PRINTED: 01/09/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WIN				C
NAME OF PR	ROVIDER OR SUPPLIER	010200		STREET	ADDRESS, CITY, STATE, ZIP CODE	12/2	0/2012
AUTUMN	CARE OF MARSHVILLE			311 W	PHIFER ST SHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
SS=J	Resident #1 did not re medications and subs mal seizures on 10/02 notified of immediate j 4:02 PM. Immediate j 12/20/12 at 5:40 PM v and implemented an a allegation of complian of compliance at a low complete education ar systems put into place 483.25 PROVIDE CAI HIGHEST WELL BEIN Each resident must re provide the necessary or maintain the highes mental, and psychosol accordance with the coand plan of care.	ce. The facility remains out ver scope and severity to and to ensure monitoring are effective. RE/SERVICES FOR NG ceive and the facility must care and services to attain t practicable physical,	F	309	This plan of correction w serve as the facility's allegation of compliance requirements of 42 CFR, 483, Subpart B for long to care facilities. Preparatio and submission of this pla of correction is in respons CMS 2567 for the 12-18- survey and does not	with Part erm n an	
	by: Based on staff interview and record reviews the administer medications disease conditions for residents with physicia medications that include pressure, pain, and resident's #1, #2, #3, Immediate Jeopardy be	ews, physician interviews a facility staff failed to a related to resident's 5 of 5 newly admitted n's orders for significant ded seizure, blood spiratory medications.			constitute an agreement of admission of Autumn Car Marshville of the truth of facts alleged or the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted	e of	2
ABORATORY D	IRECTOR'S OR PROVIDER/SI	JAPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings state of above are discussed to dead a sufficient protection are discussed to dead 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. program participation. JAN 2 3 2013

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

Event ID: MH9011

Facility ID: 922952

If continuation sheet Page 1 of 52

by: PAM

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WING _		C 12/20/2012	
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE			REET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103	12/20/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
	medications and subs mal seizures on 10/02 notified of immediate j 4:02 PM. Immediate j 12/20/12 at 5:40 PM v and implemented an a allegation of complian of compliance at a low (an isolated deficiency potential for more than immediate jeopardy) to ensure monitoring seffective. The findings are: 1. Resident #1 was at PM with medical diagon malignant brain tumor cerebral edema (swelli seizures and deep vein there was no Minimum available but the admis dated 10/01/12 but did was completed reveale and oriented to person term memory and had with some difficulty in required limited assistaliving (ADL), had uncle	equently exhibited grand t/12. The Administrator was eopardy on 12/19/12 at eopardy was removed on when the facility provided acceptable credible ce. The facility remains out wer scope and severity of D or, no actual harm with minimal harm that is not complete education and systems put into place are dmitted on 10/01/12 at 3:00 coses which included with right sided paralysis, ing in the brain), history of minimal harm that escion nursing assessment mot indicate the time is ed Resident #1 was alert had impairment in short modified independence new situations only with sion making. The icated Resident #1 unce with activities of daily ar speech, mumbled her d. The assessment also personal medications	F 309	because of the requireme of 42 CFR, Part 483, Sub B throughout the time pe stated in the statement of deficiencies. In accordar with state and federal law however, Autumn Care of Marshville submits this profession to address the statement of deficiencies to serve as it's allegation compliance with the pertirequirements as of the dastated in the plan of correction and as fully completed as of 12/24/12 To address the alleged deficient practice for the residents allegedly affect and to address the cited issues for all residents ha potential to be affected, the facility has taken the following actions. All admissions from 12/1/20/12/19/12 were audited on 12/19/12 for compliance. This audit was lead by the	eriod f nce v, of plan he and of inent ites c. ed, ving he	

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		045000	B. WING			С	
NAME OF B	DO 4050 AD ALIANUS	345268				2/20/2012	
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 309	A review of the hospit dated 10/01/12 that w the facility indicated F medications included as follows: - Cipro 250 milligram every 12 hours for 5 of tract infection). - Dexamethasone 2 r (to decrease swelling - Valium 5 mg. by moneeded (for anxiety). - Lovenox 100 mg./m solution 1.0 ml. subcuprevent blood clots). - Labetalol 100 mg. by blood pressure). - Vimpat 150 mg. by necessive prevention. - Keppra 1000 mg. tat (for seizure preventior - Keppra 500 mg. tabl (for seizure preventior - Levothyroxine 50 mineevery day (for thyroid - Lisinopril 10 mg. by ressure). - Omeprazole 40 mg. esophageal reflux). - Trileptal 900 mg. by seizure prevention). - K-Dur 20 millequivaled day (for potassium sup A review of the Physic Resident #1 dated 10/	al discharge summary ras sent by the hospital to resident #1's discharge all of her home medications (mg.) tablets by mouth rays then stop (for urinary mg. by mouth 4 times a day in the brain). The brain of the	F3	development c conducted by a nurses to insur ordered medica available for ac	oordinator and administrative e all currently ations were dministration by administered the physician. The physician at a solution of the continuous attacks and the physician attacks and the physician attacks and the continuous attacks and the provider of the provider and the provider of the medical the provider and the provider and the provider of the provider of the provider of the provider of the provider and the provider and the provider of the provider and the	12/19/12	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WIN		···	1	С
		345268	3	_		12/2	0/2012
	CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETION DATE
	times a day) for cereb brain). - Keppra 1000 mg. by seizures. - Keppra 500 mg. by r seizures. - Trileptal 300 mg. (3) a day) for seizure disc. - Vimpat 150 mg. by me days for urinary tract in Lovenox 100 mg./ml subcutaneously every blood clots. - K-Dur 20 mEq. by me potassium. - Valium 5 mg. by mouneeded) for anxiety. - Labetalol 100 mg. by high blood pressure. - Lisinopril 10 mg. by me blood pressure. - Omeprazole 40 mg. the esophageal reflux. - Levothyroxine 50 mg. thyroid disorder. A review of an electror Administration Record 7:24 PM and complete Cipro 250 mg. was giveng/ml injectable solution.	ig. by mouth QID (four ral edema (swelling in the mouth BID (twice a day) for mouth BID (twice a day) for tablets by mouth BID (twice rder. nouth BID (twice a day) for uth every 12 hours x 5 infection. injectable solution 1.0 ml. 12 hours for history of bouth every day for low the every 8 hours PRN (as mouth BID (twice daily) for nouth every day for high by mouth every day for high by mouth every day for ic Medication (MAR) dated 10/01/12 at d by Nurse #2 indicated en orally and Lovenox 100 on 1.0 ml was given ident #1. There were no	F	309	supervisor to begin dispensing process after tapproval. The nurse responsible for processing admission orders will conthe referring facility to obtain formation regarding the dose administered of each the resident's prescribed medications. In the event information is not available the nurse will contact our physician or mid-level provider for directions on starting medications. The admitting nurse will enter ordered medications into Medication Administration Record and schedules per physician's orders. The soutlined in this plan of correction will be reviewed by the Quality Assurance Committee at our next scheduled meeting and the as needed for the next six months to minimize opportunities for missed medications by maintaining	g the ntact otain e last h of this ole, a last the on steps ed	

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
		345268	B. WIN	IG_		1	C 20/2012
INTERNATION SET	ROVIDER OR SUPPLIER CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST WARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
	PM and written by Nu narrative progress not admitted via emergen at 3:00 PM to the servand the physician, phanotified. The notes fu was alert but did not seyes mostly closed but and had a history of some A review of a facility dand dated 10/02/12 in medications were deliminated for Residen Cipro 250 mg. tablets; tablets; Lovenox Inject 100 mg. tablets; Kepp 500 mg. tablets; Kepp 500 mg. tablets; Synth Lisinopril 10 mg. table capsules; Trileptal 300 mEq. tablets. The methe list of delivered methe list of delivered methe list of delivered methe field and written by Nurmg. had not caused and A review of an electror 6:43 AM and complete Levothyroxine 50 mcg. a note that indicated "r40 mg. oral tablet ever indicated "not done."	note dated 10/01/12 at 9:39 rse #2 indicated a skilled the that Resident #1 was cy medical services (EMS) rices of a facility physician armacy and dietary were rther indicated Resident #1 peak, sat in bed with her it would look at the nurse eizures. ocument titled "packing slip" dicated the following vered to the facility from the tt #1: Valium 5 mg. tablets; Dexamethasone 2 mg. table 100 mg./ml; Labetalol ra 1000 mg. tablets; Keppra uroid 50 mcg. tablets; ts; Omeprazole 40 mg. o mg. tablets and K-Dur 20 dication Vimpat was not on edications. note dated 10/02/12 at 3:31 se #3 indicated Cipro 250 ny adverse side effects. nic MAR dated 10/02/12 at d by Nurse #3 indicated oral tablet every day with not done" and Omeprazole	F	309	or further improving this system. Legacy Consultant Pharma contracted for service with Marshville Pharmace ensure all new admission medications by the next scheduled dose and Marshville Pharmacy is available to our residents potential residents as of 12/20/2012. This back-uservice is in addition to ocurrent back-up pharmace and can respond quicker deliver the medication as soon as it is ready during normal business hours. I addition, we are still contracted with CVS pharmacy and CMC-Union serves as ou local 24-hour pharmacy at Legacy Consultant Pharmalso has the ability to prostat medications. The abilito rapidly obtain medicat will be enhanced by the	nacy es cy to es' and pur ies and n on stem. r and nacy vide lity	12/20/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045000	B. WING		С	
	No. of the latest and	345268			12/20/2012	
	CARE OF MARSHVILLE			REET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
	by a nurse aide and the having a seizure. The #1 was moving her her her extremities were just revealed the seizure is no respiratory distress facility and was called #1. The notes indicated non-verbal, did not foll looked at the physician away. The notes revewas 156/80; respiration physician spoke to Remedical history and comade to send the reside and emergency medical notified. A review of a nurse's rand and written by the indicated Resident #1 facility via EMS. A review of an EMS particularly via EMS.	ne resident was actively e notes revealed Resident ad back and forth and all of erking. The notes also asted 3 minutes, there was and the physician was in to the bedside of Resident ed Resident #1 was ow any commands and in then turned her eyes aled the blood pressure ins 16; pulse 70 and the sident #1's family about her indition and a decision was dent back to the hospital al services (EMS) was note dated 10/02/12 at 9:25 day shift nursing supervisor was transported out of the withen care report dated dicated EMS was ty and Resident #1 was in would not speak to other indicated Resident #1 EMS arrival that lasted the resident was moved to to the EMS vehicle. The nous access was delayed continuously pulled her arm ther seizure that lasted the report further revealed	F 309	utilization of the services through Marshville Pharmacy. Given Marsh Pharmacy's size, close proximity to the facility a ability to deliver the medication as soon as it is filled, the facility will be to provide the medication the next scheduled medication administration there are orders for stat medications after hours, will work with the pharm on call with Legacy to determine the optimal method of obtaining the medication. The medication orders will be sent to the back-up pharmacy via Legacy Consultant Pharm for a minimum of a 36 ho supply of medications to delivered to the facility. In medication cannot be obtained for any reason put to the next scheduled medication administration call to our physician's growill be placed for direction will be placed for direction	ville and as able at n. If we acist cion acy our be If a rior n, a oup	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
		345268	B. WIN	IG_		12/	C 20/2012	
	CARE OF MARSHVILLE	ATEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		TION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETION DATE	
	day shift nursing super worked on 10/02/12 and approximately 8:00 All called to Resident #1's resident was having a did not know the resident was having a did not know the resident was in the doctor who was in the resident's room and the hospital emergency had not heard any corn Resident #1 that morn anything about her refishe was called into the During a phone intervipharmacist #1 verified Resident #1 were faxed PM on 10/01/12 and note to the facility and a nuthor 10/02/12 at 12:03 AM. She did not see any note acility to call for back explained the pharmacist had regard drug and the facility could the pharmacist had regard the pharmacy called the facility to follow up a were told Resident #1 hospital. The pharmacy	in 12/18/12 at 1:25 PM the envisor confirmed she and came on duty at M. She explained she was a room at 9:00 AM and the seizure. She stated she ent because she had just a before so she called for the facility and he came to ad the resident was sent to be room. She explained she accerns expressed about a sing and did not know a fusal of medications before the room. The pharmacy at 3:15 and the physician orders for the pharmacy at 3:15 and to the pharmacy at 3:15 and to the pharmacy at 3:15 and to the pharmacist stated ones or requests from the pharmacist stated ones or requests from the pharmacy at 3:15 and to	F	309	This direction will be documented in the resid medical record. All nur were retrained on this prof obtaining medication consist with physicians orders by 12/24/2012. Upon admission of each resident, the charge nurs will complete an admiss assessment and docume findings in the health re Any acute findings will communicated to the physician or mid-level provider for further dire. To ensure compliance, a nurses were inserviced by 12/24/2012 by the start of their next shift by the di of nursing or staff development coordinato this process for administ medications for any new admission to the facility nurse responsible for the admission will reconcile medications delivered for	ses rocess s ses rocess s se sion nt cord. be ction. all by of rector r on tering r The e new e the	12/24/12	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE S COMPLE	ETED
		345268	B. WING			C 12/20/2012	
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		ER ST		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI ROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 309	made between 10:00 stated the facility cou on call or utilize the e available in the facility facility's back up pharif medications were in pharmacist on call wowas open 24 hours an medications for the facility and the facility and the facility is pack up phariful and the facility is pack up phariful and the facility is packed in the facility and the facility a	resident's medications were PM and midnight. She Id also call the pharmacist mergency kit/stat box y. She explained the macy closed at 9:00 PM but eeded after 9:00 PM the ould call a pharmacy that not they would get the cility. Perview on 12/18/12 at 4:12 ing supervisor explained the id a report to the facility admitted and during this re told the medications the ing and the times they were plained this information was red in the resident's medical was their usual process wed at the facility for the ify the pharmacy and send hem right away. She resident was admitted from y documented the resident's redications of the edischarge or transfer spital. She explained they ian and reviewed the remand the physician	F3	order factor of control of contro	ecific resident to the edications orders. The rewill also enter a dered medications in cility computer and the mon the MAR. And the mon the discussion of the the the proper method of the medications are all medications are all medications ministered timely. And the mon the month of t	he ill into the place ny ssed ysician on and I time ag y on as to are All sibility orders on this inpleted lected g its Orders	12/19/12

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI	LDING			c l
		345268	B. WIN	IG_		12/20/2012	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		REET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN	CARE OF MARSHVILLE		MARSHVILLE, NC 28103				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE	(X6) COMPLETION DATE
	She stated they also to pharmacy but they were them directly for medit pharmacy had protoco the back up pharmacy sometimes got a reportegarding which medic the resident before the but more often they did and nursing staff in the She stated she did no admission paperwork the hospital to verify wher medications prior facility. During an interview or Director of Nursing (Diverted to the fibetween 10:00 PM and it was their policy that given after they were admitted pharmacy the next day medication pass. She residents to miss even when they were admitted pharmacy did not delive 10:00 PM and they we scheduled medication During an interview on Resident #1's physicia Resident #1 needed the because she was on to types of anti seizure medications. He stated if	then they were delivered. Inad access to a back up Pere not supposed to call cations because the facility bills to follow so they called In She further stated they Interferent the hospital cations had been given to be were sent to the facility Interferent to the facility Interfe	F	309	discussed by the Administrator and medic director who subsequentl approved the policy revis 12/19/2012. To ensure on-going compliance, the director of nursing, staff development coordinator, or designee monitored these procedur by auditing every new admission to ensure compliance through 12/27/2012. This audit we designed to ensure the delivery of the medication ordered by reconciling ordered medications to the delivered for administrati The director of nursing, of staff development coordinator will continue audit at least 2 new admissions a week (as lon as admissions are availab for 2 months until 3/1/20 The results of these audits will be discussed at the department managers	y sion of of ont res vas ns as ose on. or to ng le) 13.	12/19/12

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLET	TED	
		345268	B. WN	1G _			C 20/2012
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103 ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTIVE ACTION SHOULD DEFICIENCY)		LD BE	(X5) COMPLETION DATE
F 309	enough seizure medicashe could have seizure would expect medication facility and given as of the process for waiting scheduled medications was not appropriate. expectation for nurses and administer medicastion for the has admission of the process and proce	esident #1 did not have cations in her system then res. He explained that he ions to be available in the refered. He further stated guntil next day on the next pass to give medications. He stated it was his to follow physician's orders ations as ordered. He unaware Resident #1 edications and he had not had refused medications. In 12/19/12 at 10:05 AM issually worked the day shift PM. She further stated she ospital on 10/01/12 and itted to the facility around led the hospital reported to had a mild seizure earlier spital that lasted a couple of after she got the physician's fied with a physician's after 3:00 PM she entered inputer system into She explained Resident #1's stained from a list of scharge summary the resident as part of her She further stated she did to when Resident #1 is of medications at the	F	309	meeting Monday through Friday, as scheduled, thr 1/18/2013 in case immed changes need to be discussion with the medical director implemented. If no charare needed, the daily discussion will end howed Director of Nursing can discuss any additional concerns as needed after 1/18/2013. If these audits identify arrissue not consistent with plan of correction, the director of nursing or star development coordinator re-inservice the staff member(s). The results of these audit intended to ensure on-good compliance and will be discussed and monitored through our next quality assurance meeting or longif the committee deems it necessary.	ough diate assed r and ages ever, this ff will as are ing	1/18/13 per phone Couses Aron with Administer

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WIN		*	į į	С
		345268		_		12/2	0/2012
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE			31	EET ADDRESS, CITY, STATE, ZIP CODE 11 W PHIFER ST ARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
	stated it was their usus medications to the resemedication pass their they had access to a light hours or if medications had an emergency be medications. She furt admitted with seizures occurrence in the facil. During an interview or Nurse #2 explained sha history of seizures do report on 10/01/12 on shift. She stated she will will be shaded to the medications the her shift but she verified electronic MAR that shaded to make the medications she shaded to the medications but shout of the emergency to the medication cart in the medication would in the medication would in the medication that will and did not request backup pharmacy. She they needed to give to the medication to give to the medication to give to the medication to give they needed to give to the medication to the medication that will and did not request backup pharmacy. She they needed to give to the medication to give to the medication to the given they needed to give the medication to the given they needed to give the medication to the medication to give the given the given the given to give the given the giv	al practice to give sident on the next scheduled ext morning. She stated back up pharmacy for after is were unavailable they also in that contained emergency the stated a resident is was not a common ity. In 12/19/12 at 10:53 AM are was told Resident #1 had uring the change of shift the 3:00 PM to 11:00 PM was not told that Resident at needed to be given on a she documented on the regave Resident #1 Cipro I Lovenox 1.0 ml injection in because those were the saw on Resident #1's MAR. It remember where she got the might have gotten them box. She stated Resident do not have been available because the pharmacy had if they were usually in which was after her shift and not give Resident #1 in and she did not question ere ordered for Resident any medications from the estated she was aware could provide medications hem to a resident before delivered but she did not	F	809			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WIN			C 12/20/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE				3	REET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103	12/2	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
F 309	night. During an interview or Nurse #3 explained sl shift on 10/01/12 until and was told in shift re history of seizures. S a new admission and #1 several times durin she wrote the nurse's AM to indicate the res adverse reaction to th during the 3:00 PM to explained she thought were delivered by the but she did not check morning when she sta She verified she docu MAR on 10/02/12 at 6 Resident #1 the Levot because Resident #1 or take her medication as not done. She exp call the physician whe medications but she the reported it to the nurse she left work that morn During an interview or Staff Development Co the nurses usually recresidents who were to resident arriving in the verified the medication physician and sent the orders by fax to the physician to the physician and sent the orders by fax to the ph	n 12/19/12 at 11:36 AM ne worked the 11:00 PM 7:00 AM shift on 10/02/12 eport Resident #1 had a he stated Resident #1 was she checked on Resident gg the night. She verified note on 10/02/12 at 3:31 ident had not had any e Cipro she was given 11:00 PM shift. She Resident #1's medications pharmacy after midnight the MAR until the next rted her medication pass. mented on the electronic 43 AM that she did not give hyroxine or Omeprazole refused to open her mouth as so she documented them lained she did not usually n a resident refused their hought she might have e on the day shift before ning. 12/19/12 at 12:22 PM the ordinator (SDC) explained eived medication lists for be admitted prior to the facility. She stated they as with the resident's	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WING			C 12/20/2012	
	ROVIDER OR SUPPLIER			311	EET ADDRESS, CITY, STATE, ZIP CODE 1 W PHIFER ST ARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	shift and nurses had a that contained certain access if needed. Sh supposed to call the preded medications at the back up pharmacy explained residents up medications on the nepass but if they needed such as an antibiotic it possible. She stated to get the resident's manager and to utilize needed. During a follow up into PM the day shift Nurs Resident #1 received and Lovenox 1.0 ml in PM but no other medications when a retter day because it on that were actually give explained the complet would not have appear next morning when the medications during the During an interview or facility Medical Director medications, medication medications acceptation of plood pressures as medications, medication of plood pressures.	y could requisition the pharmacy. The SDC were delivered on second access to emergency boxes medications for staff to e stated nursing staff were sharmacy anytime they and the pharmacy contacted y for them after hours. She sually received their ext scheduled medication and a medication right away at was given as soon as the nurses were expected aedications from the see the back up pharmacy as serview on 12/19/12 at 3:25 and Supervisor verified. Cipro 250 mg. by mouth apjection on 10/01/12 at 7:24 cations were given. She sully showed a limited list of esident was admitted late in any contained the medications are to the resident. She see listing of medications ared on the MAR until the enurses gave the enurse gave	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345268	B. WING			C 12/20/2012	
	NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			STREET ADDRESS, CITY, STAT 311 W PHIFER ST MARSHVILLE, NC 2810			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	((EACH CORRECT CROSS-REFEREN	S PLAN OF CORRECTI CTIVE ACTION SHOUL NCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	should get the medical physician. He further medication the nurse on the MAR and deterfused the medication had a communication leave notes for the phad 24 hour coverage physician or family nuphysician's assistant of the further stated it was to call the physician or get the medications or get the medications or get the medications for them according to the The Administrator was Jeopardy on 12/19/12. The facility provided a compliance which included a compliance which included a compliance of Compliance of Compliance of Formation of Compliance of function for Residents. Resident #1 was admit 10/01/12. Resident #1 was admit 10/01/12. Resident #1 was admit 10/01/12. Resident #1 was admit 10/01/12 was admit 10	cation. He stated residents ation as ordered by the stated if a resident refused should circle the medication rmine why the resident n. He explained the facility book where they could ysician, the physician group in the facility and a rese practitioner or was always available on call, as his expectation for nurses when they had questions dosages and they should om the pharmacy and give physician's orders. Is informed of Immediate at 4:02 PM for Resident #1. credible allegation of uded: Inville nice are to Maintain the highest of the facility on a lessed by her attending ng audits were conducted ent coordinator and the each resident listed. Itted to the facility on his medical record was	F3	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345268	B. WIN			C 12/20/2012	
	ROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	medications ordered administration. On da missed a dose of Colonegative outcomes wadmitted to the facility his medical record water all current medical record water	were available for the of admission, the resident chicine at 20:00. No ere noted. Resident #3 was on 12/12/12 at 13:30 and is audited on 12/19/12 to dications ordered were ration. On the date of ent missed a dose of 600, a dose of Labetalol at in Sodium on at 20:00. No ere noted. Resident #4 was on 12/06/12 at 15:41 and is audited on 12/19/12 to dications ordered were ration. On the date of ent missed a dose of Advair at mouth wash 1700 and fate at 17:00, Singulair at at 1700. No negative at 18:30 and her udited on 12/19/12 to dications ordered were ration. On the date of ent missed a dose of Ferrex outcomes were noted. All ininistered following the macy as ordered by the	F	309			

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		NC T (NAVIONA)	A. BUIL B. WIN				С
		345268	D. WIN			12/2	0/2012
	CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOUL	.D BE	(X5) COMPLETION DATE
F 309	was not identified with Upon notification of actransferring facility, the request admission or staff. Clinical information will be reviewed by a Eldercare and approving provided. This will be record by the nurse. If faxed to Legacy Pharmourse or nurse supervives after the approvess after the approvess after the approvess after the approvess after the referring information regarding of each of the residen. In the event this informourse will contact our provider for directions. The admitting nurse with medications into the Mecord and schedules Efforts outlined in this reviewed by the Quality our next two schedules needed to minimize on medications by maintathe new system. Legacy Consultant Phis services with Marshvill new admissions' medication to our current can respond quicker as	ack of available medication any resident in this audit. Idmission from the ele admission coordinator will ders from the transferring tion and medication orders provider of Physicians ed or additional orders documented in the medical Admission orders will be macy by the admission isor to begin dispensing toval. The nurse using the admission orders and facility to obtain the last dose administered the physician or mid-level on starting medications. In the real ordered dedication Administration is per physician's orders. In plan of correction will be the physician or correction will be the physician or mid-level on starting medications. In the real ordered dedication Administration is per physician's orders. In plan of correction will be the physician or mid-level on the physician or mid-level on starting medications. In the real ordered dedication and then as opportunities for missed and then as opportunities for missed and the pharmacy has contracted for the Pharmacy to ensure all cations by the next	F	309			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WIN			C 12/20/2012	
	ROVIDER OR SUPPLIER			31	EET ADDRESS, CITY, STATE, ZIP CODE I1 W PHIFER ST ARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	hours. In addition, we CVS pharmacy and C existing system. CMC 24-hour pharmacy an Pharmacy also has the medications. The faciliconcerns will be resol services through Mars their size, close proxing to deliver the medicate facility will be able to put the next scheduled may there are orders for stown will work with the put Legacy to determine to obtaining the medications facility. If a medication and preason prior to the medication administrate physician's group will This direction will be complete are and document finding acute findings will be ophysician or mid-level direction. Legacy Consultant Physiciants and potential ensure compliance, all	e are still contracted with CMC-Union as part of C-Union serves as our local d Legacy Consultant he ability to provide stat lity identified most of its lity identified most of its lity identified most of its lity identified most of the shville Pharmacy. Given mity to the facility and ability ion as soon as it is filled, the provide the medication at edication administration. If that medications after hours, pharmacist on call with the optimal method of ion. The medication orders excup pharmacy via Legacy of for a minimum of a 36 hour is to be delivered to the in cannot be obtained for e next scheduled ation, a call to our be placed for direction. Indocumented in the resident's admission assessment is in the health record. Any communicated to the	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	li i		A. BUIL			С	
		345268	B. WIN		110.110.110.110.110.110.110.110.110.110	12/2	0/2012
	OVIDER OR SUPPLIER			31	EET ADDRESS, CITY, STATE, ZIP CODE 11 W PHIFER ST IARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	administering medicate to the facility. Upon remedications, a nurse orders as ordered by each medication is averaged to the medication is averaged to the medication of the new address of the new address of the new address of the new address of the medications delived to the medication list. discussed with a physical for clarification and discussed in the physical form of the phy	ator of this new process for tions for any new admission eceipt of the new will audit the medication the physician to ensure ailable for administration. In out of the medication mission. The nurse wadmission will reconcile ered for the specific resident Any variance will be dician or physician extender rection. The nurses responsible for the nurses responsible for the proper method of the sto ensure all medications lay. All nurses with the nurse shift. No nurse will be tork without completing this	F	3309			
	Admissions. It has be Administrator and has director for his approv	been faxed to the medical					
	nursing, staff developed designee will audit ever day of admission to er 12/27/12. This audit videlivery of the medical medications to those of	ery new admission on the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WING		12/:	C 20/2012
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE		s	STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	a week (as long as ad 01/03/12 and then wil week for 2 months. T will be discussed at the meeting Monday through case immediate change and implemented. At conducted to ensure the effective and on-going. The results of these as on-going compliance of monitored through our meeting for at least the longer if the committee limmediate jeopardy with 5:20 PM when intervite and nursing supervisor inservice training on 1 to reporting for work refor the new back up pl supposed to check meresidents were admitted medications were give orders. They further expected to call the ph medications or discrepared A review of the inservisign in sheets on 12/2 inservice training had 12/20/12 and schedule nurses received training had 12/20/12 and 1	a minimum of 3 admissions Imissions are available) until I audit at least 2 charts a he results of these audits are department managers uph Friday, as scheduled, in ges need to be discussed udits as needed will be he interventions are group compliance is maintained. I will be discussed and rest quality assurance an ext two meetings or a deems it necessary. I was removed on 12/20/12 at the sws of medication nurses are confirmed they received 2/19/12 and 12/20/12 prior and and were to ensure an according to physician explained they were expression for clarification of ges when there were noises.	F 30	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345268	B. WING		C 12/20/2012		
	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP COI 311 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	Ordering and Receivi indicated policy chang up pharmacy. 2. Resident #2 was re 12/17/12 at 6:50 PM vheart disease, high blobstructive lung disease fluid that accumulates space that surrounds and gout. There was no Minimubut a review of a hosp dated 12/17/12 indicated the ordered for Resident and oriented. A review of hospital defended for Resident and oriented for Resident and oriented for Resident and oriented lung disease. Amiodorarone 200 medily (for irregular head corege 6.25 mg. by moleod pressure). Colchicine 0.6 mg. be pepcid 25 mg. by moreflux). Multivitamin 1 by modeficiency). Zocor 10 mg. by more levels in the blood).	ges related to the new back e-admitted to the facility on with diagnoses including ood pressure, chronic use, pleural effusion (excess to between the two layers of the lungs), kidney disease Im Data Set (MDS) available poital discharge summary used Resident #2 was alert discharge instructions dated to following medications were use. In See every 6 hours (for chronic use). In illigrams (mg.) by mouth user use. In mouth twice daily (for high user user). In outh daily (for gout). In outh daily (for nutritional user user). In outh daily (for nutritional user user).	F 30	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345268	B. WING _			C 12/20/2012	
	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	dated 12/17/12 specific Resident #2 was to real - Atrovent HFA 2 puffs AM; 6:00 AM; 12:00 From - Amiodorarone 200 mAM - Coreg 6.25 mg. by mand 4:00 PM - Colchicine 0.6 mg. brown - Multivitamin 1 by more - Multivitamin 1 by more - Multivitamin 1 by more - Zocor 10 mg. by more - Multivitamin 1 by more - Zocor 10 mg. by more - Colchicine 0.6 mg. brown - Colchicine 0.6 mg	ation Administration Record ited the times in which toceive his medications: a every 6 hours at 12:00 PM; 6:00 PM milligrams (mg.) daily at 8:00 PM milligrams (mg.) daily at 8:00 PM mouth twice daily at 8:00 PM mouth daily at 8:00 PM mouth daily at 8:00 PM muth daily at 8:00 PM muth at bedtime at 9:00 PM puth at bedtime at 9:00 PM mouth at 8:00 PM mouth at 8:00 PM puth at 8:00 PM	F 30	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345268	B. WIN	IG		C 12/20/2012	
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 111 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X6) COMPLETION DATE
	10:00 PM and 12:00 A for them when they we for them when they we During an interview or Director of Nursing (D always get documents received medication in nurses should call the needed regarding phy expectation that anyting the nurses should call clarification. During an interview or Physician #1 stated the waiting to begin admired ay after admission we added that he expected physician's orders and medications according He stated he was unausual practice to wait dose after the medical facility for administrations as ordered by his physician staff to call the were unsure when a retheir medications or needication orders. During an interview or QA nurse stated the fainformation from the hidosage of medication	y. She explained the nedications usually between AM and a nurse had to sign ere delivered. In 12/19/12 at 8:15 AM the ON) stated they didn't ation when a resident last in the hospital. She stated hospital if clarification was resician orders and it was her me there was a discrepancy of the physician for In 12/19/12 at 9:40 AM are facility's practice of instering medications the as not appropriate. He are did nurses to follow at they should give the got the physician's orders, ware that it was the facility's until the next scheduled they are the facility at the sicilar and he expected and he expected are physician's group if they esident had last received are deded clarification of	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		X-MINTO TOTAL CONTROL	B. WING	- J	С	
		345268	D. WING		12/2	0/2012
	COVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	she attempted to speadetermine what medic received. During an interview of Nurse #4 reported she PM to 11:00 PM shift Resident #2's assigned she was not responsible medications into the cowould not have administration was not the next day on 12/18 medication ordered by administration was not because it had not be the MAR. She further MAR to notify her of with medications were schold but the day shift super her that on Resident # facility MAR the evenion 12/17/12 had been She further stated she happened and she was was responsible for pure medications into the component Cothe nurses received medications were to be admitted.	She was unable to recall if ak with the hospital to cations Resident #2 had last in 12/20/12 at 10:45 AM at was assigned to work 3:00 on 12/17/12 and she was ad nurse. She added that ble for putting the Resident's computer system and she histered medications to the appeared "active" in the asident #2's MAR revealed not been made "active" until 1/12. She stated the system to Resident #2 en scheduled to be given on a stated she relied on the when the resident's eduled to be administered. Berview on 12/20/12 at 12:15 rivisor stated it appeared to 1/2's admission orders and 1/2's admission orders and 1/2 may be unable to recall if she autting Resident #2's	F 30	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	DILTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WING			С
NAME OF PE	ROVIDER OR SUPPLIER	340200		STREET ADDRESS, CITY, STATE, ZIP CODE	12/2	20/2012
AUTUMN	CARE OF MARSHVILLE			311 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X6) COMPLETION DATE	
F 309	received. 3. Resident #3 was as 12/12/12 at 1:30 PM vincluded high blood processor admidated 12/21/12 indicated the ordered for Resident #5 - Folic Acid 1.0 milligra (for a nutritional deficiency). - Lisinopril 10 mg. by nutritional deficiency). - Labetalol 400 mg. by blood pressure). - Prevastatin 40 mg. bhigh blood pressure). - Aspirin 81 mg. by more prevention). - Nicotine patch transoweeks (for smoking processor and proces	cations Resident #2 had last dmitted to the facility on with diagnoses which ressure and a recent stroke. ission Minimum Data Set ited Resident #3 was ischarge instructions dated is following medications were #3: ams (mg.) by mouth daily ency). If mouth daily (for a mouth daily (for high blood if mouth twice daily (for high in mouth daily (for stroke dermal 25 mg. daily x 4 evention). If wo mouth daily (for nutritional in twice daily (for uth daily (for uth daily x 2 days, then 5 is then 5 mg. by mouth	F3	309		

CLIVILI	3 FOR WEDICARE &	MEDICAID SERVICES				OMB M	7. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLET	ED
		345268	B. WIN	IG_			C 0/2012
NAME OF PR	OVIDER OR SUPPLIER			CTC	DEET ADDRESS CITY OTATE ZID CODE	1 .2.2	0,2012
	CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE B11 W PHIFER ST MARSHVILLE, NC 28103		
0/10/15	CHMMADY CT	ATEMENT OF DECICIENCIES	1 15		The state of the s	TION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 309	Continued From page	24	F	309			
	A further review of the instructions did not sp received daily medica	ecify if the resident had					
	dated 12/12/12 specif	ation Administration Record ied the times in which ceive his medications:					
	8:00 AM	ams (mg.) by mouth daily at y mouth daily at 8:00 AM					
	- Lisinopril 10 mg. by - Labetalol 400 mg. by	mouth daily at 8:00 AM mouth twice daily at 8:00					
	AM and 4:00 PM - Prevastatin 40 mg. b PM	y mouth at bedtime at 9:00					
	- Aspirin 81 mg. by mo	outh daily at 8:00 AM dermal 25 mg. daily x 4					
	12:00 AM; 8:00 AM ar						
	- Valium 10 mg by mo	uth twice daily at 8:00 AM uth daily at 8:00 AM x 2					
	days, then 5 mg. by m mouth every other day	outh x 2 days then 5 mg. by x 2 doses.					
	did not receive ordere that included:	MAR revealed Resident #3 d medications on 12/12/12					
	PM	y mouth at bedtime at 8:00					
	- Hydralazine 25 mg. b 4:00 PM	by mouth every 8 hours at					
		M the day shift nursing ewed and reported that she,					

	OT ON WEDIONINE &	WEDIO/ IID OLIVVIOLO				OND NO	J. 0000-0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONST		PLE CONSTRUCTION G	(X3) DATE SU COMPLET	
		345268	B. WIN	IG_		1	C
NO. N. C. WASTONIA P. C. C. CONSIDERATION AND ADMINISTRATION AND ADMIN		040200		_		12/2	20/2012
	CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 811 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	the Quality Assurance Development Coordin nurses responsible for process for a new rest that included obtaining medications. She stat report from the hospit medications had been before they were disc sometimes they did not and had to figure it out most cases residents and the nursing staff of medications they had Resident #3's medication list and wat approval the same dat pharmacy delivered medication list and wat approval the same dat pharmacy delivered medication of them when they were discovered medication in nurses should call the needed regarding phy expectation that anyting the nurses should call clarification. During an interview or Physician #1 was interfacility's practice of wat medications the day a appropriate. He added	e (QA) Nurse and the Staff lator (SDC) usually were the r completing the admission ident entering the facility g discharge instructions with ed they sometimes got a al regarding which a given to the resident harged but she explained of get any of this information t. She confirmed that in were admitted to the facility was unaware of what last received. She verified tion list was obtained form //transfer summary as called to the physician for y. She explained the ledications usually between the and a nurse had to sign ere delivered. In 12/19/12 at 8:15 AM the ON) stated they didn't ation when a resident last in the hospital. She stated hospital if clarification was sician orders and it was her me there was a discrepancy the physician for	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WING	-		O/2012
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			S	TREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103	12/2	0/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	unaware that it was the wait until the next schemedication was delivered administration. He further should have received by his physician and he call the physician and he call the physician's growhen a resident had lamedications or needed orders. During an interview or QA nurse stated the fainformation from the hedosage of medication the information was in discharge summary. She attempted to speadetermine what medicate received. During a follow up interested to her that on Resident facility MAR the evenion 12/12/12 had been She added she was unand stated it was imported to the computer. During an interview on Staff Development Cothe nurses received medication was the was unable responsible for putting into the computer.	ered. He stated he was the facility's usual practice to reduced dose after the the stated Resident #3 all medications as ordered the expected nursing staff to the pup if they were unsure the ast received their dictarification of medication 12/19/12 at 10:41 AM the the acility staff tried to get the the ospital when the next the was due and sometimes cluded with the hospital She was unable to recall if the with the hospital to the acility staff tried to get the the ospital when the next the staff tried to get the the ospital when the next the staff tried to get the the ospital when the next the staff tried to get the the ospital when the next the staff tried to get the the ospital when the hospital the staff tried to get the the ospital when the staff to get the the ospital when the staff tried to get the the ospital when the meant the staff tried to get the the ospital when the staff tried to get the the ospital when the meant the staff tried to get the the ospital when the meant the staff tried to get the the ospital when the meant the ospital when the ospital when the ospital the ospital when the ospital when the ospital the ospital w	F 30			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MUI IDENTIFICATION NUMBER: A. BUILD		LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345268	B. WING		12	C /20/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE				STREET ADDRESS, CITY, STATE, ZIP COI 311 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	she attempted to speed determine what medic received. 4. Resident #4 was a 12/06/12 at 3:41 PM of Chronic Obstructive Fanemia, thrush and of Minimum Data Set (Mispecified the resident Resident #4's hospital dated 12/06/12 were of Resident was ordered resident (page 12 hours resident	She was unable to recall if ak with the hospital to cations Resident #3 had last dmitted to the facility on with diagnoses that included fulmonary Disease (COPD), thers. The most recent DS) dated 12/13/12 had no impaired cognition. I discharge instructions reviewed and specified the by the physician to receive: in medication) 100mg each day haler) 250mcg (micrograms) ch day inchodilator) 200mg every hall) 100,000 units/mL ch day etiron supplement) 150mg daily one (cardiac medication) ional supplement) 2000 itional supplement) 500mcg wascular) 180mg daily 0mg daily	F3	09			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		345268	B. WING		12	C /20/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE				STREET ADDRESS, CITY, STATE, ZIP C 311 W PHIFER ST MARSHVILLE, NC 28103	——————————————————————————————————————		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	- Singulair (inhaler) - Daliresp (pulmon - Crestor (choleste - Sprivia (inhaler) - Further review of the instructions did not spreceived her daily me Review of Resident # Administration Record revealed there was not the following medicati - Advair Diskus a - Singulair at 5:0 - Neurontin at 5:	perthyroidism) 5mg daily 10mg daily ary) 500mcg daily 8mcg daily hospital discharge recify if the resident had dications on 12/06/12. 4's "Medications " (MAR) for 12/06/12 to documentation to indicate ons were administered: at 5:00 PM 00 PM 00 PM 00 PM 00 PM 00 PM 01 PM 01 PM 01 PM 01 PM 02 PM 03 PM 04 The day shift nursing the ewed and reported that she, the (QA) Nurse and the Staff ator (SDC) usually were the the completing the admission dent entering the facility the discharge instructions with the detect of the sexplained the given to the resident the regarding which the given to the resident the regarding that in the design of the sinformation the she confirmed that in the sum of the sident the sum of the facility that is the sexplained that the staff of the sident the sum of	F3	09			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WIN	G		C 12/20/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE		·	31	EET ADDRESS, CITY, STATE, ZIP CODE 11 W PHIFER ST IARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	be given until the follobecause medications PM. During an interview of Director of Nursing (Dialways get document received medication in nurses should call the needed regarding physexpectation that anytif the nurses should call clarification. During an interview of Physician #1 stated of concerning a new resush of the she would expect nurse such information from was his expectation for physician's orders and according to the physician's ord	were not delivered until 10 In 12/19/12 at 8:15 AM the PON) stated they didn't ation when a resident last in the hospital. She stated is hospital if clarification was visician orders and it was her me there was a discrepancy of the physician for In 12/19/12 at 9:40 a.m. bitaining information ident's medications received admission process and that es to inquire and obtain the hospital. He stated it or nurses to follow digive medications ician's orders. In 12/19/12 at 10:41 AM the accility staff tried to get the pospital when the next was due and sometimes included with the hospital. She was unable to recall if	F	309			
		ted prior to the resident					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		045000	E78.2528096	A. BUILDING B. WING			С	
NAME OF PE	ROVIDER OR SUPPLIER	345268		970	REET ADDRESS, CITY, STATE, ZIP CODE	12/2	0/2012	
	CARE OF MARSHVILLE			3	311 W PHIFER ST			
				1	MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
F 309	she attempted to speadetermine what medic received. On 12/20/12 at 10:45 3-11 p.m. was interview was the first nurse assumed the spead of the spead	She was unable to recall if ak with the hospital to cations Resident #4 had last AM Nurse #4 who worked ewed and confirmed she signed to care for Resident d to the facility. She could nade aware of what ent had received in the esion. She stated she relied her of when the resident's eduled to be administered. Idmitted to the facility on with diagnoses that included and nutritional deficiency nimum Data Set (MDS) able for the resident. I discharge instructions eviewed and specified the by the physician to receive:	F	309				

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345268	B. WIN	IG			C 12/20/2012	
AUTUMN CARE OF MARSHVILLE				3	REET ADDRESS, CITY, STATE, ZIP CODE 111 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROID DEFICIENCY)	D BE	(X5) COMPLETION DATE	
Fire RAS mutt CO state DD nn pp through must be seen and must recovered by the seen and the seen	Warfarin (anticoa further review of the hastructions did not specieved her daily medication Record pecified the resident redication on 12/17/1 are facility: Ferrex 150 on 12/18/12 at 4:12 Pupervisor was interviewed evelopment Coordinates responsible for rocess for a new resident included obtaining redications. She state report from the hospital redications had been refore they were dischont from they did not not cases residents and the nursing staff where they did not receive redications they had be redications they had be redications they had be redicated that the MAR rere not scheduled to ay on 12/18/12 because livered until 10 PM.	ng daily at bedtime gulant) 4mg daily nospital discharge ecify if the resident had dications on 12/17/12. 5's "Medications" (MAR) for 12/17/12 did not receive the following 2 after being admitted to 0 mg. at 9:00 PM. M the day shift nursing ewed and reported that she, (QA) Nurse and the Staff ator (SDC) usually were the completing the admission dent entering the facility guischarge instructions with eat hey sometimes got a lar regarding which given to the resident narged but she explained at get any of this information it. She confirmed that in were admitted to the facility	F	309				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WIN	G			C 0/2012
	CARE OF MARSHVILLE			31	EET ADDRESS, CITY, STATE, ZIP CODE 11 W PHIFER ST IARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	always get document received medication in urses should call the needed regarding phy expectation that anytithe nurses should calclarification. During an interview or Physician #1 stated or concerning a new resishould be part of the he would expect nurs such information from was his expectation for physician's orders and ordered by the physician's ord	action when a resident last in the hospital if clarification was visician orders and it was her me there was a discrepancy of the physician for in 12/19/12 at 9:40 a.m. btaining information ident's medications received admission process and that es to inquire and obtain the hospital. He stated it for nurses to follow digive medications as ian. In 12/19/12 at 10:41 AM the accility staff tried to get the pospital when the next was due and sometimes accluded with the hospital She was unable to recall if ak with the hospital to cations Resident #5 had last in 12/19/12 at 12:22 PM the pordinator (SDC) explained nedication lists for residents the deprior to the resident.	F	309			

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	150000000000000000000000000000000000000	ILTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL MARSHVILLE, NC 28103 (X5) (EACH CORRECTION SHOULD BE COMPLET MARSHVILLE (EACH CORRECTIVE ACTION SHOULD BE COMPLET MARSHVILLE (EACH CORRECTIVE ACTION SHOULD BE COMPLET MARSHVILLE (EACH CORRECTIVE ACTION SHOULD BE				A. BUILI	DING		C	
AUTUMN CARE OF MARSHVILLE 311 W PHIFER ST MARSHVILLE, NC 28103 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED AND ACTIO			345268	B. WING	9			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	27 ES 50 AN				311 W PHIFER ST			
DEFICIENCY)		(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE	
Continued From page 33 On 12/20/12 at 10:45 AM Nurse #4 was interviewed and confirmed she was the first nurse assigned to care for Resident #5 after being admitted to the facility. She could not recall if she was made aware of what medications the resident had received in the hospital prior to admission. She stated she relied on the MAR to notify her of when the resident's medications were scheduled to be administered. F 333 SS=J The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interviews, physician interviews and record reviews the facility staff falled to administer significant medications which included seizure, blood pressure, pain and respiratory medications according to physician's orders for 3 of 5 sampled residents. (Resident's #1, #3, and #4). Immediate Jeopardy began on 10/01/12 when Resident #1 did not receive scheduled seizure medications and subsequently exhibited grand mal seizures on 10/02/12. The Administrator was notified of immediate jeopardy on 12/19/12 at 4.02 PM. Immediate placpard on 12/19/12 at 4.02 PM. Immediate placpard on 12/19/12 at 4.02 PM. Immediate an acceptable credible allegation of compliance. The facility remains out of compliance at a lower scope and severity of D (an isolated deficiency, no actual harm with potential for more than minimal harm that is not	F 333	On 12/20/12 at 10:45 interviewed and confinassigned to care for Radmitted to the facility was made aware of w resident had received admission. She state notify her of when the were scheduled to be 483.25(m)(2) RESIDE SIGNIFICANT MED E The facility must ensurany significant medical many significant medical and record reviews the administer significant seizure, blood pressur medications according of 5 sampled residents #4). Immediate Jeopardy b Resident #1 did not re medications and subsemal seizures on 10/02 notified of immediate judical for medical in the property of	AM Nurse #4 was med she was the first nurse desident #5 after being and the shat medications the in the hospital prior to dishe relied on the MAR to resident's medications administered. INTS FREE OF IRRORS The that residents are free of the shat medications are free of the shat o		This plan of correction serve as the facility's allegation of complian requirements of 42 CF 483, Subpart B for lon care facilities. Prepara and submission of this of correction is in resp. CMS 2567 for the 12-1 survey and does not constitute an agreement admission of Autumn Marshville of the truth facts alleged or the correctness of the conclusions stated on the statement of deficienci. This plan of correction	ce with R, Part g term tion plan onse to 8-12 t or Care of of the		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUII		*	ľ	С
		345268	B. WIN	IG		12/2	20/2012
80.40.000000000000000000000000000000000	ROVIDER OR SUPPLIER CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 11 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	immediate jeopardy) to ensure monitoring of are effective. The findings are: A review of a facility of Orders" dated 06/12 usindicated the prescribe for direction when delidelayed or the medical available. 1. Resident #1 was at PM with medical diagrimalignant brain tumor cerebral edema (swell of seizures and deep of the medical diagrimalignant brain tumor cerebral edema (swell of seizures and deep of the medical diagrimalignant brain tumor cerebral edema (swell of seizures and deep of the medical diagrimalignant brain tumor cerebral edema (swell of seizures and deep of the medical diagrimalignant brain tumor cerebral edema (swell of seizures and deep of the medical diagrimalignant brain tumor cerebral edema (swell of seizures and deep of the medical diagrimalism of the med	o complete education and of systems put into place ocument titled "Medication and of systems put into place ocument titled "Medication ocument procedures section Der is contacted by nursing very of a medication will be tion is not or will not be dmitted on 10/01/12 at 3:00 access which included with right sided paralysis, ing in the brain), a history vein thrombosis. If assessment dated clude the time it was esident #1 was alert and do impairment in short term fied independence with situations only with sion making. The licated Resident #1 ance with activities of daily are speech and mumbled tated. The assessment the true of true of the true of true of the true of true of the true of true of the true	F	3333	because of the requireme of 42 CFR, Part 483, Sub B throughout the time pe stated in the statement of deficiencies. In accordant with state and federal law however, Autumn Care of Marshville submits this profession to address the statement of deficiencies to serve as it's allegation compliance with the pertirequirements as of the dastated in the plan of correction and as fully completed as of 12/24/12. To address the alleged deficient practice for the residents allegedly affected and to address the cited issues for all residents has potential to be affected, the facility has taken the following actions. All admissions from 12/1/20/12/19/12 were audited on 12/19/12 for compliance. This audit was lead by the	ed, ving he	12/19/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345268	B. WIN		-	40#	C
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103				20/2012
PREFIX (EACH DEFI	IENCY MUST	IT OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
(for seizure prevalue 10/01/12 at 9:07 (for seizure prevalue 10/01/12 at 9:08 (for seizure prevalue 10/01/12 pexame 10/01/12 pexame 10/01/12 indicate medications and to be given: Dexamethasone Keppra 1500 mg. Trileptal 900 mg. Vimpat 150 mg. but	AM Vimpal ention). AM Keppra ention). AM Trilepta ention). Also indicated swelling in the following and the following mouth the following mouth the following mouth the entity mouth the entity mouth the entity docume 2 indicated delivered to delivere	ission orders dated ring list of seizure cy of when they were outh four times daily wice daily vice daily rice daily or Resident #1 dated e no seizure nasone listed to be not titled "packing slip" I the following of the facility from the examethasone 2	F	333	director of nursing and st development coordinator conducted by administration nurses to insure all currence ordered medications were available for administrational were timely administrational were timely administrational were timely administrational were timely administrational with any resident in this audit. Upon notification of admission from the transferring facility, the admissions coordinator were bally request admission orders from the transferrice staff. Clinical informational medication orders with reviewed by a provider of Physicians Eldercare and approved or additional or provided. This will be documented in the medical record by the nurse. Admission orders will be faxed to Legacy Pharmac the admission nurse or nurse.	and rive ntly e on tered an. ified rill on ng n ll be f ders al	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AND PLAN OF CORRECTION 234568 242700012 242700012	CLIVIL	NO FOR WEDICARE &	MILDIONID OLIVAIOLO				CIVID IN	3. 0000 0001
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 3114 PHIFER ST MARSHVILLE, NC 28103 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (ECAI DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER PLAN OF CORRECTION (ECAI DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER PLAN OF CORRECTION (ECAI DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER ST. MARSHVILLE, NC 28103 F 333 Continued From page 36				, ,				
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE (24) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (24) D PREFIX TAG (24) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG FOR STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) FRESIZ TAG F 333 Contlinued From page 36 T.24 PM indicated there were no medications given for seizures or to reduce swelling in Resident #1's brain. A review of a nurse's note dated 10/02/12 at 9:00 AM indicated a nurse was called to Resident #1's room by a nurse aide and the resident was actively having a seizure. The notes revealed Resident #1's amoing her head back and forth, all of her extremities were jerking. The notes also revealed the seizure lasted 3 minutes, there was no respiratory distress and the physician was in facility and called to the bedside of Resident #1. The notes indicated the physician was in facility and called to the bedside of Resident #1. The notes indicated the physician was in facility and called to the bedside of Resident #1. The notes indicated the physician was in facility and called to the bedside of Resident #1. The notes indicated the physician was in facility and called to the bedside of Resident #1. The notes indicated the resident was actively having a seizure. The notes revealed Resident #1 was moving her head back and forth, all of her extremities were jerking. The notes also revealed the seizure lasted 3 minutes, there was no respiratory distress and the physician was in facility and called to the bedside of Resident #1. The notes include the physician spoke to Resident #1 was moving her head back and forth, all of her extremities were jerking. The notes also revealed the seizure lasted 3 minutes, there was no respiratory distress and the physician was in facility and called to the bedside of Resident #1. The notes include the phy								С
AUTUMN CARE OF MARSHVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX TAG			345268	B. WIN	IG		12/2	20/2012
F 333 Continued From page 36 7:24 PM indicated there were no medications given for seizures or to reduce swelling in Resident #1's brain. A review of an electronic MAR dated 10/02/12 at 6:43 AM indicated there were no medications given for seizures or to reduce swelling in Resident #1's brain. A review of a nurse's note dated 10/02/12 at 9:00 AM indicated a nurse was called to Resident #1's room by a nurse a lide and the resident #1's room by a nurse alide and the resident #1's nor respiratory distress and the physician spoke to Resident #1's family about her medical history and condition and a decision was made to send the resident back to the hospital and emergency medical services (EMS) was notified. A review of a nurse's note dated 10/02/12 at 9:25 AM indicated Resident #1 was transported to an emergency department via EMS. F 333 Supervisor to begin dispensing process after the approval. The nurse responsible for processing the admission orders will contact the referring facility to obtain information regarding the last dose administered of each of the resident #1's prom by a nurse acide and the resident #1's room by a nurse alide and the resident #1's family about her medical history and condition and a decision was made to send the resident back to the hospital and emergency medical services (EMS) was notified. A review of a nurse's note dated 10/02/12 at 9:25 AM indicated Resident #1 was transported to an emergency department via EMS.					3	11 W PHIFER ST		
dispensing process after the approval. The nurse responsible for processing the admission orders will contact the referring facility to obtain information regarding the last dose administered of each of the resident #1's brain. A review of an electronic MAR dated 10/02/12 at 9:00 A review of a nurse's note dated 10/02/12 at 9:00 AM indicated a nurse was called to Resident #1's room by a nurse aide and the resident was actively having a seizure. The notes revealed Resident #1 was moving her head back and forth, all of her extremities were jerking. The notes also revealed the selzure lasted 3 minutes, there was no respiratory distress and the physician was in facility and called to the bedside of Resident #1. The notes indicated the physician spoke to Resident #1s family about her medical history and condition and a decision was made to send the resident back to the hospital and emergency medical services (EMS) was notified. A review of a nurse's note dated 10/02/12 at 9:25 AM indicated Resident #1 was transported to an emergency department via EMS. A review of a EMS patient care report dated 10/02/12 at 9:58 AM indicated Ensider #1 was transported to an emergency department via EMS. dispensing process after the approval. The nurse responsible for processing the admission orders will contact the referring facility to obtain information regarding the last dose administered of each of the resident's prescribed medications. In the event this information is not available, the nurse will contact our physician or mid-level provider for directions on starting medications. The admission or medications into the Medication Administration Record and schedules per physician's orders. The steps outlined in this plan of correction will be reviewed by the Quality Assurance Committee at our next scheduled meeting and then	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
bed and conscious but would not speak to anyone. The report further indicated Resident #1 had a seizure that lasted about 90 seconds and the resident was transported to the emergency room and admitted to the hospital. During an interview on 12/18/12 at 1:25 PM the	F 33:	7:24 PM indicated the given for seizures or the Resident #1's brain. A review of an electron 6:43 AM indicated the given for seizures or the Resident #1's brain. A review of a nurse's AM indicated a nurse room by a nurse aide actively having a seiz Resident #1 was moved all of her extremities were vealed the seizure In no respiratory distress facility and called to the The notes indicated the Resident #1's family a and condition and a differ the resident back to the medical services (EMI). A review of a nurse's AM indicated Resident emergency department A review of a EMS pathology 10/02/12 at 9:58 AM indicated to the facility bed and conscious but anyone. The report furthad a seizure that last the resident was transform and admitted to	ere were no medications to reduce swelling in Inic MAR dated 10/02/12 at the ere were no medications to reduce swelling in Inote dated 10/02/12 at 9:00 was called to Resident #1's and the resident was ure. The notes revealed ing her head back and forth, were jerking. The notes also asted 3 minutes, there was and the physician was in the bedside of Resident #1. The physician spoke to about her medical history ecision was made to send the hospital and emergency S) was notified. Inote dated 10/02/12 at 9:25 at #1 was transported to an int via EMS. Itient care report dated indicated EMS was introduced to the emergency the hospital.	F	3333	dispensing process after approval. The nurse responsible for processing admission orders will continue the referring facility to one information regarding the dose administered of each the resident's prescribed medications. In the event information is not available the nurse will contact our physician or mid-level provider for directions of starting medications. The admitting nurse will enterordered medications into Medication Administration Record and schedules per physician's orders. The outlined in this plan of correction will be review by the Quality Assurance Committee at our next scheduled meeting and the as needed for the next six months to minimize opportunities for missed	ng the ntact btain e last h of at this ble, r all the on r steps	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
			A. BUILDIN	IG		c l
		345268	B. WING _			0/2012
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 333	day shift nursing super worked on 10/02/12 a approximately 8:00 Al called to Resident #1' resident was having a did not know the resident was having a did not know the resident was in the resident's room are the hospital emergency not heard any concern resident that morning Resident #1 had not resident that morning Resident #1 had not received any seizure in medications. The nur the electronic MAR the received any seizure in medication to reduce she was admitted to the burning a phone interviple and pharmacist #1 verified Resident #1 were faxed PM on 10/01/12 and not to the facility and a number of the facility to call for back explained the pharmacist was a did not see any not facility to call for back explained the pharmacist was and they see the vimpat. Since the pharmacist was and they see the pharmacy called the facility to follow up a were told Resident #1	ervisor confirmed she and came on duty at M. She explained she was a room at 9:00 AM and the seizure. She stated she lent because she had just by before so she called for the facility and he came to ad the resident was sent to be explained had as expressed about the and was not aware eccived her seizure sing supervisor verified on at Resident #1 had not medications or the swelling in her brain since are facility. The pharmacy at 3:15 and to the pharmacist stated be or requests from the up medications. She be copy had questions about the nedications since they were sent all of the medications are explained Vimpat was a defacility could not answer be could be stated the accility the next day on about the Vimpat and they	F 333	or further improving this system. Legacy Consultant Pharmhas contracted for service with Marshville Pharmase ensure all new admission medications by the next scheduled dose and Marshville Pharmacy is available to our residents potential residents as of 12/20/2012. This back-uservice is in addition to current back-up pharmace and can respond quicker deliver the medication as soon as it is ready during normal business hours. addition, we are still contracted with CVS pharmacy and CMC-Unias part of our existing sy CMC-Union serves as on local 24-hour pharmacy Legacy Consultant Pharmalso has the ability to prostat medications. The abit to rapidly obtain medical will be enhanced by the	macy es cy to ns' s and up our cies and s g In ion estem. ur and macy ovide ility	12/20/12

OHITTE	OT ON MEDIONINE &	TILDIO/ (ID OLIVIOLO				CIVID IV	0. 0930-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
			B. WIN	ıG			С
		345268	J. 1111			12/2	20/2012
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST WARSHVILLE, NC 28103		
20000000	CHUMADYOT	TEMENT OF PERIODENIONS	T -				1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	999	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
	PM and deliveries of rade between 10:00 stated the facility could on call and they had a available in the facility facility's back up pharmif medications were not pharmacy would call at 24 hours and they wouthe facility. During a follow up intered pharmacy medication order a resident was admitted verified that Resident footained from the host summary medication liphysician assistant for 10/01/12 when Reside PM. She explained the medications usually be AM. and a nurse had the were delivered During an interview on Director of Nursing (DC) were delivered to the facility and the facility was their policy that regiven after they were depharmacy the next day medication pass. She residents to miss eveniwhen they were admitted.	esident medications were PM and midnight. She dalso call the pharmacist in emergency kit/stat box. She explained the macy closed at 9:00 PM but seded after 9:00 PM the pharmacy that was open ald get the medications for rview on 12/18/12 at 4:12 in supervisor stated it was notify the pharmacy and is to them right away when ad to the facility. She stand was called to the verification and orders on int #1 was admitted at 3:00 in the pharmacy delivered it was admitted at 3:00 in the pharmacy delivered it was a state of the pharmacy at 12:00 AM. She explained outline medications were	F	3333	utilization of the services through Marshville Pharmacy. Given Marsh Pharmacy's size, close proximity to the facility a ability to deliver the medication as soon as it is filled, the facility will be to provide the medication the next scheduled medication administration there are orders for stat medications after hours, will work with the pharm on call with Legacy to determine the optimal method of obtaining the medication. The medication orders will be sent to the back-up pharmacy via Legacy Consultant Pharm for a minimum of a 36 ho supply of medications to delivered to the facility, medication cannot be obtained for any reason put to the next scheduled medication administration call to our physician's grayill be placed for direction	ville and s able at n. If we acist tion hacy our be If a orior n, a oup	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE			
							С	1
		345268	B. WIN	IG_		12/	20/2012	
	ROVIDER OR SUPPLIER CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 111 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 333	that was probably the get her seizure medic. Dexamethasone. Sh the hospital if clarificat physician orders and i anytime there was a d should call the physician During an interview or Resident #1's physician Resident #1 needed the because she was on to types of anti-seizure medical seizures. He stated if available then the physician resizure is the further stated if the enough seizure medical seizure se	reason Resident #1 did not ations or the e stated nurses should call tion was needed regarding t was her expectation that iscrepancy the nurses an for clarification. 12/19/12 at 9:40 a.m. In stated the reason ne seizure medications riple therapy with 3 different nedications to prevent medications were not sician should be alerted. resident did not have ations in her system it	F	3333	This direction will be documented in the reside medical record. All nurse were retrained on this proof obtaining medications consist with physicians orders by 12/24/2012. Upon admission of each resident, the charge nurse will complete an admission assessment and documen findings in the health recondings will be communicated to the	es ocess on t ord.	12/24/1	2
	stated he expected me the facility and given a stated the process for the next scheduled me medications was not a was his expectation for physician's orders and ordered. He further state Resident #1 missed do medications and he har resident refused medications and he har resident #1 stated she to and Resident #1 was a on 10/01/12. She explict to her that Resident #1 that morning that lasted stated she set up Resident	waiting until next day on dication pass to give peropriate. He stated it ranges to follow to give medications as ated he was unaware asages of her anti-seizure d not been told the ations on 10/02/12.			physician or mid-level provider for further direct To ensure compliance, all nurses were inserviced by 12/24/2012 by the start of their next shift by the direct of nursing or staff development coordinator this process for administed medications for any new admission to the facility. nurse responsible for the admission will reconcile medications delivered for	f ector on ering The new	12/24/1	2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N 15	(X2) MULTIPLE CONSTRUCTION A. BUILDING			JRVEY TED
		345268	B. WIN	IG		12/3	C 20/2012
AUTUMN CARE OF MARSHVILLE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOW		11 W PHIFER ST	D BE	(X5) COMPLETION DATE
	when Resident #1 had medications at the hormal medications at the hormal medications at the hormal medications at the hormal medications available resident. She stated from the solution would not have been a cart because the pharmadications nightly affafter her shift ended. Question the medication Resident #1 and did infrom the backup pharmadication the pharmadication interview on Nurse #3 she explaine PM shift on 10/01/12 ut 10/02/12 and was told had a history of seizure give seizure medication reduce the swelling in her shift because when medication pass on 10 refused to open her medications at the hormal medication pass on 10 refused to open her medications at the hormal medication pass on 10 refused to open her medications.	not verify or document of her last doses of spital. In 12/19/12 at 10:53 AM he was told Resident #1 had when she got shift report on PM to 11:00 PM shift. She ident #1 Cipro 250 mg. by 10 ml injection on 10/01/12 of not have seizure during her shift for the Resident #1's medications have usually delivered the fer 11:30 PM which was she also stated she did not not shat were ordered for out request any medications hacy because she by to deliver the medications of the worked the 11:00 antil 7:00 AM shift on in shift report Resident #1 hes. She stated she did not not one or the medication to Resident #1's brain during in she started her morning 1/02/12 Resident #1 buth so she did not give medications. She stated the physician when a needications but she	F	3333	specific resident to the medications orders. The nurse will also enter all ordered medications into facility computer and plathem on the MAR. Any variance will be discusse with a physician or physicated for clarification direction. On 12/19/2012, all full tinurses responsible for entering and scheduling admission orders were inserviced immediately of the proper method of scheduling medications are administered timely. All nurses with the responsible of entering admission orders were inserviced on process. This was completed to the proper method of scheduling medications are administered timely. All nurses with the responsible of entering admission orders were inserviced on process. This was completed to the proper method of scheduling admission orders were all medications are administered timely. All nurses with the responsible of entering admission orders were inserviced on process. This was completed to the facility updating it Policy for Medication Order New Admissions. It is not the medication of the proper method of scheduling it Policy for Medication Order New Admissions. It is not process.	d cian and me on o e oility ders this leted eted ets eders	12/19/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUI COMPLET	
-	1	A BUILDING			c l
	345268	B. WING		1	0/2012
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVIL	LE	31	EET ADDRESS, CITY, STATE, ZIP CODE 11 W PHIFER ST IARSHVILLE, NC 28103		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
PM the day shift No Resident #1 did no medications or the swelling in the residual she would expect to medications on the admitted late in the any medications the explained the complex would not have approper next morning when medications during. During an interview facility Medical Dire medications or medications or medications or medications or for blood proper laway but it would do had the last dose of residents should get by the physician. Herefused medication medication on the Noresident refused the stated the facility had where they could leand the physician get the facility and a phypractitioner or physical and they should get they should	interview on 12/19/12 at 3:25 ursing Supervisor verified it receive any seizure medication to reduce the dent's brain. She explained is see a limited list of MAR when a resident was day because it only contained at were actually given. She idete listing of medications weared on the MAR until the the nurse started giving the their first medication pass. on 12/19/12 at 3:30 PM the ctor explained certain is antibiotics, intravenous ications for a bleed in the ressure should be given right repend on when the resident if the medication. He stated it the medication. He stated it the medication. He further da communication book ave notes for the physician roup had 24 hour coverage in rysician or family nurse cian's assistant was always a further stated it was his ses to call the physician when about medications or dosages it from the pharmacy and according to the physician's	F 333	discussed by the Administrator and medic director who subsequent approved the policy revis 12/19/2012 by phone and again at our QA Meeting 1/15/13. To ensure on-going compliance, the director nursing, staff developme coordinator, or designee monitored these procedu by auditing every new admission to ensure compliance through 12/27/2012. This audit is designed to ensure the delivery of the medicatio ordered by reconciling ordered medications to the delivered for administrat The director of nursing, staff development coordinator will continue audit at least 2 new admissions a week (as lo as admissions are available for 2 months until 3/1/20 The results of these audi	ly sion d g on of ent ares was hose tion. or e to ong ble) 013.	12/19/12

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE		
		345268	B. WIN	1G		12/	C 20/2012	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103				2012	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	Jeopardy on 12/19/12 The facility provided a compliance which incl Autumn Care of Marsi Allegation of Complian For Significant Medical Resident #1 was adm 10/01/12. Resident # facility to the hospital assignment and being assignment physician. The following by the staff development results are noted with Resident #2 was admit 12/17/12 at 18:50 and audited on 12/20/12 to medications ordered wadministration. On dat missed a dose of Colonegative outcomes were Resident #3 was admit 12/12/12 at 13:30 and audited on 12/19/12 to medications ordered wadministration. On the Resident missed a dose 1600, a dose of Labeta Pravastatin Sodium on outcomes were noted. to the facility on 12/06/medical record was au ensure all current med available for administration.	s informed of Immediate at 4:02 PM for Resident #1. a credible allegation of luded: hville nce ation Error. itted to the facility on 1 was transferred from the on 10/02/12 after having a essed by her attending ing audits were conducted ent coordinator and the each resident listed. itted to the facility on his medical record was o ensure all current vere available for e of admission, the resident hicine at 20:00. No ere noted. tted to the facility on his medical record was ensure all current vere available for do to the facility on his medical record was ensure all current vere available for date of thydralazine HCL at alol at 20:00, and at 20:00. No negative Resident #4 was admitted 12 at 15:41 and her dited on 12/19/12 to ications ordered were	F	333	will be discussed at the department managers meeting Monday through Friday, as scheduled, thr 1/18/2013 in case immed changes need to be discussion with the medical director implemented. If no charare needed, the daily discussion will end howed Director of Nursing can discuss any additional concerns as needed after 1/18/2013. If these audit identify an issue not consistent with this plan correction, the director of nursing or staff develops coordinator will re-insert the staff member(s). The results of these audit intended to ensure on-go compliance and will be discussed and monitored through our next quality assurance meeting or lor if the committee deems in necessary.	ough diate assed r and ages ever, s of annent vice ts are bing	1/18/13 PER PHONE CONVERSAND WITH ADMISS	nearch

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		0.45000	B. WIN				С
		345268				12/2	20/2012
	CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CO 311 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
	Diskus at 17:00, Nysta 2100, Ferrous Fumara 17:00, and Neurontin outcomes were noted to the facility on 12/17 medical record was at ensure all current med available for administr admission, the resider at 2100. No negative medications were admidelivery from the phan physician. To ensure other reside similar manner, all administr manner, all administration and staff de conducted by administration currently ordered mediordered by the physicians agreed for service to ensure all new admitted to ensure all new admitted available Monday through the same day as the anavailable Monday thro	atin mouth wash 1700 and ate at 17:00, Singulair at at 17:00. No negative Resident #5 was admitted /12 at 18:30 and her udited on 12/19/2012 to dications ordered were ation. On the date of at missed a dose of Ferrex outcomes were noted. All aninistered following the macy as ordered by the ents are not affected in a missions from a been audited for it was lead by the director velopment coordinator and arative nurses insure all ications were given as an. In addition, the facility is with Marshville Pharmacy is sisions' medications arrive durission. They are ugh Friday from 9:00 a.m. to we are contracted with MC-Union. CMC-Union chour pharmacy and armacy also has the ability ions. The medication he back-up pharmacy via armacy for a minimum of a cations to be delivered to tion cannot be obtained for next scheduled	F	3333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			B. WIN				С
-		345268	15.000	_		12/2	0/2012
	CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 111 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X6) COMPLETION DATE
F 333	This direction will be a medical record. Marshville Pharmacy on 12/20/12 and will be admissions beginning compliance, all nurses director of nursing or coordinator of this new any new admission to the new medications, medication orders to available for administration and these preconciled against whadministration and insigiven as ordered unle nurse. The nurse respadmission will reconcifor the specific resider Any variance will be diphysician extender for All full time nurses respected administered timely. Tall 12/19/12. All nurses we entering in the admission as soon as possible by No nurse will be allow completing this training.	be placed for direction. documented in the resident's began offering this service be utilized on any new 12/20/12. To ensure swill be inserviced by the staff development w service prior to processing the facility. Upon receipt of a nurse will audit the ensure each medication is ration. This audit will be a ation orders for the new physician orders will be at is in the E-MAR for sure the medication was as otherwise noted by the ponsible for the new le the medications delivered int to the medication list. iscussed with a physician or r clarification and direction. sponsible for entering and orders were inserviced oper method of scheduling all medications are This was conducted on with the responsibility of sion orders will be inserviced ut no later than 12/28/12. ed to return to work without	F	333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345268	B. WIN	-		C 12/20/2012	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 311 W PHIFER ST MARSHVILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION SHOUL CED TO THE APPROPERIOR	D BE	(X5) COMPLETION DATE
F 333	audit every admission 12/27/12. This audit delivery of the medical medications to those of the director of nursing coordinator, will audit a week (as long as an 1/3/12 and then will all for 2 months. The residiscussed at the depart Monday through Frida immediate changes not implemented. Audits conducted to ensure the effective and on-going. The results of theses on-going compliance of monitored through our meeting for at least the longer if the committee that the committee of the new back up placed in the properties of the service training on 1 to reporting for work refor the new back up placed in the properties of the placed in the properties of the placed in the p	to ensure compliance until will be completed upon the ations by reconciling ordered delivered for administration. It is go of the second of th	F	333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			B. WIN				С
		345268	J. Will			12/2	0/2012
	AUTUMN CARE OF MARSHVILLE			3	REET ADDRESS, CITY, STATE, ZIP CODE 111 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 333	12/20/12 and schedul all nurses received tra A review of the facility Ordering and Receiving	been done on 12/19/12 and ed to be ongoing to ensure alining prior to them working. Policy titled "Medication	F	333			
	12/12/12 at 1:30 PM vincluded high blood pr	ressure and a recent stroke. ssion Minimum Data Set					
	12/12/12 indicated the medications were order-Labetalol 400 mg. by						
	dated 12/12/12 specifi	ation Administration Record ed the times in which ceive his blood pressure					si.
	AM and 4:00 PM	mouth twice daily at 8:00 by mouth every 8 hours at d 4:00 PM					
	did not receive ordered that included: - Labetalol 400 mg. by	MAR revealed Resident #3 d medications on 12/12/12 mouth at 4:00 PM mg. by mouth every 8 hours					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345268	B. WIN	IG			C 20/2012
	NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 111 W PHIFER ST MARSHVILLE, NC 28103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X6) COMPLETION DATE
	day shift supervisor st usual process to fax in pharmacy right away admitted to the facility medication list was obtransfer summary med to the physician for ap explained the pharma usually between 10:00 nurse had to sign for the delivered. During an interview or Director of Nursing (Director of Nursin	in 12/18/12 at 4:12 PM the lated it was the facility's medication orders to the when a resident was a stained from the hospital dication list and was called proval the same day. She cay delivered medications of PM and 12:00 AM and a hem when they were a 12/19/12 at 8:15 AM the ON) verified medications facility from the pharmacy of 12:00 AM. She explained medications were given the after they were delivered of that was probably the medications were not given 12/12/12. She verified it ents to miss evening doses day of admission . In 12/19/12 at 9:40 AM eviewed and stated the liting to begin administering fiter admission was not do that he expected nurses reders and they should give eved. He stated he was a facility's usual practice to reduled dose after the	F	3333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345268	R MING		C 12/20/2012		
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	X5) PLETION ATE	
F 333	should have received all medications as ordered by his physician and he expected nursing staff to call the physician's group if they were unsure when a resident had last received their medications or needed clarification of medication orders. During a follow up interview on 12/20/12 at 12:15 PM the day shift supervisor stated it appeared to her that on Resident #3's admission orders and facility MAR the evening medications that were due on 12/17/12 had been omitted from the MAR. She added she this had happened and Resident #3 required his blood pressure medication to control high blood pressure. The nurse was unable to recall if she was responsible for putting Resident #3's medications into the computer when he was admitted to the facility. 4. Resident #4 was admitted to the facility on 12/06/12 at 3:41 PM with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD), anemia, thrush and others. The most recent Minimum Data Set (MDS) dated 12/13/12 specified the resident had no impaired cognition. Resident #4's hospital discharge instructions dated 12/06/12 were reviewed and specified the Resident was ordered by the physician to receive: Neurontin 100mg (milligrams) two times each day		F 333				
	day - Advair Diskus 250 two times each day	mcg (micrograms) / 50mcg nchodilator) 200mg every 12					
1	one was so as four box but but	wer. The Mari State of				- 1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345268	B. WING		12/	C 20/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 333	the times in which Remedications: Neurontin 100mg day at 9:00 AM and 5 Advair Diskus 250 two times each day at 10:00 AM and 5 Theophylline (bronhours at 9:00 AM and 5 Further review of Resresident did not receive medications on 12/06. Neurontin schedus: N	d" (MAR) for 12/12 specified sident #4 was to receive her (milligrams) two times each :00 PM omcg (micrograms) / 50mcg :6:30 AM and 5:00 PM omcdilator) 200mg every 12 if 9:00 PM omcdilator included: alled to be administered at eduled to be administered at eduled to be administered at the pharmacy right away admitted to the facility. She if the micrograms is called to the physician for y. She explained the ledications usually between the mid and a nurse had to sign	F3	33			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345268	B. WING		12/	C 12/20/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			s	STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 333	CARE OF MARSHVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 50 from the pharmacy and that was probably the reason Resident #4's medications were not given during the evening of 12/06/12. She verified it was possible for residents to miss evening doses of medications on the day of admission. On 12/19/12 at 9:40 AM Physician #1 was interviewed and stated the facility's practice of waiting to begin administering multi dose medications the day after admission was not appropriate. He added that expected nurses to follow physician's orders and if a medication was to be given twice a day; three times a day or four times a day then the medicine should be given as ordered. He stated he was unaware that this was the facility's usual practice to wait until the next scheduled dose after the medication was delivered to the facility for administration. He further stated he was unaware of the missed medications for Resident #4 and he had not been told the resident refused medications. 12/20/12 at 10:45 AM Nurse #4 reported she was assigned to work 3:00 PM to 11:00 PM and that she cared for Resident #4 on 12/06/12. She added that she was not responsible for imputing the Resident's medications into the computer system. She stated that she would not have administered medications to the resident unless they appeared "active" in the MAR. Review of Resident #4's MAR revealed the medications had not been made "active" until 12/07/12. She verified that the medications ordered by the physician for evening administration were not given to Resident #4 because they had not been scheduled by the admitting nurse. On 12/20/12 at 12:15 PM the day shift supervisor		F 33				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345268	B. WING			C 12/20/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER ST MARSHVILLE, NC 28103				0/2012
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTIVE TAG CROSS-REFERENCED TO THE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILE DEFICIENCY)	N SHOULD BE COMPLETION DATE	
F 333	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	333			