required under §44 due to the resident's each comprehensive to the resident to the resident's each comprehensive to the resident to the resi	care PLANS e results of the assessment d revise the resident's of care. elop a comprehensive care that includes measurable bles to meet a resident's mental and psychosocial fed in the comprehensive escribe the services that are tin or maintain the resident's sysical, mental, and		to include the property of the MDS as impaction is a constipation is a piloto of the MDS as impaction is in with a history.	oroblem of d fecal impaction. Minimum Data Set dated to include a impaction. Current reflects resident impaction. ng staff were e policy and leveloping a plan of care as to the problem of	oilizhiz
	by: Based on observatio record reviews the far problem identified as comprehensive care	is not met as evidenced ns, staff interviews and collity failed to address a constipation and develop a colan for resident #4. The e resident #4 had a history		100 % audit of assessment wer that they reflect and constipation Medical Recor	current MDS re audited to insure ted fecal impaction	oillelle

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DATE SU COMPLET	
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F 279	of a fecal impaction of Resident # 4 was adm 3/4/05. Cumlative dia: Osteoarthritis, Cerebri (stroke) with left hemidiabetes, Hypothyroic with right hip pinning. A review of the most of (MDS): dated 10/24/11 continent of bowel, are urine. Constipation with 6 and triggered constitutions was not stated on the Plan dated 10/11 revinot identified as a prowas not included in the Medications for this reconstipation. During a review of the most of the resident complained of could not pass the stotamount of blood in the the resident for impaction. The nurse resident had a large a rectum. The nurse conotified him of the find to manually disimpact a half a bottle of Magiwas removed and the Magnesium Citrate as of the medical record,	nitted to the facility on gnosis included ral vascular Accident paresis (paralysis), Type II dism, and Pelvic Fracture recent Minimum Data Set 1, revealed the resident was not, at times, incontinent of ras checked on MDS section ipation. A fecal impaction MDS. A review of the Care realed that constipation was blem for Resident #4 and re resident 's plan of care. resident include Miralax for resident had a fecal documented that the of constipation and that she reliable to the following the facility of the fa	F	•	ADMIN/DON will commonitoring of care plant to insure that they incluimpaction and constipat indicated. 5 x weekly for then 3 x weekly for 4 weeks, a monthly for 9 months. ADMIN/DON will report the Rimanagement Quality In Committee monthly x 1 continued compliance a revision.	s and MDS de fecal tion as or 4 weeks, reeks, then 1 and then 1 x ort results of isk inprovement 2 months for	01/2/12

Facility ID: 923158

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
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F 279	Bladder Detailed Rep had several episodes movement for 3 days revealed that this pati Magnesia (MOM) to b constipation. Resident #4's record as follows: a. August 2011, the movement from 8/10/again from 8/19/11 this b. September 2011, and Bladder Detailed resident had no bowel through 9/10/11. Fror was recorded. The stated the resident was stool felt, and the nurs monitor. c. October 2011, revened a BM on 10/4/11. was sent to Emergency for the resident was seen and returned to the fact diagnosis of Gastro es documented BM was expressed by the follow up visit for of breath. He docume Emergency Room as the was probably indigestic challenge with constip 10/15/11 no bowel moon Care Tracker systems.	ort revealed the resident without a reported bowel or longer. The MAR ent had an order for Milk of e given if needed for ed bowel movements were resident had no bowel 11 through 8/16/11 and ough 8/26/11. the Care Tracker Bowel Report revealed that movement from 9/4/11 in 9/11 through 9/19 no BM nurses note on 9/14/11 is checked for impaction, no es would continue to view of the Care Tracker BM it revealed that the resident On 10/7/11 the resident On 10/7/11 the resident y Room for chest pain. In the Emergency Room cility that night with a ophageal Reflux. The next on 10/8/11. On 10/12/11 tes state resident was seen chest pain and shortness ints the visit to the uneventful. "They thought it on. She does have a eation." On 10/9/11 to vement was documented	L.	279			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 279	in the Care tracker sy d. November 2011, system revealed that 11/13/11 through11/2 During an interview w at 10:00AM, she state care plan for constipa 483.25 PROVIDE CA HIGHEST WELL BEIL Each resident must reprovide the necessary or maintain the highes mental, and psychoso accordance with the cand plan of care. This REQUIREMENT by: Based on record revifacility staff, the facility monitor bowel pattern sampled residents, whistory of a fecal imparameter of	review of the Care tracker the resident had no BM 0/11. with the MDS nurse 12/15/11 and the patient should have a stion. RE/SERVICES FOR NG eceive and the facility must by care and services to attain set practicable physical, orial well-being, in comprehensive assessment is not met as evidenced ew and interviews with by failed to assess and set of 1 (Resident #4) of 1 the had a documented action and constipation. mitted to the facility on osis include: Osteoarthritis, cident with left hemiparesis, othyroidism, and a Pelvic pinning.	F 30	1. Resident # 4 had be assessed and suffer Reviewed BM reportracker and resident documented BM's reviewed medication received for Mira- 2. Nurse Managers we residents daily for shifts care BM reportesidents are having Any resident identic constipated will be MD for further into CNA's were educated residents with indepton insure accurate of BM patterns. Liculated and procedure for residents with indepton insure accurate of BM patterns. Liculated and procedure for residents with indepton insure accurate of BM patterns for assessment to promise bowel patterns for adocumented history	owel patterns red no harm. ort from care nt was having regularly. MD on and new orders lax daily. fill review No BM in nine ort to insure g regular BM's. ified as reported to the erventions. ated on asking pendent toileting documentation of ensed nursing do on the policy nursing note assessment of residents with a y of fecal	oilizhiz	
		ent Reference Date of at Resident #4 needed		impaction and cons	зирацоп.		

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		345406	B. WNG		12/15/2011
	(EACH DEFICIENC)	D REHAB CEN 38 CARTERS ROAD GATESVILLE, NC 27938 MADY STATEMENT OF DESICIENCIES ID PROVIDER'S PLAN OF CORRECTION		ULD BE COMPLETION	
F 309	extensive assistance transfers. Staff set up for bathing was required tontinent of bowel and times. Multiple medications Lyrica for pain manage constipation. During a review of a revealed the resident nurse documented the of constipation and the stool. The nurse saw the toilet. The nurse of impaction and docum large amount of hard nurse contacted the path of findings. He order disimpact the resident bottle of Magnesium removed and the path of the next nurse 's no 8/3/11. Nurse notes documentation of an the nurse. A further review of the Administration Record Tracker Bowel and Becompleted by Nursing Resident #4 had severe ported bowel move	for weight bearing and for bathing and assistance red. The resident was d incontinent of urine at for this resident included gement and Miralax for nurses note, dated 7/31/11, had a fecal impaction. The at the resident complained that she could not pass the a small amount of blood in checked the resident for gented the resident had a stool in the rectum. The chysician and notified him of the direct the nurse to manually the and then give a half a Citrate. The stool was ent received the Magnesium the nurse documented in the was to be monitored for reatment for constipation. the entry was written on	F 309	 ADMIN/DON will conduct monitoring of bowel move report/care tracker BM rep to insure residents are having documented BM's monitoring to the weekly for 4 weeks, the weekly for 4 weeks, and the monthly for 9 months. ADMIN/DON will report QI monitoring to the Risk Management Quality Imple Committee monthly x 12 recontinued compliance and revision. 	at QI ment ort daily ng regular ring will eeks, then en 1 x nen 1 x results of rovement months for

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

Facility ID: 923158

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345406	B. WING		12	15/2011
	ROVIDER OR SUPPLIER	HAB CEN	38 C	T ADDRESS, CITY, STATE, ZIP CO ARTERS ROAD ESVILLE, NC 27938	DE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	Milk of Magnesia to constipation. A revithe MAR revealed (MOM) had not bee September, and Or Review of the reside pattern revealed the a. August 2011, the movement from 8/19/11 through medical record reversident 's abdome physician orders and Administration Receptions revealed the Milk of Magnesia to constipation, but we the entire month of b. September 201 and Bladder Detailer resident had no bow through 9/10/11. Nowere documented in 9/11/11 through 9/11/11 stated the minimpaction, no stool continue to monitor, was documented. A progress notes reverequested the physical and the physical many times a not want to eat. He	be given as needed for lew of the physician orders and that the Milk of Magnesia en given June, July, August, ctober of 2011. Ident's documented bowel e following; The resident had no bowel 10/11 through 8/16/11, and 19/18/26/11. Review of the lealed no assessments of the lealed no assessments of the lealed the Medication lord (MAR) for those time e resident had an order for 15 be given as needed for as not documented as used	F 309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345406	B. WIN	ß_		12/1	5/2011
	ROVIDER OR SUPPLIER	B CEN		3	REET ADDRESS, CITY, STATE, ZIP CODE 38 CARTERS ROAD GATESVILLE, NC 27938		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	orders revealed the reof Magnesia to be give constipation. The meentire month of Septe c. October 2011, a BM reports for the resident had a BM on resident was sent to Epain. The resident was Sent to Epain. The resident was Room and returned to diagnosis of Gastroedocumented BM was Physician progress not seen for a follow up with shortness of breath. It is visit to the Emerge "They thought it was proceed to the Emerge of the total progress of the shave a challenge 10/9/11 to 10/15/11 modes have a challenge 10/9/11 to 10/15/11 movement was documented on the Cassessment was documented on the Cassessmented on the C	if the MAR and physician esident had an order for Milk en as needed for dication was not used the mber 2011. review of the Care Tracker sident revealed that the 10/4/11. On 10/7/11 the Emergency Room for chest as seen in the Emergency of the facility that night with a sophageal Reflux. The next on 10/8/11. On 10/12/11, a pote stated the resident was sist for chest pain and the documented the resident ency Room as uneventful. Probably indigestion. She are tracker system. No mented in the nurses to 10/26/11 no bowel mented in the Care tracker orders and the MAR were led that the resident had an esia to be given as needed as not used the entire 1. A review of the lated October 28, 2011 of Magnesia was	F	309			

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUI COMPLET A. BUILDING (X3) DATE SUI						
		345406	B. WING	; _		12/1	15/2011
	ROVIDER OR SUPPLIER	B CEN		38 0	ET ADDRESS, CITY, STATE, ZIP CODE CARTERS ROAD TESVILLE, NC 27938		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUN CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	System. A nurse's the resident told the movement on 11/28/1 During an interview w 11:22 AM, the NA rep the resident. The NA appetite as fair, that s and snacks, but less f thing she really liked. the resident could take but she shouldn't because by herself. The NA st her call light when she The NA stated the rescommode or clean he The NA stated staff prassisted her out of the During an interview wi 11:30 AM, the NA repethe resident. The NA appetite in the morning lunch maybe 25%, she snacks. The NA repoblements into During an interview, w Supervisor on 12/15/1 revealed resident BM's Care Tracker system is Supervisor stated a 72 generated from the Careviewed on a daily be monitoring was done f were on the 72-Hour revealed resident resident reviewed on a daily be monitoring was done f were on the 72-Hour resident she was a supervisor stated a 72 generated from the Careviewed on a daily be monitoring was done f	notes on 12/1/11 indicated ourse she had a bowel 1 and 11/30/11. ith NA #1, on 12-15-11 at orted she was familiar with described the resident 's he ate a good breakfast, for lunch unless it was some. The NA further reported to the bathroom, ause she's not safe to walk ated the resident would use to was done in the bathroom. Ident did not flush the reself after using the toilet. To ovided hygiene care and the restroom. Ith NA #5 on 12-15-11 at orted she was familiar with reported the resident 's g may have been 50%, and the Care Tracker system. Ith the RN Nursing 1 at 9:50 AM, the RN is were documented in the coy the NAs. The 2-HOUR Report was	F3	109			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		345406	a. WIN	G		12 <i>i</i> -	15/2011
	ROVIDER OR SUPPLIER	B CEN		3	REET ADDRESS, CITY, STATE, ZIP CODE 88 CARTERS ROAD 9ATESVILLE, NC 27938		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	pain or discomfort. The NAs also reported to shift which resident has reported nurses documented in the constipation medication. An interview with the constipation medication and tracking the Care tracker system or to the nurse residents in her care for report sheet was print system which reveale have a BM in 72 hours report was reviewed be Supervisor daily at the stated the information Charge Nurses on the residents. The DON sexpected to follow threfor residents who have to include bowel sound pain or discomfort. The checked physician or medication if indicated indicated. The information documented in the nurse indicated. The information with the DON revealed documented impaction stated she was not emitime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime. The DON did not the she was not entime.	the Supervisor stated the the nurse at the end of the ad a BM. The Supervisor mented the BM's on the president was offered a on, if ordered. DON (Director of Nursing) PM, revealed that BM was done by the NAs using the each shift. The NA at the end of their shift if the end a BM. The 72-hour BM and a BM. The 72-hour BM and the residents did not at the end of their shift if the end of their shift if the end of their shift if the end a BM. The 72-hour BM are from the Care Tracker divinich residents did not at the end of their shift if the end in the end of their shift if the end of the		309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE COMPL	
	345406	B. WING	G	12	1/15/2011
NAME OF PROVIDER OR SUPPLIER DOWN EAST HEALTH AND REHAE	3 CEN	•	STREET ADDRESS, CITY, STATE, ZIP CO 38 CARTERS ROAD GATESVILLE, NC 27938		
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beginning September longer record the BM stated she had change eliminated the "double The physician's orde September 1, 2011 stated for BM every shift if not impaction." indicated documentation for Residual the DON. Review of the DON, revealed the Miralax (laxative used movements) ever other been used daily, but the every other day. In addorder for MOM for con as needed basis-addiscontinued on 10/28, the resident's MARs the MOM had not been the date it was discontinued in twas MOM should have been gone longer than 72 he movement. The Nursidhe interview as she was Tracker system. The Nursidher resident should concept until a bowel moding the system. F 318 SS=D IN RANGE OF MOTIO	y. The DON stated that 1, 2011, the nurses no in the MAR. The DON ed the process and c charting on the MAR ". r for this resident dated, ated Discontinue checking b BM in 3 days check for ed that was Nursing sident #4 was reviewed with the resident 's MAR with r resident had order for to promote bowel er day. The medication had ne physician reduced it to dition, the resident had an stipation to be used on an and the order was //11 for non use. Review of since June 2011 confirmed in given June 2011 through inued on October 28, 2011. Is her expectation that the en given as the resident had ours without a bowel e Consultant participated in as more familiar with Care furse Consultant stated owed up on 72-hour report, intinue to show up on the overment was documented SE/PREVENT DECREASE Whensive assessment of a ust ensure that a resident	F3	309		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SUI COMPLET	
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F 318	appropriate treatment range of motion and/or decrease in range of This REQUIREMENT by: Based upon observative record reviews, the far appropriate treatment decrease in range of Residents (Residents: Findings Include: Resident #13 had dia failure, edema, Alzheneuropathy. The Min 10/7/11, indicated Recognitive status and rassistance with her are Resident #13 had a lit (ROM) on one side with movement. She was An observation on 12 Resident #13 was unand had curled finger. A record review of the was conducted. An other resident was to we hand wrist seven day applied after daily modern.	t and services to increase or to prevent further motion. T is not met as evidenced tions, staff interviews and acility failed to provide the todevices to prevent further motion for 1 of 3 sampled #13) with contractures. I gnoses of congestive heart imer's, stroke and imum Data Set, dated sident #13 was at a poor equired extensive to total civities of daily living. I mited Range of Motion ith partial loss of voluntary at risk for skin breakdown. I 12/11 at 2:36 PM revealed able to move her left hand son the left hand. I facility physician orders order dated 7/27/11 indicated ear an edema glove and left is per week and was to be rning care.	F3		1. Resident #13 had the splint pher left hand/wrist as per phyorders. Resident #13's eden was discontinued per physic orders. New orders were obtained a splint was applied to be hand/wrist and will be applinursing staff per physicians. 2. Nursing and Therapy condu 100% building audit of resid splinting needs. Orders were obtained clarified by the physician orders for splints. Nursir will apply and remove splin Physician Order as applicab Nursing staff were educated facility policy and procedur application of splinting devipromote provision of approprie treatment devices to prevent decrease in range of motion current residents with contrast	ian's tained eft ed by order. cted a dent for e ysician ng staff t per le. on the e for ices as to priate t further for	01/12/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/03/2012 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					OMB NO	D. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CON	STRUCTION	(X3) DATE SUI COMPLET	
		345406	B. WIN	lG			12/1	5/2011
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F 318	through 7/29/11 was indicated the long ten was to utilize the left to the left hand and w prevention and edem. Resident #13 met OT a left grip splint and e with no signs or sympintegrity. A record review of the Restorative Nursing re 6/16/11, was conduct restorative services to splint as directed by Other A record review of the program plan and surindicated the goal was indicated for nursing grip splint on during the evening. An observation on 12/18 Resident #13 was sea her room. Her left has be used. There was no device on her left han An interview with the 12/15/11 at 3:31 PM, supposed to be wearing glove to prevent edem has had edema to the Rehabilitation Director would be for the use of edema glove. There was edema glove. There was edema glove. There was edema glove.	conducted. The report in goal was for Resident #13 grip splint and edema glove rist for contracture a management. It indicated goals and was able to wear dema glove for eight hours toms of decreased skin a facility therapy to ecommendations, dated ed. It indicated for place the left hand/wrist of daily until discontinued. a facility Restorative Nursing mary, dated 7/21/11, a to prevent contractures. It staff to apply the left hand he day and off during the 15/11 at 2:56 PM, revealed ated in a reclining chair in he was limp and unable to o edema glove or splint	L.	318	4.	ADMIN/DON will conduct monitoring that splints are i per physician order 5 x wee weeks, then 3 x weekly for then 1 x weekly for 4 weeks then 1 x monthly for 9 mon ADMIN/DON will report re QI monitoring to the Risk Management Quality Impro Committee monthly x 12 m continued compliance and/or revision.	4 weeks, s, and ths. esults of	orlizhiz orlizhiz

Facility ID: 923158

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SUF COMPLETE	
		345406	B. WIN	G	·	12/1	5/2011
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	An observation on 1 Resident #13 in a re Resident #13 was n edema glove. An interview with Nu 12/15/11 at 3:50 PM the mornings and of glove on, but she wa wearing a splint. Sh for a glove, but was An interview with the 12/15/11 at 4:48 PM progressed with resi feeding. She was n splint and edema glove An interview with the 12/15/11 at 5:28 PM a discontinued orde edema glove. As fa wear the hand splint remained. An interview with Di Administrator and N	ge 18 2/15/11 at 3:41 PM revealed eclining chair in her room. ot wearing a splint device or ursing Assistant #4, on the revealed she had come in observed Resident #13 with a sea unsure of Resident #13 had the knew there was an order unsure about a splint order. Restorative Nurse on the revealed Resident #13 had the revealed Resident #13 had the revealed Resident #13 had the revealed she could not find a for the left hand splint or a she knew, the order to and edema glove still rector of Nursing, urse Consultant on 12/15/11		318			
	at 6:20 PM, revealed splint and edema gloon Resident #13.	d they agreed that the left had ove should have been placed					



PRINTED; 01/17/2012 FORM APPROVED TMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 TERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING ' 01 - MAIN BUILDING 01 B, WING 01/10/2012 345406 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 38 CARTERS ROAD DOWN EAST HEALTH AND REHAB CEN GATESVILLE, NC 27938 PROVIDER'S PLAN OF CORRECTION
(ENCH CORRECTIVE ACTIONS HOWLD BE
C' CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (XS) COMPLETION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Preparation and/or execution of this plan of correction does not constitute admission or NFPA 101 LIFE SAFETY CODE STANDARD agreedant by the provider with the statement of K 012 deficiencies. The plan of correction is prepared SS=E and/or executed because it is required by provision Bullding construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, of Federal and State regulations. K-012 19.3.5.1 I. The coiling flushing around the exhaust yent in the water heater room located at the end of F-Hall accessible from outside was repaired to secure to the ceiling. Areas around the sprinkler heads This STANDARD is not met as evidenced by: throughout the facility are properly Based on observation on Tuesday January 10, scaled to maintain the rating of the 2012 between 10:00 AM and 1:00 PM the The roll up shutter between the dining following was noted: room and kitchen dish return areas has 1) The ceiling flashing around the exhaust vent in been replaced. Waiver requested for the the water heater room located at the end of F-Hall coll-up shutter until 3/30/2012. accessible from outside is not secured to the Quality Assurance rounding was ceiling. conducted throughout the facility to 2) Throughout the building the area around the visualize no other areas of concern sprinkler heads are not properly sealed in order to identified as related to the ceiling maintain the rating of the ceiling. flashing around the exhaust yent; sprinkler heads through out the facility 3) The roll up shutter located between the dinning and the roll up shutter in the dining room and kitchen dish return area was missing room. Maintenance Director educated hardware at the top and when closed would not that coiling flashing around the exhaust seal the area in order to maintain the required yout is secured to the coiling, the area 2/14/12 rating for the wall. around the sprinkler heads throughout the facility are properly scaled, and the 42 CFR 483,70(a) roll up shutter in the dish return area NFPA 101 LIFE SAFETY CODE STANDARD K 038 seals properly when closed. K 038 ADMIN/Designee will conduct Quality SS≌F Improvement (QI) monitoring of this Exit access is arranged so that exits are readily standard 5 x weekly for 4 weeks, then 3 accessible at all times in accordance with section x weekly for 4 weeks, then 1 x weekly 19.2.1 7.1 for 4 weeks, and then 1 x monthly for 9 2/14/13 months. ADMIN/Designee will report results of QI monitoring to the Risk Management/Quality Improvement (RM/QI) Committee monthly x 12 months for continued compliance and/or This STANDARD is not met as evidenced by: Based on observation on Tuesday January 10, revision. Completion date 2-14-2012 RATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TILE leficlency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ing 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 following the date these documents are made evaluable to the facility. If deficiencies are cited, an approved plan of correction is feedingle to continued 01/51/5015 2523571436

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	n' of Deficiencies	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DAYE SURVEY
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDIN	G 01 - MAIN BUILDING 01	COMPLETED
		- 345406	B. WING		01/10/2012
	FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	36	EET ADDRESS, CITY, STATE, ZIP CODE B CARTERS ROAD ATESVILLE, NC 27938 PROVIDER'S PLAN OF CORE (BACH CORRECTIVE ACTION S CROSS-REFERENCED YO THE AT DEFICIENCY)	RECTION (X5)
K 062 SS∺D	following was noted. 1) The delayed egreand C hall did not refire alarm. 42 CFR 483.70(a) NFPA 101 LIFE SAF Required automatic continuously maintaic condition and are insperiodically. 19.7.6	SAM and 1:00 PM the ses exit doors at the end of A lease upon activation of the FETY CODE STANDARD sprinkler systems are ned in reliable operating spected and tested 5, 4.6.12, NFPA 13, NFPA	K 038	1. The delayed egress exit doors at of A and C hull releases upon act of the fire alarm. BPPE repaired 1/11/2012. 2. Quality Assurance rounds was conducted to assure that other degress exit doors in the facility reupon activation of the fire alarm. further issues identified. Mainten Director re-educated on that the degress exit doors must release whalarm is activated. 3. ADMIN/Designee will conduct Q monitoring that egress exit doors upon activation of the fire alarm. standard will be monitored 5 x we for 4 weeks, then 3 x weekly for 4 weeks, then 1 x monthly for 9 months. 4. ADMIN/Designee will report resu QI monitoring to the Risk Manage	on activation paired on vas ver delayed lity released larm. No eintenence the delayed se when fire luct QI doors release larm. This
K 067 SS=D H V	Based on observation 2012 between 10:00 following was noted: 1) The tamper alarm located in front of the not provide a supervious when tested. 42 CFR 483.70(a) NFPA 101 LIFE SAFING. Ventilating, a	for the sprinkler valve intake on the fire pump did sory signal at the fire alarm ETY CODE STANDARD alar comply section 9.2 and are installed a manufacturer's	K 067	4. ADMIN/Designed will report	rt results of (anagement)
	in sol part of the sol	solete Event ID; AXLE21	Fucility	ID: 928158 If cor	ntinuation sheet Page 2 of
CMS-2567((02-99) Previous Versions Ob	solote then infortes!	Luciny	11 200	ang sumurum ang tito ti est of the

PRINTED: 01/17/2012 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	NULTIPLI ILDING	e construction 01 - Main Building 01	(X3) DATE	SURVEY PLETED
	,	345406	B, Wil	16		01	/10/2012
*	PROVIDER OR SUPPLIER EAST HEALTH AND RE	EHAB CEN	,	38 C.) ADDRESS, CILY, STATE, ZIP CODE ARTERS ROAD 'ESVILLE, NC 27938		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREFI ȚAG	x •	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION 9H CROSS-REFERENCED TO THE APT DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
SS∺D	2012 between 10:00 following was noted: 1) The delayed egree and C hell did not rel fire alarm. 42 CFR 483,70(a) NFPA 101 LIFE SAF Required automatic s continuously maintair condition and are insp	AM and 1:00 PM the ss exit doors at the end of A lease upon activation of the ETY CODE STANDARD sprinkler systems are ned in reliable operating	K O		K. 062 The tamper alarm for the sprinkle located in front of the intake on the pump does provide a supervisory at the fire alarm punel when tested BFPE repaired the tamper alarm on 1/19/2012. Quality Assurance rounds were conducted and no further issues widentify with other tamper alarms sprinkler valve located between the sprinkler valve of the conducted and contact of the conducted and conducted between the conducted and conducted between the conducted in the conducted and conducted and conducted between the conducted in the conducted and conducted and conducted between the conducted in the	the fire y signal ed. switch were s for the	əf14/12-
2 ff 1 km n p 4 N SS=D H w in sp	Based on observation 2012 between 10:00 A following was noted: 1) The tamper alarm for a supervised and provide a supervised and when tested. 12 CFR 483.70(a) 15 CFR 101 LIFE SAFET at the supervised and the supervised a	or the sprinkler valve Intake on the fire pump did Ory signal at the fire alarm TY CODE STANDARD If air conditioning comply ection 9.2 and are installed manufacturer's	К 067	4,	water tank and the fire pump, and located in the sprinkler rising roo providing a supervisory signal at alarm panel when tested. Mainter Director re-educated that the tam alarm for the sprinkler valve in fir the intake on the fire pump must a supervisory signal at the fire alapanel when tested. Also all other a latins for the sprinkler valve on the pump must provide a supervisory at the fire alam panel when tested. Also all other a latins for the sprinkler valve on the pump must provide a supervisory at the fire alam panel when tested. ADMIN/Designee will conduct Q improvement monitoring of this so weekly for 4 weeks, then 1 x weekly for 4 weeks, and then 1 x monthly for 9 months. ADMIN/Designee will report resu QI monitoring to the Risk Manage Quality Improvement Committee monthly x 12 months for continued compliance and/or revision. Completion date 2-14-2012	I one m are the fire nance per ont of provide run famper she fire signal L uality tandard weekly	2/14/12 114/12 114/12

أوافا أواحد يومو

PRINTED: 01/17/2012 FORM APPROVED OMB NO. 0938-0391

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A BUILI	21	
<u> </u>		345406	B. WING	·	01/10/2012
i	PROVIDER OR SUPPLIER EAST HEALTH AND RI	EHAB CEN	· S	STREET ADDRESS, CITY, STATE, ZIP CODE 38 CARTERS ROAD GATESVILLE, NC 27938 PROVIDER'S PLAN OF CORRECT	FION OS
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		JLD BE COMPLETION
K 104 SS=F	This STANDARD is Based on observation 2012 between 10:00 following was noted: 1) The smoke duct of the HVAC unit on Foliostalled and oriental 42 CFR 483.70(a) NFPA 101 LIFE SAF Penetrations of smoke protected in accordance of the STANDARD is making the smoke of the smoke damper of the smoke of the sm	e not met as evidenced by: on on Tuesday January 10, AM and 1:00 PM the letector intake tube located in Hall was not properly red in the correct direction. ETY CODE STANDARD the barriers by ducts are not met as evidenced by: on Tuesday January 10, AM and 1:00 PM the located in the smoke wall and C Halls did not close	K 104	7 K 067 I. The smoke detector intake tube le in the HVAC unit on F-Hall is prinstalled and orientated in the condirection. BFPE re-adjusted the installment of the smoke detector tube located in the HVAC unit on on 1/11/2012, and the smoke deteintake tube is properly installed in correct direction. Quality Assurance rounds were	operly rect intuke intu
<u>l</u>		Lt. Buss Bridy Vas	<u> </u>	h, ID, 000450	

RM CMS-2507(02-99) Previous Versions Obsolete

Event ID: 8XLE21 Facility ID: 923158

If continuation sheet Page, 3 of 3.,

April 1985 April 1985

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURV COMPLETED	ΕΥ
	345406	B. WING_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01/10/20	112
VAME OF PROVIDER OR SUPPLIER DOWN EAST HEALTH AND F		31	EET ADDRESS, CITY, STATE, ZIP COU 3 CARTERS ROAD ATESVILLE, NC 27938		JIE.
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL, SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE CO	(XS) WPLETIO DATE
Based on observations of smooth protected in accordant places of smooth protections of smooth protected in accordant places of smooth places of s	s not met as evidenced by: ion on Tuesday January 10, D AM and 1:00 PM the : detector intake tube located in Hall was not properly ted in the correct direction. EETY CODE STANDARD Ke barriers by ducts are nce with 8.3,6. not met as evidenced by: n on Tuesday January 10, AM and 1:00 PM the I located in the smoke wall and C Halls did not close	K 067	K 104 1. The smoke dumper located in wall in the attic area on P and closed upon activation of the system. Colonial Wells repair smoke dumpers, and it is prop functioning upon activation of alarm system. Waiver requested smoke damper until 3/30/2012 2. Quality Assurance rounds was conducted to essure that the of smoke dampers located in the properly functioning properly uctivation of the fire alarm system of firther issues identified. Maintenance Director re-educate smoke dampers located in the wall in the autic must close upon activation of the fire alarm system. 3. ADMIN/Designee will conduct monitoring that egress exit door upon activation of the fire alarm standard will be monitored 5 x for 4 weeks, then 3 x weekly for 4 weeks, then 1 x workly for 9 months.	C Hall fire alarm red the crly f the fire elarm red the crly f the fire ed for the ed for the ed for the lattic are upon lem, and lated that he smoke in em. QY is release weekly in the extra fire exists of gement ed for the ed for the extra fire smoke in ed for the ed for th	10