DEC 1 1 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/29/2012 FORM APPROVED OMB NO. 0938-0391

| LIBERTY COMMONS N&R CTR OF COLUMBUS CTY (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 279 SS=D A 520 (d), 483.20(k) (1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed ensure care plans were developed for a resident with a fecal impaction for 1 of 6 (Resident #86) residents' care plans reviewed. The findings include: Resident #86 was admitted to the facility on 3/9/11 and readmitted on 11/5/12 with diagnoses of paraplegia, renal failure, diabetes mellitus, history of a bowel obstruction and prostate cancer with a feas. | | 3) DATE SURVEY COMPLETED |
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| LIBERTY COMMONS N&R CTR OF COLUMBUS CTY (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 279 SS=D A 520 (d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed ensure care plans were developed for a resident with a fecal impaction for 1 of 6 (Resident #86) residents' care plans reviewed. The findings include: Resident #86 was admitted to the facility on 3/9/11 and readmitted on 11/5/12 with diagnoses of paraplegia, renal failure, diabetes mellitus, history of a bowel obstruction and prostate cancer with a meass. | | 11/16/2012 |
| PREFIX TAG PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 279 SS=D A 32.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed ensure care plans were developed for a resident with a fecal impaction for 1 of 6 (Resident #86) residents' care plans reviewed. The findings include: Resident # 66 was admitted to the facility on 3/9/11 and readmitted on 11/5/12 with diagnoses of paraplegia, renal failure, diabetes mellitus, history of a bowel obstruction and prostate cancer with a were were were every with a mass. | | |
| F 279 SS=D COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed ensure care plans were developed for a resident with a fecal impaction for 1 of 6 (Resident #86) residents' care plans reviewed. The findings include: Resident # 86 was admitted to the facility on 3/9/11 and readmitted on 11/5/12 with diagnoses of paraplegia, renal failure, diabetes mellitus, history of a bowel obstruction and prostate cancer with were | PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BI DSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | BE COMPLETION |
| §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed ensure care plans were developed for a resident with a fecal impaction for 1 of 6 (Resident #86) residents' care plans reviewed. The findings include: Resident # 86 was admitted to the facility on 3/9/11 and readmitted on 11/5/12 with diagnoses of paraplegia, renal failure, diabetes mellitus, history of a bowel obstruction and prostate cancer with with a mass. | tatements made on this pla rection are not an admission I do not constitute an ment with the alleged encies. main in compliance with all all and state regulations the y has taken or will take his set forth in this plan of ction. The plan of correction itutes the facility's allegation inpliance such that all alleg encies cited have been or prected by the date or date ated. | ion ion ion ion ged r will ees |
| by: Based on record review and staff interview, the facility failed ensure care plans were developed for a resident with a fecal impaction for 1 of 6 (Resident #86) residents' care plans reviewed. The findings include: Resident # 86 was admitted to the facility on 3/9/11 and readmitted on 11/5/12 with diagnoses of paraplegia, renal failure, diabetes mellitus, history of a bowel obstruction and prostate cancer with with a mass. | cted care plan was updated for ent #86 on 11/15/12 to reflictine in bowel function. chment #1). | flect |
| | ective Action for Resider Intially Affected current residents have the Intial to be affected by the Interest of | I2 M ves ents ders |

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.

Event ID: TB0S11 Facility ID: 923086

CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT C | S FOR MEDICARE & DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUII | | CONSTRUCTION | (X3) DATE SUI COMPLET | |
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| | | 345207 | B. WIN | IG | | 11/1 | 6/2012 |
| | OVIDER OR SUPPLIER | F COLUMBUS CTY | <u> </u> | 140 | ET ADDRESS, CITY, STATE, ZIP CODE 12 PINCKNEY STREET HITEVILLE, NC 28472 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | ıx | PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| F 279 | Data Set (MDS) asshis annual MDS date incontinent of bowel assistant with toileting plan developed for a Review of the reside 11/21/11 revealed the consult for complain transit constipation. The rehospital to treat a feand bowel prep. Review of the reside dated 11/25/11 rever problem, goal or approblem, goal or approblem, goal or approblem. During an interview Assistant Director of 86's care plan did the fecal impaction approaches on how 483.20(k)(3)(i) SEF PROFESSIONAL STATE This REQUIREMED by: Based on observatinterviews the faciling and the services proving the se | essment dated 9/27/12 and ed 7/4/12 revealed he was and required extensive and required extensive a decline in bowel function. ent's medical record dated are resident was sent for a sits of fecal impaction, slow outlet dysfunction esident was sent to the ecal impaction with enemas, ent's most recent care plan ealed there was no care plan eproaches addressing his ent's most recent care plan ested there was no care plan enter a different examples and examp | | 279 F 281 | Systemic Changes MDS nurses were inserved the DON on 12/7/12 on the importance of care plant decline in bowel function (Attachment #3). Quality Assurance The MDS nurses will move issue using the QA Tool monitoring new orders for decline in bowel function (Attachment #4). This is completed 5 x/week x 4 then monthly x 3 months resolved by the QA completed by the QA | tained resident | 12/7/12 |

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| NAME OF PROVIDER OR SUPPLIER | 345207 | A. BUILDII B. WING _ | | | |
|--|---|-------------------------|---|--|--------------------|
| NAME OF PROVIDER OR SUPPLIER | | | | [11/10 | 5/2012 |
| LIBERTY COMMONS N&R CTR OF COL | UMBUS CTY ENT OF DEFICIENCIES | S | TREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472 PROVIDER'S PLAN OF CO | | (245) |
| PREFIX (EACH DEFICIENCY MUS | ENT BE PRECEDED BY FULL ENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | | COMPLETION DATE |
| F 281 Continued From page 2 Resident #62 was admitte 6/28/10 and re-admitted o diagnoses including Chror Hemodialysis Status, Ane Disorder, Hypothyroidism Heart Failure. Review of the physician 's read in part, routine vitals, shift. Resident #62 was assess Minimum Data Set (MDS) cognitively intact. She wa dialysis three times per w Review of the care plan for 10/24/12 read in part, "p am at risk for complication and fluid balance. " Appr reaching the goal of main overload and dehydration temperature everyday, bl pulse everyday, respiration Review of the vital sign b station and the computer care tasks revealed that respirations and tempera a daily basis. Review of the Medication did not reveal that blood or respirations had been During an interview with at 3:45pm she stated that her vital signs and some | an 1/17/12 with nic Kidney Disease, amia, Aortic Valve and Chronic Diastolic sorders dated 1/17/12, everyday, and every sed on the most recent Assessment as assessed as receiving reek. For dialysis, dated problem: on dialysis and ans related to dialysis roaches listed in attaining fluid status in included taking lood pressure everyday, ons everyday. Fook at the nursing regenerated completed blood pressures, atures were not taken on an Administration Record pressures, temperatures at taken everyday. | F 28 | Corrective Action for F Potentially Affected All residents with an ord check vital signs daily he potential to be affected a deficient practice. An all process to verify daily vi every shift are being fire CNAs pda. (Attachmen Systemic Changes All nurses and med tech instructed by the DON to vital signs as ordered ar nursing admin if vital sig firing properly, by leaving the pickup tray. (Attach Quality Assurance Everyday every shift vital orders will be audited by nurse weekly x 4 weeks monthly x 3 months or u resolved by the QA come ensure they are firing co the tasks have been cor (Attachment #7). | er to eave the ey the udit is in tal signs d to the t #5) Is to be o obtain nd to notify ens are not g a note in ment #6) Il sign MDS , then intil mittee to eave the eave t | 12/14/12 |

Event ID: TB0S11

CENTERS FOR MEDICARE & MEDICAID SERVICES

| | F DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | CONSTRUCTION | COMPLETED | |
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| | | 345207 | B, WN | G | | 11/16 | /2012 |
| | OVIDER OR SUPPLIER | F COLUMBUS CTY | | 140 | ET ADDRESS, CITY, STATE, ZIP CODE 2 PINCKNEY STREET IITEVILLE, NC 28472 | · | |
| (X4) ID PREFIX TAG | (EACH DEFICIENT | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 281 | During an observation 11/15/12 at 10:30AM gave Topral XL (use without taking a block of the blood pressure (takes the BP; hower range she does not to buring an interview on 11/15/12 at 11:50 pressures should all administering BP m blood pressures should all dialysis resideveryday, every shinursing assistants in signs once weekly. expectation to take everyday, every shinursing assistants in signs once weekly. Expectation to take everyday, every shinursing assistants in signs once weekly. Expectation to take everyday, every shinursing assistants in the signs once weekly. Each resident's druunnecessary drugs drug when used in duplicate therapy); | on of a medication pass on of for Resident #62, Nurse #5 of in treating Hypertension) of pressure. With Nurse #5 on 11/15/12 at that she should have taken BP). She states she usually ver, if it is within a normal document. With the Director of Nursing Dam she stated that blood ways be taken prior to eds. She also stated that all build be recorded on the tration Record. She stated dents have vital signs taken fit. The DON stated that the have only been taking the vital She stated that it is her the vital signs as ordered, fit. EGIMEN IS FREE FROM | | 281 | F329 Corrective Action for Re Affected Valproic Acid was disconti resident #88 per 11/16/12 physician order. (Attachm A new monthly flow record | nued for ent #8). | |
| | adverse consequer | se; or in the presence of nces which indicate the dose or discontinued; or any e reasons above. | | | behaviors was initiated for #88 to monitor behaviors particular discontinuance of Valproid (Attachment #9). | oost | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUII | DING | E CONSTRUCTION | (X3) DATE SI COMPLE | |
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| | | 345207 | B, WIN | G | | 11/ | 16/2012 |
| | ROVIDER OR SUPPLIER COMMONS N&R CTR C | F COLUMBUS CTY | | 140 | ET ADDRESS, CITY, STATE, ZIP CODE D2 PINCKNEY STREET HITEVILLE, NC 28472 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREF TAG | 1 | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| F 329 | resident, the facility who have not used given these drugs u therapy is necessar as diagnosed and d record; and residen drugs receive gradu behavioral intervent | ge 4 hensive assessment of a must ensure that residents antipsychotic drugs are not nless antipsychotic drug y to treat a specific condition focumented in the clinical ts who use antipsychotic all dose reductions, and tions, unless clinically an effort to discontinue these | F | 329 | Corrective Action for Repotentially Affected All residents with antipsydurug orders/Valproic Acidare currently being review our pharmacist. These medications will be review appropriate diagnosis, be monitoring and evaluation gradual dose reduction. (Attachment #10) | chotic f orders ved by wed for ehavior | |
| | by: Based on observa interviews the facili diagnosis for Valpre gradual dose reduce | NT is not met as evidenced tion, record review and staff ty failed to provide a clear bic Acid and failed to attempt a ction of Valproic Acid for one of e medications were reviewed | | A CONTRACTOR OF THE PARTY OF TH | Systemic Changes An nurses and med techs inserviced by the DON or appropriate diagnosis for antipsychotic/Valporic Ac medications, requesting or indication from physici a new medication is start (Attachment #6). | n id diagnosis an when | |
| | O1/30/12 and had on Dementia. According to the A (MDS) Assessment was not receiving a care area assess showed that the return the assessment pearea assessment of the assessm | admitted to the facility on diagnoses that included dmission Minimum Data Set at dated 02/06/12, the resident psychoactive medications and sment was not done. The MDS esident had no behaviors during eriod and there was not a care for mood or behaviors. | | | | | |
| | The Quarterly MD | S dated 10/08/12 showed that | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUII | | CONSTRUCTION | (X3) DATE SI COMPLE | |
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| | | 345207 | B. WN | G | | 11/ | 16/2012 |
| V | COMMONS N&R CTI | R OF COLUMBUS CTY | - | 140 | ET ADDRESS, CITY, STATE, ZIP CODE 2 PINCKNEY STREET IITEVILLE, NC 28472 | | |
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| F 329 | the resident was a The MDS showed behaviors during The resident 's C showed that when to try again later in oother informat agitation on the company of the readmission orders. The diagnosis of Seiz admission orders 250mg three time the November 20 valproic acid 500 date of 9/27/12. Depakote (valproprescribed for secuse in behavior of dementia. The monthly phase showed that the 250mg three time diagnosis for the pharmacist 's not valproic acid level was low. A pharmacist that the valproic during the company of the valproic that the valproic that the valproic that the valproic that the valproic during the company of the valproic that | severely cognitively impaired. If that the resident had no the assessment period. If are Plan dated 10/22/12 In the resident resisted care and to perform the care. There was ion regarding behaviors or are plan. It is medical record on the read: "Depakote therapy - resident did not have a ures. There was an order on the dated 01/30/12 for Depakote as a day. There was an order on the dated 01/30/12 for Depakote as a day with a start In the times a day with a start In the times a day with a start In the times and investigational lisorders associated with In the times and the times and a medication listed the notes. A one dated 04/19/12 showed a led of 10 and noted that the level macist note dated 09/20/12 valproic acid level was 23 and at note dated 10/22/12 showed acid had been increased from | F | 329 | Quality Assurance Nursing management to telephone orders (M-F) orders or changes in antipsychotics/Valporic Appropriate diagnosis at behaviors justifying the medication as part of the daily (M-F) Quality of Liv Meeting. Noted behavior discussed in daily QOL nurse management tear "Behavior or Antipsycho Medication Review" aud and referred to physicia appropriate action. (Att #11). Pharmacy consult continue to monitor antifurg use/Valproic Acid monthly behavior flows make recommendations indicated for dose reductions. | for new Acid for nd use of the e facility's ve ors will be meeting by m using otic dit sheet in for achment ltant will psychotic use, sheets and s as | |
| | day. The monthl | es a day to 500mg three times a y pharmacist notes from 02/22/12 not include information regarding | | 117 | | | 12/14/12 |

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| | | 345207 | B. WIN | G | | 11/ | 16/2012 |
| | OVIDER OR SUPPLIER | F COLUMBUS CTY | *- | 1402 | TADDRESS, CITY, STATE, ZIP CODE PINCKNEY STREET ITEVILLE, NC 28472 | | |
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| F 329 | mood or behaviors. A review of the physinot include informatinincreased behaviors medication had beer A review of the nurse from May 1, 2012 to documentation of be On 11/14/12 at 9:00 interview that she with emedical record valproic acid and wordiagnosis. On 11/14/12 at 12:1 she had called the president was taking and agitation. Nursing Assistant (I resident at tit that the resident at tit that the resident at tit that the resident had or of being agitated. An interview was copharmacist on 11/1 Pharmacist was obsimedical record and diagnosis for the value of the resident on the acid pharmacist stated clarify why the resident was taking and agitation. | ician 's progress notes did on that the resident had and did not explain why the n increased. It's notes for the resident present revealed no shaviors or agitation. AM, Nurse #1 stated in an as unable to determine from why the resident was on ould call the physician for a 5 PM, Nurse #1 stated that ohysician who stated that the the medication for dementia NA) #1 assigned to the M-3PM shift stated in an it2 at 10:32 AM that she cared mes and she was unaware d behaviors of resisting care | i.F. | 329 | | | |

المراب وللتنظير في الراب ولا المستاد الدارية في المال المستعد للتستاد الدارية في المال المستعدد التستاد الدارية

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING_ 11/16/2012 345207 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1402 PINCKNEY STREET LIBERTY COMMONS N&R CTR OF COLUMBUS CTY WHITEVILLE, NC 28472 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 329 F 329 Continued From page 7 nursing documentation the resident was not exhibiting any behaviors and she would address this with a physician notification form and that she needed to know if the medication was being given due to behaviors as the dose was adjusted based on the levels and behaviors do not seem to be an issue. The Pharmacist stated that she should request a gradual dose reduction of the medication. Nurse #2 stated in an interview on 11/15/12 at 12 Noon that the resident was non-verbal with her and just lays there. The Nurse stated that she was not aware of the resident having aggressive behaviors. NA #2 stated in an interview that the resident did not resist care and that the resident was an easy patient to care for. The NA stated that she was not aware of the resident getting agitated. Nurse #3 that was assigned to the resident on the 3PM-11PM shift stated in an interview on 11/15/12 at 3:36 PM that when the resident was first admitted to the facility he would resist care. The Nurse stated that now the resident would occasionally get agitated but this was rare. The Nurse stated that the resident did not really get agitated but would appear restless. The Nurse was observed to look through a book of behavior monitoring forms and stated that the staff was no longer monitoring the resident 's behaviors. The Director of Nursing (DON) stated in an interview on 11/15/12 at 3:48 PM that the resident did not have any behaviors that she had heard of.

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On 11/16/12 at 9:07 AM the DON stated in an

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| | | 345207 | B. WN | G | | 11/1 | 6/2012 |
| | ROVIDER OR SUPPLIER | R OF COLUMBUS CTY | | 140 | ET ADDRESS, CITY, STATE, ZIP CODE 2 PINCKNEY STREET IITEVILLE, NC 28472 | | |
| (X4) ID PREFIX TAG | (EACH DEFICI | Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| F 372 SS=I | interview that the morning (11/16/12 admission the research was started of The DON stated the would attempt the resident close probably return. In physician 's ordedepakote to 500m depakote 500mg discontinue the material transportation of the DON stated 11:47 AM that she medications and reductions on all valproic acid was psychoactive methe pharmacist remedications with 483.35(i)(3) DISE PROPERLY The facility must properly. This REQUIREM by: Based on obset facility failed to be closed and failed free of debris to The findings income. | physician was in the facility this 2) and stated that prior to ident had accelerated behaviors in the depakote (valproic acid). That the physician told her that a dose reduction but to observe by because the behaviors would here. DON provided a copy of a redated 11/16/12 to decrease the neg twice a day for 7 days, then every day for 7 days and then to nedication. In an interview on 11/16/12 at the monitored psychoactive the behaviors for gradual dose residents in the facility but that a not listed on her sheet of dications. The DON stated that equested diagnoses for out a diagnosis. POSE GARBAGE & REFUSE MENT is not met as evidenced vations and staff interviews the seep doors to the dumpster dit or maintain the dumpster area prevent the harboring of pests. | | 329 | F372 Corrective Action for ReAffected The dumpster area was con 11/15/12. Corrective Action for Repotentially Affected All residents have the pobe affected by this alleged deficient practice. Floor check dumpster area da | cleaned esidents tential to ed techs to | |

CENTERS FOR MEDICARE & MEDICAID SERVICES

| | F DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUII | .DING | CONSTRUCTION | COMPLETE | |
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| | | 345207 | B. WIN | G | | 11/16 | 3/2012 |
| | OVIDER OR SUPPLIER | F COLUMBUS CTY | | 140 | ET ADDRESS, CITY, STATE, ZIP CODE 2 PINCKNEY STREET HTEVILLE, NC 28472 | | |
| (X4) ID PREFIX TAG | (FACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) | ID PREF TAG | 1 | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| F 372 | dumpster area was ground between two disposable gloves, a plastic medication or During an observati with the Certified Di area was observed. observed swept to the right door on the was open half way on top. On 11/15/12 at 8:35 was observed with the closed bag of the rear of dumpster five disposable glowere observed on the interview with AM, she stated, "In an interview with taking care of the or In an interview with the closed cleaning uponeone. Housek taking care of the or In an interview with Interview | etary Manager (CDM) the observed. Observed on the observed. Observed on the observed. Observed on the observed. Observed on the observed on the observed. Observed on the observed on the observed and a up lid. on on 11/14/12 at 3:37 PM etary Manager the dumpster. Four disposable gloves were the left side of the dumpster. The right side of the dumpster and a closed bag of trash was of AM the dumpster on the right both doors open half way and the ask on top of the dumpster. The vest were observed between the standard a plastic medicine cup the ground. If the CDM on 11/15/12 at 9:37 from the transport of the tran | F | 372 | Systemic Changes All staff inserviced on 11/ensure trash is not left on ground and doors to dum are closed. (Attachment Houskeeping staff being on new daily floor tech changes. (Attachment #13) Department managers in on 12/5/12 on the new up rounds sheet that include checking the dumpster a debris and closure of dur doors. (Attachment #14) Quality Assurance Supervisors will be making (M-F) and will monitor the dumpsters using the upon supervisor round sheet of the area for debris and condumpster doors. Conce reported to the NHA during standup meeting and conaction will be implement. F425 Corrective Action for F | the psters #12). educated seck off serviced odated es rea for each odated shecking losed rns will be ng rrective ed. | 12/14/12 |
| F 425 SS=E | maintenance man make sure the doo picked up. I expect pick up all the tras 483.60(a),(b) PHA ACCURATE PROG | goes out several times a day to rs are closed and everything is st staff to close the doors and h. " RMACEUTICAL SVC - | | F 425 | Affected Expired Novolog Flex Perexpired Advir and undate Tuberculin Purified Protection Derivative were removed discarded from the medicarts and refrigerators. | ed ein d and | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | LTIPLE CONSTRUCTION DING | (X3) DATE SU COMPLET | |
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| | | 345207 | B. WNG | 3 | 11/1 | 6/2012 |
| | ROVIDER OR SUPPLIER | COLUMBUS CTY | | STREET ADDRESS, CITY, STATE, ZIP CO 1402 PINCKNEY STREET WHITEVILLE, NC 28472 | | |
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| F 425 | drugs and biologicals them under an agree §483.75(h) of this par unlicensed personnel law permits, but only supervision of a licen. A facility must provide (including procedures acquiring, receiving, administering of all dithe needs of each restricted to the facility must emparation of the procedures acquiring. | to its residents, or obtain ment described in rt. The facility may permit I to administer drugs if State under the general used nurse. e pharmaceutical services is that assure the accurate dispensing, and rugs and biologicals) to meet sident. bloy or obtain the services of st who provides consultation provision of pharmacy | F 4: | Potentially Affect All residents have be affected by this deficiency. On 12/ carts and med refr checked for expire to ensure all media within date range. #15). On 12/6/12 refrigerators were verify temperature normal range. (At Systemic Change Nurses and Med To educated on facility Recommended Ma for Insulin and other | the potential to alleged /6/12 all med rigerators were ed medications cations were (Attachment all medication checked to es were within stachment #15) s echs are being / policy titled eximum Storage er Selected | |
| | by: Based on observation interviews the facility medications were refort wo (2) of six (6) of an opened multi-dost purified Protein Derimanufacturer guidelimedication storage (hall 100) and failed medication refrigerate medication refrigerate. The findings include: | ines in one (1) of three (3) room medication refrigerators to maintain proper tor temperatures for 1 of 3 tors. | | Injectables, comple requisition forms for when temperatures normal ranges and medications. (Atta | or maintenance s are not within I daily multidose | |

CENTERS FOR MEDICARE & MEDICAID SERVICES

| ID PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG | | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING B. WING | E CONSTRUCTION | (X3) DATE S COMPLE | ETED |
|---|-------------------|---|---|------------------------------------|--|--|----------------------------|
| F 425 Continued From page 11 Consultant Pharmacists and Med-Pass, Inc. Novolog Insulin expires 28 days after opening. The facility policy titled Recommended Maximum Storage for Insulin and Other Selected Injectables showed that Novolog FlexPen expires 28 days after opening. On 11/16/12 at 10:50 AM an observation of the medication (med) cart used to store medications for residents on the 800 hall revealed a Novolog FlexPen dated as opened on 10/12/12. During the observation, Nurse #6 stated that the resident whose name was on the FlexPen was currently receiving the medication based on a sliding scale. The Director of Nursing (DON) stated in an interview on 11/16/12 at 11:35 AM that the nurses were supposed to check their medication cart Deficiency Medication carts and medication refrigerators will be checked daily x 4 weeks and then monthly x 3 months by the second shift nurse to ensure all medications are within date range and multi dose medications are dated when opened. Medications refrigerators will be checked to verify temperature logs are within normal range and if not, has a work requisition been submitted. This will be checked daily by the second shift nurses x 4 weeks and then monthly x 3 months or until resolved by the QA committee. (Attachment #15) | | | OF COLUMBUS CTY | STRE 14 | EET ADDRESS, CITY, STATE, ZIP CODE 02 PINCKNEY STREET | 1111 | /16/2012 |
| Consultant Pharmacists and Med-Pass, Inc. Novolog Insulin expires 28 days after opening. The facility policy titled Recommended Maximum Storage for Insulin and Other Selected Injectables showed that Novolog FlexPen expires 28 days after opening. On 11/16/12 at 10:50 AM an observation of the medication (med) cart used to store medications for residents on the 800 hall revealed a Novolog FlexPen dated as opened on 10/12/12. During the observation, Nurse #6 stated that the resident whose name was on the FlexPen was currently receiving the medication based on a sliding scale. The Director of Nursing (DON) stated in an interview on 11/16/12 at 11:35 AM that the nurses were supposed to check their medication cart Quality Assurance Medication carts and medication refrigerators will be checked daily x 4 weeks and then monthly x 3 months by the second shift nurse to ensure all medications are within date range and multi dose medications are dated when opened. Medications are within date range and multi dose medications are dated when opened. Medication carts and medication refrigerators will be checked daily x 4 weeks and then monthly x 3 months by the second shift nurse to ensure all medications are within date range and if not, has a work requisition been submitted. This will be checked daily by the second shift nurses x 4 weeks and then monthly x 3 months or until resolved by the QA committee. (Attachment #15) | (X4) ID PREFIX | SUMMARY (EACH DEFICIE | STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | SHOULD BE | (X5) COMPLETION DATE |
| daily and should check the expiration date prior to giving the medication. The DON stated that they currently have an ongoing audit where the 3PM-11PM nurses are supposed to check all the insulin vials and flexpens daily for expiration dates and ensure that all are dated when opened. 2. According to the 2005 American Society of Consultant Pharmacists and Med-Pass, Inc. Advair Diskus should be discarded one month after removal from the moisture-protective overwrap. The facility policy titled Recommended Maximum Storage for Insulin and Other Selected Injectables showed that Advair inhalers are good for 30 days after being removed from the original pouch. On 11/16/12 at 10:50 AM an observation of the | F 425 | Consultant Pharm Novolog Insulin ex The facility policy Storage for Insulin showed that Novo after opening. On 11/16/12 at 10 medication (med) for residents on the FlexPen dated as the observation, Nowhose name was receiving the medication giving the medication and should giving the medication that were supposed to daily and should giving the medication of the currently have an 3PM-11PM nurse insulin vials and for dates and ensured 2. According to the Consultant Pharm Advair Diskus shafter removal from the facility policy Storage for Insuling showed that Advair Design removal for the facility policy Storage for Insuling the medication overwrap. | acists and Med-Pass, Inc. kpires 28 days after opening. Ititled Recommended Maximum and Other Selected Injectables alog FlexPen expires 28 days It 50 AM an observation of the cart used to store medications are 800 hall revealed a Novolog opened on 10/12/12. During Nurse #6 stated that the resident on the FlexPen was currently lication based on a sliding scale. In ursing (DON) stated in an In 135 AM that the nurses of check their medication cart otheck the expiration date prior to attorn. The DON stated that they ongoing audit where the are supposed to check all the are supposed to check all the are 2005 American Society of macists and Med-Pass, Inc. ould be discarded one month on the moisture-protective If titled Recommended Maximum in and Other Selected Injectables are inhalers are good for 30 days are titled from the original pouch. | F 425 | Medication carts and med refrigerators will be check x 4 weeks and then mont months by the second should be consure all medications within date range and mudications are dated who pened. Medications ref will be checked to verify temperature logs are with normal range and if not, work requisition been sure This will be checked dail second shift nurses x 4 to then monthly x 3 months resolved by the QA com | ked daily thly x 3 ift nurse are ulti dose hen rigerators hin has a bmitted. y by the weeks and s or until | 12/14/12 |

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| AND PLAN OF | CORRECTION | INCIAL INCIALION MORNOCA | A. BUILDING | | | | |
| | | 345207 | | | 11/16/2012 | | |
| | COMMONS N&R CTR O | F COLUMBUS CTY | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472 | | | |
| (X4) ID PREFIX TAG | /FACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | 1 SHOULD BE | (X5) COMPLETION DATE | |
| F 425 | for residents on the 8 Advair dated as open the Advair container after being removed #6 stated that she had the resident whose morning and was not had expired. The Director of Nurs 11/16/12 at 11:35 Al supposed to check the expired medications medication prior to generate medication is not expired. 3. According to the Consultant Pharma Novolog Insulin expired that Novolog Insulin expired that Novolog Insulin expired medication (med) to the consultant Pharma Novolog Insulin expired for Insulin a showed that Novolog Insulin expired for Insulin and the presidents on the 40 FlexPen dated as of the observation of that the resident when the resident when the president when | rt used to store medications 800 hall revealed an opened ned on 10/5/12. A label on read: "good for 30 days from original pouch." Nurse ad administered the Advair to name was on the Advair that at aware that the medication In the stated in an interview on that the nurses were their med carts daily for and should check the giving it to ensure that the | F 425 | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PI | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER COMMONS N&R CTR O | COLUMBUS CTY | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472 | | |
| (X4) ID PREFIX TAG | SUMMARY ST | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | ıx | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPRO | ULD BE | (X5) COMPLETION DATE |
| F 425 | daily and should che giving the medication currently have an on 3PM-11PM nurses a insulin vials and flex dates and ensure the 4. According to the 2 Consultant Pharmac Advair Diskus should after removal from the overwrap. The facility policy titl Storage for Insulin a showed that Advair after being removed On 11/16/12 at 11:0 medication (med) can for residents on the Diskus that was databel on the Advair days after being removed Advair was good fo Nurse #7 stated that was on the Advair 10/14/12 prior to be 11/16/12 at 11:35 A supposed to check expired medication | ck the expiration date prior to h. The DON stated that they going audit where the re supposed to check all the pens daily for expiration at all are dated when opened. 2005 American Society of dists and Med-Pass, Inc. dists are good for 30 days and Other Selected Injectables inhalers are good for 30 days and from the original pouch. 7 AM an observation of the fact used to store medications 400 hall revealed an Advair ed as opened on 10/10/12. A container read: "good for 30 moved from original pouch." the resident whose name ast received the Advair on the fact of the hospital. Sing stated in an interview on the firm med carts daily for s and should check the giving it to ensure that the | F | 425 | | | |

| CENTER | S FOR MEDICARE & | MEDICAID SERVICES | | | | (X3) DATE SUF | RVEY |
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| TATEMENT C | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI | | LE CONSTRUCTION | COMPLET | |
| | | 345207 | B. WIN | !G | | 11/1 | 6/2012 |
| | AME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION) F 425 Continued From page 14 5. A review of the Tuberculin label by the manufacturer had a boxed warning to discard the vial in 30 days after opening, due to possible oxidation and degradation which might affect the potency of the product. Observation of the medication storage refrigerator on 11/16/12 at 11:05AM revealed the following: one (1) bottle of Tuberculin Purified Protein Derivative (PPD) vial opened and not | | | 14 | EET ADDRESS, CITY, STATE, ZIP CODE 402 PINCKNEY STREET VHITEVILLE, NC 28472 | | |
| (X4) ID PREFIX | SUMMARY S | TATEMENT OF DEFICIENCIES | ID PREF TAC | IX | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 425 | 5. A review of the Temanufacturer had a vial in 30 days after oxidation and degra potency of the produce of the produce of the produce of the produce of the protein Derivative (dated. An interview with N 11:10AM she stated the vial of Tubercul date. During an interview on 11/16/12 at 11:3 opened medication open date. 6. Observations m refrigerator temper posted on the fron read in part, "refr degrees Fahrenhe form for Maintenau within normal rang 11/1/12 to 11/15/1 temperatures doc Fahrenheit to 32 of the post of the produce of the produ | sberculin label by the boxed warning to discard the opening, due to possible dation which might affect the act. medication storage 6/12 at 11:05AM revealed the ottle of Tuberculin Purified PPD) vial opened and not urse #4 on 11/16/12 at d that she did not know why in was not dated with an open of with the Director of Nursing stampers are to be labeled with an act of the medication refrigerator, igerator temperatures 34-38 et. Complete a work requisition ince when temperatures are not ges. " The temperatures from 2 revealed refrigerator umented from 26 degrees degrees Fahrenheit. | | 425 | | | |
| | Fahrenheit, Obse | mperature to be 16 degrees rved in the refrigerator were as and t evamire Flex Pens. | | | | | |

CENTERS FOR MEDICARE & MEDICAID SERVICES

| | F DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUII | .DING | CONSTRUCTION | (X3) DATE SL COMPLE | |
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| | OVIDER OR SUPPLIER | R OF COLUMBUS CTY | | 1402 | ADDRESS, CITY, STATE, ZIP CODE PINCKNEY STREET TEVILLE, NC 28472 | | |
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| | between 36 degree Fahrenheit per the An interview with 11:10AM she state observe and recommendation on 11/16/12 at 11 monitors the refri documents the temperature is not degrees F than the thermometer. 483.60(c) DRUG IRREGULAR, ACThe drug regime reviewed at least pharmacist. | emire Flexpens are to be stored ees Fahrenheit and 46 degrees e manufacturer's instructions. Nurse #4 on 11/16/12 at ed that the night shift nurses and the refrigerator temperatures. Ew with the Director of Nursing :35AM she stated that night shift gerator temperatures and emperature and if the of within the range of 34-38 are nurse should request a new | | 425 | F428 Corrective Action for F Affected The pharmacist was not 12/7/12 of failure to ensire resident #88 had a diagra gradual doseage redu Valproic acid. Valproic discontinued for resident 11/30/12. | ified on ure nosis and ction for acid was | |
| | by: Based on recompharmacist interthat the pharmacist reduced by: | MENT is not met as evidenced direview, staff interviews and views the facility failed to ensure cist requested a diagnosis and a duction for valproic acid for 1 of those medications were reviewed | | A A A A A A A A A A A A A A A A A A A | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPI A. BUILDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345207 | B. WNG | | 11/16/2012 | |
| | OVIDER OR SUPPLIER | OF COLUMBUS CTY | 14 | EET ADDRESS, CITY, STATE, ZIP CODE 402 PINCKNEY STREET /HITEVILLE, NC 28472 | | |
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| F 428 | Resident #88 was a 01/30/12 and had or Dementia, Diabetes Hyperlipidemia, Cor Dysphasia, Gastros Reflux Disease. A review of the adm revealed an order for times a day for Dem the November 2012 for valproic acid 500 start date of 09/27/20 Depakote (valproic prescribed for seizu use in behavior disc dementia. The monthly pharm showed that the resulting 250mg three times diagnosis in the not pharmacist note day valproic acid had but three times a day to the times and the tree times and the tree times and the diagnosis in the not pharmacist note day valproic acid had but three times a day to the times and the tree times and the tree times are diagnosis in the not pharmacist note day valproic acid had but three times and the tree times are diagnosis in the not pharmacist note day a gradual dose red. A review of the phy not include informal increased behavior medication was be a review of the nur | dmitted to the facility on unulative diagnoses of Hypertension, onary Artery Disease, tomy and Gastro-esophageal mission orders dated 01/30/12 or valproic acid 250mg three mentia. There was an order on monthly physician's orders ome three times a day with a fig. acid) is a medication mes and has an investigational orders associated with macist's notes dated 02/22/12 sident received valproic acid a day. There was not a fies for the medication. A feed 10/22/12 showed that the een increased from 250mg to 500mg three times a day. There was not a fies for the medication. A feed 10/22/12 regarding behaviors or function of the medication. Sician's progress notes didution that the resident had and did not explain why the | F 428 | Corrective Action for Res Potentially Affected All residents who receive at antipsychotic/Valproic Acid the potential to be affected alleged deficiency. All resid receiving Valproic Acid/Antipsychotics are beir reviewed by the pharmacist determine if they have an appropriate diagnosis and a gradual does reduction. (Attachment #10. Systemic Changes Pharmacist was inserviced Pharmacy Manager on 12/7 requesting a diagnosis and gradual dose reduction for Valproic acid. (Attachment Quality Assurance Pharmacy Manager or pharm | by this dents ng to to a by 7/12 on a #16). rmacy /month id and e been y's | 4/12 |

| STATEMENT C | S FOR MEDICARE & OF DEFICIENCIES CORRECTION | MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) ML A. BUIL | | CONSTRUCTION | (X3) DATE SU COMPLET | |
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| F 428 | On 11/15/12 at 11:4 conducted with the Pharmacist was obs s medical record an was being given for stated that the phys was using the valprostated that the med based on valproic at that the resident ha usually not adjusted. The Pharmacist stanursing documenta exhibiting any beha a dose reduction. The DON stated in 3:48 PM that the rebehaviors. The Director of Nu interview on 11/16, physician was in the that prior to ad accelerated behav valproic acid. The had ordered a dosphysician 's order valproic acid to 50 then 500mg every discontinue the medications and the medications and the medications and the second states as the second states at 11:47 AM that she medications and the pharmacist with the poon stated in 11:47 AM that she medications and the pharmacist with the poon stated in 11:47 AM that she medications and the pharmacist with the properties and the pharmacist with | chaviors or agitation. 6 AM an interview was consulting pharmacist. The served to review the resident 'd stated that valproic acid dementia. The Pharmacist ician needed to clarify why he oic acid. The Pharmacist ician needed to clarify why he oic acid. The Pharmacist ication was being adjusted icid levels that made you think d seizures as the dosage was d when used for behaviors. It with the the tion the resident was not aviors and she should request an interview on 11/15/12 at esident did not have any rsing (DON) stated in an interview on 11/16/12) and told mission the resident had iors and was started on the DON stated that the physician e reduction and provided a dated 11/16/12 to decrease the Omg twice a day for 7 days day for 7 days and then | F | 428 | | | |

FORM APPROVED OMB NO. 0938-0391

PRINTED: 11/29/2012

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING | CONSTRUCTION | (X3) DATE S COMPL | URVEY ETED |
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| | | 345207 | B. WNG | | 11 | /16/2012 |
| | OVIDER OR SUPPLIER | R OF COLUMBUS CTY | 1402 | TADDRESS, CITY, STATE, ZIP CODE PINCKNEY STREET ITEVILLE, NC 28472 | | |
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| F 428 | Continued From parties pharmacist remedications that of | page 18 quests diagnoses for did not have a diagnosis. | F 428 | | | |
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PRINTED: 12/07/2012 FORM APPROVED OMB NO. 0938-0391

| TATEMENT | OF DEFICIENCIES | & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | | LE CONSTRUCTION (X3) DATE S | SURVEY ETED |
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| ND PLAŅ OI | F CORRECTION | | 1 | LDING | 0EC 97 2/19 | 06/2012 |
| | O MARCO OR OLIDOLIER | 345207 | _l | STRE | ET ADDRESS, CITY, STATE, ZIP CODE | |
| | ROVIDER OR SUPPLIER | R OF COLUMBUS CTY | | 14 | 02 PINCKNEY STREET HITEVILLE NC 28472 | |
| JBERTY | | | | | PROVIDER'S PLAN OF CORRECTION | (X5) |
| (X4) ID PREFIX TAG | /E A O U DE CICIENC! | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| K 000 | INITIAL COMMEN | TS | K | 000 | K-000 | |
| | conducted as per at 42 CFR 483.70(| ode(LSC) survey was The Code of Federal Register a); using the Existing Health a LSC and its referenced | | | The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. | |
| de de la constante de la const | construction, one s automatic sprinkle NCSBC special loc | building is Type V-protected story, with a complete r system. Facility is using cking system. | And the state of t | | To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of | |
| K 038 SS=E | are as follows: NFPA 101 LIFE Solution | AFETY CODE STANDARD Inged so that exits are readily mes in accordance with section | K | 038 | constitutes the facility's allegation | |
| | 7.1. 19.2.1 | Ties in accordance with cooler. | | | K038 Maintenance Director applied circular glow in the dark tape to the | |
| | | t to the pridehood by | | | emergency knob in the freezer and cooler (Attachment #1). | |
| | Surveyor: 27871 Based on observation approximately 9:0 items were nonco | is not met as evidenced by: ations and staff interview at 0 am onward, the following mpliant, specific findings cooler and freezer doors in | | | There are no other rooms with emergency release knobs that are not visible on loss of power in the facility that could be affected by this alleged deficient practice. | |
| | emergency releas | way to see how to operate se knob on loss of power. | | | Maintenance Director was inserviced by NHA on 12-21-12 on the new information added to the electronic | |
| K 062 SS=E | :1 | SAFETY CODE STANDARD | } | (062 | preventative maintenance logs on the Tels website and the importance of | |
| | Required automa continuously mair condition and are | tic sprinkler systems are ntained in reliable operating inspected and tested | | | emergency release knobs being visible on loss of power (Attachment #2). | |
| ABORATO | NOTIFICATION OF PRO | vider/supplier representative's si cead Godo M | GNATUR | E | Administrator | (X6) DATE 12-21-12 |

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.

If continuation sheet Page 1 of 2

| CTATEMENT | S FOR MEDICARE OF DEFICIENCIES CORRECTION | & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUIL | DING | CONSTRUCTION 02 - MAIN BUILDING (REPLAC | (X3) DATE SUF COMPLET | ED |
|--------------------------|---|--|--------------------|-------|--|--|----------------------------|
| | OVIDER OR SUPPLIER | 345207 FR OF COLUMBUS CTY | 1 | STREE | T ADDRESS, CITY, STATE, ZIP CODE PINCKNEY STREET TEVILLE, NC 28472 | 1200 | 2012 |
| (X4) ID PREFIX TAG | SUMMARY ST. | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | 10LD 0E 1 | (X5) COMPLETION DATE |
| K 062 | This STANDARD Surveyor: 27871 Based on observa approximately 9:0 items were nonconclude: facility of documentation the investigation has 42 CFR 483.70(a NFPA 101 LIFE: Heating, ventilating with the provision in accordance with specifications. 19.5.2.2 This STANDAR Surveyor: 2787 Based on observations were nonconcluded. | is not met as evidenced by: ations and staff interview at 30 am onward, the following compliant, specific findings sould not provide proper that a 5 year obstruction been done on sprinkler system. B) SAFETY CODE STANDARD Ing, and air conditioning comply as of section 9.2 and are installed that the manufacturer's 19.5.2.1, 9.2, NFPA 90A, D is not met as evidenced by: 1 vations and staff interview at 1:00 am onward, the following compliant, specific findings vents through out facility have d up on damper and fuseable link | K | 062 | To ensure this practice does reoccur the Maintenance Director was in NHA on 12-21-12 on the new stranged deficient practice design and reported by the ausprinkler systems could be a this alleged deficient practice. Maintenance Director was in NHA on 12-21-12 on the new information added to the elepreventative maintenance lo Tels website and the import year obstruction investigation added to the elepreventative maintenance lo Tels website and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation newest facility wing will be flushed and the import year obstruction investigation investigation investigation investigation investigation investig | eeks, then esolved he ease cower. ed as e andup trachment esteed by trachment esteed by exercised by exercise | |

K062 Continued...

To ensure this practice does not reoccur a scheduled automatic notification has been set by Tels to notify the Maintenance Director and NHA of the next 5 year obstruction investigation due date. NHA also scheduled next inspection on personal outlook calendar for December 2017 (Attachment #6).

12-21-12

K067

Housekeeping Supervisor cleaned all return vents throughout the facility (Attachment #7).

All return vents could be affected by this alleged deficient practice.

Housekeeping supervisor and housekeeping staff inserviced on 12-21-12 on the importance of keeping vents free of excess lent and the New Vent Cleaning Schedule audit (Attachment #2).

To ensure this practice does not reoccur the Housekeeping Supervisor will conduct weekly return vent audits x 4 weeks, then monthly x 3 months or until resolved by QA committee. Any problems will be corrected as identified and reported to the administrator during daily Standup Meetings Monday-Friday (Attachment #8).

12-21-12